

LETTER OF AGREEMENT

This letter represents an agreement between the San Francisco Health Plan (SFHP) and San Francisco Department of Public Health (“Grantee”). Pursuant to this agreement, SFHP will provide a grant to (Grantee) in exchange for support and deliverables to support capacity and infrastructure building activities and interventions that will improve Enhanced Care Management (ECM) and/or Community Supports in populations of focus among SFHP members.

These funds are intended for activities that support the CalAIM incentive Payment Program (IPP) and the implementation and expansion of ECM and Community Supports by your organization. Specifically, these funds are intended to support activities by Homeless and Supportive Housing (HSH) for consulting services and the milestones listed below.

Based on the Grantee’s application, the following activities and outcomes are to be completed with the grant funds.

Grant Description: Funded Activities with the following four milestones as outlined in the DPH/HSH IPP grant application:

- Milestone 1: Consulting services to perform a review of Medi-Cal IT security requirements
- Milestone 2: Completion of report on security gaps and needs analysis
- Milestone 3: Completion of report on potential solutions
- Milestone 4: Begin implementation of solutions

This funding agreement is effective from October 3, 2022 to April 28, 2023.

SFHP will distribute the full payment disbursement of \$341,000 to San Francisco Department of Public Health within five business days of executing this Letter of Agreement.

Receipt of these funds indicates that the awardee will implement and comply with the grant, as set forth in the approved grant application.

Reporting

San Francisco Department of Public Health will provide SFHP with a brief grant report of completed activities and purchases and vendor acquired services via email at CALAIMECMILOS@sfhp.org by May 31, 2023. Please use the report template below.

Signatures

	SFHP Name/Title	SFHP Signature	(Grantee) Name/Title	(Grantee) Signature
Person Responsible for Executing Agreement Terms	Sean Dongre Senior Manager, Provider Network Management			
Executive Accountability	Skip Bishop Chief Financial Officer			

Attachment 1: Grant Reporting Template

Instructions: Please complete the form below. Email to CALAIMECMILOS@sfhp.org by May 31, 2023.

Organization Name	Organization
Contact Name	
Contact Email	
Contact Phone Number	
Funding Amount	\$341,000
Project Description Changes, if any. Please describe any major changes to the project, objectives from what your organization proposed in its initial application.	



Organization Name	Organization
Milestone 1	
<ul style="list-style-type: none"> Has this objective been met? If not, please explain. 	
<ul style="list-style-type: none"> Outcome: 	
<ul style="list-style-type: none"> What barriers (if any) did you face in achieving the objective? 	
Milestone 2	
<ul style="list-style-type: none"> Has this objective been met? If not, please explain. 	
<ul style="list-style-type: none"> Outcome: 	
<ul style="list-style-type: none"> What barriers (if any) did you face in achieving the objective? 	
Milestone 3	
<ul style="list-style-type: none"> Has this objective been met? If not, please explain. 	
<ul style="list-style-type: none"> Outcome 	
<ul style="list-style-type: none"> What barriers (if any) did you face in achieving the objective? 	



Organization Name	Organization
Milestone 4	
Has this objective been met? If not, please explain.	
Outcome	
<ul style="list-style-type: none">• What barriers (if any) did you face in achieving the objective?	
Comments:	