



Edwin M. Lee, Mayor

Trent Rhorer, Executive Director

MEMORANDUM

TO: HUMAN SERVICES COMMISSION

THROUGH: TRENT RHORER, EXECUTIVE DIRECTOR

FROM: NOELLE SIMMONS, DEPUTY DIRECTOR
JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JTS*

DATE: SEPTEMBER 22, 2017

SUBJECT: GRANT MODIFICATIONS: **EPISCOPAL COMMUNITY SERVICES OF SAN FRANCISCO (ECS) AND RICHMOND AREA MULTI-SERVICES, INC. (RAMS)** (NON-PROFITS) FOR MEDI-CAL BENEFITS LINKAGE SERVICES

	<u>Current</u>	<u>Modification</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
GRANT TERM:	4/1/14- 6/30/17	7/1/17 – 6/30/18	4/1/14 – 6/30/18		
TOTAL GRANT AMOUNT:	\$346,238	\$84,552	\$430,790	\$43,079	\$473,869
REVISED ANNUAL AMOUNT:	FY 13/14 \$17,469	FY 14/15 \$132,116	FY 15/16 \$116,019	FY16/17 \$80,634	FY17-18 \$84,552
FUNDING SOURCE:	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
MODIFICATION FUNDING:		\$42,276	\$42,276	\$8,455	\$93,007
PERCENTAGE:		50%	50%		100%

The Department of Human Services (DHS) requests authorization to modify the existing grants with Episcopal Community Services of San Francisco (ECS) and Richmond Area Multi-Services, Inc. (RAMS) for the period of July 1, 2017 to June 30, 2018, in the additional amount of \$84,552 plus a 10% contingency for a revised total amount not to exceed \$473,869. This modification is to extend the grant agreements for one additional year from July 1, 2017 to June 30, 2018. The purpose of these grants is to engage uninsured individuals experiencing homelessness, mental illness, or substance-abuse and assist them to apply for recently expanded Medi-Cal coverage.

Provider	Current Grant Amount FY 14-17	Additional Funding for FY 17-18	Revised Total FY 14-18	10% Contingency	Not to Exceed
ESC	\$190,547	\$42,276	\$232,823	\$23,282	\$256,105
RAMS	\$155,691	\$42,276	\$197,967	\$19,797	\$217,764
Total	\$346,238	\$84,552	\$430,790	\$43,079	\$473,869

Background

The Patient Protection and Affordable Care Act (ACA) was enacted to reduce the number of uninsured Americans by expanding the eligibility criteria for Medicaid (known as Medi-Cal in California). To further its goal, California's Department of Health Care Services (DHCS) issued a solicitation for county welfare agencies to launch targeted efforts to engage newly-eligible individuals who lack health insurance and link them to Medi-Cal.

In San Francisco, the funding from DHCS has been used to contract with ECS and RAMS for the benefits linkage services since 2014. In January 2017, DHCS released its new allocation plan for FY 2017-18, which provides an additional funding that allows extension of these services into the next fiscal year.

Services to be Provided

The modification for the ECS and RAMS Medical Outreach grants in the total additional amount of \$84,552 for FY 17-18 is to provide the following services:

ECS and RAMS will provide benefits linkage and application assistance services to increase Medi-Cal enrollment and retention among their target population (ECS will serve individuals experiencing homelessness, and RAMS will serve individuals battling mental illness or substance abuse disorders). ECS's grant activities will build on its experience in assisting clients' enrollment in benefits such as County Adult Assistance Programs, CalFresh, CalWORKs, Medicare, Supplemental Security Income and Social Security Disability Insurance. RAMS will conduct outreach, education, and application assistance with uninsured clients at County Behavioral Health Service and community-based substance abuse and mental health treatment programs.

Grantee Performance

Program Monitoring:

ECS: Has exceeded the Service Objectives and Outcome Objectives of the contract outcomes by more than 10%. They have maintained the program's request for monthly Ad Hoc reports and quarterly meeting attendance.

RAMS: Has exceeded the Service Objectives and Outcome Objectives of the contract outcomes by more than 25%. They have maintained the program's request for monthly Ad Hoc reports and quarterly meeting attendance.

Fiscal Monitoring:

ECS: A Citywide Fiscal and Compliance Monitoring site visit was conducted on 1/27/17. There were no significant findings. The grantee is in full compliance.

RAMS: A Citywide Fiscal and Compliance Monitoring site visit was conducted on 2/8/17. There were no findings identified and the grantee is in full compliance.

Grantee Selection

Grantees were named as partner organizations in DHS's proposal to DHCS's grant solicitation (AB82, Section 71) for Medi-Cal Outreach and Enrollment efforts.

Funding

The funding for these services is supported by Federal and State funds.

Attachments

Appendix A-2 – Services to be Provided (ECS)

Appendix B-2 – Budget Summary (ECS)

Appendix A-2 – Services to be Provided (RAMS)

Appendix B-2 – Budget Summary (RAMS)

Appendix A-2 – Services to be Provided
Episcopal Community Services of San Francisco
Medi-Cal Benefits Linkage Services

4/1/14 – 6/30/18

I. Purpose of Grant

The San Francisco Human Services Agency (HSA) and San Francisco Department of Public Health (DPH) are collaborating to increase benefit linkage and application assistance services with Department of Health Care Services (DHCS) “AB 82 Medi-Cal Outreach and Enrollment (O&E) Funding.”

The San Francisco Human Services Agency will utilize AB82 funding to contract with Episcopal Community Services of San Francisco (ECS) for Medi-Cal application assistance and benefit retention of homeless individuals.

ECS is a local non-profit community-based organization which provides services to nearly 5,000 homeless San Franciscans annually through its 536 shelter beds, roving shelter behavioral health team, education & employment, and senior center programs. ECS also serves people just leaving homelessness in its 11 permanent housing sites. ECS’s Medi-Cal benefit linkage activities will build on its experience doing so the past two years, and in assisting clients’ application assistance in benefits such as County Adult Assistance Programs, CalFresh, CalWORKS, Medicare, SSI and SSDI.

II. Definitions

AB-82	Assembly Bill 82 Medi-Cal Outreach and Enrollment
CAA	Certified Application Assister
CEC	Certified Enrollment Counselor
CIA	Certified Insurance Agent
Grantee	Episcopal Community Services of San Francisco

III. Target Population

ECS will focus its application assistance efforts on homeless individuals.

IV. Description of Services

Grantee shall provide the following services during the term of this contract:

ECS will engage homeless San Franciscans and provide application assistance for Medi-Cal both at its own, and partner agencies' venues in San Francisco, including:

- Single adult shelters
- Homeless Resource centers
- Compass Point Community Center (centralized shelter intake point for homeless families)
- Homeless Prenatal Program
- Congregate meal sites
- Large community dining rooms and food pantry venues (ex. Glide Daily Free Meals Program and St. Anthony's Dining Room)
- Homeless Employment Collaborative member agencies (10 sites)
- Aging and Disability Resource Centers (17 sites)
- Affordable and permanent housing sites
- Project Homeless Connect events
- Interfaith Winter Shelter program

ECS will use grant funding to hire one .50 FTE experienced application assistant worker as well as leverage its existing service teams and strong relationships with partner homeless service agencies to provide regular, scheduled presence at the target venues; education events for enrollees; and trainings for its and other agencies' staff members.

The application assistant worker will continue training and coordination of ECS's and other agencies' staff members. HSA will continue to meet regularly with the application assistant worker, troubleshooting any enrollment snags, and continuing staff access to CBO accounts such as mybenefitscalwin.org, a public-facing online application portal for public benefit programs, including Medi-Cal, CalFresh and CalWORKs, and CalWIN Lite systems that have a direct link and special connection to the Medi-Cal staff/manager. Community training and coordination will most often involve advising the prospective enrollee on where the application assistant staff is located on-site to assist with the application. If they are not present that day, ECS can also obtain the client's permission for the application assistant staff to follow-up personally, or inform the client on when the application assistant staff will be on-site.

Benefits linkage services will also include educational events for prospective enrollees – e.g. a presentation over dessert and coffee after dinner at a shelter, followed by one-on-one application assistance. Engagement activities will be conducted using various techniques depending on the venue. The primary technique will be regular, scheduled presence during which applications are made (e.g. have a "table" at a shelter or community dining room every Wednesday for four hours). If homeless prospective enrollees prefer, ECS application assistant staff can accompany a group to the county's Medi-Cal enrollment office for a personal interface.

When an uninsured individual is identified during engagement activities, the Health Care Coverage Specialist will assist the applicant to apply for Medi-Cal using mybenefitscalwin.org. The specialist will also ensure that individuals have the appropriate documentation necessary to submit a complete application and conduct follow-up to obtain documents if needed.

In the course of their engagement efforts, each time an ECS Health Care Coverage Specialist assists a client to apply for Medi-Cal, the applicant will sign a consent form which allows their personal identifying information (e.g., name, SSN, date of birth) to be shared with HSA and DPH. Each month following the start of grant activities, HSA will match the list of clients assisted by ECS against CalWIN, the database used to administer Medi-Cal eligibility, to identify those individuals who were successfully enrolled and who have an outstanding change report or annual renewal due in the following month. Those lists will be cross-matched with the HSA shelter reservation system (CHANGES), the Homeless Management Information Systems (HMIS), and the CBHS client record system (AVATAR) to identify which shelter or housing program the client is currently living in and/or which behavioral health clinic they are being seen at. The matched datasets will be provided to ECS staff to facilitate strategic and timely retention benefit linkage activities. ECS will utilize the following retention methods to remind and/or facilitate the client's timely response to Medi-Cal reporting requirements:

- Personal contact with those who live in shelter, and others whose housing or service delivery location can be identified through the data matching described above.
- Those who can be contacted will be assisted with the Medi-Cal change and renewal reporting process using mail, phone, in-person and/or online channels (mybenefitscalwin.org) at ECS service locations.
- Creation of a computerized alert system to notify providers if a patient who comes in for services has an outstanding change or renewal reporting that is due.
- ECS staff will assist with completion of change or renewal reporting using mybenefitscalwin.org.

All Medi-Cal enrollees engaged through this grant will also receive the same change and renewal related communication and outreach from HSA that all enrollees receive, i.e.:

- Standard notices by mail
- Automated phone call reminders
- Text messaging reminders (if possible)

Grantee shall not receive Medi-Cal benefit linkage payments for Certified Enrollment Counselors (CECs) and Certified Insurance Agents (CIAs) assisting potential Medi-Cal enrollees (AB 82, Section 70 funds) for work performed under the Medi-Cal grant (AB 82, Section 71). Grantee receiving AB 82, Section 71 Medi-Cal funding through the county shall use the MyBenefitsCalWIN online application portal to enroll applicants. If Grantee utilizes CECs or CIAs to enroll a client via Covered California system (CalHEERS), grantee shall provide documentation clearly delineating how the grantee will separate application assistance under this grant from the application assistance of their CECs and CIAs for which they would be paid \$58 per enrolled application under AB 82, Section 70.

V. Location and Time of Services

Service will be rendered from 9am to 5pm Monday through Friday at various sites.

VI. Grantee Responsibilities

- A. Grantee will provide information as requested by DPH and/or HSA for timely completion of AB82 Medi-Cal Outreach and Enrollment Grant deliverables as required by the Department of Health Care Services (DHCS). The deliverables include:

Deliverable	Due to DHCS
Annual Budget Reports	July 7, 2014 July 7, 2015 July 7, 2016 July 7, 2017 July 6, 2018
Quarterly Progress Report	July 7, 2014 October 3, 2014 January 6, 2015 April 7, 2015 July 7, 2015 October 6, 2015 January 5, 2016 April 5, 2016 July 7, 2016 October 7, 2016 January 6, 2017 April 7, 2017 July 7, 2017 October 6, 2017 January 5, 2018 April 6, 2018 July 6, 2018
Ad hoc deliverables as identified by DHCS	As requested

- B. For assistance, contact:

Sneha.Patil@sfgov.org
Health Program Planner, San Francisco Department of Public Health

or

Aristides.Salinas@sfgov.org
Affordable Care Act Liaison, San Francisco Human Services Agency

VII. Service Objectives

For the period of **April 1, 2014 to June 30, 2016**, Grantee will have the following Service Objectives:

1. Make 5,400 contacts with individuals in the target population through benefit linkage activities and events
2. Submit 1,500 Medi-Cal applications

3. Retain 70% of individuals in these target populations after one year

For the period of **July 1, 2016 to June 30, 2017**, Grantee will have the following Service Objectives:

1. Make 3,250 contacts with individuals in the target population through benefit linkage activities and events.
2. Submit 250 Medi-Cal applications.
3. Retain 70% of individuals in these target populations after one year

For the period of **July 1, 2017 to June 30, 2018**, Grantee will have the following Service Objectives:

1. Make 398 contacts with individuals in the target population through benefit linkage activities and events.
2. Submit 62 Medi-Cal applications.
3. Retain 70% of individuals in these target populations after one year

VIII. Outcome Objectives

For the period of **April 1, 2014 to June 30, 2016**, Grantee will meet the following Outcome Objectives:

Enrollment targets for ECS:

- 1,500 persons who are homeless

Retention target for ECS:

- 1,050 persons who are homeless

For the period of **July 1, 2016 to June 30, 2017**, Grantee will meet the following Outcome Objectives:

Enrollment targets for ECS:

- 250 persons who are homeless

Retention target for ECS:

- 150 persons who are homeless

For the period of **July 1, 2017 to June 30, 2018**, Grantee will meet the following Outcome Objectives:

Enrollment targets for ECS:

- 62 persons who are homeless

Retention target for ECS:

- 43 persons who are homeless

IX. Reporting Requirements

- A. Grantee will provide a **monthly** report of activities, referencing the tasks as described in Section IV- Description of Services, and Sections VII & VIII- Service and Outcome Objectives. Grantee will enter the monthly metrics in the CARBON database by the 15th of the following month.
- i.* Number of AB 82 individuals reached by benefit linkage efforts
 - ii.* Number of AB 82 individuals assisted with enrollment into Medi-Cal
 - iii.* Number of AB 82 beneficiaries assisted with annual eligibility review (AER) and/or Medi-Cal redetermination
 - iv.* Number of CECs and CIAs used in benefit linkage efforts
 - v.* Number of CAAs used in benefit linkage efforts
- B. Grantee will provide a **quarterly** progress report in the template provided of activities, referencing the tasks as described in Section IV, VII & VIII- Description of Services, Service and Outcome Objectives. Grantee will enter the quarterly metrics in the CARBON database by the 15th of the month ending each quarter (Oct, Jan, Apr, July).
- i.* Number of AB 82 individuals reached by benefit linkage efforts
 - ii.* Number of AB 82 individuals assisted with enrollment into Medi-Cal
 - iii.* Number of AB 82 beneficiaries assisted with annual eligibility review (AER) and/or Medi-Cal redetermination
 - iv.* Number of CECs and CIAs used in benefit linkage efforts
 - v.* Number of CAAs used in benefit linkage efforts
- C. Grantee will provide a **final** report summarizing the contract activities, referencing the tasks as described in Section VII & VIII- Service and Outcome Objectives. This report will also include accomplishments, best practices, lessons learned, and challenges encountered by the Grantee. Grantee will enter the final metrics in the CARBON database by the 15th of the month following the end of the program.
- i.* Number of AB 82 individuals reached by benefit linkage efforts
 - ii.* Number of AB 82 individuals assisted with enrollment into Medi-Cal
 - iii.* Number of AB 82 beneficiaries assisted with annual eligibility review (AER) and/or Medi-Cal redetermination
 - iv.* Number of CECs and CIAs used in benefit linkage efforts
 - v.* Number of CAAs used in benefit linkage efforts
- D. Grantee will provide Ad Hoc reports as required by the Department.
- E. For assistance with reporting requirements or submission of reports, contact:

Rocio.Duenas@sfgov.org
Contract Manager, Office of Contract Management

Sneha.Patil@sfgov.org
Health Program Planner, San Francisco Department of Public Health

or

Aristides.Salinas@sfgov.org
Affordable Care Act Liaison, San Francisco Human Services Agency

X. Monitoring Activities

- A. Program Monitoring: In addition to Reporting Requirements, program monitoring will include a regularly scheduled meeting of mutually agreed upon frequency, convening at least quarterly with MC Grant recipients and representatives of DPH and HSA to check in on progress, discuss challenges, and address other relevant issues. If relevant issues arise in the interim, these should be escalated to the contacts noted in Section VI Grantee Responsibilities.

- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of the Personnel Manual, Emergency Operations Plan, compliance with the Americans with Disabilities Act, subcontracts, MOUs, current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D	E	F	G
1						Appendix B-2, Page	1
2						Document Date:	9/5/2017
3	HUMAN SERVICES AGENCY BUDGET SUMMARY						
4	BY PROGRAM						
5	Name				Term		
6	EPISCOPAL COMMUNITY SERVICES OF SAN FRANCISCO				4/1/14-6/30/18		
7	(Check One) New Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>						
8	If modification, Effective Date of Mod. July 1, 2017 No. of Mod. 2						
9	Program: MEDI-CAL BENEFITS LINKAGE SERVICES						
10	Budget Reference Page No.(s)					Modification	Total
11	Program Term	4/1/14-6/30/14	7/1/14-6/30/15	7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18	4/1/14-6/30/18
12	Expenditures						
13	Salaries & Benefits	\$15,404	\$75,422	\$46,889	\$28,838	\$37,196	\$203,749
14	Operating Expense	\$193	\$2,106	\$1,279	\$0	\$550	\$4,128
15	Subtotal	\$15,597	\$77,528	\$48,168	\$28,838	\$37,746	\$207,877
16	Indirect Percentage (%)	12%	12%	12%	12%	12%	
17	Indirect Cost (Line 16 X Line 15)	\$1,872	\$9,303	\$5,780	\$3,461	\$4,530	\$24,946
18	Capital Expenditure	\$0	\$0	\$0	\$0	\$0	\$0
19	Total Expenditures	\$17,469	\$86,831	\$53,948	\$32,299	\$42,276	\$232,823
20	HSA Revenues						
21	State AB 82 Outreach and Enrollment Grant	\$8,734	\$43,416	\$26,974	\$16,150	\$21,138	\$116,412
22	CFDA: 93.778 - Medical Assistance Program	\$8,735	\$43,415	\$26,974	\$16,149	\$21,138	\$116,411
23							
24							
25							
26							
27							
28							
29	TOTAL HSA REVENUES	\$17,469	\$86,831	\$53,948	\$32,299	\$42,276	\$232,823
30	Other Revenues						
31							
32							
33							
34							
35							
36	Total Revenues	\$17,469	\$86,831	\$53,948	\$32,299	\$42,276	\$232,823
37	Full Time Equivalent (FTE)						
39	Prepared by: Evelyn L. Lam		Telephone No.: 415-487-3300 X1214			9/5/2017	
40	HSA-CO Review Signature: _____						
41	HSA #1						11/15/2007

	A	B	C	D	E	F	G	H	I	J	K	
1											Appendix B-2, Page	2
2											Document Date:	9/5/2017
3												
4	Program: MEDI-CAL BENEFITS LINKAGE SERVICES											
5												
6												
7	Salaries & Benefits Detail											
8												
9												
10												
11												
12		Agency Totals		For HSA Program		For DHS Program	For DHS Program	For DHS Program	For DHS Program	For DHS Program	TOTAL	
	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Modification Budgeted Salary		
13	Info Assistance Spec II - MediCal	\$47,377	100%	100%	55%	\$9,396				\$26,057	\$35,453	
14	Senior Services Director	\$80,226	100%	10%	10%	\$2,028					\$2,028	
15	Info Assistance Spec II - MediCal	\$40,534	100%	100%	100%		\$41,992				\$41,992	
16	Senior Services Director	\$82,632	100%	10%	10%		\$8,896				\$8,896	
17	Info Assistance Spec II - MediCal	\$38,629	100%	70%	70%			\$27,040			\$27,040	
18	Program Director/Telcs	\$62,890	100%	10%	10%			\$6,289			\$6,289	
19	Info Assistance Spec II - MediCal	\$44,583	100%	50%	50%				\$22,292		\$22,292	
20	Program Director/Telcs	\$77,526	100%	5%	5%				\$3,876		\$3,876	
21												
22												
23												
24												
25												
26												
27												
28												
29												
30	TOTALS	\$474,397	8.00	3.55	3.10	\$11,424	\$50,888	\$33,329	\$26,168	\$26,057	\$147,866	
31												
32	FRINGE BENEFIT RATE						44%	45%	41%	10%	43%	
33	EMPLOYEE FRINGE BENEFITS					\$3,980	\$24,534	\$13,560	\$2,670	\$11,139	\$55,883	
34												
35												
36	TOTAL SALARIES & BENEFITS					\$15,404	\$75,422	\$46,889	\$28,838	\$37,196	\$203,749	
37	HSA #2										11/15/2007	
38	**The Fringe Benefit Rate increase from FY 16-17 to FY 17-18 is due to the fact that only a portion of ECS's Medi-Cal Outreach program was funded by HSA in FY 16-17, so only a portion of the fringe benefit expense was covered by HSA contract funding.											
39												

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
1															
2															
3															
4	Program: MEDI-CAL BENEFITS LINKAGE SERVICES														
5															
6															
7	Operating Expense Detail														
8															
9															
10															
11															
12	Expenditure Category		TERM	4/1/14-6/30/14	7/1/14-6/30/15	7/1/15-6/30/16	7/1/16-6/30/17					Modification	7/1/17-6/30/18		TOTAL
13	Rental of Property														4/1/14-6/30/18
14	Utilities(Elec, Water, Gas, Phone, Scavenger)				\$307	\$300						\$350			\$957
15	Office Supplies, Postage					\$59									\$59
16	Building Maintenance Supplies and Repair														
17	Printing and Reproduction														
18	Insurance				\$413	\$150						\$200			\$763
19	Conferences/Meetings			\$22	\$59										\$81
20	Staff Travel-(Local & Out of Town)			\$171	\$1,103	\$770									\$2,044
21	Rental of Equipment														
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE														
23															
24															
25															
26															
27															
28	OTHER														
29	Staff Training and Recruitment				\$224										\$224
30															
31															
32															
33															
34															
35	TOTAL OPERATING EXPENSE			\$193	\$2,106	\$1,279	\$0					\$550			\$4,128
36															
37	HSA #3														11/15/2007

Appendix A-2 – Services to be Provided

Richmond Area Multi-Services

Medi-Cal Outreach Services

7/1/14 – 6/30/18

I. Purpose of Grant

The San Francisco Human Services Agency (HSA) and San Francisco Department of Public Health (DPH) are collaborating to increase benefit linkage and application assistance services with Department of Health Care Services (DHCS) “AB 82 Medi-Cal Outreach and Enrollment (O&E) Funding.”

HSA will utilize AB 82 Medi-Cal funding to contract with Richmond Area Multi-Services, Inc. (RAMS) for Medi-Cal benefit linkage and application assistance services of individuals with mental health, and/or substance abuse disorder needs. RAMS will conduct outreach, education, and enrollment assistance with uninsured clients at County Behavioral Health Service (CBHS) and CBO-based substance abuse and mental health treatment programs. The CBHS section of the Department of Public Health oversees a large county behavioral health system of care composed largely of CBO partners, along with civil-service-operated mental health outpatient clinics, providing mental health and substance abuse outpatient, intensive outpatient, day treatment, residential treatment, and other services.

Annually, RAMS serves and performs outreach to about 18,000 adults, children, youth, and families, and provide services in over 30 languages including Cambodian, Chinese (Cantonese, Mandarin, Toishanese, Taiwanese), Hindi, Japanese, Korean, Mien, Tagalog, Thai, Vietnamese, Russian, and Spanish. RAMS offers over 30 clinical programs in over 90 sites citywide to meet the community’s diverse needs.

RAMS is a CBHS contractor that will assist CBHS in meeting CBHS’s system-wide goal of benefit linkage and application assistance services to uninsured clients across CBHS programs into health coverage.

Starting July 1, 2014 and continuing through June 30, 2018, all CBHS programs (civil service and contractor) will be required to achieve a program performance objective of successfully assisting a minimum number of their uninsured clients to obtain health coverage. CBHS programs will be required to do the following:

- a) Know the health coverage status of all of their clients;
- b) Provide basic information about health coverage to uninsured clients;
- c) Engage uninsured clients in obtaining health coverage, either directly or through their designated application assistant staff, or by enlisting the help of the RAMS Peer Navigators.

RAMS Peer Navigators will rotate office hours through selected CBHS programs with a high volume of uninsured clients, and will engage in the following application assistance services to CBHS program clients:

- a) *Sit with* clients to do online or phone application;

- b) *Follow-up* with clients in gathering any needed documentation, and in completing the application for those who need more than one session;

II. Definitions

AB 82	Assembly Bill 82 Medi-Cal Outreach and Enrollment
CAA	Certified Applications Assistants
CBHS	San Francisco Department of Public Health's Community Behavioral Health Services
CEC	Certified Enrollment Counselors
CIA	Certified Insurance Agents
Grantee	Richmond Area Multi-Services, Inc (RAMS)
HSA	Human Services Agency of the City and County of San Francisco

III. Target Population

RAMS, in collaboration with CBHS, will target individuals with mental health disorder needs, and individuals with substance abuse disorder needs.

IV. Description of Services

Grantee shall provide the following services during the term of this contract:

Richmond Area Multi-services (RAMS) will perform application assistance services with uninsured clients at CBHS civil service and CBO-based substance abuse and mental health treatment programs. Prior to the start of application assistance and benefit linkage activities, HSA will provide training on how to complete an online application using mybenefitscalwin.org to four hired RAMS peer navigators and designated application assistant staff at six civil-service-operated behavioral health clinics with a high volume of clients (listed below).

- South of Market Mental Health Clinic
- Mission Mental Health Clinic
- Chinatown North Beach Mental Health Clinic
- Sunset Mental Health Clinic
- OMI Mental Health Clinic

- Behavioral Health Access Center

The following CBOs work with large numbers or percentages of uninsured clients, and will be trained to assist with outreach and enrollment:

- Bayview Hunter's Point Community Foundation
- CBHS Methadone programs
- Mission Council Substance Abuse Outpatient
- Richmond Area Multi-Services
- San Francisco AIDS Foundation –Stonewall Project
- San Francisco Family Services Agency
- SF START
- Swords to Plowshares
- Westside Community Mental Health Center

When a potentially eligible individual is identified during benefit linkage visits, the peer navigator will assist the applicant by using mybenefitscalwin.org. The peer navigator will also ensure that individuals have the appropriate documentation necessary to submit a complete application, and follow up on obtaining documents if needed.

In the course of their benefit linkage and application assistance efforts, each time a RAMS peer navigator or a CBHS staff person assists a client in applying for Medi-Cal, the applicant will sign a consent form which allows their personal identifying information (e.g., name, SSN, date of birth) to be shared with HSA and DPH. Each month following the start of benefit linkage activities, HSA will match the list of clients assisted by the grantees against CalWIN, the database used to administer Medi-Cal eligibility, to identify those individuals who were successfully engaged and who have an outstanding change report or annual renewal due in the following month. Those lists will be cross-matched with the CBHS client record system (AVATAR) to identify which behavioral health clinic clients are being seen at. The matched datasets will be provided to RAMS's peer navigator staff to facilitate strategic and timely retention outreach. RAMS will utilize the following retention methods to remind and/or facilitate the client's timely response to Medi-Cal reporting requirements:

- Personal contact with those whose service delivery location can be identified through the data matching described above.
- Those who can be contacted will be assisted with the Medi-Cal change and renewal reporting process using mail, phone, in -person and/or online channels (mybenefitscalwin.org) at CBHS service locations.
- RAMS staff will assist with completion of change or renewal reporting using mybenefitscalwin.org.

All Medi-Cal applicants assisted through this grant will also receive the same change and renewal-related communication and outreach from HSA that all enrollees receive, i.e.:

- Standard notices by mail
- Automated phone call reminders
- Text messaging reminders (if possible)

Grantee shall not receive Medi-Cal benefit linkage payments for Certified Enrollment Counselors (CECs) and Certified Insurance Agents (CIAs) assisting potential Medi-Cal enrollees (AB 82, Section 70 funds)

for work performed under the Medi-Cal grant (AB 82, Section 71). Grantee receiving AB 82, Section 71 Medi-Cal funding through the county shall use the MyBenefitsCalWIN online application portal to enroll applicants. If Grantee utilizes CECs or CIAs to enroll a client via Covered California system (CalHEERS), grantee shall provide documentation clearly delineating how the grantee will separate application assistance under this grant from the application assistance of their CECs and CIAs for which they would be paid \$58 per enrolled application under AB 82, Section 70.

V. Location and Time of Services

Service will be rendered from 9am to 5pm, Monday through Friday at various sites as identified by DPH.

VI. Grantee Responsibilities

- a. Grantee will provide information as requested by DPH and/or HSA for timely completion of AB82 Medi-Cal Outreach and Enrollment Grant deliverables as required by DHCS. The deliverables include:

Deliverable	Due to DHCS
Annual Budget Reports	July 7, 2015 July 7, 2016 July 7, 2017 July 6, 2018
Quarterly Progress Report	October 3, 2014 January 6, 2015 April 7, 2015 July 7, 2015 October 6, 2015 January 5, 2016 April 5, 2016 July 7, 2016 October 7, 2016 January 6, 2017 April 7, 2017 July 7, 2017 October 6, 2017 January 5, 2018 April 6, 2018 July 6, 2018
Ad hoc deliverables as identified by DHCS	As requested

- b. For assistance, contact:

Sneha.Patil@sfgov.org
Health Program Planner, San Francisco Department of Public Health

or

Aristides.Salinas@sfgov.org
Affordable Care Act Liaison, San Francisco Human Services Agency

VII. Service Objectives

For the period of **July 1, 2014 to June 30, 2016**, Grantee has the following Service Objectives:

1. Make 500 contacts with individuals in the target population through benefit linkage activities and events
2. Submit 212 Medi-Cal applications
3. Retain 70% of individuals in these target populations after one year

For the period of **July 1, 2016 to June 30, 2017**, Grantee has the following Service Objectives:

1. Make 190 contacts with individuals in the target population through benefit linkage activities and events
2. Submit 80 Medi-Cal applications
3. Retain 70% of individuals in these target populations after one year

For the period of **July 1, 2017 to June 30, 2018**, Grantee has the following Service Objectives:

1. Make 200 contacts with individuals in the target population through benefit linkage activities and events
2. Submit 100 Medi-Cal applications
3. Retain 70% of individuals in these target populations after one year

VIII. Outcome Objectives

For the period of **July 1, 2014 to June 30, 2016**, Grantee will meet the following Outcome Objectives:

Enrollment targets:

- 106 persons with mental health disorder needs
- 106 persons with substance abuse disorder needs

Retention targets:

- 75 persons with mental health disorder needs
- 75 persons with substance abuse disorder needs

For the period of **July 1, 2016 to June 30, 2017**, Grantee will meet the following Outcome Objectives:

Enrollment targets:

- 40 persons with mental health disorder needs
- 40 persons with substance abuse disorder needs

Retention targets:

- 30 persons with mental health disorder needs
- 30 persons with substance abuse disorder needs

For the period of **July 1, 2017 to June 30, 2018**, Grantee will meet the following Outcome Objectives:

Enrollment targets:

- 50 persons with mental health disorder needs
- 50 persons with substance abuse disorder needs

Retention targets:

- 35 persons with mental health disorder needs
- 35 persons with substance abuse disorder needs

IX. Reporting Requirements

- a. Grantee will provide a **monthly** report of activities, referencing the tasks as described in Section IV- Description of Services, and Sections VII & VIII- Service and Outcome Objectives. Grantee will enter the monthly metrics in the CARBON database by the 15th of the following month.
 - i. Number of AB 82 individuals reached by benefit linkage efforts
 - ii. Number of AB 82 individuals assisted with enrollment into Medi-Cal
 - iii. Number of AB 82 beneficiaries assisted with annual eligibility review (AER) and/or Medi-Cal redetermination.
 - iv. Number of CECs and CIAs used in benefit linkage efforts
 - v. Number of CAAs used in O&E efforts
- b. Grantee will provide a **quarterly** progress report in the template provided of activities, referencing the tasks as described in Section IV, VII & VIII- Description of Services, Service and Outcome Objectives. Grantee will enter the quarterly metrics in the CARBON database by the 15th of September 2014 and then by the 15th of the month for each subsequent quarter following (Dec, Mar, June).
 - i. Number of AB 82 individuals reached by benefit linkage efforts
 - ii. Number of AB 82 individuals assisted with enrollment into Medi-Cal
 - iii. Number of AB 82 beneficiaries assisted with annual eligibility review (AER) and/or Medi-Cal redetermination
 - iv. Number of CECs and CIAs used in benefit linkage efforts
 - v. Number of CAAs used in benefit linkage efforts
- c. Grantee will provide a **final** report summarizing the contract activities, referencing the tasks as described in Section VII & VIII- Service and Outcome Objectives. This report will also include accomplishments, best practices, lessons learned, and challenges encountered by the Grantee. Grantee will enter the final metrics in the CARBON database by the 15th of the month following the end of the program.
 - i. Number of AB 82 individuals reached by benefit linkage efforts
 - ii. Number of AB 82 individuals assisted with enrollment into Medi-Cal
 - iii. Number of AB 82 beneficiaries assisted with annual eligibility review (AER) and/or Medi-Cal redetermination

- iv.* Number of CECs and CIAs used in benefit linkage efforts
 - v.* Number of CAAs used in benefit linkage efforts
- d. Grantee will provide Ad Hoc reports as required by the Department.
 - e. For assistance with reporting requirements or submission of reports, contact:

Rocio.Duenas@sfgov.org
 Contract Manager, Office of Contract Management

Sneha.Patil@sfgov.org
 Health Program Planner, San Francisco Department of Public Health

or

Aristides.Salinas@sfgov.org
 Affordable Care Act Liaison, San Francisco Human Services Agency

X. Monitoring Activities

- A. Program Monitoring: In addition to Reporting Requirements, program monitoring will include a regularly scheduled meeting of mutually agreed upon frequency, convening at least quarterly with MC O&E Grant recipients and representatives of DPH and HSA to check in on progress, discuss challenges, and address other relevant issues. If relevant issues arise in the interim, these should be escalated to the contacts noted in Section VI Grantee Responsibilities.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of the Personnel Manual, Emergency Operations Plan, compliance with the Americans with Disabilities Act, subcontracts, MOUs, current board roster, and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D	E	F
1						Appendix B-2, Page 1
2						Document Date: 9/8/2017
3	DEPARTMENT OF HUMAN SERVICES BUDGET SUMMARY					
4						
5	Name: Richmond Area Multi-Services, Inc.				<u>7/1/14-6/30/18</u>	
6						
7	(Check One) New <input type="checkbox"/> Renewal <input type="checkbox"/> Modification <input checked="" type="checkbox"/>					
8	If modification, Effective Date of Mod. <u>7/1/17</u>		No. of Mod. <u>2</u>			
9	Program: Medical Benefits Linkage Services					
10	Budget Reference Page No.(s)				Modification	TOTAL
11	Program Term	7/1/14-6/30/15	7/1/15-6/30/16	7/1/16-6/30/17	7/1/17-6/30/18	7/1/14-6/30/18
12	Expenditures					
13	Salaries & Benefits	\$40,433	\$50,486	\$41,184	\$35,910	\$168,013
14	Operating Expense	\$0	\$4,935	\$1,972	\$1,836	\$8,743
15	Capital Expenditure	\$0	\$0	\$0	\$0	\$0
16	Subtotal	\$40,433	\$55,421	\$43,156	\$37,746	\$176,756
17	Indirect Cost	\$4,852	\$6,651	\$5,179	\$4,530	\$21,211
18	<i>Indirect Percentage (%) of direct cost (Line 16)</i>	12.0%	12.0%	12.0%	12.0%	12.0%
19	Total Expenditures	\$45,285	\$62,072	\$48,334	\$42,276	\$197,967
20	HSA Revenues					
21	State AB 82 Outreach and Enrollment	\$22,642	\$31,036	\$24,167	\$21,138	\$98,983
	CFDA: 93.778 - Medical Assistance P	\$22,643	\$31,036	\$24,167	\$21,138	\$98,984
24						
25						
26						
27						
28						
29	TOTAL DHS REVENUES	\$45,285	\$62,072	\$48,334	\$42,276	\$197,967
30	Other Revenues					
31						
32						
33						
34						
35						
36	Total Revenues	\$45,285	\$62,072	\$48,334	\$42,276	\$197,967
37	Full Time Equivalent (FTE)	0.98	1.31	1.05	0.95	3.24
39	Prepared by: Ken Choi, CFO					
40	DHS-CO Review Signature:					
41	DHS #1					3/1/2008

	A	B	C	D	E	F	G	H	I	J	K	L	M
1													
2													
3	Program: Medical Benefits Linkage Services												
4	(Same as Line 9 on DHS #1)												
5	Salaries & Benefits Detail												
6													
7													
8	Modification												
9	TERM	Agency Totals (FY17-18)			7/1/14-6/30/15		7/1/15-6/30/16		7/1/16-6/30/17		7/1/17-6/30/18		TOTAL
10	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	HSA % FTE	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	FTE	SALARIES	7/1/14-6/30/18
11	Peer Navigator	\$30,000	95%	95%	0.98	\$30,450	1.31	\$41,001	1.05	\$30,173	0.95	\$28,500	\$130,124
12													
13													
14													
15													
16													
17													
18													
19													
20													
21													
22													
23	TOTALS				0.98	\$30,450	1.31	\$41,001	1.05	\$30,173	0.95	\$28,500	\$130,124
24													
25													
26	EMPLOYEE FRINGE BENEFITS				33%	\$9,983	23%	\$9,485	36%	\$11,011	26%	\$7,410	\$37,889
27													
28													
29	TOTAL SALARIES & BENEFITS					\$40,433		\$50,486		\$41,184		\$35,910	\$168,013
30	DHS #2												3/1/2008

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1																Appendix B-2, Page 3	
2																Document Date:	9/8/2017
3	Program Name: Medical Benefits Linkage Services																
4	(Same as Line 9 on DHS #1)																
5																	
6																	
7																	
8																	
9																	
10	<u>Expenditure Category</u>		<u>TERM</u>	<u>7/1/14-6/30/15</u>	<u>7/1/15-6/30/16</u>	<u>7/1/16-6/30/17</u>							<u>Modification</u>				<u>Total</u>
11	Rental of Property																
12	Utilities(Elec, Water, Gas, Phone, Scavenger)																
13	Office Supplies, Postage				\$3,441	\$226							\$708				\$4,375
14	Building Maintenance Supplies and Repair																
15	Printing and Reproduction																
16	Insurance																
17	Staff Training																
18	Staff Travel-(Local & Out of Town)				\$1,494	\$1,746							\$1,128				\$4,368
19	Rental of Equipment																
20	<u>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</u>																
21																	
22																	
23																	
24	OTHER																
25																	
26																	
27																	
28																	
29																	
30																	
31	TOTAL OPERATING EXPENSE			\$ -	\$ 4,935	\$ 1,972							\$ 1,836				\$ 8,743
32	DHS #3																3/1/2008