HEALTH CARE FOR THE HOMELESS/FARMWORKER HEALTH PROGRAM (HCH/FH)
Co-Applicant Board Meeting
San Mateo Medical Center| 2nd floor, Education classroom 1
December 14, 2017, 9:00 A.M - 11:00 A.M.
AGENDA

A.	**CALL TO ORDER**	Brian Greenberg	**9:00 AM**
B.	**CHANGES TO ORDER OF AGENDA**		**9:00 AM**
C.	**PUBLIC COMMENT**		**9:08 AM**

Persons wishing to address on matters NOT on the posted agenda may do so. Each speaker is limited to three minutes and the total time allocated to Public Comment is fifteen minutes. If there are more than five individuals wishing to speak during Public Comment, the Chairperson may choose to draw only five speaker cards from those submitted and defer the rest of the speakers to a second Public Comment at the end of the Board meeting. In response to comments on a non-agenda item, the Board may briefly respond to statements made or questions posed as allowed by the Brown Act (Government Code Section 54954.2) However, the Boards general policy is to refer items to staff for comprehensive action or report.

D.	**CONSENT AGENDA**	Linda Nguyen	**TAB 1 9:10 AM**

1. Meeting minutes from November 16, 2017

E. BOARD ORIENTATION

1. No Board Orientation

F. BUSINESS AGENDA:

1. RFP report & Service Contract Approvals — Linda/Jim/Elli — **TAB 2 9:15 AM**
   - ***i. Action Item – Request to Approve LifeMoves Enabling Services***
   - ***ii. Action Item – Request to Extend Legal Aid agreement***

   Documents for the following item will be available for review at the meeting with time for review prior to consideration and action by the Board.
   - ***iii. Action Item – Request to Approve Sonrisas Services***

2. Notice of Intent to Amend Board's By-laws — Jim Beaumont — **TAB 3 9:40 AM**

G. REPORTING AGENDA:

1. Consumer Input/ NHCHC/ ISMS — Mother Champion/Tay — **TAB 4 9:45 AM**
2. Subcommittee reports — Steve Carey/Linda — **TAB 5 10:05 AM**
   - ***i.*** Transportation subcommittee report
   - ***ii.*** Discussion committee meeting times- staffing committee
3. HCH/FH Program QI Report — Linda Nguyen — **TAB 6 10:15 AM**
4. HCH/FH Program Director's Report — Jim Beaumont — **TAB 7** 10:30 **AM**
5. HCH/FH Program Budget/Finance Report — Jim Beaumont — **TAB 8 10:40 AM**
   - ***a)*** Budget/Finance
6. Contractors Report 3rd quarter — Linda/Elli — **TAB 9** 10:45 **AM**

BOARD COMMUNICATIONS AND ANNOUNCEMENTS

Communications and Announcements are brief items from members of the Board regarding upcoming events in the community and correspondence that they have received. They are informational in nature and no action will be taken on these items at this meeting. A total of five minutes is allotted to this item. If there are additional communications and announcements, the Chairperson may choose to defer them to a second agenda item added at the end of the Board Meeting.

OTHER ITEMS

1. Future meetings – every 2nd Thursday of the month (unless otherwise stated)

Next Regular Meeting January 11, 2017; 9:00 A.M. – 11:00 A.M. |San Mateo Medical Center

H.	**ADJOURNMENT**	Brian Greenberg	**11:00 AM**

Meetings are accessible to people with disabilities. Individuals who need special assistance or a disability-related modification or accommodation (including auxiliary aids or services) to participate in this meeting, or who have a disability and wish to request an alternate format for the agenda, meeting notice, or other documents that may be distributed at the meeting, should contact the HCH/FH Program Coordinator at least five working days before the meeting at (650) 573-2966 in order to make reasonable arrangements to ensure accessibility to this meeting and the materials related to it. The HCH/FH Co-Applicant Board regular meeting documents are posted at least 72 hours prior to the meeting and are accessible online at: http://www.smchealth.org/meeting/hchfh-meetings.

TAB 1
Meeting Minutes

Request to Approve (Consent Agenda)

Healthcare for the Homeless/Farmworker Health Program (Program)
Co-Applicant Board Meeting Minutes (November 16, 2017)
SMMC

Board Members
Brian Greenberg, Chair
Julia Wilson, Vice Chair
Robert Anderson
Tayischa Deldridge
Steve Carey
Kathryn Barrientos
Dwight Wilson
Gary Campanile
Jim Beaumont, HCH/FH Program Director (Ex-Officio)

Staff
Elli Lo, Management Analyst
Linda Nguyen, Program Coordinator
Sandra Nierenberg, County Counsel

Guests
Madeline Kane, Puente

Absent: Daniel Brown, Mother Champion, Allison Ulrich, Christian Hansen

ITEM	DISCUSSION/RECOMMENDATION	ACTION
Call To Order	Brian Greenberg called the meeting to order at 9:13 A.M. Everyone present introduced themselves.	
Nominations/Elections Chair/Vice Chair	Chair nominations- • **Brian** • Dwight- declined nomination Vice Chair nominations- • **Robert- 3** • Dwight-2 • Allison-2 **Brian Greenberg has accepted the nomination to serve for Board Chair and continue in this position through next year (January 2018-December 2018).** **Robert Anderson has accepted the nomination to serve position for Board Vice Chair for the following year (January 2018-December 2018).**	Chair- Brian Greenberg Vice Chair- Robert Anderson
Regular Agenda Public Comment	Brian Greenberg commented on update on Maple Street Shelter expansion to 111 beds from 75 by January.	
Closed session **Request to Approve C&P list**	**Action item: *Request to Approve* Credentialing and Privileging List**	Motion to Approve C&P list MOVED by Dwight SECONDED by Kathryn, and APPROVED by all Board members present.
Regular Agenda Consent Agenda	All items on Consent Agenda (meeting minutes from August 10, 2017) were approved. Please refer to TAB 1	Consent Agenda was MOVED by Steve SECONDED by Robert, and APPROVED by all

		Board members present.
Business Agenda: RFP report and service contracts **Request to Approve Service Contracts**	Staff reported on draft RFP report and summarized the contracts to be approved. Program received a proposal from Ravenswood Family Health Center (RFHC) in response to our issued RFP for Enabling Services for the Homeless. On completing the proposal evaluation process, this proposal was recommended for full funding and program has prepared a draft agreement representing this recommendation. The proposal essentially called for providing care coordination services for the homeless. The proposed contract is for three (3) years through December 31, 2020. The value of the agreement is $97,000 each year, for a total contract value of $291,000. **Action item: *Request to Approve RFHC Enabling Contract*** Program received a preliminary proposal from Behavioral Health and Recovery Services (BHRS) in response to our issued RFP for the continuation of Care Coordination (nee Case Management) for the Homeless. The preliminary proposal essentially called for the continuation of the currently provided services. Current services include providing behavioral health assessment and care coordination (nee case management), and facilitating access to full range of behavioral health, primary care, and other supportive services available. The proposed contract is for three (3) years through December 31, 2020. The value of the agreement is $90,000 each year, for a total contract value of $270,000. **Action item: *Request to Approve BHRS Enabling Contract*** Program received a proposal from RFHC in response to our issued RFP for the continuation of Dental Services for the Homeless. The proposals essentially called for the continuation of the currently provided services. They proposed a modest increase in Dental Care Services clients. For Dental Services, the value of the contract is $54,725 each year for a total contract value of $164,000 for all three years. **Action item: *Request to Approve RFHC Dental contract*** Program received a proposal from RFHC in response to our issued RFP for the continuation of Primary Care Services for the Homeless. The proposals essentially called for the continuation of the currently provided services. They proposed a modest increase in Primary Care Services. For Primary Care Services, the value of the contract is $107,000 for each year, for a total contract value of $321,000 for three years. **Action item: *Request to Approve RFHC Medical Contract*** Please refer to TAB 2	Motion to Approve RFHC Enabling contract MOVED by Dwight SECONDED by Steve, Tayischa recused herself and APPROVED by all remaining Board members present. Motion to Approve BHRS Enabling contract MOVED by Kathryn SECONDED by Robert, and APPROVED by all Board members present. Motion to Approve RFHC Dental contract MOVED by Kathryn SECONDED by Steven Kraft, Tayischa recused herself and APPROVED by all remaining Board members present. Motion to Approve RFHC Medical contract MOVED by Kathryn SECONDED by Steve Kraft, Tayischa recused herself and APPROVED by all remaining Board members present.
Business Agenda: **Request to Approve Membership spots**	Over the course of time, with resignations, vacancies and new members coming on board, the exact term expirations for positions (and the individuals filling them) has become somewhat cloudy. Program has gone back through the history of board positions, the resignations, the additions of new members and the extensions of position terms to bring the Board position statuses up to date. The result of that effort is attached. We are requesting Board action to approve the attached Table of Board positions, members and term expirations. **Action item: Request to Approve Membership spots** *Please refer to TAB 3 on the Board meeting packet.*	**Request to Approve Membership spots** MOVED by Tayischa SECONDED by Kathryn, and APPROVED by all Board members present

Reporting Agenda: Consumer Input/NHCHC report back	Puente staff Madeline Kane presented on her experience at Domestic Violence conference: As a manager, I walked away from this conference with many new tools and frameworks to implement in our programs and for our staff. I am currently working with our Behavioral Health staff and Community Outreach Coordinator to improve Puente's Health programs to be more trauma-informed and integrate some best practices on self-care and staff wellness. For example I am hoping to reinvigorate yoga or meditation before all-staff meeting and revisit our policies around mental health resources for staff members. I am also working to lead by example as a manager in practicing self-care and boundary-setting to avoid burnout and vicarious trauma. Conversation on vicarious trauma that staff experience and self-care training provided by LifeMoves. *Please refer to TAB 4 on the Board meeting packet*	
Transportation Committee	Committee members will speak with staff to clarify the transportation policy.	
Discussion on Committee meetings **Request to Renew Staffing Committee**	Since January 2016, the Program Office has provided the Board on-going staffing plan information and discussion. The Program Office has asked the Board to consider approving the staffing plan and adding new staff members to meet current and anticipated program workload. The Board has approved the job description of a planner/developer position but would like more time to consider the job description/classifications to fulfill the need for a clinical position. The Ad-hoc Staffing committee was created on March, 9, 2017 and disbanded on September 30, 2017. This request is to renew the disbanded Staffing sub-committee for another six months. Discussion on renewing for another year through November 2018. Staffing Committee (Gary-lead, Steve, Tay, Kat (guest Frank, Maddy) UnExpended Funds committee (Program led): Dwight, Mother Champion, Tay, Allison (guest Maddy) added Brian Greenberf **Action item: Request to Renew Staffing Committee** *Please refer to TAB 5 on the Board meeting packet*	**Request to Renew Staffing Committee for another year (Nov 2017)** MOVED by SECONDED by, and APPROVED by all Board members present.
Discussion on Board "Excused Absence"	Discussion on Board attendance and what constitutes an "acceptable excuse" for meeting absence via the Board By-laws. According to Board By-laws: "Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without **acceptable excuse** from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article." Board members agreed that all members should be committed to attend all meetings and revise Bylaws to take out "acceptable" from the above language and have staff review Board member attendance and notify if they have reached the threshold of 3 consecutive absences or 4 in the last 6 months.	

Regular Agenda: HCH/FH Program QI Report	On behalf of Medical Director's absence staff presented the QI report: The San Mateo County Healthcare for the Homeless/Farmworker Health Program QI Committee is starting work on the 2017-2018 QI Plan. The next QI Committee meeting will be on November 16, 2017, with initial outcome measure data to be reviewed at that time. In addition, HCH/FH Program Enabling Services contracted agencies are beginning to compile their lists of clients referred to Primary Care services. Initial outcome measure data will be reported to the HCH/FH Co-Applicant Board at the December Board meeting. *Please refer to TAB 6 on the Board meeting packet*	
Regular Agenda: HCH/FH Program **Directors report**	Funding: The U.S. House of Representatives has passed legislation to extend Health Center funding for two (2) years. The bill to do so will now go to the Senate for action. We still do expect that at least this extension will pass (possibly as longer one). OSV: Program submitted documents for all six (6) required grant conditions. One – for Program Requirement 15 – Data Reporting Capacity – has already been accepted and that condition lifted. In addition, we received a Change Request on our Credentialing & Privileging (Requirement 3) condition. Following discussion with our Project Officer, we submitted clarifying language in the submission cover letter that we believe addressed HRSA's concerns, and we expect this condition to be lifted shortly. We are waiting to hear on our remaining four (4) submissions, but are hopeful that they will all be lifted soon. Staffing: Program met with SMMC HR staff and has initiated the process to receive county approval for the two new positions. It is expected to take up to two months to get final approval (Board of Supervisors) and we will keep the Board updated on that progress. Small funding request:Program has received and processed five (5) small funding requests – approving three of them for approximately $11,300 total funding. There is one request still under consideration. (One request was withdrawn.) All grant conditions have been lifted. *Please refer to TAB 7 on the Board meeting packet.*	
Regular Agenda: HCH/FH Program *Budget & Financial Report*	As we have been reporting, the HCH/FH Program continues to underspend its total available budget. The major components of this are: contracts are projected to eventually underspend the contract value by $325,635 (20%); Staff Benefits to underspend by $100,000 (40%); unallocated contracting budget $63,000 (100%); and Staff Salaries underspend by $50,000 (10%). We do anticipate being able to allocate some of the funding to small funding requests, but these historically have only totaled around $50-75,000. There does potentially exist the possibility of expended a significant amount of the unexpended funds towards the purchase/implementation of a Care Coordination/Case Management system, if it can be accomplished prior to the end of the year. AT this point, this appears to be an excellent utilization of the potential unexpended funds. *Please refer to TAB 8 on the Board meeting packet.*	
Adjournment	Time 10:55 a.m.	Brian Greenberg

TAB 2

Service Contract Approvals

PROPOSALS APPROVED AS OF 12.6.2017

Agency/Program	Population	Contract Amount
Primary Care		
Ravenswood	homeless	$ 321,000
***PHPP Mobile Clinic - Expanded Services**	homeless	
****PHPP Mobile Clinic - Street & Field Medicine**	h/fw	
Dental Care		
Ravenswood	homeless	$ 164,175
Sonrisas	fw	
Enabling Services		
LifeMoves	homeless	$ 298,030
Ravenswood	homeless	$ 291,000
BHRS	homeless	$ 270,000
	TOTAL	$ 1,344,205

COUNTY OF SAN MATEO
HEALTH SYSTEM

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DATE: December 14, 2017

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR LIFEMOVES

Program received one enabling services proposal from LifeMoves in response to our issued RFP for the continuation of enabling services for the Homeless. After review and evaluation, we opened discussion with LifeMoves on the parameters of a contract based on the proposal.

The proposals essentially called for the integration and continuation of the currently provided services via two contracts: 1) care coordination, SSI/SSDI and health eligibility assistance and 2) care coordination in collaboration with Public Health Street Medicine team. They proposed the same number in both the numbers of care coordination and intensive care coordination, a slight increase from 50 to 75 individuals for SSI/SSDI applications, and decrease from 40 to 30 individuals for health coverage eligibility assistance. In collaboration with San Mateo County's Street Medicine Team, LifeMoves proposed to provide care coordination and intensive follow-up to 140 street homeless individuals. In addition, LifeMoves proposed a new delivery of transportation services to primary care and related health enabling services for homeless individuals for 344 trips annually.

Included with this request is the draft Exhibit A & Exhibit B. The proposed contract is for one (1) year from January 1, 2018 through December 31, 2018. The value of the agreement is for a total contract value of $298,030.

This request is for the Board to approve the proposed Exhibit A & Exhibit B for the contract with LifeMoves. It requires a majority vote of the Board members present to approve this action.

	2017 (current)		2018 (proposed)	
	Patient#	**Payment**	**Patient#**	**Payment**
Care Coordination	500	$265/patient	500	$275/patient
Intensive CC	50	$525/patient	50	$525/patient
SSI/SSDI Eligibility Assistance	50	$320/patient	75	$420/patient
Health Coverage Eligibility Assistance	40	$110/patient	30	$110/patient
Intensive CC (CHOW) Street Medicine	160	$516/patient	140	$600/patient
Transportation **new*			344trips	$45/trip
Total Funding	**$261,710**		**$298,030**	

Attachments:

- Exhibit A & B for LifeMoves Enabling Services

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with LifeMoves for a full range of enabling services to homeless individuals, centered on care coordination, eligibility assistance and transportation, and for enabling services to unsheltered homeless individuals in collaboration with San Mateo County's Street Medicine Team.

LifeMoves will provide care coordination, including outreach, patient and community education, transportation, follow-up, translation services, referral services and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, and eligibility assistance for health coverage and Supplemental Security Income (SSI) or Social Security Disability, to at least **550 unduplicated homeless individuals** who meet Bureau of Primary Health Care (BPHC) criteria for homeless individuals. A unique unduplicated individual is one who have not been previously served and invoiced for during the specified reporting period. At a **minimum**, **75%** of these individuals **(375**) will meet the BPHC definition as a street or shelter homeless individual. A **minimum of 75 of these homeless individuals** will complete an SSI (MediCal) or SSDI (Medicare) application. A **minimum of 30 of these homeless individuals** will complete a health coverage application.

In collaboration and coordination with San Mateo County's Street Medicine Team, LifeMoves will provide care coordination, including transportation to medical appointment, picking up medication, and establish and evaluate adherence to case plan, medical needs assessments and intensive follow-up to at least **140 unduplicated street homeless individuals** who meet Bureau of Primary Health Care (BPHC) criteria for street homeless individuals. A unique unduplicated individual is one who have not been previously served and invoiced for during the specified reporting period, including for the care coordination services specified in the preceding paragraph. **100%** of these individuals **(140)** will meet the BPHC definition as a street homeless individual at the time service is initiated.

The services to be provided by LifeMoves will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide initial assessments, healthcare planning and on-going **care coordination** services to a minimum of **550** homeless individuals each reporting period in order to better access primary medical care through the San Mateo County Health System, and HCH/FH Program contractors. A minimum of **1,375** on-going care coordination encounters will be provided to these 550 individuals. At least 90% will have a documented care plan .

Care Coordinator/Manager definition- acts as a liaison between the target population patient and health care organizations. They offer support by providing some or all of the following: information on health and community resources, coordinating transportation, making appointments, delivering appointment reminders, tracking whether appointments are kept, and accompanying people at appointments; help clients and providers develop a care management plan and assist clients to adhere to the plan.

Each care coordination encounter must meet BPHC visit criteria to be included in the count. Such criteria, as they may be amended from time to time, are incorporated by reference into this Agreement.

BPHC presently defines a enabling services encounters as an encounter between a service provider and a patient during which services are provided that assist patients in the management of their health needs, including patient needs assessments, the establishment of service plans, the maintenance of referral, tracking, and follow-up systems, and the provision of support services in accessing health care. These encounters must be face-to-face with the patient. Third party and remote (telephone, email) interactions on behalf of or with a patient are **not** counted in care coordination encounters.

OBJECTIVE 1.1.: Intensive Care Coordination- Of the 550 homeless individuals served, assist at least **50** new (client has not been seen for primary care in the past two years) unduplicated homeless individuals each reporting period to engage and maintain participation in health programs and the health care system in order to better access health services through the San Mateo County Health System and HCH/FH Program contractors. These individuals will receive intensive and on-going care coordination services as appropriate. The determination of a client's status as a new unduplicated homeless individual shall be determined by LifeMoves through use of a standard information gathering protocol, as approved by the HCH/FH Program, which may include self-attestation by the client. A minimum of **150** on-going encounters will be provided to these 50 individuals.

> **Outcome Measure 1.A:** Of the homeless individuals that do not currently have a medical home, a minimum of 50% will establish a medical home, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).
>
> **Outcome Measure 1.B:** At least 150 of homeless individuals served will be homeless individuals with chronic health conditions (including, but not limited to, obesity, hypertension, diabetes, and asthma).
>
> **Outcome Measure1.C**: At least 75% of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

OBJECTIVE 2: To improve access to health care by providing eligibility assistance to homeless individuals in making application for appropriate health insurance coverage plans.

> **Outcome 2.A.** 100% of clients that are uninsured will be referred to LifeMoves Health Care for Homeless staff for health insurance enrollment. As warm hand offs increase rate of success, it is highly encouraged that LifeMoves HCH eligibility staff accompany CHOW in field as schedule permits.
>
> **Outcome 2.B:** At least 75 individuals each reporting period will complete an SSI (MediCal) or SSDI (Medicare) application. SSI/SSDI claims will be supported from the initial submission to Administrative Law Judge (AJL) hearing as needed. At least 60% (45) will attend their scheduled Consultative Exam. At least 20% (15) of these individuals will be classified in the street homeless category.
>
> **Outcome 2.C:** All (100%) homeless clients will be screened for health insurance/coverage eligibility. At least 30 homeless individuals each reporting period will complete a submission for coverage through Covered California, the Medi-Cal Program or the Access to Care for Everyone (ACE) Program, as appropriate.

OBJECTIVE 3: Provide initial assessments, healthcare planning and on-going care coordination services to a minimum of **140** street homeless individuals for coordination with the San Mateo County Street Medicine Team each reporting period in order to better access primary medical care through the San

Mateo County Health System, and HCH/FH Program contractors. A minimum of **300** on-going care coordination encounters will be provided to these 140 individuals. At least 90% will have a documented care plan.

> **Outcome Measure 3.A:** Working with the Street Medicine Team, provide medical needs assessment for 100% (140) of the individuals served.
>
> **Outcome Measure 3.B:** Of the homeless individuals that do not currently have a medical home, a minimum of 20% (28) will establish a medical home, as defined by a minimum of two (2) attended primary medical care service appointments (one initial appointment and one follow-up appointment).
>
> **Outcome Measure 3.C:** At least 80% (112) of clients with a scheduled primary care appointment will attend at least one scheduled primary care appointment.

RESPONSIBILITIES:

The following are the contracted reporting requirements that LifeMoves must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from LifeMoves during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for homeless individuals for whom the Contractor is not reimbursed**. The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. A separate transportation encounter spreadsheet will also be provided monthly. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

In response to the concern of **high staff turn-over** for Life Move's Health Care for Homeless Program, we will require notice (within 10 days) of staff changes involving services provided under this contract, and a plan on how to move forward to resolve the issue. HCH/FH staff will also want to meet with new staff members soon after they have started to orient them with the contract and program, including contracting and related staff.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless, One Day Count, Homeless Project Connect, etc.).

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor at a rate of $275.00 for each established (not "new" as defined in Exhibit A) unduplicated homeless individual invoiced per reporting period for delivery of care coordination services, up to the maximum of 500 individuals per reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of $525.00 for each unduplicated homeless individual invoiced per reporting period for delivery of intensive care coordination services for "new" clients as defined in Exhibit A, up to the maximum of 50 per reporting period, limited as defined in Exhibit A for "unique unduplicated."

County shall pay contractor at a rate of $420.00 per unduplicated homeless individual invoiced, per reporting period, for completing application to SSI (MediCal) or SSDI (Medicare) up to and including at least one potential appeal of a denial, up to a maximum of 75 per reporting period, limited as defined in Exhibit A for homeless category and "unique unduplicated".

County shall pay contractor at a rate $110.00 per unduplicated homeless individual invoiced for completing the enrollment process for Covered California, Medi-CAL or the ACE program, as appropriate, up to a maximum of 30 per reporting period limited as defined in Exhibit A for "unique unduplicated."

County shall pay Contractor at a rate of $600.00 for each unduplicated street homeless individual invoiced per reporting period for delivery of care coordination services for street medicine clients, up to the maximum of 140 individuals per reporting period, limited as defined in Exhibit A for "unique unduplicated." Individuals invoiced under this term must also be unique and unduplicated from the care coordination terms in paragraphs 2 and 3 above of this Exhibit.

County shall pay contractor at a rate $45.00 per unduplicated one-way trip by homeless individuals invoiced for per reporting period for the delivery of transportation services, up to the maximum of 344 trips per contract period. A separate transportation encounter spreadsheet will also be provided monthly.

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director or their designee.

The term of this Agreement is January 1, 2018 through December 31, 2018. Maximum payment for services provided under this Agreement will not exceed TWO HUNDRED NINETY-EIGHT THOUSAND THIRTY DOLLARS ($298,030).

Budget Overview

	Service	Unduplicated Maximum	Payment per Unit
Must be unduplicated across all three categories and invoiced only once in one category	Care Coordination	500 patients	$275/patient
	Intensive Care Coordination	50 patients	$525/patient
	Street Medicine Care Coordination	140 patients	$600/patient

Can be invoiced in addition to any care coordination	SSI/SSDI	75 patients	$420/patient
Can be invoiced in addition to any care coordination	Health Coverage	30 patients	$110/patient
Can be invoiced in addition to any care coordination	Transportation	344 trips	$45/trip

COUNTY OF SAN MATEO
HEALTH SYSTEM

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DATE: December 14, 2017

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE AMENDMENT FOR LEGAL AID SOCIETY OF SAN MATEO COUNTY

Program currently has a two-year contract with Legal Aid Society of San Mateo County (Legal Aid) for Enabling Services for the Farmworkers. The current contract focuses on a 3 pronged strategy to comprehensively address the health needs of farmworkers in San Mateo County rural, coastal communities by: 1) performing a Needs Assessment and an Experience Study to identify the continuing barriers to health care for farmworkers and their families; 2) Provide outreach and education to farmworkers and training and technical assistance to health providers and outreach partners ; 3) Provide referrals, eligibility assistance, legal advice, and representation.

Legal Aid has requested a no-cost extension amendment to the contract due to difficulties in coordinating outreach presentations with Puente. After discussion with Legal Aid, Program is looking to extend the current contract for another three (3) months for the completion of experience study, farmworker and provider outreach projects. This request is for the Board to take action to approve the execution of this amendment with Legal Aid.

Included with this request is the draft Exhibit A & Exhibit B. The proposed amendment is for two (2) year and three (3) months through March 31, 2018. The total value of the contract is unchanged at $109,600.

This request is for the Board to approve the proposed Exhibit A & Exhibit B for the contract amendment with Legal Aid. It requires a majority vote of the Board members present to approve this action.

Attachments:
Legal Aid Exhibit A & B for Enabling Services Amendment

LEGAL AID SOCIETY OF SAN MATEO COUNTY

Exhibit A

In consideration of the payments set forth in Exhibit B, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Legal Aid Society of San Mateo County (Legal Aid) for a full range of enabling services to farmworker individuals, centered on Needs Assessment, Experience Study, direct legal assistances, outreach and patient and community education. Legal Aid will provide legal assistance, including eligibility assistance, legal advice, follow-up, translation services, and referral services for Covered California, Medi-Cal, ACE program, or other health insurance/coverage programs as appropriate, and ongoing support to improve client access to San Mateo County Health System primary medical services and HCH/FH Program contractors, to at least **20 unduplicated farmworker individuals per reporting period** who meet Bureau of Primary Health Care (BPHC) criteria for Migratory and Seasonal Agricultural Workers. A unique unduplicated individual is one who have not been previously served and invoiced for that service during the specified reporting period. The HCH/FH Program will continue to monitor the number of "cases" that are provided legal services, even as Legal Aid will invoice for unduplicated individuals.

The services to be provided by Legal Aid will be implemented as measured by the following objectives and outcome measures:

OBJECTIVE 1: Provide direct legal services to a minimum of **20** unduplicated farmworker individuals or family members of farmworkers each reporting period to support eligibility assistance in securing access to available health, social services, pharmacy and other assistance programs including Medi-Cal, Medicare, MCE, ACE Healthy Kids, and related assistance programs related to the access of medical, dental, mental health or substance abuse services. A minimum of **30** on-going encounters will be provided to these 20 individuals.

These encounters must be face-to-face with the patient. Third party and remote (telephone, email) interactions on behalf of or with a patient are **not** counted in encounters.

OBJECTIVE 1.1.: 80% (16) of the farmworker clients provided legal services will receive favorable outcomes in addressing issues related to health coverage or health care access.

> **Outcome Measure 1.A:** Of the farmworker individuals, a minimum of 80% will receive coverage or reduce out-of-pocket expenses through access to available coverage programs.
>
> **Outcome Measure 1.B:** Of the farmworker clients provided legal services 65% (13) will be uninsured, not having current health coverage.

OBJECTIVE 2: Complete a regional **Needs Assessment**, and develop a plan to systematically address identified barriers to accessing health care affecting farmworkers in San Mateo County.

> **Outcome 2.A:** To complete a Needs Assessment of the region to determine the number and location of farmworkers, their greatest areas of need, and the legal barriers they are currently facing.

OBJECTIVE 3: Outreach to at least 50 Farmworkers and Providers to identify clients/patients who have underlying, health-affecting legal issues and refer them to LIBRE each reporting period.

> **Outcome 3.A: In the first year,** train 15 health providers and other outreach partners (quarterly) who are working directly with the target farmworker population to identify clients/patients who have underlying, health-affecting legal issues and refer them to LIBRE. This includes answering at least 24 technical assistance phone calls and emails. In the second year, train 20 providers and outreach partners annually who are working directly with the target farmworker population to identify clients/patients who have underlying, health-affecting legal issues and refer them to LIBRE. Evaluations after training will show that at least 80% of attendees are better able to identify legal needs among their farmworker clients, and are comfortable making appropriate referrals.
>
> **Outcome 3.B:** Host eight outreach and education events targeting farmworkers and their families. These events will focus on the underserved southern coastal region at Pescadero. Outreach will include information about various health coverage programs, government benefits programs, and Public Charge.

Outcome 4: To complete an **Experience Study** by following and documenting a minimum of 12 farmworkers as they navigate attempting to access the health care system and receive health care services in order to identify barriers to accessing healthcare.

> **Outcome 4.A:** LIBRE will work with partners to develop a strategy that best addresses the legal needs and barriers to accessing health coverage and healthcare. Contractor will follow a minimum of 12 farmworkers as they interact with the health care system in order to identify barriers to accessing healthcare.

RESPONSIBILITIES:

The following are the contracted reporting requirements that Legal Aid Society of San Mateo County must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each farmworker individual receiving enabling services from Legal Aid during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. In addition, the contractor will track the number of legal cases pursued and the number of the reported unduplicated individuals that are involved in each case. **This may include data for farmworker individuals for whom the Contractor is not reimbursed**. The contractor will also assess and report each individual's homeless status as defined by BPHC.

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate

scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all farmworker individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in County and community activities that address farmworker issues.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

Exhibit B

In consideration of the services provided by Contractor described in Exhibit A and subject to the terms of the Agreement, County shall pay Contractor based on the following fee schedule and terms:

County shall pay Contractor a one-time payment of $8,000 total over the term of the agreement for the Needs Assessment project. County shall pay $2,500 upon Contractor submission of Needs Assessment detailed plan with questionnaire and/or tool for review and acceptance, and $5,500 upon Contractor submission of the Needs Assessment final report for review and acceptance.

County shall pay Contractor a one-time payment of $10,000 total over the term of the agreement for the Experience Study project. County shall pay $2,000 upon Contractor submission of Experience Study detailed plan with selection criteria for review and acceptance, and $8,000 upon Contractor submission of the Experience Study final report for review and acceptance.

County shall pay Contractor $11,300 total over the term of the agreement for the Provider Outreach project. For the first reporting period, County shall pay $6,000 upon Contractor submission of Provider Outreach plan and materials including PowerPoint presentations and LIBRE flyers and handouts for review and acceptance, and $3,200 upon Contractor submission of the Provider Outreach final report showing at least 50% completion of plan. For the second reporting period till March 2018, County shall pay $1,000 upon Contractor submission of updated Provider Outreach plan and materials including information targeting unreached provider workshop information for review and acceptance, and $1,100 upon Contractor submission of the Provider Outreach final report showing at least 50% completion of the updated plan.

County shall pay Contractor $13,300 total over the term of the agreement for the Farmworker Outreach project. For the first reporting period, County shall pay $2,000 upon Contractor submission of Farmworker Outreach plan and materials for review and acceptance, and $4,400 upon Contractor submission of the Farmworker Outreach final report showing at least 50% completion of plan. For the second reporting period till March 2018, County shall pay $2,000 upon Contractor submission of updated Farmworker Outreach plan and materials including information targeting unreached farmworkers for review and acceptance, and $4,900 upon Contractor submission of the Farmworker Outreach final report showing at least 50% completion of updated plan.

County shall pay Contractor at a rate of $1,675.00 for each unduplicated farmworker individual invoiced per reporting period for delivery of legal services, up to the maximum of 20 individuals per reporting period, limited as defined in Exhibit A for “unique unduplicated.”

Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of farmworker individuals and encounters for the previous month. Invoices will be approved by the Health Care for the Homeless/Farmworker Health Program Director or their designee.

The term of this Agreement is January 1, 2016 through ~~December 31, 2017~~March 31, 2018. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED AND NINE THOUSAND AND SIX HUNDRED DOLLARS ($109,600).

TAB 3

Notice of Intent to Amend Board By laws

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: December 14, 2017

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont, Program Director

SUBJECT: NOTICE OF INTENT TO AMEND THE BOARD'S BYLAWS

In accordance with Article 15: Amendments of the Board's Bylaws, Board members must be provided fourteen (14) day notice of the intent to alter, amend or adopt new Bylaws, and such notice must include the text of the proposed alteration, amendment, or substitution. This item functions as such notice of intent to amend the Bylaws at the Board's January 11, 2018 meeting.

Currently, the second paragraph of Article 9: Removal reads:

> "Continuous and frequent absences from the Board meetings, without reasonable excuse, shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article."

The proposed amendment to the Bylaws is to remove from the first sentence of the paragraph the phrase "…, without reasonable excuse,…". Without further definition of what was or would be considered as "reasonable", the phrase was viewed as an impediment to working with Board members on attendance.

The Amended second paragraph for Article 9: Removal will read:

> "Continuous and frequent absences from the Board meetings shall be among the causes for removal. In the event that any member is absent without acceptable excuse from three (3) consecutive Board meetings or from four (4) meetings within a period of six (6) months, the Board shall automatically give consideration to the removal of such person from the Board in accordance with the procedures outlined in this Article."

This amendment to the Bylaws shall be up for Board action at the January 11, 2018 meeting. It requires a two-thirds vote of the members present to approve the amendment.

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

TAB 4
Consumer Input

Report on the National Health Care for the Homeless Conference.

Mother Champion

Workshops:

- Caring for the Homeless Patient with Mental Illness:
- Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulneable Populations in our Communities
- Leap of Faith

Fist I'd like to say what a wonderful opportunity to be sent to a conference with such knowledgeable people. I was happy to meet Mr. Bobby Watts Chief Execuive Officer of the coference. Mr B. Watts wanted to get to the some of the root causes of homelessness, and the vehicle that he used was through some of the speakers.

I wish I had a tape recorder, there was so much information to write down and to learn. The think tanks were the best. I asked so many question, but at the same time I didn't want to take all the time. Portland Oregon had a model to look at. What I know is that no one agency can do it alone.

- Becky Wikinson MSW hospital outreach worker, and Drew Grabhame, a social worker, outreach social worker.

The next class I went to was about Constructing Powerful Stories a quote "Storytelling has the power to build empathy, connect people and share experiences of our consumers and our organizations". To me, this one to get financial assistance. We had a lot of story tellers in this class.

Caring for the Homeless Patient with Mental Illness:
This was a sad but informational class, on how to deal or two way to deal with mental ill homeless, patient and it showed us to different prcesses on they dealt with two different patients.

- Rose Garcia, MD, MPA and Carrie Kowalski, MPAP, PA C,

Health and Supportive Housing Capital Expansion: Building Access, Impact and Equity for Vulneable Populations in our Communities
After is class I went to the speckers and collected their cards so I could call and ask more question.

The next class was a Leap of Faith

- Mr. Matt Bennett, MBA MA was just great again I got a lot of information to take home and read, his story was his on journey.

When he finished the teaching part of the class we all sat in a circle and we talked about our on story. That was great.

After this class, I went to SOME, mears So Others Might Eat. What a great experience.

Written Summary of the 13th Annual International Street Medicine Symposium- Allentown, PA

Date: November 13th, 2017

Name: Tayischa Deldridge

Position: Collaborations/Health Care for the Homeless Manager

Sessoins/Workshops attended:

- Packing for Success
- Risk Management and Legal Considerations in Street Medicine
- Psychosis, Neurosis, or Alcoholic Hallucinosis? : Connecting and Planning Care on the Street

1) Who were the speakers of interest, their backgrounds & expertise?

The presentation I enjoyed the most was called "Packing for Success: What to Bring in your Backpack". This presentation was delivered by the following two speakers:

David Gloss, BS, EMT-P Clinical Case Manager, Operation Safety Net (Pittsburg, Pennsylvania, USA)

Operation Safety Net (OSN) is a Street Medicine program in Pittsburgh, Pennsylvania. OSN's primary functions are to improve the well-being of the unsheltered homeless of Pittsburgh, advocate for health-care justice, educate health-care students, and assist other cities to develop their own street medicine programs. As a Clinical Case Manager, David works with the homeless population in the Pittsburgh area to provide medical care to treat acute and chronic illness. He also coordinates the delivery of care through OSN's mobile medical unit, street outreach, drop in clinic, and severe weather shelters.

Joel Hunt, Physician Assistant, Director of Care Connections program at JPS Health Network (Fort Worth, Texas, USA)

As a Physician Assistant, Hunt leads a team dedicated to improving the lives of those who live unsheltered, connecting them to care at JPS and reducing reliance on emergency services. Among his patients are those who visit the Emergency Department more than 50 times a year. A former surgical technician and combat medic in the army, Hunt started practicing medicine on the streets after earning his master's degree in physician assistant studies from the University of Utah. In 2017, Joel Hunt was named HealthCare Hero by Fort Worth Business Press.

2) What were the key points and interesting discussions of the training, meeting or noted sessions from the conference?

Through the various workshops and presentations I attended, I learned about the history, principles, and practice of Street Medicine. I also had the opportunity to attend breakout sessions in which field experts shared their knowledge around street-based trauma-informed care, and how to operate a successful street medicine program.

3) How does this connect to your work with the homeless and/or farmworker populations, and with the HCH/FH Program?

Through attending the "Packing for Success" workshop, I learned how and what to pack when you go out to do street medicine. Some of the questions we explored include: what kind of durable and washable backpacks we need to purchase, and what types of medical supplies should be packed (for example, topical ointments for wound care and other basic medications).

4) What technical knowledge did you gain that you can share with your colleagues and the HCH/FH Co-Applicant Board and Program Staff?

I realized that our team at Ravenswood Family Health Center already packs most of the items the speakers recommended, but it is also interesting to hear about other items that we could include in our backpacks. While you never know what you may need while doing street medicine, since the "rough sleepers" (street homeless) have so many hygiene issues and health challenges, it is still crucially important to be as prepared as possible. The speakers recommended that we should stock two backpacks at any given time, one to take with us and one as a backup. Also, they recommended that we should have a medical supply backpack, a homeless supply backpack, and a safety team backpack. Finally, they said that all members of a street medicine team should carry a backpack. I will use what I learned from this workshop to better equip my team with personal safety items, such as thicker boots, long sleeve jackets and shoe booties, so they can be fully prepared to do their jobs.

Link to full schedule:

http://streetmedicine.org/wordpress/wp-content/uploads/2017/06/ISMS-13-Final-Program-Schedule.pdf

TAB 5
Sub-committee Report

TRANSPORTATION SUB-COMMITTEE REPORT

1. Case manager-provides service and care. See contractors of the HCH/FH program below. Note that service and care is not limited to medical service and care. The policy does not need to be changed
2. SMMC HCH/FH will provide services as noted in the taxi voucher policy: Understanding that transportation can act as a barrier to some clients needing medical care and other health related services, HCH/FH taxi vouchers are available to SMMC providers of care, contractors of the HCH/FH program and other Board approved partners providing services to the homeless and farmworker communities, for Transportation Services.

   The HCH/FH Program taxi vouchers may be used by patients for:

   A. Transportation to/from San Mateo Medical Center Clinics throughout San Mateo County;
   B. Transportation to/from non-SMMC facilities, including facilities outside of San Mateo County, to which a patient is referred by SMMC and other providers of services and care; and;
   C. Transportation to required appointments for eligibility determination for SSI and other health services in 42 U>S> Code 254b- Health Centers.

   As noted above, a referral from SMMC is not required in order for a taxi voucher to be used. Seton is not responsible for transportation for homeless or farmworker patients.

   The policy was written in accord with 42 U>S> Code 254b- Health Centers to provide necessary transportation to patients for care and services when and where they need it. That includes non-SMMC and non-SMMC referrals.

   No change in policy is required

   The mission of the Health Care for the Homeless/Farmworker Health Program (HCH/FH) is to serve homeless and farmworker individuals and their families by providing access to comprehensive health care as defined in 42 u>S> Code 254b Health Centers, in a supportive welcoming and accessible environment.

   Good care and provision of services for patients are mandatory. But cannot happen if patients are unable to get to their designated appointments. It's all in the Policy mission providing access, including by taxi

   Transportation Committee.

TAB 6
QI Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: December 14, 2017

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Frank Trinh, Medical Director HCH/FH Program

SUBJECT: QI COMMITTEE REPORT

The San Mateo County HCH/FH Program QI Committee last met in November.

The QI Committee reviewed the 3rd Quarter 2017 Diabetes Hemoglobin A1c (HgbA1c) data for Homeless and Farmworker patients in the San Mateo County Health System. Overall, the rate of Hemoglobin A1c < 8%, denoting adequate diabetic control, was 54.9% for the combined Homeless and Farmworker population, comparable to the overall Primary Care population rate of approximately 60%.

Disparities were found in specific subpopulations. The HgbA1c < 8% rate for the total Farmworker population was lower at 48.4%, lower than past level of around 54% in 2016. Within the Homeless population, disparities were found in the Black/African-American Race (45.5%), "Other" Race (44.6%), Shelter (45.4%), and Transitional (40.9%) populations. The QI Committee will be further evaluating these subpopulations to look for trends or unique challenges specific to them.

One significant positive finding was improvement in diabetic control of Street Homeless patients. In past analyses, the HgbA1c < 8% rate for the Street Homeless population was < 40%. However, through the 3rd Quarter of 2017 the rate was 63.9%. The QI Committee will be evaluating this group further to look for potential factors contributing to the improvement.

The next QI Committee meeting will be in January 2018.

2017	Q3 (July- Sept			Q1 (Jan- March)			Q2 (April- June)		
UDS Outcome Measures	num	demon	%	num	demon	%	num	demon	%
Cervical Cancer Screening-Pap Test	645	1436	**45%**	452	964	**47%**	564	1270	**44%**
Diabetes < 8	435	792	**55%**	259	546	**47%**	352	710	**50%**
Hypertension	966	1495	**65%**	74	1365	**5%**	865	1367	**63%**
Adult Weight Assessment	870	3854	**23%**	579	2409	**24%**	752	3272	**23%**
Child Weight Assessment	249	461	**54%**	96	247	**39%**	141	346	**41%**
Depression sceening	78	4100	**2%**	*38*	*2543*	***1%***	*50*	*3459*	***1%***
Tobacco Cessation	3033	3805	**80%**	2028	2518	**81%**	2708	3239	**84%**
Ischemic Vascular Disease	370	417	**89%**	274	305	**90%**	334	371	**90%**
Coronary Artery Disease	189	230	**82%**	198	231	**86%**	223	261	**85%**
Asthma Treatment Plan	257	353	**73%**	177	239	**74%**	233	313	**74%**
Colorectal Cancer Screening	911	1690	**54%**	545	1137	**48%**	705	1482	**48%**

	Total Population	Homeless	Farmworker
# Dx of Diabetes mellitus	792	716	91
Doubling Up		371	
Shelter		97	
Transitional		22	
Other		190	
Street		36	
% Doubling Up		51.8	
% Shelter		13.5	
% Transitional		3.1	
% Other		26.5	
% Street		5.0	
Migrant			8
Seasonal			83
% Migrant			8.8
% Seasonal			91.2
Male	417	389	36
Female	375	327	55
% Male	52.7	54.3	39.6
% Female	47.3	45.7	60.4
Median Age	56	56	49
Mean Age	55	55	49
Race-W	493	435	68
% Race-W	62.2	60.8	74.7
Race-B	44	44	0
% Race-B	5.6	6.1	0.0
Race-A	109	109	0
% Race-A	13.8	15.2	0.0
Race-P	39	38	1
% Race-P	4.9	5.3	1.1
Race-N	9	6	3
% Race-N	1.1	0.8	3.3
Race-O	95	83	17
% Race-O	12.0	11.6	18.7
Hispanic-Y	383	315	83
% Hispanic-Y	48.4	44.0	91.2
Hispanic-N	400	394	6
% Hispanic-N	50.5	55.0	6.6
Language-English	437	430	8
% Language-English	55.2	60.1	8.8
Language-Spanish	307	240	81
% Language-Spanish	38.8	33.5	89.0
Language-Other	42	42	0
% Language-Other	5.3	5.9	0.0

	# Dx of Diabetes mellitus	# HgbA1c < 8%	% HgbA1c < 8%	# HgbA1c > 9%	% HgbA1c > 9%	# HgbA1c Not Recorded	% HgbA1c Not Recorded	# HgbA1c > 9% or Not Recorded	% HgbA1c > 9% or Not Recorded
Total Population	792	435	54.9	98	12.4	172	21.7	270	34.1
Male	417	226	54.2	56	13.4	84	20.1	140	33.6
Female	375	209	55.7	42	11.2	88	23.5	130	34.7
Race-W	493	268	54.4	68	13.8	100	20.3	168	34.1
Race-B	44	20	45.5	5	11.4	13	29.5	18	40.9
Race-A	109	73	67.0	5	4.6	20	18.3	25	22.9
Race-P	39	21	53.8	4	10.3	9	23.1	13	33.3
Race-N	9	6	66.7	1	11.1	1	11.1	2	22.2
Race-O	95	46	48.4	14	14.7	28	29.5	42	44.2
Hispanic-Y	383	205	53.5	56	14.6	80	20.9	136	35.5
Hispanic-N	400	229	57.3	39	9.8	89	22.3	128	32.0
Total Homeless	716	397	55.4	84	11.7	159	22.2	243	33.9
Doubling Up	371	218	58.8	45	12.1	66	17.8	111	29.9
Shelter	97	44	45.4	14	14.4	31	32.0	45	46.4
Transitional	22	9	40.9	2	9.1	10	45.5	12	54.5
Other	190	103	54.2	20	10.5	45	23.7	65	34.2
Street	36	23	63.9	3	8.3	7	19.4	10	27.8
Homeless Male	389	212	54.5	50	12.9	83	21.3	133	34.2
Homeless Female	327	185	56.6	34	10.4	76	23.2	110	33.6
Homeless Race-W	435	242	55.6	57	13.1	88	20.2	145	33.3
Homeless Race-B	44	20	45.5	5	11.4	13	29.5	18	40.9
Homeless Race-A	109	73	67.0	5	4.6	20	18.3	25	22.9
Homeless Race-P	38	21	55.3	4	10.5	9	23.7	13	34.2
Homeless Race-N	6	4	66.7	1	16.7	1	16.7	2	33.3
Homeless Race-O	83	37	44.6	12	14.5	27	32.5	39	47.0
Homeless Hispanic-Y	315	170	54.0	44	14.0	68	21.6	112	35.6
Homeless Hispanic-N	394	226	57.4	38	9.6	88	22.3	126	32.0
Total Farmworker	91	44	48.4	16	17.6	18	19.8	34	37.4
Migrant	8	4	50.0	0	0.0	3	37.5	3	37.5
Seasonal	83	40	48.2	16	19.3	15	18.1	31	37.3
Farmworker Male	36	17	47.2	8	22.2	2	5.6	10	27.8
Farmworker Female	55	27	49.1	8	14.5	16	29.1	24	43.6
Farmworker Race-W	68	32	47.1	13	19.1	13	19.1	26	38.2
Farmworker Race-B	0								
Farmworker Race-A	0								
Farmworker Race-P	1								
Farmworker Race-N	3								
Farmworker Race-O	17	9	52.9	2	11.8	5	29.4	7	41.2

TAB 7
Director's Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: December 14, 2017

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont Director, HCH/FH Program

SUBJECT: DIRECTOR'S REPORT & PROGRAM CALENDAR

Program activity update since the November 16, 2017 Co-Applicant Board meeting:

1. Grant Conditions

As part of the 7-Day Update in last meeting's Director's Report, we informed the Board that we had received notice that all of our grant conditions had been lifted. That Notice of Action (NOA) is attached to this month's report.

On 11/07/2012, we received our first grant conditions on Program Requirements, largely related to governance issues. Since that time, we have been continually under various sets of grant conditions, or the knowledge that a recent Operational Site Visit was going to imminently cause conditions to be issued. For the first time since November of 2012, over five (5) years, the HCH/FH Program is under no grant conditions, nor any outstanding OSV that could potentially result in grant conditions.

Note that we will have a new OSV scheduled for late spring/early summer of 2018.

2. Health Center Program Funding

On November 16, 2017, we received NOA 2017-00 providing approval of our Non-Competing Continuation Progress Report (NCC)/Budget Period Progress Report (BPR) and awarded pro-rated funding for the first two (2) months of the grant year. Congress is still working on final 2018 appropriations and authorizations, resulting in the pro-rated funding.

3. Automation

The County is presently negotiating a contract with Eccovia for their ClientTrack Case Management software. This is the system which the HCH/FH Program supported, and we are still included in the implementation group. We have been advised that this will not be finished during the current calendar year. Therefore, we will be unable to utilize any GY2017 unexpended funds to support the purchase effort.

4. RFP

We continue to work through the RFP/contracting process. A number of agreements are elsewhere on today's agenda for Board action.

5. Staffing

We have submitted the requested information to the SMMC HR Office and are awaiting their response on next steps.

6. Seven Day Update

ATTACHED:

- Program Calendar
- NOA 2016-08
- NOA 2017-00

Health Care for the Homeless & Farmworker Health (HCH/FH) Program

2017 Calendar (*Revised December 2017*)

EVENT	DATE	NOTES
· Board Meeting (December 14, 2017 from 9:00 a.m. to 11:00 a.m.) · Contracts go before BOS for 2018	December	@San Mateo Medical Center
· Board Meeting (January 11, 2017 from 9:00 a.m. to 11:00 a.m.) · Board training · QI Committee meeting · Provider Collaborative meeting	January	@San Mateo Medical Center
· Board Meeting (February 8, 2017 from 9:00 a.m. to 11:00 a.m.) · UDS first submission · Western Forum for Migrant & Community Health, Seattle, WA (Feb 22-24)	February	@San Mateo Medical Center
· Board Meeting (March 8, 2017 from 9:00 a.m. to 11:00 a.m.) · Final UDS submission · QI Committee meeting	March	@San Mateo Medical Center
· Board Meeting (April 12, 2017 from 9:00 a.m. to 11:00 a.m.) · Provider Collaborative meeting	April	@San Mateo Medical Center
· Board Meeting (May 10, 2017 from 9:00 a.m. to 11:00 a.m.) · National Health Care for Homeless Conference, Minneapolis, MN (May 15-18)	May	@San Mateo Medical Center

BOARD ANNUAL CALENDAR	
Project	**Deadline**
UDS submission- Review	April
SMMC annual audit- approve	April/May
Forms 5A and 5B -Review	June/July
Strategic Plan/Tactical Plan-Review	June/July
Budget renewal-Approve	August/sept- Dec/Jan
BPR/SAC-Approve	August
Annual conflict of interest statement - members sign (also on appointment)	October
Annual QI Plan-Approve	Winter
Board Chair/Vice Chair Elections	Winter
Board review annual HR report on OLCPs	WInter
Program Director annual review	Fall /Spring
Sliding Fee Scale (FPL)- review/approve	Spring

1. DATE ISSUED: 11/13/2017	**2. PROGRAM CFDA:** 93.224	
3. SUPERSEDES AWARD NOTICE dated: 11/07/2017 except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 6 H80CS00051-16-08	**4b. GRANT NO.:** H80CS00051	**5. FORMER GRANT NO.:** H66CS00469
6. PROJECT PERIOD: **FROM:** 11/01/2001 **THROUGH:** 12/31/2019		
7. BUDGET PERIOD: **FROM:** 01/01/2017 **THROUGH:** 12/31/2017		

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title III, Section 330
Public Health Service Act, Section 330, 42 U.S.C. 254b
Affordable Care Act, Section 10503
Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330(e), 42 U.S.C. 254b
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended)

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
SAN MATEO COUNTY HEALTH SERVICES AGENCY
222 W 39th Ave
San Mateo, CA 94403-4364
DUNS NUMBER:
625139170
BHCMIS # 091140

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Jim Beaumont
SAN MATEO COUNTY HEALTH SERVICES AGENCY
222 W 39th Ave
San Mateo, CA 94403-4364

11.APPROVED BUDGET:(Excludes Direct Assistance)
[ ] Grant Funds Only
[X] Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	$3,598,049.00
b . Fringe Benefits :	$2,176,991.00
c . Total Personnel Costs :	$5,775,040.00
d . Consultant Costs :	$0.00
e . Equipment :	$0.00
f . Supplies :	$1,116,657.00
g . Travel :	$25,000.00
h . Construction/Alteration and Renovation :	$0.00
i . Other :	$5,210,866.00
j . Consortium/Contractual Costs :	$1,803,004.00
k . Trainee Related Expenses :	$0.00
l . Trainee Stipends :	$0.00
m . Trainee Tuition and Fees :	$0.00
n . Trainee Travel :	$0.00
o . TOTAL DIRECT COSTS :	$13,930,567.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	$0.00
q . TOTAL APPROVED BUDGET :	$13,930,567.00
i. Less Non-Federal Share:	$11,092,963.00
ii. Federal Share:	$2,837,604.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$2,837,604.00**
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$0.00
ii. Offset	$0.00
c. Unawarded Balance of Current Year's Funds	$0.00
d. Less Cumulative Prior Awards(s) This Budget Period	$2,837,604.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$0.00**

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
17	$2,578,403.00
18	$2,635,203.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[D]**

Estimated Program Income: $5,202,291.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached **[X]Yes [ ]No**)
This NoA is issued to remove one or more Grant Conditions imposed on projects.

Electronically signed by Christie Walker , Grants Management Officer on : 11/13/2017

17. OBJ. CLASS: 41.51 | **18. CRS-EIN:** 1946000532A1 | **19. FUTURE RECOMMENDED FUNDING:** $0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
16 - 398879F	93.527	17H80CS00051	$0.00	$0.00	HCH	HealthCareCenters_17

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. The grant condition stated below on NoA 6 H80CS00051-16-03 is hereby lifted. **R.5.5.120 Billing and Collections Policies and Procedures:** Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), your organization was required to provide an action plan detailing the steps the health center will implement in order to comply with having policies and procedures in place that ensure appropriate charging, billing and collections, including updating the schedule of charges if appropriate OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. (Section 330(k)(3)(F) and (G) of the PHS Act). Based upon a review of the required response, HRSA has approved your action plan. Within 120 days, provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement in accordance with the HRSA approved action plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)
2. The grant condition stated below on NoA 6 H80CS00051-16-03 is hereby lifted. **R.5.4.120 Financial Management and Control Policies:** Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), your organization was required to provide an action plan detailing the steps the health center will implement in order to address the recent findings or deficiencies related to the health center's ability to maintain accounting and internal control systems appropriate to the size and complexity of the organization reflecting Generally Accepted Accounting Principles (GAAP) OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. (Section 330(k)(3)(D), Section 330(q) of the PHS Act and 45 CFR 75.300-309, Subparts E and F). Based upon a review of the required response, HRSA has approved your action plan. Within 120 days, provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement in accordance with the HRSA approved action plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)
3. The grant condition stated below on NoA 6 H80CS00051-16-03 is hereby lifted. **R.2.3.120 Required or Additional Services:** Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), your organization was required to provide an action plan detailing the steps the health center will implement in order to comply with providing required and additional services OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. (Section 330(a) of the PHS Act). Based upon a review of the required response, HRSA has approved your action plan. Within 120 days, provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement in accordance with the HRSA approved action plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)
4. The grant condition stated below on NoA 6 H80CS00051-16-03 is hereby lifted. **R.4.1.120 Arrangements for Hospital Admitting and Continuity of Care:** Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), your organization was required to provide an action plan detailing the steps the health center will implement in order to comply with obtaining admitting privileges or developing other firmly established arrangements for health center patients that require hospitalization and which ensures continuity of care OR provide documentation that action(s) have been implemented resulting in compliance with this requirement. (Section 330(k)(3)(L) of the PHS Act). Based upon a review of the required response, HRSA has approved your action plan. Within 120 days, provide documentation that action(s) have been implemented resulting in compliance with this requirement in accordance with the HRSA approved action plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)
5. The grant condition stated below on NoA 6 H80CS00051-16-03 is hereby lifted. **R.5.3.120 Credentialing and Privileging Policies, Procedures and Documentation:** Health centers are expected to comply with all applicable statutory and regulatory requirements. In your most recent Notice of Award (NoA), you organization was required to provide an action plan detailing the steps the health center will

implement in order to comply with ensuring credentialing and privileging policies and procedures are in place that meet the requirements articulated by the Health Resources and Services Administration (HRSA) in Policy Information Notices (PIN) 2002-22 and 2001-16 and if applicable, documentation that demonstrates that all providers are appropriately credentialed and privileged to perform the activities and procedures detailed within the health center's approved scope of project OR provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement. (Section 330(a)(1), (b)(1)-(2), (k)(3)(C), and (k)(3)(I) of the PHS Act). Based upon a review of the required response, HRSA has approved your action plan. Within 120 days, provide board approved documentation that action(s) have been implemented resulting in compliance with this requirement in accordance with the HRSA approved action plan. Please contact your project officer for additional assistance and/or information on the required elements of your response. (45 CFR 75.207(a) and 45 CFR 75.371)

All prior terms and conditions remain in effect unless specifically removed.

Contacts

NoA Email Address(es):

Name	Role	Email
Jim Beaumont	Program Director	jbeaumont@smcgov.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Kimberly Range at:
MailStop Code: 8th Floor
HRSA/BPHC/Southwest Division/East Southwest Branch
90 7th Street
FL 8th
San Francisco, CA, 95103-
Email: KRange@hrsa.gov
Phone: (415) 437-8150

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Christie Walker at:
MailStop Code: 10SWH03
OFAM/DGMO/HCB
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: cwalker@hrsa.gov
Phone: (301) 443-7742
Fax: (301) 443-9810

1. DATE ISSUED: 11/16/2017	**2. PROGRAM CFDA:** 93.224	
3. SUPERSEDES AWARD NOTICE dated: except that any additions or restrictions previously imposed remain in effect unless specifically rescinded.		
4a. AWARD NO.: 5 H80CS00051-17-00	**4b. GRANT NO.:** H80CS00051	**5. FORMER GRANT NO.:** H66CS00469
6. PROJECT PERIOD: **FROM:** 11/01/2001 **THROUGH:** 12/31/2019		
7. BUDGET PERIOD: **FROM:** 01/01/2018 **THROUGH:** 12/31/2018		

U.S. Department of Health and Human Services
HRSA
Health Resources and Services Administration

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulation)
Public Health Service Act, Title III, Section 330
Public Health Service Act, Section 330, 42 U.S.C. 254b
Affordable Care Act, Section 10503
Public Health Service Act, Section 330, 42 U.S.C. 254, as amended.
Authority: Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330, 42 U.S.C. 254b, as amended
Public Health Service Act, Section 330(e), 42 U.S.C. 254b
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended) and Section 10503 of The Patient Protection and Affordable Care Act (P.L. 111-148)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b)
Public Health Service Act, Section 330, as amended (42 U.S.C. 254b)
Section 330 of the Public Health Service (PHS) Act, as amended (42 U.S.C. 254b, as amended)
Section 330 of the Public Health Service Act, as amended (42 U.S.C. 254b, as amended)

8. TITLE OF PROJECT (OR PROGRAM): HEALTH CENTER CLUSTER

9. GRANTEE NAME AND ADDRESS:
SAN MATEO COUNTY HEALTH SERVICES AGENCY
222 W 39th Ave
San Mateo, CA 94403-4364
DUNS NUMBER:
625139170
BHCMIS # 091140

10. DIRECTOR: (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
Jim Beaumont
SAN MATEO COUNTY HEALTH SERVICES AGENCY
222 W 39th Ave
San Mateo, CA 94403-4364

11.APPROVED BUDGET:(Excludes Direct Assistance)
[ ] Grant Funds Only
[X] Total project costs including grant funds and all other financial participation

a . Salaries and Wages :	$4,132,274.00
b . Fringe Benefits :	$2,448,237.00
c . Total Personnel Costs :	$6,580,511.00
d . Consultant Costs :	$0.00
e . Equipment :	$0.00
f . Supplies :	$554,974.00
g . Travel :	$26,000.00
h . Construction/Alteration and Renovation :	$0.00
i . Other :	$5,172,210.00
j . Consortium/Contractual Costs :	$1,781,403.00
k . Trainee Related Expenses :	$0.00
l . Trainee Stipends :	$0.00
m . Trainee Tuition and Fees :	$0.00
n . Trainee Travel :	$0.00
o . TOTAL DIRECT COSTS :	$14,115,098.00
p . INDIRECT COSTS (Rate: % of S&W/TADC) :	$0.00
q . TOTAL APPROVED BUDGET :	$14,115,098.00
i. Less Non-Federal Share:	$11,536,694.00
ii. Federal Share:	$2,578,404.00

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE:

a. Authorized Financial Assistance This Period	**$2,578,404.00**
b. Less Unobligated Balance from Prior Budget Periods	
i. Additional Authority	$0.00
ii. Offset	$0.00
c. Unawarded Balance of Current Year's Funds	$2,148,670.00
d. Less Cumulative Prior Awards(s) This Budget Period	$0.00
e. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	**$429,734.00**

13. RECOMMENDED FUTURE SUPPORT: (Subject to the availability of funds and satisfactory progress of project)

YEAR	TOTAL COSTS
18	$2,635,204.00

14. APPROVED DIRECT ASSISTANCE BUDGET:(In lieu of cash)

a. Amount of Direct Assistance	$0.00
b. Less Unawarded Balance of Current Year's Funds	$0.00
c. Less Cumulative Prior Awards(s) This Budget Period	$0.00
d. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	**$0.00**

15. PROGRAM INCOME SUBJECT TO 45 CFR 75.307 SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:
A=Addition B=Deduction C=Cost Sharing or Matching D=Other **[D]**

Estimated Program Income: $5,202,304.00

16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY HRSA, IS ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:

a. The grant program legislation cited above. b. The grant program regulation cited above. c. This award notice including terms and conditions, if any, noted below under REMARKS. d. 45 CFR Part 75 as applicable. In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.

REMARKS: (Other Terms and Conditions Attached **[X]Yes [ ]No**)

Electronically signed by Sarah Hammond , Grants Management Officer on : 11/16/2017

17. OBJ. CLASS: 41.51 | **18. CRS-EIN:** 1946000532A1 | **19. FUTURE RECOMMENDED FUNDING:** $0.00

FY-CAN	CFDA	DOCUMENT NO.	AMT. FIN. ASST.	AMT. DIR. ASST.	SUB PROGRAM CODE	SUB ACCOUNT CODE
18 - 3981180	93.224	17H80CS00051	$90,434.00	$0.00	MH	HealthCareCenters_17
18 - 3980879	93.224	17H80CS00051	$339,300.00	$0.00	HCH	HealthCareCenters_17

HRSA Electronic Handbooks (EHBs) Registration Requirements

The Project Director of the grant (listed on this NoA) and the Authorizing Official of the grantee organization are required to register (if not already registered) within HRSA's Electronic Handbooks (EHBs). Registration within HRSA EHBs is required only once for each user for each organization they represent. To complete the registration quickly and efficiently we recommend that you note the 10-digit grant number from box 4b of this NoA. After you have completed the initial registration steps (i.e.,created an individual account and associated it with the correct grantee organization record), be sure to add this grant to your portfolio. This registration in HRSA EHBs is required for submission of noncompeting continuation applications. In addition, you can also use HRSA EHBs to perform other activities such as updating addresses, updating email addresses and submitting certain deliverables electronically. Visit https://grants3.hrsa.gov/2010/WebEPSExternal/Interface/common/accesscontrol/login.aspx to use the system. Additional help is available online and/or from the HRSA Call Center at 877-Go4-HRSA/877-464-4772.

Terms and Conditions

Failure to comply with the remarks, terms, conditions, or reporting requirements may result in a draw down restriction being placed on your Payment Management System account or denial of future funding.

Grant Specific Term(s)

1. This Notice of Award is issued based on HRSA's approval of the Non-Competing Continuation (NCC) Progress Report. All post-award requests, such as significant budget revisions or a change in scope, must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. Grantees under "Expanded Authority," as noted in the Remarks section of the Notice of Award, have different prior approval requirements. See "Prior-Approval Requirements" in the DHHS Grants Policy Statement:
   http://www.hrsa.gov/grants/hhsgrantspolicy.pdf
2. The funds for this award are sub-accounted in the Payment Management System (PMS) and will be in a P type (sub accounted) account. This type of account allows recipients to specifically identify the individual grant for which they are drawing funds and will assist HRSA in monitoring the award. If your organization previously received a grant under this program, it was in a G type (cash pooled) account designated by a PMS Account Number ending in G or G1. Now that this grant is sub accounted the PMS Account Number will be changed to reflect either P or P1. For example, if the prior year grant was in payee account number 2AAG it will now be in 2AAP. Similarly, if the prior year grant was in payee account 2AAG1, the grant will be in payee account 2AAP1. The P sub account number and the sub account code (provided on page 1 of this Notice of Award) are both needed when requesting grant funds.

   You may use your existing PMS username and password to check your organizations P account access. If you do not have access, complete a PMS Access Form (PMS/FFR Form) found at: http://www.dpm.psc.gov/grant_recipient/grantee_forms.aspx and send it to the fax number indicated on the bottom of the form. If you have any questions about accessing PMS, contact the PMS Liaison Accountant as identified at: http://www.dpm.psc.gov/contacts/contacts.aspx.
3. This action approves the FY 2018 Budget Period Progress Report or Service Area Competition application and awards 2-month prorated support based on your target FY 2018 funding under the Health Center Program. Prorated funding is provided in this award due to the status of the FY 2018 Health Center Program appropriation, which was provided under an initial Continuing Resolution. The balance of grant support for the FY 2018 budget period will be provided consistent with subsequent Congressional action on the FY 2018 Health Center Program appropriation.

Program Specific Term(s)

1. If Federal funds have been used toward the costs of acquiring a building, including the costs of amortizing the principal of, or paying interest on mortgages, you must notify the HRSA Grants Management Contact listed on this Notice of Award for assistance regarding Federal Interest in the property within 60 days of the issue date of this award.
2. The non-Federal share of the project budget includes all anticipated program income sources such as fees, premiums, third party reimbursements, and payments that are generated from the delivery of services, and from "other revenue sources" such as state, local, or other federal grants or contracts, private support or income generated from fundraising or contributions. In accordance with Section 330(e)(5)(D) of the PHS Act, health centers may use their non-grant funds, either "as permitted" under section 330 or "for such other purposes … not specifically prohibited" under section 330 if such use "furthers the objectives of the project." Health centers can meet the standard of "furthering the objectives of the project" by ensuring that the uses of non-grant funds benefit the individual health center's patient/target population.
3. Consistent with Departmental guidance, HRSA grantees that purchase, are reimbursed or provide reimbursement to other entities for outpatient prescription drugs are expected to secure the best prices available for such products and to maximize results for the grantee organization and its patients. Eligible health care organizations/covered entities that

enroll in the 340B Program must comply with all 340B Program requirements and will be subject to audit regarding 340B Program compliance. 340B Program requirements, including eligibility, can be found at www.hrsa.gov/opa.

4. Uniform Data System (UDS) annual performance report is due in accordance with specific instructions from the Program Office. Failure to submit a complete UDS report by the specified deadline may result in additional conditions and/or restrictions being placed on your award, including the requirement that all drawdowns of Health Center Program award funds from the Payment Management System (PMS) have the prior approval of the HRSA Division of Grants Management Operations (DGMO) and/or limits on eligibility to receive future supplemental funding.

5. As indicated in 45 CFR Part 75, requests for carryover of unobligated balances from one budget period to the next require prior approval by HRSA. Requests to carry over operational funds will not be approved unless indicated in the term on this award describing the funding amount.

6. A health center's scope of project includes the approved service sites, services, providers, service area(s), and target population which are supported (wholly or in part) under the total budget approved for the health center. In addition, scope of project serves as the basis for eligibility for programs associated with the Health Center Program such as Medicare and Medicaid Federally Qualified Health Center (FQHC) reimbursements, Federal Tort Claims Act coverage, and 340B Drug Pricing. Proper documentation and maintenance of an accurate scope of project is critical in the oversight and management of programs funded or designated under section 330 of the PHS Act. Health centers are responsible for maintaining the accuracy of their Health Center Program scope of project, including updating or requesting prior approval for significant changes to the scope of project when applicable. Refer to the Scope of Project policy documents and resources available at: http://www.bphc.hrsa.gov/programrequirements/scope.html for details pertaining to changes to services, providers, sites, service area zip codes, and target population(s).

7. Pursuant to existing law, and consistent with Executive Order 13535 (75 FR 15599), health centers are prohibited from using Federal funds to provide abortion services (except in cases of rape or incest, or when the life of the woman would be endangered).

8. Prior approval by HRSA is required for any significant change in the scope (e.g., sites or services) or nature of a Health Center Program award recipient's approved project activities. Requests to change the approved scope of project must be submitted for prior approval by HRSA via the Electronic Handbooks (EHBs) Change in Scope Module prior to implementation. See: http://www.bphc.hrsa.gov/about/requirements/scope for more information.

9. Health Center Program award recipients are required to submit an annual Budget Period Progress Report (BPR) to report on progress made from the beginning of an award recipient's most recent budget period until the date of BPR submission; the expected progress for the remainder of the budget period; and any projected changes for the following budget period. HRSA approval of a BPR is required for the budget period renewal and release of each subsequent year of funding, dependent upon Congressional appropriation, program compliance, organizational capacity, and a determination that continued funding would be in the best interest of the Federal government. Failure to submit the BPR by the established deadline or submission of an incomplete or non-responsive progress report may result in a delay or a lapse in funding.

10. Health centers are reminded that separate Medicare enrollment applications must be submitted for each "permanent unit" at which they provide services. This includes units considered both "permanent sites" and "seasonal sites" under their HRSA scope of project. (See: http://www.bphc.hrsa.gov/about/requirements/scope for more information). Therefore, for Medicare purposes, a single health center organization may consist of two or more FQHCs, each of which must be separately enrolled in Medicare and submit bills using its unique Medicare Billing Number.

    The Medicare enrollment application is located at http://www.cms.hhs.gov/cmsforms/downloads/cms855a.pdf. To identify the address where the package should be mailed, please refer to http://www.cms.hhs.gov/MedicareProviderSupEnroll/downloads/contact_list.pdf. The appropriate Medicare contractor is listed next to "Fiscal Intermediary."

    Successful enrollment in Medicare as an FQHC does not automatically qualify a health center for payment as an FQHC under its State Medicaid program. Health centers should contact their State Medicaid office directly to determine the process and timeline for becoming eligible for payment as an FQHC under Medicaid.

11. All postaward requests, such as significant budget revisions must be submitted as a Prior Approval action via the Electronic Handbooks (EHBs) and approved by HRSA prior to implementation. See “Prior Approval Requirements” in the DHHS Grants Policy Statement: https://www.hrsa.gov/grants/hhsgrantspolicy.pdf

Standard Term(s)

1. Recipients must comply with all terms and conditions outlined in their grant award, including grant policy terms and conditions outlined in applicable Department of Health and Human Services (HHS) Grants Policy Statements, and requirements imposed by program statutes and regulations and HHS grant administration regulations, as applicable; as well as any requirements or limitations in any applicable appropriations acts.
2. All discretionary awards issued by HRSA on or after October 1, 2006, are subject to the HHS Grants Policy Statement (HHS GPS) unless otherwise noted in the Notice of Award (NoA). Parts I through III of the HHS GPS are currently available at http://www.hrsa.gov/grants/hhsgrantspolicy.pdf. Please note that the Terms and Conditions explicitly noted in the award and the HHS GPS are in effect.
3. HRSA requires grantees to use the following acknowledgement and disclaimer on all products produced by HRSA grant funds:
   “This project is/was supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) under grant number and title for grant amount (specify grant number, title, total award amount and percentage financed with nongovernmental sources). This information or content and conclusions are those of the author and should not be construed as the official position or policy of, nor should any endorsements be inferred by HRSA, HHS or the U.S. Government.”
   Grantees are required to use this language when issuing statements, press releases, requests for proposals, bid solicitations, and other HRSA supported publications and forums describing projects or programs funded in whole or in part with HRSA funding. Examples of HRSA-supported publications include, but are not limited to, manuals, toolkits, resource guides, case studies and issues briefs.
4. Recipients and sub-recipients of Federal funds are subject to the strictures of the Medicare and Medicaid anti-kickback statute (42 U.S.C. 1320a - 7b(b) and should be cognizant of the risk of criminal and administrative liability under this statute, specifically under 42 U.S.C. 1320 7b(b) Illegal remunerations which states, in part, that whoever knowingly and willfully: (A) Solicits or receives (or offers or pays) any remuneration (including kickback, bribe, or rebate) directly or indirectly, overtly or covertly, in cash or in kind, in return for referring (or to induce such person to refer) an individual to a person for the furnishing or arranging for the furnishing of any item or service, OR (B) In return for purchasing, leasing, ordering, or recommending purchasing, leasing, or ordering, or to purchase, lease, or order, any goods, facility, services, or item ....For which payment may be made in whole or in part under subchapter XIII of this chapter or a State health care program, shall be guilty of a felony and upon conviction thereof, shall be fined not more than $25,000 or imprisoned for not more than five years, or both.
5. Items that require prior approval from the awarding office as indicated in 45 CFR Part 75 [Note: 75 (d) HRSA has not waived cost-related or administrative prior approvals for recipients unless specifically stated on this Notice of Award] or 45 CFR Part 75 must be submitted in writing to the Grants Management Officer (GMO). Only responses to prior approval requests signed by the GMO are considered valid. Grantees who take action on the basis of responses from other officials do so at their own risk. Such responses will not be considered binding by or upon the HRSA.
   In addition to the prior approval requirements identified in Part 75, HRSA requires grantees to seek prior approval for significant rebudgeting of project costs. Significant rebudgeting occurs when, under a grant where the Federal share exceeds $100,000, cumulative transfers among direct cost budget categories for the current budget period exceed 25 percent of the total approved budget (inclusive of direct and indirect costs and Federal funds and required matching or cost sharing) for that budget period or $250,000, whichever is less. For example, under a grant in which the Federal share for a budget period is $200,000, if the total approved budget is $300,000, cumulative changes within that budget period exceeding $75,000 would require prior approval). For recipients subject to 45 CFR Part 75, this requirement is in lieu of that in 45 CFR 75 which permits an agency to require prior approval for specified cumulative transfers within a grantee's approved budget. [Note, even if a grantee's proposed rebudgeting of costs falls below the significant rebudgeting threshold identified above, grantees are still required to request prior approval, if some or all of the rebudgeting reflects either a change in scope, a proposed purchase of a unit of equipment exceeding $25,000 (if not included in the approved application) or other prior approval action identified in Part 75 unless HRSA has specifically exempted the grantee from the requirement(s).]
6. Payments under this award will be made available through the DHHS Payment Management System (PMS). PMS is administered by the Division of Payment Management, Financial Management Services, Program Support Center, which will forward instructions for obtaining payments. Inquiries regarding payments should be directed to: ONE-DHHS Help Desk for PMS Support at 1-877-614-5533 or

PMSSupport@psc.hhs.gov. For additional information please visit the Division of Payment Management Website at www.DPM.PSC.GOV.

7. The DHHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous. Contact: Office of Inspector General, Department of Health and Human Services, Attention: HOTLINE, 330 Independence Avenue Southwest, Cohen Building, Room 5140, Washington, D. C. 20201, Email: Htips@os.dhhs.gov or Telephone: 1-800-447-8477 (1-800-HHS-TIPS).

8. Submit audits, if required, in accordance with 45 CFR Part 75, to: Federal Audit Clearinghouse Bureau of the Census 1201 East 10th Street Jefferson, IN 47132 PHONE: (310) 457-1551, (800) 253-0696 toll free https://harvester.census.gov/facweb/default.aspx/.

9. EO 13166, August 11, 2000, requires recipients receiving Federal financial assistance to take steps to ensure that people with limited English proficiency can meaningfully access health and social services. A program of language assistance should provide for effective communication between the service provider and the person with limited English proficiency to facilitate participation in, and meaningful access to, services. The obligations of recipients are explained on the OCR website at http://www.hhs.gov/ocr/lep/revisedlep.html.

10. This award is subject to the requirements of Section 106 (g) of the Trafficking Victims Protection Act of 2000,as amended (22 U.S.C. 7104). For the full text of the award term, go to http://www.hrsa.gov/grants/trafficking.htm. If you are unable to access this link, please contact the Grants Management Specialist identified in this Notice of Award to obtain a copy of the Term.

11. The Consolidated Appropriations Act, 2016, Division H, § 202, (P.L.114-113) enacted December 18, 2015, limits the salary amount that may be awarded and charged to HRSA grants and cooperative agreements to the Federal Executive Pay Scale Level II rate set at $187,000, effective January, 2017. This amount reflects an individual's base salary exclusive of fringe benefits. An individual's institutional base salary is the annual compensation that the recipient organization pays an individual and excludes any income an individual may be permitted to earn outside the applicant organization duties. HRSA funds may not be used to pay a salary in excess of this rate. This salary limitation also applies to sub-recipients under a HRSA grant or cooperative agreement. The salary limitation does not apply to payments made to consultants under this award although, as with all costs, those payments must meet the test of reasonableness and be consistent with recipient's institutional policy. None of the awarded funds may be used to pay an individual's salary at a rate in excess of the salary limitation. Note: an individual's base salary, per se, is NOT constrained by the legislative provision for a limitation of salary. The rate limitation simply limits the amount that may be awarded and charged to HRSA grants and cooperative agreements.

12. To serve persons most in need and to comply with Federal law, services must be widely accessible. Services must not discriminate on the basis of age, disability, sex, race, color, national origin or religion. The HHS Office for Civil Rights provides guidance to grant and cooperative agreement recipients on complying with civil rights laws that prohibit discrimination on these bases. Please see http://www.hhs.gov/civil-rights/for-individuals/index.html. HHS also provides specific guidance for recipients on meeting their legal obligation under Title VI of the Civil Rights Act of 1964, which prohibits discrimination on the basis of race, color or national origin in programs and activities that receive Federal financial assistance (P. L. 88-352, as amended and 45 CFR Part 75). In some instances a recipient's failure to provide language assistance services may have the effect of discriminating against persons on the basis of their national origin. Please see http://www.hhs.gov/civil-rights/for-individuals/special-topics/limited-english-proficiency/index.html to learn more about the Title VI requirement for grant and cooperative agreement recipients to take reasonable steps to provide meaningful access to their programs and activities by persons with limited English proficiency.

13. Important Notice: The Central Contractor registry (CCR) has been replaced. The General Services Administration has moved the CCR to the System for Award Management (SAM) on July 30, 2012. To learn more about SAM please visit https://www.sam.gov.

    It is incumbent that you, as the recipient, maintain the accuracy/currency of your information in the SAM at all times during which your entity has an active award or an application or plan under consideration by HRSA, unless your entity is exempt from this requirement under 2 CFR 25.110. Additionally, this term requires your entity to review and update the information at least annually after the initial registration, and more frequently if required by changes in your information. This requirement flows down to subrecipients. Note: SAM information must be updated at least every 12 months to remain active (for both grantees and sub-recipients). Grants.gov will reject submissions from applicants with expired registrations. It is advisable that you do not wait until the last minute to register in SAM or update your information. According to the SAM Quick Guide for Grantees (https://www.sam.gov/sam/transcript/SAM_Quick_Guide_Grants_Registrations-v1.6.pdf), an entity's registration will become active after 3-5 days. Therefore, check for active registration well before the application deadline.

14. In any grant-related activity in which family, marital, or household considerations are, by statute or regulation, relevant for purposes of determining beneficiary eligibility or participation, grantees must treat same-sex spouses, marriages, and households on the same terms as opposite-sex spouses, marriages, and households, respectively. By "same-sex spouses," HHS means individuals of the same sex who have entered into marriages that are valid in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "same-sex marriages," HHS means marriages between two individuals validly entered into in the jurisdiction where performed, including any of the 50 states, the District of Columbia, or a U.S. territory or in a foreign country, regardless of whether or not the couple resides in a jurisdiction that recognizes same-sex marriage. By "marriage," HHS does not mean registered domestic partnerships, civil unions or similar formal relationships recognized under the law of the jurisdiction of celebration as something other than a marriage. This term applies to all grant programs except block grants governed by 45 CFR part 96 or 45 CFR Part 98, or grant awards made under titles IV-A, XIX, and XXI of the Social Security Act; and grant programs with approved deviations.

15.

§75.113 Mandatory disclosures.

Consistent with 45 CFR 75.113, applicants and non-federal entities must disclose, in a timely manner, in writing to the HHS awarding agency, with a copy to the HHS Office of Inspector General (OIG), all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Sub recipients must disclose, in a timely manner, in writing to the prime recipient (pass through entity) and the HHS OIG, all information related to violations of federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the federal award. Disclosures must be sent in writing to the awarding agency and to the HHS OIG at the following address:

Department of Health and Human Services
Health Resources and Services Administration
Office of Federal Assistance Management
Division of Grants Management Operations
5600 Fishers Lane, Mailstop 10SWH-03
Rockville, MD 20879

AND

U.S. Department of Health and Human Services
Office of Inspector General
Attn: Mandatory Grant Disclosures, Intake Coordinator
330 Independence Avenue, SW, Cohen Building
Room 5527
Washington, DC 20201
Fax: (202)205-0604 (Include: “mandatory Grant Disclosures” in subject line) or Email: MandatoryGranteeDisclosures@oig.hhs.gov

Failure to make required disclosures can result in any of the remedies described in 45 CFR 75.371. Remedies for noncompliance, including suspension or debarment (See 2 CFR parts 180 & 376 and 31 U.S.C. 3321). The recipient must include this mandatory disclosure requirement in all sub-awards and contracts under this award.

Non-Federal entities that have received a Federal award including the term and condition outlined in Appendix XII are required to report certain civil, criminal, or administrative proceedings to www.sam.gov. Failure to make required disclosures can result in any of the remedies described in §75.371, including suspension or debarment. (See also 2 CFR parts 180 and 376, and 31 U.S.C. 3321).

Recipient integrity and performance matters. If the total Federal share of the Federal award is more than $500,000 over the period of performance, Appendix XII to CFR Part 200 is applicable to this award.

Reporting Requirement(s)

1. **Due Date: Annually (Calendar Year) Beginning: 01/01/2018 Ending: 12/31/2018, due 45 days after end of reporting period.**
The Uniform Data System (UDS) is a core set of information appropriate for reviewing the operation and performance of health centers. The UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues. It is reviewed to ensure compliance with legislative and regulatory requirements, improve health center performance and operations, and report overall program accomplishments. The data help to identify trends over time, enabling HRSA to establish or expand targeted programs and identify effective services and interventions to improve the health of underserved communities and vulnerable populations. UDS data are compared with national data to review differences between the U.S. population at large and those individuals and families who rely on the health care safety net for primary care. UDS data also inform Health Center programs, partners, and communities about the patients served by Health Centers. Health centers must report annually in the first quarter of the year. The UDS submission deadline is February 15 every year. Please consult the Program Office for additional instructions. Reporting technical assistance can be found at http://bphc.hrsa.gov/healthcenterdatastatistics/reporting/index.html.
2. **Due Date: Annually (Budget Period) Beginning: Budget Start Date Ending: Budget End Date, due Quarter End Date after 90 days of reporting period.**
The grantee must submit an annual Federal Financial Report (FFR). The report should reflect cumulative reporting within the project period and must be submitted using the Electronic Handbooks (EHBs). The FFR due dates have been aligned with the Payment Management System quarterly report due dates, and will be due 90, 120, or 150 days after the budget period end date. Please refer to the chart below for the specific due date for your FFR:

- Budget Period ends August – October: FFR due January 30
- Budget Period ends November – January: FFR due April 30
- Budget Period ends February – April: FFR due July 30
- Budget Period ends May – July: FFR due October 30

Failure to comply with these reporting requirements will result in deferral or additional restrictions of future funding decisions.

Contacts

NoA Email Address(es):

Name	Role	Email
Jim Beaumont	Program Director	jbeaumont@smcgov.org

Note: NoA emailed to these address(es)

Program Contact:

For assistance on programmatic issues, please contact Kimberly Range at:
MailStop Code: 8th Floor
HRSA/BPHC/Southwest Division/East Southwest Branch
90 7th Street
FL 8th
San Francisco, CA, 95103-
Email: KRange@hrsa.gov
Phone: (415) 437-8150

Division of Grants Management Operations:

For assistance on grant administration issues, please contact Christie Walker at:
MailStop Code: 10SWH03
OFAM/DGMO/HCB
5600 Fishers Ln
Rockville, MD, 20852-1750
Email: cwalker@hrsa.gov
Phone: (301) 443-7742
Fax: (301) 443-9810

TAB 8
Budget & Finance Report

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: December 14, 2017

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Jim Beaumont
Director, HCH/FH Program

SUBJECT: HCH/FH PROGRAM BUDGET and FINANCIAL REPORT

Grant expenditures to date – through November 30, 2017 – currently reported as $ 1,691,441. At year end, we now project to have spent only $1,880,972.

November saw a significant decrease in the rate of expenditure against our contracts and MOUs. Based on this, we now expect to underspend our budgeted contract/MOU amount by approximately $450,000 (26%). This has driven the total anticipated unexpended funds for the grant year to $669,032, which represents over 25% of our budget.

As reported last month, this also does not include the 2017 AIMS ($175,700) and QI ($25,596) awards, nor the approved carryover of the DSHII ($50,748) and QI ($35,556) awards from 2016. While we expect to be able to carryover all (or most) of the 2017 awards, due to the how late in the year they were awarded, any expenditures on the 2016 carryovers are actually already included/projected in the expenditure report. Therefore, the total unexpended amount (that will not be able to be carried-over) projected for the end of the year is now approximately $750,000.

We do anticipate being able to allocate some of the funding to small funding requests, but these have mostly already been allocated and it will total less than $30,000.

As reported in the Director's Report, while the County is negotiating the contract for the purchase and implementation of a Case Management/Care Coordination System, of which HCH/FH will be a participant, they will not have that completed in this budget year, so we will not be able to utilize any unexpended funds toward that project.

Attachment:

- GY 2017 Summary Report

GRANT YEAR 2017

Details for budget estimates	Budget [SF-424]	To Date (11/30/17)	Projection for GY (+~4 wks)	Projected for GY 2018
Salaries				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	490,000	398,925	430,000	625,000
Benefits				
Director				
Program Coordinator				
Medical Director				
Management Analyst				
new position, misc. OT, other, etc.				
	250,000	139,608	155,000	315,000
Travel				
National Conferences (1500*4)		19,145	21,000	20,000
Regional Conferences (1000*5)		3,084	3,500	5,000
Local Travel		1,076	1,500	2,000
Taxis		4,284	4,900	5,000
Van		411	800	1,000
	25,000	28,000	31,700	33,000
Supplies				
Office Supplies, misc.	10,500	1,347	2,500	12,500
Small Funding Requests		2,217		
	10,500	3,564	2,500	12,500
Contractual				
2016 Contracts		34,172	34,172	
2016 MOUs		20,100	20,100	
Current 2017 contracts	857,785	532,643	590,000	850,000
Current 2017 MOUs	811,850	502,000	575,000	850,000
---unallocated---/other contracts	63,369			
	1,733,004	1,088,915	1,219,272	1,700,000
Other				
Consultants/grant writer	20,000	21,680	25,000	45,000
IT/Telcom		4,537	6,000	6,000
New Automation			0	-
Memberships			4,000	4,000
Training		1,715	2,500	4,000
Misc (food, etc.)		4,497	5,000	5,500
	41,500	32,429	42,500	64,500
TOTALS - Base Grant	2,550,004	1,691,441	1,880,972	2,750,000
HCH/FH PROGRAM TOTAL	2,550,004	1,691,441	1,880,972	2,750,000
PROJECTED AVAILABLE	BASE GRANT		669,032	5,504

Does not include AIMS or QI award for 2017, nor carryover of DSHII & QI awards from 2016 (approx. $287,000).

based on est. grant of $2,750,004

Year	Line	Payor_Category	Allowance	Amount Collected	Bad Debt Write Off	Collection of Reconciliation/Wrap Around Current Year	Full Charges
2017	1	Medicaid Non-Managed Care	909189.78	1239319.84	305	1092613.6	2031010.84
2017	02a	Medicaid Managed Care (capitated)	6054932.5	2283084.99	3936.65	1261352.23	8446797.28
2017	4	Medicare Non-Managed Care	1088223.83	661945.62	9754.86	109063.24	1989393.45
2017	05b	Medicare Managed Care (fee-for-service)	949635.23	722324.01		209601.86	1822742.41
2017	7	Other Public including Non-Medicaid CHIP (Non Managed Care)	296955.73	43921.3	15	2350.88	332517.43
2017	10	Private Non-Managed Care	3858.14	5590.83		1000.6	25588.62
2017	11a	Private Managed Care (capitated)	710.09	304.91		225.19	3013
2017	11b	Private Managed Care (fee-for-service)	66				
2017	13	Self Pay	3109834.98	40724.14	12771.79	306.67	3341652.19

Year	Line	Payor_Category	Allowance	Amount Collected	Bad Debt Write Off	Collection of Reconciliation/Wrap Around Current Year	Full Charges
2017	1	Medical Staff	5528929.03	258489.61	5787418.64	3545274.89	9332693.53
2017	2	Lab and X-ray	914896.71	68760.88	983657.59	602572.02	1586229.61
2017	3	Medical/Other Direct	1911860.2		1911860.2	1171173.26	3083033.46
2017	5	Dental	308701.91		308701.91	189105.57	497807.48
2017	6	Mental Health	1255344.11		1255344.11	769002.59	2024346.7
2017	7	Sustance Abuse					
2017	08a	Pharmacy not including pharmaceuticals	797802.02	23696.05	821498.07	503235.84	1324733.91
2017	08b	Pharmaceuticals	241617.54		241617.54	148010.82	389628.36
2017	9	Other Professional	55034.5	36319.41	91353.91	55961.86	147315.77
2017	09a	Vision	110069		110069	67426.41	177495.41
2017	11a	Case Management					
2017	11b	Transportation					
2017	11c	Outreach					
2017	11d	Patient and Community Education					
2017	11e	Eligibility Assistance					
2017	11f	Interpretation Services					
2017	11g	Other Enabling Services					
2017	11	Total Enabling Services Cost					
2017	12	Other Related Services					
2017	14	Facility	1252566.35				
2017	15	Non Clinical Support Services	7051763.27				
2017	18	Value of Donated Facilities, Services, and Supplies					

TAB 9

Contracts Report 3rd Quarter

COUNTY OF SAN MATEO
HEALTH SYSTEM

San Mateo Medical Center
222 W. 39th Avenue
San Mateo, CA 94403
650-573-2222 T
www.sanmateomedicalcenter.org
www.facebook.com/smchealth

DATE: December 14, 2017

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health (HCH/FH) Program

FROM: Linda Nguyen, HCH/FH Program Coordinator and Elli Lo, Management Analyst

SUBJECT: Quarter 3 Report (January 1, 2017 through September 30, 2017)

Program Performance

The Health Care for the Homeless/Farmworker Health (HCH/FH) Program has contracts with seven community-based providers, plus two County-based programs for the 2017 grant year. Contracts are for primary care services, dental care services, and enabling services such as care coordination and eligibility assistance.

The following data table includes performance for the third quarter:

HCH/FH Performance *01/01/2017 – 09/30/2017*	Yearly Target # Undup Pts	Actual # YTD Undup Pts	% YTD	Yearly Target # Visits	Actual # YTD Visits	% YTD
Behavioral Health & Recovery Svs	300	140	47%	900	843	94%
Legal Aid Society of San Mateo County	20	1	5%	30	2	7%
LifeMoves (care coord)	550	350	64%	1500	611	41%
LifeMoves (SSI/SSDI)	50	40	80%			
LifeMoves (Health Eligbility)	40	16	40%			
LifeMoves (Street Medicine)	160	88	55%	300	439	146%
Project WeHope	230	48	21%	300	48	16%
Public Health Mobile Van	1300	898	69%	2500	1,512	60%
Public Health- Expanded Services	272	194	71%	544	243	45%
Public Health- Street Medicine	125	119	95%	N/A	N/A	N/A
Puente de la Costa Sur (CC & Intensive CC)	150	144	96%	530	415	78%
Puente (Health Eligbility)	180	137	76%			
Ravenswood (Primary Care)	600	558	93%	1900	1,616	85%
Ravenswood (Dental)	200	225	113%	600	579	97%
Ravenswood (Care Coordination)	400	450	113%	1200	1,150	96%
Samaritan House	175	198	113%	300	384	128%
Apple Tree Dental	115	48	42%	345	135	39%
Total HCH/FH Contracts	4,867	3,633	75%	10,949	7,939	73%

San Mateo Medical Center
A County System of Healthcare

COUNTY OF SAN MATEO CALIFORNIA

HCH/FH Performance *01/01/2017 – 9/30/2017*	Contracted Services	Cost	Yearly Target # Undup Pts	Actual # YTD Undup Pts	YTD Spent	HCH/FH Funding	% YTD
Behavioral Health & Recovery Svs	Care Coordination	$325/patient	300	140	$ 45,500	$97,500	47%
Legal Aid Society of San Mateo County	Provider Outreach	$ 2,100	NA		$ 1,000	$42,500	11%
	Farmworker Outreach	$ 6,900	NA		$ 2,000		
	Legal Services	$1,675/patient	20	1	$ 1,675		
LifeMoves (care coord & eligibility)	Care Coordination	$265/patient	500	336	$ 89,040	$179,150	62%
	Intensive Care Coordination	$525/patient	50	14	$ 7,350		
	SSI/SSDI Eligibility Assistance	$320/patient	50	40	$ 12,800		
LifeMoves (O/E)	Health Coverage Eligibility Assistance	$110/patient	40	16	$ 1,760		
LifeMoves (Street Medicine)	Intensive Care Coordination	$516/patient	160	88	$ 45,408	$82,560	55%
Project WeHope	Care Coordination	$230/patient	230	48	$ 11,040	$52,900	21%
Public Health Mobile Van	Primary Care Services	$225/patient	1300	898	$ 202,050	$312,000	65%
Public Health- Expanded Services	Primary Care Services to formerly incarcerated & homeless	$675/patient	272	194	$ 130,950	$183,600	71%
Public Health- Street Medicine	Primary Care Services	$1,750/patient	125	119	$ 208,250	$218,750	95%
Puente de la Costa Sur (CC & Intensive CC)	Care Coordination	$360/patient	100	100	$ 36,000	$ 118,050	70%
	Intensive Care Coordination	$525/patient	50	8	$ 4,200		
Puente (O/E)	Health Coverage Eligibility Assistance	$310/patient	180	137	$ 42,470		
Ravenswood (Primary Care)	Primary Care Services	$160/patient	600	558	$ 89,280	$96,000	93%
Ravenswood (Dental)	Dental Services	$260/patient	200	200	$ 52,000	$52,000	100%
Ravenswood (Care Coordination)	Care Coordination	$205/patient	400	400	$ 82,000	$82,000	100%
Samaritan House	Care Coordination	$340/patient	150	150	$ 51,000	$63,500	87%
	Intensive Care Coordination	$500/patient	25	9	$ 4,500		
Apple Tree Dental	Dental Services	$775/patient	115	48	$ 37,200	$89,125	42%
Total HCH/FH Contracts			4,867	3,504	$1,157,473	$1,669,635	69%

Health Care for the Homeless/Farmworker Health Program
Selected Outcome Measure Review (Contracts); Third Quarter (July 2017 through Sept 2017)

Agency	Outcome Measure	3rd -Quarter Progress
Apple Tree Dental	• At least 50% will complete their treatment plans. • At least 75% will complete their denture treatment plan.	Year to Date: • 23% completed their treatment plans. • 19% completed their denture treatment plan.
Behavioral Health & Recovery Services	•At least 75% (225) screened will have a behavioral health screening. •At least 55% (165) will receive care coordination services.	Year to Date: • 140 clients (100%) had a behavioral health screening • 136 received care coordination services
Legal Aid	•Outreach to at least 50 Farmworkers and Providers •Host 8 outreach and education events targeting farmworkers	Year to Date: • Outreach to 18 Farmworkers and Providers •Host 3 outreach and education events targeting farmworkers
LifeMoves	• Minimum of 50% (250) will establish a medical home. • At least 30% (150) of homeless individuals served have chronic health conditions.	Year to Date: • 63% established a medical home • 51% of individuals served have a chronic health condition.
LifeMoves-CHOW/Street Medicine	• 20% served will establish medical home, that don't currently have one • 80% of clients with a scheduled primary care appointment will attend at least 1 appointment	Year to Date: • 46% served will establish medical home, that don't currently have one • 34% of clients with a scheduled primary care appointment will attend at least 1 appointment
Public Health Mobile Van	•At least 20% of patient encounters will be related to a chronic disease. At least 120 encounters will be provided to patients with a chronic disease	Year to Date: • 179 individuals with a chronic health condition • 605 of patient encounters will be related to a chronic disease.
PH- Mobile Van-Expanded Services	At least 75% (166) of individuals will receive comprehensive health screening. At least 75% of clients with mental health and/or AOD issues will be referred to BHRS	Year to Date: • 195 of individuals will receive comprehensive health screening. • 100% of clients with mental health and/or AOD issues will be referred to BHRS
PH- Mobile Van-Street/Field Medicine	• At least 50% of street homeless/farmworkers seen will have a formal Depression Screen performed • At least 50% of street homeless/farmworkers seen will be referred to Primary Care	Year to Date: • 45% of street homeless/farmworkers seen will have a formal Depression Screen performed • 20% of street homeless/farmworkers seen will be referred to Primary Care

Project WeHOPE	• At least 90% of individuals will receive individualized care case plan. • At least 50% will receive appropriate referrals for health care services.	Year to Date: • 15% of individuals received individualized care case plan • 77% received appropriate referrals for health care services
Puente de la Costa Sur	•At least 85 farmworkers served will receive care coordination services. •At least 25 served will be provided transportation and translation services. •At least 70% (105) will participate in at least 1 health education class/ workshop.	Year to Date: • 142 farmworkers received care coordination services. • 3 were provided transportation and translation services. • 17 participated in at least 1 health education class/ workshop.
RFHC – Primary Health Care	•At least 60% will receive a comprehensive health screening. •At least 250 (50%) will receive a behavioral health screening.	Year to Date: • 100% received a comprehensive health screening. • 246 received a behavioral health screening.
RFHC – Dental Care	• At least 30% (39) will complete their treatment plans. • At least 85% will attend their scheduled treatment plan appointments. • At least 40% will complete their denture treatment plan.	Year to Date: • 10% completed their treatment plans. • 72% attended their scheduled treatment plan appointments. • 52% completed their denture treatment plan.
RFHC – Enabling services	• At least 95% will receive care coordination services and will create health care case plans • 80% of patients with hypertension will have blood pressure levels below 140/90	Year to Date: • At least 26% will receive care coordination services and will create health care case plans • 61% of patients with hypertension will have blood pressure levels below 140/90
Samaritan House- Safe Harbor	•All 100% (175) will receive a healthcare assessment. •At least 70% will complete their health care plan. •At least 70% (122) will schedule primary care appointments and attend at least one.	Year to Date: • 265 receive a healthcare assessment. • 84 complete their health care plan. • 24% (47) will schedule primary care appointments and attend at least one.

[1] Medical home -defined as a minimum of (2) attended primary care appointments;
[2] Chronic health conditions- including but not limited to obesity, hypertension, and asthma.

Contractor successes & emerging trends:

- **Apple Tree Dental** states that the mobile equipment is working well to provide services in a more convenient setting.

- Puente staff has been trying to find spaces for their mobile dental service, but the latest location does not have running water , so 5 gallon jugs of water are still being used as opposed to a sink. Wifi connection is also spotty. No shows also are occurring as less than half of patients showed up and this has impacted the number of patients they can serve.

- **BHRS** states that County mental health services continue to be more easily accessible for those referred by the ARM Outreach and Support Team.
  - Staff also reports that some clients are having difficulty with finding affordable housing in SMC and long wait times for primary care at County facilities.

- **Legal Aid –** under staffed since February, finally fully staffed as of October.
  - Has had staffing issues impacting their Experience study and asked for an extension on their current contract to carry out in early 2018. Their relationship with Puente has not been working that well and they have had to conduct outreach themselves; they suggested a financial incentive for partners to work with them to encourage participation in their Experience study.

- According to **LifeMoves** reports that their work to expand their network of partner agencies is working well to increase their number of clients they work with for benefits and insurance resources.
  - Long waits for primary care appointments and length of time to enroll in MediCal.

- **Public Health Mobile Clinic (Expanded Services/Street Medicine)** has found success in the coordination and referral of clients between community partners (Hospital Discharge, LifeMoves, HOT teams, Puente) and Service Connect.
  - Starting to see more patients with cancer.
  - Transportation, follow up for labs, and Medi-Cal verifcation continue to be an issue,

- **Puente** states they have been working with Sonrsias to secure dental location and it is working.
  - The lack of a translator for the Dental clinic is a problem.
  - The county reorganizing their B.A. staff may be problematic

- **Project WeHOPE** states that clients have been able to access health care at Ravenswood with ease.
  - Clients reluctant to receive the services being offered.

- **Ravenswood Primary Care** has been able to provide patients with same day primary care appointments, Street/Shelter medicine program on Wednesdays and their new pharmacy on site has been successful in serving homeless patients.
  - Lack of affordable housing with long wait lists.
  - Many out of county homeless that don't want to transfer insurance from other counties and difficulty getting specialty services through SMMC with out of County coverage.

- **Ravenswood Dental Care** experiences success through their "Access Dentist", providing same day dental services for unscheduled homeless patients as well as dental hygiene kits.
  - Communicating and trying to reach homeless clients that do not have a cell phone and locating Dental specialist that will take Denti-Cal is difficult.

- **Ravenswood Enabling services**- great partnerships with LifeMoves, Housing Authority, Abode Services, El Concilio to assist clients and find housing.
  - Struggles with transportation, helping patients that have out of county benefits and lack of affordable housing

- **Samaritan House/Safe Harbor** states that partnership with Mobile Health Van, Street Medicine and WPC have worked well in assisting clients obtain comprehensive access to care.
  - Some clients are still experiencing long wait for primary care and dental appointments.

COUNTY OF SAN MATEO
HEALTH SYSTEM

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DATE: November 16, 2017

TO: Co-Applicant Board, San Mateo County Health Care for the Homeless/Farmworker Health Program

FROM: Jim Beaumont, Director
Health Care for the Homeless/Farmworker Health Program

SUBJECT: REQUEST FOR BOARD ACTION TO APPROVE CONTRACT FUNDING FOR RAVENSWOOD FAMILY HEALTH CENTER

Program received two (2) proposals from Ravenswood Family Health Center (RFHC) in response to our issued RFP for the continuation of Primary Care and Dental Services for the Homeless. After review and evaluation, we opened discussion with RFHC on the parameters of a contract based on the proposal.

The proposals essentially called for the continuation of the currently provided services. They proposed a modest increase in both the numbers of Primary Care and Dental Care Services clients. We estimate that the proposed cost for the services included for Primary Care was around $107,000 per year and Dental Care was around $54,725 per year.

For Dental Services, with a 37% increase in number of target clients, the new proposed contract represents a 5% increase in funding from the previous contract. For Primary Care Services, with a 16% increase in number of target clients, the new proposed contract reflects RHFC's requests a 11% increase in total funding from the previous contract. In discussion with RFHC, they have accepted both contracts.

Included with this request are the current Exhibit A & Exhibit B documents for both Primary Care and Dental Services included with the County standard contract. Both proposed contracts are for three (3) years. For Primary Care Services, the value of the contract is $107,000 for each year, for a total contract value of $321,000 for three years. For Dental Services, the value of the contract is $54,725 each year for a total contract value of $164,000 for all three years.

This request is for the Board to approve the proposed Exhibit A & Exhibit B for the contract with RFHC. It requires a majority vote of the Board members present to approve this action.

Ravenswood Primary Care Services 2017

	AGENCY	SERVICES		patients	Budget
2017	Ravenswood (Primary Care)	Primary Care Services	$160/patient	600	$96,000
	Proposed - same services	Primary Care Services		700	$106,926

Ravenswood Dental Services 2017

	AGENCY	SERVICES		patients	Budget
2017	Ravenswood (Dental)	Dental Services	$260/patient	200	$52,000
	Proposed - same services	Dental Services		275	$54,660

Attachments:

- Exhibit A & B for RFHC Primary Care Services
- Exhibit A & B for RFHC Dental Services

San Mateo Medical Center
A County System of Healthcare

EXHIBIT A

The project described below is supported by Grant Number H80CS00051 pursuant to Section 330 of the Public Health Service Act ("Section 330"), which program is administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS").

In consideration of the payments set forth in **Exhibit B**, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless/Farmworker Health (HCH/FH) Program is contracting with Ravenswood Family Health Center to provide dental services for homeless individuals.

Ravenswood Family Health Center will provide preventive and restorative dental services including examinations, prophys, fillings, crowns, prosthetics, x-rays, and other general dental services to at least **275 unduplicated homeless individuals** for a total of **780 dental visits**. A minimum of 100 of the homeless individuals are to be adults (over the age of 18 at the time services are initiated). A minimum of 20 homeless individuals will be provided with Major Restorative services as defined below. Referrals for patients requiring more specialized care such as oral surgery, periodontal services, and endodontic care will be coordinated by Ravenswood staff to either private offices or San Francisco dental schools. Coordination may include scheduling, transportation, and translation services as needed.

Treatment Plan Priorities:
Alleviate pain
Restore function
Prevent further disease
Consider esthetic results

Diagnostic and Preventive:
Exam and evaluation
Routine Cleaning
Digital imaging (FMX on all new patients)
Digital imaging of problematic area
Fluoride treatment (as recommended)
Dental Education
Sealants (for children)
Palliative treatment for dental pain

Basic Services:
Composite and amalgam fillings
Extractions
Temporary crowns
Stainless steel crowns

Major Restorative:
Qualification for removal prosthetics: 1) no teeth, 2) no posterior occlusion, 3) missing front teeth.
Full Dentures – If the arch is edentulous or teeth needing extraction will cause the arch to become edentulous
Partial Dentures with Metal Framework – If three (3) or more teeth are missing in the same posterior quadrant and limited occlusion on the opposing bi-lateral quadrant

Acrylic-Base Stay plate (Flipper) – If one (1) to four (4) teeth are missing or if the needing of an extraction will cause them to be missing

The dental services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to dental health services to at least 275 individuals who qualify as homeless in San Mateo County for a total of 780 dental visits.

> **Outcome Measure 1.A:** Each patient will be scheduled for a series of appointment to complete their treatment plan. Support completion of treatment plans through clear explanations of time and appointments required for completion, quadrant by quadrant treatment and enabling services.
>
> **Outcome Measure1.B:** Each patient's progress on their dental plan will be tracked, with a goal to make significant progress in their treatment plans. At least 50% of homeless dental patients will complete their treatment plans, determined from patient's initial oral assessment, within the grant year.

OBJECTIVE 2: Provide comprehensive dental health screenings for each homeless individual in order to establish an individualized dental treatment plan for each patient.

> **Outcome 2.A:** At least of 80% of the patients will receive comprehensive oral health screenings and have documented treatment plans.

OBJECTIVE 3: Provide dentures for homeless patients who need them to improve eating and speaking abilities and appearances.

> **Outcome 3.A:** Provide treatment in preparation for dentures, take impression, provide fittings, and educate patients on denture care. Explain the three to four step denture process and provide enabling services and standby appointment access to support completion of the process.
>
> **Outcome 3.B:** Of the homeless patients who need dentures, at least 50% will complete their denture treatment plan and have dentures delivered within the grant year.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from RFHC during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for homeless individuals for whom the Contractor is not reimbursed**. The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine

site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

The following are the contracted reporting requirements that **the HCH/FH Program** must fulfill:

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

EXHIBIT B

In consideration of the services provided by Contractor in **Exhibit A**, County shall pay Contractor based on the following fee schedule:

A. County shall pay Contractor at a rate of $199.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 275 individuals, and limited as defined in Exhibit A.
B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

The term of this Agreement is January 1, 2018 through December 31, 2020. Maximum payment for services provided under this Agreement will not exceed ONE HUNDRED SIXTY-FOUR THOUSAND ONE HUNDRED SEVENTY FIVE DOLLARS ($164,175).

EXHIBIT A

The project described below is supported by Grant Number H80CS00051 pursuant to Section 330 of the Public Health Service Act ("Section 330"), which program is administered by the Health Resources and Services Administration ("HRSA") within the United States Department of Health and Human Services ("DHHS").

In consideration of the payments set forth in **Exhibit B**, Contractor shall provide the following services:

Each reporting period shall be defined as one (1) calendar year running from January 1st through December 31st, unless specified otherwise in this agreement.

Contractor shall provide the following services for each reporting period.

The County of San Mateo Health Care for the Homeless (HCH) Program is contracting with Ravenswood Family Health Center (RFHC) to provide enabling health care services to individuals who are homeless in San Mateo County.

Ravenswood Family Health Center will provide primary health care services to a minimum of **700 unduplicated homeless individuals** for a total of at least **2,100 visits**. At least 75% of the homeless individuals served each contract year will be living in shelters, transitional housing or on the street.

The primary health care services to be provided by Ravenswood Family Health Center will be implemented as measured by the following objectives and outcome measures.

OBJECTIVE 1: Provide access to primary health care services to at least 700 individuals each contract year who qualify as homeless in San Mateo County for a total of 2,100 visits.

> **Outcome Measure 1.A:** 100% of the homeless adults served each contract year will receive a comprehensive health screening for chronic diseases and other health conditions including hypertension, tobacco, drugs and alcohol, diabetes, obesity, STI, TB and, in those patients who provide consent, HIV. All women will be offered gynecological screenings and referred as age and/or risk appropriate for a mammogram.
>
> **Outcome Measure1.B**: At least 300 homeless individuals served within each contract year will receive behavioral health screenings using a behavioral health assessment tool as a guide and will receive continued counseling with the behavioral health professional based on their assessment and identified concerns that the client would like to address.

OBJECTIVE 2: Provide prenatal care for homeless women.

> **Outcome 2.A:** At least 70% of pregnant homeless patients will receive their prenatal care during their first trimester.

OBJECTIVE 3: Provide ongoing primary health care to homeless individuals diagnosed with hypertension.

> **Outcome 3.A.:** At least 65% of homeless patients with diagnosed hypertension will have most recent blood pressure levels less than 140/90.

OBJECTIVE 4: Provide ongoing primary health care services to homeless individuals diagnosed with either Type I or Type II diabetes.

> **Outcome 4.A:** At least 60% of homeless patients diagnosed with Type I or Type II diabetes will have HbA1c levels less than 9%.

RESPONSIBILITIES:

The following are the contracted reporting requirements that **Ravenswood Family Health Center** must fulfill:

All demographic information as defined by the HCH/FH Program will be obtained from each homeless individual receiving enabling services from RFHC during the reporting period. All encounter information as defined by the HCH/FH Program shall be collected for each encounter. Demographic and encounter data will be submitted to the HCH/FH Program with the monthly invoice. **This may include data for homeless individuals for whom the Contractor is not reimbursed**. The contractor will also assess and report each individual's farmworker status as defined by BPHC.

If there are charges for services provided in this contract, a **sliding fee scale policy** must be in place.

Any **revenue** received from services provided under this contract must be reported on a quarterly basis.

RFHC must provide services listed under RFHC's HRSA Form 5A Scope of Services.

Site visits will occur at a minimum of on an annual basis, to review patient records and program operations, to verify the accuracy of invoicing and to assess the documentation of client activities/outcome measures. The HCH/FH Program will work with contractor to try and accommodate scheduling for routine site visits and will provide contractor with a minimum notice of two (2) weeks for routine site visits, regardless. If the HCH/FH Program has identified issues, such as, but not limited to:

- Lack of timely reporting, especially repeatedly
- Multiple invoicing errors: billings for duplicates; spreadsheet and invoice don't match; etc.
- Ongoing difficulties in scheduling routine site visits
- Complaints or reports that raise concerning issues; etc.,

the HCH/FH Program will advise the contractor of the issue and provide notice to the contractor of the possibility to perform an unannounced site visit.

Reporting requirements- monthly and quarterly submission of invoices and reports are required via template supplied to contracts. If the program pursues a cloud based data depository (data base) for monthly and quarterly data, contractor will be required to upload/submit data into data base.

A monthly invoice detailing the number of new unduplicated individuals served in the previous month and the total encounters provided to all homeless individuals in this same time period will be submitted to the HCH/FH Program by the 10th of the following month. Invoices shall be sufficiently detailed to allow for tracking an individual to their provided demographic data.

Quarterly reports providing an update on the contractual goals, objectives, and outcome measures shall be submitted no later than the 15th of the month following the completion of each calendar quarter throughout the contract.

If contractor observes routine and/or ongoing **problems in accessing medical or dental care services within SMMC**, contractor is required to track and document problematic occurrences and submit this information to designated HCH/FH staff for follow up.

Participate in planning and quality assurance activities related to the HCH/FH Program.

Participate in HCH/FH Provider Collaborative Meetings and other workgroups.

Participate in community activities that address homeless issues (i.e., Homeless One Day Count, Homeless Project Connect, etc.).

On execution of contract, provide a copy of RFHC's Form 5a Scope of Services. Provide written updates within 30 days of any changes of services listed in Form 5A.

Provide information for annual UDS report on patients to include universal data or case sample of 70 clients as requested.

Provide quarterly update on 330 program grant conditions issued by U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

Provide a report within 60 days of the beginning of the contract on any current HRSA grant conditions, and to report within 30 days the issuance of any grant conditions by HRSA.

Provide active involvement in the Bureau of Primary Health Care Office of Performance Review Process.

The following are the contracted reporting requirements that **the HCH/FH Program** must fulfill:

1. Monitor Ravenswood Family Health Center's progress to assure it is meeting its contractual requirements with the HCH/FH Program.
2. Review, process and monitor monthly invoices.
3. Review quarterly reports to assure that goals and objectives are being met.
4. Provide technical assistance to Ravenswood Family Health Center on the HCH/FH Program as needed.

EXHIBIT B

In consideration of the services provided by Contractor in **Exhibit A**, County shall pay Contractor based on the following fee schedule:

A. County shall pay Contractor at a rate of $153.00 each for each unduplicated homeless individual invoiced, per contract year, up to the maximum per contract year of 700 individuals, and limited as defined in Exhibit A.
B. Contractor will invoice the HCH/FH Program by the 10th of month after rendered services with the number of homeless individuals and encounters for the previous month. Invoices will be approved by the HCH/FH Program Director.

The term of this Agreement is January 1, 2018 through December 31, 2020. Maximum payment for services provided under this Agreement will not exceed THREE HUNDRED TWENTY-ONE THOUSAND DOLLARS ($321,000).