

File No. 130708

Committee Item No. 7

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: 09/11/2013

Board of Supervisors Meeting

Date: _____

Cmte Board

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| <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"/> | Legislative Analyst Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Youth Commission Report |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
| <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 |
| <input type="checkbox"/> | <input type="checkbox"/> | Subcontract Budget |
| <input type="checkbox"/> | <input type="checkbox"/> | Contract/Agreement |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Form 126 – Ethics Commission |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | 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)

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Completed by: Victor Young Date September 6, 2013
 Completed by: Victor Young Date _____

1 [Accept and Expend Grant - County Enrollment Assistance 2013 - \$225,000]

2
3 **Resolution authorizing the Department of Public Health to retroactively accept and**
4 **expend a grant in the amount of \$225,000 from Blue Shield of California Foundation to**
5 **participate in a program entitled County Enrollment Assistance 2013 grant for the**
6 **period of April 1, 2013, through March 31, 2014, waiving indirect costs.**
7

8 WHEREAS, Blue Shield of California Foundation has agreed to fund Department of
9 Public Health (DPH) in the amount of \$225,000 for the period of April 1, 2013, through March
10 31, 2014; and

11 WHEREAS, As a condition of receiving the grant funds, Blue Shield of California
12 Foundation requires the City to enter into an agreement (Agreement), a copy of which is on
13 file with the Clerk of the Board of Supervisors in File No. 130708; which is hereby declared to
14 be a part of this Resolution as if set forth fully herein; and

15 WHEREAS, The purpose of this project will help three counties (San Francisco,
16 Alameda, and San Mateo) maximize enrollment in Low Income Health Programs (LIHPs) in
17 2013 and transition LIHP enrollees and uninsured residents into coverage through Medi-Cal
18 and the California Health Benefit Exchange; and

19 WHEREAS, DPH will subcontract with Social Interest Solutions and Hewlett-Packard
20 Cal-Win in the total amount of \$225,000; for the period of April 1, 2013, through March 31,
21 2014; and

22 WHEREAS, County Enrollment Assistance 2013 grant does not allow for indirect costs
23 to maximize use of grant funds on direct services; and

24 WHEREAS, The grant terms prohibit including indirect costs in the grant budget; now,
25 therefore, be it

1 RESOLVED, That DPH is hereby authorized to retroactively accept and expend a grant
2 in the amount of \$225,000 from Blue Shield of California Foundation; and, be it

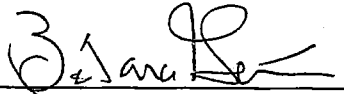
3 FURTHER RESOLVED, That DPH is hereby authorized to enter retroactively into a
4 subcontract agreement in the amount of \$225,000 with Social Interest Solutions and Hewlett-
5 Packard Cal-Win for services under the grant entitled County Enrollment Assistance 2013; for
6 the period of April 1, 2013, through March 31, 2014; and, be it

7 FURTHER RESOLVED, That the Board of Supervisors hereby waives inclusion of
8 indirect costs in the grant budget; and, be it

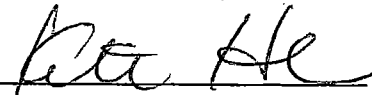
9 FURTHER RESOLVED, That DPH is hereby authorized to retroactively accept and
10 expend the grant funds pursuant to San Francisco Administrative Code section 10.170-1; and,
11 be it


12 FURTHER RESOLVED, That the Director of Health is authorized to enter into the
13 agreement on behalf of the City.

14
15 RECOMMENDED:

16 
17 _____
18 Barbara A. Garcia, MPA
19 Director of Health

20 APPROVED:

21 
22 _____
23 Office of the Mayor

24 
25 _____
Office of the Controller



Edwin M. Lee
Mayor

Barbara A. Garcia, MPA
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Barbara A. Garcia, MPA
Director of Health

DATE: June 13, 2013

SUBJECT: Grant Accept and Expend

GRANT TITLE: County Enrollment Assistance 2013 - \$225,000

Attached please find the original and 4 copies 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: Richelle-Lynn Mojica

Phone: 255-3555

Interoffice Mail Address: Dept. of Public Health, Grants Administration for
Community Programs, 1380 Howard St.

Certified copy required Yes

No

File Number: _____
(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: **County Enrollment Assistance 2013**
2. Department: **Public Health**
3. Contact Person: **Lindsey Angelats** Telephone: **415-554-2615**
4. Grant Approval Status (check one):
 Approved by funding agency Not yet approved
5. Amount of Grant Funding Approved or Applied for: **\$225,000**
- 6a. Matching Funds Required: **\$0**
b. Source(s) of matching funds (if applicable):
- 7a. Grant Source Agency: **Blue Shield of California Foundation**
b. Grant Pass-Through Agency (if applicable):
8. Proposed Grant Project Summary: **The grant funds will help three counties (San Francisco, Alameda, and San Mateo) maximize enrollment in Low Income Health Programs (LIHPs) in 2013 and transition LIHP enrollees and uninsured residents into coverage through Medi-Cal and the California Health Benefit Exchange. San Francisco's Low Income Health Program is called San Francisco Provides Access to Health Care (SF PATH). Specifically, the funding will support the development of a tool to electronically transfer LIHP enrollee data into 1) California's Medi-Cal Eligibility Data System (MEDS), the enrollment database for the Medi-Cal program and 2) Cal-Win, the social service application and system used by the three grantee counties. This process will ensure that LIHP enrollees can immediately access health insurance through Medi-Cal as part of implementation of federal health reform in 2014.**
9. Grant Project Schedule, as allowed in approval documents, or as proposed:
Start-Date: **April 1, 2013** End-Date: **March 31, 2014**
- 10a. Amount budgeted for contractual services: **\$225,000**
b. Will contractual services be put out to bid? **No. The contractors for the project are existing City and County contractors- Social Interest Solutions and HP Cal-Win.**
c. If so, will contract services help to further the goals of the Department's Local Business Enterprise (LBE) requirements?
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? \$
b2. How was the amount calculated?

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

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?

The Blue Shield of California Foundation calculates indirect costs based on direct salaries and benefit expenditures. There were none under this grant so indirect costs are and would have been zero dollars.

12. Any other significant grant requirements or comments:

The grant is made to a three County collaborative named in the grant approval letter (San Francisco, Alameda, and San Mateo County).

We respectfully request for approval to accept and expend these funds retroactive to April 1, 2013. The Department received the original notice of award on March 26, 2013. However, one of the named contractors named in the grant, HP Cal-Win to required formal attorney review of the City and County's required ethics form. This review delayed submission of these materials for a period of two months.

GRANT CODE (Please include Grant Code and Detail in FAMIS):

Grant Code: HCAD10 Grant Detail: 13 Index Code: HCHACADMINGR.

****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):

Existing Site(s)

Existing Structure(s)

Existing Program(s) or Service(s)

Rehabilitated Site(s)

Rehabilitated Structure(s)

New Program(s) or Service(s)

New Site(s)

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:

Jason Hashimoto

(Name)

Director, EEO, and Cultural Competency Programs

(Title)

Date Reviewed:

6/18/13


(Signature Required)

Department Head or Designee Approval of Grant Information Form:

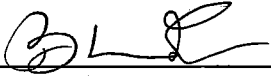
Barbara A. Garcia, MPA

(Name)

Director of Health

(Title)

Date Reviewed:



01/15/13


(Signature Required)

BUDGET NARRATIVE
Blue Shield of California Foundation Grant
County Enrollment Assistance

DIRECT COSTS

Salary and Benefits: \$0

The Department is not requesting funding for any salaried positions.

Conferences: \$0

The Department is not requesting any funding for conferences.

Equipment, Major or Minor: \$0

The Department is not requesting any funding for equipment.

Printing: \$0

The Department is not requesting any funding for printing.

Supplies: \$0

The Department is not requesting any funding for supplies.

Travel: \$0

The Department is not requesting any funding for travel.

Contracts: \$225,000

The County's Low Income Health Program (LIHP) enrollee data is stored in One-e-App, an eligibility and enrollment system created and supported by an existing contractor of the City and County of San Francisco, Social Interest Solutions. Social Interest Solutions will develop a tool to electronically transfer LIHP enrollee data into 1) California's Medi-Cal Eligibility Data System (MEDS), the enrollment database for the Medi-Cal program and 2) Cal-Win, the social service application and system used by the three grantee counties. This process is required by the state Department of Health Care Services and will ensure that LIHP enrollees can immediately access health insurance through Medi-Cal as part of implementation of federal health reform in 2014.

Indirect Expense: \$0

There are no indirect expenses. The Blue Shield of California Foundation calculates indirect expenses based on direct salaries and benefit expenditures. As there are no expenditures of this type for this project, there are no indirect costs.

Total Cost: \$225,000

San Francisco Department of Public Health
County Enrollment Assistance

Budget Justification

<p>The full project budget is composed of contractual services to transfer Low Income Health Program (LIHP) enrollee data to the State of California's Medi-Cal enrollment database. This process is required by the State Department of Health Care Services to ensure that Low Income Health Program enrollees can access health insurance through Medi-Cal in 2014 as part of implementation of federal health reform in 2014. The contractor, Social Interest Solutions, will develop a tool to electronically transfer LIHP enrollee data into 1) California's Medi-Cal Eligibility Data System (MEDS), the enrollment database for the Medi-Cal program. This tool will be used to transfer data to Cal-Win, the social service application and system used by the City and County of San Francisco for Medi-Cal, with the assistance of a second existing City and County contractor, HP-CalWin.</p>	<p>\$225,000</p>
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What We Fund

■ [Eligibility Guidelines](#)

Application Process

■ [FAQs](#)

Grantees

County Enrollment Assistance 2013

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Confirmation of Application Receipt

* indicates required field

This proposal was successfully submitted to Blue Shield of California Foundation. No further action is required. Notice of this proposal's status will be sent typically within 90 days of receipt.

BSCF seeks to continually improve the user experience of our online application process and we invite you to complete a brief anonymous survey to help inform these efforts. Participation is optional and your feedback will not be linked to your submission or have any bearing on the consideration of your application. [Click here to complete the survey: BSCF Online User Survey](#)

To print a copy of this completed proposal go to the browser toolbar and click "File" then "Print". [Click return to the homepage](#) when finished.

Organization Information

* Legal Name San Francisco Department of Public Health

AKA Name San Francisco DPH, SFDPH, DPH

Official Name

* Address 101 Grove Street

* City San Francisco

* State California

* Zip 94102

* Telephone (415) 554-2600

* Fax (415) 554-2811

email tangerine.brigham@sfdph.org

* website www.sfdph.org

* Facebook Page N/A

* Twitter Handle N/A

Sponsored Entity Information

Sponsored Entity Name

Sponsored Entity Contact Information

Sponsor Agreement

- * CEO Salutation Ms.
- * CEO First Name Barbara
- * CEO Last Name Garcia
- CEO Suffix
- * CEO Title Director of Health
- * CEO Phone (415) 554-2525
- * CEO email barbara.garcia@sfdph.org
- * Geographic Region Served by San Francisco Bay Area Organization
- * Founding Year 1878
- * Organization Budget Range \$25,000,000 and above

* **Mission Statement** The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans. It fulfills its mission by engaging in the following activities:

- * assessing and researching the health of the community,
- * developing and enforcing health policy,
- * preventing disease and injury,
- * educating the public and training health care providers,
- * providing quality, comprehensive, culturally-proficient health services and
- * ensuring equal access to all.

Its vision is to:

- * provide effective primary prevention, communicable disease control, trauma care, and enforcement of health safety regulations to all San Franciscans and visitors,
- * connect every uninsured San Franciscan to a primary care medical home and
- * create a comprehensive coordinated array of services available to patients throughout the network.

The Department serves San Franciscans in two ways. It provides population-based public health services that benefit all San Franciscans. A sample of these services includes environmental health, vital statistics and disease control. It also provides direct clinical services to residents at clinics and hospitals. This includes such services as primary care, specialty, diagnostic, pharmacy, behavioral health and inpatient services. In the provision of direct clinical care, the Department functions as a safety net provider.

The Department's services are designed to address the health

needs of San Francisco residents, particularly very low-income persons who lack the financial resources to pay for their care and have historically relied on the Department for services. It is within the Department's mission to serve this vulnerable population. The Department also provides services to those with higher incomes who lack health insurance. The Department continually works to ensure that access to services will not be impeded and that services are relevant to the health needs of San Francisco's communities.

*** Key Programs** The Department provides a wide spectrum of services through either its Community Programs Division (public health) or Community Health Network Division (personal health care services).

Key Community Programs Division programs are:

- * Communicable Disease Control & Prevention -- Conducts prevention, undertakes disease control, and monitors injury and disability within the community.
- * Behavioral Health Services - Provision of community mental health and substance abuse services.
- * Health Promotion & Prevention -- Develops and implements citywide health programs and initiatives designed to prevent disease and injury.
- * Environmental Health - Promotes health and quality of life by ensuring healthy living and working conditions via environmental health regulations.

Key Community Health Network programs are:

- * Community Oriented Primary Care -- Provides primary care services.
- * San Francisco General Hospital & Trauma Center - A licensed general acute care hospital.
- * Laguna Honda Hospital & Rehabilitation Center - A skilled nursing and rehabilitation care facility.

In July 2007, the Department implemented a new health access program called Healthy San Francisco (HSF). HSF is a new initiative designed to expand access to health services and deliver appropriate care to uninsured, adult San Francisco residents. HSF's goals are to improve access to, satisfaction with and utilization of care received by uninsured participants. It is designed to improve quality of care, patient outcomes and maintaining costs. HSF is one of the San Francisco's programs designed to provide health services to medically indigent adults.

In July 2011, San Francisco launched its Low Income Health Program (LIHP), known as SF PATH. LIHP is part of the State's "Bridge to Reform" 1115 Waiver. LIHP is designed to move low-income uninsured individuals into health insurance effective January 2014. San Francisco transitioned over 10,000 HSF participants into LIHP.

*** Organization History** The San Francisco Department of Public Health functions as a local health department. Its activities in the area of health promotion and prevention date back over 130 years.

Similar to other local health departments across the nation, it was established in the late 1800s in response to rising health concerns such as the spread of infectious disease and the contamination of food or water supplies. But, even in its early years, the Department focused on both public health and the delivery of care to residents. As a provider of care, its activities began in 1872 with the opening of the City's public hospital (now known as San Francisco General Hospital). In 1908, Clarendon Hall (Laguna Honda Hospital site) was opened to provide care and shelter to those displaced by the 1906 earthquake. In the 1960s and 1970s, the Department opened community wellness centers that today have emerged into primary care clinics.

In the late 1980s, the Charter of the City and County of San Francisco was amended to create the San Francisco Health Commission. The Health Commission serves as the governing and policy-making body of the Department of Public Health. By charter, it is mandated to manage and control the City and County hospitals, to monitor and regulate emergency medical services, and to oversee all matters pertaining to the preservation, promotion and protection of the lives, health and mental health of San Francisco residents.

The California Health & Safety Code and Welfare & Institutions Code now require all counties in the State to have a local health department to carry out specific public health functions. Many of Department's public health and health care activities are governed by either State or federal statutes. Most of the Department's services are provided by its staff (approx. 7,000 employees) and there are over a hundred other sites where residents can receive needed health services. The Department also contracts with over 100 local CBOs.

*** Organization Tax ID Documentation**

- [Citywide Org Chart.pdf \(333.09 K\)](#)
- [City & County of San Francisco Charter Provision – Article I.doc \(24.5 K\)](#)

501(h) Election No

Organizational Relationship

The San Francisco Department of Public Health is a public agency under the jurisdiction of the City and County of San Francisco. In addition to being overseen by the San Francisco Health Commission (whose members are appointed by the Mayor of San Francisco), it must adhere to any budget, policy or program guidelines set forth by either the legislative branch of local government (i.e., the elected 11-member San Francisco Board of Supervisors) or the executive branch of local government (i.e., the elected Mayor of San Francisco).

*** Organizational Shifts/Changes** Board Transition

Organizational Shifts/Changes Narrative

In November 2012, a member of the San Francisco Health Commission, Margine Sako, resigned from her position. Ms. Sako

was vice-president of the Health Commission. On December 18, 2012, the Health Commission has calendared election of a new vice president on its meeting agenda. The Health Commission meeting is open to the public. Under the City and County of San Francisco's Charter Sections 3.100 and 4.110, the Mayor appoints Health Commissioners and will fill this vacancy with an appointment.

Organization Structure

*** Organizational Objectives** The Department's organizational objectives are outlined in its strategic plan which was adopted by the San Francisco Health Commission in November 2004. The current strategic plan framework outlines the following four Department goals:

- * San Franciscans have access to the health services they need.
- * Disease and injury are prevented.
- * Services, programs, and facilities are cost-effective and resources are maximized.
- * Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services.

Complementing the strategic plan is the Department's framework for its Integrated Delivery System (IDS) that was adopted by the Health Commission in May 2012. The IDS is a "comprehensive system of care that is clinically and financially accountable to provide coordinated health services to the diverse and vulnerable individuals it serves and to improve the health of their communities." The goals of the IDS are to:

1. Provide health/medical homes responsible for coordinating preventative, primary, and specialty care.
2. Reduce misuse, overuse and underuse of services.
3. Enhance information technology to improve quality of care and decision making.
4. Manage resources responsibly for the maximum benefit of clients.
5. Ensure service excellence.
6. Ensure continuity of care by increasing the number of newly insured patients served.

This direction is necessary given federal health reform and other changes in health care financing and delivery systems -- "Between now and 2014, the San Francisco Department of Public Health must focus on access to care, elimination of barriers to entry, patient experience, ensuring primary care medical home, fiscal discipline, and care coordination to ensure that it is a provider of choice for its uninsured patients who will be newly insured with the implementation of the Affordable Care Act."

*** Organizational Objectives/Grantmaking Priority Areas** The Department's organizational objectives are most closely aligned with the Foundation's Health Care and Coverage grant making goals, specially the Expanding Coverage.

To expand access to care, in July 2007, the Department implemented the Healthy San Francisco (HSF) program. HSF is a health access program that provides comprehensive, affordable services to uninsured residents. In September 2007, it began its participation in the former Health Care Coverage Initiative under California's 2005-2010 1115 Medicaid Waiver. Finally, in July 2011, the Department launched SF PATH (San Francisco Provides Access To Healthcare) a program created to prepare for federal health reform under California's Low Income Health Program. Combined, HSF and SF PATH serve over 58,000 uninsured residents of which 48,000 are HSF participants and 10,000 are SF PATH enrollees.

The Department recognizes the expanding coverage requires the development and maintenance of seamless enrollment systems that efficiently utilize overstretched eligibility and enrollment staff, reduce barriers the need for applicants to provide duplicative information to different entities and maximize the use of information technology (IT) to transfer eligibility data across various agencies that use different IT systems. The Department believes that this is consistent with the Foundation's priority areas.

Organizational Chart

- [DPH OrgChart_112712.pdf \(13.64 K, uploaded by Tangerine Brigham on 11/30/12\)](#)

*** Fundraising Strategies and Goals**

The majority of the Department's funding for programs is from the government. Public funding does not, however, cover all of the funding needs. The Department does seek outside philanthropic and government grant funds to support initiatives that are compatible with both the Department's mission and the funder's programmatic goals and priorities. Philanthropic support has been critical in seeding new projects, evaluating projects, and funding analysis and project planning for new initiatives.

*** Board Members - List**

- Sonia Melara, M.S.W., President
- Edward A. Chow, M.D.
- David J. Sanchez, Jr., Ph.D.
- Catherine M. Waters, R.N., Ph.D.
- Belle Taylor-McGhee
- Celia Chung

Board Members - File Upload

- * Board Chair First Name Sonia
- * Board Chair Last Name Melara
- * Board Chair Daytime Phone Number 415.353.6818
- Board Chair Email Address communique@sbcglobal.net
- California Nonprofit Integrity Act (2004) No

Contacts

* Contact Type Grantseeker

* Salutation Ms.

* First Name Tangerine

* Last Name Brigham

Title Director of Health San Francisco

* Address 101 Grove Street

* City San Francisco

* State California

* Zip 94102

* Telephone (415) 554-2779

Fax (415) 554-2811

* E-mail Address tangerine.brigham@sfdph.org

Proposal

* Project Title County Enrollment Assistance 2013

* Requested Amount \$225,000.00

* Request Date 11/30/12

* Length of Proposed Support/Grant Term 12

* Grantmaking Goal HCC: Expanding Coverage

* Purpose of Funds To implement electronic interfaces between Low Income Health Program (LIHP) systems of record and the Medi-Cal Eligibility Data System and/or Statewide Automated Welfare System (SAWS) to ensure seamless transition of LIHP enrollees to health insurance effective January 1, 2014.

* Project Lifecycle New

* Needs Statement In 2010, a regional collaborative of Bay Area counties was formed to identify an appropriate transition from county-specific systems of record for the Health Care Coverage Initiative (HCCI) to the State Medi-Cal Eligibility Data Systems (MEDS). Effective July 2011, HCCI morphed into the Low Income Health Program (LIHP). This regional county collaborative includes: Alameda, San Francisco and San Mateo. Combined, as of November 2012 these counties provided health care services to 66,758 LIHP enrollees and 113,813 Medically Indigent Adult (MIA) individuals for a total of 180,571 people.

The counties must implement an electronic interface between their systems and the State eligibility and enrollment system(s) to efficiently and expeditiously transition LIHP enrollees into Medi-Cal or Covered California before January 1, 2014. Each county uses the same system for their LIHP and MIA programs. All three counties use One-e-App.

In the spring 2012, LIHP counties informed the State Department of Health Care Services (DHCS) which option it would use to transfer

data - SAWS or State MEDS. All members of this regional Bay Area collaborative either selected State MEDS. This decision was based on a thorough assessment and impact report of the CalWIN and MEDS options funded by Blue Shield of California Foundation.

Grant funds are now needed to develop the technological tools to implement the MEDS option and use these same strategies, as applicable, for the MIA population who will begin transition to health insurance effective January 2014. Because eligibility determination into LIHP and/or MIA programs is done by a cadre of staff in county health department, community clinics and/or community-based organizations, all will benefit from an expedited enrollment process in addition to local social services departments and individuals.

Needs Statement (Optional Attachment)

- * **Project Summary** Grant funds under this project will develop the technological tools (e.g., computer programming) to ensure that LIHP eligibility data is transferred from local systems to MEDS and local systems to County social services systems. The major activities under this project are: (1) programming and "batching" the transfer of required data from local LIHP systems to MEDS and (2) programming a transfer of data from local LIHP systems to county social services systems for use after January 2014 to assist our social services partners in doing eligibility renewal for those clients who transition from LIHP to Medi-Cal. The timeframe for accomplishing this project is during the months of April 2013 to March 2014.

Project Summary (Optional Attachment)

- * **Project Description** Building on learnings from a prior BSCF grant awarded to the Collaborative, the counties have moved toward maximizing the reach and minimizing the consumer burden for individuals who will become newly eligible for Medi-Cal or Covered California on Jan. 1, 2014.

As counties continue to work with State partners on the MEDS Option, we have learned the high-level requirements we need to fulfill to transfer required data to facilitate key business processes:

- * LIHP eligibility data needs to be validated against the State MEDS system to assure that we do not duplicate existing client information as we implement the LIHP to Medi-Cal transition; this is a manual process that will impose new work on County LIHP staff.

- * LIHP eligibility data needs to be transferred from local systems to MEDS in 2013. This work can be programmed and "batched" to maximize efficiency in the transfer of required data from local systems to the State.

- * LIHP eligibility data needs to be transferred from local systems to County social services systems after January 2014 to assist our social services partners in doing renewal of eligibility for those clients who transition from LIHP to Medi-Cal.

Foundation support will be used to develop the technological tools that will accomplish the second and third tasks above. Specifically,

the counties seek support for programming that can allow us to extract data from our local systems and send it to the State MEDS system as required by DHCS. The counties also seek support for the development of an interface between our local systems (One-E-App) and the local SAWS system (CalWIN) that will allow us to send the data after January 1, 2014 to our county social services partners who will need the information to conduct Medi-Cal redeterminations for enrollees who have transitioned from LIHP-to-Medi-Cal. This technology can assist in understanding and potentially expediting MIA enrollment in health insurance that will occur after January 1, 2014.

*** Project Outcomes** The project's principal outcomes are to

1. facilitate enrollment into Medi-Cal or Covered California for LIHP enrollees and eventually MIA population with minimal burden to clients
2. minimize the level of manual processes that staff will have to perform in health insurance enrollment by taking full advantage of technological tools and IT systems

The Foundation's support would be of tremendous value in furthering the goal of maximizing enrollment in Medi-Cal with minimal client burden. Without technology tools to assist in this task, counties will be forced to redirect staff who perform LIHP eligibility assistance and enrollment to work on processes required to transfer participants from LIHP to Medi-Cal. This would thwart simultaneous efforts counties have underway to maximize enrollment in LIHPs during this last year of the program (January to December 2013). Counties have a collective goal to maximize the number of potential Medi-Cal participants who are "pre-enrolled" and transitioned to Medi-Cal by January 1, 2014. Counties are retaining interim staff to assist in the LIHP-MEDS data transfer and MEDS verification process.

In addition, the counties have been informed that the State's information technology (IT) is very constrained due to multiple, major, simultaneous IT efforts and is not able to offer technology solutions tailored to a subset of LIHP counties. While the counties will continue to work collaboratively with State DHCS staff to accomplish the most efficient processes possible, it is clear that the counties must develop "ground up" technology solutions rather than expecting those to emanate from the State.

*** Outcomes Measured** Progress towards the stated outcomes will be measured by:

- * Creating a detailed project management plan with project components, responsible parties, dependencies, status, due dates, etc.
- * Monitoring the progress of the project against its timeline and project management plan.
- * Having regular meetings/conference calls of the collaborative to ensure that all parties are satisfied with the progress and development of the technological tools.

- * Establishing regular meetings between the county project leads and consultant.
- * Receiving regular written progress reports from the consultant.
- * Implementation and use of the technology tools to expedite data transfer from LIHP systems.
- * Actual existence of LIHP data in the MEDS system (before December 2013).

*** Dissemination of Outcomes** This regional three-county collaborative will disseminate information on the technological processes and components of the transfer to a wide range of constituents. The counties are in a unique position to build pathways and technology connections that can serve State DHCS and other LIHP counties (particularly others selecting the State MEDS option).

To date, our successes in maximizing enrollment and facilitating access to care for 66,758 LIHP participants builds on experience and technology assets that we have developed over many years. We have designed approaches to connecting clients with coverage and care that leverage technology and facilitate efficient administration of care. This proposed project will provide valuable lessons in how counties can best connect low-income, Medi-Cal eligible residents seeking health insurance to successful Medi-Cal enrollment at the ground-level.

Throughout this project, the collaborative will provide updates to the other LIHP counties through the monthly State DHCS LIHP Transition conference calls. In addition, the collaborative will disseminate information to the following entities:

- * Program level - share with county LIHP staff (including enrollment unit) and LIHP third-party administrators.
- * County level - share with local health and social services departments.
- * State-wide level - shared with the State DHCS, and state-wide health and/or social service associations.

At the local level, it is envisioned that each county will form a county-specific health reform task force/committee comprised of diverse stakeholders and representatives. The goals of these groups will be to ensure a cohesive approach to health insurance enrollment under the Affordable Care Act (ACA) at the local level.

Finally, it will be shared with the Foundation, policy makers and others interested in the ACA implementation at the local level.

*** Project Risks/Challenges** The counties are at a critical juncture in working with the State DHCS to assure a seamless transition of participants from LIHP to Medi-Cal as the Affordable Care Act is implemented on January 1, 2014. That being said, the most significant challenge to this project would be delays in receiving critical policy direction, data, training and approval from State DHCS. County LIHP access to MEDS is dependent upon State DHCS receiving approval from the federal Center for Medicare and Medicaid Services to provide such access. In delays in the approval or approval with significant access

restrictions would pose a challenge to the counties. It would directly impact of the project's scope of the work and/or timeline.

- * **Key Objective #1** By May 1, 2013, the counties will finalize a scope of work with the LIHP eligibility and enrollment system of record contractor to develop a technological tool to batch LIHP enrollees for transfer into MEDS
- * **Key Objective #2** By August 31, 2013, each county in the regional collaborative will have transferred LIHP data (initial and subsequent submissions) into MEDS based on State DHCS requirements.
- * **Key Objective #3** By December 1, 2013, counties will finalize a technological tool for the transfer of data from LIHP eligibility and enrollment systems to county social services systems related to those LIHP-to-MEDS enrollees that will need Medi-Cal eligibility redetermination after January 1, 2014.

Additional Objectives By December 15, 2013, the regional collaborative will outline options that use the learnings and technological tools from the LIHP-MEDS transfer to inform enrollment of MIA in Medi-Cal or Covered California beginning in January 2014.

* **Project Key Objectives/Grantmaking Priorities** This project address the Foundation's Health Care and Coverage program area and in particular, the sub-area Expanding Coverage. This project is designed to move from the planning phase to the implementation phase. It will ensure that on or before January 1, 2014, each and every eligible LIHP enrollee in four counties will receive from the California DHCS's Medi-Cal Division a Medi-Cal Beneficiary Identification Card indicating that they are enrolled in the program and have health insurance effective January 1, 2014. It will have done so by minimizing, or in some cases eliminating the barriers that uninsured individuals might face obtaining health insurance. It does this by using technology to streamline and modernize enrollment. It takes advantage of and uses existing LIHP enrollee data and information to effectuate a Medi-Cal enrollment as opposed to having a LIHP enrollee complete a Medi-Cal application to initially obtain health insurance. Further, LIHP county provision of data to county social services after January 2014 will help promote retention in health insurance and care by facilitating Medi-Cal eligibility redetermination. This project strongly advances the Foundation's grantmaking priorities to expand coverage.

* **Project Staff** Alameda County

Cristi Iannuzzi, Project Manager, Health Care Services Agency

Rachel Metz, Policy Director, Health Care Services Agency

Randy Morris, Assistant Agency Director, Alameda County Social Services Agency

San Francisco City and County

Raul Alarcon, Eligibility Spvr. & MEDS LIHP County Coord.,
Department of Public Health

Tangerine Brigham, Deputy Director, Department of Public Health

Sarah Crow, Senior Planning Analyst, San Francisco Human Services Agency

Jackie Haslam, IS Principal Business Analyst, Department of Public Health

San Mateo County

Marmi Bermudez, Enrollment Unit Manager, San Mateo County Health System

Ed Kiryczun, Health Reform Project Manager, San Mateo County Human Services Agency

Jessica Light, Health Reform Analyst, San Mateo County Human Services Agency

Srija Srinivasan, Director of Strategic Operations, San Mateo County Health System

Alameda County (continued)

John Hanson, Information Systems Coordinator, Health Care Services Agency

Project Staffing Chart

* Sole Project Funder Yes

* Key Project Contributors Alameda County Health Care Services Agency (in-kind contribution)

San Francisco Department of Public Health (in-kind contribution)

San Mateo County Health System (in-kind contribution)

* Population Served This funding will principally serve several thousand low-income, ethnically-diverse, uninsured adults who are currently eligible, enrolled in, or will apply for the LIHP in Alameda, San Francisco and San Mateo counties. This population will become eligible for either full-scope Medi-Cal or for the insurance exchange following the implementation of health reform in 2014. As of November 2012, there were 66,758 LIHP enrollees in those three counties.

* Project Timeline • LIHP-MEDS Data Transfer Project Timeline for Blue Shield Proposal.docx (11.92 K, uploaded by Tangerine Brigham on 12/15/12)

Optional Attachment(s)

Demographics

* Geographic Area Served by Request San Francisco Bay Area

Geographic Area Served by Request (Additional) San Francisco Bay Area

* Population Uninsured

* Race/Ethnicity 21% Asian/Pacific Islander (includes Pacific Islander, East, Central, South, West, and Southeast Asian)
27% Black/African/African American (includes Caribbean & African Continent)

17% Latino/a (includes Mexican, Central and South American)
 1% Native American/American Indian/Alaska Native
 28% White/Caucasian (includes Eastern and Western European)
 6% Multi-Racial/Ethnic

* Age 10% Young Adults (18-24)
 90% Adults (25-64)

* Gender 49% Female
 51% Male

Financials

* Total Project Budget \$337,744.00

* Project Budget • [SFDPH_BSCFBudget_12.17.2012.xls \(332.5 K, uploaded by Tangerine Brigham on 12/17/12\)](#)

* Project Budget Narrative (Form) • [SFDPH Project Budget Narrative 12.17.2012.doc \(48.5 K, uploaded by Tangerine Brigham on 12/17/12\)](#)

* Total Organizational Budget \$1,675,000,000.00

* Total Income - Organization \$1,675,000,000.00

* Total Expenses - Organization \$1,675,000,000.00

* Total Surplus/Deficit FY 2011-12: \$1,718,617

FY 2010-11: (\$23,546,205)

FY 2009-10: \$7,000,921

FY 2008-09: \$42,736,000

FY 2007-08: \$4,821,000

The information below is based on a fiscal year (beginning on July 1st and ending on June 30th). Please note that in FY 2010-11, there was an expected shortfall due to the delay in the State implementation of a Medicaid State Plan Amendment. In addition in FY 2008-09, the surplus was due to a federal increase in the Federal Medicaid Assistance Percentage under the American Recovery and Reinvestment Act. This increase terminated in FY 2010-11.

* Fiscal Year Ends (MM/DD) 06/30

* Organization Budget • [CCSF AAO \(2012-14\) - DPH Section \(for BSCF\).pdf \(639.21 K, uploaded by Tangerine Brigham on 12/15/12\)](#)

* Organization Budget Narrative In fiscal year 2012-13, the Department launched implementation of its integrated delivery system to improve health care service integration and efficiency. The San Francisco Health Commission

regularly monitors its progress. In addition, to help ensure and improve patient satisfaction, the Department launched service excellence training for staff at San Francisco General Hospital and its community oriented primary care clinics. Next fiscal year, the Department will experience several changes due to implementation of the individual mandate under the Affordable Care Act. This will result in an increase in the number of insured patients receiving care from the Department.

The San Francisco Board of Supervisors adopts two year fiscal budgets. The Department's 2012-13 budget is \$1.675 billion and was approved by the Board of Supervisors as part of the Board's approval of the entire City and County of San Francisco budget. The Department's 2012-13 budget reflects a continued commitment to serving the most vulnerable in our community. Revenues (state, federal and patients) do not fully cover the costs of health care or public health services provided by the Department. As result, the Department receives general fund from the City and County similar to all other county agencies. The general fund is comprised of tax revenue and other funds that help support basic county services to San Francisco residents. The general fund fills the gap between costs and revenues. During the fiscal year, mid-year budget decreases and increased in expenditures and revenues generally relate primarily to modifications in federal and/or State government funding. In addition, budget adjustments also reflect inflationary increases in the cost of providing services such as personnel, materials and supplies, medical supplies, equipment, etc.

- * Financial Statements
 - [FY2012-13 Q1 Rev & Expend Report \(DPH\).pdf \(154.46 K, uploaded by Tangerine Brigham on 12/15/12\)](#)

* Financial Audit Yes

- Audited Financial Statement
 - [CCSF Audit Letter 12.2012.pdf \(2.31 MB, uploaded by Tangerine Brigham on 12/15/12\)](#)

- * IRS Form 990
 - [BS Letter re IRS 99011 - 12.2012.pdf \(24.3 K, uploaded by Tangerine Brigham on 12/15/12\)](#)

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Blue Shield of California Foundation
Project Budget Narrative Form (2 Page Limit)

Income

Describe the nature of the additional support from external sources and internal organizational investment for this project, if applicable, including internal (in-kind) contributions.

All members of the regional collaborative will provide in-kind contributions to this project via staff and contractor support. The monetary value of the support totals \$112,744 and the detail is provided below.

County	Salary and Fringe	Consultant	All In-Kind Contribution
Alameda County	\$14,244	\$20,400	\$36,644
San Francisco City and County	\$44,332	\$0	\$44,332
San Mateo County	\$33,768	\$0	\$33,768
Total	\$92,344	\$20,400	\$112,744

The Direct Expenses section provides information on the in-kind staffing for this project.

Direct Expenses

Salaries

Discuss the staffing for the project and how each individual's expertise (or function) relates to the execution of the project and the attainment of grant objectives.

The staffing expenses are provided by county. The staffing is provided on an in-kind basis.

Alameda County Health Care Services Agency and Social Services Agency

- The Policy Director of Alameda County HCSA will provide oversight of the project team for Alameda County. She will lead the policy decision and resource allocation process within the Agency to ensure successful implementation of the interfaces. She will participate in meetings as needed and participate in review and approval of the scope of services proposed by the consultant.
- The Project Manager will execute the project communication plan and interact frequently with project stakeholders and the team members in Alameda County. She will develop the scope of services required for development of the interfaces in Alameda County and will ensure the proper development, implementation and testing of these interfaces.
- The Information Systems Coordinator will provide technical expertise regarding the interface extract from One-e-App and transfer to MEDS and CalWIN. He will review technical development documents and coordinate with the Project Manager for successful testing of the interface.

San Francisco City and County Department of Public Health and Human Services Agency

- LIHP/MEDS Coordinator is responsible for ensuring that MEDS verification is completed for LIHP enrollees.
- IS Principal Business Analyst will work closely with the eligibility and enrollment system contractor (Social Interest Solutions), MEDS and CalWIN on the technology based solutions including interface development, testing and execution.
- Deputy Director and Director of Healthy San Francisco is responsible for: (1) co-leading the grant project, (2) ensuring that the two technology areas (One-E-App to MEDS and One-E-App to CalWIN) are implemented, (3) working with State DHCS and other statewide partners, (4) keeping local partners involved and (5) serving as the Foundation's point of contract for this grant.

San Mateo County Health System and Human Services Agency

- Health System Director of Strategic Operations will lead the Health System's decisions regarding the two technology areas targeted (One-E-App to MEDS and One-E-App to CalWIN), including issues of vetting/ guiding the work of Social Interest Solutions, direction of Health System LIHP staff involved in the effort, securing clarification or assistance from State DHCS, and keeping key Health System, Human Services Agency and Health Plan of San Mateo (HPSM) partners involved. She will also be the point of coordination with external stakeholders involved in SM County's broader ACA planning.

- Health System Health Coverage Unit Program Manager will manage the Health System's involvement with Social Interest Solutions and Human Services Agency partners, including issues such as direction of HCU staff involvement, problem-solving and technical/operational guidance, coordination with Human Services Agency and HPSM staff and assuring effective project management of all key deliverables to the State.
- Human Services Agency, Human Services Manager II- Health Care Reform Project Manager will lead the Human Services Agency's involvement and preparation for the transfer of participants from LIHP to Medi-Cal, including decisions regarding HSA staff involvement, HSA work with the CalWIN Project, HSA follow-up with the Department of Health Care Services and keeping the Human Services Agency leadership team informed of key developments
- Human Services Agency, Health Reform Analyst will serve as the content expert on statewide issues related to the LIHP to Medi-Cal transition and other issues involved in transition of clients from local indigent programs to Medi-Cal or Exchange coverage in 2014. She will also partner with key leaders in both the Health System and Human Services Agency to develop the project management plans necessary to assure smooth coordination across our two departments.

Contractors

Identify contractors if known and include any relevant work history. Explain how the contractor's expertise relates to the execution of the project and the attainment of grant objectives.

Social Interest Solutions and/or CalWIN will be the contractor(s) for this engagement. A total of \$225,000 is being requested. SIS licenses One-e-App, the web-based eligibility and enrollment system that is currently being used by all three counties in this collaborative and CalWIN is the eligibility and enrollment SAWS system used by all three counties for Medi-Cal. SIS has significant expertise in working with counties to develop county-specific solutions tailored to community needs and information technology capabilities and capacity. CalWIN was a critical partner in designing a system that facilitated citizenship verification for LIHPs. SIS has developed either one-way or two-way interfaces between health department and social service agencies to facilitate eligibility determination on those preliminarily determined eligible for Medi-Cal when applying for the county's LIHP or MIA program.

Other Costs

Provide insight into how other identified costs contribute to the attainment of grant objectives.

No other costs are related to this project

Lobbying Expenses (if applicable)

If there is lobbying involved with the project (not with BSCF funds) describe the nature of the activities and their relation the overall project.

Not applicable

Key Objectives

Specify how the items proposed for funding in the budget will help attain the proposed grant objectives (if not addressed above.) For example, discuss how the staff and consultant activity proposed in the grant budget will result in your achieving the key objectives proposed for the project.

The project's principal outcomes of this grant are to: (1) facilitate enrollment into Medi-Cal or Covered California for LIHP enrollees and eventually MIA population with minimal burden to clients and (2) minimize the level of manual processes that staff will have to perform in health insurance enrollment by taking full advantage of technological tools and IT systems. This regional collaborative has successfully fulfilled key objectives under prior Blue Shield of CA Foundation grants focused on identifying IT options for the transfer of data from local LIHPs to the State DHCS. The budget request of \$225,000 is in excess of the \$150,000 limit because the proposal is for three counties. The counties believe that a joint proposal facilitates learning across counties, capitalizes and utilizes the strengths of these counties, and is a more efficient use of Foundation resources (i.e., one combined request of \$225,000 as opposed to three individual requests of \$150,000).

Additional Comments (if applicable)

San Francisco Department of Public Health

LIHP-MEDS Data Transfer (4 County Regional Collaborative)

Annual Org Budget	\$ 1,675,000,000
Project Budget	\$ 337,744
BSCF Request	\$ 225,000

Year 1 Project Start Date = 04/01/13

Year 1 Project End Date = 03/31/14

Budget - Year 1

Personnel	-	0%
Contracted Svcs	225,000	100%
Other	-	0%
Indirect	-	0%
Net Variance	-	-

Income	BSCF	Other Funding	Total Project Budget	% Project Budget
Committed Support				
Alameda County In Kind Contribution		34,644	34,644	
San Francisco City & County In-Kind Contrib.		44,332	44,332	
San Mateo County In-Kind Contribution		33,768	33,768	
Committed Subtotal		112,744	112,744	33%
Non-Committed Support				
BSCF Request	225,000	-	225,000	
Non-Committed Subtotal	225,000	-	225,000	67%
Total Income	\$ 225,000	\$ 112,744	\$ 337,744	100%

Expenses	BSCF	Other Funding	Total Project Budget	% Project Budget
Direct Expenses				
Salaries				
Alameda Health Care Svcs - Policy Director	4%	5,800	5,800	
Alameda Health Care Svcs - IS Coordinator	8%	8,443	8,443	
SF Dept of Public Health - Dep. Director	8%	19,822	19,822	
SF Dept of Public Health - LIHP/MEDS Coord	10%	12,056	12,056	
SF Dept of Public Health - IS Principal Analyst	8%	12,454	12,454	
SM Health System - Dir or Strategic Ops	5%	9,506	9,506	
SM Health System - HCU Program Manager	10%	14,188	14,188	
SM Human Svcs Ag - Health Ref. Proj Mgr	3%	3,910	3,910	
SM Human Svcs Ag - Health Ref. Analyst	5%	6,164	6,164	
Total Salaries and Wages		92,344	92,344	27%
Fringe Benefits (% of salaries and wages)		-	-	
Total Personnel Costs		92,344	92,344	27%
Contracted Services				
Social Interest Solutions and SAWS	225,000	-	225,000	
C and C Advisors	-	20,400	20,400	
Total Contracted Services	225,000	20,400	245,400	73%
Other Costs				
Equipment (100% project dedicated only)	-	-	-	
Printing and Mail (100% project related)	-	-	-	
Travel (project specific)	-	-	-	
Other (specify)	-	-	-	
Other (specify)	-	-	-	
Other (specify)	-	-	-	
Total Other Costs	-	-	-	-
Direct Expenses Total	225,000	112,744	337,744	100%
Indirect Expenses Total	-	-	-	-
Indirect Expense % (maximum 15% for BSCF)	-	-	-	-
Total Expenses	\$ 225,000	\$ 112,744	\$ 337,744	100%
Variance (should = "-")	-	(0)	(0)	

REQUIRED: Lobbying Expenses (includes planned expenses for direct and grassroots lobbying associated with the project)				
Lobbying Expenses*				Must be equal to or less than total project expenses
Non-Lobbying Expenses				
Total Project Expenses (should equal total expenses from line 65)	225,000		\$ -	(225,000)

* Note: No portion of BSCF grant funds may be allocated to or used for lobbying expenses.

City and County of San Francisco

Department of Public Health



Gavin Newsom
Mayor

Tangerine M. Brigham
Deputy Director of Health
Director of Healthy San Francisco

March 26, 2013

Gwyneth Tripp
Grants Administrator
Blue Shield of California Foundation
50 Beale Street, 14th Floor
San Francisco, California 94105

Re: Grant Agreement No. 7870197 (for County Enrollment Assistance 2013)

Dear Ms. Tripp:

Please find enclosed the signed original grant agreement for the above-referenced grant in support to work that will be taken by the Low Income Health Programs in Alameda, San Francisco and San Mateo counties.

The Department thanks you for your strong support of regional efforts that ensure county participation in health care reform and the enrollment of eligible uninsured residents into the appropriate health insurance programs. The Department considers Blue Shield of California Foundation a critical partner in efforts to expand health care coverage for vulnerable populations.

Sincerely,

A handwritten signature in cursive script that reads "Tangerine Brigham".

Tangerine Brigham
Deputy Director of Health
Director of Healthy San Francisco

Blue Shield of California Foundation Grant Agreement

Date: March 25, 2013

Grant #: 7870197

Grantee: San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102

Grant Amount: \$225,000

Grant Term: 12 months, 04/01/13 to 03/31/14

Payment Schedule: Payment in full of \$225,000 Issued upon receipt of signed grant agreement

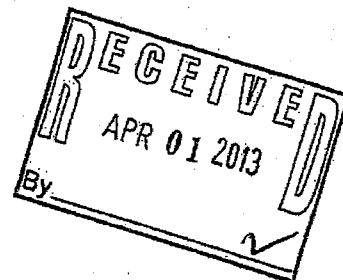
Reporting Schedule: Interim 10/1/13
Final 5/1/14

Grant Title: County Enrollment Assistance 2013, Round One

Purpose of Grant: To help counties maximize enrollment in Low Income Health Programs (LIHPs) in 2013 and transition LIHP enrollees and uninsured residents into coverage through Medi-Cal and the California Health Benefit Exchange in 2014.

Key Objectives:

- By April 30, 2013, finalize a scope of work to develop a technological tool to batch Low Income Health Program (LIHP) enrollees for transfer into the state Medi-Cal Eligibility Data System (MEDS) that will assist at least Alameda, San Francisco and San Mateo counties to transition LIHP enrollees into Medi-Cal.
- By May 31, 2013, identify contractor to assist Alameda, San Francisco and San Mateo counties in transferring LIHP enrollees into MEDS using a batch process.
- By August 31, 2013, transfer LIHP enrollee data for Alameda, San Francisco and San Mateo counties into MEDS as required by the state Department of Health Care Services.
- By November 30, 2013, finalize a technological tool for the transfer of data from LIHP eligibility and enrollment systems to county social services systems related to those LIHP enrollees who will need Medi-Cal eligibility redetermination after January 1, 2014.
- By December 31, 2013, assess and disseminate the learnings and technological tools from the project to inform procedures for enrollment of medically indigent adults in Medi-Cal in 2014.



This is a legally binding agreement ("Agreement"). It will be effective upon our receipt of an original of this Agreement, signed by an authorized representative of your organization. We will arrange for payment of the first instalment of the grant within 30 days of our receipt of a signed original.

Review the terms and conditions of this Agreement very carefully, including its reporting requirements. The Foundation will not consider grant renewals for grantees who fail to meet reporting requirements.

Blue Shield of California Foundation Grant Agreement

TERMS AND CONDITIONS

1. **Use of Funds.** Grantee shall use the grant funds only for the purposes of the specific project described above and substantially in accordance with the approved budget included with Grantee's proposal. Grantee shall repay to the Foundation any portion of the grant funds which are not spent or committed, or which are not used for the specific project described in this Agreement. Any significant changes in the purpose for which grant funds are spent or in the budget or grant period must be approved in writing by the Foundation before the funds are spent.
2. **Reporting.** Report(s) are to be furnished to the Foundation no later than the date(s) indicated above.

In addition to the required report(s), BSCF may contact you mid-course of the grant term to inquire about the status of the project.

The purpose of these report(s) is to permit the Foundation to learn from its experience as a grantmaker and to meet its obligations under federal and state regulations. Failure to submit these report(s) may disqualify Grantee from receiving future funding from the Foundation.

3. **Evaluation and Monitoring.** The Foundation may monitor and conduct an evaluation of operations under this grant. This may include a visit from Foundation staff, Trustees, and/or Foundation advisors, to observe Grantee's program, discuss the program with Grantee's personnel, and review financial and other records and materials connected with the activities financed by this grant. In addition, Grantee shall provide to the Foundation copies of any publications or other materials produced, in full or in part, with Foundation funds.
4. **Recordkeeping.** Grantee shall keep adequate records to substantiate expenditures from grant funds. Grantee shall make its books and records pertaining to the grant funds available to the Foundation at reasonable times for review and audit, and shall comply with all reasonable requests of the Foundation for information and interviews regarding use of grant funds. Grantee shall keep copies of all books and records related to this grant and all reports to the Foundation for at least four years after Grantee has expended the last of the grant funds.
5. **Sub-grantees.** Grantee shall retain full discretion and control over the selection of any sub-grantees or sub-contractors to carry out Grantee's charitable purposes and shall act completely independently of the Foundation. The Foundation and Grantee acknowledge that there is no agreement, written or oral, by which the Foundation may cause Grantee to choose any particular sub-grantee or sub-contractor. Grantee shall require that any sub-grantee or sub-contractor be subject to the requirements of Paragraphs 1, 2, 3, 4, 7, 10, 11, 12 and 13 of this Agreement, substituting Grantee for the Foundation and the sub-grantee or sub-contractor for Grantee, as applicable. All obligations of Grantee under these Paragraphs shall remain in full force and effect.
6. **Funds Not Earmarked; Grantee Representation.** The grant funds are not earmarked to be used in any attempt to influence legislation within the meaning of Internal Revenue Code ("IRC") Section 4945(e). The Foundation and Grantee have made no agreement, oral or written, to that effect. Grantee represents that the statements made in Grantee's grant request and proposed budget, as to the amount budgeted by Grantee for project activities that are not attempts to influence legislation are accurate. In reliance on such representation, the Foundation has determined that this grant is not earmarked for influencing legislation within the meaning of IRC Section 4945(e), and the Foundation and Grantee have made no agreement, oral or written, to that effect. Thus, any use of grant funds by Grantee for such activities constitutes a decision of Grantee that is wholly independent of the Foundation.

Blue Shield of California Foundation Grant Agreement

7. **Prohibited Uses.** Grantee shall not use any portion of the funds granted:
- To influence the outcome of any specific election for candidates to public office, or to carry on, directly or indirectly, a voter registration drive within the meaning of IRC Section 4945(d)(2), as interpreted by its accompanying regulations;
 - To undertake an activity for any purpose other than a religious, charitable, scientific, literary, educational, or other purpose specified in IRC Section 170(c)(2)(B); or
 - To induce or encourage violations of law or public policy, to cause any private inurement or improper private benefit to occur, or to take any other action inconsistent with IRC Section 501(c)(3).
8. **Grant Announcements.** Grantee shall submit in advance to the Foundation, for review and revision at the sole discretion of the Foundation, any announcements Grantee intends to make regarding the grant, and any publications referring to the grant Grantee intends to publish other than in its annual reports or tax returns. The Foundation may include information on the grant in its periodic public reports and may also refer to the grant in a press release. If there are special considerations concerning the public announcement of this grant, or if Grantee would like to coordinate a public announcement of the grant with the Foundation, Grantee may contact the Foundation to discuss Grantee's plans.
9. **Representation and Warranty Regarding Tax Status.** By entering into this Agreement, Grantee represents and warrants that Grantee is exempt from federal income tax under IRC Section 501(c)(3) or in the absence of such a determination, that Grantee is a state or any political subdivision thereof within the meaning of Code Section 170(c)(1), or a state college or university within the meaning of Code Section 511(a)(2)(B) (referred to hereafter as a "Public Charity") and that it is not a private foundation as defined in IRC Section 509(a) (i.e., that it is a "Public Charity"). Such representation and warranty shall continue through the completion date of this grant.
10. **Publications; License.** Any information contained in publications, studies, or research funded by this grant shall be made available to the public following such reasonable requirements or procedures as the Foundation may establish from time to time. Grantee grants to the Foundation an irrevocable, nonexclusive license to publish any publications, studies, or research funded by this grant at its sole discretion.
11. **Violation of Terms; Change of Status.** In the case of any violation by Grantee of the terms and conditions of the grant, including but not limited to not executing the work of the grant in substantial compliance with the proposal, or in the event of any change in or challenge by the Internal Revenue Service of Grantee's status as a Public Charity, the Foundation reserves the right in its absolute discretion to terminate the grant as provided in Paragraph 16. The Foundation's determination will be final and will be binding and conclusive upon Grantee. Grantee shall give the Foundation immediate written notice of any change in Grantee's tax exempt or Public Charity status. If final or interim reports are not received in a timely manner, the Foundation may withhold payment until the outstanding report is received, and may terminate the grant as provided in Paragraph 16 if any such report is not received within a reasonable time (no more than sixty [60] days) following the date on which it was due.
12. **No Agency.** Grantee is solely responsible for all activities supported by the grant funds, the content of any product created with the grant funds, and the manner in which such products may be disseminated. This Agreement shall not create any agency relationship, partnership, or joint venture between the parties, and Grantee shall make no such representation to anyone.

Blue Shield of California Foundation Grant Agreement

13. **Terrorist Activity.** Grantee agrees that the grant funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, regulations, rules and executive orders.
14. **Further Assurances.** Grantee acknowledges that it understands its obligations imposed by this Agreement, including but not limited to those obligations imposed by reference to the IRC. Grantee agrees that if Grantee has any doubts about its obligations under this Agreement, including those incorporated by reference to the IRC, Grantee will promptly contact the Foundation or legal counsel.
15. **Indemnification.** Grantee irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its officers, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission of Grantee, its employees, or agents, in applying for or accepting the grant, or in expending or applying the grant funds or carrying out any project or program to be supported by the grant, except to the extent that such claims, liabilities, losses, or expenses arise from or in connection with any act or omission of the Foundation, its officers, directors, employees, or agents.
16. **Remedies.** If the Foundation determines, in its sole discretion, that Grantee has substantially violated or failed to carry out any provision of this Agreement, including but not limited to failure to submit reports when due, the Foundation may, in addition to any other legal remedies it may have, refuse to make any further grant payments to Grantee under this or any other grant agreement, and the Foundation may demand the return of all or part of the grant funds not properly spent or committed to third parties, which Grantee shall immediately repay to the Foundation. The Foundation may also avail itself of any other remedies available by law.
17. **Captions.** All captions and headings in this Agreement are for the purposes of reference and convenience only. They shall not limit or expand the provisions of this Agreement.
18. **No Waivers.** The failure of the Foundation to exercise any of its rights under this Agreement shall not be deemed to be a waiver of such rights.
19. **Entire Agreement.** This Agreement supersedes any prior or contemporaneous oral or written understandings or communications between the parties and constitutes the entire agreement of the parties with respect to its subject matter. This Agreement may not be amended or modified, except by written mutual agreement by both parties.
20. **Governing Law; Venue.** This Agreement shall be governed by the laws of the State of California applicable to contracts to be performed entirely within the State. For the purpose of any action or proceeding arising out of or relating to this Agreement, each of the parties hereto irrevocably (a) submits to the exclusive jurisdiction of the state courts of California and to the jurisdiction of the United States District Court for the District of Northern California and (b) agrees that all claims in respect of such action or proceeding shall be heard and determined exclusively in any California state or U.S. federal court sitting in the City and County of San Francisco, California.

Blue Shield of California Foundation Grant Agreement

Have one copy of this agreement reviewed and signed where indicated by an authorized officer of Grantee and returned to the attention of **Gwyneth Tripp, Grants Administrator**. Once countersigned, a final copy of the agreement will be posted to our online system and a notice emailed to the grantseeker for download at any time, using the link and grantseeker credentials noted in the letter accompanying this agreement. If, during the life of this grant you have questions or if changes in circumstance arise, contact **Richard Thomason, Program Officer**.

ACCEPTED AND AGREED:

Grantee: San Francisco Department of Public Health

EIN: 946000417

By:


Signature of person authorized to sign on behalf of the grantee

Printed
Name:

Tangerine Brigham

Title:

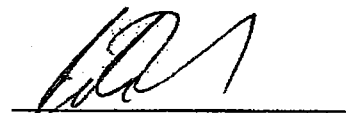
Dep. Director + Dir. of Healthy San Francisco

Date:

3/26/2013

Foundation:

By:



Name:

Peter V. Long, Ph.D.

Title:

President and CEO

Date:

4/9/13

NOTE: Payment(s) on this grant will be delivered to your organization's bank account by electronic funds transfer, using the information your organization provides in the required ACH form. Once funds have been transmitted, a notice will be emailed to the grantseeker contact.

OFFICE OF THE MAYOR
SAN FRANCISCO



EDWIN M. LEE
MAYOR

TO: Angela Calvillo, Clerk of the Board of Supervisors
FROM: *EL* Mayor Edwin M. Lee *JE*
RE: Accept and Expend Grant – County Enrollment Assistance 2013 -
\$225,000
DATE: July 9, 2013

Attached for introduction to the Board of Supervisors is the resolution authorizing the San Francisco Department of Public Health to retroactively accept and expend a grant in the amount of \$225,000 from Blue Shield of California Foundation to participate in a program entitled County Enrollment Assistance 2013 grant for the period of April 1, 2013, through March 31, 2014, waiving indirect costs.

I request that this item be calendared in Budget and Finance Committee.

Should you have any questions, please contact Jason Elliott (415) 554-5105.

RECEIVED
BOARD OF SUPERVISORS
SAN FRANCISCO
2013 JUL -9 PM 3:38
AK

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL**
(S.F. Campaign and Governmental Conduct Code § 1.126)

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s): Members, SF Board of Supervisors	City elective office(s) held: Members, SF Board of Supervisors

Contractor Information <i>(Please print clearly.)</i>
Name of contractor: Social Interest Solutions

Please list the names of (1) members of the contractor's board of directors; (2) the contractor's chief executive officer, chief financial officer and chief operating officer; (3) any person who has an ownership of 20 percent or more in the contractor; (4) any subcontractor listed in the bid or contract; and (5) any political committee sponsored or controlled by the contractor. Use additional pages as necessary.

#1 SIS Board - Robert Phillips (Board Chair), Sam Karp (Secretary), Stacy Dean (Audit Chair), Charlie Marshall (Board Member), Melanie Nathanson (Board Member), Thomas Donovan (Board Member), Terri Shaw (Board Member).
#2 SIS Management Team - Claudia Page (Co-Director/Executive Director); Bobbie Wilbur (Co-Director/Director of Applications Solutions)
#3 CFO Chi Huynh (Finance & Administration Manager)
#4 NA
#5 NA

Contractor address: 1333 Broadway, Suite 1020, Oakland, CA 94612

Date that contract was approved:	Amount of contract: \$1,800,000
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Describe the nature of the contract that was approved:
 The contract is for the implementation and maintenance of an eligibility and enrollment system for the City and County's Healthy San Francisco and Low Income Health Programs.

Comments:

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form (Mayor, Edwin M. Lee)
- a board on which the City elective officer(s) serves San Francisco Board of Supervisors
Print Name of Board
- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits
Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer: Clerk of the SF Board of Supervisors	Contact telephone number: 415-554-5184
Address: City Hall, Room 244 1 Dr. Carlton B. Goodlett Place	E-mail: Board.of.Supervisors@sfgov.org

Signature of City Elective Officer (if submitted by City elective officer) _____
Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk) _____
Date Signed