

**City and County of San Francisco
Office of Contract Administration
Purchasing Division**

Second Amendment

THIS AMENDMENT (this “Amendment”) is made as of **October 1st, 2020**, in San Francisco, California, by and between **MAITRI AIDS HOSPICE** (“Contractor”), and the City and County of San Francisco, a municipal corporation (“City”), acting by and through its Director of the Office of Contract Administration.

Recitals

WHEREAS, City and Contractor have entered into the Agreement (as defined below); and

WHEREAS, City and Contractor desire to modify the Agreement on the terms and conditions set forth herein to **increase the contract amount, extend the contract term, and update standard contractual clauses**; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through **RFP 25-2017 issued on April 10, 2017** and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number **2005 07/08** on **July 18, 2016**;

NOW, THEREFORE, Contractor and the City agree as follows:

Article 1 Definitions

The following definitions shall apply to this Amendment:

1.1 **Agreement.** The term “Agreement” shall mean the Agreement dated **July 1st, 2017** (Contract ID# 1000006124), between Contractor and City, as amended by the:

First Amendment, dated January 1st, 2019.

1.2 **Other Terms.** Terms used and not defined in this Amendment shall have the meanings assigned to such terms in the Agreement.

Article 2 Modifications to the Agreement

The Agreement is hereby modified as follows:

2.1 **Article 2 Term of the Agreement** of the Original Agreement currently reads as follows:

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **July 1, 2017**; or (ii) the Effective Date and expire on **March 31, 2021**, unless earlier terminated as otherwise provided herein.

2.2 The City has **six (6)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

- Option 1: 04/01/2021 – 03/31/2022
- Option 2: 04/01/2022 – 03/31/2023
- Option 3: 04/01/2023 – 03/31/2024
- Option 4: 04/01/2024 – 03/31/2025
- Option 5: 04/01/2025 – 03/31/2026
- Option 6: 04/01/2026 – 03/31/2027

Such section is hereby amended in its entirety to read as follows:

Article 2 Term of the Agreement

2.1 The term of this Agreement shall commence on the latter of: (i) **July 1, 2017**; or (ii) the Effective Date and expire on **March 31, 2024**, unless earlier terminated as otherwise provided herein.

2.2 The City has **three (3)** options to renew the Agreement for a period of **one year** each. The City may extend this Agreement beyond the expiration date by exercising an option at the City’s sole and absolute discretion and by modifying this Agreement as provided in Section 11.5, “Modification of this Agreement.”

- Option 1: 04/01/2021 – 03/31/2022 Exercised
- Option 2: 04/01/2022 – 03/31/2023 Exercised
- Option 3: 04/01/2023 – 03/31/2024 Exercised
- Option 4: 04/01/2024 – 03/31/2025
- Option 5: 04/01/2025 – 03/31/2026
- Option 6: 04/01/2026 – 03/31/2027

2.2 **Article 3.3.1 Payment** of the 1st Amendment currently reads as follows:

Article 3 Financial Matters

3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Five Million Four Hundred Ninety-Five Thousand Seven Hundred Ninety-One DOLLARS (\$5,495,791)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

Such section is hereby amended in its entirety to read as follows:

Article 3 Financial Matters

3.3 Compensation.

3.3.1 **Payment.** Contractor shall provide an invoice to the City on a monthly basis for Services completed in the immediate preceding month, unless a different schedule is set out in Appendix B, "Calculation of Charges." Compensation shall be made for Services identified in the invoice that the **Director of Health**, in his or her sole discretion, concludes has been satisfactorily performed. Payment shall be made within 30 calendar days of receipt of the invoice, unless the City notifies the Contractor that a dispute as to the invoice exists. In no event shall the amount of this Agreement exceed **Nine Million Five Hundred Thirty-Six Thousand Three Hundred Forty-One DOLLARS (\$9,536,341)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. A portion of payment may be withheld until conclusion of the Agreement if agreed to by both parties as retainage, described in Appendix B. In no event shall City be liable for interest or late charges for any late payments.

2.3 **Article 4.3 Subcontracting**, is hereby amended in its entirety to read as follows:

Article 4 Services and Resources

4.3 Subcontracting.

4.3.1 Contractor may subcontract portions of the Services only upon prior written approval of City. Contractor is responsible for its subcontractors throughout the course of the work required to perform the Services. All Subcontracts must incorporate the terms of Article 10 “Additional Requirements Incorporated by Reference” of this Agreement, unless inapplicable. Neither Party shall, on the basis of this Agreement, contract on behalf of, or in the name of, the other Party. Any agreement made in violation of this provision shall be null and void.

4.3.2 City's execution of this Agreement constitutes its approval of the subcontractors listed below.

- a. **Jamie Lavender, LMFT**
- b. **Lisa Capaldini, MD**
- c. **Dawn Gross, MD**
- d. **Twomagnets, Inc.**
- e. **Arcardia**
- f. **Brightstar**
- g. **NurseRegistry**
- h. **U.N.I**

2.4 **Article 4.5 Assignment**, is hereby amended in its entirety to read as follows:

Article 4 Services and Resources

4.5 Assignment.

The Services to be performed by Contractor are personal in character. Neither this Agreement, nor any duties or obligations hereunder, may be directly or indirectly assigned, novated, hypothecated, transferred, or delegated by Contractor, or, where the Contractor is a joint venture, a joint venture partner, (collectively referred to as an “Assignment”) unless first approved by City by written instrument executed and approved in the same manner as this Agreement in accordance with the Administrative Code. The City’s approval of any such Assignment is subject to the Contractor demonstrating to City’s reasonable satisfaction that the proposed transferee is: (i) reputable and capable, financially and otherwise, of performing each of Contractor’s obligations under this Agreement and any other documents to be assigned, (ii) not forbidden by applicable law from transacting business or entering into contracts with City; and (iii) subject to the jurisdiction of the courts of the State of California. A change of ownership or control of Contractor or a sale or transfer of substantially all of the assets of Contractor shall be deemed an Assignment for purposes of this Agreement. Contractor shall immediately notify City about any Assignment. Any purported Assignment made in violation of this provision shall be null and void.

2.5 **Article 5.1 Insurance**, is hereby amended in its entirety to read as follows:

Article 5 Insurance and Indemnity

5.1 Insurance.

5.1.1 **Required Coverages.** Insurance limits are subject to Risk Management review and revision, as appropriate, as conditions warrant. Without in any way limiting Contractor's liability pursuant to the "Indemnification" section of this Agreement, Contractor must maintain in force, during the full term of the Agreement, insurance in the following amounts and coverages:

- (a) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness; and
- (b) Commercial General Liability Insurance with limits not less than \$1,000,000 each occurrence for Bodily Injury and Property Damage, including Contractual Liability, Personal Injury, Products and Completed Operations; and
- (c) Commercial Automobile Liability Insurance with limits not less than \$1,000,000 each occurrence, "Combined Single Limit" for Bodily Injury and Property Damage, including Owned, Non-Owned and Hired auto coverage, as applicable.
- (d) Professional Liability Insurance, applicable to Contractor's profession, with limits not less than \$1,000,000 for each claim with respect to negligent acts, errors or omissions in connection with the Services.
- (e) **Reserved. (Technology Errors and Omissions Coverage) .**
- (f) Contractor shall maintain in force during the full life of the agreement Cyber and Privacy Insurance with limits of not less than \$1,000,000 per claim. Such insurance shall include coverage for liability arising from theft, dissemination, and/or use of confidential information, including but not limited to, bank and credit card account information or personal information, such as name, address, social security numbers, protected health information or other personally identifying information, stored or transmitted in any form.

5.1.2 Commercial General Liability and Commercial Automobile Liability Insurance policies must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

5.1.3 Contractor's Commercial General Liability and Commercial Automobile Liability Insurance policies shall provide that such policies are primary insurance to any other insurance available to the Additional Insureds, with respect to any claims arising out of this Agreement, and that the insurance applies separately to each insured against whom claim is made or suit is brought.

5.1.4 All policies shall be endorsed to provide thirty (30) days' advance written notice to the City of cancellation for any reason, intended non-renewal, or reduction in coverages. Notices shall be sent to the City address set forth in Section 11.1, entitled "Notices to the Parties."

5.1.5 Should any of the required insurance be provided under a claims-made form, Contractor shall maintain such coverage continuously throughout the term of this Agreement and, without lapse, for a period of three years beyond the expiration of this Agreement, to the effect that, should occurrences during the contract term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

5.1.6 Should any of the required insurance be provided under a form of coverage that includes a general annual aggregate limit or provides that claims investigation or legal defense costs be included in such general annual aggregate limit, such general annual aggregate limit shall be double the occurrence or claims limits specified above.

5.1.7 Should any required insurance lapse during the term of this Agreement, requests for payments originating after such lapse shall not be processed until the City receives satisfactory evidence of reinstated coverage as required by this Agreement, effective as of the lapse date. If insurance is not reinstated, the City may, at its sole option, terminate this Agreement effective on the date of such lapse of insurance.

5.1.8 Before commencing any Services, Contractor shall furnish to City certificates of insurance and additional insured policy endorsements with insurers with ratings comparable to A-, VIII or higher, that are authorized to do business in the State of California, and that are satisfactory to City, in form evidencing all coverages set forth above. Approval of the insurance by City shall not relieve or decrease Contractor's liability hereunder.

5.1.9 Reserved. (Waiver of Subrogation)

5.1.10 If Contractor will use any subcontractor(s) to provide Services, Contractor shall require the subcontractor(s) to provide all necessary insurance and to name the City and County of San Francisco, its officers, agents and employees and the Contractor as additional insureds.

2.6 Add **Article 7.3 Withholding**, to this Agreement as Amended to reads as follows:

Article 7 Payment of Taxes

7.3 Withholding.

Contractor agrees that it is obligated to pay all amounts due to the City under the San Francisco Business and Tax Regulations Code during the term of this Agreement. Pursuant to Section 6.10-2 of the San Francisco Business and Tax Regulations Code, Contractor further acknowledges and agrees that City may withhold any payments due to Contractor under this Agreement if Contractor is delinquent in the payment of any amount required to be paid to the City under the San Francisco Business and Tax Regulations Code. Any payments withheld under this paragraph shall be made to Contractor, without interest, upon Contractor coming back into compliance with its obligations.

2.7 **Article 10.11 Limitations on Contributions**, is hereby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.11 Limitations on Contributions.

By executing this Agreement, Contractor acknowledges its obligations under section 1.126 of the City's Campaign and Governmental Conduct Code, which prohibits any person who contracts with, or is seeking a contract with, any department of the City for the rendition of personal services, for the furnishing of any material, supplies or equipment, for the sale or lease of any land or building, for a grant, loan or loan guarantee, or for a development agreement, from making any campaign contribution to (i) a City elected official if the contract must be approved by that official, a board on which that official serves, or the board of a state agency on which an appointee of that official serves, (ii) a candidate for that City elective office, or (iii) a committee controlled by such elected official or a candidate for that office, at any time from the submission of a proposal for the contract until the later of either the termination of negotiations for such contract or twelve months after the date the City approves the contract. The prohibition on contributions applies to each prospective party to the contract; each member of Contractor's board of directors; Contractor's chairperson, chief executive officer, chief financial officer and chief operating officer; any person with an ownership interest of more than 10% in Contractor; any subcontractor listed in the bid or contract; and any committee that is sponsored or controlled by Contractor. Contractor certifies that it has informed each such person of the limitation on contributions imposed by Section 1.126 by the time it submitted a proposal for the contract, and has provided the names of the persons required to be informed to the City department with whom it is contracting.

2.8 **Article 10.11 Distribution of Beverages and Water**, is hereby amended in its entirety to read as follows:

Article 10 Additional Requirements Incorporated by Reference

10.17 Distribution of Beverages and Water.

10.17.1 **Sugar-Sweetened Beverage Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Sugar-Sweetened Beverages, as defined by San Francisco Administrative Code Chapter 101, as part of its performance of this Agreement.

10.17.2 **Packaged Water Prohibition.** Contractor agrees that it shall not sell, provide, or otherwise distribute Packaged Water, as defined by San Francisco Environment Code Chapter 24, as part of its performance of this Agreement.

2.9 **Article 13.4 Management of City Data and Confidential Information**, is hereby amended in its entirety to read as follows:

Article 13 Data and Security

13.4 Management of City Data and Confidential Information

13.4.1 Access to City Data. City shall at all times have access to and control of all data given to Contractor by City in the performance of this Agreement (“City Data” or “Data”), and shall be able to retrieve it in a readable format, in electronic form and/or print, at any time, at no additional cost.

13.4.2 Use of City Data and Confidential Information. Contractor agrees to hold City's Confidential Information received from or created on behalf of the City in strictest confidence. Contractor shall not use or disclose City's Data or Confidential Information except as permitted or required by the Agreement or as otherwise authorized in writing by the City. Any work using, or sharing or storage of, City's Confidential Information outside the United States is subject to prior written authorization by the City. Access to City's Confidential Information must be strictly controlled and limited to Contractor's staff assigned to this project on a need-to-know basis only. Contractor is provided a limited non-exclusive license to use the City Data or Confidential Information solely for performing its obligations under the Agreement and not for Contractor's own purposes or later use. Nothing herein shall be construed to confer any license or right to the City Data or Confidential Information, by implication, estoppel or otherwise, under copyright or other intellectual property rights, to any third-party. Unauthorized use of City Data or Confidential Information by Contractor, subcontractors or other third-parties is prohibited. For purpose of this requirement, the phrase “unauthorized use” means the data mining or processing of data, stored or transmitted by the service, for commercial purposes, advertising or advertising-related purposes, or for any purpose other than security or service delivery analysis that is not explicitly authorized.

13.4.3 Disposition of Confidential Information. Upon termination of Agreement or request of City, Contractor shall within forty-eight (48) hours return all Confidential Information which includes all original media. Once Contractor has received written confirmation from City that Confidential Information has been successfully transferred to City, Contractor shall within ten (10) business days purge all Confidential Information from its servers, any hosted environment Contractor has used in performance of this Agreement, work stations that were used to process the data or for production of the data, and any other work files stored by Contractor in whatever medium. Contractor shall provide City with written certification that such purge occurred within five (5) business days of the purge.

13.4.4 Protected Health Information. Contractor, all subcontractors, all agents and employees of Contractor and any subcontractor shall comply with all federal and state laws regarding the transmission, storage and protection of all private health information disclosed to Contractor by City in the performance of this Agreement. Contractor agrees that any failure of Contractor to comply with the requirements of federal and/or state and/or local privacy laws shall be a material breach of the Contract. In the event that City pays a regulatory fine, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible use or disclosure of protected

health information given to Contractor or its subcontractors or agents by City, Contractor shall indemnify City for the amount of such fine or penalties or damages, including costs of notification. In such an event, in addition to any other remedies available to it under equity or law, the City may terminate the Contract.

The Appendices listed below are Amended as follows:

2.10 Delete Appendix A, and replace in its entirety with Appendix A to Agreement as amended. Dated: 10/01/2020.

2.11 Delete Appendix A-1, and replace in its entirety with Appendix A-1 to Agreement as amended. Dated: 10/01/2020.

2.12 Delete Appendix A-2, and replace in its entirety with Appendix A-2 to Agreement as amended. Dated: 10/01/2020.

2.13 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 10/01/2020.

2.14 Delete Appendix B-2d, and replace in its entirety with Appendix B-2d to Agreement as amended. Dated: 10/01/2020.

2.15 Delete Appendix B-4, and replace in its entirety with Appendix B-4 to Agreement as amended. Dated: 10/01/2020.

2.16 Add Appendix B-4.1 to Agreement as amended. Dated: 10/01/2020.

2.17 Delete Appendix B-4a, and replace in its entirety with Appendix B-4a to Agreement as amended. Dated: 10/01/2020.

- 2.18 Add Appendix B-5 to Agreement as amended. Dated: 10/01/2020.
- 2.19 Add Appendix B-5a to Agreement as amended. Dated: 10/01/2020.
- 2.20 Add Appendix B-6 to Agreement as amended. Dated: 10/01/2020.
- 2.21 Add Appendix B-6a to Agreement as amended. Dated: 10/01/2020.
- 2.22 Add Appendix B-7 to Agreement as amended. Dated: 10/01/2020.
- 2.23 Add Appendix B-7a to Agreement as amended. Dated: 10/01/2020.

- 2.24 Delete Appendix F-2d, and replace in its entirety with Appendix F-2d to Agreement as amended. Dated: 10/01/2020.

- 2.25 Delete Appendix F-4, and replace in its entirety with Appendix F-4 to Agreement as amended. Dated: 10/01/2020.

- 2.26 Add Appendix F-4.1 to Agreement as amended. Dated: 10/01/2020.

- 2.27 Delete Appendix F-4a, and replace in its entirety with Appendix F-4a to Agreement as amended. Dated: 10/01/2020.

- 2.28 Add Appendix F-5 to Agreement as amended. Dated: 10/01/2020.

- 2.29 Add Appendix F-5a to Agreement as amended. Dated: 10/01/2020.

- 2.30 Add Appendix F-6 to Agreement as amended. Dated: 10/01/2020.

2.31 Add Appendix F-6a to Agreement as amended. Dated: 10/01/2020.

2.32 Add Appendix F-7 to Agreement as amended. Dated: 10/01/2020.

2.33 Add Appendix F-7a to Agreement as amended. Dated: 10/01/2020.

Article 3 Effective Date

Each of the modifications set forth in Section 2 shall be effective on and after **the date of this Amendment.**

Article 4 Legal Effect

Except as expressly modified by this Amendment, all of the terms and conditions of the Agreement shall remain unchanged and in full force and effect.

IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY

Recommended by:

DocuSigned by:

Greg Wagner

Grant Colfax, MD

Director of Health

Department of Public Health

Approved as to Form:

Dennis J. Herrera

City Attorney

DocuSigned by:

By Louise Simpson

BD54168A4C3B452

Deputy City Attorney

Approved:

DocuSigned by:

Saraneh Moayed

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Sailaja Kurella

Acting Director of the Office of Contract

Administration, and Purchaser

CONTRACTOR

MAITRI AIDS HOSPICE

DocuSigned by:

Fr. Rusty Smith

090E2F9D4392400

RUSTY SMITH

Executive Director

401 Duboce Avenue

San Francisco, CA 94117

Supplier ID number: **0000015884**

Appendix A Scope of Services

1. Terms

A. Contract Administrator:

In performing the Services hereunder, Contractor shall report to **Bill Blum**, Contract Administrator for the City, or his / her designee.

B. Reports:

Contractor shall submit written reports as requested by the City. The format for the content of such reports shall be determined by the City. The timely submission of all reports is a necessary and material term and condition of this Agreement. All reports, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

For services solicited under a Group Purchasing Organization (GPO) the Contractor shall report all applicable sales under this agreement to the respective GPO.

C. Evaluation:

Contractor shall participate as requested with the City, State and/or Federal government in evaluative studies designed to show the effectiveness of Contractor's Services. Contractor agrees to meet the requirements of and participate in the evaluation program and management information systems of the City.

For contracts for the provision of services at Zuckerberg San Francisco General or Laguna Honda Hospital and Rehabilitation Center, the evaluation program shall include agreed upon performance measures as specified in the Performance Improvement Plan and Performance Measure Grid which is presented in Attachment 1 to Appendix A. Performance measures are reported annually to the Zuckerberg San Francisco General performance improvement committees (PIPS and Quality Council) or the to the Administration Office of Laguna Honda Hospital and Rehabilitation Center.

The City agrees that any final written reports generated through the evaluation program shall be made available to Contractor within thirty (30) working days. Contractor may submit a written response within thirty working days of receipt of any evaluation report and such response will become part of the official report.

D. Possession of Licenses/Permits:

Contractor warrants the possession of all licenses and/or permits required by the laws and regulations of the United States, the State of California, and the City to provide the Services. Failure to maintain these licenses and permits shall constitute a material breach of this Agreement.

E. Adequate Resources:

Contractor agrees that it has secured or shall secure at its own expense all persons, employees and equipment required to perform the Services required under this Agreement, and that all such Services shall be performed by Contractor, or under Contractor's supervision, by persons authorized by law to perform such Services.

F. Admission Policy:

Admission policies for the Services shall be in writing and available to the public. Except to the extent that the Services are to be rendered to a specific population as described in the programs listed in Section 2 of Appendix A, such policies must include a provision that clients are accepted for care without discrimination on the basis of race, color, creed, religion, sex, age, national origin, ancestry, sexual orientation, gender identification, disability, or AIDS/HIV status.

G. San Francisco Residents Only:

Only San Francisco residents shall be treated under the terms of this Agreement. Exceptions must have the written approval of the Contract Administrator.

H. Grievance Procedure:

Contractor agrees to establish and maintain a written Client Grievance Procedure which shall include the following elements as well as others that may be appropriate to the Services: (1) the name or title of the person or persons authorized to make a determination regarding the grievance; (2) the opportunity for the aggrieved party to discuss the grievance with those who will be making the determination; and (3) the right of a client dissatisfied with the decision to ask for a review and recommendation from the community advisory board or planning council that has purview over the aggrieved service. Contractor shall provide a copy of this procedure, and any amendments thereto, to each client and to the Director of Public Health or his/her designated agent (hereinafter referred to as "DIRECTOR"). Those clients who do not receive direct Services will be provided a copy of this procedure upon request.

I. Infection Control, Health and Safety:

(1) Contractor must have a Bloodborne Pathogen (BBP) Exposure Control plan for its employees, agents and subcontractors as defined in the California Code of Regulations, Title 8, Section 5193, Bloodborne Pathogens (<http://www.dir.ca.gov/title8/5193.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, training, immunization, use of personal protective equipment and safe needle devices, maintenance of a sharps injury log, post-exposure medical evaluations, and recordkeeping.

(2) Contractor must demonstrate personnel policies/procedures for protection of its employees, agents, subcontractors and clients from other communicable diseases prevalent in the population served. Such policies and procedures shall include, but not be limited to, work practices, personal protective equipment, staff/client Tuberculosis (TB) surveillance, training, etc.

(3) Contractor must demonstrate personnel policies/procedures for Tuberculosis (TB) exposure control consistent with the Centers for Disease Control and Prevention (CDC) recommendations for health care facilities and based on the Francis J. Curry National Tuberculosis Center: Template for Clinic Settings, as appropriate.

(4) Contractor is responsible for site conditions, equipment, health and safety of their employees, and all other persons who work or visit the job site.

(5) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as BBP and TB and demonstrate appropriate policies and procedures for

reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(6) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(7) Contractor assumes responsibility for procuring all medical equipment and supplies for use by its employees, agents and subcontractors, including safe needle devices, and provides and documents all appropriate training.

(8) Contractor shall demonstrate compliance with all state and local regulations with regard to handling and disposing of medical waste.

J. Aerosol Transmissible Disease Program, Health and Safety:

(1) Contractor must have an Aerosol Transmissible Disease (ATD) Program as defined in the California Code of Regulations, Title 8, Section 5199, Aerosol Transmissible Diseases (<http://www.dir.ca.gov/Title8/5199.html>), and demonstrate compliance with all requirements including, but not limited to, exposure determination, screening procedures, source control measures, use of personal protective equipment, referral procedures, training, immunization, post-exposure medical evaluations/follow-up, and recordkeeping.

(2) Contractor shall assume liability for any and all work-related injuries/illnesses including infectious exposures such as Aerosol Transmissible Disease and demonstrate appropriate policies and procedures for reporting such events and providing appropriate post-exposure medical management as required by State workers' compensation laws and regulations.

(3) Contractor shall comply with all applicable Cal-OSHA standards including maintenance of the OSHA 300 Log of Work-Related Injuries and Illnesses.

(4) Contractor assumes responsibility for procuring all medical equipment and supplies for use by their staff, including Personnel Protective Equipment such as respirators, and provides and documents all appropriate training.

K. Acknowledgment of Funding:

Contractor agrees to acknowledge the San Francisco Department of Public Health in any printed material or public announcement describing the San Francisco Department of Public Health-funded Services. Such documents or announcements shall contain a credit substantially as follows: "This program/service/activity/research project was funded through the Department of Public Health, City and County of San Francisco."

L. Client Fees and Third Party Revenue:

(1) Fees required by federal, state or City laws or regulations to be billed to the client, client's family, or insurance company, shall be determined in accordance with the client's ability to pay and in conformance with all applicable laws. Such fees shall approximate actual cost. No additional fees may be charged to the client or the client's family for the Services. Inability to pay shall not be the basis for denial of any Services provided under this Agreement.

(2) Contractor agrees that revenues or fees received by Contractor related to Services performed and materials developed or distributed with funding under this Agreement shall be used to increase the gross program funding such that a greater number of persons may receive Services. Accordingly, these revenues and fees shall not be deducted by Contractor from its billing to the City.

M. Patients Rights: .

All applicable Patients Rights laws and procedures shall be implemented.

N. Under-Utilization Reports:

For any quarter that Contractor maintains less than ninety percent (90%) of the total agreed upon units of service for any mode of service hereunder, Contractor shall immediately notify the Contract Administrator in writing and shall specify the number of underutilized units of service.

O. Quality Assurance:

Contractor agrees to develop and implement a Quality Assurance Plan based on internal standards established by Contractor applicable to the Services as follows:

- 1) Staff evaluations completed on an annual basis.
- 2) Personnel policies and procedures in place, reviewed and updated annually.
- 3) Board Review of Quality Assurance Plan.

P. Compliance With Grant Award Notices:

Contractor recognizes that funding for this Agreement is provided to the City through federal, state or private foundation awards. Contractor agrees to comply with the provisions of the City’s agreements with said funding sources, which agreements are incorporated by reference as though fully set forth.

Contractor agrees that funds received by Contractor from a source other than the City to defray any portion of the reimbursable costs allowable under this Agreement shall be reported to the City and deducted by Contractor from its billings to the City to ensure that no portion of the City’s reimbursement to Contractor is duplicated.

2. Description of Services

Contractor agrees to perform the following Services:

All written Deliverables, including any copies, shall be submitted on recycled paper and printed on double-sided pages to the maximum extent possible.

Detailed description of services are listed below and are attached hereto

Appendix A-1	Maitri Compassionate Care (HIV/AIDS Hospice Services)
Appendix A-2	Maitri Compassionate Care (HIV/AIDS Hospice Services) – Mental Health Services Program

3. Services Provided by Attorneys. Any services to be provided by a law firm or attorney to the City must be reviewed and approved in writing in advance by the City Attorney. No invoices for services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

Contractor / Provider	Maitri AIDS Hospice											
Total Contract / Term	\$ 8,929,365		07/01/17 - 03/31/24									
Address / Phone	401 Duboce Avenue, San Francisco, CA 94117 / 415.558.3000 Fax: 415.558.3010											
Contact Person	Rusty Smith, Exec Director, 415-558-3001; Crystal Russell, Prog Director, 415-558-3006											
System of Care / RFP #	HIV Health Services (HHS)						RFP # 25-2017					
Program Name	Maitri Compassionate Care HIV/AIDS Hospice Services											
Funding Source	Ryan White Part A								RWPA-COVID		RWPA	
Appendices	A-1 / B-1		A-1 / B-2		A-1 / B-3		A-1 / B-4		A-1 / B-4.1		A-1 / B-5	
Amount	\$523,125		\$784,687		\$810,507		\$810,507		\$71,200		\$810,507	
Term	7/1/17- 2/28/18		3/1/18-2/28/19		3/1/19-2/29/20		3/1/20-2/28/21		4/1/20-9/30/20		3/1/21-2/28/22	
Definition of UOS	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Pt Days	2,333	22	2,628	26	2,628	26	2,628	26	N/A	N/A	2,628	26
ParaProfess Pt Days	2,333	22	2,628	26	2,628	26	2,628	26	N/A	N/A	2,628	26
COVID Expense Months	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6	N/A	N/A	N/A
Totals	4,666	22	5,256	26	5,256	26	5,256	26	6	N/A	5,256	26
Funding Source	RWPA		RWPA									
Appendices	A-1 / B-6		A-1 / B-7									
Amount	\$810,507		\$810,507									
Term	3/1/22-2/28/23		3/1/23-2/29/24									
Definition of UOS	UOS	UDC	UOS	UDC								
Professional Pt Days	2,628	26	2,628	26								
ParaProfess Pt Days	2,628	26	2,628	26								
Totals	5,256	26	5,256	26								
Funding Source	RWPB		RWPB - X08		RWPB		RWPB - X07		RWPB		RWPB	
Appendices	A-1 / B-1a		A-1 / B-1a.1		A-1 / B-2a		A-1 / B-2a.1		A-1 / B-3a		A-1 / B-4a	
Amount	\$294,124		\$157,825		\$392,166		\$172,520		\$392,166		\$392,166	
Term	7/1/17- 3/31/18		9/30/17-9/29/18		4/1/18-3/31/19		4/1/18-3/31/19		4/1/19-3/31/20		4/1/20-3/31/21	
Definition of UOS :	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Pt Days	778	2	N/A	N/A	1,168	14	N/A	N/A	1,168	14	1,168	14
ParaProfess Pt Days	778	2	N/A	N/A	1,168	14	N/A	N/A	1,168	14	1,168	14
Facilty Expenses Months	N/A	N/A	12	N/A	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A
Totals	1,556	2	12	N/A	2,336	14	12	N/A	2,336	14	2,336	14
Funding Source	RWPB		RWPB		RWPB							
Appendices	A-1 / B-5a		A-1 / B-6a		A-1 / B-7a							
Amount	\$412,476		\$412,476		\$412,476							
Term	4/1/21-3/31/22		4/1/22 -3/31/23		4/1/23-3/31/24							
Definition of UOS :	UOS	UDC	UOS	UDC	UOS	UDC						
Professional Pt Days	1,168	14	1,168	14	1,168	14						
ParaProfess Pt Days	1,168	14	1,168	14	1,168	14						
Facilty Expenses Months	N/A	N/A	N/A	N/A	N/A	N/A						
Totals	2,336	14	2,336	14	2,336	14						
*****Total UDC is not the sum of UDC from each mode of service												

Contractor / Provider		Maitri AIDS Hospice (continued)									
Program Name		Maitri Compassionate Care HIV / Mental Health Program									
Funding Source		RWPB - X08		RWPB - X07		RWPB		General Fund		RWPB	
Appendices		A-2 / B-1b		A-2 / B-2b		A-2 / B-2c		A-1 / B-3b		A-2 / B-2d	
Amount		\$95,000		\$133,803		\$95,000		\$20,310		\$115,310	
Term		9/30/17- 9/29/18		4/1/18-3/31/19		4/1/19-3/31/20		7/1/19-6/30/20		4/1/20-3/31/21	
<u>Definition of UOS:</u>		UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
<i>Interns Mental Hlth Indiv Hrs</i>		528	10	936	10	N/A	N/A	N/A	N/A	N/A	N/A
<i>Interns Mental Hlth Group Hrs</i>		82	10	104	10	N/A	N/A	N/A	N/A	N/A	N/A
<i>LCSW MH Indiv Hrs</i>		N/A	N/A	156	10	234	10	N/A	N/A	768	20
<i>LCSW Mental Hlth Group Therapy</i>		N/A	N/A	17	10	18	10	N/A	N/A	240	20
<i>RN Psychoeducation Grp Hrs</i>		N/A	N/A	20	10	N/A	N/A	N/A	N/A	N/A	N/A
<i>Start Up Months</i>		N/A	N/A	5	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<i>Volunteer Mental Health Group</i>		N/A	N/A	N/A	N/A	182	10	N/A	N/A	N/A	N/A
<i>Administrative Mngt Months</i>		N/A	N/A	N/A	N/A	N/A	N/A	12	N/A	N/A	N/A
Totals		610	10	1,238	10	434	10	12	N/A	1,008	20

*****Total UDC is not the sum of UDC from each mode of service

Target Population	People with HIV/AIDS and in need of hospice or 24-hour skilled nursing care.
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Description of Services

Professional / Paraprofessional Pt Days: RN, LVN, Social Work, and CNA Services within a licensed Residential Care Facility for the Chronically Ill (RCFCI).

Mental Health Services: psychosocial assessments, development of care plans, client-tailored interventions including counseling; individual and group mental health services provided by the staff Volunteer Coordinator, interns, an LCSW, and an RN within an RCFCI.

1. IDENTIFIERS

Program Name/Address **Maitri Compassionate Care HIV/AIDS Hospice Services**
Residential Nursing and Hospice Services
401 Duboce Ave, SF 94117, /415 558-3000 / Fax: 415 558-3010 / maitrisf.org

Contacts Rusty Smith, Executive Director, rsmith@maitrisf.org, 415-558-3001
Crystal Russell, Program Director, crussell@maitrisf.org, 415-558-3006

2. NATURE of DOCUMENT Contract Amendment**3. GOAL STATEMENT**

To provide whole-person care including, safe housing, medical care, nutrition, and additional supportive services, for those with HIV at end of life and those needing respite to return to independence as defined by the resident.

4. PRIORITY POPULATION

The priority population is people with HIV/AIDS and in need of hospice or 24-hour skilled nursing care. The program assures that HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be obtained by client self-attestation but must be documented in the client file or in ARIES.

5. MODALITIES and INTERVENTIONS Units of Service (UOS) and Unduplicated Clients (UDC)

Maitri provides two types of service with this funding to each resident for each day they reside at Maitri: Professional Patient Days and Paraprofessional Patient Days. These types of service recognize the different levels of training for various members of the care team. The UOS are calculated based on available beds multiplied by the anticipated occupancy rate times the days in the contract period. Services included in the patient day rate are nursing and attendant care, social work case management, food services and nutrition support, and ancillary supportive services such as activities/volunteer engagement, and financial counseling.

Professional Patient Day

A Professional Day includes intensive case management and evaluation on the part of the RN Case Manager and the Social Work-Case Manager, 24-hour RN On-Call Support and 24 hour LVN care plus the supervision of the Director of Clinical Services and support staff to effectively manage these services.

Paraprofessional Patient Day

A Paraprofessional day includes 24-hour attendant care and if deemed necessary a 1:1 ratio for patients with dementia or dementia like symptoms. Paraprofessional services also include ancillary supportive services such as activities and volunteer engagement. It also includes the supervision of the Director of Clinical Services and support staff to effectively manage these services with 24-hour on-call RN support.

Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-1 07/01/17 – 02/28/18 (8 mos.) RWPA	Professional Patient Days (RN, SW, LVN Care) 12 Beds x 243 days x 80% Average Occupancy	2,333	22
	Paraprofessional Patient Days (Attendant Care) 12 Beds x 243 days x 80% Average Occupancy	2,333	22
Total UOS and UDC		4,666	22
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-2 / 03/01/18 – 02/28/19 / RWPA	Professional Patient Days (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	Paraprofessional Patient Days (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
Total UOS and UDC		5,256	26
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-3 / 03/01/19 – 02/29/20 / RWPA	Professional Patient Days (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	Paraprofessional Patient Days (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
Total UOS and UDC		5,256	26
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-4 / 03/01/20 – 02/28/21/ RWPA	Professional Patient Days (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	Paraprofessional Patient Days (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
Total UOS and UDC		5,256	26
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-5 / 03/01/21 – 02/28/22 / RWPA	Professional Patient Days (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	Paraprofessional Patient Days (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
Total UOS and UDC		5,256	26
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-6 / 03/01/22 – 02/28/23 / RWPA	Professional Patient Days (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	Paraprofessional Patient Days (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
Total UOS and UDC		5,256	26
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-7 / 03/01/23 – 02/29/24 / RWPA	Professional Patient Days (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	Paraprofessional Patient Days (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
Total UOS and UDC		5,256	26

Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-1a / 07/01/17 – 03/31/18 / RWPB	Professional Patient Days (RN, SW, LVN Care) 4 Beds x 243 days (8 mos.) x 80% Average Occupancy	778	2
	Paraprofessional Patient Days (Attendant Care) 4 Beds x 243 days (8mos) x 80% Average Occupancy	778	2
Total UOS and UDC		1,556	2
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-1a.1 / 09/30/17 – 09/29/18 RWPB (X08)	Facility Expense Months 1 month x 12	12	N/A
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-2a / 04/01/18 – 03/31/19 / RWPB	Professional Patient Days (RN, SW, LVN Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
	Paraprofessional Patient Days (Attendant Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
Total UOS and UDC		2,336	14
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-2a.1 / 04/30/18 – 03/31/19 RWPB (X07)	Facility Expense Months 1 month x 12	12	N/A
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-3a / 04/01/19 – 03/31/20 / RWPB	Professional Patient Days (RN, SW, LVN Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
	Paraprofessional Patient Days (Attendant Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
Total UOS and UDC		2,336	14
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-3b / 07/01/19 – 06/30/20 / GF	Administrative Management Months (MCO) 1 month x 12	12	N/A
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-4a / 04/01/20 – 03/31/21 / RWPB	Professional Patient Days (RN, SW, LVN Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
	Paraprofessional Patient Days (Attendant Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
Total UOS and UDC		2,336	14
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-4a.1 / 04/1/20 – 09/30/20 / RWPA	COVID Expense Months 1 month x 6	6	N/A
Appendix / Period / Funds	Unit of Service Description	UOS	UDC
B-5a / 04/01/21 – 03/31/22 / RWPB	Professional Patient Days (RN, SW, LVN Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
	Paraprofessional Patient Days (Attendant Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
Total UOS and UDC		2,336	14

<i>Appendix / Period / Funds</i>	<i>Unit of Service Description</i>	UOS	UDC
B-6a / 04/01/22 – 03/31/23/ RWPB	Professional Patient Days (RN, SW, LVN Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
	Paraprofessional Patient Days (Attendant Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
Total UOS and UDC		2,336	14
<i>Appendix / Period / Funds</i>	<i>Unit of Service Description</i>	UOS	UDC
B-7a / 04/01/23 – 03/31/24/ RWPB	Professional Patient Days (RN, SW, LVN Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
	Paraprofessional Patient Days (Attendant Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	14
Total UOS and UDC		2,336	14

6. METHODOLOGY

Maitri routinely maintains a short wait list of approximately ten people and therefore requires little in the way of advertising or recruiting for new clients. The Maitri Clinical Director and other program staff meet and/or network via telephone with myriad contacts across the City to inform them of the availability of Maitri services. The program's primary source of recruitment derives from referrals that originate in acute care settings and AIDS service organizations. Regular contacts include discharge planners at all city hospitals (especially San Francisco General, California Pacific Medical Center and Laguna Honda), Community HIV service agencies such as Westside Community Services and The Shanti Project, other Residential Care Facilities for the Chronically Ill (RCFCI), and community home health, hospice and palliative care agencies. Referral relationships have been established with other AIDS Services Providers to provide comprehensive services for residents of Maitri. These linkages may include adult day social services, complementary therapies, services for the visually impaired, benefits counseling, and/or legal services.

Intake screening to determine resident eligibility includes collection of identifying demographic information, verification of HIV status, disease stage and prognosis, and TB clearance. Intake Screening may include a site visit or evaluation of the patient in their current living situation to confirm that they meet eligibility criteria. The intake procedures also include obtaining or verifying residency in San Francisco, and client income. At the time of admission, the Clinical Director reviews Maitri services, client rights and responsibilities, and the facility grievance procedure with the patient/family. The patient consents for treatment and signs a release for sharing information with other providers to ensure coordination of services are obtained. Copies of resident rights and all signed releases are provided to the patient as necessary.

The goal is to provide core nursing and attendant care staffing, along with additional supportive services to care for the whole person, to effectively meet the needs of residents who have a need for hospice and/or 24-hour care. This includes care for residents with HIV cognitive impairment/mild to moderate dementia. To meet this goal, Maitri utilizes an interdisciplinary team approach. Over the first 2 weeks of admission, each new resident has an orientation schedule in which they meet with all members of the team for assessment and creation of an individualized service plan to address the medical/physical, social/emotional and functional needs of the resident. This team includes: Director of Clinical Services, two RN Case Managers, Social Work-Case Managers, LCSW/therapist, Volunteer and Aftercare Coordinator, and Food Services Director. The service plan is developed within seven days of admission to the facility and updated at least every three months. Clients in need of home health or hospice services as defined by Medicare, Medi-Cal, or other third party payers are referred to the appropriate licensed home health or hospice agency for additional services.

All medical care and medications are provided under orders from the resident's physician. All such orders are maintained in the resident's file. Medication administration is carried out according to RCFCI regulations and documented in the clinical record. The resident's physician is notified if any resident refuses to comply with prescribed medication regimens.

Some Maitri residents receive medical services from visiting agencies under an intermittent or hospice plan of care. All care is provided under the supervision of the residents' primary physician and is coordinated with the Maitri RN Case Manager. Maitri Medical Director serves as part of the interdisciplinary case conference team, and is available for questions from the program staff, and intercedes with residents' physicians as requested. Maitri attendants and volunteers provide a high level of practical support for residents. As most residents are not able to leave the building without a taxing effort, residents may be assisted with practically every aspect of daily living up to and including: laundry, eating, personal care, ambulating, errands, physician/clinic visits, and toileting.

Maitri supports residents' choices regarding short absences from Maitri for hospitalization (planned or emergency) or family visits. Maitri will hold a room for an admitted resident for up to 14 days per episode. Residents departing from Maitri for a longer period are discharged and considered for readmission if they wish to return. Exceptions on occasion are made for those needing further hospitalizations for serious medical conditions.

Individual client records contain demographic information about the patient, medical and psychosocial information regarding the patient prior to entrance into the facility, copies of all signed consents, the service plan, documentation of individual services provided, case conferences notes, and interactions with other providers. Client records are stored on site at Maitri in a cabinet that is locked to maintain confidentiality.

Related program activities such as quality improvement, outreach, and staff education are tracked and documented by the staff responsible for the activity using forms or logs appropriate to that activity. Resident demographics and units of service are maintained by the Maitri Clinical Director.

End of Life Planning/Discharge Planning

The Social Work-Case Manager and RN Case Manager assist the residents with either End of Life Planning or discharge planning. End of Life Planning includes material, mortuary, memorial, and spiritual components. The Social Work-Case Manager and RN Case Manager supports the resident while he/she chooses his/her last wishes.

A discharge plan is developed when the resident meets one or more of the following criteria:

- no longer needs the level of care provided at Maitri
- is non-compliant with facility policies
- is a risk to him/herself or others
- wishes to leave (with or against medical advice)
- for any other reason, no longer falls within RCF-CI licensing requirements, i.e., ventilator care, communicable disease which jeopardizes health of others (excluding HIV), etc.

In each case the entire interdisciplinary team works with clients being considered for discharge to ensure as smooth a transition as possible into the community.

HIV Cognitive Impairment/Dementia Care

Clients with HIV cognitive impairment/dementia diagnosis are carefully screened to ensure that Maitri can adequately care for them. Generally Maitri accepts clients with mild to moderate dementia. Those with severe dementia are only considered if they are non-ambulatory. Maitri rarely admits clients who are in need of one-to one attention at the time of referral although this need is accommodated for a period of time if it emerges once someone is admitted to Maitri.

Those clients in need of one-to-one attention may be required to use a wander guard bracelet as deemed necessary by the care team. Clients with mild to moderate dementia will receive increased nursing attendant care. The increased attendant care is labor intensive and is reflected in frequent safety monitoring checks; the monitoring checks are at least hourly and most often every fifteen minutes. The nursing attendants are assigned by the Team Leader, LVN to residents with dementia who need extra safety monitoring at the beginning of each shift.

Harm Reduction

Although Maitri does not require sobriety as admissions criteria, it does maintain a policy of no use of non-prescribed illegal drugs on site. This is designed to support the congregate milieu and to be able to accurately assess the medical status of its residents. Potential residents are asked to sign an acknowledgment of this fact during the pre-admission process. Program staff addresses any non-compliance with this policy on a situational basis, with the guiding criteria being degree of behavioral impact on others.

Staffing

The Maitri model uses an interdisciplinary team approach to meet the needs of the clients served. This interdisciplinary team is led by the Director of Clinical Services. The Clinical Director screens each client to ensure that admission criteria are met and that the facility can provide the needed care and services. The RN Case Manager also assesses the appropriateness of an applicant for the Maitri level of care and congregate living environment. The Clinical Director and RN Case Manager supervise, train, schedule, evaluate, and oversee the RN, LVN, and attendant services provided at Maitri.

The Clinical Director is also responsible for the rest of program staff including Social Work-Case Managers, LCSW/Therapist, Food Services Team, and Volunteer/Aftercare Coordinator; The Clinical Director is also responsible for the overall management of milieu, and maintenance of the facility's RCF-CI licensure. The Maitri Clinical Director works closely with the Nurse Case Managers to assure high quality care for residents.

The RN Case Manager and Social Work Case Manager, in conjunction with support from the LCSW/therapist and Food Services/Nutrition Director are responsible for the development, implementation, and oversight of the service plan of each client. The RN Case Manager and the Social Work Case Manager are responsible for the coordination of all care in the facility, including coordination with outside agencies.

LVN serve as team leaders and provide nursing interventions under the guidance of the RN Case Manager. Certified Nursing Aides at Maitri carry out duties which may include, but are not limited to, personal care, reminders to take medication, feeding, cleaning, assistance with ambulation/movement and/or recommended physical therapy, and supervision of the resident to ensure safety.

The Social Work Case Manager provides interventions related to the management of patients in the facility, including counseling, assistance to access and retain benefits and entitlements, arrangements for transportation to medical appointments, and obtaining Durable Power of Attorney for health care and finance, and discharge planning as needed.

To deliver whole-person comprehensive care, the following additional supportive services are offered:

- Financial Officer works individually and in groups to support budgeting and financial stability of residents, and assists with financial counseling and guidance
- The Volunteer/Aftercare Coordinator assesses and engages residents being discharged with participation in the BRANCH aftercare program. This program extends up to 6 months of post-Maitri support to residents returning to the community and offers ongoing contact and support with the LCSW/therapist, Social Work Case Manager and volunteers. BRANCH participants are also invited to events and activities hosted on-site at Maitri.

Cultural Competency

Maitri submits a Cultural Competency Plan annually to the SF Department of Public Health. Maitri conducts outreach to various AIDS services organizations to ensure that diverse populations in the community are aware of our organization and its services. Maitri provides services to residents twenty-four hours per day seven days per week and is located at 401 Duboce. The building is compliant with all ADA regulations, and is easily accessible for residents and their visitors by several transportation lines.

ARIES Database

Maitri collects and submits all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for Ryan White CARE Act providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.

Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

Maitri complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

7. OBJECTIVES and MEASUREMENTS

All objectives and descriptions of how objectives will be measured are contained in the SFDPH document entitled *HIV Health Services Performance Objectives*. Maitri agrees to make its best efforts to achieve these objectives within the agreed upon timeframe.

8. CONTINUOUS QUALITY IMPROVEMENT

Maitri systematically reviews and evaluates the care and services provided to the target population via on-going and ad hoc reviews to assure that all services are provided in the manner intended, according to the standards of Maitri. Maitri agrees to abide by the standards of care for the services specified in this Appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. The Clinical Director conducts quarterly chart reviews to identify gaps in services, completion and legibility of progress notes, and adherence to the client service plans identified. The Clinical Director also holds monthly resident meetings to discuss issues of importance to residents and to receive feedback about service provision.

In addition to the Maitri internal evaluations and that performed by the SFDPH as part of the annual monitoring process, the organization is subject to review by the California State Department of Social Services Community Care Licensing on an annual basis. This evaluation analyzes the physical plant, personnel records, and client records to determine if they meet requirements for an RCFCI. Resident records are regularly reviewed for compliance with the program objectives and with the RCFCI regulations.

Maitri is also reviewed annually by the SF Mayor's Office of Housing for those elements of its program that are funded by the HOPWA program. Maitri maintains personnel records of all nursing and attendant care staff that includes verification of compliance with continuing education requirements to maintain licensure and/or certification. Maitri provides individual supervisory meetings at least monthly with respective staff members. Maitri program policies are reviewed on an annual basis. Changes to program policies are presented to the Program Committee of the Board, and subsequently to the full Board of Directors for approval. Interdisciplinary weekly case conferences are also a forum to review relevant policies and procedures.

Program staff administers resident client satisfaction surveys every four months for continuing residents. Program staff also distributes surveys to former residents and residents' friends and families after discharge or death. All surveys are reviewed initially for any immediate intervention, tabulated, then reviewed triennially with the Board Program Committee, and annually with the Board of Directors.

The Clinical Director facilitates a resident meeting monthly to provide a structured forum for resident input into program design and resident concerns over issues related to medical care, staffing, enrichment activities, food, and facility issues. The Clinical Director keeps records of resident meetings.

Staff Training

All direct care staff regularly assigned to provide RN, LVN, or attendant care at Maitri are required to meet RCF-CI level of care. On-going training is coordinated by the Director of Clinical Services and RN manager. Trainings occur on site at least once per month and CEUs are given to staff maintaining their licensure as a requirement of employment (SW, LVN, RN, CNA, etc.). Paid education leave is provided to staff for attendance at relevant training seminars and workshops approved by management. All staff (direct service and non-direct service) are required to complete annual DPH trainings.

Case Conferences

Case conferences are held weekly with each resident regularly scheduled for review at least every two weeks. These conferences include members of the interdisciplinary team (Clinical Director, Social Work-Case Managers, RN Case Managers, LCSW/Therapist, Food Services/Nutrition Director, Volunteer/Aftercare Coordinator, and Medical Director). Residents and the interdisciplinary team meet for a Care Team Meeting every 6 weeks. Outside providers are invited to attend (in-person or remotely) as appropriate to ensure implementation of the service plan.

Concerns regarding the care of individual residents or program policies and procedures may also arise independent of the mechanisms noted above. Other potential sources include, but are not limited to, incident reports, resident meetings, and client complaints or grievances. The Maitri Clinical Director seeks clarification from and provides feedback to any person raising a concern in all cases except those submitted anonymously. Typically, these issues are brought to the attention of the Maitri Clinical Director and are addressed on a case-by-case basis within one of the following contexts:

- Interdisciplinary Team Case Conference
- Maitri Staff Meeting
- Individual Staff Counseling
- Maitri Board Program Committee

Privacy Policies

- a. The SFDPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality. Evidence that the policy and procedures that abides by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.
- b. All staff that handles patient health information is trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures. Documentation exists showing individuals were trained.
- c. A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is provided to all patients/clients served in their threshold and other languages. If document is not available in the patient's/client's relevant language, a verbal translation is provided. Evidence exists in the patient's/client's chart or electronic file that patient was "noticed." (Examples available in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian as needed.)
- d. A Summary of the above Privacy Notice is posted and visible in registration and common areas of treatment facility. Presence and visibility of posting in said areas. (Examples in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian will be provided.)
- e. Each disclosure of a patient's/client's health information for purposes other than treatment, payment, or operations is documented. Documentation exists.
- f. Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

9. REQUIRED LANGUAGE

a. Unreimbursed Services	See Target Population, Page 1
b. Enrollment Priority	See Target Population, Page 1
c. HIV Diagnosis	See Target Population, Page 1
d. Standards of Care	See CQI Section, Page 6
e. ARIES	See ARIES Database, Page 5
f. Vouchers	N/A
g. Client Retention	N/A
h. <u>Termination of Services</u>	

In the event that Maitri decides that it can no longer provide the services for which it has contracted under this agreement Maitri will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, Maitri will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

10. SUBCONTRACTORS and CONSULTANTS

- A. Maitri is responsible for the performance of all its subcontractors this Agreement.
- B. Maitri acknowledges that it must comply with Article 5, Insurance and Indemnity, of the Agreement, in relation to its subcontractors. All Maitri staff, as well as its subcontractors, must have the appropriate insurance coverage as outlined in Article 5 of the Agreement.
- C. Maitri assumes all liability for any and all work-related injuries/illness, including but not limited to infectious exposures such as Bloodborne Pathogen and Aerosol Transmissible Diseases. Maitri must demonstrate appropriate policies and procedures for reporting such work-related injuries/illnesses to the City and to any state or federal regulatory agencies and providing appropriate post-exposure medical management as required by the State Workers' compensation laws and regulations.
- D. Maitri acknowledges that it will provide to City a list of any subcontractors in relation to which it seeks the City's approval. No such subcontractors may be used to provide services under this Agreement absent such consent pursuant to Section 4.3.1 of the Agreement.
- E. Maitri will develop and execute subcontract agreements with all approved subcontractors providing services or support outlined in this project. Such subcontracts shall comply with all requirements of the Agreement.
- F. Any such subcontract agreements will be kept on file with Maitri, with a copy sent the Department of Public Health's Clinical Director associated with this engagement.
- G. This list of requirements is provided to highlight for Maitri and Maitri acknowledges that it must comply with all requirements of the Agreements, regardless of whether there are listed again here in this Appendix.

1. **PROGRAM NAME / ADDRESS** **Maitri Mental Health Services Program**
401 Duboce Avenue, San Francisco, CA 94117
Tel: 415- 558-3000 / Fax: 415-558-3010
- Contact** Crystal Russell, LCSW, LAADC, MSPH, Program Director
415-558-3006, crussell@maitrisf.org
2. **NATURE OF DOCUMENT** **Program Modification**

3. GOAL STATEMENT

Maitri Compassionate Care (Maitri) is a 15-bed residence licensed by the California State Department of Social Services Community Care Licensing housing persons with HIV/AIDS and in need of hospice or 24-hour skilled nursing care. The goal of this contract is to provide intensive mental health services for dual and triply diagnosed residents. A result of this treatment there will be an increase in the quality of life and attainment of care goals. For these residents the ability to achieve respite goals is often thwarted or disrupted by harms related to chaotic drug use and severe mental health problems (commonly including trauma, psychotic disorders, personality disorders, and depression), and complicated by social stigma, marginalization, and poverty. For those residents at Maitri receiving hospice services, the mental health services provided will support their end-of-life goals of comfort through distress tolerance and counseling to counter anxiety and depressive symptoms, while also providing supportive counseling to family and friends.

4. TARGET POPULATION:

Maitri serves San Francisco residents eighteen years of age and older, from a wide variety of cultural and demographic groups, including transgender and cisgender people, and all ethnicities and sexual orientations. The Mental Health Services Program will target residents who are triple diagnosed with disabling HIV/AIDS, mental health and substance use challenges.

The program assures that HHS funds are only used to pay for services that are not reimbursed by any other funding source. Client enrollment priority is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured. Low Income status is defined as 500% of the Federal Poverty Level (FPL) as defined by the US Department of Health and Human Services.

Client HIV diagnosis is confirmed at intake. Client eligibility determination for residency, low-income, and insurance status is confirmed at intake and at 12-month intervals thereafter. Six-month, interim eligibility confirmation may be obtained by client self-attestation but must be documented in the client file or in ARIES.

5. MODALITIES and INTERVENTIONS: Units of Service (UOS) and Unduplicated Clients (UDC)

<i>Fund/Term/Appendix</i>	<i>UOS Description</i>	UOS	UDC
<i>RWPB X08</i> <i>09/30/17 - 09/29/18</i>	<i>Mental Health Individual Hours</i> 2 interns x 6 hrs. x 32 wks. = 384 2 interns x 6 hrs. x 12 wks. = 144	528	10
<i>Appendix B-1b</i>	<i>Mental Health Group Hours</i> 1 hr. mental health group x 52 wks. = 52 1 hr. socialization group x 30 wks. = 30	82	10
Total UOS Provided and UDC Served		610	10

<i>Fund/Term/Appendix</i>	<i>UOS Description</i>	UOS	UDC
<i>RWPB X07</i> <i>04/01/18 – 03/31/19</i> <i>Appendix B-2b</i>	<i>Interns Mental Health Individual Hours</i> 2 interns x 9 hrs. x 40 wks. = 720 2 interns x 9 hrs. x 12 wks. = 216	936	10
	<i>Interns Mental Health Group Hours</i> 2 groups / wk. @ 1 hr. each. x 52 wks.	104	10
	<i>LCSW Mental Health / Case Mngt Individual Hours</i> .25 FTE X 40 hrs. / wk. x 24 wks. x 65% effort	156	10
	<i>LCSW Mental Health Group Hours</i> One 1 - hour grp biweekly x 13 wks. + 4 hrs. prep	17	10
	<i>RN Psycho-Education Group Hours</i> One 1 - hour grp biweekly x 13 wks. + 7 hrs. prep	20	10
	<i>Start Up Months</i> 1 x 5 months for 3 new LCSW and RN Modes of Service	5	N/A
Total UOS Provided and UDC Served		1,238	10
<i>Fund/Term/Appendix</i>	<i>UOS Description</i>	UOS	UDC
<i>RWPB X07</i> <i>04/01/19 – 03/31/20</i> <i>Appendix B-2c</i>	<i>Volunteer Mental Health Group Hours</i> 1.5-hour art therapy group x 52 weeks = 78 1-hour meditation group x 52 weeks = 52 1-hour process group x 52 weeks = 52	182	10
	<i>LCSW Mental Health Consultant Services Hours</i> 13 hours per week x 18 weeks	234	10
	<i>LCSW Mental Health Consultant Grp Therapy Hours</i> One 1 - hour grp weekly x 18 weeks	18	10
Total UOS Provided and UDC Served		434	10
<i>Fund/Term/Appendix</i>	<i>UOS Description</i>	UOS	UDC
<i>RWPB</i> <i>4/1/20 – 3/31/21</i> <i>Appendix B-2d</i>	<i>LCSW Mental Health Individual Hours</i> .615 FTE x 40 hrs./wk. x 48 weeks x ~ 65% effort	768	20
	<i>LCSW Mental Health Group Therapy Hours</i> Five 1 - hour group meetings per week x 48 weeks	240	20
Total UOS Provided and UDC Served		1,008	20

Description of Mental Health Services by Provider Type

Licensed Therapist LCSW - Individual Services

- Provides crisis, short-term and ongoing therapeutic interventions utilizing and presenting skills from the Cognitive Behavioral Therapy model (including some techniques of Dialectical Behavioral Therapy such as mindfulness, with appropriate residents)
- Meets at least weekly with each client engaging in the Mental Health Services Program
- Encouraging harm reduction when substance use is a concern for a resident and utilizing motivational interviewing techniques when a resident chooses to discuss interest in change or further specific outpatient treatment.
- Comprehensive evaluations to identify features of mental health disorders and determine whether further psychiatric intervention is necessary; suicidal and homicidal ideation regularly assessed.
- Works with residents to complete (and update monthly, and as necessary) treatment plans
- Assists residents (in conjunction with other clinical team members) with developing safe, appropriate discharge plans (when resident is at Maitri for respite care).
- Provides supportive counseling to family, friends and resident's support network, including grief and bereavement counseling.

Licensed Therapist LCSW – Group Services:

- Presents therapeutic concepts to the group such as self-care, trauma and grief, guilt and shame, and the importance of support networks.
- Utilizes techniques for Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, stages of change models, motivational interviewing, group psychotherapy and mutual self-help in order to encourage development of coping skills in order to address the challenges of living with illness, both medical/physical illness and mental illness (and the interplay between both).

Mental Health Volunteers – Group Services

- Psychosocial Support groups focusing on stress management and encouraging self-care techniques through art therapy/self-expression, meditation, and group processing.

6. METHODOLOGY

Outreach and Promotion

Enrollment in the Mental Health Program is restricted to clients that are already residents of the facility; therefore, no additional outreach and promotion is necessary.

Mental Health Services

Mental health services include assessments, development of individual care plans in partnership with the program participants, and client-tailored interventions including counseling. Services are flexibly arranged, including scheduled and unscheduled availability for individual and group mental health services. Group services are provided to program participants to support their pursuit of care plan goals while creating connection and opportunities for supportive relationships within the residential community.

Individual Counseling and Therapy

The licensed Therapist screens each new client to determine mental health needs and either accepts to personal caseload, develops and maintains contact with current outpatient mental health provider, or determines lack of necessity for treatment at the time.

The LCSW Mental Health Consultant performs the following duties:

- Completes biopsychosocial assessments and appropriate mental health assessments on all new residents admitted to Maitri
- Develops individual mental health treatment plans with each resident enrolled in the Mental Health Services Program
- Develops and facilitates appropriate therapeutic interventions with the interns based on resident needs (individual intervention) and the needs of the milieu (group intervention).
- Crisis intervention services will be provided as needed

The LCSW provides direct individual therapy with clients at least weekly, prioritizing those in need of crisis stabilization and support, utilizing dialectical behavioral treatment models to assist with development of coping skills and managing anxiety and depressive symptoms. The LCSW Mental Health Consultant assists residents with mental health stabilization by incorporating mindfulness, distress tolerance, and emotion regulation into individual and group interactions. The LCSW Mental Health Consultant provides clinical consultation to the mental health volunteers that facilitate therapeutic groups, with support and guidance from Medical Consultant.

BRANCH Aftercare

Clients who discharge from Maitri back to the community are invited to participate in the BRANCH aftercare program. This program offers various levels of continued support for the discharged client, such as:

- social work case management, client engagement and linkage with community case management
- nurse case management support and linkage with community nurse case management and in-home nursing
- volunteer engagement; invitation to events and therapeutic groups
- ability to continue to engage in groups and individually, based on treatment plan, with resident therapist/LCSW.

The goal of continued engagement with the LCSW is to decrease social isolation among those returning to the community and to promote decrease in mental health/psychiatric symptoms, medication adherence (if relevant), and to continue support towards therapeutic goals followed by discharge from mental health support vs referral to appropriate outpatient mental health therapist. The LCSW may continue to engage in individual support with former residents continuing with aftercare through the BRANCH program for up to 1 year depending on the needs of the client as outlined in the care plan.

Volunteers

Maitri has a large and active pool of volunteers who provide a range of services to residents. The Volunteer Program Coordinator links volunteers with residents to assist clients navigating external activities, to offer much needed support for medical care and appointment adherence. Volunteers also support clients in the social and emotional aspects of day-to-day living, such as accompaniment services to essential appointments and errands. Volunteers are supervised by the Volunteer Coordinator (day-to-day) and LCSW Mental Health Consultant when needed.

Training and Supervision

All volunteers will receive ongoing training and supervision as part of their work at Maitri. Training includes didactic presentations on specific topics oriented toward aspects of resident mental health care, including dual diagnosis treatment, client-centered counseling skills, working with particular mental health conditions (psychosis, personality disorders, depression, anxiety, etc.), addressing the harms of drug use and co-creating possibilities for change, options for adjunct drug and mental health treatment and referrals. Supervision includes clinical case consultation regarding specific client needs and experiences, logistical and emotional support of interns, monitoring of client welfare and intern relations with agency staff, provision of direction, guidance, feedback, and assessment of intern as well as program performance. The Volunteer Coordinator provides training and supervision on a weekly basis, in individual and/or group formats, with supplemental supervision provided by the LCSW Mental Health Consultant. Additional training and supervision are provided by the Medical Consultant, who also assists with identification of gaps for training and further program development.

The staff responsible for activities such as quality improvement, outreach, and staff education track and document them using forms or logs appropriate to the activity. The LCSW Program Director maintains resident demographics and UOS with the assistance of staff.

Harm Reduction

Although Maitri does not require sobriety as an admission criterion, it does maintain a policy of no use of non-prescribed or illegal drugs on site. This policy supports the congregate milieu and to accurately assess the medical status of residents. Potential residents are asked to sign an acknowledgment of this fact during the pre-admission process. Program staff addresses any non-compliance with this policy on a situational basis, with the guiding criteria being degree of behavioral impact on others.

Group Participation Incentives

Residents participating in the Mental Health Services Program (MHSP) are eligible to receive gift cards for participation in groups and at specific intervals for commitment to a group, i.e. facilitating a group. Gift cards are available from the stores preferred by residents, i.e., Safeway, Walgreens and Target. The Volunteer Coordinator and/or LCSW Program Director purchase gift cards and store them in a safe in the LCSW Program Director's office. When a program participant is eligible and presented with a gift card, the LCSW Program Director is informed and a written record is on file for all transactions.

ARIES Database

Maitri collects and submits all required data through the AIDS Regional Information & Evaluation System (ARIES). ARIES is a client management system designed for Ryan White CARE Act providers. ARIES enhances care provided to clients with HIV by helping agencies automate, plan, manage, and report on client data and services. ARIES is applicable for all Ryan White-eligible clients receiving services paid by any HHS source of funding. ARIES protects client records by ensuring only authorized agencies have access. ARIES data are safely encrypted and are kept confidential.

Client information relating to mental health, substance abuse, and legal issues are only available to a limited group of an agency's personnel. Authorized, ARIES-trained personnel are given certificate-dependent and password-protected access to only the information for which that person's level of permission allows. Each HHS-funded agency participates in the planning and implementation of their respective agency into ARIES.

Maitri complies with HHS policies and procedures for collecting and maintaining timely, complete, and accurate unduplicated client and service information in ARIES. Registration data is entered into ARIES within 48 hours or two working days after the data are collected. Service data, including units of service, for the preceding month is entered by the 15th working day of each month. Service data deliverables must match the information submitted on the "Monthly Statements of Deliverables and Invoice" form. Failure to adhere to HHS standards for quality and timeliness of data entry will risk delay of payment until all data is entered and up to date.

7. OBJECTIVES and MEASUREMENTS

All objectives and descriptions of how objectives will be measured are contained in the SFDPH document entitled HHS Performance Objectives. Maitri agrees to make its best efforts to achieve these objectives within the agreed upon timeframe. The Maitri LCSW Program Director prepares a written report of progress toward the achievement of each objective, and results of all evaluation measures for submission semi-annually to the Executive Director and annually to the Business Office Contract Compliance (BOCC) Program Manager and HIV Health Services (HHS) as part of the DPH annual monitoring process.

8. CONTINUOUS QUALITY IMPROVEMENT

Maitri systematically reviews and evaluates the care and services provided to the target population via ongoing and ad hoc reviews to assure that all services are provided in the manner intended, according to the standards of Maitri. Maitri agrees to abide by the standards of care for the services specified in this Appendix as described in *Making the Connection: Standards of Care for Client-Centered Services*. The Maitri LCSW Program Director conducts quarterly chart reviews to identify gaps in services, completion and legibility of progress notes, and adherence to the client service plans identified. The Maitri LCSW Program Director also holds bimonthly resident meetings to discuss issues of importance to residents and to receive feedback about service provision. The Medical Consultant will work in conjunction with the LCSW Program Director, suggesting best models for outcome management and Total Quality Management in a residential hospice/respite setting.

In addition to the Maitri internal evaluations and that performed by the SFDPH as part of the annual monitoring process, the organization is subject to review by the California State Department of Social Services Community Care Licensing on an annual basis. This evaluation analyzes the Maitri physical plant, personnel records, and client records to determine if they meet requirements for an RCFCI. Resident records are regularly reviewed for compliance with the program objectives and with the RCFCI regulations.

The SF Mayor's Office of Housing also reviews Maitri annually for those elements of its program that are funded by the HOPWA program. Maitri maintains personnel records of all nursing and attendant care staff that includes verification of compliance with continuing education requirements to maintain licensure and/or certification. Maitri provides individual supervisory meetings at least monthly with respective staff members.

Maitri program policies are reviewed on an annual basis; during this grant period with assistance from the Medical Consultant, who will also work with the staff to evaluate current medical and mental health operations, clinical practices, and current model of care. Changes to Maitri program policies are presented to the Program Committee of the Board, and subsequently to the full Board of Directors for approval. Interdisciplinary weekly case conferences are also a forum to review relevant policies and procedures.

Client Satisfaction Surveys

Maitri program staff administers resident client satisfaction surveys quarterly following admission, and every four months for continuing residents. Program staff also distributes surveys to residents' friends and families after discharge or death. All surveys are reviewed initially for any immediate intervention, tabulated, then reviewed quarterly with the Maitri Board Program Committee, and annually with the Board of Directors.

Staff Training

All direct care staff regularly assigned to provide RN, LVN, or attendant care at Maitri are required to meet RCF-CI standards for training and education, with a focus on care to those individuals with HIV/AIDS who are appropriate for this level of care. Staff participates in harm reduction training once per month. The Program Director and LCSW Mental Health Consultant coordinate ongoing training for volunteers and staff, with input and support from the Medical Consultant to provide the best practice clinical models for hospice/respite care. Trainings occur on-site at least once per month and CEU are available to staff maintaining their licensure as a requirement of employment (SW, LVN, RN, CNA, etc.).

Case Conferences

Each resident's case is reviewed every two weeks at the weekly Case Conferences held with relevant staff. These conferences include members of the facility care team (Maitri Social Work-Case Manager, Program Director, LCSW Mental Health Consultant, Volunteer/Activities Coordinator, RN Nursing Supervisor, LVN, CNA, Medical Director). The Medical Consultant will attend weekly to assist with ongoing evaluation and needs assessment of the patient population. There is also a separate weekly Case Conference Interdisciplinary Team meeting to discuss the ongoing needs and progress towards goals of the BRANCH aftercare participants in participation with the Program Director; Volunteer and Aftercare Coordinator, LCSW Therapist; Aftercare Social Work Case Manager, Nurse Case Manager, and Volunteer Team Leader.

Other CQI Activities

Concerns regarding the care of individual residents or program policies and procedures may also arise independent of the mechanisms noted above. Other potential sources include, but are not limited to, incident reports, resident meetings, and resident complaints or formal submitted grievances. The Maitri LCSW Program Director seeks clarification from and provides feedback to any person raising a concern in all cases except those submitted anonymously. These issues are addressed on a case-by-case basis within one of the following contexts:

- Interdisciplinary Team Case Conference
- Maitri Staff Meeting
- Individual Staff Counseling
- Maitri Board Program Committee

Privacy Policies

- a. The SFDPH Privacy Policy is integrated in the program's governing policies and procedures regarding patient privacy and confidentiality. Evidence that the policy and procedures abide by the rules outlined in the DPH Privacy Policy have been adopted, approved and implemented.
- b. All staff that handles patient health information is trained (including new hires) and annually updated in the program's privacy/confidentiality policies and procedures. Documentation exists showing individuals were trained.

- c. A Privacy Notice that meets the requirements of the Federal Privacy Rule (HIPAA) is provided to all patients/clients served in their threshold and other languages. If document is not available in the patient/client relevant language, a verbal translation is provided, and evidence exists in the patient's/client's chart or electronic file that patient was "noticed". *(Examples available in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian)*
- d. A Summary of the above Privacy Notice is posted and visible in registration and common areas of the facility. *(Examples available in English, Cantonese, Vietnamese, Tagalog, Spanish, and Russian)*
- e. Each disclosure of a patient/client's health information for purposes other than treatment, payment, or operations is documented. Documentation exists.
- f. Authorization for disclosure of a patient's/client's health information is obtained prior to release (1) to providers outside the DPH Safety Net or (2) from a substance abuse program. An authorization form that meets the requirements of the Federal Privacy Rule (HIPAA) is signed and in patient's/client's chart/file.

9. REQUIRED LANGUAGE

- | | |
|-----------------------------------|-------------------------------|
| a) Third Party Reimbursement | See Target Population, Page 1 |
| b) Enrollment Priority | See Target Population, Page 1 |
| c) HIV Diagnosis | See Target Population, Page 1 |
| d) Standards of Care | See CQI, Page 5 |
| e) ARIES | See ARIES Database, Page 5 |
| f) Vouchers | N/A |
| g) Client Retention in Care | N/A |
| h) <u>Termination of Services</u> | |

In the event that Maitri decides that it can no longer provide the services for which it has contracted under this agreement Maitri will send a written notice to HIV Health Services no less than 90 days prior to the date it wishes to terminate the services. In addition, Maitri will prepare a written plan for the transition of all clients receiving services to another provider of services. This plan must be approved by HHS and should demonstrate a good faith effort to contact and locate all clients both active and inactive before the termination date.

Appendix B Calculation of Charges

1. Method of Payment

A. Contractor shall submit monthly invoices in the format attached in Appendix F, by the fifteenth (15th) working day of each month for reimbursement of the actual costs for Services of the immediately preceding month. All costs associated with the Services shall be reported on the invoice each month. All costs incurred under this Agreement shall be due and payable only after Services have been rendered and in no case in advance of such Services.

2. Program Budgets and Final Invoice

A. Program Budgets are listed below and are attached hereto.

Appendix B

Appendix B-1, B-1a, B-1a.1, B-2, B-2a, B-2a.1, B-3, B-3a, B-3b, B-4, B-4.1, B-4a, B-5, B-5a, B-6, B-6a, B-7, B-7a

Appendix B-1b, B-2b, B-2c, B-2d

Budget Summary

Maitri Compassionate Care (HIV/AIDS Hospice Services)

Maitri Compassionate Care (HIV/AIDS Hospice Services) – Mental Health Services Program

B. Contractor understands that, of the maximum dollar obligation listed in section 3.3.1 of this Agreement, **\$606,976** is included as a contingency amount and is neither to be used in Program Budgets attached to this Appendix, or available to Contractor without a modification to this Agreement executed in the same manner as this Agreement or a revision to the Program Budgets of Appendix B, which has been approved by Contract Administrator. Contractor further understands that no payment of any portion of this contingency amount will be made unless and until such modification or budget revision has been fully approved and executed in accordance with applicable City and Department of Public Health laws, regulations and policies/procedures and certification as to the availability of funds by Controller. Contractor agrees to fully comply with these laws, regulations, and policies/procedures.

The maximum dollar for each term and funding source shall be as follows:

	<u>Term</u>	<u>Funding Source</u>	<u>Amount</u>
Original Agreement	07/01/17 – 02/28/18	RWPA	\$523,125
Original Agreement	07/01/17 – 03/31/18	State – SAM	\$294,124
Original Agreement	03/01/18 – 02/28/19	RWPA	\$784,687
Original Agreement	04/01/18 – 03/31/19	State – SAM	\$392,166

Original Agreement	03/01/19 – 02/29/20	RWPA	\$784,687
Original Agreement	04/01/19 – 03/31/20	State – SAM	\$392,166
Original Agreement	03/01/20 – 02/28/21	RWPA	\$784,687
Original Agreement	04/01/20 – 03/31/21	State – SAM	\$392,166
Internal Contract Revision #1	09/30/17 – 09/29/18	State – SAM	\$95,000
Internal Contract Revision #1	09/30/17 – 09/29/18	State – SAM	\$157,825
Amendment #1	04/01/18 – 03/31/19	State – SAM	\$133,803
Amendment #1	04/01/18 – 03/31/19	State – SAM	\$172,520
Revision to Program Budgets #2	03/01/2019 – 02/29/2020	RWPA	\$25,820
Revision to Program Budgets #2	04/01/2019 – 03/31/2020	State – SAM	\$95,000
Revision to Program Budgets #2	03/01/2020 – 02/28/2021	RWPA	\$25,820
Revision to Program Budgets #3	07/01/2019 – 06/30/2020	General Fund	\$20,310
Revision to Program Budgets #4	04/01/2020 – 03/31/2021	State – SAM	\$115,310
Revision to Program Budgets #5	04/01/2020 – 03/31/2021	State – SAM	\$0
Amendment #2	03/01/2020 – 02/28/2021	RWPA	\$0
Amendment #2	04/01/2020 – 03/31/2021	State – SAM	\$0
Amendment #2	04/01/2020 – 03/31/2021	State – SAM	\$0
Amendment #2	04/01/2020 – 09/30/2020	RWPA	\$71,200
Amendment #2	03/01/2021 – 02/28/2022	RWPA	\$810,507
Amendment #2	04/01/2021 – 03/31/2022	State – SAM	\$412,476
Amendment #2	03/01/2022 – 02/28/2023	RWPA	\$810,507
Amendment #2	04/01/2022 – 03/31/2023	State – SAM	\$412,476
Amendment #2	03/01/2023 – 02/29/2024	RWPA	\$810,507
Amendment #2	04/01/2023 – 03/31/2024	State – SAM	\$412,476
		Total Award	\$8,929,365
		Contingency (3/1/2020 -3/31/2024)	<u>\$606,976</u>
		(This equals the total NTE)Total	\$9,536,341

C. Contractor agrees to comply with its Program Budgets of Appendix B in the provision of Services. Changes to the budget that do not increase or reduce the maximum dollar obligation of the City are subject to the provisions of the Department of Public Health Policy/Procedure Regarding Contract Budget Changes. Contractor agrees to comply fully with that policy/procedure.

D. A final closing invoice, clearly marked “FINAL,” shall be submitted no later than forty-five (45) calendar days following the closing date of the Agreement, and shall include only those costs incurred during the referenced period of performance. If costs are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City.

3. No invoices for Services provided by law firms or attorneys, including, without limitation, as subcontractors of Contractor, will be paid unless the provider received advance written approval from the City Attorney.

CID# 100006124												Appendix B, Page 3		
DPH Section HIV Health Services												07/01/2017 - 03/31/2024		
Check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification														
Agency/Organization/Contractor Maitri AIDS Hospice														
Program/Provider Name		Maitri Compassionate Care												
Appendix Number	A-1/B-1	A-1/B-1a	A-1/B-1a.1	A-2/B-1b	A-1/B-2	A-1/B-2a	A-1/B-2a.1	A-2/B-2b	A-2/B-2c	A-1/B-3	A-1/B-3a	A-1/B-3b		
Appendix Term	7/1/17-2/28/18	7/1/17-3/31/18	9/30/17-9/29/18	9/30/17-9/29/18	3/1/18-2/28/19	4/1/18-3/31/19	4/1/18-3/31/19	4/1/18-3/31/19	4/1/19-3/31/20	3/1/19-2/29/20	4/1/19-3/31/20	7/1/19-6/30/20		
EXPENSES														
Salaries	349,023	194,248	-	35,002	574,761	267,764	-	46,469	14,388	574,761	260,228	15,102		
Employee Benefits	96,749	54,098	-	7,454	145,134	66,941	-	11,616	3,597	145,135	62,455	3,776		
Total Personnel Expenses	445,772	248,346	-	42,456	719,895	334,705	-	58,085	17,985	719,896	322,683	18,878		
Operating Expense	34,159	21,493	144,794	44,700	-	25,083	158,275	64,670	69,183	23,688	37,154			
Subtotal Direct Costs	479,931	269,839	144,794	87,156	719,895	359,788	158,275	122,755	87,168	743,584	359,837	18,878		
Indirect Cost Amount	43,194	24,285	13,031	7,844	64,792	32,378	14,245	11,048	7,832	66,923	32,329	1,432		
Indirect Cost Rate (%)	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9.0%	9%	9.0%	9%	8%		
Total Expenses	523,125	294,124	157,825	95,000	784,687	392,166	172,520	133,803	95,000	810,507	392,166	20,310		
REVENUES & FUNDING SOURCES														
DPH Funding Sources (select from drop-down list)														
HHS FED CARE A - PD13, CFDA #93.914	523,125				784,687					810,507				
HHS STATE SAM-HCAO16, CFDA #93.917		294,124				392,166	172,520	133,803	95,000		392,166			
HHS STATE SAM - HCIV09, CFDA #93.917			157,825	95,000										
HPS COUNTY HPS GF													20,310	
HHS FED CARE A - PD13, CFDA #93.914														
This row left blank for funding sources not in drop-down list														
Total DPH Revenues	523,125	294,124	157,825	95,000	784,687	392,166	172,520	133,803	95,000	810,507	392,166	20,310		
Non-DPH Funding Sources (select from drop-down list)														
Total Non-DPH Revenues	-	-			-	-				-	-			
Total Revenues (DPH / Non-DPH)	523,125	294,124	157,825	95,000	784,687	392,166	172,520	133,803	95,000	810,507	392,166	20,310		
Payment Method		Cost Reimbursement (CR)												
Prepared By Justin		Phone # 415-558-3014												

CID# 1000006124										Appendix B, Page 4
DPH Section HIV Health Services										07/01/2017 - 03/31/2024
Check one: <input type="checkbox"/> New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification										Fund Notice: 6.25.2020
Hospice										
Maitri Compassionate Care										
A-2/B-2d	A-1/B-4	A-1/B-4.1	A-1/B-4a	A-1/B-5	A-1/B-5a	A-1/B-6	A-1/B-6a	A-1/B-7	A-1/B-7a	TOTALS
4/1/20-3/31/21	3/1/20-2/28/21	4/1/20-9/30/20	4/1/20-3/31/21	3/1/21-2/28/22	4/1/21-3/31/22	3/1/22-2/28/23	4/1/22-3/31/23	3/1/23-2/28/24	4/1/23-3/31/24	
80,103	570,590	36,724	253,154	570,590	268,173	570,590	268,173	570,590	268,173	5,788,606
20,026	144,081	-	60,757	144,081	64,371	144,081	64,371	144,081	64,371	1,447,175
100,129	714,671	36,724	313,911	714,671	332,544	714,671	332,544	714,671	332,544	7,235,781
6,120	28,913	34,476	45,874	28,913	45,874	28,913	45,874	28,913	45,874	962,943
										-
106,249	743,584	71,200	359,785	743,584	378,418	743,584	378,418	743,584	378,418	8,198,724
9,061	66,923	-	32,381	66,923	34,058	66,923	34,058	66,923	34,058	730,641
8.5%	9.0%	0.0%	9.0%	9%	9%	9%	9%	9%	9%	
115,310	810,507	71,200	392,166	810,507	412,476	810,507	412,476	810,507	412,476	8,929,365
	810,507			810,507		810,507		810,507		5,360,347
115,310			392,166		412,476		412,476		412,476	3,224,683
										252,825
										20,310
		71,200								71,200
										-
115,310	810,507	71,200	392,166	810,507	412,476	810,507	412,476	810,507	412,476	8,929,365
										-
	-	-	-	-	-	-	-	-	-	-
115,310	810,507	71,200	392,166	810,507	412,476	810,507	412,476	810,507	412,476	8,929,365
Cost Reimbursement (CR)										

Maitri AIDS Hospice
Maitri Compassionate Care
Mental Health Program

Appendix B-2d, Page 1
04/01/2020 - 03/31/2021
RWPB

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES					
Personnel Expenses		LCSW Mental Health Individual Hours		LCSW Mental Health Group Therapy Hours			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals	
Licensed Therapist, LCSW	1.00	60,077	75%	20,026	25%	80,103	
				-		-	
						-	
Total FTE & Total Salaries	1.00	60,077	75%	20,026	25%	80,103	
Fringe Benefits	25.00%	15,019	75%	5,007	25%	20,026	
Total Personnel Expenses		75,096	75%	25,033	25%	100,129	
-							
Operating Expenses		Expenditure	%	Expenditure	%	Contract Total	
Total Occupancy						-	
Total Materials and Supplies		900	75%	300	25%	1,200	
Total General Operating							
Total Staff Travel							
Other: Client Refreshments		960	50%	960	50%	1,920	
Other Incentives		3,000	100%			3,000	
Total Operating Expenses		4,860	79%	1,260	21%	6,120	
-							
Total Direct Expenses		79,956	75%	26,293	25%	106,249	
Indirect Expenses		6,820	75%	2,241	25%	9,061	
TOTAL EXPENSES		86,776	75%	28,534	25%	115,310	
-							
UOS per Service Mode		768		240		1,008	
Cost Per UOS per Service Mode		\$112.99		\$118.90		N/A	
UDC per Service Mode		20		20		20	

BUDGET JUSTIFICATION

1a) SALARIES				
Staff Position 1:	Licensed Therapist, LCSW			
Brief job duties	Intensive mental hlth clint svcs; Informs potential residents with drug/alcohol misuse behaviors about harm reduction practices; meets w residents if behavior impacts treatment goals or community stability; works w Prog Director for continued develop of mental hlth prog; provides support and updates; on-call/after-hours crisis management support to the team.			
Min Qualifications	LCSW or LMFT, masters in behavioral hlth; 3 ys clinical exp; 3 ys working with vulnerable populations (AOD/SPMI).			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$80,103	1.00	12	1.00	\$ 80,103
Total FTE:		1.00	Total Salaries:	\$ 80,103

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	6,127.88
	Medical	6,007.73
	Dental	320.41
	Unemployment Insurance	801.03
	Disability Insurance	440.57
	Paid Time Off	6,127.88
	Workers compensation	200.26
	Fringe Benefit %:	25.00%
	Total Fringe Benefit:	20,026
TOTAL SALARIES & FRINGE BENEFITS:		100,129

2) OPERATING EXPENSES:

Materials/Supplies:	Brief Description	Rate	Cost
Supplies	Therapeutic activities/groups, i.e., art supplies, journals, garden supplies, yoga mats, or other activities that emerge, etc. (varies depending on activities added to prog).	~ \$7.50/UDC x 20 = \$150 for journaling; ~\$15/UDC x 20 = \$300 for art supplies; ~\$17.5/UDC x 20 = \$350 for gardening; ~\$20/UDC x 20 = \$400 for misc needs	1,200
Total Materials & Supplies:			1,200

Other Expenses	Brief Description	Rate	Cost
Client Food	Refreshments at client group therapy sessions.	\$5/UDC x 8 UDC x 48 wks	1,920
Client Incentives	Safeway and Walgreens gift cards as incentives/rewards for client participation in prog.	\$10 gift card ea weekday (as a prize) for check-in grp \$50/wk x 48 wks = \$2,400; \$50/mo-resident-led grp activity x 12 = \$600	3,000
Total Other:			4,920

4) INDIRECT COSTS		Indirect Rate:	8.528%	
Agency admin, allocated based on total direct cost of each activity benefited.		TOTAL INDIRECT COSTS:		9,061
TOTAL OPERATING EXPENSES:			6,120	
TOTAL DIRECT COSTS:			106,249	
TOTAL EXPENSES:			115,310	

Maitri AIDS Hospice
Maitri Compassionate Care

Appendix B-4, Page 1
03/01/2020 - 02/28/2021
RWPA

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES				Contract Totals
		Professional Patient Days		Paraprofessional Patient Days		
Position Titles		Salaries	% FTE	Salaries	% FTE	
Nurse Case Manager, RN	1.33522	122,173	100%			122,173
Licensed Vocational Nurse, LVN	2.9123364	183,618	100%			183,618
Certified Nursing Assistant, CNA	3.3409284			138,884	100%	138,884
Clinical Director	0.38034	38,356	100%			38,356
Social Workers	0.672595			41,943	100%	41,943
Director of Food Svcs / Nutrition	0.187091			11,873	100%	11,873
Chief Financial Officer	0.051909			5,710	100%	5,710
Volunteer & Aftercare Coordinator	0.26955			16,173	100%	16,173
Kitchen Staff/Cook	0.115041			4,308	100%	4,308
Facility Custodian	0.210003			7,552	100%	7,552
Total FTE & Total Salaries	9.475014	344,147	60.3142%	226,443	39.6858%	570,590
Fringe Benefits	25.2512%	86,901	60.3142%	57,180	39.6858%	144,081
Total Personnel Expenses		431,048	60.3142%	283,623	39.6858%	714,671
Operating Expenses						
Total Occupancy		17,439	60%	11,474	40%	28,913
Total Materials and Supplies						
Total General Operating						
Total Staff Travel						
Consultants/Subcontractor:						
Other (specify):						
Total Operating Expenses		17,439		11,474		28,913
Total Direct Expenses		448,487	60.3142%	295,097	39.6858%	743,584
Indirect Expenses	9.00%	40,364	60.3138%	26,559	39.6855%	66,923
TOTAL EXPENSES		488,851	60.3142%	321,656	39.6857%	810,507
UOS per Service Mode		2,628		2,628		5,256
Cost Per UOS per Service Mode		\$186.02		\$122.41		N/A
UDC per Service Mode		26		26		26
						Rev. 09/20

BUDGET JUSTIFICATION

1a) SALARIES				
Staff Position 1:	Nurse Case Manager, RN			
Brief job duties	RN Case management to all residents; plans & implements care for pts in compliance with physicians' orders, and state & federal regulations; supervision and scheduling of LVN & CNA.			
Min Qualifications	RN California license, CPR license.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$91,500.00	1.33522	12	1	\$ 122,173
Staff Position 2:	Licensed Vocational Nurse, LVN			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$63,048.50	2.9123364	12	1	\$ 183,618
Staff Position 3:	Certified Nursing Assistant, CNA			
Brief job duties	Provides direct personal care with ADL support & light housekeeping to residents; reports & documents observations & care performed; works under close supervision of LVN & RN.			
Min Qualifications	CNA California license, CPR license.			
\$41,570.44	3.3409284	12	1	\$ 138,884
Staff Position 4:	Clinical Director			
Brief job duties	Clinical support to residents; manages coordinated care, interdisciplinary model by integrating all programs and checking in on residents daily while managing all service providers, scheduling and effectiveness/status/results of services. Supervises and manages Social Workers, Mental Health Clinicians, Therapists, Nurses and Aftercare Programs.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$100,846.00	0.38034	12	1	\$ 38,356
Staff Position 5:	Social Workers			
Brief job duties	Assists residents by checking in and following up with nursing staff, doctors, helping to appts, manage day to day social tasks, etc. and helps with scheduling and various other issues that arise.			
Min Qualifications	BSW or certification in related field (Community Health Worker); MSW preferred.			
\$62,359.49	0.672595	12	1	\$ 41,943
Staff Position 6:	Director of Food Svcs / Nutrition			
Brief job duties	Provides food nutrition to residents; advises pts and staff on healthy meals for balanced diets; provide proper nutrition for residents; plans, prepares, coaches, advises on complexities of meal preparation w detailed nutritional guidelines and counsels on how that impacts health of residents.			
Min Qualifications	Bachelors degree in related field; Minimum of 5 years experience in the food service industry.			
\$63,460.00	0.187091	12	1	\$ 11,873
Staff Position 7:	Chief Financial Officer			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$110,000.00	0.051909	12	1	\$ 5,710

Staff Position 8:	Volunteer & Aftercare Coordinator				
Brief job duties	Manages Aftercare prog for graduates, former residents. Assists residents w transition to new homes, follows up to ensure connections; invites graduates to join progs & aftercare groups to ensure smooth transition & they stay in touch.				
Min Qualifications	Community Health Worker certification; Minimum of 3 years experience supervising and developing volunteers.				
	\$60,000.00	0.26955	12	1	\$ 16,173
Staff Position 9:	Kitchen Staff/Cook				
Brief job duties	Prepare meals for the facilities (breakfast, lunch, dinner, and snacks), cook, clean kitchen, prepare dining supplies and coffee area, work with 3rd party vendors on cleaning/maintenance/repairs of kitchen equipment and appliances.				
Min Qualifications	3 years experience preparing and cooking meals in an industrial kitchen or restaurant.				
	\$37,444.00	0.115041	12	1	\$ 4,308
Staff Position 10:	Facility Custodian				
Brief job duties	Clean residents' rooms (sweep, mop, dust wipe down surfaces/disinfect, vacuum, clean windows, sinks & bathrooms); entry way, dining room, stairs, halls, admin offices; basic facilities repair (light bulbs, cords, clocks, painting); trash, recycling.				
Min Qualifications	High School grad, ability to lift 25 lbs, 3 yrs cleaning bldgs, bldg maintenance, basic repairs, other janitorial work.				
	\$35,963.00	0.210003	12	1	\$ 7,552
Total FTE:		9.475014		Total Salaries:	\$ 570,590

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 43,650
	Retirement	\$ 7,207
	Medical	\$ 62,765
	Unemployment Insurance	\$ 2,255
	Disability Insurance	\$ 3,347
	Workers compensation	\$ 24,858
	Fringe Benefit %:	25.2512%
	Total Fringe Benefit:	144,081
	TOTAL SALARIES & EMPLOYEE BENEFITS:	714,671

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$103,172/yr)	\$103,172 x 23.18%	23,915
Telecom	Telephone and telecommunications (\$29,261/yr).	\$29,261 x 17.08%	4,998
	Total Occupancy:		28,913

TOTAL OPERATING EXPS:	28,913
TOTAL DIRECT COSTS:	743,584

4) INDIRECT COSTS	Indirect Rate:	9.00%	Amount
Agency admin costs, allocated based on total direct cost of each activity benefited.			66,923

TOTAL INDIRECT COSTS:	66,923
TOTAL EXPENSES:	810,507

Maitri AIDS Hospice
Maitri Compassionate Care

Appendix B-4.1, Page 1
04/01/2020 - 09/30/2020
RWPA-COVID

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES		Contract Totals
		COVID Expense Months		
Position Titles		Salaries	% FTE	
Clinical Director	0.35	7,718	100%	7,718
Volunteer & Aftercare Coordinator	0.42	5,504	100%	5,504
Chief Financial Officer	0.225	6,188	100%	6,188
Facilities Manager	0.3738	5,794	100%	5,794
Various Staff (Hazard Pay)	N/A	11,520	100%	11,520
Total FTE & Total Salaries	1.3688	36,724	100%	36,724
Fringe Benefits	0%	-		-
Total Personnel Expenses		36,724	100%	36,724
Operating Expenses				
Total Occupancy				-
Total Materials and Supplies		10,200	100%	10,200
Total General Operating				-
Total Staff Travel				-
Consultants/Subcontractor:		12,600	100%	12,600
Other Expenses:				
Temperature Kiosk		3,225	28%	3,225
Teleconferencing		268	100%	268
Kitchen Equipment		575	100%	575
Food - Staff Meals		5,400	100%	5,400
Transportation		1,008	100%	1,008
Pest Control		1,200	100%	1,200
Total Operating Expenses		34,476	100%	34,476
Total Direct Expenses		71,200	100%	71,200
Indirect Expenses	0.00%	-		-
TOTAL EXPENSES		71,200	100%	71,200
UOS per Service Mode		6		6
Cost Per UOS per Service Mode		\$11,866.67		\$11,866.67
UDC per Service Mode		N/A		N/A

BUDGET JUSTIFICATION**1a) SALARIES**

Staff Position 1: Clinical Director				
Brief job duties	Oversight & mgnt of COVID protocols & communication w residents; teams w CFO, Volun/Aftercare Coor, ED, & Nursing to ensure safety of residents by minimizing risks of exposure and spread of virus; plans, coordinates, schedules mental hlth support needs of clients; Monitors adherence & compliance of internal COVID P &P; ensures proper health protocol & guidelines are followed for new admits & outside service providers w Dir of Nursing as to prevention of COVID-19.			
Min Qualifications	CA LCSW or CA LMFT; Minimum of 2 years of supervisory experience.			
Annual Salary:	x FTE:	x Months per Year:	Annualized if < 12 mos	Total
\$88,200.00	0.35	12	0.25	\$ 7,718
Staff Position 2: Volunteer & Aftercare Coordinator				
Brief job duties	Virtually provides activities for residents during pandemic that would otherwise be done by 60 vols; assists & connects w residents daily; ensures needs are met to allow residents to shelter-in-place & limit time outside facility; picks up Rx; handles other errands; accompanies residents to med appts; collaborates w case mngr, nurses, LCSW to ensure entertainment is maintained; provides oversight, mgnt & outreach to aftercare clients.			
Min Qualifications	Community Health Worker certification; 3 years experience in supervision and development of volunteers.			
\$52,416.00	0.42	12	0.25	\$ 5,504
Staff Position 3: Chief Financial Officer				
Brief job duties	Provides additional essential day to day support svcs on-site to maintain COVID procedures, personnel & facility; reviews critical tasks & mgnt of COVID related needs including COVID-19 specific check-in mtgs to assess risks, trends; discuss issues, concerns & communicate as relates to COVID; communicates w DPH testing for potential infection of virus & schedules on-site tests for staff & residents; follows-up on results w Nursing, social svcs for COVID preparedness plans.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$110,000.00	0.225	12	0.25	\$ 6,188
Staff Position 4: Facilities Manager				
Brief job duties	Ensures compliance w COVID bldg check-in/facility entrance screens, mgnt of staff & protocols for symptoms, facility complies w current state, local orders & best practices to prevent virus; daily review of screen sheets for mask, hand sanitizing, temperature & symptom checks; manages clean, disinfect, sanitize bldg includes all common areas.			
Min Qualifications	Bachelors degree in related field; Thorough knowledge of universal precautions required.			
\$62,000.00	0.3738	12	0.25	\$ 5,794
HAZARD PAY Various Staff				
Brief job duties	Hazard Pay bonus for staff working through pandemic on-site every day to serve residents & work in facility; hazard pay recognizes additional care & difficulty staff encounter providing essential svcs (\$480 per FTE for 24 FTE).			
		\$480.00	24.00	\$ 11,520
Total FTE:	1.3688		Total Salaries:	\$ 36,724
1b) EMPLOYEE FRINGE BENEFITS:	Fringe Benefit	0.00%	Total Fringe Benefit:	-
			TOTAL SALARIES & EMPLOYEE BENEFITS:	36,724

2) OPERATING EXPENSES:

Materials/Supplies	Brief Description	Rate	Cost
Medical Supplies	PPE, Thermometers, gowns, booties and other medically related supplies.	\$1,000/month x 6 months	6,000
Kitchen & Dining Supplies	Disposable kitchen supplies and materials (gloves, paper napkins, paper plates, paper bowls, compostable utensils, individually wrapped condiments, coffee creamers, sweeteners, etc.).	\$366.67/month x 6 months	2,200
Facility Supplies	Cleaning supplies & materials for COVID-19 prevention at facility (Bleach, additional other disinfectant).	\$333.34/month x 6 months	2,000
Total Materials & Supplies:			10,200

Subcontractors	Service Description	Rate	Cost
Lisa Capalini, MD	Med Director Support for pandemic, includes mo. Mtgs & training.	\$300/hr x 6 hours	1,800
J. Lavender, LCSW	Mental Hlth Supp for clients (Includes wkly support mtgs with LCSW).	\$150/hr x 28 hours	4,200
Dawn Gross, MD	Clinical Prog supp/consulting assistance, Includes bi-weekly mtgs.	\$220/hr x 30 hours	6,600
Total Subcontractors:			12,600

Other:	Brief Description	Rate	Cost
Temperature Kiosk	System for COVID screen/check-in for staff, residents, guests.	1 @ \$3,225	3,225
Teleconferencing	Zoom subscrip; AT&T service for mtgs btwn staff, BOD, vendors.	\$44.67/mo x 6 mos	268
Kitchen Equipment	Fiber Glass Sneeze Guard btwn kitchen & dining room.	\$534 Guard + \$41 to Install	575
Food - Staff Meals	Meals on-site to minimize contact & restrict staff departures /arrivals.	\$2/meal x 180 days x 15 staff	5,400
Transportation	Resident rides to med appts, etc. (SF Paratransit, taxis, car service).	\$168/month x 6 months	1,008
Pest Control	Add'l service to control rodents due to residents eating in rooms and other locations in facility to maintain social distance protocols.	\$200/month x 6 months	1,200
Total Other:			11,676
TOTAL OPERATING EXPS:			34,476
TOTAL DIRECT COSTS:			71,200

4) INDIRECT COSTS

	Indirect Rate:	0.00%	Amount
Agency admin costs, allocated based on total direct cost of each activity benefited.	TOTAL INDIRECT COSTS:		-
TOTAL EXPENSES:			71,200

Maitri AIDS Hospice
Maitri Compassionate Care

Appendix B-4a, Page 1

04/01/2020 - 03/31/2021

RWPB

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES					Contract Totals
		Professional Patient Days		Paraprofessional Patient Days		% FTE	
Position Titles		Salaries	% FTE	Salaries	% FTE	% FTE	
Nurse Case Manager, RN	0.66478	60,827	100%				60,827
Licensed Vocational Nurse, LVN	1.41766	89,382	100%				89,382
Certified Nursing Assistant, CNA	0.98906			41,116	100%		41,116
Clinical Director	0.18937	19,097	100%				19,097
Social Workers	0.32740			20,417	100%		20,417
Director of Food Svcs / Nutrition	0.09315			5,911	100%		5,911
Chief Financial Officer	0.02527			2,780	100%		2,780
Volunteer & Aftercare Coordinator	0.13122			7,873	100%		7,873
Kitchen Staff/Cook	0.056			2,097	100%		2,097
Facility Custodian	0.10161			3,654	100%		3,654
Total FTE & Total Salaries	3.99552	169,306	66.879%	83,848	33.121%		253,154
Fringe Benefits	24.00%	40,633	66.879%	20,124	33.121%		60,757
Total Personnel Expenses		209,939	66.879%	103,972	33.121%		313,911
Operating Expenses		Expenditure	%				Contract Total
Total Occupancy		11,737	67%	5,813	33%		17,550
Total Materials and Supplies		3,290	67%	1,630	33%		4,920
Total General Operating		4,283	67%	2,121	33%		6,404
Total Staff Travel							
Consultants/Subcontractor:		11,369	67%	5,631	33%		17,000
Other (specify):							-
Total Operating Expenses		30,679	67%	15,195	33%		45,874
Total Direct Expenses		240,618	66.878%	119,167	33.122%		359,785
Indirect Expenses	9.00%	21,656	66.878%	10,725	33.122%		32,381
TOTAL EXPENSES		262,274	66.878%	129,892	33.122%		392,166
UOS per Service Mode		1,168		1,168			2,336
Cost Per UOS per Service Mode		\$224.55		\$111.22			N/A
UDC per Service Mode		14		14			14

BUDGET JUSTIFICATION

1a) SALARIES				
Staff Position 1:	Nurse Case Manager, RN			
Brief job duties	RN Case management to all residents; plans & implements care for pts in compliance with physicians' orders, and state & federal regulations; supervision and scheduling of LVN & CNA.			
Min Qualifications	RN California license, CPR license.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$91,500.00	0.66478	12	1	\$ 60,827
Staff Position 2:	Licensed Vocational Nurse, LVN			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$63,048.50	1.41766	12	1	\$ 89,382
Staff Position 3:	Certified Nursing Assistant, CNA			
Brief job duties	Provides direct personal care with ADL support & light housekeeping to residents; reports & documents observations & care performed; works under close supervision of LVN & RN.			
Min Qualifications	CNA California license, CPR license.			
\$41,570.44	0.98906	12	1	\$ 41,116
Staff Position 4:	Clinical Director			
Brief job duties	Clinical support to residents; manages coordinated care, interdisciplinary model by integrating all programs and checking in on residents daily while managing all service providers, scheduling and effectiveness/status/results of services. Supervises and manages Social Workers, Mental Health Clinicians, Therapists, Nurses and Aftercare Programs.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$100,846.00	0.18937	12	1	\$ 19,097
Staff Position 5:	Social Workers			
Brief job duties	Assists residents by checking in and following up with nursing staff, doctors, helping to appts, manage day to day social tasks, etc. and helps with scheduling and various other issues that arise.			
Min Qualifications	BSW preferred or related certification (Community Health Worker); MSW preferred.			
\$62,359.49	0.32740	12	1	\$ 20,417
Staff Position 6:	Director of Food Svcs / Nutrition			
Brief job duties	Provides food nutrition to residents; advises pts and staff on healthy meals for balanced diets; provide proper nutrition for residents; plans, prepares, coaches, advises on complexities of meal preparation w detailed nutritional guidelines and counsels on how that impacts health of residents.			
Min Qualifications	Bachelors degree in related field; Minimum 5 years in food service industry.			
\$63,460.00	0.09315	12	1	\$ 5,911
Staff Position 7:	Chief Financial Officer			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$110,000.00	0.02527	12	1	\$ 2,780

Staff Position 8:	Volunteer & Aftercare Coordinator				
Brief job duties	Manages Aftercare prog for graduates, former residents. Assists residents w transition to new homes, follows up to ensure connections; invites graduates to join progs & aftercare groups to ensure smooth transition & they stay in touch.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$60,000.00	0.13122	12	1	\$ 7,873
Staff Position 9:	Kitchen Staff/Cook				
Brief job duties	Prepare meals for the facilities (breakfast, lunch, dinner, and snacks), cook, clean kitchen, prepare dining supplies and coffee area, work with 3rd party vendors on cleaning/maintenance/repairs of kitchen equipment and appliances.				
Min Qualifications	3 years experience preparing and cooking meals in an industrial kitchen or restaurant.				
	\$37,444.00	0.056	12	1	\$ 2,097

Staff Position 10:	Facility Custodian				
Brief job duties	Clean residents' rooms (sweep, mop, dust wipe down surfaces/disinfect, vacuum, clean windows, sinks & bathrooms); entry way, dining room, stairs, halls, admin offices; basic facilities repair (light bulbs, cords, clocks, painting); trash, recycling.				
Min Qualifications	High School grad, ability to lift 25 lbs, 3 yrs cleaning bldgs, bldg maintenance, basic repairs, other janitorial work.				
	\$35,963.00	0.10161	12	1	\$ 3,654

Total FTE:	3.99552
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Total Salaries:	\$ 253,154
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 19,366
	Retirement	\$ 3,164
	Medical	\$ 27,847
	Unemployment Insurance	\$ 2,532
	Disability Insurance	\$ 2,532
	Workers compensation	\$ 5,316
	Fringe Benefit %:	24.00%
	Total Fringe Benefit:	60,757
	TOTAL SALARIES & FRINGE BENEFITS:	313,911

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$103,172/yr)	\$103,172 x 15.00%	15,476
Telecom	Telephone and telecommunications (\$29,261/yr).	\$29,261 x 7.09%	2,075
	Total Occupancy:		17,550

Materials & Supplies:	Brief Description	Rate	Cost
Supplies	Program and office supplies (\$29,513/yr).	\$29,513 x 16.67%	4,920
	Total Materials & Supplies:		4,920

General Operating:	Brief Description	Rate	Cost
Insurance	Business Insurance (\$26,431).	\$26,431 x 24.23%	6,404
Total General Operating:			6,404

Subcontractor Name	Service Description	Rate
Twomagnets, Inc.	Nursing staffing agencies contracted to provide nursing services in the event of staff shortages or absences. Also, to cover group therapy services from outside consultants that either come on-site or provide teleconferencing meetings for therapy.	CNA: \$27/hour; LVN: \$45/hour
Arcadia		CNA: \$34/hour; LVN: \$65/hour
Brightstar		CNA: \$32/hour; LVN: \$60/hour
NurseRegistry		LVN: \$85/hour
U.N.I.		CNA: \$32/hour; LVN: \$60/hour
Total Subcontractors:		17,000
TOTAL OPERATING EXPS:		45,874
TOTAL DIRECT COSTS:		359,785

4) INDIRECT COSTS

Agency administrative costs allocated based on total direct cost of each activity benefited.		32,381
	Indirect Rate:	9.00%
	TOTAL INDIRECT COSTS:	32,381
	TOTAL EXPENSES:	392,166

Maitri AIDS Hospice
Maitri Compassionate Care

Appendix B-5, Page 1
03/01/2021 - 02/28/2022
RWPA

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES				Contract Totals
		Professional Patient Days		Paraprofessional Patient Days		
Position Titles		Salaries	% FTE	Salaries	% FTE	
Nurse Case Manager, RN	1.33522	122,173	100%			122,173
Licensed Vocational Nurse, LVN	2.9123364	183,618	100%			183,618
Certified Nursing Assistant, CNA	3.3409284			138,884	100%	138,884
Clinical Director	0.38034	38,356	100%			38,356
Social Workers	0.672595			41,943	100%	41,943
Director of Food Svcs / Nutrition	0.187091			11,873	100%	11,873
Chief Financial Officer	0.051909			5,710	100%	5,710
Volunteer & Aftercare Coordinator	0.26955			16,173	100%	16,173
Kitchen Staff/Cook	0.115041			4,308	100%	4,308
Facility Custodian	0.210003			7,552	100%	7,552
Total FTE & Total Salaries	9.475014	344,147	60.3142%	226,443	39.6858%	570,590
Fringe Benefits	25.2512%	86,901	60.3142%	57,180	39.6858%	144,081
Total Personnel Expenses		431,048	60.3142%	283,623	39.6858%	714,671
Operating Expenses						
Total Occupancy		17,439	60%	11,474	40%	28,913
Total Operating Expenses		17,439		11,474		28,913
Total Direct Expenses						
		448,487	60.3142%	295,097	39.6858%	743,584
Indirect Expenses	9.00%	40,364	60.3138%	26,559	39.6855%	66,923
TOTAL EXPENSES		488,851	60.3142%	321,656	39.6857%	810,507
UOS per Service Mode						
		2,628		2,628		5,256
Cost Per UOS per Service Mode		\$186.02		\$122.41		N/A
UDC per Service Mode		26		26		26
						Rev. 09/20

BUDGET JUSTIFICATION

1a) SALARIES				
Staff Position 1:	Nurse Case Manager, RN			
Brief job duties	RN Case management to all residents; plans & implements care for pts in compliance with physicians' orders, and state & federal regulations; supervision and scheduling of LVN & CNA.			
Min Qualifications	RN California license, CPR license.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$91,500.00	1.33522	12	1	\$ 122,173
Staff Position 2:	Licensed Vocational Nurse, LVN			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$63,048.50	2.9123364	12	1	\$ 183,618
Staff Position 3:	Certified Nursing Assistant, CNA			
Brief job duties	Provides direct personal care with ADL support & light housekeeping to residents; reports & documents observations & care performed; works under close supervision of LVN & RN.			
Min Qualifications	CNA California license, CPR license.			
\$41,570.44	3.3409284	12	1	\$ 138,884
Staff Position 4:	Clinical Director			
Brief job duties	Clinical support to residents; manages coordinated care, interdisciplinary model by integrating all programs and checking in on residents daily while managing all service providers, scheduling and effectiveness/status/results of services. Supervises and manages Social Workers, Mental Health Clinicians, Therapists, Nurses and Aftercare Programs.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$100,846.00	0.38034	12	1	\$ 38,356
Staff Position 5:	Social Workers			
Brief job duties	Assists residents by checking in and following up with nursing staff, doctors, helping to appts, manage day to day social tasks, etc. and helps with scheduling and various other issues that arise.			
Min Qualifications	BSW or certification in related field (Community Health Worker); MSW preferred.			
\$62,359.49	0.672595	12	1	\$ 41,943
Staff Position 6:	Director of Food Svcs / Nutrition			
Brief job duties	Provides food nutrition to residents; advises pts and staff on healthy meals for balanced diets; provide proper nutrition for residents; plans, prepares, coaches, advises on complexities of meal preparation w detailed nutritional guidelines and counsels on how that impacts health of residents.			
Min Qualifications	Bachelors degree in related field; 5 years experience in the food service industry.			
\$63,460.00	0.187091	12	1	\$ 11,873
Staff Position 7:	Chief Financial Officer			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$110,000.00	0.051909	12	1	\$ 5,710

Staff Position 8:	Volunteer & Aftercare Coordinator				
Brief job duties	Manages Aftercare prog for graduates, former residents. Assists residents w transition to new homes, follows up to ensure connections; invites graduates to join progs & aftercare groups to ensure smooth transition & they stay in touch.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$60,000.00	0.26955	12	1	\$ 16,173
Staff Position 9:	Kitchen Staff/Cook				
Brief job duties	Prepare meals for the facilities (breakfast, lunch, dinner, and snacks), cook, clean kitchen, prepare dining supplies and coffee area, work with 3rd party vendors on cleaning/maintenance/repairs of kitchen equipment and appliances.				
Min Qualifications	3 years experience preparing and cooking meals in an industrial kitchen or restaurant.				
	\$37,444.00	0.115041	12	1	\$ 4,308

Staff Position 10:	Facility Custodian				
Brief job duties	Clean residents' rooms (sweep, mop, dust wipe down surfaces/disinfect, vacuum, clean windows, sinks & bathrooms); entry way, dining room, stairs, halls, admin offices; basic facilities repair (light bulbs, cords, clocks, painting); trash, recycling.				
Min Qualifications	High School grad, ability to lift 25 lbs, 3 yrs cleaning bldgs, bldg maintenance, basic repairs, other janitorial work.				
	\$35,963.00	0.210003	12	1	\$ 7,552

Total FTE:	9.475014		Total Salaries:	\$ 570,590
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 43,650
	Retirement	\$ 7,207
	Medical	\$ 62,765
	Unemployment Insurance	\$ 2,255
	Disability Insurance	\$ 3,347
	Workers compensation	\$ 24,858
	Fringe Benefit %:	25.2512%
	Total Fringe Benefit:	144,081
	TOTAL SALARIES & EMPLOYEE BENEFITS:	714,671

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$103,172/yr)	\$103,172 x 23.18%	23,915
Telecom	Telephone and telecommunications (\$29,261/yr).	\$29,261 x 17.08%	4,998
	Total Occupancy:		28,913
	TOTAL OPERATING EXPS:		28,913
	TOTAL DIRECT COSTS:		743,584

4) INDIRECT COSTS

Indirect Rate:	9.00%	Amount
Agency admin costs, allocated based on total direct cost of each activity benefited.		66,923

TOTAL INDIRECT COSTS:	66,923
TOTAL EXPENSES:	810,507

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES					
Personnel Expenses		Professional Patient Days		Paraprofessional Patient Days			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	% FTE	Contract Totals
Nurse Case Manager, RN	0.66478	60,827	100%				60,827
Licensed Vocational Nurse, LVN	1.41766	89,382	100%				89,382
Certified Nursing Assistant, CNA	0.98906			41,116	100%		41,116
Clinical Director	0.18937	19,097	100%				19,097
Social Workers	0.32740			20,417	100%		20,417
Director of Food Svcs / Nutrition	0.09315			5,911	100%		5,911
Chief Financial Officer	0.02527			2,780	100%		2,780
Volunteer & Aftercare Coordinator	0.13122			7,873	100%		7,873
Kitchen Staff/Cook	0.056			2,097	100%		2,097
Facility Custodian	0.10161			3,654	100%		3,654
Licensed Therapist, LCSW	0.18750	15,019	100%				15,019
Total FTE & Total Salaries	4.18302	184,325	68.734%	83,848	31.266%		268,173
Fringe Benefits	24.0035%	44,245	68.734%	20,126	31.266%		64,371
Total Personnel Expenses		228,570	68.734%	103,974	31.266%		332,544
Operating Expenses							
		Expenditure	%				Contract Total
Total Occupancy		12,063	69%	5,487	31%		17,550
Total Materials and Supplies		3,382	69%	1,538	31%		4,920
Total General Operating		4,402	69%	2,002	31%		6,404
Consultants/Subcontractor:		11,685	69%	5,315	31%		17,000
Other (specify):							-
Total Operating Expenses		31,532	69%	14,342	31%		45,874
Total Direct Expenses		260,102	68.734%	118,316	31.266%		378,418
Indirect Expenses	9.00%	23,409	68.734%	10,649	31.266%		34,058
TOTAL EXPENSES		283,511	68.734%	128,965	31.266%		412,476
UOS per Service Mode		1,168		1,168			2,336
Cost Per UOS per Service Mode		\$242.74		\$110.42			N/A
UDC per Service Mode		14		14			14

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Nurse Case Manager, RN				
Brief job duties	RN Case management to all residents; plans & implements care for pts in compliance with physicians' orders, and state & federal regulations; supervision and scheduling of LVN & CNA.				
Min Qualifications	RN California license, CPR license.				
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total	
\$91,500.00	0.66478	12	1	\$ 60,827	
Staff Position 2:	Licensed Vocational Nurse, LVN				
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.				
Min Qualifications	LVN California license, CPR license.				
\$63,048.50	1.41766	12	1	\$ 89,382	
Staff Position 3:	Certified Nursing Assistant, CNA				
Brief job duties	Provides direct personal care with ADL support & light housekeeping to residents; reports & documents observations & care performed; works under close supervision of LVN & RN.				
Min Qualifications	CNA California license, CPR license.				
\$41,570.44	0.98906	12	1	\$ 41,116	
Staff Position 4:	Clinical Director				
Brief job duties	Clinical support to residents; manages coordinated care, interdisciplinary model by integrating all programs and checking in on residents daily while managing all service providers, scheduling and effectiveness/status/results of services. Supervises and manages Social Workers, Mental Health Clinicians, Therapists, Nurses and Aftercare Programs.				
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.				
\$100,846.00	0.18937	12	1	\$ 19,097	
Staff Position 5:	Social Workers				
Brief job duties	Assists residents by checking in and following up with nursing staff, doctors, helping to appts, manage day to day social tasks, etc. and helps with scheduling and various other issues that arise.				
Min Qualifications	BSW preferred or related certification (Community Health Worker); MSW preferred.				
\$62,359.49	0.32740	12	1	\$ 20,417	
Staff Position 6:	Director of Food Svcs / Nutrition				
Brief job duties	Provides food nutrition to residents; advises pts and staff on healthy meals for balanced diets; provide proper nutrition for residents; plans, prepares, coaches, advises on complexities of meal preparation w detailed nutritional guidelines and counsels on how that impacts health of residents.				
Min Qualifications	Bachelors degree in related field; 5 years in food service industry.				
\$63,460.00	0.09315	12	1	\$ 5,911	
Staff Position 7:	Chief Financial Officer				
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance or support to residents.				
Min Qualifications	CPA or Masters in Accounting or Tax.				
\$110,000.00	0.02527	12	1	\$ 2,780	

Staff Position 8:	Volunteer & Aftercare Coordinator			
Brief job duties	Manages Aftercare prog for graduates, former residents. Assists residents w transition to new homes, follows up to ensure connections; invites graduates to join progs & aftercare groups to ensure smooth transition & they stay in touch.			
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.			
	\$60,000.00	0.13122	12	\$ 7,873
Staff Position 9:	Kitchen Staff/Cook			
Brief job duties	Prepare meals for the facilities (breakfast, lunch, dinner, and snacks), cook, clean kitchen, prepare dining supplies and coffee area, work with 3rd party vendors on cleaning/maintenance/repairs of kitchen equipment and appliances.			
Min Qualifications	3 years experience preparing and cooking meals in an industrial kitchen or restaurant.			
	\$37,444.00	0.056	12	\$ 2,097
Staff Position 10:	Facility Custodian			
Brief job duties	Clean residents' rooms (sweep, mop, dust wipe down surfaces/disinfect, vacuum, clean windows, sinks & bathrooms); entry way, dining room, stairs, halls, admin offices; basic facilities repair (light bulbs, cords, clocks, painting); trash, recycling.			
Min Qualifications	High School grad, ability to lift 25 lbs, 3 yrs cleaning bldgs, bldg maintenance, basic repairs, other janitorial work.			
	\$35,963.00	0.10161	12	\$ 3,654
Staff Position 11:	Licensed Therapist, LCSW			
Brief job duties	Intensive mental hlth clint svcs; Informs potential residents with drug/alcohol misuse behaviors about harm reduction practices; meets w residents if behavior impacts treatment goals or community stability; works w Prog Director for continued develop of mental hlth prog; provides support and updates; on-call/after-hours crisis management support to the team.			
Min Qualifications	LCSW or LMFT, masters in behavioral hlth; 3 ys clinical exp; 3 ys working with vulnerable populations (AOD and SPMI).			
	\$80,103.00	0.18750	12	\$ 15,019
	Total FTE:	4.18302		Total Salaries: \$ 268,173

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 20,515
	Retirement	\$ 3,352
	Medical	\$ 29,499
	Unemployment Insurance	\$ 2,682
	Disability Insurance	\$ 2,682
	Workers compensation	\$ 5,641
	Fringe Benefit %:	24.0035%
	Total Fringe Benefit:	64,371
	TOTAL SALARIES & FRINGE BENEFITS:	332,544

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$103,172/yr)	\$103,172 x 15.00%	15,476
Telecom	Telephone and telecommunications (\$29,261yr).	\$29,261 x 7.09%	2,075
	Total Occupancy:		17,550

Materials & Supplies:	Brief Description	Rate	Cost
Supplies	Program and office supplies (\$29,513/yr).	\$29,513 x 16.67%	4,920
Total Materials & Supplies:			4,920

General Operating:	Brief Description	Rate	Cost
Insurance	Business Insurance (\$26,431).	\$26,431 x 24.23%	6,404
Total General Operating:			6,404

Subcontractor Name	Service Description	Rate
Twomagnets, Inc.	Nursing staffing agencies contracted to provide nursing services in the event of staff shortages or absences. Also, to cover group therapy services from outside consultants that either come on-site or provide teleconferencing meetings for therapy.	CNA: \$27/hour; LVN: \$45/hour
Arcadia		CNA: \$34/hour; LVN: \$65/hour
Brightstar		CNA: \$32/hour; LVN: \$60/hour
NurseRegistry		LVN: \$85/hour
U.N.I.		CNA: \$32/hour; LVN: \$60/hour
Total Subcontractors:		17,000
TOTAL OPERATING EXPS:		45,874
TOTAL DIRECT COSTS:		378,418

4) INDIRECT COSTS

Agency administrative costs allocated based on total direct cost of each activity benefited.		34,058
	Indirect Rate:	9.00%
	TOTAL INDIRECT COSTS:	34,058
	TOTAL EXPENSES:	412,476

Maitri AIDS Hospice
Maitri Compassionate Care

Appendix B-6, Page 1
03/01/2022 - 02/28/2023
RWPA

UOS COST ALLOCATION BY SERVICE MODE

Personnel Expenses	FTE	SERVICE MODES				Contract Totals
		Professional Patient Days		Paraprofessional Patient Days		
Position Titles		Salaries	% FTE	Salaries	% FTE	
Nurse Case Manager, RN	1.33522	122,173	100%			122,173
Licensed Vocational Nurse, LVN	2.9123364	183,618	100%			183,618
Certified Nursing Assistant, CNA	3.3409284			138,884	100%	138,884
Clinical Director	0.38034	38,356	100%			38,356
Social Workers	0.672595			41,943	100%	41,943
Director of Food Svcs / Nutrition	0.187091			11,873	100%	11,873
Chief Financial Officer	0.051909			5,710	100%	5,710
Volunteer & Aftercare Coordinator	0.26955			16,173	100%	16,173
Kitchen Staff/Cook	0.115041			4,308	100%	4,308
Facility Custodian	0.210003			7,552	100%	7,552
Total FTE & Total Salaries	9.475014	344,147	60.3142%	226,443	39.6858%	570,590
Fringe Benefits	25.2512%	86,901	60.3142%	57,180	39.6858%	144,081
Total Personnel Expenses		431,048	60.3142%	283,623	39.6858%	714,671
Operating Expenses						
Total Occupancy		17,439	60%	11,474	40%	28,913
Total Operating Expenses		17,439		11,474		28,913
Total Direct Expenses						
		448,487	60.3142%	295,097	39.6858%	743,584
Indirect Expenses	9.00%	40,364	60.3138%	26,559	39.6855%	66,923
TOTAL EXPENSES		488,851	60.3142%	321,656	39.6857%	810,507
UOS per Service Mode						
		2,628		2,628		5,256
Cost Per UOS per Service Mode						
		\$186.02		\$122.41		N/A
UDC per Service Mode						
		26		26		26
						Rev. 09/20

BUDGET JUSTIFICATION

1a) SALARIES				
Staff Position 1:	Nurse Case Manager, RN			
Brief job duties	RN Case management to all residents; plans & implements care for pts in compliance with physicians' orders, and state & federal regulations; supervision and scheduling of LVN & CNA.			
Min Qualifications	RN California license, CPR license.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$91,500.00	1.33522	12	1	\$ 122,173
Staff Position 2:	Licensed Vocational Nurse, LVN			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$63,048.50	2.9123364	12	1	\$ 183,618
Staff Position 3:	Certified Nursing Assistant, CNA			
Brief job duties	Provides direct personal care with ADL support & light housekeeping to residents; reports & documents observations & care performed; works under close supervision of LVN & RN.			
Min Qualifications	CNA California license, CPR license.			
\$41,570.44	3.3409284	12	1	\$ 138,884
Staff Position 4:	Clinical Director			
Brief job duties	Clinical support to residents; manages coordinated care, interdisciplinary model by integrating all programs and checking in on residents daily while managing all service providers, scheduling and effectiveness/status/results of services. Supervises and manages Social Workers, Mental Health Clinicians, Therapists, Nurses and Aftercare Programs.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$100,846.00	0.38034	12	1	\$ 38,356
Staff Position 5:	Social Workers			
Brief job duties	Assists residents by checking in and following up with nursing staff, doctors, helping to appts, manage day to day social tasks, etc. and helps with scheduling and various other issues that arise.			
Min Qualifications	BSW or certification in related field (Community Health Worker); MSW preferred.			
\$62,359.49	0.672595	12	1	\$ 41,943
Staff Position 6:	Director of Food Svcs / Nutrition			
Brief job duties	Provides food nutrition to residents; advises pts and staff on healthy meals for balanced diets; provide proper nutrition for residents; plans, prepares, coaches, advises on complexities of meal preparation w detailed nutritional guidelines and counsels on how that impacts health of residents.			
Min Qualifications	Bachelors degree in related field; 5 years experience in the food service industry.			
\$63,460.00	0.187091	12	1	\$ 11,873
Staff Position 7:	Chief Financial Officer			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$110,000.00	0.051909	12	1	\$ 5,710

Staff Position 8:	Volunteer & Aftercare Coordinator				
Brief job duties	Manages Aftercare prog for graduates, former residents. Assists residents w transition to new homes, follows up to ensure connections; invites graduates to join progs & aftercare groups to ensure smooth transition & they stay in touch.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$60,000.00	0.26955	12	1	\$ 16,173

Staff Position 9:	Kitchen Staff/Cook				
Brief job duties	Prepare meals for the facilities (breakfast, lunch, dinner, and snacks), cook, clean kitchen, prepare dining supplies and coffee area, work with 3rd party vendors on cleaning/maintenance/repairs of kitchen equipment and appliances.				
Min Qualifications	3 years experience preparing and cooking meals in an industrial kitchen or restaurant.				
	\$37,444.00	0.115041	12	1	\$ 4,308

Staff Position 10:	Facility Custodian				
Brief job duties	Clean residents' rooms (sweep, mop, dust wipe down surfaces/disinfect, vacuum, clean windows, sinks & bathrooms); entry way, dining room, stairs, halls, admin offices; basic facilities repair (light bulbs, cords, clocks, painting); trash, recycling.				
Min Qualifications	High School grad, ability to lift 25 lbs, 3 yrs cleaning bldgs, bldg maintenance, basic repairs, other janitorial work.				
	\$35,963.00	0.210003	12	1	\$ 7,552

Total FTE:	9.475014			Total Salaries:	\$ 570,590
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 43,650
	Retirement	\$ 7,207
	Medical	\$ 62,765
	Unemployment Insurance	\$ 2,255
	Disability Insurance	\$ 3,347
	Workers compensation	\$ 24,858
	Fringe Benefit %:	25.2512%
	Total Fringe Benefit:	144,081
	TOTAL SALARIES & EMPLOYEE BENEFITS:	714,671

2) OPERATING EXPENSES:

Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$103,172/yr)	\$103,172 x 23.18%	23,915
Telecom	Telephone and telecommunications (\$29,261/yr).	\$29,261 x 17.08%	4,998
	Total Occupancy:		28,913

TOTAL OPERATING EXPS:	28,913
TOTAL DIRECT COSTS:	743,584

4) INDIRECT COSTS	Indirect Rate:	9.00%	Amount
Agency admin costs, allocated based on total direct cost of each activity benefited.			66,923

TOTAL INDIRECT COSTS:	66,923
TOTAL EXPENSES:	810,507

Maitri AIDS Hospice
Maitri Compassionate Care

Appendix B-6a, Page 1
04/01/2022 - 03/31/2023
RWPB

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES					
Personnel Expenses		Professional Patient Days		Paraprofessional Patient Days			Contract Totals
		Salaries	% FTE	Salaries	% FTE		
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	% FTE	Contract Totals
Nurse Case Manager, RN	0.66478	60,827	100%				60,827
Licensed Vocational Nurse, LVN	1.41766	89,382	100%				89,382
Certified Nursing Assistant, CNA	0.98906			41,116	100%		41,116
Clinical Director	0.18937	19,097	100%				19,097
Social Workers	0.32740			20,417	100%		20,417
Director of Food Svcs / Nutrition	0.09315			5,911	100%		5,911
Chief Financial Officer	0.02527			2,780	100%		2,780
Volunteer & Aftercare Coordinator	0.13122			7,873	100%		7,873
Kitchen Staff/Cook	0.056			2,097	100%		2,097
Facility Custodian	0.10161			3,654	100%		3,654
Licensed Therapist, LCSW	0.18750	15,019	100%				15,019
Total FTE & Total Salaries	4.18302	184,325	68.734%	83,848	31.266%		268,173
Fringe Benefits	24.0035%	44,245	68.734%	20,126	31.266%		64,371
Total Personnel Expenses		228,570	68.734%	103,974	31.266%		332,544
Operating Expenses		Expenditure	%				Contract Total
Total Occupancy		12,063	69%	5,487	31%		17,550
Total Materials and Supplies		3,382	69%	1,538	31%		4,920
Total General Operating		4,402	69%	2,002	31%		6,404
Consultants/Subcontractor:		11,685	69%	5,315	31%		17,000
Other (specify):							-
Total Operating Expenses		31,532	69%	14,342	31%		45,874
Total Direct Expenses		260,102	68.734%	118,316	31.266%		378,418
Indirect Expenses	9.00%	23,409	68.734%	10,649	31.266%		34,058
TOTAL EXPENSES		283,511	68.734%	128,965	31.266%		412,476
UOS per Service Mode		1,168		1,168			2,336
Cost Per UOS per Service Mode		\$243.73		\$110.42			N/A
UDC per Service Mode		14		14			14
							Rev. 09/20

BUDGET JUSTIFICATION

1a) SALARIES				
Staff Position 1:	Nurse Case Manager, RN			
Brief job duties	RN Case management to all residents; plans & implements care for pts in compliance with physicians' orders, and state & federal regulations; supervision and scheduling of LVN & CNA.			
Min Qualifications	RN California license, CPR license.			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$91,500.00	0.66478	12	1	\$ 60,827
Staff Position 2:	Licensed Vocational Nurse, LVN			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$63,048.50	1.41766	12	1	\$ 89,382
Staff Position 3:	Certified Nursing Assistant, CNA			
Brief job duties	Provides direct personal care with ADL support & light housekeeping to residents; reports & documents observations & care performed; works under close supervision of LVN & RN.			
Min Qualifications	CNA California license, CPR license.			
\$41,570.44	0.98906	12	1	\$ 41,116
Staff Position 4:	Clinical Director			
Brief job duties	Clinical support to residents; manages coordinated care, interdisciplinary model by integrating all programs and checking in on residents daily while managing all service providers, scheduling and effectiveness/status/results of services. Supervises and manages Social Workers, Mental Health Clinicians, Therapists, Nurses and Aftercare Programs.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$100,846.00	0.18937	12	1	\$ 19,097
Staff Position 5:	Social Workers			
Brief job duties	Assists residents by checking in and following up with nursing staff, doctors, helping to appts, manage day to day social tasks, etc. and helps with scheduling and various other issues that arise.			
Min Qualifications	BSW preferred or related certification (Community Health Worker); MSW preferred.			
\$62,359.49	0.32740	12	1	\$ 20,417
Staff Position 6:	Director of Food Svcs / Nutrition			
Brief job duties	Provides food nutrition to residents; advises pts and staff on healthy meals for balanced diets; provide proper nutrition for residents; plans, prepares, coaches, advises on complexities of meal preparation w detailed nutritional guidelines and counsels on how that impacts health of residents.			
Min Qualifications	Bachelors degree in related field; 5 years in food service industry.			
\$63,460.00	0.09315	12	1	\$ 5,911
Staff Position 7:	Chief Financial Officer			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$110,000.00	0.02527	12	1	\$ 2,780

Staff Position 8:	Volunteer & Aftercare Coordinator				
Brief job duties	Manages Aftercare prog for graduates, former residents. Assists residents w transition to new homes, follows up to ensure connections; invites graduates to join progs & aftercare groups to ensure smooth transition & they stay in touch.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$60,000.00	0.13122	12	1	\$ 7,873
Staff Position 9:	Kitchen Staff/Cook				
Brief job duties	Prepare meals for the facilities (breakfast, lunch, dinner, and snacks), cook, clean kitchen, prepare dining supplies and coffee area, work with 3rd party vendors on cleaning/maintenance/repairs of kitchen equipment and appliances.				
Min Qualifications	3 years experience preparing and cooking meals in an industrial kitchen or restaurant.				
	\$37,444.00	0.056	12	1	\$ 2,097
Staff Position 10:	Facility Custodian				
Brief job duties	Clean residents' rooms (sweep, mop, dust wipe down surfaces/disinfect, vacuum, clean windows, sinks & bathrooms); entry way, dining room, stairs, halls, admin offices; basic facilities repair (light bulbs, cords, clocks, painting); trash, recycling.				
Min Qualifications	High School grad, ability to lift 25 lbs, 3 yrs cleaning bldgs, bldg maintenance, basic repairs, other janitorial work.				
	\$35,963.00	0.10161	12	1	\$ 3,654
Staff Position 11:	Licensed Therapist, LCSW				
Brief job duties	Intensive mental hlth clint svcs; Informs potential residents widrug/alcohol misuse behaviors about harm reduction practices; meets w residents if behavior impacts treatment goals or community stability; works w Prog Director for continued develop of mental hlth prog; provides support and updates; on-call/after-hours crisis management support team.				
Min Qualifications	LCSW or LMFT, masters in behavioral hlth; 3 ys clinical exp; 3 ys working with vulnerable populations (AOD and SPMI).				
	\$80,103.00	0.18750	12	1	\$ 15,019
	Total FTE:	4.18302		Total Salaries:	\$ 268,173

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 20,515
	Retirement	\$ 3,352
	Medical	\$ 29,499
	Unemployment Insurance	\$ 2,682
	Disability Insurance	\$ 2,682
	Workers compensation	\$ 5,641
	Fringe Benefit %:	24.0035%
	Total Fringe Benefit:	64,371
	TOTAL SALARIES & FRINGE BENEFITS:	332,544

2) OPERATING EXPENSES:			
Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$103,172/yr)	\$103,172 x 15.00%	15,476
Telecom	Telephone and telecommunications (\$29,261yr).	\$29,261 x 7.09%	2,075
	Total Occupancy:		17,550

Materials/Supplies	Brief Description	Rate	Cost
Supplies	Program and office supplies (\$29,513/yr).	\$29,513 x 16.67%	4,920
Total Materials & Supplies:			4,920

General Operating:	Brief Description	Rate	Cost
Insurance	Business Insurance (\$26,431).	\$26,431 x 24.23%	6,404
Total General Operating:			6,404

Subcontractor	Service Description	Rate
Twomagnets, Inc.	Nursing staffing agencies contracted to provide nursing services in the event of staff shortages or absences. Also, to cover group therapy services from outside consultants that either come on-site or provide teleconferencing meetings for therapy.	CNA: \$27/hour; LVN: \$45/hour
Arcadia		CNA: \$34/hour; LVN: \$65/hour
Brightstar		CNA: \$32/hour; LVN: \$60/hour
NurseRegistry		LVN: \$85/hour
U.N.I.		CNA: \$32/hour; LVN: \$60/hour
Total Subcontractors:		17,000

TOTAL OPERATING EXP	45,874
TOTAL DIRECT COSTS:	378,418

4) INDIRECT COSTS

Agency administrative costs allocated based on total direct cost of each activity benefited.		34,058
	Indirect Rate:	9.00%
	TOTAL INDIRECT COSTS:	34,058
	TOTAL EXPENSES:	412,476

Maitri AIDS Hospice
Maitri Compassionate Care

Appendix B-7, Page 1
03/01/2023 - 02/28/2024
RWPA

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES					
Personnel Expenses		Professional Patient Days		Paraprofessional Patient Days			
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Contract Totals	
Nurse Case Manager, RN	1.33522	122,173	100%			122,173	
Licensed Vocational Nurse, LVN	2.9123364	183,618	100%			183,618	
Certified Nursing Assistant, CNA	3.3409284			138,884	100%	138,884	
Clinical Director	0.38034	38,356	100%			38,356	
Social Workers	0.672595			41,943	100%	41,943	
Director of Food Svcs / Nutrition	0.187091			11,873	100%	11,873	
Chief Financial Officer	0.051909			5,710	100%	5,710	
Volunteer & Aftercare Coordinator	0.26955			16,173	100%	16,173	
Kitchen Staff/Cook	0.115041			4,308	100%	4,308	
Facility Custodian	0.210003			7,552	100%	7,552	
Total FTE & Total Salaries	9.475014	344,147	60.3142%	226,443	39.6858%	570,590	
Fringe Benefits	25.25%	86,901	60.3142%	57,180	39.6858%	144,081	
Total Personnel Expenses		431,048	60.3142%	283,623	39.6858%	714,671	
Operating Expenses							
Total Occupancy		17,439	60%	11,474	40%	28,913	
Total Operating Expenses		17,439		11,474		28,913	
Total Direct Expenses							
		448,487	60.3142%	295,097	39.6858%	743,584	
Indirect Expenses	9.00%	40,364	60.3138%	26,559	39.6855%	66,923	
TOTAL EXPENSES		488,851	60.3142%	321,656	39.6857%	810,507	
UOS per Service Mode							
		2,628		2,628		5,256	
Cost Per UOS per Service Mode							
		\$186.02		\$122.41		N/A	
UDC per Service Mode							
		26		26		26	
							Rev. 09/20

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Nurse Case Manager, RN				
Brief job duties	RN Case management to all residents; plans & implements care for pts in compliance with physicians' orders, and state & federal regulations; supervision and scheduling of LVN & CNA.				
Min Qualifications	RN California license, CPR license.				
	\$91,500.00	1.33522	12	1	\$ 122,173
Staff Position 2:	Licensed Vocational Nurse, LVN				
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.				
Min Qualifications	LVN California license, CPR license.				
	\$63,048.50	2.9123364	12	1	\$ 183,618
Staff Position 3:	Certified Nursing Assistant, CNA				
Brief job duties	Provides direct personal care with ADL support & light housekeeping to residents; reports & documents observations & care performed; works under close supervision of LVN & RN.				
Min Qualifications	CNA California license, CPR license.				
	\$41,570.44	3.3409284	12	1	\$ 138,884
Staff Position 4:	Clinical Director				
Brief job duties	Clinical support to residents; manages coordinated care, interdisciplinary model by integrating all programs and checking in on residents daily while managing all service providers, scheduling and effectiveness/status/results of services. Supervises and manages Social Workers, Mental Health Clinicians, Therapists, Nurses and Aftercare Progs.				
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.				
	\$100,846.00	0.38034	12	1	\$ 38,356
Staff Position 5:	Social Workers				
Brief job duties	Assists residents by checking in and following up with nursing staff, doctors, helping to appts, manage day to day social tasks, etc. and helps with scheduling and various other issues that arise.				
Min Qualifications	BSW or certification in related field (Community Health Worker); MSW preferred.				
	\$62,359.49	0.672595	12	1	\$ 41,943
Staff Position 6:	Director of Food Svcs / Nutrition				
Brief job duties	Provides food nutrition to residents; advises pts and staff on healthy meals for balanced diets; provide proper nutrition for residents; plans, prepares, coaches, advises on complexities of meal preparation w detailed nutritional guidelines and counsels on how that impacts health of residents.				
Min Qualifications	Bachelors degree in related field; 5 years experience in the food service industry.				
	\$63,460.00	0.187091	12	1	\$ 11,873
Staff Position 7:	Chief Financial Officer				
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance or support to residents.				
Min Qualifications	CPA or Masters in Accounting or Tax.				
	\$110,000.00	0.051909	12	1	\$ 5,710

Staff Position 8:	Volunteer & Aftercare Coordinator				
Brief job duties	Manages Aftercare prog for graduates, former residents. Assists residents w transition to new homes, follows up to ensure connections; invites graduates to join progs & aftercare groups to ensure smooth transition & they stay in touch.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$60,000.00	0.26955	12	1	\$ 16,173

Staff Position 9:	Kitchen Staff/Cook				
Brief job duties	Prepare meals for the facilities (breakfast, lunch, dinner, and snacks), cook, clean kitchen, prepare dining supplies and coffee area, work with 3rd party vendors on cleaning/maintenance/repairs of kitchen equipment and appliances.				
Min Qualifications	3 years experience preparing and cooking meals in an industrial kitchen or restaurant.				
	\$37,444.00	0.115041	12	1	\$ 4,308

Staff Position 10:	Facility Custodian				
Brief job duties	Clean residents' rooms (sweep, mop, dust wipe down surfaces/disinfect, vacuum, clean windows, sinks & bathrooms); entry way, dining room, stairs, halls, admin offices; basic facilities repair (light bulbs, cords, clocks, painting); trash, recycling.				
Min Qualifications	High School grad, ability to lift 25 lbs, 3 yrs cleaning bldgs, bldg maintenance, basic repairs, other janitorial work.				
	\$35,963.00	0.210003	12	1	\$ 7,552

Total FTE:	9.475014		Total Salaries:	\$ 570,590
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 43,650
	Retirement	\$ 7,207
	Medical	\$ 62,765
	Unemployment Insurance	\$ 2,255
	Disability Insurance	\$ 3,347
	Workers compensation	\$ 24,858
	Fringe Benefit %:	25.2512%
	Total Fringe Benefit:	144,081
	TOTAL SALARIES & EMPLOYEE BENEFITS:	714,671

2) OPERATING EXPENSES:			
Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$103,172/yr)	\$103,172 x 23.18%	23,915
Telecom	Telephone and telecommunications (\$29,261/yr).	\$29,261 x 17.08%	4,998
		Total Occupancy:	28,913
		TOTAL OPERATING EXP	28,913
		TOTAL DIRECT COSTS:	743,584

4) INDIRECT COSTS	Indirect Rate:	9.00%	Amount
Agency admin costs, allocated based on total direct cost of each activity benefited.			66,923

TOTAL INDIRECT COSTS:	66,923
TOTAL EXPENSES:	810,507

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES					
Personnel Expenses		Professional Patient Days		Paraprofessional Patient Days			Contract Totals
		Salaries	% FTE	Salaries	% FTE		
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	% FTE	Contract Totals
Nurse Case Manager, RN	0.66478	60,827	100%				60,827
Licensed Vocational Nurse, LVN	1.41766	89,382	100%				89,382
Certified Nursing Assistant, CNA	0.98906			41,116	100%		41,116
Clinical Director	0.18937	19,097	100%				19,097
Social Workers	0.32740			20,417	100%		20,417
Director of Food Svcs / Nutrition	0.09315			5,911	100%		5,911
Chief Financial Officer	0.02527			2,780	100%		2,780
Volunteer & Aftercare Coordinator	0.13122			7,873	100%		7,873
Kitchen Staff/Cook	0.056			2,097	100%		2,097
Facility Custodian	0.10161			3,654	100%		3,654
Licensed Therapist, LCSW	0.18750	15,019	100%				15,019
Total FTE & Total Salaries	4.18302	184,325	68.734%	83,848	31.266%		268,173
Fringe Benefits	24.0035%	44,245	68.734%	20,126	31.266%		64,371
Total Personnel Expenses		228,570	68.734%	103,974	31.266%		332,544
Operating Expenses		Expenditure	%				Contract Total
Total Occupancy		12,063	69%	5,487	31%		17,550
Total Materials and Supplies		3,382	69%	1,538	31%		4,920
Total General Operating		4,402	69%	2,002	31%		6,404
Consultants/Subcontractor:		11,685	69%	5,315	31%		17,000
Other (specify):							-
Total Operating Expenses		31,532	69%	14,342	31%		45,874
Total Direct Expenses		260,102	68.734%	118,316	31.266%		378,418
Indirect Expenses	9.00%	23,409	68.734%	10,649	31.266%		34,058
TOTAL EXPENSES		283,511	68.734%	128,965	31.266%		412,476
UOS per Service Mode		1,168		1,168			2,336
Cost Per UOS per Service Mode		\$243.73		\$110.42			N/A
UDC per Service Mode		14		14			14
							Rev. 09/20

BUDGET JUSTIFICATION

1a) SALARIES					
Staff Position 1:	Nurse Case Manager, RN				
Brief job duties	RN Case management to all residents; plans & implements care for pts in compliance with physicians' orders, and state & federal regulations; supervision and scheduling of LVN & CNA.				
Min Qualifications	RN California license, CPR license.				
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total	
\$91,500.00	0.66478	12	1	\$ 60,827	
Staff Position 2:	Licensed Vocational Nurse, LVN				
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.				
Min Qualifications	LVN California license, CPR license.				
\$63,048.50	1.41766	12	1	\$ 89,382	
Staff Position 3:	Certified Nursing Assistant, CNA				
Brief job duties	Provides direct personal care with ADL support & light housekeeping to residents; reports & documents observations & care performed; works under close supervision of LVN & RN.				
Min Qualifications	CNA California license, CPR license.				
\$41,570.44	0.98906	12	1	\$ 41,116	
Staff Position 4:	Clinical Director				
Brief job duties	Clinical support to residents; manages coordinated care, interdisciplinary model by integrating all programs and checking in on residents daily while managing all service providers, scheduling and effectiveness/status/results of services. Supervises and manages Social Workers, Mental Health Clinicians, Therapists, Nurses and Aftercare Programs.				
Min Qualifications	CA LCSW or CA LMFT; 2 years management/supervisory experience.				
\$100,846.00	0.18937	12	1	\$ 19,097	
Staff Position 5:	Social Workers				
Brief job duties	Assists residents by checking in and following up with nursing staff, doctors, helping to appts, manage day to day social tasks, etc. and helps with scheduling and various other issues that arise.				
Min Qualifications	BSW preferred or related certification (Community Health Worker); MSW preferred.				
\$62,359.49	0.32740	12	1	\$ 20,417	
Staff Position 6:	Director of Food Svcs / Nutrition				
Brief job duties	Provides food nutrition to residents; advises pts and staff on healthy meals for balanced diets; provide proper nutrition for residents; plans, prepares, coaches, advises on complexities of meal preparation w detailed nutritional guidelines and counsels on how that impacts health of residents.				
Min Qualifications	Bachelors degree in related field; 5 years in food service industry .				
\$63,460.00	0.09315	12	1	\$ 5,911	
Staff Position 7:	Chief Financial Officer				
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance or support to residents.				
Min Qualifications	CPA or Masters in Accounting or Tax.				
\$110,000.00	0.02527	12	1	\$ 2,780	

Staff Position 8:	Volunteer & Aftercare Coordinator				
Brief job duties	Manages Aftercare prog for graduates, former residents. Assists residents w transition to new homes, follows up to ensure connections; invites graduates to join progs & aftercare groups to ensure smooth transition & they stay in touch.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$60,000.00	0.13122	12	1	\$ 7,873
Staff Position 9:	Kitchen Staff/Cook				
Brief job duties	Prepare meals for the facilities (breakfast, lunch, dinner, and snacks), cook, clean kitchen, prepare dining supplies and coffee area, work with 3rd party vendors on cleaning/maintenance/repairs of kitchen equipment and appliances.				
Min Qualifications	3 years experience preparing and cooking meals in an industrial kitchen or restaurant.				
	\$37,444.00	0.056	12	1	\$ 2,097
Staff Position 10:	Facility Custodian				
Brief job duties	Clean residents' rooms (sweep, mop, dust wipe down surfaces/disinfect, vacuum, clean windows, sinks & bathrooms); entry way, dining room, stairs, halls, admin offices; basic facilities repair (light bulbs, cords, clocks, painting); trash, recycling.				
Min Qualifications	High School grad, ability to lift 25 lbs, 3 yrs cleaning bldgs, bldg maintenance, basic repairs, other janitorial work.				
	\$35,963.00	0.10161	12	1	\$ 3,654
Staff Position 11:	Licensed Therapist, LCSW				
Brief job duties	Intensive mental hlth clint svcs; Informs potential residents with drug/alcohol misuse behaviors about harm reduction practices; meets w residents if behavior impacts treatment goals or community stability; works w Prog Director for continued develop of mental hlth prog; provides support and updates; on-call/after-hours crisis management support to the team.				
Min Qualifications	LCSW or LMFT, masters in behavioral hlth; 3 ys clinical exp; 3 ys working with vulnerable populations (AOD and SPMI).				
	\$80,103.00	0.18750	12	1	\$ 15,019
	Total FTE:	4.18302		Total Salaries:	\$ 268,173

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 20,515
	Retirement	\$ 3,352
	Medical	\$ 29,499
	Unemployment Insurance	\$ 2,682
	Disability Insurance	\$ 2,682
	Workers compensation	\$ 5,641
	Fringe Benefit %:	24.0035%
	Total Fringe Benefit:	64,371
	TOTAL SALARIES & FRINGE BENEFITS:	332,544

2) OPERATING EXPENSES:			
Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$103,172/yr).	\$103,172 x 15.00%	15,476
Telecom	Telephone and telecommunications (\$29,261/yr).	\$29,261 x 7.09%	2,075
	Total Occupancy:		17,550

Materials & Supplies:	Brief Description	Rate	Cost
Supplies	Program and office supplies (\$29,513/yr).	\$29,513 x 16.67%	4,920
	Total Materials & Supplies:		4,920

General Operating:	Brief Description	Rate	Cost
Insurance	Business Insurance (\$26,431).	\$26,431 x 24.23%	6,404
Total General Operating:			6,404

Subcontractor Name	Service Description	Rate
Twomagnets, Inc.	Nursing staffing agencies contracted to provide nursing services in the event of staff shortages or absences. Also, to cover group therapy services from outside consultants that either come on-site or provide teleconferencing meetings for therapy.	CNA: \$27/hour; LVN: \$45/hour
Arcadia		CNA: \$34/hour; LVN: \$65/hour
Brightstar		CNA: \$32/hour; LVN: \$60/hour
NurseRegistry		LVN: \$85/hour
U.N.I.		CNA: \$32/hour; LVN: \$60/hour
Total Consultants/Subcontractors:		17,000

TOTAL OPERATING EXPS:	45,874
TOTAL DIRECT COSTS:	378,418

4) INDIRECT COSTS

Agency administrative costs allocated based on total direct cost of each activity benefited.	34,058
Indirect Rate:	9.00%
TOTAL INDIRECT COSTS:	34,058
TOTAL EXPENSES:	412,476

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2d
04/01/2020 - 03/31/2021
PAGE A

Contractor: Maitri AIDS Hospice Address: 401 Duboce Avenue San Francisco, CA 94117 Telephone: 415-558-3000 Fax: 415-558-3010 Program Name: Maitri Compassionate Care ACE Control #: <input style="width:150px" type="text"/>	Contract ID # 1000006124	Invoice Number A-2APR20	Contract Purchase Order No: <input style="width:150px" type="text"/> Funding Source: <input style="width:150px" type="text"/> State/SAM Department ID-Authority ID: <input style="width:150px" type="text"/> Project ID-Activity ID: <input style="width:150px" type="text"/> Invoice Period: <input style="width:150px" type="text"/> 04/1/20 - 04/30/20 FINAL Invoice <input style="width:50px" type="checkbox"/> (check if Yes)
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DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
LCSW Mental Health Individual Hours	768	20							768	20
LCSW Mental Health Group Therapy Hours	240	20							240	20

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		20			20

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$80,103				\$80,103.00
Fringe Benefits	\$20,026				\$20,026.00
Total Personnel Expenses	\$100,129				\$100,129.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,200				\$1,200.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$4,920				\$4,920.00
Total Operating Expenses	\$6,120				\$6,120.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$106,249				\$106,249.00
Indirect Expenses	\$9,061				\$9,061.00
TOTAL EXPENSES	\$115,310				\$115,310.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____
 Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
	(DPH Authorized Signatory)	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4
03/01/2020 - 02/28/2021
PAGE A

Contractor: Maitri AIDS Hospice	Contract ID # 1000006124	Invoice Number A-1MAR20
Address: 401 Duboce Avenue		
San Francisco, CA 94117		Contract Purchase Order No: _____
Telephone: 415-558-3000	HHS	Funding Source: RWPA
Fax: 415-558-3010		Department ID-Authority ID: _____
Program Name: Maitri Compassionate Care		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 03/1/20 - 03/31/20
		FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Patient Days	2,628	26							2,628	26
Paraprofessional Patient Days	2,628	26							2,628	26

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		26			26

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$570,590				\$570,590.00
Fringe Benefits	\$144,081				\$144,081.00
Total Personnel Expenses	\$714,671				\$714,671.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$28,913				\$28,913.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$28,913				\$28,913.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$743,584				\$743,584.00
Indirect Expenses	\$66,923				\$66,923.00
TOTAL EXPENSES	\$810,507				\$810,507.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org		
	By: _____ (DPH Authorized Signatory)	Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4.1
04/01/2020 - 09/30/2020
PAGE A

Contractor: Maitri AIDS Hospice	Contract ID # 1000006124	Invoice Number A-1APR20
Address: 401 Duboce Avenue		
San Francisco, CA 94117		Contract Purchase Order No: _____
Telephone: 415-558-3000	HHS	Funding Source: RWPA COVID
Fax: 415-558-3010		Department ID-Authority ID: _____
Program Name: Maitri Compassionate Care		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 04/1/20 - 04/30/20
		FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
COVID Expense Months	6	N/A							6	N/A

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		N/A			N/A

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$36,724				\$36,724.00
Fringe Benefits					
Total Personnel Expenses	\$36,724				\$36,724.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$10,200				\$10,200.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$12,600				\$12,600.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$11,676				\$11,676.00
Total Operating Expenses	\$34,476				\$34,476.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$71,200				\$71,200.00
Indirect Expenses					
TOTAL EXPENSES	\$71,200				\$71,200.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-4a
04/01/2020 - 03/31/2021
PAGE A

Contractor: Maitri AIDS Hospice
Address: 401 Duboce Avenue
San Francisco, CA 94117

Contract ID #
1000006124

Invoice Number
A-1APR20

Telephone: 415-558-3000
Fax: 415-558-3010



Contract Purchase Order No: _____

Funding Source: State/RWPB

Department ID-Authority ID: _____

Program Name: Maitri Compassionate Care

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 04/1/20 - 04/30/20

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Patient Days	1,168	14							1,168	14
Paraprofessional Patient Days	1,168	14							1,168	14

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	14				14

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$253,154				\$253,154.00
Fringe Benefits	\$60,757				\$60,757.00
Total Personnel Expenses	\$313,911				\$313,911.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,550				\$17,550.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,920				\$4,920.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,404				\$6,404.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$17,000				\$17,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,874				\$45,874.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$359,785				\$359,785.00
Indirect Expenses	\$32,381				\$32,381.00
TOTAL EXPENSES	\$392,166				\$392,166.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____

Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____
(DPH Authorized Signatory)

Date: _____

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-5
03/01/2021 - 02/28/2022
PAGE A

Contractor: Maitri AIDS Hospice	Contract ID # 1000006124	Invoice Number A-1MAR21
Address: 401 Duboce Avenue		
San Francisco, CA 94117		Contract Purchase Order No: _____
Telephone: 415-558-3000	HHS	Funding Source: RWPA
Fax: 415-558-3010		Department ID-Authority ID: _____
Program Name: Maitri Compassionate Care		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 03/1/21 - 03/31/21
		FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Patient Days	2,628	26							2,628	26
Paraprofessional Patient Days	2,628	26							2,628	26

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	26				26

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$570,590				\$570,590.00
Fringe Benefits	\$144,081				\$144,081.00
Total Personnel Expenses	\$714,671				\$714,671.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$28,913				\$28,913.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$28,913				\$28,913.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$743,584				\$743,584.00
Indirect Expenses	\$66,923				\$66,923.00
TOTAL EXPENSES	\$810,507				\$810,507.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
	(DPH Authorized Signatory)	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-5a
04/01/2021 - 03/31/2022
PAGE A

Contractor: Maitri AIDS Hospice Address: 401 Duboce Avenue San Francisco, CA 94117	Contract ID # 1000006124	Invoice Number A-1APR21
Telephone: 415-558-3000 Fax: 415-558-3010	<div style="border: 1px solid black; padding: 5px; width: 50px; margin: 0 auto;"> HHS </div>	Contract Purchase Order No: _____
Program Name: Maitri Compassionate Care		Funding Source: State/RWPB
ACE Control #: _____	Department ID-Authority ID: _____	Project ID-Activity ID: _____
		Invoice Period: 04/1/21 - 04/30/21
		FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Patient Days	1,168	14							1,168	14
Paraprofessional Patient Days	1,168	14							1,168	14

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	14				14

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$268,173				\$268,173.00
Fringe Benefits	\$64,371				\$64,371.00
Total Personnel Expenses	\$332,544				\$332,544.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,550				\$17,550.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,920				\$4,920.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,404				\$6,404.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$17,000				\$17,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,874				\$45,874.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$378,418				\$378,418.00
Indirect Expenses	\$34,058				\$34,058.00
TOTAL EXPENSES	\$412,476				\$412,476.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-6
03/01/2022 - 02/28/2023
PAGE A

Contractor: Maitri AIDS Hospice	Contract ID # 1000006124	Invoice Number A-1MAR22
Address: 401 Duboce Avenue		
San Francisco, CA 94117		Contract Purchase Order No: _____
Telephone: 415-558-3000	HHS	Funding Source: RWPA
Fax: 415-558-3010		Department ID-Authority ID: _____
Program Name: Maitri Compassionate Care		Project ID-Activity ID: _____
ACE Control #: _____		Invoice Period: 03/1/22 - 03/31/22
		FINAL Invoice <input type="checkbox"/> (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Patient Days	2,628	26							2,628	26
Paraprofessional Patient Days	2,628	26							2,628	26

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	26				26

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$570,590				\$570,590.00
Fringe Benefits	\$144,081				\$144,081.00
Total Personnel Expenses	\$714,671				\$714,671.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$28,913				\$28,913.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$28,913				\$28,913.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$743,584				\$743,584.00
Indirect Expenses	\$66,923				\$66,923.00
TOTAL EXPENSES	\$810,507				\$810,507.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____	Date: _____
	(DPH Authorized Signatory)	

**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-6a
04/01/2022 - 03/31/2023
PAGE A

Contractor: Maitri AIDS Hospice
Address: 401 Duboce Avenue
San Francisco, CA 94117

Contract ID #
1000006124

Invoice Number
A-1APR22

Telephone: 415-558-3000
Fax: 415-558-3010



Contract Purchase Order No: _____

Funding Source: State/RWPB

Department ID-Authority ID: _____

Program Name: Maitri Compassionate Care

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 04/1/22 - 04/30/22

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Patient Days	1,168	14							1,168	14
Paraprofessional Patient Days	1,168	14							1,168	14

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix		14			14

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$268,173				\$268,173.00
Fringe Benefits	\$64,371				\$64,371.00
Total Personnel Expenses	\$332,544				\$332,544.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,550				\$17,550.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,920				\$4,920.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,404				\$6,404.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$17,000				\$17,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,874				\$45,874.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$378,418				\$378,418.00
Indirect Expenses	\$34,058				\$34,058.00
TOTAL EXPENSES	\$412,476				\$412,476.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-7
03/01/2023 - 02/29/2024
PAGE A

Contractor: Maitri AIDS Hospice
Address: 401 Duboce Avenue
San Francisco, CA 94117

Contract ID #
1000006124

Invoice Number
A-1MAR23

Telephone: 415-558-3000
Fax: 415-558-3010



Contract Purchase Order No: _____

Funding Source: RWPA

Department ID-Authority ID: _____

Program Name: Maitri Compassionate Care

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 03/1/23 - 03/31/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Patient Days	2,628	26							2,628	26
Paraprofessional Patient Days	2,628	26							2,628	26

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	26				26

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$570,590				\$570,590.00
Fringe Benefits	\$144,081				\$144,081.00
Total Personnel Expenses	\$714,671				\$714,671.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$28,913				\$28,913.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor					
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$28,913				\$28,913.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$743,584				\$743,584.00
Indirect Expenses	\$66,923				\$66,923.00
TOTAL EXPENSES	\$810,507				\$810,507.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org	By: _____ (DPH Authorized Signatory)	Date: _____
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-7a
04/01/2023 - 03/31/2024
PAGE A

Contractor: Maitri AIDS Hospice
Address: 401 Duboce Avenue
San Francisco, CA 94117

Contract ID #
1000006124

Invoice Number
A-1APR23

Telephone: 415-558-3000
Fax: 415-558-3010



Contract Purchase Order No: _____

Funding Source: State/RWPB

Department ID-Authority ID: _____

Program Name: Maitri Compassionate Care

Project ID-Activity ID: _____

ACE Control #: _____

Invoice Period: 04/1/23 - 04/30/23

FINAL Invoice (check if Yes)

DELIVERABLES	TOTAL CONTRACTED		DELIVERED THIS PERIOD		DELIVERED TO DATE		% OF TOTAL		REMAINING DELIVERABLES	
	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Professional Patient Days	1,168	14							1,168	14
Paraprofessional Patient Days	1,168	14							1,168	14

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	14				14

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$268,173				\$268,173.00
Fringe Benefits	\$64,371				\$64,371.00
Total Personnel Expenses	\$332,544				\$332,544.00
Operating Expenses:					
Occupancy -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$17,550				\$17,550.00
Materials and Supplies -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$4,920				\$4,920.00
General Operating -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	\$6,404				\$6,404.00
Staff Travel - (e.g., Local & Out of Town)					
Consultant/Subcontractor	\$17,000				\$17,000.00
Other - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
Total Operating Expenses	\$45,874				\$45,874.00
Capital Expenditures					
TOTAL DIRECT EXPENSES	\$378,418				\$378,418.00
Indirect Expenses	\$34,058				\$34,058.00
TOTAL EXPENSES	\$412,476				\$412,476.00
LESS: Initial Payment Recovery					
Other Adjustments (Enter as negative, if appropriate)					
REIMBURSEMENT					

NOTES:

I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the budget approved for the contract cited for services provided under the provision of that contract. Full justification and backup records for those claims are maintained in our office at the address indicated.

Signature: _____ Date: _____

Title: _____

Send to: aidsoffice@sfdph.org

By: _____ Date: _____
(DPH Authorized Signatory)



A Head for Insurance. A Heart for Nonprofits.

NONPROFITS INSURANCE ALLIANCE OF CALIFORNIA (NIAC)

www.insurancefor nonprofits.org

POLICY CHANGE
THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

COMPANY: Nonprofits Insurance Alliance of California (05038)

POLICY NUMBER: 2020-05038

NAMED INSURED: Maitri dba: Maitri Compassionate Care

POLICY CHANGE EFFECTIVE: 09/09/2020

COVERAGE PART AFFECTED: COMMERCIAL GENERAL LIABILITY

POLICY CHANGE#: 1 Page 1

The following additional insured(s) is/are hereby added to the policy:

CG 20 26 Locations - ALL
City & County of San Francisco \$0
Department of Public Health
San Francisco, CA 94102
Commercial General Liability

All other terms, limits and conditions remain the same.

ADDITIONAL PREMIUM: \$0
RETURN PREMIUM: \$0
TOTAL PREMIUM: \$0

Handwritten signature of Pamela C. Q.
AUTHORIZED SIGNATURE

10/09/2020

POLICY NUMBER: 2020-05038
Named Insured: Maitri dba: Maitri Compassionate Care

COMMERCIAL GENERAL LIABILITY
CG 20 26 04 13

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ADDITIONAL INSURED – DESIGNATED PERSON OR ORGANIZATION

This endorsement modifies insurance provided under the following:

COMMERCIAL GENERAL LIABILITY COVERAGE PART

SCHEDULE

<p>Name Of Additional Insured Person(s) Or Organization(s): City & County of San Francisco, It's Officers, Agents & Employees Department of Public Health 101 Grove St. Room 402 San Francisco, CA 94102</p>
<p>Information required to complete this Schedule, if not shown above, will be shown in the Declarations.</p>

- A. Section II – Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for "bodily injury", "property damage" or "personal and advertising injury" caused, in whole or in part, by your acts or omissions or the acts or omissions of those acting on your behalf:
1. In the performance of your ongoing operations; or
 2. In connection with your premises owned by or rented to you.

However:

1. The insurance afforded to such additional insured only applies to the extent permitted by law; and
2. If coverage provided to the additional insured is required by a contract or agreement, the insurance afforded to such additional insured will not be broader than that which you are required by the contract or agreement to provide for such additional insured.

- B.** With respect to the insurance afforded to these additional insureds, the following is added to **Section III – Limits Of Insurance:**

If coverage provided to the additional insured is required by a contract or agreement, the most we will pay on behalf of the additional insured is the amount of insurance:

1. Required by the contract or agreement; or
2. Available under the applicable Limits of Insurance shown in the Declarations; whichever is less.

This endorsement shall not increase the applicable Limits of Insurance shown in the Declarations.



07/10/2017

Dean Goodwin, Administrator
HIV Health Services
San Francisco Department of Public Health
25 Van Ness Avenue, 8th Floor
San Francisco, CA 94102

Dear Dean:

Maitri provides nursing and attendant care as well as support to people seriously debilitated by AIDS. We are a residential care facility and provide services onsite. We do not use vehicles as a part of our contract with the Department of Public Health- CARE or SAM. Therefore, we request a waiver of the requirement of the city for commercial auto liability coverage.

If you have any questions, please do not hesitate to contact me directly at 415-558-3001 or email me at BMusick@maitrisf.org or Susan Canavan, Maitri's Program Director at 415-558-3006 or Susan@maitrisf.org.

Sincerely,

Bill Musick
Interim Executive Director

Waiver of Automobile Liability insurance
is hereby granted based on statement
presented on this letter.

Elizabeth Fitzgerald
Risk Management
7/11/17