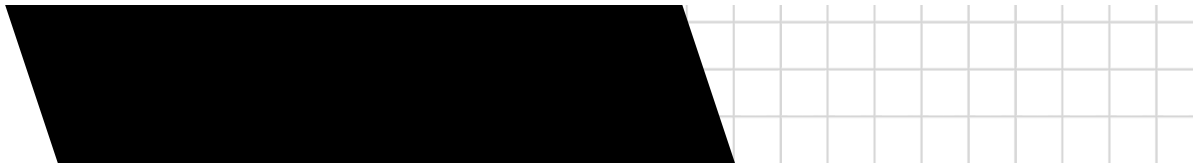# ANNUAL CONTRACTORS MEETING
FY24/25

San Francisco Department of Public Health
Business Office
Contract Development & Technical Assistance (CDTA)
November 13, 2024

WELCOME

FY24/25
ANNUAL CONTRACTOR MEETING

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH BUSINESS OFFICE, NOVEMBER 13, 2024

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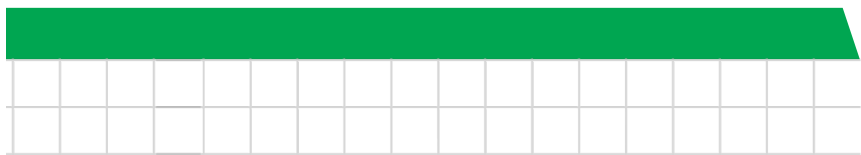
Q&A Room
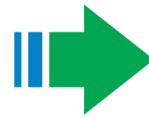
There will be a Q&A Room for you to ask questions to the presenters.

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

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

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

AGENDA

Welcome

DPH Business Office
Michelle Ruggels, Director

DPH Solicitation Process
Kelly Hiramoto, Interim Director, DPH Contracts Office

Business Office of Contract Compliance (BOCC)
Jerna Reyes, Director

Business Office of Contract Compliance (BOCC)
Mohamed Rahali, Senior Administrative Analyst

Q&A

5 Minute Break

Office of Contract Management and Compliance (OCMC)
Phil Mach, Manager of Community-Based Organization Contracting

Business Office - Budget
Alice Kurniadi, Deputy Budget Director

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

Q&A

Closing Remarks

Evaluation

Acknowledgement at this moment in time

1. There are lots of new staff involved in all areas of contracting, and that combined with retirements and resignations has resulted in the loss of institutional knowledge placing significant additional burden on those that do understand current procedures, historical precedent and supporting requirements. This is unsustainable and inefficient.

2. The volume of contracts is increasing exponentially, combined with the fact that many of the services have never been done before, and/or never been done by DPH, so there is often a time-consuming process simply to figure out how to move forward. This is aside from the challenge for new vendors to DPH to meet all the City requirements.

3. The City is clamping down in multiple areas of perceived risk, and adding new rules and procedures, e.g. Cyber insurance, changes to target population language, one solicitation authority per contract, which all feels like never ending barriers to contract certification as the system pauses/stops to adapt.

4. New Initiatives, including at the State level, e.g. CalAim, or billing transitions that require lengthy planning are creating barriers to timely contract processing for the generic contracts.

How Do We Succeed in this Environment?

Collectively!

- **DPH Staff Training is Critical**
  1. Understanding how contracting works, in all aspects of the process, can potentially shave months off the time it will take to get the service that you need.
  2. Understanding the requirements for providers to contract with DPH will help them though the obstacles that will delay contract certification.
  3. Staff training (in all units) will establish a benchmark of common understanding and eliminate conflicting guidance and missteps.

- **DPH Provider Training is Critical**
  - Providing a consistent and comprehensive understanding of all the requirements to realize a certified DPH contract, and to be prepared for annual performance and fiscal monitoring will reduce certification delays, confusion, and provider frustration.

- **System Improvement to the Contracting Process**
  - Electronic Contract Management System (eCMS)

- **Hiring**

Today's Highlights

1. Today, you are going to learn about some of the barriers that your contracts face during the certification pathway and how you can help.

2. While we have spoken about this before, you will receive information about an instruction given to DPH to separate out programs that are authorized under different solicitations into new contracts. This means, especially for BHS, that there will be many more contracts.

   o DPH has completed multiple solicitations, and contracts post-solicitation are NEW contracts. BHS alone has about 50 new contracts in FY24-25.
   o Even if you are continuing the same services in your newly solicited contract, payment can't occur until your contract is certified.
   o ***Anyone with cash flow issues, please give us three-weeks to resolve. Do NOT wait until payroll is due next week to let us know. We won't be able to help.**

3. I am quickly going to share some foundational terminology as a reference for today.

Encumbrances

Pursuant to the City Charter (Section 3.105) and Administrative Code (Section 10.06), no officer or employee shall bind the City to expend money unless there is a written contract or other instrument (e.g. a Purchase Order) and unless the Controller shall certify that sufficient unencumbered balances are available in the treasury, within the proper fund, to meet the payment obligations under such instrument as they become due.

For Vendors, this means we can't pay an invoice, or give an advance or provide any funding if your contract isn't certified.

Slide Courtesy of the City's Office of Contract Administration

Direct Payments

(Slide Courtesy of the City's Office of Contract Administration)

Definition: A Direct Payment is a payment request without an existing encumbrance.

Generally speaking, Direct Payments are a **violation** to the City's standard procurement practices and departments should refrain from them. However, Direct Payments are generally allowed under the following scenarios:

❑ Claims

❑ Court Related Fees

❑ Dues

❑ Payroll Related Payments

❑ Postage

❑ Refunds of Revenues and Liabilities

❑ Revolving Fund Replenishment

❑ Trust & Agency Payments

Please refer to CONTROLLER'S Policies & Procedures Section 3.6.4

Original Agreement

The Original 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, or a legislated sole source waiver, e.g. services between government entities.

- The Original Agreement contains the legal language required by the City, which is contained in what is referred to as "the boilerplate". The Agreement also includes all attached appendices and all applicable City Ordinances and Mandatory City requirements.

Original Agreement (continued)...

❑ The Original Agreement states the <u>Term</u> of the agreement (Article 2: Term of the Agreement), and the total contract compensation (funding for all contract years) (See: Article 3 Compensation: Calculation of Charges and Not to Exceed Amount/Payment).

❑ The term of the agreement may include more than one fiscal or funding year (typical length is five years). The contract term may not exceed the time period designated in the competitive solicitation or the approved sole source request.
   o The Compensation total is also referred to as the <u>Not To Exceed (NTE) amount</u>. Expenditures (spending) made under the contract may not exceed the total Compensation/NTE amount, a requirement that is stated in all City agreements.

❑ The Original Agreement also includes appendices specific to each particular contract, including individual appendices for:
   o Specific legal, policy, funding, or procedural requirements;
   o The Description of Services (also referred to as the narrative or Scope of Work/SOW) (Appendix A-1, A-2, A-3, etc.)
   o The Contract Budget pages, or Appendix B Calculation of Charges (Appendix B-1, B-2, B-3, etc.)

Contract Amendment

❑ A Contract Amendment literally amends–modifies and changes–the Original Agreement. Once it is fully executed (signed) and certified, all of the changes that the contract amendment describes are legally incorporated into the contract, and any changes or modifications made then supersede the Original Agreement or any previous contract amendments.

❑ A Contract Amendment is made when there are changes to the boilerplate. Accordingly, it is typically utilized when the original term of the contract needs to be extended, or the total Compensation/Not to Exceed (NTE) amount is increased. Other changes may trigger a contract amendment, but these are the most common, though changes to the Scope are becoming a reason.

❑ Contract Amendments are subject to the same City approval and certification process as the Original Agreement:
- Director of DPH
- City Attorney
- Office of Contract Administration
- New Health Commission approval if the term is extended or the NTE increased from a prior approval.
- Board of Supervisors approval if the NTE amount exceeds $10 million (or exceeds a prior approval amount by more than $500k), and/or the term exceeds 10 years.

Revision to Program Budget (RPB)

❑ A Revision to Program Budget (RPB) is a change to the contract that is <u>within</u> (does not exceed) the total Compensation/Not To Exceed (NTE) amount <u>and</u> the existing term contained in the contract agreement boilerplate of the certified contract.

❑ For instance, if a new annual contract budget includes an increase over the prior year, e.g. to add Cost of Doing Business funding, the contract may be revised through an Request for Program Budget (RPB) as long as the total Compensation/ NTE amount identified in the boiler plate has not been exceeded. As noted previously, the Compensation or NTE amount includes the placeholder value of the contingency, which is an additional 12% of the total allocation or award. As such, annual and unanticipated increases may be added to the total annual contract budget, as long as the Contingency value of 12% is not exceeded.

❑ RPB's do not require approval by the City Attorney or City Purchaser/Office of Contract Administration (OCA), or a return to the Health Commission or BOS, but they do require the re-submission of the revised budget appendices to reflect the applicable changes. RPBs are signed by the DPH Director or designee.

DPH Business Office (Reference Materials)

Department of Public Health **Jenny Louie, COO**

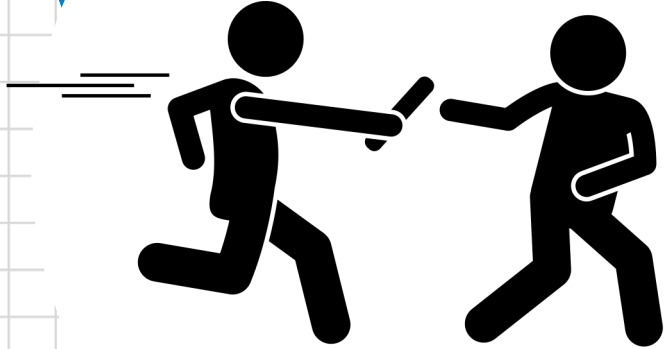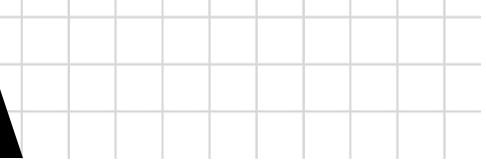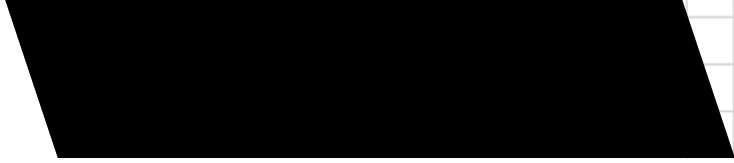| **Director of DPH Business Office**
Michelle Ruggels, Director |
|---|

Business Office Contract Compliance (BOCC) **Director, Jerna Reyes**	**Contract Development and Technical Assistance (CDTA)** **Director, Michelle Long**	**Budget Unit Deputy Director** **Alice Kurniadi**	**Contracts Office of Management and Compliance** **Interim Director, Kelly Hiramoto**
• 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).	• 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.	• 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	• <u>Contracting Out</u>: Secures Civil Service Commission approval; works with program staff, prepares/tracks requests, meets with unions • <u>Contractor Selection</u>: Manages competitive selection processes (RFPs/RFQs) and obtains approval for sole source contracts • <u>Contract Negotiation</u>: Negotiates changes to City boilerplate with City Attorney, and/or scope changes <u>Compliance with City requirements</u>: Ensures vendor compliance, including business tax registration, entry into City vendor database; Equal Benefits, Locally-owned Business Enterprise (LBE), Minimum Compensation, and others • <u>Contract Certification</u>: Manages/implements/tracks City contract approvals processes; prepares purchase and change orders, obtains signatures upon review of City approvers (e.g., OCA)

NEXT »

KELLY HIRAMOTO

INTERIM DIRECTOR
DPH CONTRACTS OFFICE

DPH SOLICITATION PROCESS

Kelly Hiramoto
Interim Director
DPH Contracts Office
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH BUSINESS OFFICE, NOVEMBER 13, 2024

DPH Business Office

Grant Colfax
Director of Health

Jenny Louie
COO

Michelle Ruggels
DPH Business Office

Michelle Long
Contract Development & Technical Assistance (CDTA)

Kelly Hiramoto (Interim)
Office of Contracts Mgmt & Compliance (Contracts Office)

Jerna Reyes
Business Office of Contract Compliance (BOCC)

Alice Kurniadi
(Deputy Director)
Budget Unit

Lucinda Huang
Pre-Award Unit

Phil Mach
Manager, CBO Contracts

Ian Fernando
Manager, DOS Contracts

Nora Macias
Supervisor, 101 Grove, Room 410 Contracts Unit

vacant
Supervisor, 1380 Howard Contracts Unit

Who does what in each area?

Contracts Office –

◦ Lucinda Huang (for vendor selection, waivers, BOS, PSCs)

◦ Phil Mach (for direct client services (CBO) planning and problem escalation)

◦ Nora Macias (for direct client services (CBO) contract processing) and (vacant).

◦ Ian Fernando (IT/Software and hospital service contracts)

Budget Unit – Alice Kurniadi (Deputy Director)

CDTA - Michelle Long

BOCC – Jerna Reyes

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 two

Types of Solicitations

we use at SFDPH?

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

Request for Proposal (RFP)

- Used when the **services needed are immediate and well-defined**
- Used to **solicit service proposals** that meet specified requirements and qualifications for <u>how</u> 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

DETERMINE IF A SOLICITATION IS REQUIRED

A Solicitation is NOT Required When...

Contract Value ≤ $20,000

- If the contract value is less than or equal to $20,000, then a Solicitation is not required.

OCA Approved Waiver *(more on these coming up)*

- Chapter 21 allows competitive solicitations to be waived under certain circumstances:
  - ‣ Only one source for the good/service (Sole Source)   ‣ Other
  - ‣ Proprietary articles   ‣ Reciprocal agreements   ‣Pilot projects
- Waivers must be approved by OCA via OCA's Waiver Portal

A Solicitation is Required When...

Contract Value > $20,000

- If the contract value is over $10,000, then a Solicitation is required.

4 Common Types of Solicitation Waivers

What are some common types of solicitation waivers?

Chapter 21 allows competitive solicitations to be waived under certain circumstances. Four common types of OCA-Approved solicitation waivers at DPH are listed on the right with a link to where these are in the San Francisco Administrative Code. (the latter two are new to DPH in the past year)

How do I know if my project qualifies?

DPH staff will work with the assigned RFP Analyst to determine if any of these apply to your project/programs. If so, the assigned RFP Analyst will work to collect the required information to seek approval.

Sole Source Non-Profits
SF Admin Code, Section 21.42

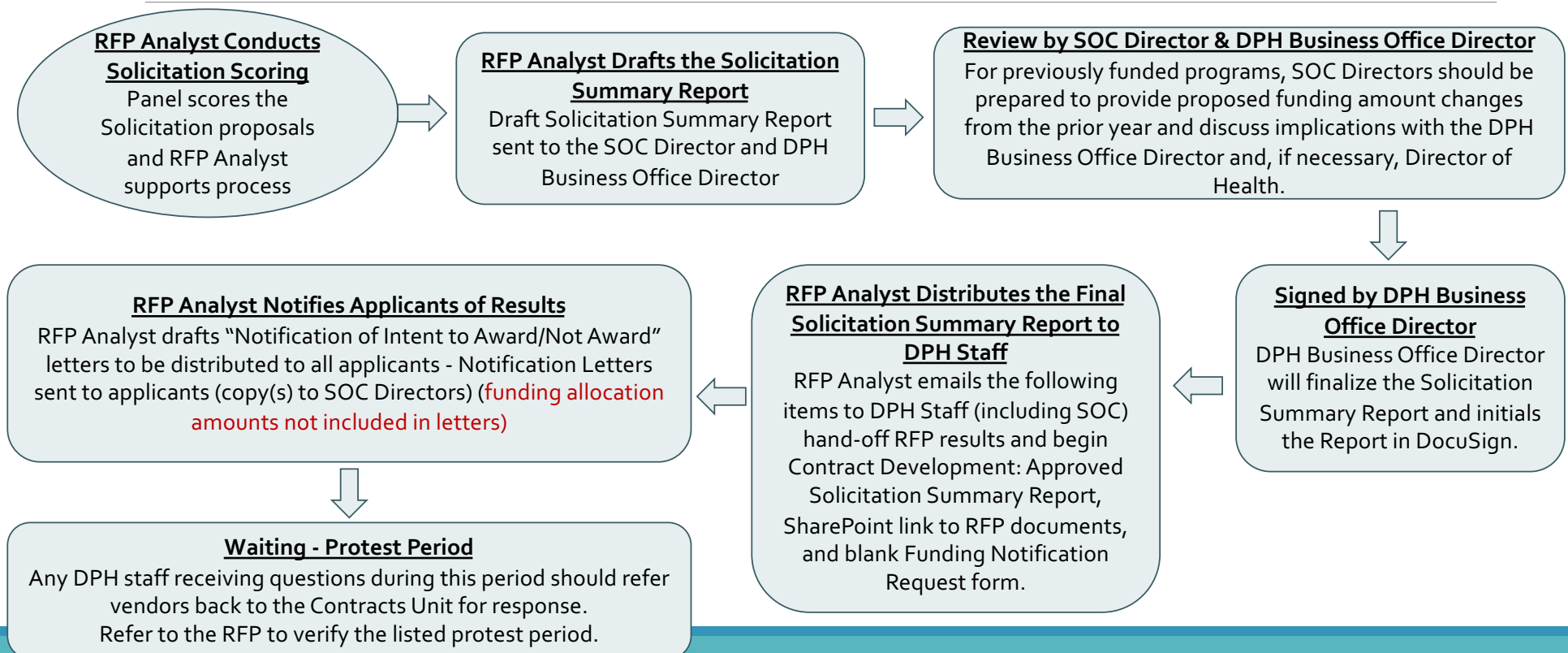Pilot Project with a Term Not to Exceed Two Years
SF Admin Code, Section 21.5(e)

Government to Government
Bed Ordinance
SF Admin Code, Section 1.25
SF Admin Code, Section 21A.4

RFP TO CONTRACT DEVELOPMENT PROCESS

from Solicitation Scoring to Protest Period

RFP Analyst Conducts Solicitation Scoring
Panel scores the Solicitation proposals and RFP Analyst supports process

→

RFP Analyst Drafts the Solicitation Summary Report
Draft Solicitation Summary Report sent to the SOC Director and DPH Business Office Director

→

Review by SOC Director & DPH Business Office Director
For previously funded programs, SOC Directors should be prepared to provide proposed funding amount changes from the prior year and discuss implications with the DPH Business Office Director and, if necessary, Director of Health.

↓

RFP Analyst Notifies Applicants of Results
RFP Analyst drafts "Notification of Intent to Award/Not Award" letters to be distributed to all applicants - Notification Letters sent to applicants (copy(s) to SOC Directors) (funding allocation amounts not included in letters)

←

RFP Analyst Distributes the Final Solicitation Summary Report to DPH Staff
RFP Analyst emails the following items to DPH Staff (including SOC) hand-off RFP results and begin Contract Development: Approved Solicitation Summary Report, SharePoint link to RFP documents, and blank Funding Notification Request form.

←

Signed by DPH Business Office Director
DPH Business Office Director will finalize the Solicitation Summary Report and initials the Report in DocuSign.

↓

Waiting - Protest Period
Any DPH staff receiving questions during this period should refer vendors back to the Contracts Unit for response.
Refer to the RFP to verify the listed protest period.

CONTRACT DEVELOPMENT WORKFLOW FOLLOWING SOLICITATION (CBO)

Contract Development

Program Appendices

CDTA Review

Budget & Program Review

Appendix A & B Approvals

Funding Notification Letter Issued following Solicitation (or waiver determination

Program and Budget Appendices Submitted by Vendor

Contract Appendices A and B Submitted to CDTA Central (email) Mailbox
CDTA Senior Clerk emails documents to CDTA Program Managers

CDTA Program Manager Completes Initial Review of Appendices
- CDTA Program Manager Uploads Docs into SharePoint.
- Routes to Budget Unit for Review and Approval
- Routes to SOC Program Manager for Review and Approval (or in parallel with Budget)
  - May route to one or more Budget Unit staff, or Fiscal Cost Report, as dictated by funding sources,
  - Note: CBO Contracts processed at 101 Grove are not subject to Budget Review.

CDTA Review

BHS Only: Fiscal Cost Report Approval
- Separate review by MH and SUD Fiscal Cost Report Unit Fiscal Analysts by funding source.
- Route directly back to CDTA Program Manager.

Budget Unit Review /Finance Unit Review
Analyst Assignments made by funding source and there may be more than one Budget Analyst reviewing in Budget Unit
- For BHS contracts, routes to Fiscal Cost Report Unit after own review.
- Routes back to CDTA when complete

SOC Program Manager Review
- Review and edits documents, including Appendix A (Scope) and B (Budget)
- Routes approved documents back to CDTA Program Manager

BHS Only: CDTA Program Manager Receives Reviewed/approved Appendices
- CDTA. Routes to SOC Director for review/approval
- CDTA. Routes to CDTA Director for review/approval
- CDTA. Routes/Submits to Contracts Office

Budget & Program Review

Appendix A & B Approvals

Contracts Office Review
- CDTA Routes FINAL appendices A & B to Contracts Office
- Contracts Office continues contract processing.

STRATEGIES FOR PREPARING SCOPE OF WORK (SOW) FOR SERVICES TO SPECIFIC POPULATIONS/ETHNICITIES

Scenario	Program/Service needs to reach a specific underserved or at-risk group
Challenges	Programs/Services need to serve all San Franciscans. City Attorney guidance prevents limiting services to a specific underserved or at-risk group unless it is mandated by regulation, funding requirements or supported by metrics
Successful Strategies	Provide supporting data and/or published references to support the need to prioritize specific group(s)

In San Francisco, Black/African American residents represent 5.7 percent of the population, yet in 2022, Black/African American residents died at five times the citywide rate , or at a rate of 399.7 per 100,000 residents versus 78.5 per 100,000 for all residents combined. In 2022, over 160 Black/African American residents died from unintentional opioid, cocaine, and methamphetamine overdoses. A national study published in the American Journal of Psychiatry in 2024 (Friedman, J. *et al.*), entitled "Understanding and Addressing Widening Racial Inequalities in Drug Overdose" also identified a disproportionate rate of overdose deaths among Black/African Americans when compared to White Americans. The article also identifies and highlights the necessity of delivering culturally appropriate care through a community focus to decrease these inequities most effectively.

Based upon the above validated statistics and the Centers for Disease Control and Prevention ("CDC") approved partial funding for programs solicited under this Request for Grant Applications ("RFGA"), the City will launch a unique intervention in which the City will award the following two grants to Black/African American-serving agencies, with the goal of providing substance use prevention education, outreach, warm hand-off, and peer support to the African American community in San Francisco:

SCOPE OF WORK (SOW): CUT AND PASTE

Scenario	PreAward Unit Analyst and Program Manager labor over the scope of work to accurately describe the detailed tasks, deliverables and performance objectives for the solicitation.
Challenges	The provider submits their own narrative for the Contract Appendix A. Nobody checks to make sure it aligns with what was awarded in the solicitation. The City Attorney cannot approve the contract as to form because the Appendix A doesn't match the solicitation scope of work.
Successful Strategies	Cut and Paste the scope of work from the solicitation into the Appendix A format. The Program Manager or provider can add clarifying details that are specific for that provider's approach to achieve their performance objectives and metrics but the essential elements of the scope of work from the solicitation are maintained. (Also, don't forget, in BHS that new contracts effective 7/1/24 will have one App A that covers the full contract term and won't be resubmitted annually. So get it right!).

BUSINESS OWNER/PROVIDER ROLE IN POST-SOLICITATION PROCESS

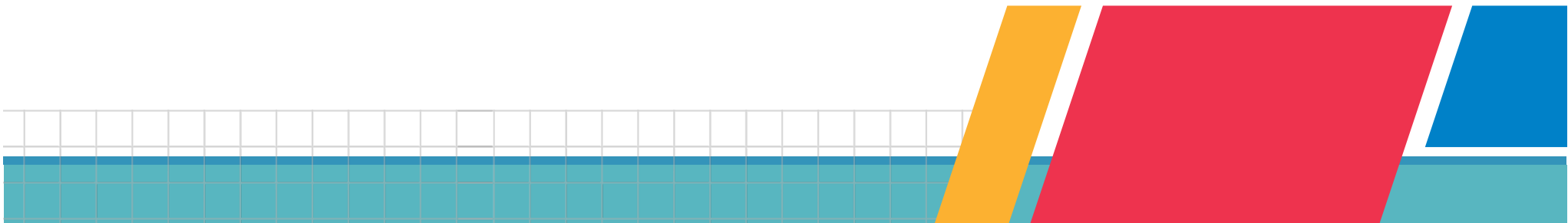| Business Owner Role/Vendor Roles	Task
Selection Summary Report (DPH)	Review the draft Report sent by the Pre-Award Unit Analyst for the selected vendors. If the current provider(s) are not selected from the RFP, be ready to reach out to prepare them before the Notice of Intent Not to Award gets to them.
Funding Notification Request Form (DPH)	Initiated by the Program Manager/Business Owner as soon as possible after receiving the Selection Summary Report. This prevents delays in getting the new contract going because it is the document that triggers the Funding Notification Letter to be issued.
Issue Funding Notification Letter (DPH)	Budget Unit will issue the Funding Notification Letter to request submission of Appendix A (Scope of Work) and Appendix B (Budget) with a due date.
Submit Appendices to DPH	1. Submit updated and carefully prepared Appendix A because it needs to last through the life of the contract 2. If you are a new vendor, reach out, as there are a lot of requirements to meet

NEXT »

JERNA REYES
DIRECTOR

MOHAMED RAHALI
SENIOR ADMINISTRATIVE ANALYST

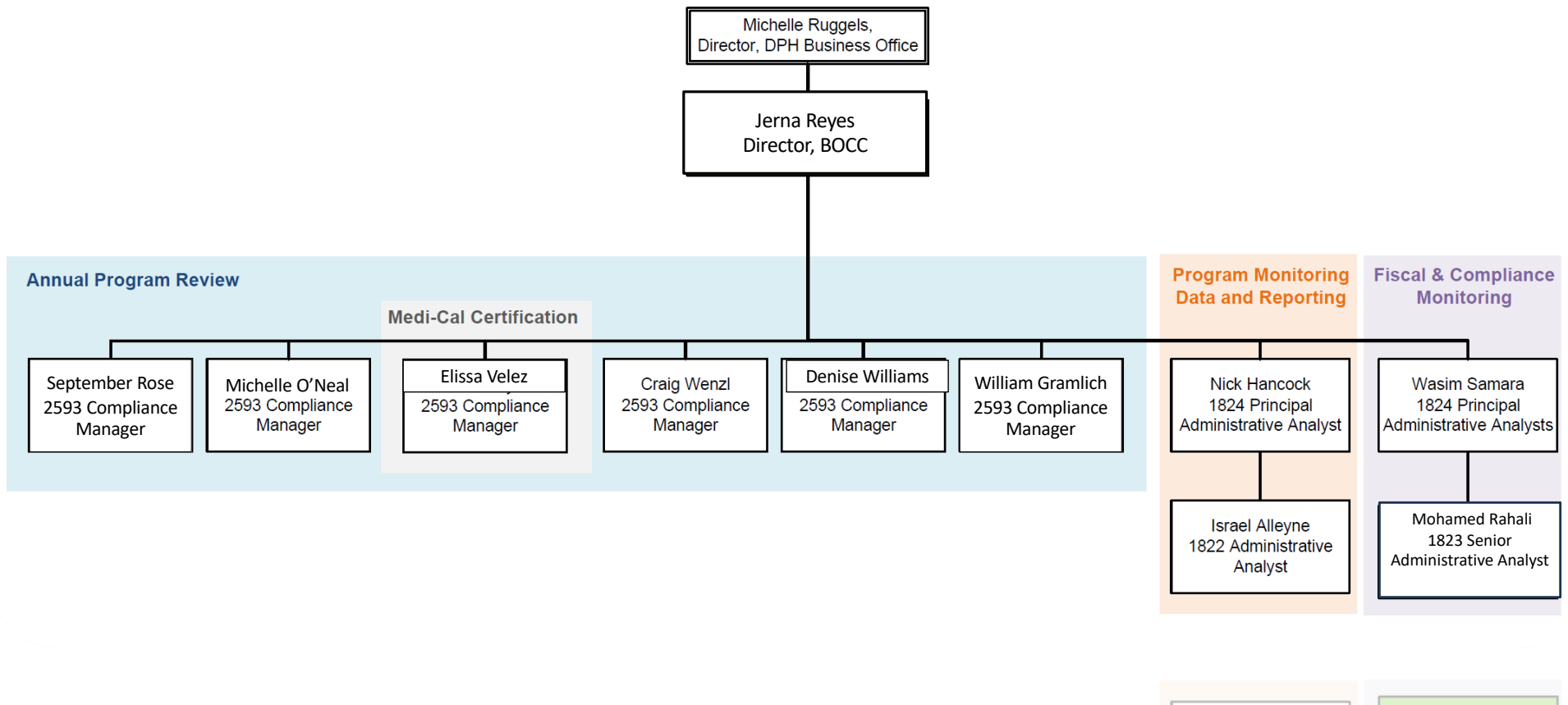### BUSINESS OFFICE OF CONTRACT COMPLIANCE

PART 1

Business Office of Contract Compliance and Contract Monitoring Overview

- A concise, comprehensive overview of the Business Office of Contract Compliance Monitoring designed for all audiences.

Business Office of Contract Compliance Org Chart

Michelle Ruggels,
Director, DPH Business Office

Jerna Reyes
Director, BOCC

Annual Program Review

Medi-Cal Certification

Program Monitoring Data and Reporting

Fiscal & Compliance Monitoring

| September Rose 2593 Compliance Manager | Michelle O'Neal 2593 Compliance Manager | Elissa Velez 2593 Compliance Manager | Craig Wenzl 2593 Compliance Manager | Denise Williams 2593 Compliance Manager | William Gramlich 2593 Compliance Manager | Nick Hancock 1824 Principal Administrative Analyst | Wasim Samara 1824 Principal Administrative Analysts |

Israel Alleyne
1822 Administrative Analyst

Mohamed Rahali
1823 Senior Administrative Analyst

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.

3. **BOCC** is not the only area conducting performance and/or compliance monitoring. See document "DPH Contract Monitoring, DPH Compliance and Quality Management Functions" for information on other activities performed across Ambulatory Care and the Public Health Division. Additionally, LHH and ZSFG have their own monitoring processes (not covered in this presentation).

PART 2

Annual Individual Program Performance Monitoring

Creating + Distributing the Program Declaration of Compliance (PDC)

A. **Purpose:** The Program Declaration of Compliance (PDC) is a document that contains all the compliance and regulatory items required of the program by the DPH Program, City, State, and Federal entities.

B. **PDC Process**:

- **Notification of Changes:** The BOCC director contacts the leadership of each Program area subject to monitoring, e.g., Behavioral Health Services, prior to the beginning of the fiscal year for any changes in the PDC requirements. The DPH Program area leadership may also contact the BOCC Director for any change in the requirements at any time during the year before the next PDC is published. The DPH Program area leadership is responsible for informing the agencies and programs for any change in compliance requirements during the fiscal year.

- **Development and Issuance:** Prior to the beginning of each funding period/fiscal year, BOCC creates a PDC for each of the DPH areas to be monitored. The PDC is sent electronically from BOCC's web database to the program director (contract and civil service) and agency executive director (contract) on file with BOCC.

- **Response:** The PDC must be acknowledged and returned within two weeks of transmittal. The timely acknowledgment and return of the PDC is one of the elements scored in the Program Compliance section of the BOCC Monitoring Report.

C. **Monitoring**:

- The PDC will be reviewed by the BOCC Compliance Manager at the time of the monitoring visit to confirm that the program has complied with each of the items.

Components of Monitoring

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	Virtual
Tour site and premises for applicable requirements	X		View remotely or review by attestation
Review Administrative Binder, other documentation	X		View remotely or by screen/file sharing
Review a sample of client files, if applicable	X		View remotely or by screen/file sharing
Review documentation of deliverables and invoices	X	X	X
Review documentation of performance objectives	X	X	X
Review client satisfaction process & documentation, if applicable	X	X	X

BOCC Program Monitoring Report: *Overall Program Rating*

- Following the monitoring visit, the BOCC Compliance Manager will complete the **Program Monitoring Report**, which rates the program's performance on the contractual and regulatory requirements.

- These reports are public record and are used by entities such as the Health Commission and CA DHCS to assess contractor performance. They may also be taken into consideration during an RFP/RFQ process.

Overall Program Rating: 4 - Commendable/Exceeds Standards

4 = Commendable/Exceeds Standards	3 = Acceptable/Meets Standards
2 = Improvement Needed/Below Standards	1 = Unacceptable

The **Overall Program Rating** is assigned based on a weighted average of the four Categories. See next slide for scoring detail.

Category Ratings:

4	Program Performance	4	Program Deliverables	4	Program Compliance	4	Client Satisfaction

The **Category Ratings** section provides the score for each of the four monitored categories.

Sub-Categories Reviewed:

Program Performance	Program Deliverables/Fiscal	Program Compliance	Client Satisfaction
Achievement of Performance Objectives	Units of Service Delivered Unduplicated Client Count Delivered	Declaration of Compliance Invoice vs. ARIES Analysis Administrative Binder Site/Premise Compliance Plan of Action (if applicable)	Satisfaction Survey Completed and Analyzed

The **Sub-Categories section** provides detail on items assessed for each Category. These items may differ by DPH Program.

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

BOCC Program Monitoring Report: *Compliance Checklist - Administrative Binder*

Administrative Binder (77 items)		
	(SUBG) Separation Notification of Staff and/or Interns from Agency/Program	Copies of Staff Clinical Licenses or Registrations
(MH) Child and Adolescent Needs & Strengths Training (CANS)	(SUBG) State Law Requirements	Counselor Certification
(MH) Transitional Youth Activity	(SUBG) Trafficking Victims Protection Act of 2000	Credentialing and Re-Credentialing
(SUBG & SUD) Drug and Alcohol Treatment Access Report (DATAR)	(SUBG) Tribal Communities and Organizations	Cultural Competency Staff Report
(SUBG) Adolescent Best Practice Guide	(SUBG) Tuberculosis Treatment	Debarment and Suspension
(SUBG) Byrd Anti-Lobbying Amendment (31 USC 1352)	(SUBG) Unlawful Messaging Regarding Drugs / (Limitation on Use of Funds for Promotion of Legalization)	DPH Compliance and Privacy Training
(SUBG) Charitable Choice	(SUBG) Year End Report	Emergency Response Plan
(SUBG) Client Transportation	(SUD & SUBG) CalOMS	Ensure Access to Services for Persons with Disabilities (ADA Form)
(SUBG) Contingency Management Procedures	(SUD &SUBG) Personnel Files	Exposure to Blood Borne Pathogen Training
(SUBG) Cultural and Linguistic Proficiency (CLAS)	(SUD) AOD Certification (NEW)	Fire Clearance
(SUBG) Federal Law Requirements	(SUD) Care Coordination	Harm Reduction by HRTI Training
(SUBG) Hatch Act	(SUD) Code of Conduct: Employee and Medical Director	Harm Reduction Policy
(SUBG) HIPPA	(SUD) Continuing Education Requirements	Harm Reduction: Opioid Overdose Recognition and Response
(SUBG) Interim services	(SUD) DMC-ODS Annual Training	Infection Control, Health and Safety Policies
(SUBG) Intravenous Drug Use (IVDU) Treatment	(SUD) Evidence Based Practices	Latest Program Monitoring and Plan of Action (if applicable)
(SUBG) Limitation on Use of Funds for Promotion of Legalization of Controlled Substances	(SUD) Possible Duplicate Services Report - Avatar Report	Maintenance of Records
(SUBG) Marijuana Restriction (NEW)	(SUD) Recovery Incentives Program Monitoring and Policy (NEW)	Notice of Adverse Benefit Determination (NOABD)
(SUBG) Nondiscrimination in Employment and Services	(SUD) Service Billing Errors by Program Report	Quality Assurance Plan and Activities
(SUBG) Outreach Strategies	(SUD) Service Verification	Required Disclosures
(SUBG) Participation of County Behavioral Health Director's Association of California	(SUD) Volunteers and Interns	Separation and Hiring Notification
(SUBG) Perinatal Services Guidelines	12N Ordinance (LGBTQ Youth Sensitivity) Training	Site/Facility Licenses
(SUBG) Political Activities Limitation (Hatch Act)	Aerosol Transmittable Disease Training	Site-specific emergency training
(SUBG) Primary Prevention Provider Training	BHS Policy and Procedure Table of Contents	SOGI or Transgender Training
(SUBG) Regulatory Control Requirements	Client Satisfaction Survey and Analysis Documentation	Timely Access Documentation
(SUBG) Residential Step-Down Requirements	Compliance, Privacy and Data Security	Trauma Informed Systems Initiative & Workforce Training
(SUBG) Restriction on Distribution of Sterile Needles	Computer Antivirus Software	Waiver Requested (if applicable)

BOCC Plan of Action (POA)

What is a Plan of Action (POA)?

A. **Description**: A Plan of Action (POA) is issued by BOCC for any deficiencies noted during the monitoring process. It is a notice to the program and DPH Business Owner that an issue has been detected that requires attention and that a detailed response is required.

B. **Common Triggers:** Possible reasons for a POA include failure to meet performance objectives or units of service deliverables, lack of a current fire clearance, or low participation rates in a client satisfaction survey.

C. **Required Triggers:** While issuing a POA is largely at the discretion of the BOCC Compliance Manager, there are certain things, such as the lack of proper fire clearance or an overall program monitoring score of 2 or less, that automatically require a POA.

D. **Notification:** If a POA is issued, the contract program or civil service program is expected to attach a response to the POA to the final monitoring report before it is signed by the DPH Program Director.

How does a BOCC POA differ from the CDTA ATAP and Citywide CAP?

A. **Program Level:** BOCC monitoring occurs at the program and not the agency level, BOCC POAs are always for program-level deficiencies while the CDTA ATAP or Corrective Action Plan may be for an agency at-large. The BOCC POA informs and supports the CDTA ATAP/CAP initiation process.

B. **Level of Technical Assistance** is determined by a number of factors including Agency willingness to comply, severity of the issue, etc.

C. **See Table**

Types of Intervention and Definitions	
Plan of Action (POA)	Plan identifying steps to be performed by an agency to address an annual monitoring report finding where it is deemed specific follow-up is required. **(BOCC)**
Agency Technical Assistance Process (ATAP)	Issues tracked and addressed through a formal process and set of steps where technical assistance is provided. These internal interventions are intended to occur at the front-end of the process and are typically DPH only contracts. Typically, are program specific and may include fiscal issues specific to DPH funding. **(CDTA)**
Corrective Action Plan (CAP)	A document coordinated through a formal process and set of steps to ensure compliance with government funding requirements, accountability, and reliable service delivery. The CAP is a Citywide process (i.e., inter-departmental), and typically represents a process for more severe issues. **(Controller's Office or CDTA for DPH Only)**

Plan of Action

City and County of San Francisco
London N. Breed, Mayor
Department of Public Health

Business Office Contract Compliance
1380 Howard Street
San Francisco, CA 94103

Plan of Action (POA) Form

Purpose: Programs who receive plan of actions (POAs) from a site monitoring visit due to a deficiency are required to submit a plan and/or next steps of how it will improve to meet the requirement or target.

Instructions: Program may use this form to submit to BOCC or its own agency form, so long as the information is the same. Fill out each section below and attach it to the DocuSign to submit.

If you have more than one plan of action, you can use one form and list each one below. Copy the issued POAs from Section 5 of the monitoring report into the Issue/Deficiency column. If this is a repeat deficiency, please explain what the program will do differently to address.

Fiscal year:	Select year				
System of care(s):	☐ BHS	☐ CHEP	☐ HHS	☐ MHSA	☐ SABG
Program Name:					
Agency Name:					
Repeat deficiency?	☐				

Issue/Deficiency (Refer to Section 5 of the monitoring report)	Planned action or steps to correct and improve	Assigned to	Target completion date
If additional rows are needed, insert rows by hitting tab from the last cell or right clicking to insert rows below.			
1.			
2.			
3.			

Program/Agency:

Signature:		Date:	Click or tap to enter a date.
Name:		Title:	

Next steps:
1. Upload and attach completed signed form to DocuSign monitoring report.
2. BOCC will review implementation of outlined plan of action at the next monitoring cycle.

If you have any questions, please contact your BOCC Contract Compliance Manager or send general inquiries to bocc@sfdph.org.

Original issue date: 1/9/2024
Updated: 2/14/2024

1

BOCC Monitoring Report: *Approval and Distribution*

Once the BOCC Compliance Manager completes the Monitoring Report, it is forwarded for review then sent for signatures and distribution via DocuSign to all parties involved in the following orders:

HHS and CHEP	BHS
1. Contract Agency or Civil Service Program Director	1. Contract Agency or Civil Service Program Director
2. BOCC Compliance Manager/Author	2. SOC Program Manager
3. BOCC Director	3. SOC Director
4. DPH Program Administration Director	4. BOCC Compliance Manager/Author
	5. BOCC Director

BOCC Monitoring Reports are filed with any required regulatory bodies (i.e., DHCS) and saved by BOCC. The reports are public information and available upon request any time.

PART 3

AGENCY FISCAL STABILITY MONITORING

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.

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.

1. 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.

2. Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building Program: *Overview*
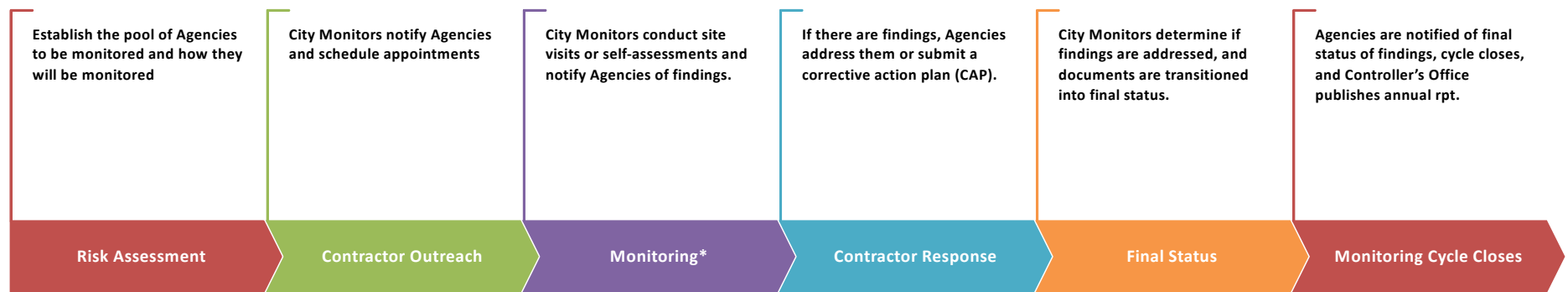
Description: The Citywide Fiscal and Compliance Nonprofit Monitoring and Capacity Building program, managed by the Controller's Office, consolidates contract monitoring requirements related to fiscal and organizational health for nonprofit contractors that receive funding from multiple City departments. This relieves the administrative burden of reporting to each department separately and allows City departments to share concerns and experiences collectively.

Goal: The Program 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. And aims to detect financial issues as a general process, combined with additional Departmental review of audited financial statements.

Monitoring Standards: Compliance standards relate to nonprofits' responsibilities for providing public access to records, certain board oversight practices, subcontracting practices, personnel policies, and emergency operations plans. The Program evaluates four areas of fiscal and compliance standards (see table).

ACCOUNTING & BUDGETING

12 standards
- Agency-wide Budget
- Cost Allocation Procedures

FINANCIAL STATEMENTS

21 standards
- Audited Financial Statements
- Financial Reports
- Tax Form

POLICY & OPERATIONS

28 standards
- Fiscal Policies and Procedures
- Invoices
- Payroll
- Public Access
- Personnel Policies
- Emergency Operations Plan
- Preparedness

GOVERNANCE

19 standards
- Board Oversight
- Subcontracts

Citywide Fiscal and Compliance Monitoring: *Annual Process*

Risk Assessment	Contractor Outreach	Monitoring*	Contractor Response	Final Status	Monitoring Cycle Closes
Establish the pool of Agencies to be monitored and how they will be monitored	City Monitors notify Agencies and schedule appointments	City Monitors conduct site visits or self-assessments and notify Agencies of findings.	If there are findings, Agencies address them or submit a corrective action plan (CAP).	City Monitors determine if findings are addressed, and documents are transitioned into final status.	Agencies are notified of final status of findings, cycle closes, and Controller's Office publishes annual rpt.

Each Agency is assessed an outcome:
- ❑ **Meets all Standards and Best Practices**
- ❑ **Does not meet Best Practices but meets all Standards**
- ❑ **TIER 1** - Does not meet one or more standards (has a finding)
- ❑ **TIER 2**: When a nonprofit City contractor has repeated findings or has a critical finding. Technical Assistance through the Controller's Office will be provided.
- ❑ **TIER 3**: When a nonprofit is at imminent risk of losing its funding for mismanagement or being unable to perform services per its grant or contract. This can lead to defunding of the agency.

Technical Assistance for Nonprofits:
The Controller's Office, DPH, and/or, if applicable, external financial consultants provide technical assistance to nonprofits agencies with issues uncovered through monitoring. The Controller's Office also holds financial training sessions for nonprofits to voluntarily participate in.

Note: If a nonprofit contractor does not meet City standards and does not comply with an established plan to correct deficiencies, the City may place an Agency on the Elevated Concern or Red Flag Status list for that fiscal year.

As part of the monitoring process, City Monitors review the following documents: Back up documentation of invoices to the City, including payroll registers and vendor resets; Budgets and Cost allocation methodology; Financial statements of current and prior fiscal years; Tax filings such as form 990 and the Quarterly Contribution Return and Report of Wages filings; Board of Directors minutes and bylaws; Public Access filings for the City's Sunshine Ordinance; Other documentation as needed.

Citywide Fiscal and Compliance Non-profit Monitoring and Capacity Building Program: *Eligibility for the Monitoring Pool*

All nonprofits that contract with DPH and meet the ELIGIBILITY CRITERIA receive one of the types of monitoring:

- **Core Monitoring** - focuses on financials and board governance

- **Expanded Monitoring** – includes all aspects mentioned in the previous slide

- **New: No longer giving waivers to long-standing agencies.**

Some types of agencies are excluded from this monitoring:

- Governmental agencies and universities

- For-profit agencies

- Hospitals

Wasim Samara and Mohamed Rahali DPH's Business Office of Contract Compliance are a "City Monitor" and conducts the fiscal monitoring and participates in the Controller's Office steering committee.

MONITORING POOL ELIGIBILITY CRITERIA

Monitoring Pool Includes Nonprofits That:

- Receive $1 million or more from a single department (even if they get funding from more than one department).
- Receive at least $200,000 in total from two or more departments (if they get at least $50,000 from each funding department).

OTHER BOCC TASKS

Medi-Cal Certification and Prop I

Medi-Cal Certification:
BOCC Responsibilities and Role

BOCC Responsibilities:

- Must certify most contracted outpatient programs for Short-Doyle Medi-Cal, the funding source for mental health services to Medi-Cal beneficiaries
- Must certify most Civil Service Short-Doyle Medi-Cal programs

BOCC Role:

- Designated BOCC Compliance Manager updates the Short-Doyle Medi-Cal Re/Certification Manual and Re/Certification Protocol
- Designated BOCC Compliance Manager participates in the Short-Doyle Medi-Cal provider training process and state trainings/committees

DPH's Good Neighbor Policy (GNP/Prop I): BOCC Role and Responsibilities

Proposition I, the "Citizen's Right to Know" Act of 1998 (Chapter 79 and 79a of the Administrative Code)

- Requires the posting of public notice prior to the approval of certain types of City projects to allow interested persons and the public-at-large the opportunity to have a meaningful voice, and to enable them to bring their concerns to the attention of the Health Commission prior to the final funding and approval of the project.

BOCC's Role and Responsibilities

- Monitors the SOC and agency compliance with the Prop I notification process, which involves the posting and sometimes emailing of flyers and posters at least 30 days prior to the Prop I hearing. Flyers of the public notice may be distributed to any property owners of properties within 300 feet of the lot line of the property on which the project is to be sited.

- A community meeting prior to the Health Commission hearing must be held by BHS and the project provider-contractor involved, to give information to interested neighbors and the public-at-large about the project, and to receive input from the public about any concerns regarding the project.

SFDPH Good Neighbor Policy:

- https://www.sfdph.org/dph/files/CBHSPolProcMnl/2.07-02-Good-Neighbor-Policy-072009.pdf

Questions
BOCC Staff Contact Information

Program Monitoring Reports, Performance Objectives, Program/Agency Contact Information

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- Israel Alleyne israel.alleyne@sfdph.org

Fiscal Monitoring

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- Mohamed Rahali mohamed.rahali@sfdph.org

Medi-Cal Certification, Prop I Process

- Elissa Velez elissa.velez@sfdph.org
- Jerna Reyes jerna.reyes@sfdph.org

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Wasim Samara	Wasim.Samara@sfdph.org		

Q&A

Q&A Room
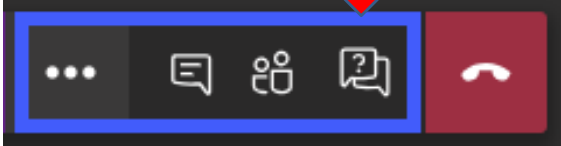
When entering a question to a specific presenter - Use: #(Name of Presenter) - Question
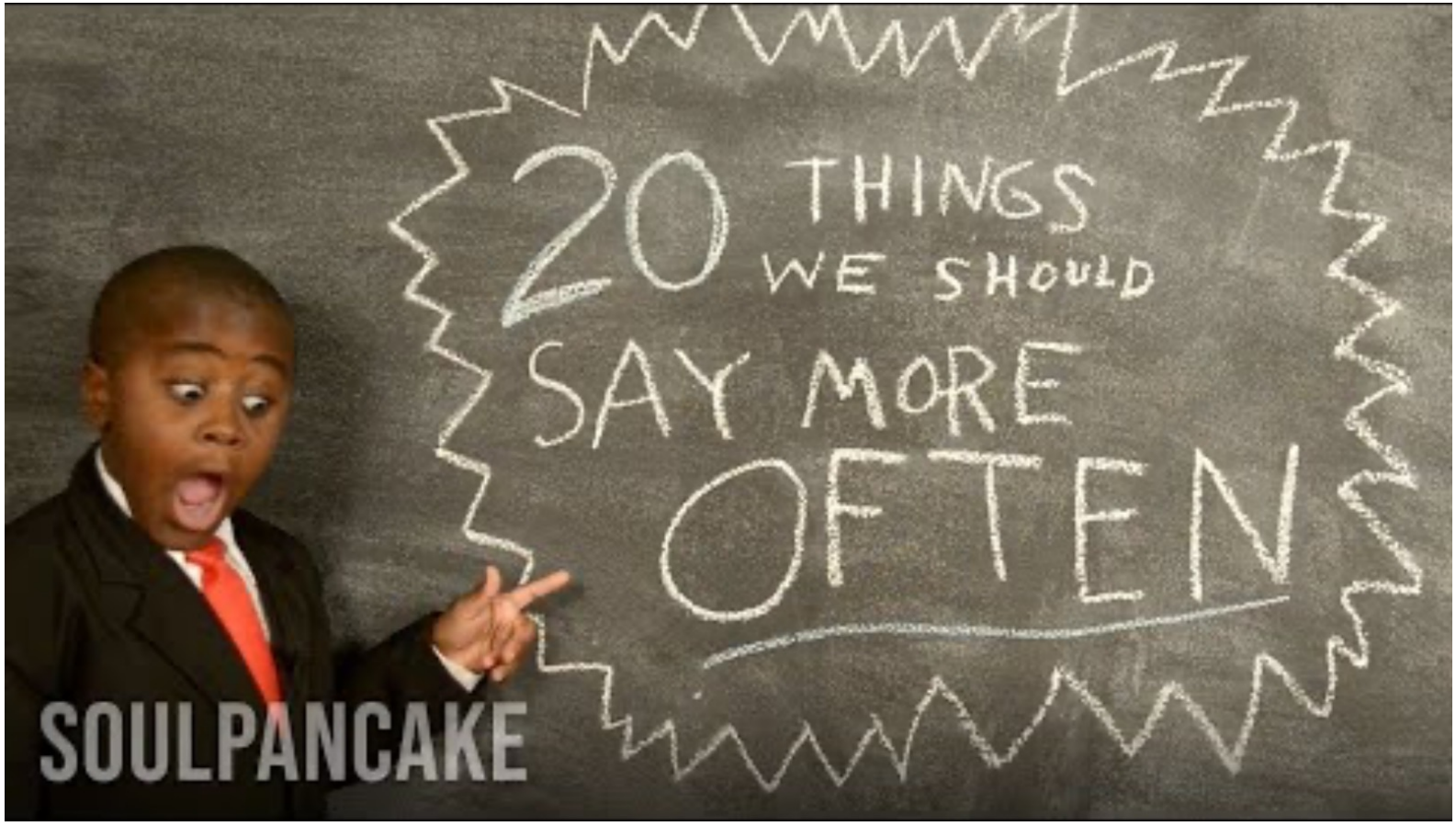
#MichelleRuggels

#KellyHiramoto

#Jerna Reyes

#Mohamed Rahali

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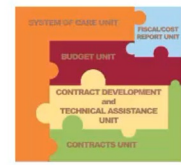
TIME FOR A BREAK

Coming Up Next:

Previews from *New* CDTA Website

SF.GOV/CDTA

English   Español   中文   Filipino

SF.GOV   **Services**   **Departments**   [Search]   🔍

Contract Development and Technical Assistance (CDTA)

We facilitate the development of City contracts with health service providers, thus ensuring the availability of community services.
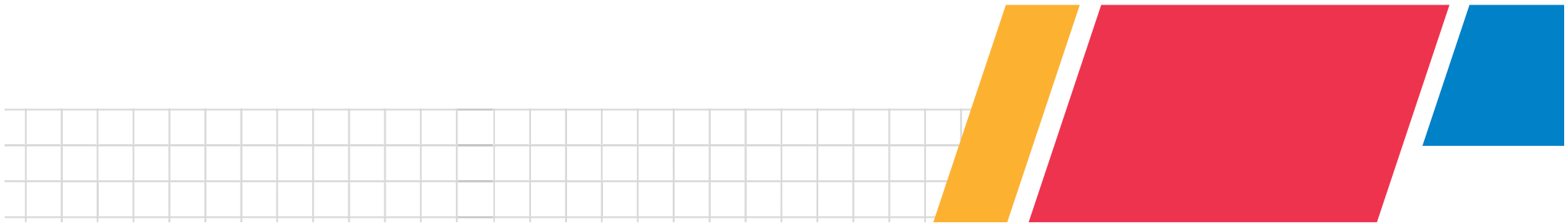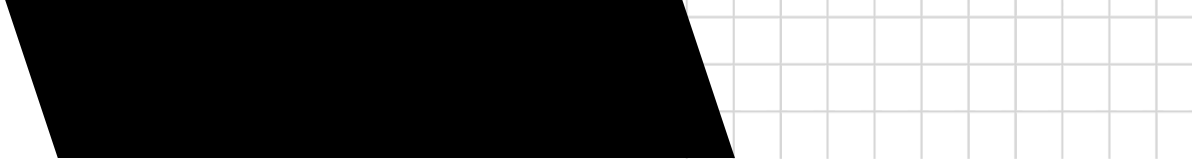
WELCOME BACK

NEXT »

PHIL MACH

MANAGER OF COMMUNITY-BASED ORGANIZATION CONTRACTING

OFFICE OF CONTRACT MANAGEMENT AND COMPLIANCE

CONTRACTS OFFICE

DECREASING CONTRACT PROCESSING OBSTACLES

Phil Mach
Manager of Community-Based Organization Contracting
Office of Contract Management and Compliance

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH BUSINESS OFFICE, NOVEMBER 13, 2024

OBSTACLES TO TIMELY CONTRACT CERTIFICATION
AND WHAT YOU CAN DO TO HELP

There are some items that you can fix on the front end that will ensure that by the time the Contracts Office has assembled your contract documents at the back end, these items will not cause a delay:

- Insurance Requirements
- Appendix A: Scope of Work
- DPH IT Cyber Security Review

CONTRACT INSURANCE REQUIREMENTS

The City requires insurance to reduce the City's liability from those "what-if" uncertainties.

- If you have a contract right now, then you have gone through this process.

- However, insurance coverage is confirmed at the back-end, either in the final certification phase, and/or again at the payment phase.

- The purpose of these slides is to point out areas that can be addressed at the front-end of the process to decrease delays

A lot of the problems boil down to these two questions:

(1) Do you have insurance coverage in all required categories for the services you provide?

(2) Do you have the required amount in each of the required categories?

- Have you alerted the Contracts Office that you are having an issue?

- DPH has some options to help, but they take time, so if you have a coverage concern, reach out early.

CONTRACT INSURANCE REQUIREMENTS
STEPS YOU CAN TAKE TO PREVENT DELAYS

1. Review the City's insurance requirements to ensure your agency has the proper coverage for the services being provided.
   - Insurance requirements for each contract are identified in Article 5: Insurance and Indemnity of the contract boiler plate (the front pages of each agreement (or Article 10 in some agreements)).
   - If you are a new vendor to the City and you do not have a contract document to reference to, please contact your CDTA Program Manager to route you to the appropriate Contract Office Analyst to get you started.

2. Confirm that your Certificate of Insurance (COI), has identified coverage in all required insurance categories (and contact the Department early if there is an issue).

3. Make sure that your insurance is not expired, and ensure to renew if it is expiring soon. DPH cannot pay invoices with expired insurance, and certification may be stopped if the deadline is too close.

4. On the COI, either (a) ensure that the *additional insured and waiver of subrogation* boxes are checked or (b) have the carrier insert the following language to meet this requirement: *the City and County of San Francisco, and its Officers, Agents, and Employees are included as additional insureds per contract and/or subrogation is waived for workers' compensation.*

5. Provide renewals of insurance documents to the Contract's Office general email: insurance-contractsrm410@sfdph.org

CONTRACT INSURANCE CATEGORY REQUIREMENTS

The following are types of insurance categories that have contributed to delays due to a lack of requirement awareness or inability to obtain a sufficient coverage amount:

• **Abuse & Molestation Coverage** – Required if providing services to minors, elders and/or vulnerable populations such as to individuals receiving mental health and substance use disorder services.

• **Professional Liability Insurance**– Provides coverage to protect against claims of negligence, copyright infringement, personal injury and more, it can include damages caused by the insured agency while providing services for things they did and/or didn't do and/or should have done.

INSURANCE REQUIREMENTS CONTINUED...

- **Cyber and Privacy Liability** – Protects against cyber attacks, data breaches, etc.
  - This is a relatively new insurance requirement in the City. It has created significant delays because it can be difficult to obtain the City's generic $20 million coverage level, and the pathways to exceptions has not been standardized.
  - Moving ahead, DPH (Contracts Office with DPH IT) will be evaluating coverage requirements through a point-system to determine level of risk, including the following:
    - Does vendor utilize DPH systems exclusively for the contracted services, e.g. EPIC = Less risks involved and lower coverage required
    - Does vendor use their own system to document and bill for contracted services = Higher risks involved and higher coverage required
    - Is the volume of patients/clients under (lower risk) or over (higher risk) 25k patients?

- At a minimum, Low risk CBO assessments will typically result in Cyber risk coverage requirements up to $2.0m, and at least $5.0m for vendors that operate their own systems. Please consult with your Contract Analyst for questions, and work with your broker to obtain quotes.

APPENDIX A: SCOPE OF WORK EXPECTATIONS

The City Attorney has the following expectations for the Scope of Work (SOW)/Appendix A:

1. A Contract's programs (i.e. each App A) will cover the full contract term and will not be revised annually.

2. The SOW should replicate the authorizing solicitation and should not include items that were not in the Department's solicitation.

3. A Revision to Program Budget (RPB) is a modification to an existing contract that should be used to update the budget and not to change the scope/App A. SOW changes = Amendment.

APPENDIX A: SCOPE OF WORK (SOW)

Expectation #1: A Contract's programs (i.e. each App A) will cover the full contract term and will not be revised annually.

- CBO contractors, not using the Behavioral Health Services (BHS) appendices templates are already in compliance! (Most PHD/CHEP, HIV Health Services)

- Currently, BHS contractors submit an Appendix A and an Appendix B annually. This is not compliance with requested practice, but to prevent mass confusion:
  - NEW BHS contracts: All **new** contracts starting 7/1/24 will provide a SOW covering the full contract duration (without annual updates).
  - Existing BHS contracts will continue the existing process through the life of the contract, i.e. annual App A submissions. Going forward, this will be identified in the Funding Notification Letter, but if you are unclear, please ask.

APPENDIX A: SCOPE OF WORK (SOW)

Expectation #2: The SOW should replicate the authorizing solicitation and should not include items that were not in the Department's solicitation. If your proposal include other items that were not part of the solicitation, you must remove that from the final SOW in the contract.

- Use the SOW from the solicitation
  - SOW will exist for duration of the contract, and shouldn't change
  - SOW cannot deviate from solicitation, recognizing some components will get fleshed out during negotiations but must be aligned
  - SOW should reflect the services solicited
  - SOW should use the same Priority Population from the solicitation
  - **Tip**: Do not cut and paste from your old App A for a new contract even if it is for the same services. Update it. Get rid of dated information. Ensure it matches the most recent solicitation.
  - **Tip:** Review and Confirm the SOW matches the solicited services

APPENDIX A: SCOPE OF WORK (SOW)

Expectation #3: A Revision to Program Budget (RPB) is for budget updates and not for Scopes of Work/App A.

This means that if you change the App A, the City Attorney may require a lengthier amendment process. However, the Department does have the discretion to determine, and we know that changes will occur. We need to see the changes. Here are some guidelines:

If there are any **changes to Appendix A**, they must be redlined using the most recently approved SOW included in the certified contract. Do not delete something that has changed. Do not revise to change the syntax or arrangement of the sentence. If there are service changes show in the redline what has changed with end and start dates.

> Example 1: Testing for HCV, HIV/STI, and Hepatitis B. Hepatitis B is no longer part of testing effective 7/1/24.
> Example 2: Testing for HCV and HIV/STI. Starting 7/1/24, Hepatitis B is part of testing.

> **TIP**: If you have a start-up phase in a new contract, create a header and describe as a section in the ongoing SOW.

CYBER SECURITY REVIEW

- The City's Department of Technology (DT) has a City requirement that all vendors must complete a Cyber Security Review.
  - Currently, CBOs are not required to obtain a Cyber Security Review unless there has been a Cyber breach in the past because DPH has obtained a waiver.

- Upcoming – Cyber Review will be required for all vendors, including CBOs. CBOs will be required to submit one of the following:
  - **SOC-2 Type 2 Report**: An independent assessment of an organization's information systems, performed by a third-party auditor; or
  - **City's Cyber Risk Assessment Questionnaire**: Proposer's responses to a City's Cyber Risk Assessment Questionnaire.

- DPH IT and Department of Technology will require a Cyber Risk Assessment (CRA) to determine if the vendor has proper controls in place
  - They will either:
    - Generate a CRA certificate that will be renewed annually, or
    - Confirm that the services being provided are deemed Out-of-Scope

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BUDGET UNIT
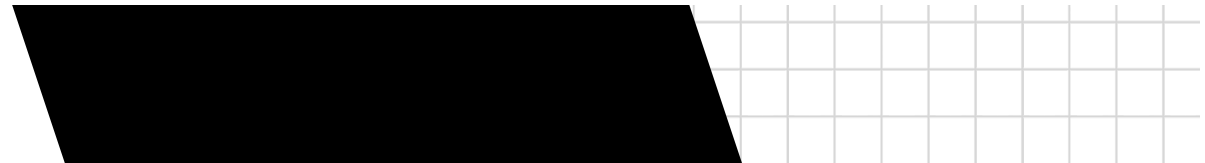
WHAT'S NEW IN BUDGET?

Alice Kurniadi
Deputy Budget Director
Budget Unit

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH BUSINESS OFFICE, NOVEMBER 13, 2024

QUICK RECAP: BUDGET OFFICE FUNCTIONS

❑ Issues the Funding Notification (FN).

❑ Reviews the Budget (App B) based on DPH policies, Controller's (CON) guidelines and specific grant/funding requirements.

❑ Prepares and issues invoice templates once Contract/Request for Program Budget (RPB) is executed or Multi-Year Encumbrance (MYE) invoice templates as appropriate.

❑ Receives and reviews submitted invoices to ensure compliance with invoice policies.

FY 24-25 UPDATES: BHS CONTRACTS

❑ **Updated Appendix B template – for all BHS contracts**

❑ **Complete DPH 8 – UOS & UDC Allocation ONLY if it is requested by your SOC.**

❑ **Outpatient programs (MH and SUD) converting to OP Blended Rate payment methodology.**

❑ **For New Contracts (new CID#) in FY24-25, submit two-year budgets.**
  • **Two excel workbooks (one FY24-25, one FY25-26)**

Cost of Doing Business (CODB) For Non-Profit Agencies

❑ In FY24-25, the Mayor's Office is allocating a 2.5% Cost of Doing Business (CODB) allocation for:
  o continuing contracts AND
  o General Fund and General Fund supported work orders

❑ Grants are NOT eligible for CODB

❑ Prop C, MHSA and Opioid Settlement will receive 2.5% increase in funding matching General Fund CODB amount

❑ The Minimum Compensation Ordinance (MCO) rate, effective July 1, 2024, is $20.25 per hour.

FUNDING NOTIFICATION (FN) LETTERS:
BHS CONTRACTS

❑ Behavioral Health Services (BHS) is in the process of issuing Funding Notification (FN) letters. BHS issues its letters annually, so that the contractors can provide annual budget updates to their multi-year contracts.

❑ BHS is currently in the process of issuing FY24-25 FNs and have issued most FNs.

❑ Please reach out to your CDTA PM if you have not received a FN and are expecting one.

❑ Agencies are requested to adhere to the timeline and submit contract documents per the deadline indicated on the FN letter.

❑ Funding change requests will be processed after the initial contract/RPB has been processed to reflect FY24-25 budget amount.

ALL BHS CONTRACTS: FY24/25 APPENDIX B UPDATES

Programs **do not** need to complete an LOE for FY 24-25

Appendix B now incorporates the Practitioner Type on the DPH-3 Salaries & Benefits tab

Outpatient Programs should ensure that the FTE in the Blended Rate Template match staff in the App B

Appendix B - DPH 3: Salaries & Employee Benefits Detail								
Contract ID Number 0		Appendix Number	B-#					
Program Name 0		Page Number						
Program Code 0		Fiscal Year	0					
		Funding Notification Date	01/00/00					
Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	**Practioner Type** (Select Non Billing provider if the position is not expected to bill this period)	**TOTAL**		**Dept-Auth-Proj-Activity**		**Dept-Auth-Proj-Activity**		
Funding Term		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		(mm/dd/yy-mm/dd/yy):		
Position Title	Practioner Type (Select from Drop Down)	FTE	Salaries	FTE	Salaries	FTE	Salaries	
		0.00	$ -					
		0.00	$ -					
		0.00	$ -					
		0.00	$ -					
		0.00	$ -					

Appendix B, Appendix B Instructions, and Outpatient Blended Rate Templates are available on the CDTA Website (www.sf.gov/cdta) – Updated November 2024

OUTPATIENT BLENDED RATE- BHS ONLY

We are continuing to implement CalAIM's Payment Reform for BHS Outpatient programs.

In FY24-25:

❑ OP programs will be paid via Blended Rate

❑ Appendix B has been simplified. The level of effort (LOE) tab is no longer needed.

❑ Outpatient Blended Rate Template is a tool to develop the FY24-25 Blended Rate and Units of Service (UOS). This tool needs to be submitted with the Appendix B if your program requires a blended rate.

❑ See recording from Outpatient Blended Rate training for CBO for more detail information. (Available on CDTA website)

OUTPATIENT PROGRAMS
WHEN SHOULD SERVICES BE COLLAPSED TO AN OP BLENDED RATE PROGRAM?

Program Name		Outpatient MH Program		
Program Code	123			
Mode (MH) or Modality (SUD)	15			
Service Description	Outpatient Services			
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/24 - 6/30/25			

Program Name		Outpatient SUD Program		
Program Code	123			
Mode (MH) or Modality (SUD)	ODS-91			
Service Description	Outpatient Services			
Funding Term (mm/dd/yy-mm/dd/yy):	7/1/24 - 6/30/25			

A. Any treatment services **in support** of the outpatient program, even those not documented in Epic or Avatar, **are to be collapsed** under **Mode 15 (MH Outpatient Services)** or **ODS-91 (SUD Outpatient Services)**.

- ❏ **MH Programs that contain Mode 45/60 services that directly support the Mode 15 service delivery should be consolidated into Mode 15.**

- ❏ **SUD Programs that contain both outpatient & Ancillary services should be consolidated into ODS-91.**

B. Any BHS OP service **not in support** of the Outpatient Program, are to be **identified as a separate program on a separate column**

- ❏ **Stand-alone** Mode 45/60 programs (e.g., MHSA prevention programs) should not change.

- ❏ Grants should **not** be consolidated

- ❏ NTP programs and grant funding sources will not be consolidated.

- ❏ Stand-alone ancillary programs should **not** change.

C. If you have **Work Orders or other special funding** source questions, **talk with your SOC.**

OUTPATIENT BLENDED RATE TEMPLATE:
TOOL TO DEVELOP UNITS OF SERVICE (UOS) AND BLENDED RATE

THIS IS A RATE DEVELOPMENT TOOL FOR FY 24/25

Program Instructions: Enter Billable Staff (staff contributing to billable units of service) for one Outpatient Program only. If your agency has more than one Outpatient Program requiring a rate, please create a new workbook.

Organization :	Sample Mental Health Center	Program Name:	Awesome Outpatient Clinic
Contract ID:	1000012345	Program Code/Bill Area:	55555
Contact Name:	John Doe	Mode or Modality:	Mode 15
Contact Email:	john.doe@sfdph.org	Total Outpatient Budget (CRDC):	$531,000.00
		Level of Intensity:	Intensive

Staffing Instructions: Enter Billing Staff for one program only and FTE listed Outpatient column from Appx B. (Reminder: This does not include FTEs from Mode 45/55/60 etc.).

Job Title	Practitioner Type	Program FTE	Position Status	Expected Billable Hours	BHS Practitioner Rate
Clinician	Licensed Physician	0.15	Filled	124.20	$1,636.73
Counselor	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (M	0.50	Filled	368.00	$425.96
LCSW	Peer Support Specialist	0.50	Filled	331.20	$336.51
Peer Navigator	Other Qualified Providers - Other Designated MH Sta	0.20	Filled	147.20	$320.48
	Clinical Trainee - Licensed Clinical Social Worker (LCS	0.05	Vacant	33.12	$425.96
				0	$0.00
				0	$0.00
				0	$0.00
				0	$0.00
		1.40		1,003.72	

Outpatient Program Blended Rate Tool

Outpatient Budget Check:	0.33%	If difference is >5%, you must adjust billable staff FTE to be within the Total Outpatient Budget (CRDC).
FY 24/25 UOS:	1,000.39	Hourly UOS based on Outpatient Budget from 24/25 Funding Notification. **Enter this number in the DPH Units of Service cell in your CRDC.**
FY 24/25 Blended Rate:	$530.80	Rate is based on the Outpatient Budget from the 24/25 Funding Notification. **Enter this number in the Cost Per Unit cell in your CRDC.**

Key Fields

- ❑ The Template has an "Outpatient Budget Check" cell to indicate if your billable staff is over 5% of your budget.

- ❑ **If the difference between the Budget and the Base Amount is >5%, you must adjust billable staff FTE to be within the Total Outpatient Budget (CRDC). The cell will turn green once you are <5%.**

- ❑ FY 24/25 UOS is calculated according to the Billing Staff entered

- ❑ FY 24/25 Blended Rate is calculated by dividing Budget by the UOS

Programs Not Receiving a Blended Rate

❑ **Remain on FY23-24 payment method (i.e FFS continue as FFS, CR continue as CR) unless your SOC indicates otherwise**

❑ **Use the updated Appendix B template to complete your budget.**

❑ ***NEW FIELD IN TEMPLATE – Selecting a Practitioner Type using drop down menu. Select "Non-Billing Provider" if position is not expected to bill this FY.**

Position Title (List all staffing including intern/trainee staff who are not part of budget but contributing to units of service)	Practioner Type (Select Non Billing provider if the position is not expected to bill this period)	TOTAL		Outpatient Services		251984-10001-10039340-0001	
Funding Term		7/1/2024-6/30/2025		7/1/2024-6/30/2025		7/1/2024-6/30/2025	
Position Title	**Practitioner Type (Select from Drop Down)**	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychiatrist A	Licensed Physician	0.40	$ 50,000.00	0.15		0.25	$ 50,000.00
Clinician	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MF	0.50	$ -	0.50			
Intake clerk	Non Billing Staffing	0.75	$ 75,000.00	0.50	$ 50,000.00	0.25	$ 25,000.00
Janitor	Non Billing Staffing	0.75	$ 75,000.00	0.50	$ 50,000.00	0.25	$ 25,000.00
Program Manager A	Non Billing Staffing	1.00	$ 150,000.00	0.50	$ 50,000.00	0.50	$ 100,000.00
Peer Support A	Peer Support Specialist	1.00	$ 50,000.00	0.50		0.50	$ 50,000.00
Billable staff A	Other Qualified Providers - Other Designated MH Staff tha	0.20	$ -	0.20			
Intern A	Clinical Trainee - Licensed Clinical Social Worker (LCSW	0.05	$ -	0.05			
Program specialist A	Non Billing Staffing	1.00	$ 100,000.00	0.50	$ 50,000.00	0.50	$ 50,000.00
QA	Non Billing Staffing	0.40	$ 25,000.00	0.40	$ 25,000.00		
		0.00	$ -				
		0.00	$ -				
		0.00	$ -				
		0.00	$ -				
For program that require a Blended Rate, enter sum of salaries for billable staff only in blue row under the Outpatient Program column and leave billable staff salaries blank above.		0.00	$ 250,000.00		$ 250,000.00		
Totals:		6.05	$ 775,000.00	3.80	$ 475,000.00	2.25	$ 300,000.00

Other Key Contract Information to Remember

❑For a new contract (new CID#), an executed agreement is needed BEFORE invoices can be paid, even if the service is a continuing service.

❑For an existing contract (same CID#), Invoices can only be paid based on approved contract/RPB App B.
- ❑ For MYE invoices, it is based on what is approved in prior year budget and is applicable to only MYE eligible funding sources.

❑Cost reimbursement contracts requires detailed justification at line-item level and may need supporting documentation for payment.
- ❑ Staffing/positions must be included in approved App B to be paid.
- ❑ Subcontractor information including rate must match in approved App B to be paid.

Budget Office Contacts

❑ Outpatient Blended Rate Questions: Contact your SOC

❑ Budget Questions: Contact your CDTA PM

❑ Invoice questions:

  ○ BHS contracts: CBHSinvoices@sfdph.org
 ○ Non-BHS contracts: Contract.Invoice@sfdph.org

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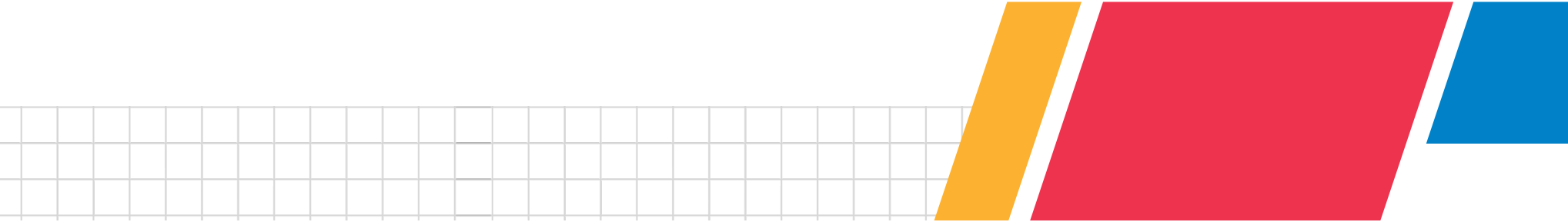
"CONTRACTING 2024-25: THE WRAP UP"

MICHELLE LONG
Director, Contract Development & Technical Assistance (CDTA)

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
DPH BUSINESS OFFICE, NOVEMBER 13, 2024

WHAT DOES IT MEAN TO BE PRINCIPAL POINT OF CONTACT FOR CONTRACTORS?

Contract Negotiations

Organize and conduct a "Post Mortem" on last year's contracting process with other Business Office sections and the funding System of Care (SOC);

Contract Documents

Ensure that documents are reviewed by the appropriate persons and keep moving through the process;

Technical Assistance

Provide technical assistance to the contractor – contract development, liaison with other DPH sections, receive Contract Change request forms (CCR), coordinate Corrective Action Plans, etc.

What does it mean to be System of Care Program Manager?

System of Care Program Managers for Contractors

- Participating in Contract Pre-negotiation & Negotiation
- On-going tracking of contract program performance
- RFP Process
- BHS – Program Code Determination
- On-going Needs Assessment
- Program Transitions
- Managing Workorders/MOU
- Training on Program Standards of Care
- Determining Performance Measures & Objectives
- Resolution of Agency-wide Issues (ATAP/CAP)

WHAT DOES IT MEAN TO BE A SYSTEM OF CARE PROGRAM MANAGER?

Determine services to be solicited and establish clear measures of successful service. That includes:

- Goals and objectives, target populations, staffing expectations (understanding of the staff qualifications that can produce desired results); understanding of cost of service solicited and determining funding amounts; clarifying how to calculate deliverables (weeks/year, including vacation time, identifying staff who contribute to billable time, levels of effort).

- Makes sure the contract reflects the above.

- Including desired reports and due dates, required language per funding source.

- Makes informal site visits to the funded programs.

- Meets with staff, sits in the program waiting room to observe, may attend a celebration or program client graduation, observe volunteer or staff trainings, may attend CQI meetings, participate in outreach efforts, attend a holiday or retirement party for staff/clients.

CONTRACT PREPARATION

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.

Late Documents

Send in documents by date listed on the Funding Notification; contact your CDTA Program Manager if you cannot make this deadline.

Use of Incorrect Document Templates

Please go to the CDTA website (www.sf.gov/cdta) and select the appropriate template.

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 funding, funding from a specific funding source, adding a grant funded or state funded program.

IMPORTANT DPH FORMS

WHAT YOU WANT TO DO	FORMS TO GET IT DONE
To make programmatic or budgetary changes to a contract	Contract Change Request Form
Increase the Fringe Benefit Rate above 30%	Fringe Benefit Rate Increase Request Form
Change permissions for signing documents	Signature Authority Form
Spend more in an expense category than the amount currently budgeted	Invoice Variance Form

Forms can be found on the CDTA WEBSITE:
www.sf.gov/cdta

NO HOLIDAY SURPRISES!

DPH Staff are working hard to ensure that you have adequate funding to carry you through the December holiday season.

What you can do:

1. Submit all invoices for July - October 2024 now.

2. Ensure that you have submitted accurate invoices for November 2024 and prior months.

3. Executive Directors – double check with your Finance team to ensure that you have sufficient funds to make payroll through the end of the calendar year; this includes revenue from DPH contracts as well as your unobligated funds.

NO HOLIDAY SURPRISES!

If you find yourself in a bind, contact your CDTA Program Manager with the following information:

1. Date of your next payroll

2. By what date do you need to have the $ in the bank?

3. How much money you need to make your next payroll?

4. Contract CID# for the affected contract(s)

THE UNFORGETTABLES –
IF YOU REMEMBER NOTHING ELSE….

1. Use the Contract Checklist to assist you to ensure that you've included the required documents.

2. If you have questions about your Appendix A or B or Subcontractor Agreements, please contact your CDTA Program Manager (name on the Funding Notification) for assistance.

If you want to modify your current contract, the Contract Change Request Form (CCR) must be used.

Expired or insufficient insurance coverage holds up invoice payments;

See the CDTA website (www.sf.gov/cdta) for contract templates, program objectives, forms, procedures and special announcements.
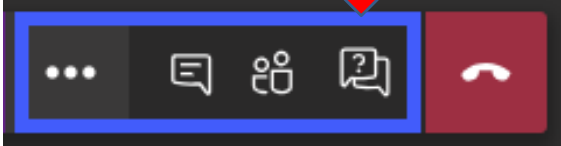
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CLOSING REMARKS

EVALUATION FORM OPTIONS

LINK

QR CODE

Q&A Room

FY24/25
Annual DPH Contractors
Meeting Evaluation

THANK YOU FOR ATTENDING!

THANK YOU