

File No. 260182

Committee Item No. 2

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee Date March 11, 2026

Board of Supervisors Meeting Date _____

Cmte Board

- | | | |
|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Motion |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Resolution |
| <input type="checkbox"/> | <input type="checkbox"/> | Ordinance |
| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input type="checkbox"/> | <input type="checkbox"/> | Budget and Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| | | • DPH Cover Memo 2/17/2026 |
| | | • MYR Cover Ltr 2/24/2026 |
| <input type="checkbox"/> | <input type="checkbox"/> | MOU |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Information Form |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Grant Budget |
| | | • IGT Award Budget |
| | | • All Years Budget |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Statement on Retroactivity |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Notice of Award/Award Letter |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Application |
| <input type="checkbox"/> | <input type="checkbox"/> | Public Correspondence |

OTHER (Use back side if additional space is needed)

- | | | |
|-------------------------------------|--------------------------|-----------------------------------|
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>IGT Job Codes and FTE</u> |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | <u>DPH Presentation 3/11/2026</u> |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | _____ |
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Completed by: Brent Jalipa Date March 11, 2026

Completed by: Brent Jalipa Date _____

1 [Accept and Expand Grant - Retroactive - California Department of Health Care Services -
2 Capacity and Infrastructure, Transition, Expansion and Development (CITED) Round 4
3 Program - Intergovernmental Transfer (IGT) - \$1,374,816.94]

4 **Resolution retroactively authorizing the City and County of San Francisco to accept**
5 **and expend a grant of \$1,374,816.94 from the California Department of Health Care**
6 **Services (DHCS) for participation in a program, entitled “Capacity and Infrastructure,**
7 **Transition, Expansion and Development (CITED) Round 4 Program - Intergovernmental**
8 **Transfer (IGT),” part of the “California Providing Access and Transforming Health**
9 **Initiative”;** authorizing the City to release all claims against DHCS and its Third-Party
10 **Administrator arising out of or relating to the receipt of Grant funds and/or activities**
11 **associated with the Grant program; approving the Grant agreement between City,**
12 **acting by and through the Department of Public Health, and the California Department**
13 **of Health Care Services for the purpose of providing support to help San Francisco**
14 **Health Network implement Community Supports and Enhanced Case Management**
15 **programs as part of California Advancing and Innovating Medi-Cal (CalAIM), for a term**
16 **of one year from January 1, 2026, through December 31, 2026, and for a total not to**
17 **exceed amount of \$1,374,816.94; approving the Grant Agreement pursuant to Charter,**
18 **Section 9.118(a); and to authorize the Director of Health to enter into amendments or**
19 **modifications to the Grant agreement that do not materially increase the obligations or**
20 **liabilities to the City and are necessary to effectuate the purposes of the Grant or this**
21 **Resolution.**

22
23 WHEREAS, The California Department of Health Care Services (DHCS) operates the
24 “Capacity and Infrastructure, Transition, Expansion and Development (CITED) Round 4
25 Program - Intergovernmental Transfer (IGT),” which is part of the “California Providing Access

1 and Transforming Health (PATH) Initiative,” referred to as the PATH CITED IGT program,
2 administered by third-party administrator Public Consulting Group LLC (TPA); and

3 WHEREAS, Under the PATH CITED IGT program, DHCS is authorized to award Grant
4 funds to eligible entities for reimbursement of amounts expended to implement the California
5 Advancing and Innovating Medi-Cal (CalAIM) program; and

6 WHEREAS, The City applied for and DHCS awarded the City \$2,749,633.88, including
7 \$130,934.95 in indirect costs, to reimburse the City for amounts expended and/or to be
8 expended under CalAIM; and

9 WHEREAS, The Grant total amount includes \$1,374,816.94 in Federal Share and
10 \$1,374,816.94 in Applicant Contribution; and

11 WHEREAS, To claim the Federal Share, the Grant Agreement requires that the City
12 return the \$1,374,816.94 in Applicant Contribution to DHCS via IGT, resulting in a net revenue
13 Grant amount to the City of \$1,374,816.94, including \$65,467.47 in indirect costs; and

14 WHEREAS, The Grant term is retroactive to January 1, 2026, and expires on
15 December 31, 2026; and

16 WHEREAS, The City seeks retroactive approval of the Grant term and retroactive
17 approval to accept and expend the \$1,374,816.94 in Grant funds; and

18 WHEREAS, A portion of the Grant funds may be expended to reimburse the City for
19 amounts paid for CalAIM-related Civil Services salaries, but not on any new Civil Service
20 positions; and

21 WHEREAS, Charter, Section 9.118(a) requires Board of Supervisors’ approval by
22 Resolution of any contract, which when entered into, has anticipated revenue of \$1 million
23 dollars or more; and

24 WHEREAS, The Grant does not require an Annual Salary Ordinance amendment; and
25

1 WHEREAS, The Grant requires that the City release DHCS and its TPA from any and
2 all claims arising out of, or relating to, the receipt of Grant funds and/or associated activities in
3 connection with the PATH CITED IGT program; and

4 WHEREAS, The proposed Grant Agreement contained in File No. 260182, is
5 substantially in final form, with all material terms and conditions included, and only remains to
6 be executed by the parties upon approval of this Resolution; now, therefore, be it

7 RESOLVED, That the City is hereby authorized retroactively to accept and expend
8 \$1,374,816.94 in Grant funds pursuant to Administrative Code, Section 10.170-1, with a Grant
9 term commencing on January 1, 2026; and, be it

10 FURTHER RESOLVED, That under Charter, Section 9.118(a), the Board of
11 Supervisors approves the Grant Agreement for these grant funds; and, be it

12 FURTHER RESOLVED, That the City is hereby authorized to release DHCS and its
13 TPA from any and all claims arising out of, or relating to the receipt of Grant funds and/or
14 associated activities in connection with the PATH CITED IGT program; and, be it

15 FURTHER RESOLVED, That the Board of Supervisors hereby approves the Grant
16 Agreement in substantially the form contained in File No. 260182; and, be it

17 FURTHER RESOLVED, That the Board of Supervisors authorizes the Department of
18 Public Health to make any modifications to the Grant Agreement, prior to its final execution by
19 all parties, that the Department determines, in consultation with the City Attorney, are
20 consistent with this Resolution, in the best interest of the City, do not materially increase the
21 obligations or liabilities of the City, are necessary or advisable to effectuate the purposes of
22 the Grant Agreement, and are in compliance with all applicable laws, including City's Charter;
23 and, be it

24 FURTHER RESOLVED, That within thirty (30) days of the Grant Agreement being fully
25 executed by all parties, the Department of Public Health shall submit to the Clerk of the Board

1 of Supervisors a completely executed copy for inclusion in File No. 260182. This requirement
2 and obligation resides with the Department, and is for purposes of having a complete file only,
3 and in no manner affects the validity of approved Grant Agreement.

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File Number: 260182
 (Provided by Clerk of Board of Supervisors)

Grant Resolution Information Form
 (Effective July 2011)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: **Capacity and Infrastructure Transition, Expansion and Development (CITED) Round 4 Program - Intergovernmental Transfer (IGT)**
2. Department: **Department of Public Health
San Francisco Health Network**
3. Contact Person: **Alex Boyder** Telephone: **(415) 554-2500**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$1,374,816.94 (Federal Share)**
- 6a. Matching Funds Required: **\$1,374,816.94 (IGT)**
- b. Source(s) of matching funds (if applicable): **DPH General Fund 10000**

Account	Description	Amount
5010	Salaries	\$56,959.82
5130	Fringe benefits	\$22,330.87
5200	Overhead/Indirect Cost	\$65,467.47
5210	Non-Personnel	\$1,230,058.78

- 7a. Grant Source Agency: **Centers for Medicare & Medicaid Services (CMS)**
- b. Grant Pass-Through Agency (if applicable): California **Department of Health Care Services (DHCS)**
8. Proposed Grant Project Summary: **The Providing Access and Transforming Health (PATH) Capacity and Infrastructure Transition, Expansion and Development (CITED) Intergovernmental Transfer (IGT) grant provides support to help San Francisco Health Network (SFHN) implement Community Supports and Enhanced Case Management programs as part of California Advancing and Innovating Medi-Cal (CalAIM). Specifically, this grant provides salary reimbursement to San Francisco Department of Public Health (SFDPH) which includes a retroactive component for staff who spend more than 60% of their time on CalAIM as well as executive leadership. It provides funding for increased Jail Health census in order to provide healthcare, including all aspects of CalAIM JI mandates. There is additional funding for the CalAIM database that houses the data used for ongoing reporting. There are increased one-time licensing fees from Epic due to additional use of system for ECM and Community Supports. There is funding for additional Epic Contractors who are needed to build the new Recuperative Care Community Support programs within Epic, our EHR system. Finally, there is funding for the launch and operationalization of an integrated asthma remediation Community Support Service. This service will connect our existing hospital-based ZFGH Family Asthma Clinic and new FQHC-based environmental health clinic service with the Asthma Remediation Community Supports Service. The California Department of Health Care Services (DHCS) has designated Public Consulting Group LLC**

(PCG) as the Third-Party Administrator (TPA), to administer the grant program and to communicate with Applicant with respect to grant administration in connection with the CITED Program.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: **01/01/2026**

End-Date: **12/31/2026**

10a. Amount budgeted for contractual services: **\$1,230,058**

b. Will contractual services be put out to bid? **No.**

c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements? **N.A.**

d. Is this likely to be a one-time or ongoing request for contracting out? **One-time**

11a. Does the budget include indirect costs? Yes No

b1. If yes, how much? **\$65,467.47**

b2. How was the amount calculated? **5% of Direct Costs**

c1. If no, why are indirect costs not included? **N.A.**

Not allowed by granting agency

To maximize use of grant funds on direct services

Other (please explain):

c2. If no indirect costs are included, what would have been the indirect costs? **N.A.**

12. Any other significant grant requirements or comments:

This grant requires an IGT. The total amount of \$2,749,633.88 is comprised of federal funding of \$1,374,816.94 and the non-federal share of \$1,374,816.94. To claim the federal funding, DPH must provide a non-federal share, equal to the federal funding amount, to DHCS via IGT, resulting in a net revenue Grant amount to the City of \$1,374,816.94.

The grant does not require an ASO amendment, does not create net new positions, and partially reimburses the department for the existing positions:

No.	Class	Job Title	FTE	Start Date	End Date
1	1070	IS Project Director	0.10	01/01/2026	12/31/2026
2	2230	Physician Specialist	0.10	01/01/2026	12/31/2026
3	1165	Manager	0.10	01/01/2026	12/31/2026
4	1165	Manager	0.10	01/01/2026	12/31/2026

We respectfully request for approval to accept and expend these funds retroactive to January 1, 2026. The Department received the award letter on January 20, 2026. The AL # for this grant is 93.778.

California Department of Health Care Services (DHCS) has designated Public Consulting Group LLC (PCG) as the Third-Party Administrator (TPA), to administer the grant program and to communicate with Applicant with respect to grant administration in connection with the CITED Program.

The grantor is a State entity.

Project Description: PATH CITED IGT FY 2026-2027

Project ID: 10043253

Proposal ID: CTR00005299

Fund ID: 11580

Version ID: V101
Authority ID: 10001
Activity ID: 0001

****Disability Access Checklist** (Department must forward a copy of all completed Grant Information Forms to the Mayor's Office of Disability)**

13. This Grant is intended for activities at (check all that apply):

- | | | |
|--|---|--|
| <input checked="" type="checkbox"/> Existing Site(s) | <input type="checkbox"/> Existing Structure(s) | <input type="checkbox"/> Existing Program(s) or Service(s) |
| <input type="checkbox"/> Rehabilitated Site(s) | <input type="checkbox"/> Rehabilitated Structure(s) | <input type="checkbox"/> New Program(s) or Service(s) |
| <input type="checkbox"/> New Site(s) | <input type="checkbox"/> New Structure(s) | |

14. The Departmental ADA Coordinator or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local disability rights laws and regulations and will allow the full inclusion of persons with disabilities. These requirements include, but are not limited to:

1. Having staff trained in how to provide reasonable modifications in policies, practices and procedures;
2. Having auxiliary aids and services available in a timely manner in order to ensure communication access;
3. Ensuring that any service areas and related facilities open to the public are architecturally accessible and have been inspected and approved by the DPW Access Compliance Officer or the Mayor's Office on Disability Compliance Officers.

If such access would be technically infeasible, this is described in the comments section below:

Comments:

Departmental ADA Coordinator or Mayor's Office of Disability Reviewer:

Toni Rucker, PhD

(Name)

DPH ADA Coordinator

(Title)

Date Reviewed: 2/3/2026 | 2:24 PM PST

DocuSigned by:

AG4292F7334F44D...
 (Signature Required)

Department Head or Designee Approval of Grant Information Form:


Daniel Tsai

(Name)

Director of Health

(Title)

Date Reviewed: 2/17/2026 | 5:25 PM PST

Signed by:

40CFE26DD9B4464...
 (Signature Required)

**California Providing Access and Transforming Health
Capacity and Infrastructure, Transition, Expansion and Development Program –
Intergovernmental Transfer**

Acknowledgement of Grant Terms and Conditions

As an express condition of receiving grant funds from the California Department of Health Care Services (DHCS) under the Capacity and Infrastructure, Transition, Expansion and Development (CITED) Program – Intergovernmental Transfer (IGT), which is part of the California Providing Access and Transforming Health (“PATH”) Initiative,

San Francisco Health Network _____ (Awardee), whose business address is **1001 Potrero Avenue, San Francisco, CA 94110** _____ and whose Federal Tax Identification Number is **94-6000417** _____, hereby warrants and guarantees that it will comply with all applicable federal, state, and local laws and regulations, as well as with as the following terms and conditions:

- I. Role of Third-Party Administrator.** DHCS has designated Public Consulting Group LLC (PCG) as the Third-Party Administrator (TPA), to administer the grant program and to communicate with Awardee with respect to grant administration in connection with the CITED Program. Awardee understands that the TPA is acting solely as a third-party administrator on behalf of DHCS and is not liable or responsible for DHCS decisions or actions. Awardee hereby releases and holds harmless the TPA and its officers, agents, employees, representatives, and/or designees from and against any liability, actions, claims, demands, or suits, and all related costs, attorney fees, and expenses arising out of, or relating to the receipt of grant funds. DHCS shall not be liable to Awardee for any incidental, indirect, special, punitive, or consequential damages, including, but not limited to, such damages arising from any type or manner of commercial, business, or financial loss, even if PCG or DHCS had actual or constructive knowledge of the possibility of such damages and regardless of whether such damages were foreseeable. Awardee hereby releases and holds harmless DHCS and its officers, agents, employees, representatives, and/or designees from and against any liability, actions, claims, demands, or suits, and all related costs, attorney fees, and expenses arising out of, or relating to receipt of grant funds and associated activities in connection with CITED.

II. Eligibility. To receive grant funds under this program, the Awardee must be actively contracted with a Medi-Cal Managed Care Plan (MCP) or an MCP's authorized subcontractor or other entity authorized to contract with for the provision of Enhanced Care Management (ECM) and/or Community Supports, or have a signed attestation letter from an MCP or an MCP's authorized subcontractor or other entity authorized to contract with that they strongly intend to contract with Awardee to provide ECM and/or Community Supports within the timeframe of these Terms and Conditions. If the intent or ability to contract with an MCP has changed, ended, or been altered, Awardee must contact the TPA within twenty-four (24) hours to advise of this change. If there is no longer a contract as enumerated above or documented intent to contract, the grant may be terminated pursuant to Section VI, below. To receive grant funds through CITED-IGT, the Awardee must contribute the non-federal share through IGT. Entities eligible to apply for CITED-IGT include: cities, counties, other local government agencies and public hospitals.

III. Use of Funding.

- a. Awardee Project Plan. The awardee shall use grant funds exclusively to implement the project plan as outlined in the awardee's submitted and approved grant application, unless otherwise approved by the TPA and DHCS.
- b. Program Guidance and Conditions. In using the funds to implement the project plan, Awardee must follow all terms, conditions, and guidelines provided in the CITED Program guidance, found at www.ca-path.com, and in these Terms and Conditions.
- c. Changes and Modifications. Changes and modifications made to the submitted and approved grant application or to the program guidelines may be proposed by Awardee in writing and are subject to the approval of DHCS. No change or modification will be valid without the approval of DHCS.
- d. Expiration of Funds. It is agreed that all funds awarded must be completely expended by the last progress report available. Failure to comply with this requirement will result in the recoupment of available funds.
- e. Discontinued Services. It is agreed that all funds awarded must be used on services that have not been discontinued by the MCP. Funds must be

used on eligible services that are offered by the MCP in the service area where CITED funds will be used.

IV. Grant Amount and Method of Payment.

- a. Grant Amount. The total grant amount awarded to Awardee shall not exceed \$ 2,749,633.88. Awardee acknowledges that the grant amount has been determined by DHCS and will not be negotiated. Awardee shall certify that the funds transferred qualify for federal financial participation pursuant to 42 Code of Federal Regulations (CFR) part 433, subpart B, and not derived from impermissible sources.
 - i. The IGT funds will qualify for federal financial participation per 42 CFR part 433, subpart B, and will not be derived from impermissible sources, such as recycled Medicaid payments, federal money excluded from use as a state match, impermissible taxes, and non-bona fide provider-related donations, per STC 126.a. Sources of non-federal funding shall not include provider taxes or donations impermissible under section 1903(w) of the Social Security Act, impermissible IGT from providers, or federal funds received from federal programs other than Medicaid (unless expressly authorized by federal statute to be used for claiming purposes, and the federal Medicaid funding is credited to the other federal funding source). For this purpose, federal funds do not include Public Hospital Redesign and Incentives in Medi-Cal (PRIME) payments, patient care revenue received as payment for services rendered under programs such as the Designated State Health Programs, Medicare, or Medicaid.

Total Fund (Award Amount)	State Share IGT (Awardee Contribution)	Federal Share
\$ 2,749,633.88	\$ 1,374,816.94	\$ 1,374,816.94

- b. Method of Payment. Following the receipt and approval of Awardee’s CITED-IGT Progress Report, DHCS will issue requests to Awardee for the necessary IGT amounts, provided Awardee has submitted all required information, forms, and documentation, including Awardee’s signature on this Acknowledgement, required to facilitate payment. Awardee shall make IGT of funds to DHCS in the amount specified within seven (7) days of

receiving the State’s request. If the IGTs are made within the requested timeframe, DHCS will issue the payment within fourteen (14) days after the transfers are made.

- c. Reliance on Provided Information. DHCS and the TPA are entitled to rely on the accuracy and completeness of information provided by Awardee in the disbursement of grant funds.

V. Reporting Requirements.

- a. Quarterly Reports. Awardee is required to submit semi-annual progress reports to the TPA through secured data portal specified by DHCS and PCG every six (6) months until the final project milestones described in the submitted and approved grant application are met. Each progress report must include a detailed description of completed milestones, status of activities for that quarter, and any deviations from the agreed-upon milestones. Awardee should expect to include documentation providing proof that expenditures were made for permissible items and activities as described in the approved application.
- b. Reporting Schedule. The reporting schedule is as follows:

CITED Round 4 IGT Awardees				
Progress Report	Report Measurement Period	Open Date	Due Date	Month of Funds Disbursement (Estimate)
Midway	January 1, 2026 – June 30, 2026	June 23, 2026	July 15, 2026	October 2026
Final	July 1, 2026 – December 31, 2026	December 21, 2026	January 15, 2027	April 2027

- c. Failure to Report. If Awardee fails to submit any semi-annual report within five (5) calendar days of the report becoming due, DHCS may terminate the grant pursuant to Section VII, below.

VI. Additional DHCS Terms and Conditions.

- a. Funding received through the CITED Program will not duplicate or supplant¹ funds received through previous CITED funding rounds; other programs or initiatives; or by other federal, state, or local funding sources.
- b. DHCS may, in its reasonable discretion, modify payment dates or amounts and will notify Awardee of any such changes in writing.
- c. DHCS or the TPA may conduct outreach to any Awardee to request additional information, ask questions, or seek clarification on information provided in a CITED Application or CITED Progress Report. If outreach is conducted by DHCS or the TPA, Awardee must respond within three (3) business days, unless an alternative timeline is approved by DHCS or the TPA. Failure to respond within this timeframe may result in delay or deferred fund disbursement.
- d. Awardee may be subject to audit or inquiry with respect to the receipt and use of grant funds at any time. Awardee must respond to inquiries, communications, and reasonable requests for additional information or documentation from DHCS or the TPA within one (1) business day of receipt and must provide any requested information within three (3) business days, unless an alternative timeline is approved by DHCS or the TPA.
- e. Awardee must alert DHCS and the TPA within twenty-four (24) hours of identifying any circumstances that prevent carrying out any of the activities described in the submitted and approved grant application or of identifying any circumstances that prevent provision of the non-federal share via IGT. In such cases, Awardee may be required to return unused funds to DHCS if an alternative solution cannot be reached.

¹ Other federal, state, or local funding sources and programs that are complementary to or enhance PATH funds will not be considered supplanted by PATH funds or duplicate reimbursement. If applicable, Awardee must describe how similar or related services and activities supported by other federal, state or local funding sources are complemented or enhanced by efforts funded by PATH. For example, if other funding 1) may allow additional/different populations to be served or 2) may allow additional/different services to be provided beyond those funded by PATH. To the extent otherwise allowable PATH activities are reimbursed by other federal, state, or local programs, PATH funding must not duplicate such reimbursement.

- f. All inquiries and notices relating to this Agreement should be directed to the representatives listed below:

Department of Health Care Services, Managed Care Quality & Monitoring Division	Organization's Name: San Francisco Health Network
Branch Chief, Managed Care Programs Oversight Branch	Title:
Attention: Michel Huizar	Attention:
Email: 1115path@dhcs.ca.gov	Email:

General CITED Program questions may be directed to cited@ca-path.com
cited@ca-path.com

- g. DHCS and the TPA may rely on the authority of the above-named individual to speak and act on behalf of Awardee. Either party may make changes to the information above by providing written notice to the other party within twenty-four (24) hours. Said changes shall not require an amendment to this Agreement.
- h. The awardee will retain all records and documentation related to the receipt and use of PATH grant funds for no less than three (3) years beyond the date of final payment and will make such records available for complete inspection by DHCS upon request.
- i. DHCS reserves the right to receive, use, and reproduce all reports and data produced, delivered, or generated by or about Awardee and its activities pursuant to this grant and may authorize others to do so without limitation, except as restricted by applicable law.
- j. Awardee will not unlawfully discriminate against any person because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status in the conduct of any activity funded by DHCS.
- k. Awardee expressly agrees and acknowledges that DHCS is a direct beneficiary of the Terms and Conditions with respect to all obligations and

functions undertaken pursuant to the Terms and Conditions, and DHCS may directly enforce all provisions of the Terms and Conditions.

- I. Awardee is required to provide a signed contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with to provide ECM and/or Community Supports services. Alternatively, Awardee may submit a signed agreement indicating that the MCP or the MCP's authorized subcontractor or other entity authorized to contract with intends to contract with Awardee for the provision of ECM and/or Community Supports.
 - i. If the awardee does not provide a signed contract by the last progress report, then the TPA will be withholding 5% or \$5,000, whichever is lower.
- m. If the Awardee's above documentation is terminated and the awardee does not have another qualifying document that meets the above criteria, the awardee is precluded from receiving additional CITED funding until they provide the TPA and / or DHCS proof of a qualifying document as outlined above.
- n. If Awardee's existing ECM/Community Supports contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with is terminated and Awardee does have an approved contract or intent-to-contract with another MCP or an MCP's authorized subcontractor or other entity authorized to contract with, Awardee is precluded from receiving additional CITED funding until they provide the TPA and/or DHCS proof of an existing ECM/Community Supports contract or intent to contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with.

VII. Termination. Upon written notice to Awardee, DHCS may terminate the grant award in any of the following circumstances:

- a. If Awardee fails to perform any one or more of the requirements set forth in these Terms and Conditions;
- b. If any of the information provided by Awardee to DHCS or to the TPA is untruthful, incomplete, or inaccurate;
- c. Upon Awardee's debarment or suspension by competent authority, if such debarment or suspension precludes any activity funded by the grant;

- d. Upon Awardee's indictment in any criminal proceeding;
- e. If Awardee is reasonably suspected of fraud, forgery, embezzlement, theft, or any other misuse of public funds;
- f. If DHCS does not receive or maintain sufficient funds to administer the program;
- g. If any restriction, limitation, or condition is enacted by Congress or by any other governing body or agency that impedes the funding or administration of the grant; or
- h. For any other purpose deemed necessary or advisable by DHCS.

In the case of early termination, Awardee may be subject to audit, recoupment by DHCS of unused or misused funds, and/or preclusion from receiving additional funding, dependent upon the circumstances of the termination.

IN WITNESS THEREOF, APPLICANT has executed this Acknowledgment as of the date set forth below.

APPLICANT

(Signature)

(Printed Name and Title)

Date

Certificate Of Completion

Envelope Id: 1F7674A1-8E9B-40AC-98A5-B438226B0FE7	Status: Delivered
Subject: Complete with DocuSign: CITED-IGT Terms and Conditions R4	
Source Envelope:	
Document Pages: 8	Signatures: 0
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Roman Singh
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	1501 Capitol Ave
	Sacramento, CA 95814-5005
	Roman.Singh@dhcs.ca.gov
	IP Address: 158.96.4.13

Record Tracking

Status: Original	Holder: Roman Singh	Location: DocuSign
12/2/2025 3:04:13 PM	Roman.Singh@dhcs.ca.gov	
Security Appliance Status: Connected	Pool: FedRamp	
Storage Appliance Status: Connected	Pool: Department of Health Care Services (CA DHCS)	Location: Docusign

Signer Events

Signer Events	Signature	Timestamp
Roman Singh	Completed	Sent: 12/2/2025 3:05:18 PM
Roman.Singh@dhcs.ca.gov		Viewed: 12/2/2025 3:05:26 PM
AGPA		Signed: 12/2/2025 3:07:53 PM
DHCS	Using IP Address: 158.96.4.13	
Security Level: Email, Account Authentication (None)		
Electronic Record and Signature Disclosure:		
Not Offered via DocuSign		

jenny louie	Sent: 12/2/2025 3:07:54 PM
jenny.louie@sfdph.org	Viewed: 12/8/2025 2:31:05 PM
Chief Operating Officer	
CCSF - DPH	
Security Level: Email, Account Authentication (None), Login with SSO	
Electronic Record and Signature Disclosure:	
Accepted: 5/11/2023 4:29:30 PM	
ID: 2150e773-064f-464d-aa75-edd9e8936216	

In Person Signer Events	Signature	Timestamp
Editor Delivery Events	Status	Timestamp
Agent Delivery Events	Status	Timestamp
Intermediary Delivery Events	Status	Timestamp
Certified Delivery Events	Status	Timestamp
Carbon Copy Events	Status	Timestamp
Witness Events	Signature	Timestamp
Notary Events	Signature	Timestamp
Envelope Summary Events	Status	Timestamps
Envelope Sent	Hashed/Encrypted	12/2/2025 3:05:19 PM

Envelope Summary Events	Status	Timestamps
Certified Delivered	Security Checked	12/8/2025 2:31:05 PM
Payment Events	Status	Timestamps
Electronic Record and Signature Disclosure		

PROCESSED

Parties agreed to: jenny louie

ELECTRONIC RECORD AND SIGNATURE DISCLOSURE

From time to time, Department of Health Care Services (CA DHCS) (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for **providing** to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

Getting paper copies

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

Withdrawing your consent

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

Consequences of changing your mind

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

All notices and disclosures will be sent to you electronically

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

How to contact Department of Health Care Services (CA DHCS):

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: Russ.Rogers@dhcs.ca.gov

To advise Department of Health Care Services (CA DHCS) of your new e-mail address

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at Russ.Rogers@dhcs.ca.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

To request paper copies from Department of Health Care Services (CA DHCS)

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to Russ.Rogers@dhcs.ca.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

To withdraw your consent with Department of Health Care Services (CA DHCS)

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to Russ.Rogers@dhcs.ca.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

Required hardware and software

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"> • Allow per session cookies

- | |
|---|
| <ul style="list-style-type: none">• Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection |
|---|

** These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

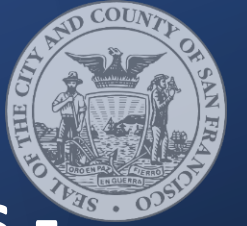
Acknowledging your access and consent to receive materials electronically

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Department of Health Care Services (CA DHCS) as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Department of Health Care Services (CA DHCS) during the course of my relationship with you.

Accept and Expend Grant:



File 260182: California Department of Health Care Services -
Capacity and Infrastructure, Transition, Expansion and Development
(CITED) Round 4 Program -
Intergovernmental Transfer (IGT)

BOS Budget & Finance Committee

Alex Boyder, Administrative Analyst, San Francisco Health Network

March 11, 2026

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Overview of File 260182



Capacity and Infrastructure, Transition, Expansion and Development (CITED) Round 4 Program - Intergovernmental Transfer (IGT):

- **Funder:** California Department of Health Care Services (DHCS)
- **Third Party Administrator:** Public Consulting Group LLC
- **Total Amount:** \$2,749,633.88
 - DHCS awarded \$1,374,816.94
 - SFDPH will provide \$1,374,816.94 in IGT
- **Timeline:** January 1, 2026, through December 31, 2026
- **Project:** Enhanced Care Management (ECM) and Community Supports (CS) programs as part of CalAIM
- **Resolution:** Requesting authority for DPH to retroactively accept PATH CITED Round 4 IGT grant with DHCS

Grant Summary



Grant Summary: PATH CITED is a grant program that provides funding to enable the transition, expansion and development of Enhanced Care Management (ECM) and Community Supports (CS) programs as part of CalAIM

- \$1.1M for implementation work on DPH's Electronic Health Record system (EPIC) for new CS programs
- \$591K for integrating EPIC with the Jail's system to support the CalAIM Justice Involved Initiative
- \$563K for increased EPIC license fees attributable to the new CS and ECM programs
- \$247K for retroactive salary reimbursement for staff who worked on new CS and ECM programs under CalAIM
- \$215K for setting up Asthma Remediation as new CS program

Retroactivity



We are seeking **retroactive authorization** to accept this grant.

- The project period for this grant began January 1, 2026, and goes through December 31, 2026.
- SFDPH received initial notice of this grant award on November 18, 2025. SFDPH received final approval of the budget from the grantor on January 16, 2026, after the project start date.
- DPH brought this item to the BOS after going through the fiscal approvals process, including Controller's Office review and approval.



Conclusion

DPH respectfully requests retroactive approval of this item. Thank you!

Original Budget Activities/Line Items											
Budget Activity/Line Item	Original Description/Justification	Total Amount Requested	Total Revised Amount Requested	Total Approved Funding	Approved Funding Reasons/Justifications	Updated Total Amount Requested <i>If no changes from the Approved Amount, please copy the number from column F.</i>	Description/Justification for Updated Funding Request <i>Enter N/A if not applicable.</i>	Updated Total Approved Funding	Updated Approved Funding Reasons/Justifications	Names	SFDPH Personnel
IS Project Director	Our Metrics and Data Integrity manager provides back-end IT support and oversight of MADI staff for CalAIM	\$23,244.99	\$27,893.99	\$27,893.99	No changes to the revised amount.	\$27,893.99	n/a	\$27,893.99	No changes to the requested amount.	Jackie Haslam (SFDPH)	Y
ECM Medical Director	Responsible for oversight of all SF DPH ECM Teams. They provide clinical oversight that is necessary for the program to function.	\$386,701.07	\$386,701.07	\$77,340.21	Reduced to .2 FTE(s) based on CITED guidelines for executive positions.	\$77,340.21	n/a	\$77,340.21	No changes to the requested amount.	Lauren Goldman (UCSF)	UCSF
CalAIM Clinical Lead	Responsible for all CalAIM Community Support Clinical Support. Building referral pathways, documentation support, training.	\$35,700.00	\$42,840.00	\$42,840.00	No changes to the revised amount.	\$42,840.00	n/a	\$42,840.00	No changes to the requested amount.	Christina Wang (SFDPH)	Y
Chief Medical Officer	Co-Executive sponsor of CalAIM. Provides decision making and executive guidance on all CalAIM activities.	\$36,603.02	\$43,923.63	\$43,923.63	No changes to the revised amount.	\$43,923.63	n/a	\$43,923.63	No changes to the requested amount.	Todd Barrett (SFDPH)	Y
Chief Operating Officer	Co-Executive sponsor of CalAIM. Provides decision making and executive guidance on all CalAIM activities.	\$36,603.13	\$43,923.76	\$43,923.76	No changes to the revised amount.	\$43,923.76	n/a	\$43,923.76	No changes to the requested amount.	Jenny Louie (SFDPH)	Y
Home Modifications Program Manager	The Home Modifications Program Manager has been working to establish a DPH Home Modifications program and deals with all referrals to outside CS's for Home Modifications	\$204,830.34	\$204,830.34	\$204,830.34	No changes to the requested amount.	\$0.00	SFDPH has decided to not become a Home Modifications Community Support Provider and thus,	\$0.00	No changes to the requested amount.		
IS Business Analyst Principal	Will be responsible for working with Epic Contractors to set up all new CS programs in our EHR system	\$128,003.66	\$128,003.66	\$0.00	Removed as potentially duplicative of previous CITED funding received. Applicant received 17 months of funding for 2 FTE of this position in 2025.	\$0.00	n/a	\$0.00	No changes to the requested amount.		
Server	This is the yearly cost for our CalAIM database that houses all of the CalAIM back end data. The CalAIM database is necessary for ongoing reporting.	\$5,950.60	\$5,950.60	\$5,950.60	No changes to the requested amount.	\$5,950.60	n/a	\$5,950.60	No changes to the requested amount.		
Epic Infrastructure	Due to significant increase in jail census, additional housing units have been opened by the Sheriff's Office. In order to provide healthcare, including all aspects of CalAIM JI mandates, in these new locations, JHS requires access to the full functionality of the electronic medical record at the point of care. This is dependent on Epic infrastructure. Additionally, ECM and Behavioral Health in-reach is dependent on WiFi connectivity for documentation and telehealth	\$4,000,000.00	\$4,000,000.00	\$800,000.00	Reduced funding for Epic Infrastructure to 20% of requested funding based on percentage dedicated to ECM and / or Community Supports.	\$563,682.80	We do not believe we will be able to fully complete the project within 2026 and a portion of the award would go unspent.	\$563,682.80	No changes to the requested amount.		
Ultrasound Training	Training for our Street Medicine ECM providers to do sonograms for pregnant patients. They frequently serve pregnant patients, and this would enhance their ability to provide quality services for their clients.	\$10,000.00	\$10,000.00	\$0.00	Removed as unallowable based on CITED guidelines.	\$0.00	n/a	\$0.00	No changes to the requested amount.		
Epic IT Project Manager	Schedule and Facilitate planning with Epic analysts to optimize Epic EHR for patient registration, authorization requests, documentation, charging and billing workflows to meet MCP requirements. Together analyze current state of Epic documentation and create future state workflow. Manage IT project plan, schedule sessions, identify training needs, facilitate support and staff training of Epic Updates. This is necessary for all new ECM Teams and new Community Supports	\$780,000.00	\$780,000.00	\$0.00	Removed as potentially duplicative of previous CITED funding received. Applicant was approved for \$780,000 in funding for IT Project Manager in CITED Round 2 IGT.	\$0.00	n/a	\$0.00	No changes to the requested amount.		
Epic License Fee	Increased one-time licensing fees from Epic due to additional use of system for ECM and Community Supports. This is necessary for us to pay so we can add additional Recuperative Care CS's in the next year	\$1,500,000.00	\$1,500,000.00	\$300,000.00	Reduced funding for Epic License Fee to 20% of requested funding based on percentage dedicated to ECM and / or Community Supports.	\$300,000.00	n/a	\$300,000.00	No changes to the requested amount.		
Vans	Vans for night navigators and street team staff to link and provide clients transportation to our recuperative care, and drive and alcohol sobriety CS programs.	\$300,000.00	\$0.00	\$0.00	Removed by applicant during revision process.	\$0.00	n/a	\$0.00	No changes to the requested amount.		
Epic Contractors	They are needed to build the new CS programs within our EHR system and to set up billing and operational and clinical workflows.	\$1,071,996.40	\$1,071,996.40	\$1,071,996.40	No changes to the requested amount.	\$1,071,996.40	n/a	\$1,071,996.40	No changes to the requested amount.		
Original Budget Activities SubTotals		\$8,519,633.22	\$8,246,063.45	\$2,618,698.93		\$2,177,551.39		\$2,177,551.39			
New Budget Activities/Line Items											
Budget Activity/Line Item	Original Description/Justification	Total Amount Requested	Total Revised Amount Requested	Total Approved Funding	Approved Funding Reasons/Justifications	Updated Total Amount Requested <i>If no changes from the Approved Amount, please copy the number from column F.</i>	Description/Justification for Updated Funding Request <i>Enter N/A if not applicable.</i>	Updated Total Approved Funding	Updated Approved Funding Reasons/Justifications	Names	SFDPH Personnel

5210	Non-Personnel	\$1,230,058.78
Total		\$1,374,816.94

A&E Item #6

Position Title	Job Code	Annual Salary	Fringe Rate	Fringe Cost	Annual Salary + Fringe	Number of Months Requested	FTE	Total Approved Amount	Total Approved Salary	Total Approved Fringe		SFDPH Personnel	
IS Project Director	1070	\$211,896.00	32%	\$67,043.89	\$278,939.89	1	0.083	\$27,893.99	\$18,967.91	\$8,926.077	Jackie Haslam (SFDPH)	Y	
ECM Medical Director	UCSF Employee	\$305,210.00	27%	\$81,491.07	\$386,701.07	2	0.167	\$77,340.21	\$56,458.35	\$20,881.857	Lauren Goldman (UCSF)	UCSF	
CalAIM Clinical Lead	2230	\$340,162.00	26%	\$88,238.02	\$428,400.02	1	0.083	\$42,840.00	\$31,701.60	\$11,138.400	Christina Wang SFDPH)	Y	
Chief Medical Officer	1165	\$344,391.00	28%	\$94,845.28	\$439,236.28	1	0.083	\$43,923.63	\$31,625.01	\$12,298.616	Todd Barrett (SFDPH)	Y	
Chief Operating Officer	1165	\$344,392.00	28%	\$94,845.56	\$439,237.56	1	0.083	\$43,923.76	\$31,625.11	\$12,298.653	Jenny Louie (SFDPH)	Y	
								\$235,921.59	\$170,377.99	\$65,543.60			
								SFDPH - Employees	\$158,581.38	\$113,919.63	\$44,661.75		
								UCSF	\$77,340.21	\$56,458.35	\$20,881.86		
								TTL:	\$235,921.59	\$170,377.99	\$65,543.60		

Account	Description	50% Amount
5010	Salaries	\$56,959.82
5130	Fringe Benefits	\$22,330.87
5210	Non-Personnel	\$1,230,058.78

100% Amount
\$113,919.63
\$44,661.75
\$2,460,117.55

Total: \$1,309,349.47

\$2,618,698.93

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH
San Francisco Health Network
PATH CITED IGT Round 4
January 1, 2026 - December 31, 2026

		Federal Share	Non-Federal Share	Total
		01/01/2026-12/31/2026	01/01/2026-12/31/2026	Amount
	Personnel -			
	IS Project Director	9484	9484	18968
	Physician Specialist	15851	15851	31702
	Manager	15813	15813	31625
	Manager	15813	15813	31625
	Fringe Benefits	22331	22331	44662
	Contractual			
	ECM Medical Director	38670	38670	77340
	Server	2975	2975	5951
	Epic Infrastructure	281841	281841	563683
	Epic License Fee	150000	150000	300000
	Epic Contractors	535998	535998	1071996
	Asthma Remediation Community Support	102415	102415	204830
	Additional Epic License Fees for CS/ECM	118159	118159	236317
				0
	Indirect Costs	65467	65467	130935
Total		1374817	1374817	2749634



Application Detail

Application ID	1707628
Submitted	May 2, 2025
Status	In progress
Applicant(s)	Kathleen Reed (kathleen.reed@sfdph.org) Alex Boyder (alexander.boyder@sfdph.org)
Program and cycle	CITED Application Round 4 Round 4
Tags	No tags
Forms	CITED Application Round 4

CITED Application Round 4

Submitted on May 2, 2025

Kathleen Reed
kathleen.reed@sfdph.org

Introduction

Introduction



Introduction

Thank you for your interest in the Capacity and Infrastructure Transition, Expansion, and Development (CITED) Initiative. Before beginning this application, please review the eligibility criteria, allowable uses and unallowable uses for funds, and other important information available on the [PATH CITED website](#). It is highly recommended that all applicants read the [guidance document](#) and attend an informational session or virtual office hour before beginning this application to prepare all materials required for submission and ensure that the submitted funding request meets the minimum eligibility requirements.

The CITED Round 4 application period will be open on January 6, 2025.

To request CITED funding, eligible entities must complete the online application in its entirety, submit all required attachments, and provide the necessary signatures by May 2, 2025.

Please Note: the CITED Application must be electronically signed by each applicant organization's authorized signatory to be considered complete.

For technical assistance with this application, please contact:

By Email: cited@ca-path.com (With the subject line including "CITED Round 4")

By Phone: (866) 529-7550

What information is needed and required to complete the application?

The application will collect the following information from applicants, at a minimum:

- Organizational information, including organization size, populations served, and relevant **experience** providing or supporting the delivery of Enhanced Care Management (ECM) and / or Community Supports (See pages 8-10 of the [CITED Round 4 Guidance Document](#) for additional details);

- **Clear and detailed funding request** that describes the intended uses of CITED funds (See pages 10-19 of the [CITED Round 4 Guidance Document](#) for additional details);
- Detailed explanation of **why funds are needed** to help with the transition, expansion, development, and improvement of ECM and / or Community Supports services (See pages 9-10 of the [CITED Round 4 Guidance Document](#) for additional details);
- Description of **approach to sustaining items / activities / staff** funded via CITED after CITED funding ends (See pages 9-10, and 33 of the [CITED Round 4 Guidance Document](#) for additional details);
- Explain how the applicant will work with MCPs and other stakeholders to ensure coordination and prevent funding overlap, including whether the applicant previously sought IPP, CITED, DxF, TA Marketplace, or other CalAIM-related funds (See pages 9 and 12-13 of the [CITED Round 4 Guidance Document](#) for additional details);
- Description of how funding request will align with various goals, including, but not limited to, CalAIM goals, filling gaps in infrastructure identified by DHCS, needs identified through the collaborative planning and implementation (CPI) initiative (See pages 9-10 and 33-34 of the [CITED Round 4 Guidance Document](#) for additional details), and;
- Copy(ies) of all executed contract(s) in the State of California for the provision of ECM and / or Community Supports. Contract(s) should align with the county and services the applicant proposes to serve using CITED Round 4 funding. A current list of MCPs by county can be found [here](#).
 - If the applicant is in the process of being contracted, a copy(ies) of a signed attestation letter from the MCP, their authorized subcontractor, or another authorized entity must confirm their intent to contract with the applicant in a timely manner for the provision of ECM / Community Supports (See pages 4-6, 8-9 and 26-28 of the [CITED Round 4 Guidance Document](#) for additional details).
 - If awarded, applicants will need to provide executed contract(s), or updates on contracting with MCPs in their quarterly progress reports.
 - Signed contracts and / or attestation letters should include at a minimum:
 - Identification of ECM and populations of focus served and / or Community Supports provided that would be supported with CITED funds;
 - Identification of the counties where the service(s) will be offered;
 - Completed signature page (Contracts must be signed by both the MCP and the applicant) and;
 - A date demonstrating the contract is current.
 - Contracts and / or addendums are considered current if they have an effective start date of no earlier than January 1, 2022
 - Attestation Letters, demonstrating intent to contract, must be from within the past 24 months

Applicant Information

Applicant Information

The purpose of this section is to collect general information about the applicant organization. Please complete all the information requested below (See the [CITED Round 4 Guidance Document](#) for additional details).

Organization Name

Please enter the organization’s full legal name.*

San Francisco Health Network

Primary Organization Type

See pages 36-44 of the [CITED Round 4 Guidance Document](#) for definitions and examples of the organization types below.

Please select ONE of the following organization types that best fits the applicant organization, based on the Organization Type Definitions. *

County / City / or Local Government Agency

Secondary Organization Type

See pages 36-44 of the [CITED Round 4 Guidance Document](#) for definitions and examples of the organization types below.

Please select ALL additional secondary organization types that fit the applicant organization, based on the Organization Type Definitions. *

County City or Local Government Agency
Federally Qualified Health Center (FQHC) or FQHC Look-Alike
Public Hospital / Hospital System or District / Municipal Public Hospital / Hospital System
County Behavioral Health Department

Organizations Applying as a Hub Entity

Is this organization applying for CITED funds as a hub, or hub-like entity, on behalf of other provider(s) or CBO(s)?*

Is this organization applying for CITED funds as a hub, or hub-like entity, on behalf of other provider(s) or CBO(s)? *

No

Organization Contact

Enter Employer Identification Number

94-6000417

Enter National Provider Identifier (NPI):

If your organization does not have an NPI, please leave blank.

No answer

* Organization Street Address:*

101 Grove St

Organization Street Address:

No answer

City:*

San Francisco

Organization Website:*

https://www.sf.gov/departments--department-public-health--san-francisco-health-network

County*

San Francisco

State*

California

Zip:*

94102

Entity Type

Please select your entity type.*

Government Entity (includes County, City, or Local Government Agencies, Public Universities, and Public Hospitals)

If you are not selected for CITED funding in this round, are you interested in receiving Intergovernmental transfer (IGT) application review to potentially receive funds from this source?*

By selecting that you are interested in exploring the opportunity to receive IGT funds you are not obligated to accept the CITED-IGT award if selected. Entities awarded CITED-IGT are required to provide the 50% local match to draw down the 50% federal fund match. *

Yes

If selected for IGT, will you have the required 50% match?*

Yes

Primary Contact

The below information represents the Authorized Representative of the applying Organization.

First Name*

Kathleen

Is the Primary Contact's address the same as the Organization's address? *

Yes

Last Name*

Reed

Title*

Community Supports Program Manager

Phone Number*

(530)220-3826

Email*

kathleen.reed@sfdph.org

Third Party Representative

Is the primary contact a third party entity completing the application on behalf of the organization (e.g., a grant writer that is external to the applicant's organization)?*

Is the primary contact a third party entity completing the application on behalf of the organization (e.g., a grant writer that is external to the applicant's organization)? *

No

About This Organization

How long has your organization been in operation in California?*

Does your organization operate outside of California?*

How long has this organization been in operation in California? *

Does your organization operate outside of California? (See LINK for additional details) *

11 or more years

No

Is your organization based / headquartered in California?*

What is your organization's average annual operating budget?*

My organization based/headquartered in California?*

Please note that the information provided in this question will not impact an applicant's overall score and is for informational purposes only. *

Yes

\$50 million or more

CITED Eligibility

CITED Eligibility

Applicants must upload signed contract(s) or signed attestation letter(s) from a Managed Care Plan(s) (MCP), or an MCP's authorized subcontractor(s) / network provider(s), demonstrating the applicant's intent to become an ECM / Community Supports provider for every ECM POF or Community Support that would be supported by the requested CITED funding. Documentation must clearly indicate the counties where the service will be offered. A memorandum of understanding (MOU) may be accepted if the applicant is a Tribe, Indian Health Organization, or Urban Indian Organization.

Signed contracts and / or attestation letters should include at a minimum:

- Identification of ECM and Populations of Focus served and / or Community Supports provided that would be supported with CITED funds;
- Identification of the counties where the service(s) will be offered;
- Completed signature page (contracts must be signed by both parties, attestation letters must be signed by the MCP);
- The effective date of the contract to demonstrate the contract is current.

Documentation of contract status is required for all MCPs you are contracted or intending to contract with to provide the services included in your CITED request.

[Please click here to view the managed care plans by county as of 2023 and 2024.](#)

What is your current contracting status for ECM and / or Community Support services you plan to provide and / or develop with CITED funds?*

What is your current contracting status for ECM and / or Community Support services you plan to provide and / or develop with CITED funds?

Fully contracted with at least 1 MCP

How many MCPs does your organization intend to contract with, currently contract with, or have an MOU with (if the applicant is a Tribe, Indian Health Organization, or Urban Indian Organization) for ECM and / or Community Support services you plan to provide and / or develop with CITED funds?*

How many MCPs does your organization intend to contract with, currently contract with, or have an MOU with (if applicant is a Tribe, Indian Health Organization, or Urban Indian Organization) for ECM and / or Community Support services you plan to provide and / or develop with CITED funds? *

2

For each identified ECM Population of Focus or Community Support that would be supported through your requested CITED funding, select all the MCPs you contract with or have a signed attestation letter demonstrating intent to contract with (or MOU / other documentation for Tribes, Indian Health Programs, or Urban Indian Organizations).*

- If the plan that you contract with operates in multiple counties, please ensure you provide the contract that represents all the counties in which you plan to utilize CITED funds.
- If you have a subcontract with an MCP's authorized subcontractor, please see page 6 of the [CITED Round 4 Guidance Document](#) for additional details.

Please select all that apply.*

Anthem Blue Cross Partnership Plan
San Francisco Health Plan

Anthem Blue Cross Partnership Plan

Please select the type of supporting documentation uploaded for Anthem Blue Cross Partnership Plan:*

Signed ECM and Community Supports Contract with MCP

San Francisco Health Plan

Please select the type of supporting documentation uploaded for San Francisco Health Plan:*

Signed ECM and Community Supports Contract with MCP

Document Upload

Please upload the appropriate documentation to demonstrate the current contracted status. All documentation provided should include, at a minimum:

- A completed signature page including applicant and MCP names (must be signed by both parties);
- Identification of populations of focus receiving ECM and / or which Community Supports will be supported with CITED funds;
- Identification of the counties where the service(s) will be offered;
- A date demonstrating the contract is current.

Please note: Files must be JPEG, JPG, PNG, or PDF with maximum size of file for upload is 10MB.*

CITEDR4AppDocUpload1

See MC_CalAIM_CS_SFHP_SFHN_2022_Agreement.pdf

CITEDR4AppDocUpload1

See MC_CalAIM_ECM_CS_Anthem_SFHN_2022_Agreement.pdf

CITEDR4AppDocUpload1

See MC_SFHN_SFHP_2023-2025_Agreement_FFS (SFN & CLN) (ECM only).pdf

Additional Funding Considerations

Applications, and accompanying funding requests, should consider (1) needs identified in local MCP Needs Assessment and [Gap Filling Plans](#) (developed as part of the Incentive Payment Program [IPP]), (2) needs identified in local homelessness plans (developed as part of the Housing and Homelessness Incentive Program), and (3) needs identified in the PATH Collaborative Planning and Implementation (CPI) initiative.

Applications should include strategies to avoid duplication and supplantation of other funding sources (e.g., IPP or other federal, state, local funds) as well as services paid for by Medi-Cal. Applicants are encouraged to coordinate requirements with local MCPs (including those entering the county starting in 2024) or the authorized subcontractor or network provider that they contract with or strongly intend to contract with to provide ECM / Community Support

services. Applicants are strongly encouraged to seek [IPP funding](#) for their request from MCPs, apply for Technical Assistance (TA) offered in the [TA Marketplace](#), and explore funding opportunities related to the [Data Exchange Framework](#) before seeking PATH funding from CITED.

Please note that other federal, state, or local funding sources and programs that are complementary to or enhance PATH funds will not be considered supplanted by PATH funds or duplicate reimbursement. If applicable, applicants must describe how similar or related services and activities supported by other federal, state, or local funding sources are complemented or enhanced by efforts funded by PATH. For example, if other funding 1) does not fully reimburse activities, 2) may allow additional / different populations to be served or 3) may allow additional / different services to be provided beyond those funded by PATH. To the extent that otherwise allowable PATH activities are reimbursed by other federal, state, or local programs, PATH funding must not duplicate such reimbursement.

Please indicate if this organization participated in the following programs and the amounts awarded if applicable.*

IPP Award Amount*

\$715,000.00 USD

PATH CITED Round 1 Award Amount*

\$3,862,930.00 USD

Please indicate if this organization participated in the following programs and the amounts awarded if applicable.*

PATH CITED Round 2 IGT Award Amount*

\$3,225,678.96 USD

Incentive Payment Program (IPP)
 PATH CITED Round 1
 PATH CITED Round 2 IGT
 Whole Person Care (WPC) pilot
 PATH Technical Assistance (TA) Marketplace

Whole Person Care (WPC) pilot Award Amount*

\$8,130,059.30 USD

PATH Technical Assistance (TA) Marketplace Award Amount *

(If you are a TAM recipient, please indicate how much funding was / is dedicated to the approved project. If you are a TAM vendor, please indicate how much funding has been dedicated to your organization.)

\$135,228.75 USD

Please describe how you will ensure there is no duplication or supplanting of funding between this request and any other funding source, including those sources listed above or any other local, state, or federal funding source.*

Please describe how you will ensure there is no duplication or supplanting of funding between this request and any other funding source, including those sources listed above or any other local, state, or federal funding source.*

All funding sources are carefully tracked and documented so we can avoid duplicating funding requests. Our CITED funding requests are for different projects than what we have applied for in IPP.

Have you requested the same budget items included in this application via any other pending funding sources (i.e., IPP funding, TAM, etc.) for which you have not yet received your award or denial notification?*

- If **Yes**, please describe which budget items are duplicative of outstanding requests from other sources.
- if **No**, please enter N/A.

It is the responsibility of the applicant to notify the Third-Party Administrator (TPA) at cited@ca-path.com as soon as possible once you learn of the status of the pending funding sources. Failure to notify the TPA in a timely manner may affect the review of your application (See page 31 of the [CITED Round 4 Guidance Document](#) for additional details)

CITEDR4AppSameBudgetItems*

n/a

ECM and Community Support Services

Enhanced Care Management and Community Support Services

As a key part of CalAIM, [Enhanced Care Management \(ECM\)](#) is a statewide Medi-Cal benefit available to select [Populations of Focus](#) that will address clinical and non-clinical needs of the highest-need Members through intensive coordination of health and health-related services.

ECM Populations of Focus

Please only select the ECM populations of focus that will be served by this organization using CITED funds. If this organization does not provide ECM, please select Not Applicable.

Adult ECM Populations of Focus*

CITEDR4AppECMPopulationsAdultSelect*

Adult individuals and families experiencing homelessness
 Adults at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers)
 Adults with Serious Mental Illness (SMI) and / or Substance Use Disorder (SUD) Needs
 Adult individuals transitioning from incarceration
 Adults living in the community and at risk for long-term care (LTC) institutionalization
 Adult nursing facility residents transitioning to the community
 Adult Birth Equity

Children / Youth ECM Populations of Focus*

CITEDR4AppECMPopulationsYouthSelect*

Children / Youth experiencing homelessness
 Children / Youth at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers)
 Children / Youth with Serious Mental Illness (SMI) and / or Substance Use Disorder (SUD) Needs
 Children / Youth enrolled in California Children's Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition
 Children / Youth involved in or with a history of involvement in child welfare (including foster care up to age 26)
 Youth Birth Equity

Community Supports are services provided by Medi-Cal managed care plans (MCPs) to address Medi-Cal Members' health-related social needs, help them live healthier lives, and avoid costlier levels of care.

Community Supports*

Please only select the Community Supports that will be provided by this organization using CITED funds. If this organization does not provide Community Supports, please select Not applicable.

CITEDR4AppCommSupportsSelect*

- Housing Transition Navigation Services
- Housing Deposits
- Housing Tenancy and Sustaining Services
- Recuperative Care (Medical Respite)
- Sobering Centers

Please enter the estimated percentage of the funding request that will be allocated to each ECM Population of Focus (POF) or Community Support Service.

If you are requesting funding for one ECM POF or Community Support, enter 100% in the corresponding field. If you are requesting funding for multiple ECM POFs or Community Supports, enter the percentage dedicated to each. The total percentage across all POFs or Community Supports must equal 100%.

<p>Adult individuals and families experiencing homelessness</p> <p>2</p>	<p>* Children / Youth at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers)</p> <p>0</p>	<p>* Housing Tenancy and Sustaining Services</p> <p>1</p> <p>Recuperative Care (Medical Respite)</p> <p>* 80</p>	<p>* Sobering Centers*</p> <p>7</p> <p>Total*</p> <p>* 100</p>
<p>Adults at risk for avoidable hospital or emergency department (ED) utilization (formerly high utilizers)</p> <p>2</p>	<p>* Children / Youth with Serious Mental Illness (SMI) and / or Substance Use Disorder (SUD) Needs)</p> <p>0</p>	<p>* Children / Youth enrolled in California Children’s Services (CCS) / CCS Whole Child Model (WCM) with additional needs beyond the CCS qualifying condition</p> <p>0</p>	
<p>Adults with Serious Mental Illness (SMI) and / or Substance Use Disorder (SUD) Needs</p> <p>2</p>	<p>* Children / Youth involved in, or with a history of involvement in, child welfare (including foster care up to age 26)</p> <p>0</p>	<p>* Youth Birth Equity*</p> <p>0</p>	
<p>Adult individuals transitioning from incarceration</p> <p>1</p>	<p>* Housing Transition Navigation Services</p> <p>1</p>	<p>* Adult Birth Equity*</p> <p>1</p>	

Children / Youth experiencing homelessness 0

* Housing Deposits* 1

For each category below, please enter the number of Medi-Cal Members your organization currently serves per year, and the number of additional Medi-Cal Members your organization intends to serve per year with CITED funding.

Service Type	Number of Current Members	Number of Additional Members
Adult ECM POFs*	610	200
Child / Youth ECM POFs*	10	0
Community Support Services*	2,234	4,000

Project Description and Justification

Project Description and Justification

The purpose of this section is to gather information about the overall goals of your project, the services that will be provided by the applicant organization, and the applicant’s approach to sustainability.

Please select the county or counties CITED funds will be spent in.*

Select all applicable counties*

San Francisco

Please enter the estimated percentage of the funding request that will be used in each county in California.*

If you are requesting funding for one county, enter 100% in the corresponding field. If you are requesting funding for multiple counties, enter the percentage dedicated to each. The total percentage across all counties must equal 100%.

If the funding will be spent in multiple counties, please estimate the percentage of total funding requested that will be spent in each county.

For example, if an applicant is requesting to hire one Community Health Worker who will be based at a facility in Alameda County and two Community Health Workers who will be based at a facility in Contra Costa County, they may estimate 35% of their requested funding will be spent in Alameda County and 65% will be spent in Contra Costa County.

If an applicant operates in San Bernardino and Riverside Counties and is seeking to connect to a health information exchange organization in both regions, then they may report that funding will be spent equally across these two counties. Alternatively, the applicant may also report that the funding will be unevenly distributed across participating counties if that is more appropriate.

We recognize that there may be instances where it is difficult to determine the percentage of funding that will be spent in a particular county, but applicants should provide the best estimate that they can based on the anticipated funding uses.

San Francisco*

100

Total*

100

Please briefly describe your project and its overall goals in relation to your requested budget.*

Please briefly describe your project and its overall goals in relation to your requested budget should you receive CITED funding. *

We are planning to open several new recuperative care Community Supports over the next year (multiple RESTORE programs). These programs serve a population with complex medical and social needs. Additionally, they serve the justice involved population of focus as 36% of the people that receive this recuperative care CS have been in jail within the last year. There is also the birth equity population of focus as 12% of people coming into the Restore programs, we plan to open are pregnant or postpartum. The RESTORE recuperative care program is an innovative service model for unhoused individuals with behavioral health needs that pairs a transitional recovery bed with addiction and mental health treatment with a goal of long-term stability. RESTORE offers immediate bed access to get people off the street and reduces Emergency Department and Inpatient utilization through prevention of overdoses and other complications of Substance Use. Clients receive evidence-based medications for opioid use disorder, participate in daily case management to support long-term recovery, receive support with discharge planning and placement in ongoing care and treatment. RESTORE clients have diagnosed behavioral health conditions, specifically active substance use disorders, which would be exacerbated by an unstable living environment. RESTORE clients receive a safe space to start their recovery journey while obtaining access to addiction treatment, primary care, behavioral health services, case management and other supportive social services, such as transportation, food, and housing.

We are also requesting a few smaller additional items that support our ongoing ECM and Community Support programs.

Please describe how your organization is prepared to complete the proposed project and spend down all funds within the 1-year award period.*

Round 4 applicants must expend all funding within 12 months (anticipated reporting / expenditure period Oct. 1, 2025 - Sept. 30, 2026, final progress report due Mid-October 2026). Please address the steps your organization has taken to ensure all budget activities are "shovel ready" to implement and fully expend funds within this timeline

(e.g., necessary contracts signed, staff positions approved / job descriptions finalized, quotes obtained for purchases, etc.).

Round 4 applicants must expend all funding within 12 months (anticipated reporting/expenditure period Oct. 1, * 2025 - Sept. 30, 2026, final progress report due Mid-October 2026). Please address the steps has your organization taken to ensure all budget activities are "shovel ready" to implement and fully expend funds within this timeline (e.g., necessary contracts signed, staff positions approved / job descriptions finalized, quotes obtained for purchases, etc.).

CalAIM Database: We are requesting one-year of funding for the server that will fall within the award period.

Epic infrastructure: We are working on quotes and scope of work now. We will pay the contracted entities for the work within the award period.

Salary Support: We are requesting one year of salary support for existing staff that will fall within the award period.

Epic Project Manager: We are requesting funding for a one-year contract that will fall within the award period.

Sonogram Training: We are requesting one-time training for ECM staff.

Epic License Fees: This is a one-time license fee payment.

Epic Analysts: We estimate this is a 6-month project and are only requesting funding for the 6-month time period.

Please describe how CITED funding will help your organization close gaps in the delivery of Enhanced Care Management (ECM) and expand the capacity and impact of the organization's delivery of ECM.*

Please enter N/A if your organization does not plan to provide ECM with CITED funding.

Please describe how CITED funding will help your organization to close gaps in the delivery of Enhanced Care Management (ECM) and expand the capacity and impact of the organization's delivery of ECM. Please enter n/a if your organization does not plan to provide ECM with CITED funding.*

Staff salary for the ECM Medical Director and CalAIM IT Project Manager is instrumental expanding ECM capacity because it would enable the ECM Medical Director to have dedicated ECM time to provide clinical oversight of the ECM program to support ECM teams compliance to ECM requirements; lead multidisciplinary case conferences and provide clinical input to improve coordination of case, enhanced communication, and better decision making; increased timely review of ECM referrals from the managed care plans so clients are more quickly assigned and linked to a Lead Care Manager; vet case management programs that are interested in becoming ECM providers by reviewing their model of care and provide clinical input to ensure model of care meet ECM requirements; all of this would reduce the administrative and clinical load on our ECM team leaders so they may drive ECM enrollment throughput and focus on providing quality ECM to clients.

CalAIM IT Project Manager is heavily involved in managing ECM Epic (EHR) improvement requests to ensure they are completed in a reasonable time frame and a subject matters expert in claims and billing. CalAIM IT Project Manager is needed to streamline ECM documentation and billing, so Lead Care Managers can focus more on providing quality care delivery; and ultimately improving staff job satisfaction and reduce staff turnover.

We are working in close collaboration with our MCPs on shared goals, related to the projects for which we are requesting funding, that will close gaps in delivery of ECM and expand capacity.

Please describe how CITED funding will help your organization close gaps in the delivery of Community Supports and expand the capacity and impact of the organization's delivery of Community Supports.*

Please enter N/A if your organization does not plan to provide Community Supports with CITED funding.

Please describe how CITED funding will help your organization to close gaps in the delivery of Community Supports and expand the capacity and impact of the organization's delivery of Community Supports. Please enter n/a if your organization does not plan to provide Community Supports with CITED funding. *

CITED funding for the CalAIM Epic Project Manager is essential to support the launch of new Community Support programs (RESTORE) as DPH to expands Community Supports, especially Recuperative Care, in the next year.

CITED funding for the Epic License Fee would go towards paying the required licensing fees for our EHR system that would enable us to add additional ECM and CS programs. We're planning on launching several Recuperative Care Community Supports in the upcoming year and we need to use our EHR system for this.

Epic Analysts: As described earlier, these analysts are necessary to set up the builds in our EHR system that enable billing, operational, and clinical workflows for the recuperative care Community Supports we plan to open in the next year.

We are working in close collaboration with our MCPs on shared goals, related to the projects for which we are requesting funding, that will close gaps in delivery of CS and expand capacity.

Please describe, in detail, your approach to sustaining approved activities after CITED funding ends.*

Please describe, in detail, your approach to sustaining approved activities after CITED funding ends.*

CalAIM Database: We will pay for the ongoing server costs with our IT budget.

Epic Infrastructure: Mainly a one-time cost, IT will pay for the small on-going cost once the equipment reaches end of life.

Salary Support: This will be paid for by DPH's general fund.

Epic Project Manager: Contracted Project Managers are for temporary, project-based work. When the project ends, we do not fund them.

Sonogram Training: This is a one-time funding request only, any future training needed will be paid for by DPH.

Epic License Fees: There is no sustaining required, this is a one-time payment that unlocks the ability to add additional CS programs.

Epic Analysts: The project is only 6 months long. The staff salary will be charged to the other projects that they work on after that and we will limit the length of the contractor's contracts to 6 months.

Please describe your organization's history working in the communities you intend to serve through this CITED funding request.*

Please describe your organization's history working in the communities you intend to serve through this CITED * funding request.

Jail Health Services, has been serving the incarcerated population in San Francisco for over 50 years. Jail Health Services has recognized the critical need to provide comprehensive healthcare services in carceral settings. We recognize that the effective care and treatment of incarcerated individuals, has direct effects on the health and well-being of the community. Critical to improved health outcomes is the need to ensure continuity of care and treatment, which is facilitated by community in-reach, a cornerstone of the CalAIM Justice-Involved initiative.

Whole Person Integrated Care (WPIC), a division of the San Francisco Department of Public Health, was formed in 2019 and brought together multiple DPH programs serving People Experiencing Homelessness and People Who Use Drugs. Whole Person Integrated Care includes Street Health, Shelter Health, Permanent Supportive Housing Medical Services, Medical Respite and Sobering Center, the Managed Alcohol Program, and an open access/urgent care clinic (the Maria X Martinez Health Resource Center. In 2024, WPIC had over 40,000 encounters with over 10,000 patients. WPIC currently provides medical services in 20 homeless shelters and operates the Medical Respite and Sobering Center and Managed Alcohol Program as Recuperative Care Community Supports based in homeless shelters. As part of DPH overdose prevention initiatives, WPIC began the RESTORE pilot in 2024 to connect people to low barrier substance use treatment and has served over 400 people to date.

Please select all PATH-funded Collaborative Planning and Implementation (CPI) groups your organization currently participates in.*

If your organization is not participating in a CPI group, please select Not applicable.

Please select all PATH-funded Collaborative Planning and Implementation (CPI) groups your organization currently participates in. If your organization is not participating in a CPI group, please select Not applicable.*

San Francisco Collaborative

Please indicate if the services your organization will be providing with the support of CITED funding are aligned with the DHCS Bold Goals below.*

- You may read more about DHCS Bold Goals in the [2022 Comprehensive Quality Strategy Report](#).
- If CITED funding will not be used by your organization to provide services that are closely related to Bold Goals, please select Not Applicable.

CITEDR4AppBoldGoals*

Close maternity care disparity for Black & Native American persons
Improve maternal & adolescent depression screening
Improve follow up for mental health and substance use disorder

For each Bold Goal selected, please describe how CITED funding will help address the goal.*

If CITED funding will not be used by your organization to provide services that are closely related to Bold Goals, please enter N/A.

For each Bold Goal selected, please describe how CITED funding will help address the goal. For each Bold Goal* selected, please describe how CITED funding will help address the goal.

Close maternity care disparity for Black & Native American persons:
Team Lily ECM works with adult clients in jail and the team's focus is specifically maternal care.

Improve maternal & adolescent depression screening:
During RESTORE intake, clients are screened for mental health concerns including depression and are linked to both on site and community behavioral health services, including psychotherapy, psychiatry and medications. To date, RESTORE has served 22 perinatal patients, the majority of whom have had mental health diagnoses for which they were not previously receiving treatment.

Though women are not currently housed at the San Bruno Jail, this is a future possibility making telehealth access for ECM and Community Behavioral Health providers a critical need to better serve the mental health needs of incarcerated women who experience depression at significantly higher rates than incarcerated men and women in the community.

Improve follow up for mental health and substance use disorder:
Vans would allow for the teams to bring clients to mental health and SUD providers so that they can receive care. Currently the best they can do is offer a referral and hope that someone shows up.
The RESTORE pilot was started to meet the needs of People Experiencing Homelessness with Opioid and Stimulant Use Disorder who were not successfully engaging with Substance Use Treatment and were at high risk for overdose.

Please select all populations served by the organization.*

Please select all populations served by the organization:*

- LGBTQ+ individuals and families
- Seniors participating in Supplemental Social Security Program
- Persons with intellectual and developmental disabilities
- People with physical disabilities
- Survivors of domestic violence
- Indigenous People
- Veterans
- Persons with low educational status
- Persons whose primary language is not English / Non-English speaking individuals
- People who are geographically hard to reach

Funding Request

Funding Request

Purpose

The purpose of this section is to collect information about: (1) the activities and personnel included in your funding request; (2) funding need and justification; and (3) how funding will be utilized and disbursed.

Budgets

Please thoroughly complete your requested budget in the [CITED Round 4 Funding Request Excel Workbook](#) by following the steps below:

- **Download the [CITED Round 4 Funding Request Excel Workbook](#) and enter your detailed funding request.**
- To request CITED funding, you will be required to submit a budget that comprises your total funding request. For this application, budget items should be the purchase of an item, the completion of an activity, or the salary support for staff related to ECM and / or Community Supports. CITED funding may be requested for up to 12 months (4 quarters) in Round 4. Specific restrictions on salary requests are described in more detail in the CITED Round 4 Guidance.
- Organizations who are awarded CITED funding will be required to submit a Progress Report (at minimum) every 3 months with milestones based on their approved budget. Progress Reports will be used to demonstrate proof of completed project milestones or to request up-front funds prior to funds being disbursed.
- Please ensure your requested budget items are reasonable. You can see reasonableness guidelines on page 17 of the [CITED Round 4 Guidance Document](#).
- Sample budgets are also available under reference materials on the [PATH CITED website](#). There are several different examples provided to demonstrate different types of projects based on different services provided, organization types, etc.

- Funding requests for retroactive funding will each be recorded the same as other funding requests in the Funding Request Workbook. You will have the option of marking each activity as retroactive, if applicable, in Column G on the Funding Request Detail tab and / or Column L on the Salary Request Detail tab.
- Please note that requests for retroactive funding must be accompanied by receipts, invoices, or other documentation for the historical investments. Appropriate documentation must be uploaded to this CITED application.
- Documentation requirements for retroactive funding requests are discussed in more detail on page 13 of the [CITED Round 4 Guidance Document](#). DHCS reserves the right to deny retroactive funding requests or approve retroactive requests at a lesser amount than your entity is requesting.

Allowable Use Categories

The following categories have been identified as “allowable” for CITED funding requests. You will be directed to select from these categories as you complete your CITED Round 4 Funding Request Excel Workbook later in this section of the application. These allowable use categories apply to retroactive and all other CITED funding requests and are subject to change at the discretion of DHCS.

Allowable Use Categories

- Training and Recruitment
- Modifying, purchasing and / or developing the necessary referral, billing, data reporting or other infrastructure and IT systems, to support integration into CalAIM.
- Evaluating and monitoring ECM and Community Supports service capacity to assess gaps and identifying strategies to address gaps.
- Developing a plan to conduct outreach to populations who have traditionally been under-resourced and / or underserved to engage them in care.

Please note that funding for salaries must meet the requirements in the PATH CITED guidance document under “Funding to Support Staff Salaries.” Parameters include:

- CITED funding may only be used to support salaries for new positions or existing positions with new responsibilities where at least 60% of the FTE is directly related to supporting delivery or administration of ECM or Community Supports.
- Funding for salary support may only be requested for the portion of FTE that is directly related to supporting delivery or administration of ECM or Community Supports. For example, an applicant may not request funding for 100% FTE for a position where only 75% of the FTE is related to delivery or administration of ECM or Community Supports.
- CITED funding for salary support is capped at 12 months in duration for new positions or existing positions with new responsibilities.
- Indirect rates are capped at 5% and are automatically added to your total requested funding on the Summary tab in the [Round 4 Funding Request Workbook](#). Applicants should NOT create a separate line item on tab 2 or 3 of the workbook for indirect costs.

- CITED funding for direct salary support may include costs associated fringe benefits, up to 40% of the salary costs, subject to guardrails enumerated above.
- Requests for salary support must be reasonable relative to salaries for similar positions within the region.

How many months are you requesting funding for CITED Round 4?*

Applicants may request funding for up to 12 months.

Select the number of months from the drop-down * list:

12

What is the total amount of funding you are requesting in CITED Round 4?*

Please enter the Total CITED Round 4 Funding Request Amount from **Tab 4. Summary: Column B, Row 5** of the completed [CITED Round 4 Funding Request Excel Workbook](#).

What is the total amount of funding you are requesting in CITED Round 4? Please enter the Total CITED Round 4 Funding Request Amount from **Tab 4. Summary: Column B, Row 5** of the completed CITED Round 4 Funding Request Excel Workbook: *

\$8,658,366.62 USD

Which allowable use categories are you requesting in CITED Round 4? *

- Training and Recruitment
- Modifying purchasing and / or developing the necessary referral / billing / data reporting or other infrastructure and IT systems to support integration into CalAIM
- Increase provider workforce
- Other

Your funding request is greater than \$3,000,000, please explain any specific factors driving the large size of your request.*

Please describe any special considerations related to the request size that may impact your project's success.

If you are requesting a large amount of CITED funding (greater than \$3,000,000), please explain if there are any specific factors that are driving the large size of your request. Please describe any special considerations related to the size of the request that you think may impact your project's success.

There are large costs associate with our requests relating to our EHR system and building it appropriately for additional Community Support Programs. The costs are for Epic Infrastructure and contractors to provide service.

Please note that the total amount of funding requested in this application must be equal to the amount requested in your CITED Round 4 Funding Request Excel Workbook.

If these amounts do not match, or do not represent the amount of funds you are requesting, please return to the CITED Round 4 Funding Request Excel Workbook to correct your amounts and re-enter them into the online application. Once your application is submitted, you will be unable to modify funding requests unless requested by the TPA or DHCS.

Document Upload

Please upload your completed [CITED Round 4 Funding Request Excel Workbook](#) and any other supporting documentation related to your funding request.*

Please upload your completed CITED Round 4 Funding Request Excel Workbook and any other supporting documentation related to your funding request.

Please note: Files must be JPEG, JPG, PNG, or PDF with maximum size of file for upload is 10MB.

See Revised_CITED+Round+4+Funding+Request+Workbook_Final.xlsx,
CITED+Round+4+Funding+Request+Workbook_Final.xlsx

Attestations

Attestations and Certifications

As an authorized representative of the applicant, the applicant attests as follows and agrees to the following conditions:

- The funding received through the CITED initiative will not duplicate or supplant[1] reimbursement received through other programs / initiatives (e.g., the Incentive Payment Program).
- The funding received through the CITED initiative will not duplicate or supplant reimbursement or activities covered under Medi-Cal.
- Funding received for the CITED initiative will only be spent on allowable uses as stated above, or that the applicant has received express DHCS approval for.
- Funding received for the CITED initiative will not be spent on unallowable uses as stated (add an attachment below or in the terms and conditions for them to sign).
 - Failure to comply will result in termination of CITED funding.
- The applicant will submit progress reports on CITED funding in a manner and on a period specified by the TPA and / or DHCS.

- The applicant will respond to general inquiries from the TPA and / or DHCS within one business day of receipt, and provide requested information within three business days, unless an alternate timeline is approved or determined necessary by the TPA and / or DHCS.
- The applicant understands that the TPA and / or DHCS may suspend or terminate CITED funding if persistent poor performance is identified.
- The applicant will alert DHCS if circumstances prevent it from carrying out activities described in the program application. In such cases, the applicant may be required to return unused funds to DHCS contingent upon the circumstances.

[1] Other Federal, state or local funding sources and programs that are complementary to or enhance PATH funds will not be considered supplanted by PATH funds or duplicate reimbursement. If applicable, applicants must describe how similar or related services and activities supported by other Federal, State, or local funding sources are complemented or enhanced by efforts funded by PATH. For example, if other funding 1) does not fully reimburse activities, 2) may allow additional / different populations to be served or 3) may allow additional / different services to be provided beyond those funded by PATH. To the extent otherwise allowable PATH activities are reimbursed by other Federal, state or local programs, PATH funding must not duplicate such reimbursement.

As the authorized representative of the applicant, I attest that all information provided in this application is true and accurate to the best of my knowledge.

Please note that an authorized representative is a person with permission to act on behalf of the organization and make legal and financial decisions for the organization.

Authorized Representative Name*

Kathleen Reed

Date*

Jul 28, 2025

Authorized Representative Title*

Community Supports Program Manager



CITED Round 4 IGT Offer - Email Address Correction

From CA CITED TPA Round 4 <noreply@yourcause.com>

Date Tue 11/18/2025 10:15 AM

To Boyder, Alex (DPH) <alexander.boyder@sfdph.org>

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Application Status Update

Correction: Please note there was an incorrect email address in the original version of this communication. Please use the corrected email address highlighted below

Date: November 18, 2025

Application ID: 1707628

Organization: San Francisco Health Network

Dear Alex Boyder,

The California Department of Health Care Services (DHCS) and the Third-Party Administrator (TPA) have completed the review of the Providing Access and Transforming Health (PATH) Capacity and Infrastructure Transition, Expansion, and Development (CITED) Round 4 applications. All applications were reviewed against the following criteria:

- The intended use of CITED funds and the strength of justification for why funds are needed
- Planned coordination activities with Managed Care Plans (MCP)s and approach to avoid duplication of funds
- Approach to sustaining Enhanced Care Management (ECM) and / or Community Supports services after CITED funds have been exhausted
- Potential breadth of impact
- Alignment with Round 4 funding goals or priorities

Although you were not selected to receive CITED, you have been selected to receive a special funding source similar to CITED. Through the Special Terms and Conditions (STC)s of the CalAIM Section 1115 Demonstration waiver, DHCS has the authority to move PATH funds between initiatives and program years. Using this flexibility, DHCS has made an additional funding opportunity through CITED funds to Intergovernmental Transfer (IGT)-eligible entities only. The funding opportunity includes a 50% federal funding and a 50% non-federal share contributed by the awardee. All CITED-IGT eligible applications were first considered fully for CITED funds. Those that were not awarded under CITED were then considered for CITED-IGT. We are pleased to inform you that DHCS is offering an IGT offer of \$2,749,633.88 USD for PATH CITED Round 4 IGT.

The total amount that is offered is \$2,749,633.88 USD, which includes federal funds in the amount of \$1,374,816.94 USD and \$1,374,816.94 USD in non-federal share (awardee match). To claim the federal funding the awardee must provide the non-federal share (match) via intergovernmental transfer.

If the awardee interested in claiming \$1,374,816.94 USD and can provide the match of \$1,374,816.94 USD please respond to the DHCS PATH Team, 1115path@dhcs.ca.gov, and CC the CITED TPA Team, cited@ca-path.com, by November 25, 2025.

Award Details

Discontinued Community Supports Services

Awarded funds cannot be used to support services that have been discontinued by the MCP. Funds must be spent on eligible services currently offered by the MCP in the service area where CITED funds will be used.

If your Round 4 CITED application included funding for services that have since been discontinued by the MCP in your target county(ies), you must either:

- Report how you plan to reallocate the funds in your first progress report, or

- Contact the TPA at cited@ca-path.com if you are unable to reallocate awarded funds to exclusively eligible services and cannot proceed with your CITED award.

If you are unsure if your CITED application includes discontinued services, please reach out to your MCP.

CITED-IGT Terms and Conditions

The CITED-IGT Terms and Conditions document formalizes the contract between both parties and explains the responsibilities and expectations upon acceptance of the CITED-IGT grant. The Terms and Conditions execution is processed by DHCS directly and you should expect communication via the DHCS PATH Team, 1115Path@dhcs.ca.gov, for further instructions on how to complete this process. Please review, complete, sign and electronically submit the CITED Terms and Conditions document within thirty (30) days of receipt.

Funding Disbursement Process

To receive grant funds through CITED-IGT, the awardee must contribute the non-federal share through the IGT process. Payment is made on completion of milestones following the progress report measurement period. Upon approval of the awardee’s CITED-IGT progress report, DHCS will issue a request to the awardee for the necessary IGT amount, provided the awardee has submitted all required information, forms, and documentation, including the awardee’s signature acknowledging the CITED-IGT Terms and Conditions, required to facilitate payment. The awardee shall make IGT of funds to DHCS in the amount specified within seven (7) days of receiving the State’s request. If the IGTs are made within the requested timeframe, DHCS will issue the payment within fourteen (14) days after the transfers are made. The CITED-IGT payment process is led by DHCS directly. Please direct any CITED-IGT payment questions to the DHCS PATH mailbox at 1115Path@dhcs.ca.gov.

Progress Reporting Information

As the CITED Terms and Conditions indicate, DHCS requires bi-annual (every six months) progress reports until the project is complete. Awardees will have one year to spend CITED-IGT Round 4 funding and complete all milestones. Awardees will only be reimbursed for milestones marked as complete in each quarter’s progress report. Further details on progress reporting can be found in the [PATH CITED IGT Progress Report Guidance](#). Questions should be emailed to PATH CITED TPA inbox, cited@ca-path.com.

Reporting Period	Report Due Date
January 1, 2026 – June 30, 2026	Mid-July 2026
July 1, 2026 – December 31, 2026	Mid-January 2027*

*Funding may not be requested for any expenses made past December 31, 2026.

Sincerely,

The PATH CITED TPA Team



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65 Fairchild St, Charleston, South Carolina 29492

Position Title	Job Code	Annual Salary	Fringe Rate
IS Project Director	1070	\$211,896.00	32%
ECMMedical Director	UCSF Employee	\$305,210.00	27%
CalAIM Clinical Lead	2230	\$340,162.00	26%
Chief Medical Officer	1165	\$344,391.00	28%
Chief Operating Officer	1165	\$344,392.00	28%

Fringe Cost	Annual Salary + Fringe	Number of Months Requested
\$67,043.89	\$278,939.89	1
\$81,491.07	\$386,701.07	2
\$88,238.02	\$428,400.02	1
\$94,845.28	\$439,236.28	1
\$94,845.56	\$439,237.56	1

FTE	Total Approved Amount	Total Approved Salary	Total Approved Fringe
0.083	\$27,893.99	\$18,967.91	\$8,926.077
0.167	\$77,340.21	\$56,458.35	\$20,881.857
0.083	\$42,840.00	\$31,701.60	\$11,138.400
0.083	\$43,923.63	\$31,625.01	\$12,298.616
0.083	\$43,923.76	\$31,625.11	\$12,298.653



San Francisco Department of Public Health

Daniel Tsai
Director of Health

City and County of San Francisco
Daniel Lurie
Mayor

Memorandum

To: Honorable Members of the Board of Supervisors

From: San Francisco Department of Public Health

Date: Thursday, March 5, 2026

RE: **Retroactivity re: File 260182**

This Resolution seeks authorization for the Department of Public Health (DPH) to retroactively accept and expend a grant in the amount of \$1,374,816.94, from the California Department of Health Care Services (DHCS) through the third-party administrator Public Consulting Group LLC.

This grant accept and expend is retroactive because DPH received notice of the final grant budget after the pre-determined project start date. DPH received initial notice of the grant on November 18, 2025, for a project period of January 1, 2026, through December 31, 2026. The project period was predetermined by the grantor. Upon receiving the notice of grant, DPH forwarded the agreement to the City Attorney for review, and then after discussions with the grantor on the budget, DPH brought the item to the Controller's Office for review on January 26, 2026. The Controller's Office reviewed and forwarded the packet to the Mayor's Office on February 19, 2026, for introduction on February 24, 2026.

We respectfully request retroactive authorization for these items. Please contact Greg Wong, Grants Analyst, at greg.wong@sfdph.org for any questions about this request for retroactive authorization.

City and County of San Francisco

Department of Public Health



**Daniel Lurie
Mayor**

TO: Angela Calvillo, Clerk of the Board of Supervisors
**FROM: Daniel Tsai
Director of Health**
DATE: 2/17/2026
SUBJECT: Grant Accept and Expend
**GRANT TITLE: Providing Access and Transforming Health (PATH)
Capacity and Infrastructure, Transition, Expansion and
Development (CITED) Round 4 Program - Intergovernmental
Transfer (IGT) -\$1,374,816.94**

Attached please find the original and 1 copy of each of the following:

- Proposed grant resolution, original signed by Department
- Grant information form, including disability checklist
- Budget and Budget Justification
- Grant application.
- Agreement / Award Letter
- Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Gregory Wong (greg.wong@sfdph.org) Phone: 554-2521

Interoffice Mail Address: Dept. of Public Health, 101 Grove St # 108

Certified copy required Yes

No

OFFICE OF THE MAYOR
SAN FRANCISCO



DANIEL LURIE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: Dexter Darmali, Legislative & Ethics Secretary
RE: Accept and Expand Grant - Retroactive - California Department of Health Care Services - Capacity and Infrastructure, Transition, Expansion and Development (CITED) Round 4 Program - Intergovernmental Transfer (IGT) - \$1,374,816.94
DATE: February 24, 2026

Resolution retroactively authorizing the City and County of San Francisco to accept and expend a grant of \$1,374,816.94 from the California Department of Health Care Services (DHCS) for participation in a program entitled, "Capacity and Infrastructure, Transition, Expansion and Development (CITED) Round 4 Program - Intergovernmental Transfer (IGT)," part of the "California Providing Access and Transforming Health Initiative"; authorizing the City to release all claims against DHCS and its Third-Party Administrator arising out of or relating to the receipt of Grant funds and/or activities associated with the Grant program; approving the Grant agreement between City, acting by and through the Department of Public Health, and the California Department of Health Care Services for the purpose of providing support to help San Francisco Health Network implement Community Supports and Enhanced Case Management programs as part of California Advancing and Innovating Medi-Cal (CalAIM), for a term of 1 year from January 1, 2026 to December 31, 2026, and for a total not to exceed amount of \$1,374,816.94; approving the Grant Agreement pursuant to Charter, Section 9.118(a); and to authorize the Director of Health to enter into amendments or modifications to the Grant agreement that do not materially increase the obligations or liabilities to the City and are necessary to effectuate the purposes of the Grant or this Resolution.

Should you have any questions, please contact Adam Thongsavat at adam.thongsavat@sfgov.org