

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

**Third Amendment**

THIS AMENDMENT (this “Amendment”) is made as of **July 1<sup>st</sup>, 2023**, 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<sup>th</sup>, 2017** and this modification is consistent therewith; and

WHEREAS, approval for the original Agreement was obtained on **July 18<sup>th</sup>, 2016** from the **Civil Service Commission** under PSC number **2005-07/08** in the amount of **\$450,000,000** for the period commencing **07/01/2008** and ending **Continuous**; and

WHEREAS, approval for this Amendment was obtained on **July 18<sup>th</sup>, 2016** from the **Civil Service Commission** under PSC number **2005-07/08** in the amount of **\$450,000,000** for the period commencing **07/01/2008** and ending **Continuous**; and

WHEREAS, the City’s **Board of Supervisors** approved this Agreement by **Resolution Number** \_\_\_\_\_ on \_\_\_\_\_, 2023.

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 1<sup>st</sup>, 2017** between Contractor and City, as amended by the:

**First Amendment, dated January 1<sup>st</sup>, 2019, and  
Second Amendment, dated October 1<sup>st</sup>, 2020.**

**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 Definitions.** *The following is hereby added to the Agreement as a Definition in Article 1:*

1.10 “Confidential Information” means confidential City information including, but not limited to, personally-identifiable information (“PII”), protected health information (“PHI”), or individual financial information (collectively, “Proprietary or Confidential Information”) that is subject to local, state or federal laws restricting the use and disclosure of such information, including, but not limited to, Article 1, Section 1 of the California Constitution; the California Information Practices Act (Civil Code § 1798 et seq.); the California Confidentiality of Medical Information Act (Civil Code § 56 et seq.); the federal Gramm-Leach-Bliley Act (15 U.S.C. §§ 6801(b) and 6805(b)(2)); the privacy and information security aspects of the Administrative Simplification provisions of the federal Health Insurance Portability and Accountability Act (45 CFR Part 160 and Subparts A, C, and E of part 164); and San Francisco Administrative Code Chapter 12M (Chapter 12M).

**2.2 Term of the Agreement.** *Article 2 Term of the Agreement of Amendment #2 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, 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	

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

**Article 2 Term of the Agreement**

**2.1 Term.** The term of this Agreement shall commence on **July 1, 2017** and expire on **March 31, 2027**, unless earlier terminated as otherwise provided herein.

**2.2 Options to Extend.** 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	Exercised
Option 5:	04/01/2025 – 03/31/2026	Exercised
Option 6:	04/01/2026 – 03/31/2027	Exercised

**2.3 Payment.** *Article 3.3.1 Payment of Amendment #2 currently reads as follows:*

### **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.

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

### **3.3 Compensation.**

**3.3.1 Calculation of Charges.** Contractor shall provide an invoice to the City on a monthly basis for goods delivered and/or 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 goods and/or Services identified in the invoice that the City, in his or her sole discretion, concludes has been satisfactorily performed. In no event shall the amount of this Agreement exceed **Fourteen Million One Hundred Thirty Thousand Four Hundred Forty-Four DOLLARS (\$14,130,444)**. The breakdown of charges associated with this Agreement appears in Appendix B, "Calculation of Charges." 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. City will not honor minimum service order charges for any services covered by this Agreement.

**2.4 Contract Amendments; Budgeting Revisions.** *The following is hereby added to Article 3 of the Agreement in its entirety:*

### 3.7 **Contract Amendments; Budgeting Revisions.**

3.7.1 **Formal Contract Amendment:** Contractor shall not be entitled to an increase in the Compensation or an extension of the Term unless the Parties agree to a Formal Amendment in accordance with the San Francisco Administrative Code and Section 11.5 (Modifications of this Agreement).

3.7.2 **City Revisions to Program Budgets:** The City shall have authority, without the execution of a Formal Amendment, to purchase additional Services and/or make changes to the work in accordance with the terms of this Agreement (including such terms that require Contractor's agreement), not involving an increase in the Compensation or the Term by use of a written City Revision to Program Budget.

3.7.3 **City Program Scope Reduction.** In order to preserve the Agreement and enable Contractor to continue to perform work albeit potentially on a reduced basis, the City shall have authority during the Term of the Agreement, without the execution of a Formal Amendment, to reduce scope, temporarily suspend the Agreement work, and/or convert the Term to month-to-month (Program Scope Reduction), by use of a written Revision to Program Budgets, executed by the Director of Health, or his or her designee, and Contractor. Contractor understands and agrees that the City's right to effect a Program Scope Reduction is intended to serve a public purpose and to protect the public fisc and is not intended to cause harm to or penalize Contractor. Contractor provides City with a full and final release of all claims arising from a Program Scope Reduction. Contractor further agrees that it will not sue the City for damages arising directly or indirectly from a City Program Scope Reduction.

2.5 **Insurance and Indemnification.** *The following Article 5 of the Agreement is hereby amended, replacing the previous in its entirety:*

## **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) 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.
- (b) 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.
- (c) Workers' Compensation, in statutory amounts, with Employers' Liability Limits not less than \$1,000,000 each accident, injury, or illness.
- (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 Liability Coverage)**
- (f) 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.

(g) **Reserved. (Pollution Liability Insurance)**

**5.1.2 Additional Insured Endorsements**

(a) The Commercial General Liability policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(b) The Commercial Automobile Liability Insurance policy must be endorsed to name as Additional Insured the City and County of San Francisco, its Officers, Agents, and Employees.

(c) **Reserved. (Pollution Auto Liability Insurance Endorsement)**

**5.1.3 Reserved. (Waiver of Subrogation Endorsements)**

**5.1.4 Primary Insurance Endorsements**

(a) The Commercial General Liability policy 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.

(b) The Commercial Automobile Liability Insurance policy 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.

(c) **Reserved. (Pollution Liability Primary Insurance Endorsement)**

**5.1.5 Other Insurance Requirements**

(a) Thirty (30) days' advance written notice shall be provided to the City of cancellation, intended non-renewal, or reduction in coverages, except for non-payment for which no less than ten (10) days' notice shall be provided to City. Notices shall be sent to the City email address: insurance-contractsr410@sfdph.org .

(b) 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 Agreement term give rise to claims made after expiration of the Agreement, such claims shall be covered by such claims-made policies.

(c) 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.

(d) 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.

(e) 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.

(f) 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.

## **5.2 Indemnification.**

5.2.1 Contractor shall indemnify and hold harmless City and its officers, agents and employees from, and, if requested, shall defend them from and against any and all claims, demands, losses, damages, costs, expenses, and liability (legal, contractual, or otherwise) arising from or in any way connected with any: (i) injury to or death of a person, including employees of City or Contractor; (ii) loss of or damage to property; (iii) violation of local, state, or federal common law, statute or regulation, including but not limited to privacy or personally identifiable information, health information, disability and labor laws or regulations; (iv) strict liability imposed by any law or regulation; or (v) losses arising from Contractor's execution of subcontracts not in accordance with the requirements of this Agreement applicable to subcontractors; so long as such injury, violation, loss, or strict liability (as set forth in subsections (i) – (v) above) arises directly or indirectly from Contractor's performance of this Agreement, including, but not limited to, Contractor's use of facilities or equipment provided by City or others, regardless of the negligence of, and regardless of whether liability without fault is imposed or sought to be imposed on City, except to the extent that such indemnity is void or otherwise unenforceable under applicable law, and except where such loss, damage, injury, liability or claim is the result of the active negligence or willful misconduct of City and is not contributed to by any act of, or by any omission to perform some duty imposed by law or agreement on Contractor, its subcontractors, or either's agent or employee. Contractor shall also indemnify, defend and hold City harmless from all suits or claims or administrative proceedings for breaches of federal and/or state law regarding the privacy of health information, electronic records or related topics, arising directly or indirectly from Contractor's performance of this Agreement. The foregoing indemnity shall include, without limitation, reasonable fees of attorneys, consultants and experts and related costs and City's costs of investigating any claims against the City.

5.2.2 In addition to Contractor's obligation to indemnify City, Contractor specifically acknowledges and agrees that it has an immediate and independent obligation to defend City from any claim which actually or potentially falls within this indemnification provision, even if the allegations are or may be groundless, false or fraudulent, which obligation arises at the time such claim is tendered to Contractor by City and continues at all times thereafter.

5.2.3 Contractor shall indemnify and hold City harmless from all loss and liability, including attorneys' fees, court costs and all other litigation expenses for any infringement of the patent rights, copyright, trade secret or any other proprietary right or trademark, and all other intellectual property claims of any person or persons arising directly or indirectly from the receipt by City, or any of its officers or agents, of Contractor's Services.

**2.6 Consideration of Salary History.** *The following is hereby added to Article 10 of the Agreement, replacing the previous Section 10.4 in its entirety:*

**10.4 Consideration of Salary History.** Contractor shall comply with San Francisco Administrative Code Chapter 12K, the Consideration of Salary History Ordinance or "Pay Parity Act."

Contractor is prohibited from considering current or past salary of an applicant in determining whether to hire the applicant or what salary to offer the applicant to the extent that such applicant is applying for employment to be performed on this Agreement or in furtherance of this Agreement, and whose application, in whole or part, will be solicited, received, processed or considered, whether or not through an interview, in the City or on City property. The ordinance also prohibits employers from (1) asking such applicants about their current or past salary or (2) disclosing a current or former employee's salary history without that employee's authorization unless the salary history is publicly available. Contractor is subject to the enforcement and penalty provisions in Chapter 12K. Information about and the text of Chapter 12K is available on the web at <https://sfgov.org/olse/consideration-salary-history>. Contractor is required to comply with all of the applicable provisions of 12K, irrespective of the listing of obligations in this Section.

**2.7 Notification of Legal Requests.** *The following section is hereby added and incorporated in Article 11 of the Agreement:*

**11.14 Notification of Legal Requests.** Contractor shall immediately notify City upon receipt of any subpoenas, service of process, litigation holds, discovery requests and other legal requests ("Legal Requests") related to all data given to Contractor by City in the performance of this Agreement ("City Data" or "Data"), or which in any way might reasonably require access to City's Data, and in no event later than 24 hours after it receives the request. Contractor shall not respond to Legal Requests related to City without first notifying City other than to notify the requestor that the information sought is potentially covered under a non-disclosure agreement. Contractor shall retain and preserve City Data in accordance with the City's instruction and requests, including, without limitation, any retention schedules and/or litigation hold orders provided by the City to Contractor, independent of where the City Data is stored.

**2.8 California Attorney General's Registry of Charitable Trusts.** *The following section is hereby added and incorporated in Article 11 of the Agreement:*

**11.15 California Attorney General's Registry of Charitable Trusts.** If a Contractor is a non-profit entity, the Contractor represents that it is in good standing with the California Attorney General's Registry of Charitable Trusts and will remain in good standing during the term of this Agreement. Contractor shall immediately notify City of any change in its eligibility to perform under the Agreement. Upon City request, Contractor shall provide documentation demonstrating its compliance with applicable legal requirements. If Contractor will use any subcontractors to perform the Agreement, Contractor is responsible for ensuring they are also in compliance with the California Attorney General's Registry of Charitable Trusts at the time of contract execution and for the duration of the agreement. Any failure by Contractor or any subcontractors to remain in good standing with applicable requirements shall be a material breach of this Agreement.

**2.9 Applicable Law.** *The following section is hereby added and incorporated in Article 11 of the Agreement:*

**11.16 Applicable Law.** This Agreement will be governed by, construed, and enforced in accordance with the laws of the State of California and City's Charter. Any legal suit, action, or proceeding arising out of or relating to this Agreement shall be instituted in the Superior Court for the City and County of San Francisco, and each party agrees to the exclusive jurisdiction of such court in any such suit, action, or proceeding (excluding bankruptcy matters). The parties irrevocably and unconditionally waive any objection to the laying of venue of any suit, action, or proceeding in such court and irrevocably waive and agree not to plead or claim that any suit, action, or proceeding brought in San Francisco Superior Court relating to this Agreement has been brought in an inconvenient forum. The

Parties also unconditionally and irrevocably waive any right to remove any such suit, action, or proceeding to Federal Court.

**2.10 Data and Security.** *The following Article 13 of the Agreement is hereby amended in its entirety, replacing the previous in its entirety:*

### **Article 13 Data and Security**

#### **13.1 Nondisclosure of Private, Proprietary or Confidential Information.**

**13.1.1 Protection of Private Information.** If this Agreement requires City to disclose “Private Information” to Contractor within the meaning of San Francisco Administrative Code Chapter 12M, Contractor and subcontractor shall use such information only in accordance with the restrictions stated in Chapter 12M and in this Agreement and only as necessary in performing the Services. Contractor is subject to the enforcement and penalty provisions in Chapter 12M.

**13.1.2 Confidential Information.** In the performance of Services, Contractor may have access to, or collect on City’s behalf, City’s proprietary or Confidential Information, the disclosure of which to third parties may damage City. If City discloses proprietary or Confidential Information to Contractor, or Contractor collects such information on City’s behalf, such information must be held by Contractor in confidence and used only in performing the Agreement. Contractor shall exercise the same standard of care to protect such information as a reasonably prudent contractor would use to protect its own proprietary or Confidential Information.

#### **13.2 Reserved. (Payment Card Industry (“PCI”) Requirements)**

**13.3 Business Associate Agreement.** The parties acknowledge that City is a Covered Entity as defined in the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”) and is required to comply with the HIPAA Privacy Rule governing the access, use, disclosure, transmission, and storage of protected health information (PHI) and the Security Rule under the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”).

**The parties acknowledge that CONTRACTOR will:**

1. ☒ **Do at least one** or more of the following:
  - A. Create, receive, maintain, or transmit PHI for or on behalf of CITY/SFDPH (including storage of PHI, digital or hard copy, even if Contractor does not view the PHI or only does so on a random or infrequent basis); or
  - B. Receive PHI, or access to PHI, from CITY/SFDPH or another Business Associate of City, as part of providing a service to or for CITY/SFDPH, including legal, actuarial, accounting, consulting, data aggregation, management, administrative, accreditation, or financial; or

C. Transmit PHI data for CITY/SFDPH and require access on a regular basis to such PHI. (Such as health information exchanges (HIEs), e-prescribing gateways, or electronic health record vendors)

**FOR PURPOSES OF THIS AGREEMENT, CONTRACTOR IS A BUSINESS ASSOCIATE OF CITY/SFDPH, AS DEFINED UNDER HIPAA. CONTRACTOR MUST COMPLY WITH AND COMPLETE THE FOLLOWING ATTACHED DOCUMENTS, INCORPORATED TO THIS AGREEMENT AS THOUGH FULLY SET FORTH HEREIN:**

a. **Appendix E SFDPH Business Associate Agreement (BAA)**  
(v8/3/2022)

1. SFDPH Attestation 1 PRIVACY (06-07-2017)

2. SFDPH Attestation 2 DATA SECURITY (06-07-2017)

2. ☐ **NOT do any of the activities listed above in subsection 1;**

Contractor is not a Business Associate of CITY/SFDPH. Appendix E and attestations are not required for the purposes of this Agreement.

#### **13.4 Management of City Data and Confidential Information.**

**13.4.1 Use of City Data and Confidential Information.** Contractor agrees to hold City's Data received from, or collected on behalf of, the City, in strictest confidence. Contractor shall not use or disclose City's Data 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 Data outside the United States is subject to prior written authorization by the City. Access to City's Data 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 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 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.

**13.4.2 Disposition of Confidential Information.** Upon request of City or termination or expiration of this Agreement, and pursuant to any document retention period required by this Agreement, Contractor shall promptly, but in no event later than thirty (30) calendar days, return all data given to or collected by Contractor on City's behalf, which includes all original media. Once Contractor has received written confirmation from City that City's Data has been successfully transferred to City, Contractor shall within ten (10) business days clear or purge all City Data from its servers, any hosted environment Contractor has used in performance of this Agreement, including its subcontractors environment(s), 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. Secure disposal shall be accomplished by “clearing,” “purging” or “physical destruction,” in accordance with National Institute of Standards and Technology (NIST) Special Publication 800-88 or most current industry standard.

**13.5 Ownership of City Data.** The Parties agree that as between them, all rights, including all intellectual property rights, in and to the City Data and any derivative works of the City Data is the exclusive property of the City.

**13.6 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:

**2.11 Appendix A.** Appendix A is hereby replaced in its entirety by Appendix A, attached to this Amendment and fully incorporated within the Agreement.

**2.12 Appendix A-1.** Appendix A-1 is hereby replaced in its entirety by Appendix A-1, attached to this Amendment and fully incorporated within the Agreement.

**2.13 Appendix A-2.** Appendix A-2 is hereby replaced in its entirety by Appendix A-2, attached to this Amendment and fully incorporated within the Agreement.

**2.14 Appendix B.** Appendix B is hereby replaced in its entirety by Appendix B, attached to this Amendment and fully incorporated within the Agreement.

**2.15 Appendix B-2h.** Appendix B-2h is hereby added to this Amendment and fully incorporated within the Agreement.

**2.16 Appendix B-2i.** Appendix B-2i is hereby added to this Amendment and fully incorporated within the Agreement.

**2.17 Appendix B-2j.** Appendix B-2j is hereby added to this Amendment and fully incorporated within the Agreement.

2.18 **Appendix B-7.** Delete Appendix B-7, and replace in its entirety with Appendix B-7, to Agreement as revised. Dated 07/01/2023.

2.19 **Appendix B-7a.** Delete Appendix B-7a, and replace in its entirety with Appendix B-7a, to Agreement as revised. Dated 07/01/2023.

2.20 **Appendix B-8.** Appendix B-8 is hereby added to this Amendment and fully incorporated within the Agreement.

2.21 **Appendix B-8a.** Appendix B-8a is hereby added to this Amendment and fully incorporated within the Agreement.

2.22 **Appendix B-9.** Appendix B-9 is hereby added to this Amendment and fully incorporated within the Agreement.

2.23 **Appendix B-9a.** Appendix B-9a is hereby added to this Amendment and fully incorporated within the Agreement.

2.24 **Appendix B-10.** Appendix B-10 is hereby added to this Amendment and fully incorporated within the Agreement.

2.25 **Appendix B-10a.** Appendix B-10a is hereby added to this Amendment and fully incorporated within the Agreement.

2.26 **Appendix E.** Appendix E is hereby replaced in its entirety by Appendix E Dated: OCPA & CAT v8/3/2022 and Attestation forms 06-07-2017, attached to this Amendment and incorporated within the Agreement.

2.27 **Appendix F-2h.** Appendix F-2h is hereby added to this Amendment and fully incorporated within the Agreement.

2.28 **Appendix F-2i.** Appendix F-2i is hereby added to this Amendment and fully incorporated within the Agreement.

2.29 **Appendix F-2j.** Appendix F-2j is hereby added to this Amendment and fully incorporated within the Agreement.

2.30 **Appendix F-7.** Delete Appendix F-7, and replace in its entirety with Appendix F-7, to Agreement as revised. Dated 12/01/2022.

2.31 **Appendix F-7a.** Delete Appendix F-7a, and replace in its entirety with Appendix F-7a, to Agreement as revised. Dated 12/01/2022.

2.32 **Appendix F-8.** Appendix F-8 is hereby added to this Amendment and fully incorporated within the Agreement.

2.33 **Appendix F-8a.** Appendix F-8a is hereby added to this Amendment and fully incorporated within the Agreement.

2.34 **Appendix F-9.** Appendix F-9 is hereby added to this Amendment and fully incorporated within the Agreement.

2.35 **Appendix F-9a.** Appendix F-9a is hereby added to this Amendment and fully incorporated within the Agreement.

2.36 **Appendix F-10.** Appendix F-10 is hereby added to this Amendment and fully incorporated within the Agreement.

2.37 **Appendix F-10a.** Appendix F-10a is hereby added to this Amendment and fully incorporated within the Agreement.

2.38 **Appendix K.** Appendix K is hereby added to this Amendment and fully incorporated within the Agreement.

### **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:

\_\_\_\_\_  
Grant Colfax, MD  
Director of Health  
Department of Public Health

Approved as to Form:

David Chiu  
City Attorney

By: \_\_\_\_\_  
Deputy City Attorney

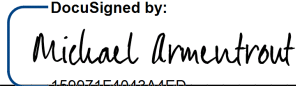
Approved:

Sailaja Kurella  
Director of the Office of Contract  
Administration, and Purchaser

By: \_\_\_\_\_

CONTRACTOR

Maitri AIDS Hospice

DocuSigned by:  
  
159971F4043A4ED... 8/1/2023 | 12:35 PM PDT  
Michael Armentrout  
Executive Director  
401 Duboce Avenue  
San Francisco, CA 94117

City Supplier 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.

<b>Contractor / Provider</b>	<b>Maitri AIDS Hospice</b>											
<b>Total Contract / Term</b>	<b>\$ 13,467,413 07/01/17 - 03/31/27</b>											
<b>Address / Phone</b>	401 Duboce Avenue, San Francisco, CA 94117 / 415.558.3000 Fax: 415.558.3010											
<b>Contact Person</b>	Michael Armentrout, Exec Director, 415-558-3001; Justin Richardson, AED & CFO, 415-558-3002; Molly Herzig, Clinical Director, 415-558-3006											
<b>System of Care / RFP #</b>	HIV Health Services (HHS) RFP # 25-2017											
<b>Program Name</b>	<b>Maitri Compassionate Care HIV/AIDS Hospice Services</b>											
<b>Funding Source</b>	Ryan White Part A								RWPA-COVID		RWPA	
<b>Appendices</b>	A-1 / B-1		A-1 / B-2		A-1 / B-3		A-1 / B-4		A-1 / B-4a.1		A-1 / B-5	
<b>Amount</b>	\$523,125		\$784,687		\$810,507		\$810,507		\$71,200		\$684,751	
<b>Term</b>	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	
<b>Definition of UOS</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>
<b>Professional Pt Days</b>	2,333	22	2,628	26	2,628	26	2,628	26	N/A	N/A	2,090	23
<b>ParaProfess Pt Days</b>	2,333	22	2,628	26	2,628	26	2,628	26	N/A	N/A	2,090	23
<b>COVID Expense Months</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	6	N/A	N/A	N/A
<b>Totals</b>	<b>4,666</b>	<b>22</b>	<b>5,256</b>	<b>26</b>	<b>5,256</b>	<b>26</b>	<b>5,256</b>	<b>26</b>	<b>6</b>	<b>N/A</b>	<b>4,180</b>	<b>23</b>
<b>Funding Source</b>	RWPA		RWPA		RWPA		RWPA		RWPA			
<b>Appendices</b>	A-1 / B-6		A-1 / B-7		A-1 / B-8		A-1 / B-9		A-1 / B-10			
<b>Amount</b>	\$629,262		\$629,262		\$629,262		\$629,262		\$629,262			
<b>Term</b>	3/1/22-2/28/23		3/1/23-2/29/24		3/1/24-2/28/25		3/1/25-2/28/26		3/1/26-2/28/27			
<b>Definition of UOS</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>		
<b>Professional Pt Days</b>	2,628	20	2,628	20	2,628	20	2,628	20	2,628	20		
<b>ParaProfess Pt Days</b>	2,628	20	2,628	20	2,628	20	2,628	20	2,628	20		
<b>Totals</b>	<b>5,256</b>	<b>20</b>	<b>5,256</b>	<b>20</b>	<b>5,256</b>	<b>26</b>	<b>5,256</b>	<b>26</b>	<b>5,256</b>	<b>20</b>		
<b>Funding Source</b>	RWPB		RWPB - X08		RWPB		RWPB - X07		RWPB		RWPB	
<b>Appendices</b>	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	
<b>Amount</b>	\$294,124		\$157,825		\$392,166		\$172,520		\$392,166		\$392,166	
<b>Term</b>	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	
<b>Definition of UOS :</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>
<b>Professional Pt Days</b>	778	2	N/A	N/A	1,168	14	N/A	N/A	1,168	14	1,168	14
<b>ParaProfess Pt Days</b>	778	2	N/A	N/A	1,168	14	N/A	N/A	1,168	14	1,168	14
<b>Facility Expenses Months</b>	N/A	N/A	12	N/A	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A
<b>Totals</b>	<b>1,556</b>	<b>2</b>	<b>12</b>	<b>N/A</b>	<b>2,336</b>	<b>14</b>	<b>12</b>	<b>N/A</b>	<b>2,336</b>	<b>14</b>	<b>2,336</b>	<b>14</b>
<b>Funding Source</b>	RWPB		RWPB		RWPB		RWPB		RWPB		RWPB	
<b>Appendices</b>	A-1 / B-5a		A-1 / B-6a		A-1 / B-7a		A-1 / B-8a		A-1 / B-9a		A-1 / B-10a	
<b>Amount</b>	\$586,216		\$657,053		\$657,053		\$657,053		\$657,053		\$657,053	
<b>Term</b>	4/1/21-3/31/22		4/1/22 -3/31/23		4/1/23-3/31/24		4/1/24-3/31/25		4/1/25-3/31/26		4/1/26-3/31/27	
<b>Definition of UOS :</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>	<b>UOS</b>	<b>UDC</b>
<b>Professional Pt Days</b>	1,706	17	1,168	20	1,168	20	1,168	20	1,168	20	1,168	20
<b>ParaProfess Pt Days</b>	1,706	17	1,168	20	1,168	20	1,168	20	1,168	20	1,168	20
<b>Facility Expenses Months</b>	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A
<b>Totals</b>	<b>3,412</b>	<b>17</b>	<b>2,336</b>	<b>20</b>	<b>2,336</b>	<b>20</b>	<b>2,336</b>	<b>20</b>	<b>2,336</b>	<b>20</b>	<b>2,336</b>	<b>20</b>

	****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		RWPB	
Appendices	A-2 / B-1b		A-2 / B-2b		A-2 / B-2c		A-1 / B-3b		A-2 / B-2d		A-2 / B-2e	
Amount	\$94,165		\$89,403		\$95,000		\$0		\$115,310		\$95,000	
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		4/1/21-3/31/22	
Definition of UOS:	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Interns Mental Hlth Indiv Hrs	528	10	936	10	N/A	N / A	N/A	N/A	N/A	N / A	N/A	N / A
Interns Mental Hlth Group Hrs	82	10	104	10	N/A	N / A	N/A	N/A	N/A	N / A	N/A	N / A
LCSW Mental Health Individual Hrs	N/A	N / A	156	10	234	10	N/A	N/A	768	20	768	20
LCSW Mental Hlth Group Therapy Hrs	N/A	N / A	17	10	18	10	N/A	N/A	240	20	288	20
RN Psychoeducation Grp Hrs	N/A	N / A	20	10	N/A	N / A	N/A	N/A	N/A	N / A	N/A	N / A
Start Up Months	N/A	N / A	5	N/A	N/A	N / A	N/A	N/A	N/A	N / A	N/A	N / A
Volunteer Mental Health Group Hrs	N/A	N / A	N/A	N/A	182	10	N/A	N/A	N/A	N / A	N/A	N / A
Mental Health Aftercare Individual Hrs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	120	10
Mental Hlth Aftercare Group Therapy Hrs	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A	192	15
Administrative Mngt Months (MCO)	N/A	N / A	N/A	N/A	N/A	N/A	12	N/A	N/A	N/A	N/A	N/A
Totals	610	10	1,238	10	434	10	12	N/A	1,008	20	1,368	20

Program Name	Maitri Compassionate Care HIV / Mental Health Program											
Funding Source	RWPB		RWPB		RWPB		RWPB		RWPB			
Appendices	A-2 / B-2f		A-2 / B-2g		A-2 / B-2h		A-2 / B-2i		A-2 / B-2j			
Amount	\$95,000		\$95,000		\$95,000		\$95,000		\$95,000			
Term	4/1/22-3/31/23		4/1/23-3/31/24		4/1/24-3/31/25		4/1/25-3/31/26		4/1/26-3/31/27			
Definition of UOS:	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
Interns Mental Hlth Indiv Hrs	N/A	N / A	N/A	N / A	N/A	N / A	N/A	N / A	N/A	N / A		
Interns Mental Hlth Group Hrs	N/A	N / A	N/A	N / A	N/A	N / A	N/A	N / A	N/A	N / A		



<b>LCSW Mental Health Individual Hrs</b>	528	16	528	16	528	16	528	16	528	16		
<b>LCSW Mental Hlth Group Therapy Hrs</b>	240	16	240	16	240	16	240	16	240	16		
<b>RN Psychoeducation Grp Hrs</b>	N/A	N /A	N/A	N /A	N/A	N /A	N/A	N /A	N/A	N /A		
<b>Start Up Months</b>	N/A	N /A	N/A	N /A	N/A	N /A	N/A	N /A	N/A	N /A		
<b>Volunteer Mental Health Group Hrs</b>	N/A	N /A	N/A	N /A	N/A	N /A	N/A	N /A	N/A	N /A		
<b>Mental Health Aftercare Individual Hrs</b>	96	8	96	8	96	8	96	8	96	8		
<b>Mental Hlth Aftercare Group Therapy Hrs</b>	144	12	144	12	144	12	144	12	144	12		
<b>Administrative Mngt Months (MCO)</b>	N/A	N/A	N/A	N /A	N/A	N/A	N/A	N/A	N/A	N /A		
<b>Totals</b>	<b>1,008</b>	<b>16</b>	<b>1,008</b>	<b>16</b>	<b>1,008</b>	<b>16</b>	<b>1,008</b>	<b>16</b>	<b>1,008</b>	<b>16</b>		

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

### Target Population

Maitri will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of the priority population who are people with HIV/AIDS and in need of hospice or 24-hour skilled nursing care.

### 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, an ACSW, and an RN.

**Mental Health Individual Hours** : comprehensive evaluations, short-term and ongoing therapeutic interventions

**Mental Health Group Hours**: psychosocial support groups focusing on stress management and encouraging self-care, mutual self-help to encourage development of coping skills

## 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: Michael Armentrout, Executive Director, [marmentrout@maitrisf.org](mailto:marmentrout@maitrisf.org), 415-558-3001  
 Justin Richardson, Assoc. Exec Director & CFO, [justin.richardson@maitrisf.org](mailto:justin.richardson@maitrisf.org), 415-558-3002  
 Molly Herzig, Clinical Director, [molly.herzig@maitrisf.org](mailto:molly.herzig@maitrisf.org), 415-558-3006

## 2. NATURE of DOCUMENT      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

Maitri will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of the priority population which are 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 and 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 Director of Nursing-RN (DON-RN) and the Social Work-Case Manager, 24-hour RN On-Call Support, and 24-hour LVN care plus the supervision of the Clinical Director 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 Clinical Director (CD) and support staff to effectively manage these services with 24-hour on-call RN support.

Maitri AIDS Hospice  
Maitri Compassionate Care

Appendix A-1  
07/01/2017 – 03/31/2027  
Ryan White Part A (RWPA) / RWPB / General Fund

<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
B-1 07/01/17 – 02/28/18 (8 mos.) RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 12 Beds x 243 days x 80% Average Occupancy	2,333	22
	<b>Paraprofessional Patient Days</b> (Attendant Care) 12 Beds x 243 days x 80% Average Occupancy	2,333	22
	<b>Total UOS and UDC</b>	<b>4,666</b>	<b>22</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
B-2 / 03/01/18 – 02/28/19 / RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	<b>Paraprofessional Patient Days</b> (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	<b>Total UOS and UDC</b>	<b>5,256</b>	<b>26</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
B-3 / 03/01/19 – 02/29/20 / RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	<b>Paraprofessional Patient Days</b> (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	<b>Total UOS and UDC</b>	<b>5,256</b>	<b>26</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
B-4 / 03/01/20 – 02/28/21/ RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	<b>Paraprofessional Patient Days</b> (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	26
	<b>Total UOS and UDC</b>	<b>5,256</b>	<b>26</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
B-5 / 03/01/21 – 02/28/22 / RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 7 Beds x 365 days x ~ 81.8% Average Occupancy	2,090	23
	<b>Paraprofessional Patient Days</b> (Attendant Care) 7 Beds x 365 days x ~ 81.8% Average Occupancy	2,090	23
	<b>Total UOS and UDC</b>	<b>4,180</b>	<b>23</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
B-6 / 03/01/22 – 02/28/23 / RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
	<b>Paraprofessional Patient Days</b> (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
	<b>Total UOS and UDC</b>	<b>5,256</b>	<b>20</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
B-7 / 03/01/23 – 02/29/24 / RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
	<b>Paraprofessional Patient Days</b> (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
	<b>Total UOS and UDC</b>	<b>5,256</b>	<b>20</b>

Maitri AIDS Hospice  
Maitri Compassionate Care

Appendix A-1  
07/01/2017 – 03/31/2027  
Ryan White Part A (RWPA) / RWPB / General Fund

<i>Appendix / Period / Funds</i>	<i>Unit of Service Description</i>	<b>UOS</b>	<b>UDC</b>
B-8 / 03/01/24 – 02/28/25 / RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
	<b>Paraprofessional Patient Days</b> (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
<b>Total UOS and UDC</b>		<b>5,256</b>	<b>20</b>
<i>Appendix / Period / Funds</i>	<i>Unit of Service Description</i>	<b>UOS</b>	<b>UDC</b>
B-9 / 03/01/25 – 02/28/26 / RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
	<b>Paraprofessional Patient Days</b> (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
<b>Total UOS and UDC</b>		<b>5,256</b>	<b>20</b>
<i>Appendix / Period / Funds</i>	<i>Unit of Service Description</i>	<b>UOS</b>	<b>UDC</b>
B-10 / 03/01/26 – 02/28/27 / RWPA	<b>Professional Patient Days</b> (RN, SW, LVN Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
	<b>Paraprofessional Patient Days</b> (Attendant Care) 9 Beds x 365 days x 80% Average Occupancy	2,628	20
<b>Total UOS and UDC</b>		<b>5,256</b>	<b>20</b>

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

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

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**

**Appendix A-1**  
**07/01/2017 – 03/31/2027**  
**Ryan White Part A (RWPB) / RWPB / General Fund**

<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
<i>B-3b / 07/01/19 – 06/30/20 / GF</i>	<b>Administrative Management Months (MCO)</b> 1 month x 12	<b>12</b>	<b>N/A</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
<i>B-4a / 04/01/20 – 03/31/21 / RWPB</i>	<b>Professional Patient Days (RN, SW, LVN Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	14
	<b>Paraprofessional Patient Days (Attendant Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	14
<b>Total UOS and UDC</b>		<b>2,336</b>	<b>14</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
<i>B-4a.1 / 04/1/20 – 09/30/20 / RWPB</i>	<b>COVID Expense Months</b> 1 month x 6	<b>6</b>	<b>N/A</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
<i>B-5a / 04/01/21 – 03/31/22 / RWPB</i>	<b>Professional Patient Days (RN, SW, LVN Care)</b> 5 Beds x 365 days x ~ 93.5% Average Occupancy	1,706	17
	<b>Paraprofessional Patient Days (Attendant Care)</b> 5 Beds x 365 days x ~ 93.5% Average Occupancy	1,706	17
<b>Total UOS and UDC</b>		<b>3,412</b>	<b>17</b>

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

<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
<i>B-6a / 04/01/22 – 03/31/23/ RWPB</i>	<b>Professional Patient Days (RN, SW, LVN Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	20
	<b>Paraprofessional Patient Days (Attendant Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	20
<b>Total UOS and UDC</b>		<b>2,336</b>	<b>20</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
<i>B-7a / 04/01/23 – 03/31/24/ RWPB</i>	<b>Professional Patient Days (RN, SW, LVN Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	20
	<b>Paraprofessional Patient Days (Attendant Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	20
<b>Total UOS and UDC</b>		<b>2,336</b>	<b>20</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
<i>B-8a / 04/01/24 – 03/31/25 / RWPB</i>	<b>Professional Patient Days (RN, SW, LVN Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	20
	<b>Paraprofessional Patient Days (Attendant Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	20
<b>Total UOS and UDC</b>		<b>2,336</b>	<b>20</b>
<b>Appendix / Period / Funds</b>	<b>Unit of Service Description</b>	<b>UOS</b>	<b>UDC</b>
<i>B-9a / 04/01/25 – 03/31/26/ RWPB</i>	<b>Professional Patient Days (RN, SW, LVN Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	20
	<b>Paraprofessional Patient Days (Attendant Care)</b> 4 Beds x 365 days x 80% Average Occupancy	1,168	20
<b>Total UOS and UDC</b>		<b>2,336</b>	<b>20</b>

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

<i>Appendix / Period / Funds</i>	<i>Unit of Service Description</i>	<i>UOS</i>	<i>UDC</i>
B-10a / 04/01/26 – 03/31/27/ RWPB	<b>Professional Patient Days</b> (RN, SW, LVN Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	20
	<b>Paraprofessional Patient Days</b> (Attendant Care) 4 Beds x 365 days x 80% Average Occupancy	1,168	20
<b>Total UOS and UDC</b>		<b>2,336</b>	<b>20</b>

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

## 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 (CD) 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 Clinical Director, Director of Nursing-RN (DON-RN) and/or Admissions Nurse/RN Case Manager, Social Work-Case Managers, LCSW/ACSW therapist, 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's DON-RN or the Admissions Nurse/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 secure locked cabinet within a routinely locked office 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 DON-RN or 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 DON-RN/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 RCFCI 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 need 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 Clinical Director (CD). The CD screens each client to ensure that admission criteria are met and that the facility can provide the needed care and services. The DON-RN or RN Case Manager also assesses the appropriateness of an applicant for the Maitri level of care and congregate living environment. The CD and DON-RN or 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/ACSW Therapist, Food Services Team, and Aftercare Coordinator; The CD is also responsible for the overall management of milieu, and maintenance of the facility's RCFCI licensure. The CD works closely with the DON-RN and RN Case Managers to assure high quality care for residents.

The DON-RN or RN Case Manager and Social Work Case Manager, in conjunction with support from the LCSW/ACSW Therapist and Food Services/Nutrition Director are responsible for the development, implementation, and oversight of the service plan of each client. The DON-RN or 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 DON-RN or 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 Aftercare Coordinator assesses and engages residents being discharged with participation in the BRANCH aftercare program. This program extends up to 12 months of post-Maitri support to residents returning to the community and offers ongoing contact and support with the LCSW/ACSW 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 should 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 and/or ED administers resident client satisfaction surveys every four months for continuing residents. 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 CD 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 RCFCI level of care. On-going training is coordinated by the CD and DON-RN/RN Case Manager. Trainings occur on site every other month and when applicable CEUs are given to staff maintaining their licensure as a requirement of employment (SW, LVN, RN, CNA, etc.). Maitri provides paid trainings when on-site and mandatory for staff. 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, DON-RN/RN Case Manager, LCSW/ACSW Therapist, Food Services/Nutrition Director as needed, Aftercare Coordinator, and Medical Director). Residents and the interdisciplinary team meet for a Care Team Meeting every 8-10 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. Third Party Reimbursement | See Target Population, Page 1           |
| b. Income Eligibility        | See Target Population, Page 1           |
| c. Client Eligibility        | See Target Population, Page 1           |
| d. Client Retention          | N/A                                     |
| e. Vouchers                  | N/A                                     |
| f. ARIES                     | See ARIES Database, Page 6 - 7          |
| g. Objectives                | See Objectives and Measurements, Page 7 |
| h. Standards of Care         | See CQI Section, Page 7                 |

## **10. SUBCONTRACTORS and CONSULTANTS**

- A. Maitri is responsible for the performance of all its subcontractors in 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** Molly Herzig, MSW, Clinical Director  
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**2. NATURE OF DOCUMENT**      **Amendment**

### **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 will serve all ethnicities and populations within San Francisco, with focused expertise to meet the unique needs of San Francisco residents eighteen years of age and older, from a wide variety of cultural and demographic groups, including transgender, cisgender and nonbinary 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.

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

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

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

<b>Fund/Term/Appendix</b>	<b>UOS Description</b>	<b>UOS</b>	<b>UDC</b>
<b>RWPB X07</b> 04/01/18 – 03/31/19 Appendix B-2b	<b>Interns Mental Health Individual Hours</b> 2 interns x 9 hrs. x 40 wks. = 720 2 interns x 9 hrs. x 12 wks. = 216	936	10
	<b>Interns Mental Health Group Hours</b> 2 groups / wk. @ 1 hr. each. x 52 wks.	104	10
	<b>LCSW Mental Health / Case Mngt Individual Hours</b> .25 FTE X 40 hrs. / wk. x 24 wks. x 65% effort	156	10
	<b>LCSW Mental Health Group Hours</b> One 1 - hour grp biweekly x 13 wks. + 4 hrs. prep	17	10
	<b>RN Psycho-Education Group Hours</b> One 1 - hour grp biweekly x 13 wks. + 7 hrs. prep	20	10
	<b>Start Up Months</b> 1 x 5 months for 3 new LCSW and RN Modes of Service	5	N/A
<b>Total UOS Provided and UDC Served</b>		<b>1,238</b>	<b>10</b>
<b>Fund/Term/Appendix</b>	<b>UOS Description</b>	<b>UOS</b>	<b>UDC</b>
<b>RWPB X07</b> 04/01/19 – 03/31/20 Appendix B-2c	<b>Volunteer Mental Health Group Hours</b> 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
	<b>LCSW Residential Therapist Services Hours</b> 13 hours per week x 18 weeks	234	10
	<b>LCSW Residential Therapist Group Therapy Hours</b> One 1 - hour grp weekly x 18 weeks	18	10
<b>Total UOS Provided and UDC Served</b>		<b>434</b>	<b>10</b>
<b>Fund/Term/Appendix</b>	<b>UOS Description</b>	<b>UOS</b>	<b>UDC</b>
<b>RWPB</b> 4/1/20 – 3/31/21 Appendix B-2d	<b>LCSW Mental Health Individual Hours</b> .615 FTE x 40 hrs./wk. x 48 weeks x ~ 65% effort	768	20
	<b>LCSW Mental Health Group Therapy Hours</b> Five 1 - hour group meetings per week x 48 weeks	240	20
<b>Total UOS Provided and UDC Served</b>		<b>1,008</b>	<b>20</b>
<b>Fund/Term/Appendix</b>	<b>UOS Description</b>	<b>UOS</b>	<b>UDC</b>
<b>RWPB</b> 4/1/21 – 3/31/22 Appendix B-2e	<b>Mental Health Individual Hours</b> .615 FTE x 40 hrs/week x 48 weeks x ~ 65% effort	768	20
	<b>Mental Health Group Therapy Hours</b> 6 group meetings per week x 1 hour per group x 48 weeks	288	20
	<b>Mental Health Aftercare Individual Hours</b> .096 FTE x 40 hrs/week x 48 weeks x ~ 65% effort	120	10
	<b>Mental Health Aftercare Group Therapy Hours</b> 4 groups/week x 1 hr/group x 48 weeks	192	15
<b>Total UOS Provided and UDC Served</b>		<b>1,368</b>	<b>20</b>
<b>Fund/Term/Appendix</b>	<b>UOS Description</b>	<b>UOS</b>	<b>UDC</b>
<b>RWPB</b>	<b>Mental Health Individual Hours</b> .50 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	528	16

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**  
**Mental Health Services Program**

**Appendix A-2**  
**09/30/17 – 03/31/27**  
**Ryan White Part B (RWPB) / RWPB-X07 / X08**

4/1/22 – 3/31/23 <i>Appendix B-2f</i>	<b>Mental Health Group Therapy Hours</b> 5 group meetings per week x 1 hour per group x 48 weeks	240	16
	<b>Mental Health Aftercare Individual Hours</b> .091 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	96	8
	<b>Mental Health Aftercare Group Therapy Hours</b> 3 groups/week x 1 hr/group x 48 weeks	144	12
<b>Total UOS Provided and UDC Served</b>		<b>1,008</b>	<b>16</b>

Fund/Term/Appendix	UOS Description	UOS	UDC
<i>RWPB</i> 4/1/23 – 3/31/24 <i>Appendix B-2g</i>	<b>Mental Health Individual Hours</b> .50 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	528	16
	<b>Mental Health Group Therapy Hours</b> 5 group meetings per week x 1 hour per group x 48 weeks	240	16
	<b>Mental Health Aftercare Individual Hours</b> .091 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	96	8
	<b>Mental Health Aftercare Group Therapy Hours</b> 3 groups/week x 1 hr/group x 48 weeks	144	12
<b>Total UOS Provided and UDC Served</b>		<b>1,008</b>	<b>16</b>

Fund/Term/Appendix	UOS Description	UOS	UDC
<i>RWPB</i> 4/1/24 – 3/31/25 <i>Appendix B-2h</i>	<b>Mental Health Individual Hours</b> .50 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	528	16
	<b>Mental Health Group Therapy Hours</b> 5 group meetings per week x 1 hour per group x 48 weeks	240	16
	<b>Mental Health Aftercare Individual Hours</b> .091 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	96	8
	<b>Mental Health Aftercare Group Therapy Hours</b> 3 groups/week x 1 hr/group x 48 weeks	144	12
<b>Total UOS Provided and UDC Served</b>		<b>1,008</b>	<b>16</b>

Fund/Term/Appendix	UOS Description	UOS	UDC
<i>RWPB</i> 4/1/25 – 3/31/26 <i>Appendix B-2i</i>	<b>Mental Health Individual Hours</b> .50 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	528	16
	<b>Mental Health Group Therapy Hours</b> 5 group meetings per week x 1 hour per group x 48 weeks	240	16
	<b>Mental Health Aftercare Individual Hours</b> .091 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	96	8
	<b>Mental Health Aftercare Group Therapy Hours</b> 3 groups/week x 1 hr/group x 48 weeks	144	12
<b>Total UOS Provided and UDC Served</b>		<b>1,008</b>	<b>16</b>

Fund/Term/Appendix	UOS Description	UOS	UDC
<i>RWPB</i>	<b>Mental Health Individual Hours</b> .50 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	528	16

<b>4/1/26 – 3/31/27</b> <b>Appendix B-2j</b>	<b>Mental Health Group Therapy Hours</b> 5 group meetings per week x 1 hour per group x 48 weeks	240	16
	<b>Mental Health Aftercare Individual Hours</b> .091 FTE x 40 hrs/week x 48 weeks x ~ 55% effort	96	8
	<b>Mental Health Aftercare Group Therapy Hours</b> 3 groups/week x 1 hr/group x 48 weeks	144	12
<b>Total UOS Provided and UDC Served</b>		<b>1,008</b>	<b>16</b>

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

### **Brief Description of Services**

**Mental Health Services:** psychosocial assessments, development of care plans, client-tailored interventions including counseling; individual and group mental health services provided by the staff Aftercare Coordinator, interns, an LCSW or an ACSW under supervision of an LCSW, and Social Workers.

**Mental Health Individual Hours:** comprehensive evaluations, short-term and ongoing therapeutic interventions

**Mental Health Group Hours:** psychosocial support groups focusing on stress management and encouraging self-care, mutual self-help to encourage development of coping skills

## **6. METHODOLOGY**

### ***Outreach and Promotion***

Enrollment in the Mental Health Program is restricted to clients that are already residents of the facility and/or former residents that have graduated and are enrolled in Maitri's BRANCH Aftercare Program. 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.

### ***Description of Mental Health Services by Provider Type***

#### **Associate Clinical Social Worker (ACSW) Residential Therapist - 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 (while present onsite with resident per their consent), including grief and bereavement counseling.

**Associate Clinical Social Worker Residential Therapist – 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/Community Health Worker Volunteers – Group Services**

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

**Individual Counseling and Therapy**

The licensed Therapist or ACSW under supervision of a LCSW (LCSW/ACSW) 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/ACSW residential therapist performs the following duties:

- Completes biopsychosocial assessments and appropriate mental health assessments on all new residents, unless the new residents' specifically refuse to enroll.
- Develops individual mental health treatment plans with each resident enrolled in the Mental Health 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 ACSW provides direct individual therapy with enrolled 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 ACSW residential therapist assists residents with mental health stabilization by incorporating mindfulness, distress tolerance, and emotion regulation into individual and group interactions. The ACSW residential therapist 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 up to 1 year following discharge, such as:

- 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
  - the BRANCH aftercare coordinator links volunteers with former residents to assist clients navigating external activities; Volunteers also support clients in the social and emotional aspects of day-to-day living
- Ability to continue to engage in groups and individually, based on treatment plan, with resident therapist/ACSW.

The goal of continued engagement with the ACSW 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 ACSW 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.

**Training and Supervision**

BRANCH volunteers and the ACSW residential therapist 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 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 BRANCH aftercare coordinator and ACSW residential therapist provide training and supervision to interns on a weekly basis, in individual and/or group formats. Additional training and supervision are provided by the Medical Consultant and Clinical Director, who also assist 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 Clinical 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 and BRANCH aftercare participants involved with 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 ACSW residential therapist will purchase gift cards and store them in a safe in the Clinical Director's office. Each month a specified number of incentive gift cards are purchased for all group activities and used each week to reward eligible participants in group activities. These transactions are tracked upon purchase and then the Clinical Director, Aftercare Coordinator, or ACSW manages the distribution of incentives to residents during groups.

### ***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 Clinical 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 Program Manager and HIV Health Services 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 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 in conjunction with the BRANCH aftercare coordinator 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 Clinical 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 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.

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 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's Executive Director 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. The BRANCH aftercare coordinator collects surveys from the aftercare program participants. All surveys are reviewed initially for any immediate intervention, tabulated, and then reviewed quarterly with the Maitri clinical team and then 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 RCFCI 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 Clinical Director and ACSW residential therapist 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, ACSW, 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 (Social Work-Case Manager, Clinical Director, ACSW Residential Therapist, BRANCH aftercare 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 Clinical Director; BRANCH Aftercare Coordinator, ACSW Residential Therapist; Aftercare Social Work Case Manager, Nurse Case Manager, and BRANCH volunteer team.

#### ***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 Clinical 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

### **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) Client Retention in Care  | N/A                           |
| e) Vouchers                  | N/A                           |
| f) ARIES                     | See ARIES Database, Page 5    |
| g) Performance Objectives    | See Objectives, Page 6        |
| h) Standards of Care         | See CQI, Page 6               |

## 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, B-8, B-8a,  
B-9, B-9a, B-10, B-10a

Appendix B-1b, B-2b, B-2c, B-2d, B-2e,  
B-2f, B-2g, B-2h, B-2i, B-2j

#### 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, **\$663,031** 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
Revision to Program Budgets #6	04/01/2021 – 03/31/2022	State – SAM	\$95,000
Revision to Program Budgets #7	04/01/2021 – 03/31/2022	State-SAM	\$0
Revision to Program Budgets #7	03/01/2021 – 02/28/2022	RWPA	-\$173,740
Revision to Program Budgets #7	04/01/2021 – 03/31/2022	State-SAM	\$173,740
Revision to Program Budgets #8	03/01/2021 – 02/28/2022	RWPA	\$47,984
Revision to Program Budgets #9	04/01/2022 – 06/30/2022	State-SAM	\$23,750
Revision to Program Budgets #10	04/01/2022 – 03/31/2023	State-SAM	\$0
Revision to Program Budgets #11	04/01/2022 – 06/30/2022	State-SAM	-\$23,750
Revision to Program Budgets #11	04/01/2022 – 03/31/2023	State-SAM	\$95,000
Revision to Program Budgets #11	04/01/2023 – 03/31/2024	State-SAM	\$95,000
Revision to Program Budgets #11	03/01/2022 – 02/28/2023	RWPA	-\$181,245
Revision to Program Budgets #11	04/01/2022 – 03/31/2023	State-SAM	\$244,577
Revision to Program Budgets #11	03/01/2023 - 02/29/2024	RWPA	-\$181,245
Revision to Program Budgets #11	04/01/2023 – 03/31/2024	State-SAM	\$244,577
<b>Amendment #3</b>	<b>03/01/2023 - 02/29/2024</b>	<b>RWPA</b>	<b>\$0</b>
<b>Amendment #3</b>	<b>04/01/2023 – 03/31/2024</b>	<b>State-SAM</b>	<b>\$0</b>

<b>Amendment #3</b>	<b>03/01/2024 – 02/28/2025</b>	<b>RWPA</b>	<b>\$629,262</b>
<b>Amendment #3</b>	<b>04/01/2024 – 03/31/2025</b>	<b>State-SAM</b>	<b>\$657,053</b>
<b>Amendment #3</b>	<b>04/01/2024 – 03/31/2025</b>	<b>State-SAM</b>	<b>\$95,000</b>
<b>Amendment #3</b>	<b>03/01/2025 – 02/28/2026</b>	<b>RWPA</b>	<b>\$629,262</b>
<b>Amendment #3</b>	<b>04/01/2025 – 03/31/2026</b>	<b>State-SAM</b>	<b>\$657,053</b>
<b>Amendment #3</b>	<b>04/01/2025 – 03/31/2026</b>	<b>State-SAM</b>	<b>\$95,000</b>
<b>Amendment #3</b>	<b>03/01/2026 – 02/28/2027</b>	<b>RWPA</b>	<b>\$629,262</b>
<b>Amendment #3</b>	<b>04/01/2026 – 03/31/2027</b>	<b>State-SAM</b>	<b>\$657,053</b>
<b>Amendment #3</b>	<b>04/01/2026 – 03/31/2027</b>	<b>State-SAM</b>	<b>\$95,000</b>
<b>Amendment #3</b>	<b>09/30/2017 – 09/29/2018</b>	<b>State-SAM</b>	<b>-\$835</b>
<b>Amendment #3</b>	<b>04/01/2018 – 03/31/2019</b>	<b>State-SAM</b>	<b>-\$44,400</b>
<b>Amendment #3</b>	<b>07/01/2019 – 06/30/2020</b>	<b>General Fund</b>	<b>-\$20,310</b>
			<hr/>
			Total Award \$13,467,413
			Contingency (3/1/2020 -3/31/2024) <u>\$663,031</u>
			(This equals the total NTE)Total \$14,130,444

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.

## DPH 1: Department of Public Health Contract Budget Summary by Program

	1000006124												Appendix B, Page 4		CID#		1000006124				
DPH Section	HIV Health Services												07/01/17 - 03/31/27		DPH Section	HIV Health Services					
Fund Notice: 5/23/23														Check one: [ ] New [ ] Renewal [ X ] Amendment							
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	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			
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	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			
EXPENSES																					
Salaries	349,023	194,248	-	35,002	574,761	267,764	-	46,469	14,388	574,761	260,228	15,102	80,103	570,590	36,724	253,154	481,081	395,432			
Employee Benefits	96,749	54,098	-	7,454	145,134	66,941	-	11,616	3,597	145,135	62,455	3,776	20,026	144,081	-	60,757	118,260	96,506			
Total Personnel Expenses	445,772	248,346	-	42,456	719,895	334,705	-	58,085	17,985	719,896	322,683	18,878	100,129	714,671	36,724	313,911	599,341	491,938			
Operating Expense	34,159	21,493	144,794	44,700	-	25,083	158,275	64,670	69,183	23,688	37,154		6,120	28,913	34,476	45,874	28,913	45,875			
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	106,249	743,584	71,200	359,785	628,254	537,813			
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	9,061	66,923	-	32,381	56,497	48,403			
Indirect Cost Rate (%)	9.0%	9.0%	9.0%	9%	9%	9%	9%	9%	9%	9%	9%	7.6%	8.5%	9%	0%	9%	9%	9%			
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	115,310	810,507	71,200	392,166	684,751	586,216			
REVENUES & FUNDING SOURCES																					
HHS FED CARE A - PD13, CFDA #93.914	523,125				784,687					810,507				810,507			684,751				
HHS STATE SAM-HCAO16, CFDA #93.917		294,124				392,166	172,520	133,803	95,000		392,166		115,310			392,166		586,216			
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															71,200						
Unspent Monies				(835)				(44,400)				(20,310)						-			
Total DPH Revenues	523,125	294,124	157,825	94,165	784,687	392,166	172,520	89,403	95,000	810,507	392,166	-	115,310	810,507	71,200	392,166	684,751	586,216			
Total Non-DPH Revenues	-	-			-	-				-	-			-	-	-	-	-			
Total Revenues (DPH / Non-DPH)	523,125	294,124	157,825	94,165	784,687	392,166	172,520	89,403	95,000	810,507	392,166	-	115,310	810,507	71,200	392,166	684,751	586,216			
Payment Method	Cost Reimbursement (CR)												Cost Reimbu								
Prepared By	Justin Richardson, justin.richardson@maitrisf.org, 415-558-3002												Prepared By Justin Richardson, justin.richardson@maitrisf.org, 415-5								

Appendix B  
Amendment: 07/01/2023

5 of 5

Contract ID# 1000006124

Maitri AIDS Hospice  
Maitri Compassionate Care  
Mental Health Program

Appendix B-2h  
04/01/2024 - 03/31/2025  
RWPB

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES								
Personnel Expenses		Mental Health Individual Hours		Mental Health Therapy Group Hours		Mental Health Aftercare Individual Hours		Mental Health Aftercare Group Therapy Hours		Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Therapist, ACSW.	0.82036	44,525	65%	13,700	20%	6,850	10%	3,425	5%	68,500
										-
Total FTE & Total Salaries	0.82036	44,525	65%	13,700	20%	6,850	10%	3,425	5%	68,500
Fringe Benefits	20.00%	8,905	65%	2,740	20%	1,370	10%	685	5%	13,700
Total Personnel Expenses		53,430	65%	16,440	20%	8,220	10%	4,110	5%	82,200
-										
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Contract Total
Total Occupancy										-
Total Materials and Supplies		780	65%	240	20%	120	10%	60	5%	1,200
Total General Operating										
Other: Client Refreshments		1,248	65%	384	20%	192	10%	96	5%	1,920
Other Incentives		1,666	85%			294	15%			1,960
Total Operating Expenses		3,694	73%	624	12%	606	12%	156	3%	5,080
Total Direct Expenses		57,124	65%	17,064	20%	8,826	10%	4,266	5%	87,280
Indirect Expenses 8.845%		5,054	65%	1,509	20%	781	10%	376	5%	7,720
TOTAL EXPENSES		62,178	65%	18,573	20%	9,607	10%	4,642	5%	95,000
UOS per Service Mode		528		240		96		144		1,008
Cost Per UOS per Service Mode		\$117.77		\$77.40		\$100.08		\$32.25		N/A
UDC per Service Mode		16		16		8		12		16



**Maitri AIDS Hospice**  
**Maitri Compassionate Care**  
**Mental Health Program**

**Appendix B-2h**  
**04/01/2024 - 03/31/2025**  
**RWPB**

**BUDGET JUSTIFICATION**

1a) SALARIES				
Staff Position 1:	Therapist, ACSW.			
Brief job duties	Intensive mental hlth clint svcs; inform potential residents w drug/alcohol use behaviors re harm reduction practice; meet w residents if behavior impacts tx goals or comm stability; work w Prog Dir for continued develop. of mental hlth prog; provide support & updates; on-call/after-hours crisis mngt support to team.			
Min Qualifications	ACSW (w outside clin spvsn), LCSW or LMFT, masters in behavrl hlth; 3 ys clin exp; 3 ys wrkg w vulnerable pops (AOD & SPMI).			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$83,500	0.82036	12	1.00	\$ 68,500
Total FTE:		0.82036	Total Salaries: \$ 68,500	

<b>1b) EMPLOYEE FRINGE BENEFITS:</b>	<b>Component</b>	<b>Cost</b>
	Social Security	5,240.25
	Medical	4,452.50
	Dental	699.00
	Unemployment Insurance	685.00
	Disability Insurance	376.75
	Paid Time Off	2,055.00
	Workers compensation	191.80
	<b>Fringe Benefit %:</b>	<b>20.00%</b>
	<b>Total Fringe Benefit:</b>	<b>13,700</b>
	<b>TOTAL SALARIES &amp; FRINGE BENEFITS</b>	<b>82,200</b>

<b>2) OPERATING EXPENSES:</b>			
<b>Materials/Supplies</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Program Supplies	Journaling Supplies.	~ \$7.50 per UDC x 20	150
Program Supplies	Art Supplies.	~ \$15 per UDC x 20	300
Program Supplies	Gardening Supplies.	~ \$17.50 per UDC x 20	350
Program Supplies	Therapeutic Activity Supplies, i.e., yoga mats, others that emerge (varies depending on activities added to prog).	~ \$20 per UDC x 20	400
	<b>Total Materials &amp; Supplies:</b>		<b>1,200</b>

<b>Other Expenses</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Client Food	Refreshments at client group therapy sessions.	\$5 per UDC x 8 x 48 wks	1,920
Client Incentives	Safeway and Walgreens gift cards as incentives/rewards for client participation in prog.	\$5 gift card ea weekday (as a prize) for check in grp = \$25/wk x 52 wks = \$1,300; \$55/mo-resident-led grp activity x 12 mos = \$660	1,960
	<b>Total Other:</b>		<b>3,880</b>

<b>4) INDIRECT COSTS</b>		<b>Indirect Rate:</b>	<b>8.845%</b>	
Agency admin, allocated based on total direct cost of each activity benefited.				
		<b>TOTAL INDIRECT COSTS:</b>		<b>7,720</b>
		<b>TOTAL EXPENSES:</b>		<b>95,000</b>

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**  
**Mental Health Program**

**Appendix B-2i**  
**04/01/2025 - 03/31/2026**  
**RWPB**

**UOS COST ALLOCATION BY SERVICE MODE**

		SERVICE MODES								
Personnel Expenses		Mental Health Individual Hours		Mental Health Therapy Group Hours		Mental Health Aftercare Individual Hours		Mental Health Aftercare Group Therapy Hours		Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Therapist, ACSW.	0.82036	44,525	65%	13,700	20%	6,850	10%	3,425	5%	68,500
										-
Total FTE & Total Salaries	0.82036	44,525	65%	13,700	20%	6,850	10%	3,425	5%	68,500
Fringe Benefits	20.00%	8,905	65%	2,740	20%	1,370	10%	685	5%	13,700
Total Personnel Expenses		53,430	65%	16,440	20%	8,220	10%	4,110	5%	82,200
-										
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Contract Total
Total Occupancy										-
Total Materials and Supplies		780	65%	240	20%	120	10%	60	5%	1,200
Total General Operating										
Other: Client Refreshments		1,248	65%	384	20%	192	10%	96	5%	1,920
Other Incentives		1,666	85%			294	15%			1,960
Total Operating Expenses		3,694	73%	624	12%	606	12%	156	3%	5,080
Total Direct Expenses		57,124	65%	17,064	20%	8,826	10%	4,266	5%	87,280
Indirect Expenses 8.845%		5,054	65%	1,509	20%	781	10%	376	5%	7,720
TOTAL EXPENSES		62,178	65%	18,573	20%	9,607	10%	4,642	5%	95,000
UOS per Service Mode		528		240		96		144		1,008
Cost Per UOS per Service Mode		\$117.77		\$77.40		\$100.08		\$32.25		N/A
UDC per Service Mode		16		16		8		12		16

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**  
**Mental Health Program**

**Appendix B-2i**  
**04/01/2025 - 03/31/2026**  
**RWPB**

**BUDGET JUSTIFICATION**

1a) SALARIES				
Staff Position 1:	Therapist, ACSW.			
Brief job duties	Intensive mental hlth clint svcs; inform potential residents w drug/alcohol use behaviors re harm reduction practice; meet w residents if behavior impacts tx goals or comm stability; work w Prog Dir for continued develop. of mental hlth prog; provide support & updates; on-call/after-hours crisis mngt support to team.			
Min Qualifications	ACSW (w outside clin spvsn), LCSW or LMFT, masters in behavrl hlth; 3 ys clin exp; 3 ys wrkg w vulnerable pops (AOD & SPMI).			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$83,500	0.82036	12	1.00	\$ 68,500
Total FTE:		0.82036	Total Salaries: \$ 68,500	

<b>1b) EMPLOYEE FRINGE BENEFITS:</b>		<b>Component</b>	<b>Cost</b>
		Social Security	5,240.25
		Medical	4,452.50
		Dental	699.00
		Unemployment Insurance	685.00
		Disability Insurance	376.75
		Paid Time Off	2,055.00
		Workers compensation	191.80
		<b>Fringe Benefit %:</b>	<b>20.00%</b>
		<b>Total Fringe Benefit:</b>	<b>13,700</b>
		<b>TOTAL SALARIES &amp; FRINGE BENEFITS</b>	<b>82,200</b>

<b>2) OPERATING EXPENSES:</b>			
<b>Materials/Supplies</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Program Supplies	Journaling Supplies.	~ \$7.50 per UDC x 20	150
Program Supplies	Art Supplies.	~ \$15 per UDC x 20	300
Program Supplies	Gardening Supplies.	~ \$17.50 per UDC x 20	350
Program Supplies	Therapeutic Activity Supplies, i.e., yoga mats, others that emerge (varies depending on activities added to prog).	~ \$20 per UDC x 20	400
<b>Total Materials &amp; Supplies:</b>			<b>1,200</b>

<b>Other Expenses</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Client Food	Refreshments at client group therapy sessions.	\$5 per UDC x 8 x 48 wks	1,920
Client Incentives	Safeway and Walgreens gift cards as incentives/rewards for client participation in prog.	\$5 gift card ea weekday (as a prize) for check in grp = \$25/wk x 52 wks = \$1,300; \$55/mo-resident-led grp activity x 12 mos = \$660	1,960
<b>Total Other:</b>			<b>3,880</b>

<b>4) INDIRECT COSTS</b>		<b>Indirect Rate:</b>	<b>8.845%</b>
Agency admin, allocated based on total direct cost of each activity benefited.		<b>TOTAL INDIRECT COSTS:</b>	<b>7,720</b>
		<b>TOTAL EXPENSES:</b>	<b>95,000</b>

Maitri AIDS Hospice  
Maitri Compassionate Care  
Mental Health Program

Appendix B-2j  
04/01/2026 - 03/31/2027  
RWPB

UOS COST ALLOCATION BY SERVICE MODE

		SERVICE MODES								
Personnel Expenses		Mental Health Individual Hours		Mental Health Therapy Group Hours		Mental Health Aftercare Individual Hours		Mental Health Aftercare Group Therapy Hours		Contract Totals
Position Titles	FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	Salaries	% FTE	
Therapist, ACSW.	0.82036	44,525	65%	13,700	20%	6,850	10%	3,425	5%	68,500
										-
Total FTE & Total Salaries	0.82036	44,525	65%	13,700	20%	6,850	10%	3,425	5%	68,500
Fringe Benefits	20.00%	8,905	65%	2,740	20%	1,370	10%	685	5%	13,700
Total Personnel Expenses		53,430	65%	16,440	20%	8,220	10%	4,110	5%	82,200
-										
Operating Expenses		Expense	%	Expense	%	Expense	%	Expense	%	Contract Total
Total Occupancy										-
Total Materials and Supplies		780	65%	240	20%	120	10%	60	5%	1,200
Total General Operating										
Other: Client Refreshments		1,248	65%	384	20%	192	10%	96	5%	1,920
Other Incentives		1,666	85%			294	15%			1,960
Total Operating Expenses		3,694	73%	624	12%	606	12%	156	3%	5,080
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Indirect Expenses 8.845%		5,054	65%	1,509	20%	781	10%	376	5%	7,720
TOTAL EXPENSES		62,178	65%	18,573	20%	9,607	10%	4,642	5%	95,000
UOS per Service Mode		528		240		96		144		1,008
Cost Per UOS per Service Mode		\$117.77		\$77.40		\$100.08		\$32.25		N/A
UDC per Service Mode		16		16		8		12		16

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**  
**Mental Health Program**

**Appendix B-2j**  
**04/01/2026 - 03/31/2027**  
**RWPB**

**BUDGET JUSTIFICATION**

1a) SALARIES				
Staff Position 1:	Therapist, ACSW.			
Brief job duties	Intensive mental hlth clint svcs; inform potential residents w drug/alcohol use behaviors re harm reduction practice; meet w residents if behavior impacts tx goals or comm stability; work w Prog Dir for continued develop. of mental hlth prog; provide support & updates; on-call/after-hours crisis mngt support to team.			
Min Qualifications	ACSW (w outside clin spvsn), LCSW or LMFT, masters in behavrl hlth; 3 ys clin exp; 3 ys wrkg w vulnerable pops (AOD & SPMI).			
Annual Salary:	x FTE:	x Mos per Yr	Annualized if < 12 mos	Total
\$83,500	0.82036	12	1.00	\$ 68,500
Total FTE:		0.82036	Total Salaries: \$ 68,500	

<b>1b) EMPLOYEE FRINGE BENEFITS:</b>	<b>Component</b>	<b>Cost</b>
	Social Security	5,240.25
	Medical	4,452.50
	Dental	699.00
	Unemployment Insurance	685.00
	Disability Insurance	376.75
	Paid Time Off	2,055.00
	Workers compensation	191.80
	<b>Fringe Benefit %:</b>	<b>20.00%</b>
	<b>Total Fringe Benefit:</b>	<b>13,700</b>
	<b>TOTAL SALARIES &amp; FRINGE BENEFITS</b>	<b>82,200</b>

<b>2) OPERATING EXPENSES:</b>			
<b>Materials/Supplies</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Program Supplies	Journaling Supplies.	~ \$7.50 per UDC x 20	150
Program Supplies	Art Supplies.	~ \$15 per UDC x 20	300
Program Supplies	Gardening Supplies.	~ \$17.50 per UDC x 20	350
Program Supplies	Therapeutic Activity Supplies, i.e., yoga mats, others that emerge (varies depending on activities added to prog).	~ \$20 per UDC x 20	400
	<b>Total Materials &amp; Supplies:</b>		<b>1,200</b>

<b>Other Expenses</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Client Food	Refreshments at client group therapy sessions.	\$5 per UDC x 8 x 48 wks	1,920
Client Incentives	Safeway and Walgreens gift cards as incentives/rewards for client participation in prog.	\$5 gift card ea weekday (as a prize) for check in grp = \$25/wk x 52 wks = \$1,300; \$55/mo-resident-led grp activity x 12 mos = \$660	1,960
	<b>Total Other:</b>		<b>3,880</b>

<b>4) INDIRECT COSTS</b>		<b>Indirect Rate:</b>	<b>8.845%</b>	
Agency admin, allocated based on total direct cost of each activity benefited.				
		<b>TOTAL INDIRECT COSTS:</b>		<b>7,720</b>
		<b>TOTAL EXPENSES:</b>		<b>95,000</b>

Maitri AIDS Hospice  
Maitri Compassionate Care

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03/01/2023 - 02/29/2024  
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.	0.77191	91,600	100%				91,600
Licensed Vocational Nurse, LVN.	2.45184	158,630	100%				158,630
Certified Nursing Assistant, CAN.	2.34291			112,640	100%		112,640
Clinical Director.	0.20973	24,800	100%				24,800
Social Workers.	0.47552			32,600	100%		32,600
Director of Food Svcs / Nutrition.	0.12760			9,200	100%		9,200
Chief Financial Officer.	0.01329			2,000	100%		2,000
Volunteer Coordinator.	0.04181			2,000	100%		2,000
Aftercare Coordinator.	0.02000			1,300	100%		1,300
Kitchen Staff/Cook.	0.12565			5,100	100%		5,100
Facility Custodian.	0.19500			7,800	100%		7,800
<b>Total FTE &amp; Total Salaries</b>	<b>6.77525</b>	<b>275,030</b>	<b>61.4359%</b>	<b>172,640</b>	<b>38.5641%</b>		<b>447,670</b>
Fringe Benefits	24.00%	66,007	61.4359%	41,434	38.5641%		107,441
<b>Total Personnel Expenses</b>		<b>341,037</b>	<b>61.4359%</b>	<b>214,074</b>	<b>38.5641%</b>		<b>555,111</b>
<b>Operating Expenses</b>							
Total Occupancy		14,284	61%	8,966	39%		23,250
<b>Total Operating Expenses</b>		<b>14,284</b>		<b>8,966</b>			<b>23,250</b>
<b>Total Direct Expenses</b>		355,321	61.4359%	223,040	38.5641%		578,361
<b>Indirect Expenses</b>	8.80%	31,271	61.4359%	19,630	38.5641%		50,901
<b>TOTAL EXPENSES</b>		<b>386,592</b>	<b>61.4359%</b>	<b>242,670</b>	<b>38.5641%</b>		<b>629,262</b>
<b>UOS per Service Mode</b>		2,628		2,628			<b>5,256</b>
<b>Cost Per UOS per Service Mode</b>		\$147.11		\$92.35			<b>N/A</b>
<b>UDC per Service Mode</b>		20		20			<b>20</b>

**Maitri AIDS Hospice**  
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**Appendix B-7**  
**03/01/2023 - 02/29/2024**  
**RWPA**

**BUDGET JUSTIFICATION**

<b>1a) SALARIES</b>					
Staff Position 1:	<b>Nurse Case Manager, RN.</b>				
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.				
	\$118,666.67	0.77191	12	1	\$ 91,600
Staff Position 2:	<b>Licensed Vocational Nurse, LVN.</b>				
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.				
Min Qualifications	LVN California license, CPR license.				
	\$64,698.48	2.45184	12	1	\$ 158,630
Staff Position 3:	<b>Certified Nursing Assistant, CAN.</b>				
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.				
	\$48,076.92	2.34291	12	1	\$ 112,640
Staff Position 4:	<b>Clinical Director.</b>				
Brief job duties	Clinical supp to residents; manages coordinated care, interdisciplinary model, check w residents daily, manage providers, schedules, effectiveness/results of svcs, spvse/manage Soc Wrkrs, Mental Hlth Clinician, OT, PT, Nurses & Aftercare Prog.				
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.				
	\$118,250.00	0.20973	12	1	\$ 24,800
Staff Position 5:	<b>Social Workers.</b>				
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.				
	\$68,556.88	0.47552	12	1	\$ 32,600
Staff Position 6:	<b>Director of Food Svcs / Nutrition.</b>				
Brief job duties	Provides food & nutrition; advise pts & staff on hlthy meals for balanced diets; proper nutrition for residents; plan, prepare, coach, advise on complex meal prep w detailed nutritional guidelines, counsels on hlth impacts of nutrition.				
Min Qualifications	Bachelors degree in related field; 5 years experience in the food service industry.				
	\$72,100.00	0.12760	12	1	\$ 9,200
Staff Position 7:	<b>Chief Financial Officer.</b>				
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance and/or support to residents.				
Min Qualifications	CPA or Masters in Accounting or Tax.				
	\$150,500.00	0.01329	12	1	\$ 2,000

Staff Position 8:	<b>Volunteer Coordinator.</b>				
Brief job duties	Spvs mental hlth volunteers; coordinates administrative aspects of vols work; arranges trauma-informed, harm reduction, therapeutic communication training for vols and direct svcs staff; co- facilitates mental hlth group meetings w residents.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$47,840.00	0.04181	12	1	\$ 2,000

Staff Position 9:	<b>Aftercare Coordinator.</b>				
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.				
	\$65,000.00	0.02000	12	1	\$ 1,300

Staff Position 10:	<b>Kitchen Staff/Cook.</b>				
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.				
	\$40,588.41	0.12565	12	1	\$ 5,100

Staff Position 11:	<b>Facility Custodian.</b>				
Brief job duties	Clean resident rooms (sweep, mop, dust wipe 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.				
	\$40,000.00	0.19500	12	1	\$ 7,800

<b>Total FTE:</b>	<b>6.77525</b>		<b>Total Salaries:</b>	<b>\$ 447,670</b>
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 34,247
	Retirement	\$ 5,372
	Medical	\$ 44,767
	Unemployment Insurance	\$ 1,613
	Disability Insurance	\$ 939
	Workers compensation	\$ 20,503
	<b>Fringe Benefit %:</b>	<b>24.0000%</b>
	<b>Total Fringe Benefit:</b>	<b>107,441</b>
	<b>TOTAL SALARIES &amp; EMPLOYEE BENEFITS:</b>	<b>555,111</b>

**2) OPERATING EXPENSES:**

Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$108,057/yr)	\$108,057 x 18.788%	20,302
Telecom	Telephone and telecommunications (\$22,387/yr).	\$22,387x 13.17%	2,948
		<b>Total Occupancy:</b>	<b>23,250</b>
		<b>TOTAL OPERATING EXP</b>	<b>23,250</b>
		<b>TOTAL DIRECT COSTS:</b>	<b>578,361</b>

<b>4) INDIRECT COSTS</b>	<b>Indirect Rate:</b>	<b>8.80%</b>	<b>Amount</b>
Agency admin costs, allocated based on total direct cost of each activity benefited.			50,901

<b>TOTAL INDIRECT COSTS:</b>	<b>50,901</b>
<b>TOTAL EXPENSES:</b>	<b>629,262</b>



**Maitri AIDS Hospice**  
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**Appendix B-7a**  
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 RWPB

**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.	0.72809	86,400	100%				86,400
Licensed Vocational Nurse, LVN.	2.42664	157,000	100%				157,000
Certified Nursing Assistant, CAN.	1.90029			91,360	100%		91,360
Clinical Director.	0.20042	23,700	100%				23,700
Social Workers.	0.51053			35,000	100%		35,000
Director of Food Svcs / Nutrition.	0.16505			11,900	100%		11,900
Chief Financial Officer.	0.00797			1,200	100%		1,200
Volunteer Coordinator.	0.02926			1,400	100%		1,400
Aftercare Coordinator.	0.02154			1,400	100%		1,400
Kitchen Staff/Cook.	0.10826			4,800	100%		4,800
Facility Custodian.	0.19250			7,700	100%		7,700
Licensed Therapist, LCSW.	0.19178	16,000	100%				16,000
<b>Total FTE &amp; Total Salaries</b>	<b>6.48233</b>	<b>283,100</b>	<b>64.655%</b>	<b>154,760</b>	<b>35.345%</b>		<b>437,860</b>
Fringe Benefits	24.00%	67,940	64.655%	37,140	35.345%		105,080
<b>Total Personnel Expenses</b>		<b>351,040</b>	<b>64.655%</b>	<b>191,900</b>	<b>35.345%</b>		<b>542,940</b>
<b>Operating Expenses</b>		<b>Expenditure</b>	<b>%</b>				<b>Contract Total</b>
Total Occupancy		11,347	65%	6,203	35%		17,550
Total Materials and Supplies		3,181	65%	1,739	35%		4,920
Total General Operating		5,172	65%	2,828	35%		8,000
Consultants/Subcontractor:		19,720	65%	10,780	35%		30,500
Other (specify):							-
<b>Total Operating Expenses</b>		<b>39,420</b>	<b>65%</b>	<b>21,550</b>	<b>35%</b>		<b>60,970</b>
<b>Total Direct Expenses</b>		390,461	64.655%	213,449	35.345%		603,910
<b>Indirect Expenses</b>	8.80%	34,360	64.655%	18,783	35.345%		53,143
<b>TOTAL EXPENSES</b>		<b>424,821</b>	<b>64.655%</b>	<b>232,232</b>	<b>35.345%</b>		<b>657,053</b>
<b>UOS per Service Mode</b>		1,168		1,168			<b>2,336</b>
<b>Cost Per UOS per Service Mode</b>		\$363.72		\$198.84			<b>N/A</b>
<b>UDC per Service Mode</b>		20		20			<b>20</b>

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**

**Appendix B-7a**  
**04/01/2023 - 03/31/2024**  
**SAM**

**BUDGET JUSTIFICATION**

<b>1a) SALARIES</b>				
Staff Position 1:	<b>Nurse Case Manager, RN.</b>			
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	<b>Total</b>
\$118,666.67	0.72809	12	1	<b>\$ 86,400</b>
Staff Position 2:	<b>Licensed Vocational Nurse, LVN.</b>			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$64,698.48	2.42664	12	1	<b>\$ 157,000</b>
Staff Position 3:	<b>Certified Nursing Assistant, CAN.</b>			
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.			
\$48,076.92	1.90029	12	1	<b>\$ 91,360</b>
Staff Position 4:	<b>Clinical Director.</b>			
Brief job duties	Clinical supp to residents; manages coordinated care, interdisciplinary model, check w residents daily, manage providers, schedules, effectiveness/results of svcs, spvse/manage Soc Wrks, Mental Hlth Clinician, OT, PT, Nurses & Aftercare Prog.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$118,250.00	0.20042	12	1	<b>\$ 23,700</b>
Staff Position 5:	<b>Social Workers.</b>			
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.			
\$68,556.88	0.51053	12	1	<b>\$ 35,000</b>
Staff Position 6:	<b>Director of Food Svcs / Nutrition.</b>			
Brief job duties	Provides food & nutrition; advise pts & staff on hlthy meals for balanced diets; proper nutrition for residents; plan, prepare, coach, advise on complex meal prep w detailed nutritional guidelines, counsels on hlth impacts of nutrition.			
Min Qualifications	Bachelors degree in related field; 5 years in food service industry.			
\$72,100.00	0.16505	12	1	<b>\$ 11,900</b>
Staff Position 7:	<b>Chief Financial Officer.</b>			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance and/or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$150,500.00	0.00797	12	1	<b>\$ 1,200</b>

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**

**Appendix B-7a**  
**04/01/2023 - 03/31/2024**  
**SAM**

Staff Position 8:	<b>Volunteer Coordinator.</b>				
Brief job duties	Spvs mental hlth volunteers; coordinates administrative aspects of vols work; arranges trauma-informed, harm reduction, therapeutic communication training for vols and direct svcs staff; co- facilitates mental hlth group meetings w residents.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$47,840.00	0.02926	12	1	\$ 1,400
Staff Position 9:	<b>Aftercare Coordinator.</b>				
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.				
	\$65,000.00	0.02154	12	1	\$ 1,400
Staff Position 10:	<b>Kitchen Staff/Cook.</b>				
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.				
	\$40,588.41	0.11826	12	1	\$ 4,800
Staff Position 11:	<b>Facility Custodian.</b>				
Brief job duties	Clean resident rooms (sweep, mop, dust wipe 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.				
	\$40,000.00	0.19250	12	1	\$ 7,700
Staff Position 12:	<b>Licensed Therapist, LCSW.</b>				
Brief job duties	Intensive mental hlth clint svcs; inform potential residents w drug/alcohol use behaviors re harm reduction practice; meet w residents if behavior impacts tx goals or comm stability; work w Prog Dir for continued develop. of mental hlth prog; provide support & updates; on-call/after-hours crisis mngt support to team.				
Min Qualifications	LCSW or LMFT, masters in behavrl hlth; 3 ys clinical exp; 3 ys wrkng w vulnerable populations (AOD and SPMI).				
	\$83,430.00	0.19178	12	1	\$ 16,000
	<b>Total FTE:</b>	<b>6.49233</b>			<b>Total Salaries: \$ 437,860</b>

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 33,496
	Retirement	\$ 5,254
	Medical	\$ 48,165
	Unemployment Insurance	\$ 4,379
	Disability Insurance	\$ 3,295
	Workers compensation	\$ 10,491
	<b>Fringe Benefit %:</b>	<b>23.9985%</b>
	<b>Total Fringe Benefit:</b>	<b>105,080</b>
	<b>TOTAL SALARIES &amp; FRINGE BENEFITS:</b>	<b>542,940</b>

2) OPERATING EXPENSES:			
Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$108,057/yr).	\$108,057 x 15.0%	16,209
Telecom	Telephone and telecommunications (\$22,387/yr).	\$22,387 x 5.99%	1,341
	<b>Total Occupancy:</b>		<b>17,550</b>

Materials & Supplies	Brief Description	Rate	Cost
Supplies	Program and office supplies (\$30,200/yr).	\$30,200 x 16.29%	4,920
	<b>Total Materials &amp; Supplies:</b>		<b>4,920</b>

**Maitri AIDS Hospice**  
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**Appendix B-7a**  
**04/01/2023 - 03/31/2024**  
**SAM**

General Operating:	Brief Description	Rate	Cost
Insurance	Business Insurance (\$26,500).	\$26,500 x 30.189%	8,000
<b>Total General Operating:</b>			<b>8,000</b>

Subcontractor	Service Description	Rate
NurseRegistry	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 or other clinical care.	LVN: T1-\$90/hr, T2-\$120/hr; RN: T1-\$130/hr, T2-\$170/hr
Twomagnets, Inc. (DBA Clipboard Health)		CG: \$30/hr; CNA: \$33/hr; LVN: \$54/hr; RN: \$70/hr
Brightstar		CNA: \$40/hr; LVN: \$75/hr; RN: \$99/hr
Arcadia		CNA: \$34-\$54/hour; LVN: \$65-\$102/hour
U.N.I.		\$120/hr
CareLinx, Inc.		CNA: \$32/hr; LVN: \$52/hr; RN: \$72/hr
VitaWerks, Inc.		CNA: \$30/hour, LVN: \$50/hour, RN: \$70/hour

**ALL SUBCONTRACTOR HOURLY RATES ABOVE ARE SUBJECT TO HOURLY INCREASES FOR OVERTIME AND/OR PAY DIFFERENTIAL FOR SHIFT/HOLIDAY/HAZARD/RUSH/WKD PAY RATES AS APPLICABLE PER SUBCONTRACTS..**

**Total Consultants/Subcontractors: 30,500**

<b>TOTAL OPERATING EXPS:</b>	<b>60,970</b>
<b>TOTAL DIRECT COSTS:</b>	<b>603,910</b>

**4) INDIRECT COSTS**

Agency administrative costs allocated based on total direct cost of each activity benefited.	53,143
<b>Indirect Rate:</b>	<b>8.80%</b>
<b>TOTAL INDIRECT COSTS:</b>	<b>53,143</b>
<b>TOTAL EXPENSES:</b>	<b>657,053</b>

Maitri AIDS Hospice  
Maitri Compassionate Care

Appendix B-8  
03/01/2024 - 02/28/2025  
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.	0.77191	91,600	100%				91,600
Licensed Vocational Nurse, LVN.	2.45184	158,630	100%				158,630
Certified Nursing Assistant, CNA.	2.34291			112,640	100%		112,640
Clinical Director.	0.20973	24,800	100%				24,800
Social Workers.	0.35000			32,600	100%		32,600
Director of Food Svcs / Nutrition.	0.12760			9,200	100%		9,200
Chief Financial Officer.	0.01329			2,000	100%		2,000
Volunteer Coordinator.	0.04181			2,000	100%		2,000
Aftercare Coordinator.	0.02000			1,300	100%		1,300
Kitchen Staff/Cook.	0.12565			5,100	100%		5,100
Facility Custodian.	0.19500			7,800	100%		7,800
<b>Total FTE &amp; Total Salaries</b>	<b>6.64973</b>	<b>275,030</b>	<b>61.4359%</b>	<b>172,640</b>	<b>38.5641%</b>		<b>447,670</b>
Fringe Benefits	24.00%	66,007	61.4359%	41,434	38.5641%		107,441
<b>Total Personnel Expenses</b>		<b>341,037</b>	<b>61.4359%</b>	<b>214,074</b>	<b>38.5641%</b>		<b>555,111</b>
<b>Operating Expenses</b>							
Total Occupancy		14,284	61%	8,966	39%		23,250
<b>Total Operating Expenses</b>		<b>14,284</b>		<b>8,966</b>			<b>23,250</b>
<b>Total Direct Expenses</b>		355,321	61.4359%	223,040	38.5641%		578,361
<b>Indirect Expenses</b>	8.80%	31,271	61.4359%	19,630	38.5641%		50,901
<b>TOTAL EXPENSES</b>		<b>386,592</b>	<b>61.4359%</b>	<b>242,670</b>	<b>38.5641%</b>		<b>629,262</b>
<b>UOS per Service Mode</b>		2,628		2,628			<b>5,256</b>
<b>Cost Per UOS per Service Mode</b>		\$147.11		\$92.35			<b>N/A</b>
<b>UDC per Service Mode</b>		20		20			<b>20</b>

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**

**Appendix B-8**  
**03/01/2024 - 02/28/2025**  
**RWPA**

**BUDGET JUSTIFICATION**

<b>1a) SALARIES</b>					
Staff Position 1:	<b>Nurse Case Manager, RN.</b>				
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.				
	\$118,666.67	0.77191	12	1	\$ 91,600
Staff Position 2:	<b>Licensed Vocational Nurse, LVN.</b>				
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.				
Min Qualifications	LVN California license, CPR license.				
	\$64,698.48	2.45184	12	1	\$ 158,630
Staff Position 3:	<b>Certified Nursing Assistant, CNA.</b>				
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.				
	\$48,076.92	2.34291	12	1	\$ 112,640
Staff Position 4:	<b>Clinical Director.</b>				
Brief job duties	Clinical supp to residents; manages coordinated care, interdisciplinary model, check w residents daily, manage providers, schedules, effectiveness/results of svcs, spvse/manage Soc Wrkrs, Mental Hlth Clinician, OT, PT, Nurses & Aftercare Prog.				
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.				
	\$118,250.00	0.20973	12	1	\$ 24,800
Staff Position 5:	<b>Social Workers.</b>				
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.				
	\$80,000.00	0.35000	12	1	\$ 32,600
Staff Position 6:	<b>Director of Food Svcs / Nutrition.</b>				
Brief job duties	Provides food & nutrition; advise pts & staff on hlthy meals for balanced diets; proper nutrition for residents; plan, prepare, coach, advise on complex meal prep w detailed nutritional guidelines, counsels on hlth impacts of nutrition.				
Min Qualifications	Bachelors degree in related field; 5 years experience in the food service industry.				
	\$72,100.00	0.12760	12	1	\$ 9,200
Staff Position 7:	<b>Chief Financial Officer.</b>				
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance and/or support to residents.				
Min Qualifications	CPA or Masters in Accounting or Tax.				
	\$150,500.00	0.01329	12	1	\$ 2,000

Staff Position 8:	<b>Volunteer Coordinator.</b>				
Brief job duties	Spvs mental hlth volunteers; coordinates administrative aspects of vols work; arranges trauma-informed, harm reduction, therapeutic communication training for vols and direct svcs staff; co- facilitates mental hlth group meetings w residents.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$47,840.00	0.04181	12	1	\$ 2,000

Staff Position 9:	<b>Aftercare Coordinator.</b>				
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.				
	\$65,000.00	0.02000	12	1	\$ 1,300

Staff Position 10:	<b>Kitchen Staff/Cook.</b>				
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.				
	\$40,588.41	0.12565	12	1	\$ 5,100

Staff Position 11:	<b>Facility Custodian.</b>				
Brief job duties	Clean resident rooms (sweep, mop, dust wipe 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.				
	\$40,000.00	0.19500	12	1	\$ 7,800

<b>Total FTE:</b>	<b>6.64973</b>		<b>Total Salaries:</b>	<b>\$ 447,670</b>
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 34,247
	Retirement	\$ 5,372
	Medical	\$ 44,767
	Unemployment Insurance	\$ 1,583
	Disability Insurance	\$ 939
	Workers compensation	\$ 20,533
	<b>Fringe Benefit %:</b>	<b>24.0000%</b>
	<b>Total Fringe Benefit:</b>	<b>107,441</b>
	<b>TOTAL SALARIES &amp; EMPLOYEE BENEFITS:</b>	<b>555,111</b>

**2) OPERATING EXPENSES:**

Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$108,057/yr)	\$108,057 x 18.788%	20,302
Telecom	Telephone and telecommunications (\$22,387/yr).	\$22,387x 13.17%	2,948
		<b>Total Occupancy:</b>	<b>23,250</b>
		<b>TOTAL OPERATING EXP</b>	<b>23,250</b>
		<b>TOTAL DIRECT COSTS:</b>	<b>578,361</b>

<b>4) INDIRECT COSTS</b>	<b>Indirect Rate:</b>	<b>8.80%</b>	<b>Amount</b>
Agency admin costs, allocated based on total direct cost of each activity benefited.			50,901

<b>TOTAL INDIRECT COSTS:</b>	<b>50,901</b>
<b>TOTAL EXPENSES:</b>	<b>629,262</b>

**Maitri AIDS Hospice**  
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**Appendix B-8a**  
**04/01/2024 - 03/31/2025**  
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**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.	0.72809	86,400	100%				86,400
Licensed Vocational Nurse, LVN.	2.42664	157,000	100%				157,000
Certified Nursing Assistant, CNA.	1.90029			91,360	100%		91,360
Clinical Director.	0.20042	23,700	100%				23,700
Social Workers.	0.23702			18,961	100%		18,961
Director of Food Svcs / Nutrition.	0.16505			11,900	100%		11,900
Chief Financial Officer.	0.00797			1,200	100%		1,200
Volunteer Coordinator.	0.02926			1,400	100%		1,400
Aftercare Coordinator.	0.02154			1,400	100%		1,400
Kitchen Staff/Cook.	0.10826			4,800	100%		4,800
Facility Custodian.	0.19250			7,700	100%		7,700
Therapist, ACSW.	0.19178	16,000	100%				16,000
<b>Total FTE &amp; Total Salaries</b>	<b>6.20882</b>	<b>283,100</b>	<b>67.114%</b>	<b>138,721</b>	<b>32.886%</b>		<b>421,821</b>
Fringe Benefits	24.09%	68,200	67.114%	33,418	32.886%		101,618
<b>Total Personnel Expenses</b>		<b>351,300</b>	<b>67.114%</b>	<b>172,139</b>	<b>32.886%</b>		<b>523,439</b>
<b>Operating Expenses</b>		<b>Expenditure</b>	<b>%</b>				<b>Contract Total</b>
Total Occupancy		11,778	67%	5,772	33%		17,550
Total Materials and Supplies		3,302	67%	1,618	33%		4,920
Total General Operating		5,369	67%	2,631	33%		8,000
Consultants/Subcontractor:		33,557	67%	16,443	33%		50,000
Other (specify):							-
<b>Total Operating Expenses</b>		<b>54,006</b>	<b>67%</b>	<b>26,464</b>	<b>33%</b>		<b>80,470</b>
<b>Total Direct Expenses</b>		405,307	67.114%	198,602	32.886%		603,909
<b>Indirect Expenses</b>	8.80%	35,667	67.114%	17,477	32.886%		53,144
<b>TOTAL EXPENSES</b>		<b>440,974</b>	<b>67.114%</b>	<b>216,079</b>	<b>32.886%</b>		<b>657,053</b>
<b>UOS per Service Mode</b>		1,168		1,168			<b>2,336</b>
<b>Cost Per UOS per Service Mode</b>		\$377.56		\$185.01			<b>N/A</b>
<b>UDC per Service Mode</b>		20		20			<b>20</b>



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**Appendix B-8a**  
**04/01/2024 - 03/31/2025**  
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**BUDGET JUSTIFICATION**

<b>1a) SALARIES</b>				
Staff Position 1:	<b>Nurse Case Manager, RN.</b>			
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	<b>Total</b>
\$118,666.67	0.72809	12	1	<b>\$ 86,400</b>
Staff Position 2:	<b>Licensed Vocational Nurse, LVN.</b>			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$64,698.48	2.42664	12	1	<b>\$ 157,000</b>
Staff Position 3:	<b>Certified Nursing Assistant, CNA.</b>			
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.			
\$48,076.92	1.90029	12	1	<b>\$ 91,360</b>
Staff Position 4:	<b>Clinical Director.</b>			
Brief job duties	Clinical supp to residents; manages coordinated care, interdisciplinary model, check w residents daily, manage providers, schedules, effectiveness/results of svcs, spvse/manage Soc Wrks, Mental Hlth Clinician, OT, PT, Nurses & Aftercare Prog.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$118,250.00	0.20042	12	1	<b>\$ 23,700</b>
Staff Position 5:	<b>Social Workers.</b>			
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.			
\$80,000.00	0.23702	12	1	<b>\$ 18,961</b>
Staff Position 6:	<b>Director of Food Svcs / Nutrition.</b>			
Brief job duties	Provides food & nutrition; advise pts & staff on hlthy meals for balanced diets; proper nutrition for residents; plan, prepare, coach, advise on complex meal prep w detailed nutritional guidelines, counsels on hlth impacts of nutrition.			
Min Qualifications	Bachelors degree in related field; 5 years in food service industry.			
\$72,100.00	0.16505	12	1	<b>\$ 11,900</b>
Staff Position 7:	<b>Chief Financial Officer.</b>			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance and/or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$150,500.00	0.00797	12	1	<b>\$ 1,200</b>
Staff Position 8:	<b>Volunteer Coordinator.</b>			

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**Appendix B-8a**  
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Brief job duties	Spvs mental hlth volunteers; coordinates administrative aspects of vols work; arranges trauma-informed, harm reduction, therapeutic communication training for vols and direct svcs staff; co- facilitates mental hlth group meetings w residents.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$47,840.00	0.02926	12	1	\$ 1,400

Staff Position 9:	<b>Aftercare Coordinator.</b>				
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.				
	\$65,000.00	0.02154	12	1	\$ 1,400

Staff Position 10:	<b>Kitchen Staff/Cook.</b>				
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.				
	\$40,588.41	0.11826	12	1	\$ 4,800

Staff Position 11:	<b>Facility Custodian.</b>				
Brief job duties	Clean resident rooms (sweep, mop, dust wipe 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.				
	\$40,000.00	0.19250	12	1	\$ 7,700

Staff Position 12:	<b>Therapist, ACSW.</b>				
Brief job duties	Intensive mental hlth clint svcs; inform potential residents w drug/alcohol use behaviors re harm reduction practice; meet w residents if behavior impacts tx goals or comm stability; work w Prog Dir for continued develop. of mental hlth prog; provide support & updates; on-call/after-hours crisis mngt support to team.				
Min Qualifications	ACSW (w outside clin spvsn), LCSW or LMFT, masters in behavrl hlth; 3 ys clin exp; 3 ys wrkg w vulnerable pops (AOD & SPMI).				
	\$83,430.00	0.19178	12	1	\$ 16,000
	<b>Total FTE:</b>	<b>6.21882</b>		<b>Total Salaries:</b>	<b>\$ 421,821</b>

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 32,269
	Retirement	\$ 5,062
	Medical	\$ 46,400
	Unemployment Insurance	\$ 4,218
	Disability Insurance	\$ 3,178
	Workers compensation	\$ 10,491
	<b>Fringe Benefit %:</b>	<b>24.0903%</b>
	<b>Total Fringe Benefit:</b>	<b>101,618</b>
	<b>TOTAL SALARIES &amp; FRINGE BENEFITS:</b>	<b>523,439</b>

2) OPERATING EXPENSES:	
Occupancy:	Brief Description
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$108,057/yr).
Telecom	Telephone and telecommunications (\$22,387/yr).
	<b>Total Occupancy:</b>
	<b>17,550</b>

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**Appendix B-8a**  
**04/01/2024 - 03/31/2025**  
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<b>Materials &amp; Supplies</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Supplies	Program and office supplies (\$30,200/yr).	\$30,200 x 16.29%	4,920
<b>Total Materials &amp; Supplies:</b>			<b>4,920</b>

<b>General Operating:</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Insurance	Business Insurance (\$26,500).	\$26,500 x 30.189%	8,000
<b>Total General Operating:</b>			<b>8,000</b>

<b>Subcontractor</b>	<b>Service Description</b>	<b>Rate</b>
NurseRegistry	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 or other clinical care.	LVN: T1-\$90/hr, T2-\$120/hr; RN: T1-\$130/hr, T2-\$170/hr
Twomagnets, Inc. (DBA Clipboard Health)		CG: \$30/hr; CNA: \$33/hr; LVN: \$54/hr; RN: \$70/hr
Brightstar		CNA: \$40/hr; LVN: \$75/hr; RN: \$99/hr
Arcadia		CNA: \$34-\$54/hour; LVN: \$65-\$102/hour
U.N.I.		\$120/hr
CareLinx, Inc.		CNA: \$32/hr; LVN: \$52/hr; RN: \$72/hr
VitaWerks, Inc.		CNA: \$30/hour, LVN: \$50/hour, RN: \$70/hour

**ALL SUBCONTRACTOR HOURLY RATES ABOVE ARE SUBJECT TO HOURLY INCREASES FOR OVERTIME AND/OR PAY DIFFERENTIAL FOR SHIFT/HOLIDAY/HAZARD/RUSH/WKD PAY RATES AS APPLICABLE PER EACH SUBCONTRACTOR'S CONTRACTS.**

**Total Consultants/Subcontractors:** **50,000**

**TOTAL OPERATING EXPS:** **80,470**

**TOTAL DIRECT COSTS:** **603,909**

**4) INDIRECT COSTS**

Agency administrative costs allocated based on total direct cost of each activity benefited.	53,144
<b>Indirect Rate:</b>	<b>8.80%</b>
<b>TOTAL INDIRECT COSTS:</b>	<b>53,144</b>
<b>TOTAL EXPENSES:</b>	<b>657,053</b>

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Appendix B-9  
03/01/2025 - 02/28/2026  
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.	0.77191	91,600	100%				91,600
Licensed Vocational Nurse, LVN.	2.45184	158,630	100%				158,630
Certified Nursing Assistant, CNA.	2.34291			112,640	100%		112,640
Clinical Director.	0.20973	24,800	100%				24,800
Social Workers.	0.35000			32,600	100%		32,600
Director of Food Svcs / Nutrition.	0.12760			9,200	100%		9,200
Chief Financial Officer.	0.01329			2,000	100%		2,000
Volunteer Coordinator.	0.04181			2,000	100%		2,000
Aftercare Coordinator.	0.02000			1,300	100%		1,300
Kitchen Staff/Cook.	0.12565			5,100	100%		5,100
Facility Custodian.	0.19500			7,800	100%		7,800
<b>Total FTE &amp; Total Salaries</b>	<b>6.64973</b>	<b>275,030</b>	<b>61.4359%</b>	<b>172,640</b>	<b>38.5641%</b>		<b>447,670</b>
Fringe Benefits	24.00%	66,007	61.4359%	41,434	38.5641%		107,441
<b>Total Personnel Expenses</b>		<b>341,037</b>	<b>61.4359%</b>	<b>214,074</b>	<b>38.5641%</b>		<b>555,111</b>
<b>Operating Expenses</b>							
Total Occupancy		14,284	61%	8,966	39%		23,250
<b>Total Operating Expenses</b>		<b>14,284</b>		<b>8,966</b>			<b>23,250</b>
<b>Total Direct Expenses</b>		355,321	61.4359%	223,040	38.5641%		578,361
<b>Indirect Expenses</b>	8.80%	31,271	61.4359%	19,630	38.5641%		50,901
<b>TOTAL EXPENSES</b>		<b>386,592</b>	<b>61.4359%</b>	<b>242,670</b>	<b>38.5641%</b>		<b>629,262</b>
<b>UOS per Service Mode</b>		2,628		2,628			<b>5,256</b>
<b>Cost Per UOS per Service Mode</b>		\$147.12		\$92.35			<b>N/A</b>
<b>UDC per Service Mode</b>		20		20			<b>20</b>

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**Appendix B-9**  
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**RWPA**

**BUDGET JUSTIFICATION**

<b>1a) SALARIES</b>					
Staff Position 1:	<b>Nurse Case Manager, RN.</b>				
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.				
	\$118,666.67	0.77191	12	1	\$ 91,600
Staff Position 2:	<b>Licensed Vocational Nurse, LVN.</b>				
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.				
Min Qualifications	LVN California license, CPR license.				
	\$64,698.48	2.45184	12	1	\$ 158,630
Staff Position 3:	<b>Certified Nursing Assistant, CNA.</b>				
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.				
	\$48,076.92	2.34291	12	1	\$ 112,640
Staff Position 4:	<b>Clinical Director.</b>				
Brief job duties	Clinical supp to residents; manages coordinated care, interdisciplinary model, check w residents daily, manage providers, schedules, effectiveness/results of svcs, spvse/manage Soc Wrkrs, Mental Hlth Clinician, OT, PT, Nurses & Aftercare Prog.				
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.				
	\$118,250.00	0.20973	12	1	\$ 24,800
Staff Position 5:	<b>Social Workers.</b>				
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.				
	\$80,000.00	0.35000	12	1	\$ 32,600
Staff Position 6:	<b>Director of Food Svcs / Nutrition.</b>				
Brief job duties	Provides food & nutrition; advise pts & staff on hlthy meals for balanced diets; proper nutrition for residents; plan, prepare, coach, advise on complex meal prep w detailed nutritional guidelines, counsels on hlth impacts of nutrition.				
Min Qualifications	Bachelors degree in related field; 5 years experience in the food service industry.				
	\$72,100.00	0.12760	12	1	\$ 9,200
Staff Position 7:	<b>Chief Financial Officer.</b>				
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance and/or support to residents.				
Min Qualifications	CPA or Masters in Accounting or Tax.				
	\$150,500.00	0.01329	12	1	\$ 2,000

Staff Position 8:	<b>Volunteer Coordinator.</b>				
Brief job duties	Spvs mental hlth volunteers; coordinates administrative aspects of vols work; arranges trauma-informed, harm reduction, therapeutic communication training for vols and direct svcs staff; co- facilitates mental hlth group meetings w residents.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$47,840.00	0.04181	12	1	\$ 2,000

Staff Position 9:	<b>Aftercare Coordinator.</b>				
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.				
	\$65,000.00	0.02000	12	1	\$ 1,300

Staff Position 10:	<b>Kitchen Staff/Cook.</b>				
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.				
	\$40,588.41	0.12565	12	1	\$ 5,100

Staff Position 11:	<b>Facility Custodian.</b>				
Brief job duties	Clean resident rooms (sweep, mop, dust wipe 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.				
	\$40,000.00	0.19500	12	1	\$ 7,800

<b>Total FTE:</b>	<b>6.64973</b>		<b>Total Salaries:</b>	<b>\$ 447,670</b>
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 34,247
	Retirement	\$ 5,372
	Medical	\$ 44,767
	Unemployment Insurance	\$ 1,583
	Disability Insurance	\$ 939
	Workers compensation	\$ 20,533
	<b>Fringe Benefit %:</b>	<b>24.0000%</b>
	<b>Total Fringe Benefit:</b>	<b>107,441</b>
	<b>TOTAL SALARIES &amp; EMPLOYEE BENEFITS:</b>	<b>555,111</b>

**2) OPERATING EXPENSES:**

Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$108,057/yr)	\$108,057 x 18.788%	20,302
Telecom	Telephone and telecommunications (\$22,387/yr).	\$22,387x 13.17%	2,948
		<b>Total Occupancy:</b>	<b>23,250</b>
		<b>TOTAL OPERATING EXP</b>	<b>23,250</b>
		<b>TOTAL DIRECT COSTS:</b>	<b>578,361</b>

<b>4) INDIRECT COSTS</b>	<b>Indirect Rate:</b>	<b>8.80%</b>	<b>Amount</b>
Agency admin costs, allocated based on total direct cost of each activity benefited.			50,901

<b>TOTAL INDIRECT COSTS:</b>	<b>50,901</b>
<b>TOTAL EXPENSES:</b>	<b>629,262</b>

**Maitri AIDS Hospice**  
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**Appendix B-9a**  
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**RWPB**

**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.	0.72809	86,400	100%				86,400
Licensed Vocational Nurse, LVN.	2.42664	157,000	100%				157,000
Certified Nursing Assistant, CNA.	1.90029			91,360	100%		91,360
Clinical Director.	0.20042	23,700	100%				23,700
Social Workers.	0.23702			18,961	100%		18,961
Director of Food Svcs / Nutrition.	0.16505			11,900	100%		11,900
Chief Financial Officer.	0.00797			1,200	100%		1,200
Volunteer Coordinator.	0.02926			1,400	100%		1,400
Aftercare Coordinator.	0.02154			1,400	100%		1,400
Kitchen Staff/Cook.	0.10826			4,800	100%		4,800
Facility Custodian.	0.19250			7,700	100%		7,700
Therapist, ACSW.	0.19178	16,000	100%				16,000
<b>Total FTE &amp; Total Salaries</b>	<b>6.20882</b>	<b>283,100</b>	<b>67.114%</b>	<b>138,721</b>	<b>32.886%</b>		<b>421,821</b>
Fringe Benefits	24.09%	68,200	67.114%	33,418	32.886%		101,618
<b>Total Personnel Expenses</b>		<b>351,300</b>	<b>67.114%</b>	<b>172,139</b>	<b>32.886%</b>		<b>523,439</b>
<b>Operating Expenses</b>		<b>Expenditure</b>	<b>%</b>				<b>Contract Total</b>
Total Occupancy		11,778	67%	5,772	33%		17,550
Total Materials and Supplies		3,302	67%	1,618	33%		4,920
Total General Operating		5,369	67%	2,631	33%		8,000
Consultants/Subcontractor:		33,557	67%	16,443	33%		50,000
Other (specify):							-
<b>Total Operating Expenses</b>		<b>54,006</b>	<b>67%</b>	<b>26,464</b>	<b>33%</b>		<b>80,470</b>
<b>Total Direct Expenses</b>		405,307	67.114%	198,602	32.886%		603,909
<b>Indirect Expenses</b>	8.80%	35,667	67.114%	17,477	32.886%		53,144
<b>TOTAL EXPENSES</b>		<b>440,974</b>	<b>67.114%</b>	<b>216,079</b>	<b>32.886%</b>		<b>657,053</b>
<b>UOS per Service Mode</b>		1,168		1,168			<b>2,336</b>
<b>Cost Per UOS per Service Mode</b>		\$377.56		\$185.01			<b>N/A</b>
<b>UDC per Service Mode</b>		20		20			<b>20</b>

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**

**Appendix B-9a**  
**04/01/2025 - 03/31/2026**  
**RWPB**

**BUDGET JUSTIFICATION**

<b>1a) SALARIES</b>				
Staff Position 1:	<b>Nurse Case Manager, RN.</b>			
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	<b>Total</b>
\$118,666.67	0.72809	12	1	<b>\$ 86,400</b>
Staff Position 2:	<b>Licensed Vocational Nurse, LVN.</b>			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$64,698.48	2.42664	12	1	<b>\$ 157,000</b>
Staff Position 3:	<b>Certified Nursing Assistant, CNA.</b>			
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.			
\$48,076.92	1.90029	12	1	<b>\$ 91,360</b>
Staff Position 4:	<b>Clinical Director.</b>			
Brief job duties	Clinical supp to residents; manages coordinated care, interdisciplinary model, check w residents daily, manage providers, schedules, effectiveness/results of svcs, spvse/manage Soc Wrks, Mental Hlth Clinician, OT, PT, Nurses & Aftercare Prog.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$118,250.00	0.20042	12	1	<b>\$ 23,700</b>
Staff Position 5:	<b>Social Workers.</b>			
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.			
\$80,000.00	0.23702	12	1	<b>\$ 18,961</b>
Staff Position 6:	<b>Director of Food Svcs / Nutrition.</b>			
Brief job duties	Provides food & nutrition; advise pts & staff on hlthy meals for balanced diets; proper nutrition for residents; plan, prepare, coach, advise on complex meal prep w detailed nutritional guidelines, counsels on hlth impacts of nutrition.			
Min Qualifications	Bachelors degree in related field; 5 years in food service industry.			
\$72,100.00	0.16505	12	1	<b>\$ 11,900</b>
Staff Position 7:	<b>Chief Financial Officer.</b>			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance and/or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$150,500.00	0.00797	12	1	<b>\$ 1,200</b>
Staff Position 8:	<b>Volunteer Coordinator.</b>			



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**Appendix B-9a**  
**04/01/2025 - 03/31/2026**  
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Brief job duties	Spvs mental hlth volunteers; coordinates administrative aspects of vols work; arranges trauma-informed, harm reduction, therapeutic communication training for vols and direct svcs staff; co- facilitates mental hlth group meetings w residents.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$47,840.00	0.02926	12	1	\$ 1,400

Staff Position 9:	<b>Aftercare Coordinator.</b>				
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.				
	\$65,000.00	0.02154	12	1	\$ 1,400

Staff Position 10:	<b>Kitchen Staff/Cook.</b>				
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.				
	\$40,588.41	0.11826	12	1	\$ 4,800

Staff Position 11:	<b>Facility Custodian.</b>				
Brief job duties	Clean resident rooms (sweep, mop, dust wipe 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.				
	\$40,000.00	0.19250	12	1	\$ 7,700

Staff Position 12:	<b>Therapist, ACSW.</b>				
Brief job duties	Intensive mental hlth clint svcs; inform potential residents w drug/alcohol use behaviors re harm reduction practice; meet w residents if behavior impacts tx goals or comm stability; work w Prog Dir for continued develop. of mental hlth prog; provide support & updates; on-call/after-hours crisis mngt support to team.				
Min Qualifications	ACSW (w outside clin spvsn), LCSW or LMFT, masters in behavrl hlth; 3 ys clin exp; 3 ys wrkg w vulnerable pops (AOD & SPMI).				
	\$83,430.00	0.19178	12	1	\$ 16,000
	<b>Total FTE:</b>	<b>6.21882</b>		<b>Total Salaries:</b>	<b>\$ 421,821</b>

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 32,269
	Retirement	\$ 5,062
	Medical	\$ 46,400
	Unemployment Insurance	\$ 4,218
	Disability Insurance	\$ 3,178
	Workers compensation	\$ 10,491
	<b>Fringe Benefit %:</b>	<b>24.0903%</b>
	<b>Total Fringe Benefit:</b>	<b>101,618</b>
	<b>TOTAL SALARIES &amp; FRINGE BENEFITS:</b>	<b>523,439</b>

2) OPERATING EXPENSES:	
Occupancy:	Brief Description
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$108,057/yr).
Telecom	Telephone and telecommunications (\$22,387/yr).
	<b>Total Occupancy:</b>
	<b>17,550</b>

**Maitri AIDS Hospice**  
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**Appendix B-9a**  
**04/01/2025 - 03/31/2026**  
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<b>Materials &amp; Supplies</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Supplies	Program and office supplies (\$30,200/yr).	\$30,200 x 16.29%	4,920
<b>Total Materials &amp; Supplies:</b>			<b>4,920</b>

<b>General Operating:</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Insurance	Business Insurance (\$26,500).	\$26,500 x 30.189%	8,000
<b>Total General Operating:</b>			<b>8,000</b>

<b>Subcontractor</b>	<b>Service Description</b>	<b>Rate</b>
NurseRegistry	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 or other clinical care.	LVN: T1-\$90/hr, T2-\$120/hr; RN: T1-\$130/hr, T2-\$170/hr
Twomagnets, Inc. (DBA Clipboard Health)		CG: \$30/hr; CNA: \$33/hr; LVN: \$54/hr; RN: \$70/hr
Brightstar		CNA: \$40/hr; LVN: \$75/hr; RN: \$99/hr
Arcadia		CNA: \$34-\$54/hour; LVN: \$65-\$102/hour
U.N.I.		\$120/hr
CareLinx, Inc.		CNA: \$32/hr; LVN: \$52/hr; RN: \$72/hr
VitaWerks, Inc.		CNA: \$30/hour, LVN: \$50/hour, RN: \$70/hour

**ALL SUBCONTRACTOR HOURLY RATES ABOVE ARE SUBJECT TO HOURLY INCREASES FOR OVERTIME AND/OR PAY DIFFERENTIAL FOR SHIFT/HOLIDAY/HAZARD/RUSH/WKD PAY RATES AS APPLICABLE PER EACH SUBCONTRACTOR'S CONTRACTS.**

**Total Consultants/Subcontractors:** **50,000**

**TOTAL OPERATING EXPS:** **80,470**

**TOTAL DIRECT COSTS:** **603,909**

**4) INDIRECT COSTS**

Agency administrative costs allocated based on total direct cost of each activity benefited.	53,144
<b>Indirect Rate:</b>	<b>8.80%</b>
<b>TOTAL INDIRECT COSTS:</b>	<b>53,144</b>
<b>TOTAL EXPENSES:</b>	<b>657,053</b>

Maitri AIDS Hospice  
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Appendix B-10  
03/01/2026 - 02/28/2027  
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.	0.77191	91,600	100%				91,600
Licensed Vocational Nurse, LVN.	2.45184	158,630	100%				158,630
Certified Nursing Assistant, CNA.	2.34291			112,640	100%		112,640
Clinical Director.	0.20973	24,800	100%				24,800
Social Workers.	0.35000			32,600	100%		32,600
Director of Food Svcs / Nutrition.	0.12760			9,200	100%		9,200
Chief Financial Officer.	0.01329			2,000	100%		2,000
Volunteer Coordinator.	0.04181			2,000	100%		2,000
Aftercare Coordinator.	0.02000			1,300	100%		1,300
Kitchen Staff/Cook.	0.12565			5,100	100%		5,100
Facility Custodian.	0.19500			7,800	100%		7,800
<b>Total FTE &amp; Total Salaries</b>	<b>6.64973</b>	<b>275,030</b>	<b>61.4359%</b>	<b>172,640</b>	<b>38.5641%</b>		<b>447,670</b>
Fringe Benefits	24.00%	66,007	61.4359%	41,434	38.5641%		107,441
<b>Total Personnel Expenses</b>		<b>341,037</b>	<b>61.4359%</b>	<b>214,074</b>	<b>38.5641%</b>		<b>555,111</b>
<b>Operating Expenses</b>							
Total Occupancy		14,284	61%	8,966	39%		23,250
<b>Total Operating Expenses</b>		<b>14,284</b>		<b>8,966</b>			<b>23,250</b>
<b>Total Direct Expenses</b>		355,321	61.4359%	223,040	38.5641%		578,361
<b>Indirect Expenses</b>	8.80%	31,271	61.4359%	19,630	38.5641%		50,901
<b>TOTAL EXPENSES</b>		<b>386,592</b>	<b>61.4359%</b>	<b>242,670</b>	<b>38.5641%</b>		<b>629,262</b>
<b>UOS per Service Mode</b>		2,628		2,628			<b>5,256</b>
<b>Cost Per UOS per Service Mode</b>		\$147.12		\$92.35			<b>N/A</b>
<b>UDC per Service Mode</b>		20		20			<b>20</b>

**Maitri AIDS Hospice**  
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**Appendix B-10**  
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**Appendix B-10**  
**03/01/2026 - 02/28/2027**  
**RWPA**

**BUDGET JUSTIFICATION**

<b>1a) SALARIES</b>					
Staff Position 1:	<b>Nurse Case Manager, RN.</b>				
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.				
	\$118,666.67	0.77191	12	1	\$ 91,600
Staff Position 2:	<b>Licensed Vocational Nurse, LVN.</b>				
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.				
Min Qualifications	LVN California license, CPR license.				
	\$64,698.48	2.45184	12	1	\$ 158,630
Staff Position 3:	<b>Certified Nursing Assistant, CNA.</b>				
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.				
	\$48,076.92	2.34291	12	1	\$ 112,640
Staff Position 4:	<b>Clinical Director.</b>				
Brief job duties	Clinical supp to residents; manages coordinated care, interdisciplinary model, check w residents daily, manage providers, schedules, effectiveness/results of svcs, spvse/manage Soc Wrkrs, Mental Hlth Clinician, OT, PT, Nurses & Aftercare Prog.				
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.				
	\$118,250.00	0.20973	12	1	\$ 24,800
Staff Position 5:	<b>Social Workers.</b>				
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.				
	\$80,000.00	0.35000	12	1	\$ 32,600
Staff Position 6:	<b>Director of Food Svcs / Nutrition.</b>				
Brief job duties	Provides food & nutrition; advise pts & staff on hlthy meals for balanced diets; proper nutrition for residents; plan, prepare, coach, advise on complex meal prep w detailed nutritional guidelines, counsels on hlth impacts of nutrition.				
Min Qualifications	Bachelors degree in related field; 5 years experience in the food service industry.				
	\$72,100.00	0.12760	12	1	\$ 9,200
Staff Position 7:	<b>Chief Financial Officer.</b>				
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance and/or support to residents.				
Min Qualifications	CPA or Masters in Accounting or Tax.				
	\$150,500.00	0.01329	12	1	\$ 2,000

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**Appendix B-10**  
**03/01/2026 - 02/28/2027**  
**RWPA**

Staff Position 8:	<b>Volunteer Coordinator.</b>				
Brief job duties	Spvs mental hlth volunteers; coordinates administrative aspects of vols work; arranges trauma-informed, harm reduction, therapeutic communication training for vols and direct svcs staff; co- facilitates mental hlth group meetings w residents.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$47,840.00	0.04181	12	1	\$ 2,000

Staff Position 9:	<b>Aftercare Coordinator.</b>				
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.				
	\$65,000.00	0.02000	12	1	\$ 1,300

Staff Position 10:	<b>Kitchen Staff/Cook.</b>				
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.				
	\$40,588.41	0.12565	12	1	\$ 5,100

Staff Position 11:	<b>Facility Custodian.</b>				
Brief job duties	Clean resident rooms (sweep, mop, dust wipe 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.				
	\$40,000.00	0.19500	12	1	\$ 7,800

<b>Total FTE:</b>	<b>6.64973</b>		<b>Total Salaries:</b>	<b>\$ 447,670</b>
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1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 34,247
	Retirement	\$ 5,372
	Medical	\$ 44,767
	Unemployment Insurance	\$ 1,583
	Disability Insurance	\$ 939
	Workers compensation	\$ 20,533
	<b>Fringe Benefit %:</b>	<b>24.0000%</b>
	<b>Total Fringe Benefit:</b>	<b>107,441</b>
	<b>TOTAL SALARIES &amp; EMPLOYEE BENEFITS:</b>	<b>555,111</b>

2) OPERATING EXPENSES:			
Occupancy:	Brief Description	Rate	Cost
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$108,057/yr)	\$108,057 x 18.788%	20,302
Telecom	Telephone and telecommunications (\$22,387/yr).	\$22,387x 13.17%	2,948
		<b>Total Occupancy:</b>	<b>23,250</b>
		<b>TOTAL OPERATING EXP</b>	<b>23,250</b>
		<b>TOTAL DIRECT COSTS:</b>	<b>578,361</b>

4) INDIRECT COSTS	Indirect Rate:	8.80%	Amount
Agency admin costs, allocated based on total direct cost of each activity benefited.			50,901

<b>TOTAL INDIRECT COSTS:</b>	<b>50,901</b>
<b>TOTAL EXPENSES:</b>	<b>629,262</b>

Maitri AIDS Hospice  
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Appendix B-10a  
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### 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.	0.72809	86,400	100%				86,400
Licensed Vocational Nurse, LVN.	2.42664	157,000	100%				157,000
Certified Nursing Assistant, CNA.	1.90029			91,360	100%		91,360
Clinical Director.	0.20042	23,700	100%				23,700
Social Workers.	0.23702			18,961	100%		18,961
Director of Food Svcs / Nutrition.	0.16505			11,900	100%		11,900
Chief Financial Officer.	0.00797			1,200	100%		1,200
Volunteer Coordinator.	0.02926			1,400	100%		1,400
Aftercare Coordinator.	0.02154			1,400	100%		1,400
Kitchen Staff/Cook.	0.10826			4,800	100%		4,800
Facility Custodian.	0.19250			7,700	100%		7,700
Therapist, ACSW.	0.19178	16,000	100%				16,000
<b>Total FTE &amp; Total Salaries</b>	<b>6.20882</b>	<b>283,100</b>	<b>67.114%</b>	<b>138,721</b>	<b>32.886%</b>		<b>421,821</b>
Fringe Benefits	24.09%	68,200	67.114%	33,418	32.886%		101,618
<b>Total Personnel Expenses</b>		<b>351,300</b>	<b>67.114%</b>	<b>172,139</b>	<b>32.886%</b>		<b>523,439</b>
<b>Operating Expenses</b>		<b>Expenditure</b>	<b>%</b>				<b>Contract Total</b>
Total Occupancy		11,778	67%	5,772	33%		17,550
Total Materials and Supplies		3,302	67%	1,618	33%		4,920
Total General Operating		5,369	67%	2,631	33%		8,000
Consultants/Subcontractor:		33,557	67%	16,443	33%		50,000
Other (specify):							-
<b>Total Operating Expenses</b>		<b>54,006</b>	<b>67%</b>	<b>26,464</b>	<b>33%</b>		<b>80,470</b>
<b>Total Direct Expenses</b>		405,307	67.114%	198,602	32.886%		603,909
<b>Indirect Expenses</b>	8.80%	35,667	67.114%	17,477	32.886%		53,144
<b>TOTAL EXPENSES</b>		<b>440,974</b>	<b>67.114%</b>	<b>216,079</b>	<b>32.886%</b>		<b>657,053</b>
<b>UOS per Service Mode</b>		1,168		1,168			<b>2,336</b>
<b>Cost Per UOS per Service Mode</b>		\$377.56		\$185.01			<b>N/A</b>
<b>UDC per Service Mode</b>		20		20			<b>20</b>

**Maitri AIDS Hospice**  
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**Appendix B-10a**  
**04/01/2026 - 03/31/2027**  
**RWPB**

**BUDGET JUSTIFICATION**

<b>1a) SALARIES</b>				
Staff Position 1:	<b>Nurse Case Manager, RN.</b>			
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	<b>Total</b>
\$118,666.67	0.72809	12	1	<b>\$ 86,400</b>
Staff Position 2:	<b>Licensed Vocational Nurse, LVN.</b>			
Brief job duties	Provide quality resident care, management of medications & coordination of resident care activities.			
Min Qualifications	LVN California license, CPR license.			
\$64,698.48	2.42664	12	1	<b>\$ 157,000</b>
Staff Position 3:	<b>Certified Nursing Assistant, CNA.</b>			
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.			
\$48,076.92	1.90029	12	1	<b>\$ 91,360</b>
Staff Position 4:	<b>Clinical Director.</b>			
Brief job duties	Clinical supp to residents; manages coordinated care, interdisciplinary model, check w residents daily, manage providers, schedules, effectiveness/results of svcs, spvse/manage Soc Wrks, Mental Hlth Clinician, OT, PT, Nurses & Aftercare Prog.			
Min Qualifications	CA LCSW or CA LMFT; Minimum 2 years management/supervisory experience.			
\$118,250.00	0.20042	12	1	<b>\$ 23,700</b>
Staff Position 5:	<b>Social Workers.</b>			
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.			
\$80,000.00	0.23702	12	1	<b>\$ 18,961</b>
Staff Position 6:	<b>Director of Food Svcs / Nutrition.</b>			
Brief job duties	Provides food & nutrition; advise pts & staff on hlthy meals for balanced diets; proper nutrition for residents; plan, prepare, coach, advise on complex meal prep w detailed nutritional guidelines, counsels on hlth impacts of nutrition.			
Min Qualifications	Bachelors degree in related field; 5 years in food service industry.			
\$72,100.00	0.16505	12	1	<b>\$ 11,900</b>
Staff Position 7:	<b>Chief Financial Officer.</b>			
Brief job duties	Provides residents with on-site Financial Counseling, Consulting & Advice, Budget Workshops and Meetings, as well as other financial guidance and/or support to residents.			
Min Qualifications	CPA or Masters in Accounting or Tax.			
\$150,500.00	0.00797	12	1	<b>\$ 1,200</b>
Staff Position 8:	<b>Volunteer Coordinator.</b>			

**Maitri AIDS Hospice**  
**Maitri Compassionate Care**

**Appendix B-10a**  
**04/01/2026 - 03/31/2027**  
**RWPB**

Brief job duties	Spvs mental hlth volunteers; coordinates administrative aspects of vols work; arranges trauma-informed, harm reduction, therapeutic communication training for vols and direct svcs staff; co- facilitates mental hlth group meetings w residents.				
Min Qualifications	Community Health Worker certification; 3 years experience supervising and developing volunteers.				
	\$47,840.00	0.02926	12	1	\$ 1,400

Staff Position 9:	<b>Aftercare Coordinator.</b>				
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.				
	\$65,000.00	0.02154	12	1	\$ 1,400

Staff Position 10:	<b>Kitchen Staff/Cook.</b>				
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.				
	\$40,588.41	0.11826	12	1	\$ 4,800

Staff Position 11:	<b>Facility Custodian.</b>				
Brief job duties	Clean resident rooms (sweep, mop, dust wipe 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.				
	\$40,000.00	0.19250	12	1	\$ 7,700

Staff Position 12:	<b>Therapist, ACSW.</b>				
Brief job duties	Intensive mental hlth clint svcs; inform potential residents w drug/alcohol use behaviors re harm reduction practice; meet w residents if behavior impacts tx goals or comm stability; work w Prog Dir for continued develop. of mental hlth prog; provide support & updates; on-call/after-hours crisis mngt support to team.				
Min Qualifications	ACSW (w outside clin spvsn), LCSW or LMFT, masters in behavrl hlth; 3 ys clin exp; 3 ys wrkg w vulnerable pops (AOD & SPMI).				
	\$83,430.00	0.19178	12	1	\$ 16,000
	<b>Total FTE:</b>	<b>6.21882</b>		<b>Total Salaries:</b>	<b>\$ 421,821</b>

1b) EMPLOYEE FRINGE BENEFITS:	Component	Cost
	Social Security	\$ 32,269
	Retirement	\$ 5,062
	Medical	\$ 46,400
	Unemployment Insurance	\$ 4,218
	Disability Insurance	\$ 3,178
	Workers compensation	\$ 10,491
	<b>Fringe Benefit %:</b>	<b>24.0903%</b>
	<b>Total Fringe Benefit:</b>	<b>101,618</b>
	<b>TOTAL SALARIES &amp; FRINGE BENEFITS:</b>	<b>523,439</b>

2) OPERATING EXPENSES:	
Occupancy:	Brief Description
Utilities	Utilities, Medical Waste, Monitoring, Repairs, Pest Control (\$108,057/yr).
Telecom	Telephone and telecommunications (\$22,387/yr).
	<b>Total Occupancy:</b>
	<b>17,550</b>



**Maitri AIDS Hospice**  
**Maitri Compassionate Care**

**Appendix B-10a**  
**04/01/2026 - 03/31/2027**  
**RWPB**

<b>Materials &amp; Supplies</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Supplies	Program and office supplies (\$30,200/yr).	\$30,200 x 16.29%	4,920
<b>Total Materials &amp; Supplies:</b>			<b>4,920</b>

<b>General Operating:</b>	<b>Brief Description</b>	<b>Rate</b>	<b>Cost</b>
Insurance	Business Insurance (\$26,500).	\$26,500 x 30.189%	8,000
<b>Total General Operating:</b>			<b>8,000</b>

<b>Subcontractor</b>	<b>Service Description</b>	<b>Rate</b>
NurseRegistry	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 or other clinical care.	LVN: T1-\$90/hr, T2-\$120/hr; RN: T1-\$130/hr, T2-\$170/hr
Twomagnets, Inc. (DBA Clipboard Health)		CG: \$30/hr; CNA: \$33/hr; LVN: \$54/hr; RN: \$70/hr
Brightstar		CNA: \$40/hr; LVN: \$75/hr; RN: \$99/hr
Arcadia		CNA: \$34-\$54/hour; LVN: \$65-\$102/hour
U.N.I.		\$120/hr
CareLinx, Inc.		CNA: \$32/hr; LVN: \$52/hr; RN: \$72/hr
VitaWerks, Inc.		CNA: \$30/hour, LVN: \$50/hour, RN: \$70/hour

**ALL SUBCONTRACTOR HOURLY RATES ABOVE ARE SUBJECT TO HOURLY INCREASES FOR OVERTIME AND/OR PAY DIFFERENTIAL FOR SHIFT/HOLIDAY/HAZARD/RUSH/WKD PAY RATES AS APPLICABLE PER EACH SUBCONTRACTOR'S CONTRACTS.**

**Total Consultants/Subcontractors:** **50,000**

<b>TOTAL OPERATING EXPS:</b>	<b>80,470</b>
<b>TOTAL DIRECT COSTS:</b>	<b>603,909</b>

**4) INDIRECT COSTS**

Agency administrative costs allocated based on total direct cost of each activity benefited.	53,144
<b>Indirect Rate:</b>	<b>8.80%</b>
<b>TOTAL INDIRECT COSTS:</b>	<b>53,144</b>
<b>TOTAL EXPENSES:</b>	<b>657,053</b>

## APPENDIX E



San Francisco Department of Public Health  
Business Associate Agreement

This Business Associate Agreement (“BAA”) supplements and is made a part of the contract by and between the City and County of San Francisco, the Covered Entity (“CE”), and Contractor, the Business Associate (“BA”) (the “Agreement”). To the extent that the terms of the Agreement are inconsistent with the terms of this BAA, the terms of this BAA shall control.

**RECITALS**

A. CE, by and through the San Francisco Department of Public Health (“SFDPH”), wishes to disclose certain information to BA pursuant to the terms of the Agreement, some of which may constitute Protected Health Information (“PHI”) (defined below).

B. For purposes of the Agreement, CE requires Contractor, even if Contractor is also a covered entity under HIPAA, to comply with the terms and conditions of this BAA as a BA of CE.

C. CE and BA intend to protect the privacy and provide for the security of PHI disclosed to BA pursuant to the Agreement in compliance with the Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 (“HIPAA”), the Health Information Technology for Economic and Clinical Health Act, Public Law 111-005 (“the HITECH Act”), and regulations promulgated there under by the U.S. Department of Health and Human Services (the “HIPAA Regulations”) and other applicable laws, including, but not limited to, California Civil Code §§ 56, et seq., California Health and Safety Code § 1280.15, California Civil Code §§ 1798, et seq., California Welfare & Institutions Code §§5328, et seq., and the regulations promulgated there under (the “California Regulations”).

D. As part of the HIPAA Regulations, the Privacy Rule and the Security Rule (defined below) require CE to enter into a contract containing specific requirements with BA prior to the disclosure of PHI, as set forth in, but not limited to, Title 45, Sections 164.314(a), 164.502(a) and (e) and 164.504(e) of the Code of Federal Regulations (“C.F.R.”) and contained in this BAA.

E. BA enters into agreements with CE that require the CE to disclose certain identifiable health information to BA. The parties desire to enter into this BAA to permit BA to have access to such information and comply with the BA requirements of HIPAA, the HITECH Act, and the corresponding Regulations.

In consideration of the mutual promises below and the exchange of information pursuant to this BAA, the parties agree as follows:

**1. Definitions.**

a. **Breach** means the unauthorized acquisition, access, use, or disclosure of PHI that compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information, and shall have the meaning given to such term under the HITECH Act and HIPAA Regulations [42 U.S.C. Section 17921 and 45 C.F.R. Section 164.402], as well as California Civil Code Sections 1798.29 and 1798.82.

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**b. Breach Notification Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and D.

**c. Business Associate** is a person or entity that performs certain functions or activities that involve the use or disclosure of protected health information received from a covered entity, but other than in the capacity of a member of the workforce of such covered entity or arrangement, and shall have the meaning given to such term under the Privacy Rule, the Security Rule, and the HITECH Act, including, but not limited to, 42 U.S.C. Section 17938 and 45 C.F.R. Section 160.103.

**d. Covered Entity** means a health plan, a health care clearinghouse, or a health care provider who transmits any information in electronic form in connection with a transaction covered under HIPAA Regulations, and shall have the meaning given to such term under the Privacy Rule and the Security Rule, including, but not limited to, 45 C.F.R. Section 160.103.

**e. Data Aggregation** means the combining of Protected Information by the BA with the Protected Information received by the BA in its capacity as a BA of another CE, to permit data analyses that relate to the health care operations of the respective covered entities, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

**f. Designated Record Set** means a group of records maintained by or for a CE, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

**g. Electronic Protected Health Information** means Protected Health Information that is maintained in or transmitted by electronic media and shall have the meaning given to such term under HIPAA and the HIPAA Regulations, including, but not limited to, 45 C.F.R. Section 160.103. For the purposes of this BAA, Electronic PHI includes all computerized data, as defined in California Civil Code Sections 1798.29 and 1798.82.

**h. Electronic Health Record** means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff, and shall have the meaning given to such term under the HITECH Act, including, but not limited to, 42 U.S.C. Section 17921.

**i. Health Care Operations** shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.501.

**j. Privacy Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and E.

**k. Protected Health Information or PHI** means any information, including electronic PHI, whether oral or recorded in any form or medium: (i) that relates to the past, present or future physical or mental condition of an individual; the provision of health care to an individual; or the past, present or future payment for the provision of health care to an individual; and (ii) that identifies the individual or

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with respect to which there is a reasonable basis to believe the information can be used to identify the individual, and shall have the meaning given to such term under the Privacy Rule, including, but not limited to, 45 C.F.R. Sections 160.103 and 164.501. For the purposes of this BAA, PHI includes all medical information and health insurance information as defined in California Civil Code Sections 56.05 and 1798.82.

**l. Protected Information** shall mean PHI provided by CE to BA or created, maintained, received or transmitted by BA on CE's behalf.

**m. Security Incident** means the attempted or successful unauthorized access, use, disclosure, modification, or destruction of information or interference with system operations in an information system, and shall have the meaning given to such term under the Security Rule, including, but not limited to, 45 C.F.R. Section 164.304.

**n. Security Rule** shall mean the HIPAA Regulation that is codified at 45 C.F.R. Parts 160 and 164, Subparts A and C.

**o. Unsecured PHI** means PHI that is not secured by a technology standard that renders PHI unusable, unreadable, or indecipherable to unauthorized individuals and is developed or endorsed by a standards developing organization that is accredited by the American National Standards Institute, and shall have the meaning given to such term under the HITECH Act and any guidance issued pursuant to such Act including, but not limited to, 42 U.S.C. Section 17932(h) and 45 C.F.R. Section 164.402.

## 2. Obligations of Business Associate.

**a. Attestations.** Except when CE's data privacy officer exempts BA in writing, the BA shall complete the following forms, attached and incorporated by reference as though fully set forth herein, SFDPH Attestations for Privacy (Attachment 1) and Data Security (Attachment 2) within sixty (60) calendar days from the execution of the Agreement. If CE makes substantial changes to any of these forms during the term of the Agreement, the BA will be required to complete CE's updated forms within sixty (60) calendar days from the date that CE provides BA with written notice of such changes. BA shall retain such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

**b. User Training.** The BA shall provide, and shall ensure that BA subcontractors, provide, training on PHI privacy and security, including HIPAA and HITECH and its regulations, to each employee or agent that will access, use or disclose Protected Information, upon hire and/or prior to accessing, using or disclosing Protected Information for the first time, and at least annually thereafter during the term of the Agreement. BA shall maintain, and shall ensure that BA subcontractors maintain, records indicating the name of each employee or agent and date on which the PHI privacy and security trainings were completed. BA shall retain, and ensure that BA subcontractors retain, such records for a period of seven years after the Agreement terminates and shall make all such records available to CE within 15 calendar days of a written request by CE.

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**c. Permitted Uses.** BA may use, access, and/or disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. Further, BA shall not use Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so used by CE. However, BA may use Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE [45 C.F.R. Sections 164.502, 164.504(e)(2), and 164.504(e)(4)(i)].

**d. Permitted Disclosures.** BA shall disclose Protected Information only for the purpose of performing BA's obligations for, or on behalf of, the City and as permitted or required under the Agreement and BAA, or as required by law. BA shall not disclose Protected Information in any manner that would constitute a violation of the Privacy Rule or the HITECH Act if so disclosed by CE. However, BA may disclose Protected Information as necessary (i) for the proper management and administration of BA; (ii) to carry out the legal responsibilities of BA; (iii) as required by law; or (iv) for Data Aggregation purposes relating to the Health Care Operations of CE. If BA discloses Protected Information to a third party, BA must obtain, prior to making any such disclosure, (i) reasonable written assurances from such third party that such Protected Information will be held confidential as provided pursuant to this BAA and used or disclosed only as required by law or for the purposes for which it was disclosed to such third party, and (ii) a written agreement from such third party to immediately notify BA of any breaches, security incidents, or unauthorized uses or disclosures of the Protected Information in accordance with paragraph 2 (n) of this BAA, to the extent it has obtained knowledge of such occurrences [42 U.S.C. Section 17932; 45 C.F.R. Section 164.504(e)]. BA may disclose PHI to a BA that is a subcontractor and may allow the subcontractor to create, receive, maintain, or transmit Protected Information on its behalf, if the BA obtains satisfactory assurances, in accordance with 45 C.F.R. Section 164.504(e)(1), that the subcontractor will appropriately safeguard the information [45 C.F.R. Section 164.502(e)(1)(ii)].

**e. Prohibited Uses and Disclosures.** BA shall not use or disclose Protected Information other than as permitted or required by the Agreement and BAA, or as required by law. BA shall not use or disclose Protected Information for fundraising or marketing purposes. BA shall not disclose Protected Information to a health plan for payment or health care operations purposes if the patient has requested this special restriction, and has paid out of pocket in full for the health care item or service to which the Protected Information solely relates [42 U.S.C. Section 17935(a) and 45 C.F.R. Section 164.522(a)(1)(vi)]. BA shall not directly or indirectly receive remuneration in exchange for Protected Information, except with the prior written consent of CE and as permitted by the HITECH Act, 42 U.S.C. Section 17935(d)(2), and the HIPAA regulations, 45 C.F.R. Section 164.502(a)(5)(ii); however, this prohibition shall not affect payment by CE to BA for services provided pursuant to the Agreement.

**f. Appropriate Safeguards.** BA shall take the appropriate security measures to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the CE, and shall prevent any use or disclosure of PHI other than as permitted by the Agreement or this

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BAA, including, but not limited to, administrative, physical and technical safeguards in accordance with the Security Rule, including, but not limited to, 45 C.F.R. Sections 164.306, 164.308, 164.310, 164.312, 164.314 164.316, and 164.504(e)(2)(ii)(B). BA shall comply with the policies and procedures and documentation requirements of the Security Rule, including, but not limited to, 45 C.F.R. Section 164.316, and 42 U.S.C. Section 17931. BA is responsible for any civil penalties assessed due to an audit or investigation of BA, in accordance with 42 U.S.C. Section 17934(c).

**g. Business Associate's Subcontractors and Agents.** BA shall ensure that any agents and subcontractors that create, receive, maintain or transmit Protected Information on behalf of BA, agree in writing to the same restrictions and conditions that apply to BA with respect to such PHI and implement the safeguards required by paragraph 2.f. above with respect to Electronic PHI [45 C.F.R. Section 164.504(e)(2) through (e)(5); 45 C.F.R. Section 164.308(b)]. BA shall mitigate the effects of any such violation.

**h. Accounting of Disclosures.** Within ten (10) calendar days of a request by CE for an accounting of disclosures of Protected Information or upon any disclosure of Protected Information for which CE is required to account to an individual, BA and its agents and subcontractors shall make available to CE the information required to provide an accounting of disclosures to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.528, and the HITECH Act, including but not limited to 42 U.S.C. Section 17935 (c), as determined by CE. BA agrees to implement a process that allows for an accounting to be collected and maintained by BA and its agents and subcontractors for at least seven (7) years prior to the request. However, accounting of disclosures from an Electronic Health Record for treatment, payment or health care operations purposes are required to be collected and maintained for only three (3) years prior to the request, and only to the extent that BA maintains an Electronic Health Record. At a minimum, the information collected and maintained shall include: (i) the date of disclosure; (ii) the name of the entity or person who received Protected Information and, if known, the address of the entity or person; (iii) a brief description of Protected Information disclosed; and (iv) a brief statement of purpose of the disclosure that reasonably informs the individual of the basis for the disclosure, or a copy of the individual's authorization, or a copy of the written request for disclosure [45 C.F.R. 164.528(b)(2)]. If an individual or an individual's representative submits a request for an accounting directly to BA or its agents or subcontractors, BA shall forward the request to CE in writing within five (5) calendar days.

**i. Access to Protected Information.** BA shall make Protected Information maintained by BA or its agents or subcontractors in Designated Record Sets available to CE for inspection and copying within (5) days of request by CE to enable CE to fulfill its obligations under state law [Health and Safety Code Section 123110] and the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.524 [45 C.F.R. Section 164.504(e)(2)(ii)(E)]. If BA maintains Protected Information in electronic format, BA shall provide such information in electronic format as necessary to enable CE to fulfill its obligations under the HITECH Act and HIPAA Regulations, including, but not limited to, 42 U.S.C. Section 17935(e) and 45 C.F.R. 164.524.

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**j. Amendment of Protected Information.** Within ten (10) days of a request by CE for an amendment of Protected Information or a record about an individual contained in a Designated Record Set, BA and its agents and subcontractors shall make such Protected Information available to CE for amendment and incorporate any such amendment or other documentation to enable CE to fulfill its obligations under the Privacy Rule, including, but not limited to, 45 C.F.R. Section 164.526. If an individual requests an amendment of Protected Information directly from BA or its agents or subcontractors, BA must notify CE in writing within five (5) days of the request and of any approval or denial of amendment of Protected Information maintained by BA or its agents or subcontractors [45 C.F.R. Section 164.504(e)(2)(ii)(F)].

**k. Governmental Access to Records.** BA shall make its internal practices, books and records relating to the use and disclosure of Protected Information available to CE and to the Secretary of the U.S. Department of Health and Human Services (the "Secretary") for purposes of determining BA's compliance with HIPAA [45 C.F.R. Section 164.504(e)(2)(ii)(I)]. BA shall provide CE a copy of any Protected Information and other documents and records that BA provides to the Secretary concurrently with providing such Protected Information to the Secretary.

**l. Minimum Necessary.** BA, its agents and subcontractors shall request, use and disclose only the minimum amount of Protected Information necessary to accomplish the intended purpose of such use, disclosure, or request. [42 U.S.C. Section 17935(b); 45 C.F.R. Section 164.514(d)]. BA understands and agrees that the definition of "minimum necessary" is in flux and shall keep itself informed of guidance issued by the Secretary with respect to what constitutes "minimum necessary" to accomplish the intended purpose in accordance with HIPAA and HIPAA Regulations.

**m. Data Ownership.** BA acknowledges that BA has no ownership rights with respect to the Protected Information.

**n. Notification of Breach.** BA shall notify CE within 5 calendar days of any breach of Protected Information; any use or disclosure of Protected Information not permitted by the BAA; any Security Incident (except as otherwise provided below) related to Protected Information, and any use or disclosure of data in violation of any applicable federal or state laws by BA or its agents or subcontractors. The notification shall include, to the extent possible, the identification of each individual whose unsecured Protected Information has been, or is reasonably believed by the BA to have been, accessed, acquired, used, or disclosed, as well as any other available information that CE is required to include in notification to the individual, the media, the Secretary, and any other entity under the Breach Notification Rule and any other applicable state or federal laws, including, but not limited, to 45 C.F.R. Section 164.404 through 45 C.F.R. Section 164.408, at the time of the notification required by this paragraph or promptly thereafter as information becomes available. BA shall take (i) prompt corrective action to cure any deficiencies and (ii) any action pertaining to unauthorized uses or disclosures required by applicable federal and state laws. [42 U.S.C. Section 17921; 42 U.S.C. Section 17932; 45 C.F.R. 164.410; 45 C.F.R. Section 164.504(e)(2)(ii)(C); 45 C.F.R. Section 164.308(b)]

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**o. Breach Pattern or Practice by Business Associate's Subcontractors and Agents.**

Pursuant to 42 U.S.C. Section 17934(b) and 45 C.F.R. Section 164.504(e)(1)(iii), if the BA knows of a pattern of activity or practice of a subcontractor or agent that constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA, the BA must take reasonable steps to cure the breach or end the violation. If the steps are unsuccessful, the BA must terminate the contractual arrangement with its subcontractor or agent, if feasible. BA shall provide written notice to CE of any pattern of activity or practice of a subcontractor or agent that BA believes constitutes a material breach or violation of the subcontractor or agent's obligations under the Contract or this BAA within five (5) calendar days of discovery and shall meet with CE to discuss and attempt to resolve the problem as one of the reasonable steps to cure the breach or end the violation.

**3. Termination.**

**a. Material Breach.** A breach by BA of any provision of this BAA, as determined by CE, shall constitute a material breach of the Agreement and this BAA and shall provide grounds for immediate termination of the Agreement and this BAA, any provision in the AGREEMENT to the contrary notwithstanding. [45 C.F.R. Section 164.504(e)(2)(iii).]

**b. Judicial or Administrative Proceedings.** CE may terminate the Agreement and this BAA, effective immediately, if (i) BA is named as defendant in a criminal proceeding for a violation of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws or (ii) a finding or stipulation that the BA has violated any standard or requirement of HIPAA, the HITECH Act, the HIPAA Regulations or other security or privacy laws is made in any administrative or civil proceeding in which the party has been joined.

**c. Effect of Termination.** Upon termination of the Agreement and this BAA for any reason, BA shall, at the option of CE, return or destroy all Protected Information that BA and its agents and subcontractors still maintain in any form, and shall retain no copies of such Protected Information. If return or destruction is not feasible, as determined by CE, BA shall continue to extend the protections and satisfy the obligations of Section 2 of this BAA to such information, and limit further use and disclosure of such PHI to those purposes that make the return or destruction of the information infeasible [45 C.F.R. Section 164.504(e)(2)(ii)(J)]. If CE elects destruction of the PHI, BA shall certify in writing to CE that such PHI has been destroyed in accordance with the Secretary's guidance regarding proper destruction of PHI. Per the Secretary's guidance, the City will accept destruction of electronic PHI in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Media Sanitization. The City will accept destruction of PHI contained in paper records by shredding, burning, pulping, or pulverizing the records so that the PHI is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

**d. Civil and Criminal Penalties.** BA understands and agrees that it is subject to civil or criminal penalties applicable to BA for unauthorized use, access or disclosure of Protected Information in accordance with the HIPAA Regulations and the HITECH Act including, but not limited to, 42 U.S.C. 17934 (c).



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**e. Disclaimer.** CE makes no warranty or representation that compliance by BA with this BAA, HIPAA, the HITECH Act, or the HIPAA Regulations or corresponding California law provisions will be adequate or satisfactory for BA's own purposes. BA is solely responsible for all decisions made by BA regarding the safeguarding of PHI.

**4. Amendment to Comply with Law.**

The parties acknowledge that state and federal laws relating to data security and privacy are rapidly evolving and that amendment of the Agreement or this BAA may be required to provide for procedures to ensure compliance with such developments. The parties specifically agree to take such action as is necessary to implement the standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations and other applicable state or federal laws relating to the security or confidentiality of PHI. The parties understand and agree that CE must receive satisfactory written assurance from BA that BA will adequately safeguard all Protected Information. Upon the request of either party, the other party agrees to promptly enter into negotiations concerning the terms of an amendment to this BAA embodying written assurances consistent with the updated standards and requirements of HIPAA, the HITECH Act, the HIPAA regulations or other applicable state or federal laws. CE may terminate the Agreement upon thirty (30) days written notice in the event (i) BA does not promptly enter into negotiations to amend the Agreement or this BAA when requested by CE pursuant to this section or (ii) BA does not enter into an amendment to the Agreement or this BAA providing assurances regarding the safeguarding of PHI that CE, in its sole discretion, deems sufficient to satisfy the standards and requirements of applicable laws.

**5. Reimbursement for Fines or Penalties.**

In the event that CE pays a fine to a state or federal regulatory agency, and/or is assessed civil penalties or damages through private rights of action, based on an impermissible access, use or disclosure of PHI by BA or its subcontractors or agents, then BA shall reimburse CE in the amount of such fine or penalties or damages within thirty (30) calendar days from City's written notice to BA of such fines, penalties or damages.

Attachment 1 – SFDPH Privacy Attestation, version 06-07-2017

Attachment 2 – SFDPH Data Security Attestation, version 06-07-2017

Office of Compliance and Privacy Affairs  
San Francisco Department of Public Health  
101 Grove Street, Room 330, San Francisco, CA 94102  
Email: [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org)  
Hotline (Toll-Free): 1-855-729-6040

Contractor Name:		Contractor City Vendor ID	
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## PRIVACY ATTESTATION

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions below in Section IV on how to request clarification or obtain an exception.

### I. All Contractors.

DOES YOUR ORGANIZATION...							Yes	No*
A	Have formal Privacy Policies that comply with the Health Insurance Portability and Accountability Act (HIPAA)?						<input type="checkbox"/>	<input type="checkbox"/>
B	Have a Privacy Officer or other individual designated as the person in charge of investigating privacy breaches or related incidents?						<input type="checkbox"/>	<input type="checkbox"/>
	If yes:	Name & Title:		Phone #		Email:		
C	Require health information Privacy Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH privacy training materials are available for use; contact OCPA at 1-855-729-6040.]						<input type="checkbox"/>	<input type="checkbox"/>
D	Have proof that employees have signed a form upon hire and annually thereafter, with their name and the date, acknowledging that they have received health information privacy training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						<input type="checkbox"/>	<input type="checkbox"/>
E	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						<input type="checkbox"/>	<input type="checkbox"/>
F	Assure that staff who create, or transfer health information (via laptop, USB/thumb-drive, handheld), have prior supervisorial authorization to do so <b>AND</b> that health information is <b>only transferred or created on encrypted devices approved by SFDPH Information Security staff?</b>						<input type="checkbox"/>	<input type="checkbox"/>

### II. Contractors who serve patients/clients and have access to SFDPH PHI, must also complete this section.

If Applicable: DOES YOUR ORGANIZATION...							Yes	No*
G	Have (or will have if/when applicable) evidence that SFDPH Service Desk (628-206-SERV) was notified to de-provision employees who have access to SFDPH health information record systems within 2 business days for regular terminations and within 24 hours for terminations due to cause?						<input type="checkbox"/>	<input type="checkbox"/>
H	Have evidence in each patient's / client's chart or electronic file that a <a href="#">Privacy Notice</a> that meets HIPAA regulations was provided in the patient's / client's preferred language? (English, Cantonese, Vietnamese, Tagalog, Spanish, Russian forms may be required and are available from SFDPH.)						<input type="checkbox"/>	<input type="checkbox"/>
I	Visibly post the Summary of the Notice of Privacy Practices in all six languages in common patient areas of your treatment facility?						<input type="checkbox"/>	<input type="checkbox"/>
J	Document each disclosure of a patient's/client's health information for purposes <u>other than</u> treatment, payment, or operations?						<input type="checkbox"/>	<input type="checkbox"/>
K	When required by law, have proof that signed authorization for disclosure forms (that meet the requirements of the HIPAA Privacy Rule) are obtained PRIOR to releasing a patient's/client's health information?						<input type="checkbox"/>	<input type="checkbox"/>

**III. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Privacy Officer or designated person	Name: (print)		Signature		Date	
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**IV. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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Contractor Name:		Contractor City Vendor ID	
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## DATA SECURITY ATTESTATION

**INSTRUCTIONS:** Contractors and Partners who receive or have access to health or medical information or electronic health record systems maintained by SFDPH must complete this form. Retain completed Attestations in your files for a period of 7 years. Be prepared to submit completed attestations, along with evidence related to the following items, if requested to do so by SFDPH.

**Exceptions:** If you believe that a requirement is Not Applicable to you, see instructions in Section III below on how to request clarification or obtain an exception.

### I. All Contractors.

DOES YOUR ORGANIZATION...						Yes	No*
A	Conduct assessments/audits of your data security safeguards to demonstrate and document compliance with your security policies and the requirements of HIPAA/HITECH at least every two years? [Retain documentation for a period of 7 years]						
B	Use findings from the assessments/audits to identify and mitigate known risks into documented remediation plans?						
	Date of last Data Security Risk Assessment/Audit:						
	Name of firm or person(s) who performed the Assessment/Audit and/or authored the final report:						
C	Have a formal Data Security Awareness Program?						
D	Have formal Data Security Policies and Procedures to detect, contain, and correct security violations that comply with the Health Insurance Portability and Accountability Act (HIPAA) and the Health Information Technology for Economic and Clinical Health Act (HITECH)?						
E	Have a Data Security Officer or other individual designated as the person in charge of ensuring the security of confidential information?						
	If yes:	Name & Title:		Phone #	Email:		
F	Require Data Security Training upon hire and annually thereafter for all employees who have access to health information? [Retain documentation of trainings for a period of 7 years.] [SFDPH data security training materials are available for use; contact OCPA at 1-855-729-6040.]						
G	Have proof that employees have signed a form upon hire and annually, or regularly, thereafter, with their name and the date, acknowledging that they have received data security training? [Retain documentation of acknowledgement of trainings for a period of 7 years.]						
H	Have (or will have if/when applicable) Business Associate Agreements with subcontractors who create, receive, maintain, transmit, or access SFDPH's health information?						
I	Have (or will have if/when applicable) a diagram of how SFDPH data flows between your organization and subcontractors or vendors (including named users, access methods, on-premise data hosts, processing systems, etc.)?						

**II. ATTEST:** Under penalty of perjury, I hereby attest that to the best of my knowledge the information herein is true and correct and that I have authority to sign on behalf of and bind Contractor listed above.

ATTESTED by Data Security Officer or designated person	Name: (print)		Signature		Date	
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**III. \*EXCEPTIONS:** If you have answered "NO" to any question or believe a question is Not Applicable, please contact OCPA at **1-855-729-6040** or [compliance.privacy@sfdph.org](mailto:compliance.privacy@sfdph.org) for a consultation. All "No" or "N/A" answers must be reviewed and approved by OCPA below.

EXCEPTION(S) APPROVED by OCPA	Name (print)		Signature		Date	
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**DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE**

APPENDIX F-2i  
04/01/2025 - 03/31/2026  
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 #:**

**Contract ID #**  
1000006124

**Invoice Number**  
A-1APR25

**Contract Purchase Order No:**

**Funding Source:** RWPB (State/SAM)

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Invoice Period:** 04/1/25 - 04/30/25

**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
mental health individual hr	528	16							528	16
mental health therapy group hr	240	16							240	16
mental health aftercare individual hr	96	8							96	8
mental health aftercare group therapy hr	144	12							144	12

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	16				16

EXPENDITURES	BUDGET	EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$68,500				\$68,500.00
Fringe Benefits	\$13,700				\$13,700.00
<b>Total Personnel Expenses</b>	<b>\$82,200</b>				<b>\$82,200.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)					
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,200				\$1,200.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$3,880				\$3,880.00
<b>Total Operating Expenses</b>	<b>\$5,080</b>				<b>\$5,080.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$87,280</b>				<b>\$87,280.00</b>
Indirect Expenses	\$7,720				\$7,720.00
<b>TOTAL EXPENSES</b>	<b>\$95,000</b>				<b>\$95,000.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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](mailto:aidsoffice@sfdph.org)

**ATTN: Accounts Payable**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



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

APPENDIX F-2j  
04/01/2026 - 03/31/2027  
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 #:**

**Contract ID #**  
1000006124

**Invoice Number**  
A-1APR26

**Contract Purchase Order No:**

**Funding Source:** RWPB (State/SAM)

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Invoice Period:** 04/1/26 - 04/30/26

**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
mental health individual hr	528	16							528	16
mental health therapy group hr	240	16							240	16
mental health aftercare individual hr	96	8							96	8
mental health aftercare group therapy hr	144	12							144	12

	UDC	UDC	UDC	UDC	UDC
Unduplicated Clients for Appendix	16				16

EXPENDITURES	BUDGET		EXPENSES THIS PERIOD	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
Total Salaries (See Page B)	\$68,500					\$68,500.00
Fringe Benefits	\$13,700					\$13,700.00
<b>Total Personnel Expenses</b>	<b>\$82,200</b>					<b>\$82,200.00</b>
Operating Expenses:						
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)						
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	\$1,200					\$1,200.00
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)						
<b>Staff Travel</b> - (e.g., Local & Out of Town)						
<b>Consultant/Subcontractor</b>						
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)	\$3,880					\$3,880.00
<b>Total Operating Expenses</b>	<b>\$5,080</b>					<b>\$5,080.00</b>
<b>Capital Expenditures</b>						
<b>TOTAL DIRECT EXPENSES</b>	<b>\$87,280</b>					<b>\$87,280.00</b>
Indirect Expenses	\$7,720					\$7,720.00
<b>TOTAL EXPENSES</b>	<b>\$95,000</b>					<b>\$95,000.00</b>
<b>LESS: Initial Payment Recovery</b>						
<b>Other Adjustments</b> (Enter as negative, if appropriate)						
<b>REIMBURSEMENT</b>						

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](mailto:aidsoffice@sfdph.org)

**ATTN: Accounts Payable**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_





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

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

<b>Contractor:</b> Maitri AIDS Hospice <b>Address:</b> 401 Duboce Avenue San Francisco, CA 94117  <b>Telephone:</b> 415-558-3000 <b>Fax:</b> 415-558-3010  <b>Program Name:</b> Maitri Compassionate Care  <b>ACE Control #:</b> <input style="width: 150px;" type="text"/>	<div style="border: 1px solid black; padding: 5px; width: 80px; margin: 0 auto;"> <b>HHS</b> </div>	<b>Contract ID #</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">1000006124</div>  <b>Invoice Number</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">A-1MAR23</div>  <b>Contract Purchase Order No:</b> <input style="width: 150px;" type="text"/>  <b>Funding Source:</b> <div style="border: 1px solid black; padding: 2px; text-align: center;">RWPA</div>  <b>Department ID-Authority ID:</b> <input style="width: 150px;" type="text"/>  <b>Project ID-Activity ID:</b> <input style="width: 150px;" type="text"/>  <b>Invoice Period:</b> <div style="border: 1px solid black; padding: 2px; text-align: center; color: red;">03/1/23 - 03/31/23</div>  <b>FINAL Invoice</b> <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
Professional Patient Days	2,628	20							2,628	20
Paraprofessional Patient Days	2,628	20							2,628	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)	\$447,670				\$447,670.00
Fringe Benefits	\$107,441				\$107,441.00
<b>Total Personnel Expenses</b>	<b>\$555,111</b>				<b>\$555,111.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	<b>\$23,250</b>				<b>\$23,250.00</b>
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	<b>\$23,250</b>				<b>\$23,250.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$578,361</b>				<b>\$578,361.00</b>
Indirect Expenses	\$50,901				\$50,901.00
<b>TOTAL EXPENSES</b>	<b>\$629,262</b>				<b>\$629,262.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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: <a href="mailto:aidsoffice@sfdph.org">aidsoffice@sfdph.org</a>	By: _____ (DPH Authorized Signatory)	Date: _____
<b>ATTN: Accounts Payable</b>		



**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

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

**Program Name:** Maitri Compassionate Care

**ACE Control #:**

**Contract ID #**  
1000006124

**Invoice Number**  
A-1APR23

**Contract Purchase Order No:**

**Funding Source:** RWPB (State/SAM)

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**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	20							1,168	20
Paraprofessional Patient Days	1,168	20							1,168	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)	\$437,860					\$437,860.00
Fringe Benefits	\$105,080					\$105,080.00
<b>Total Personnel Expenses</b>	<b>\$542,940</b>					<b>\$542,940.00</b>
Operating Expenses:						
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	<b>\$17,550</b>					<b>\$17,550.00</b>
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	<b>\$4,920</b>					<b>\$4,920.00</b>
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	<b>\$8,000</b>					<b>\$8,000.00</b>
<b>Staff Travel</b> - (e.g., Local & Out of Town)						
<b>Consultant/Subcontractor</b>	<b>\$30,500</b>					<b>\$30,500.00</b>
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)						
<b>Total Operating Expenses</b>	<b>\$60,970</b>					<b>\$60,970.00</b>
<b>Capital Expenditures</b>						
<b>TOTAL DIRECT EXPENSES</b>	<b>\$603,910</b>					<b>\$603,910.00</b>
Indirect Expenses	<b>\$53,143</b>					<b>\$53,143.00</b>
<b>TOTAL EXPENSES</b>	<b>\$657,053</b>					<b>\$657,053.00</b>
<b>LESS: Initial Payment Recovery</b>						
<b>Other Adjustments</b> (Enter as negative, if appropriate)						
<b>REIMBURSEMENT</b>						

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: <a href="mailto:aidsoffice@sfdph.org">aidsoffice@sfdph.org</a>	By: _____	Date: _____
<b>ATTN: Accounts Payable</b>	(DPH Authorized Signatory)	



DEPARTMENT OF PUBLIC HEALTH CONTRACTOR  
MONTHLY DELIVERABLES AND COST REIMBURSEMENT INVOICE

APPENDIX F-8  
03/01/2024 - 02/28/2025  
PAGE A

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

Contract ID #  
1000006124

Invoice Number  
A-1MAR24

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

HHS

Contract Purchase Order No:

Program Name: Maitri Compassionate Care

Funding Source: RWPA

ACE Control #:

Department ID-Authority ID:

Project ID-Activity ID:

Invoice Period: 03/1/24 - 03/31/24

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	20							2,628	20
paraprofessional patient days	2,628	20							2,628	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)	\$447,670				\$447,670.00
Fringe Benefits	\$107,441				\$107,441.00
<b>Total Personnel Expenses</b>	\$555,111				\$555,111.00
Operating Expenses:					
Occupancy-(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	\$23,250				\$23,250.00
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)					
<b>Total Operating Expenses</b>	\$23,250				\$23,250.00
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	\$578,361				\$578,361.00
Indirect Expenses	\$50,901				\$50,901.00
<b>TOTAL EXPENSES</b>	\$629,262				\$629,262.00
LESS: Initial Payment Recovery			NOTES:		
Other Adjustments (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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)

ATTN: Accounts Payable

Date: \_\_\_\_\_



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

APPENDIX F-8a  
04/01/2024 - 03/31/2025  
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 #:**

**Contract ID #**  
1000006124

**Invoice Number**  
A-1APR24

**Contract Purchase Order No:**

**Funding Source:** RWPB

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Invoice Period:** 04/1/24 - 04/30/24

**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	20							1,168	20
paraprofessional patient days	1,168	20							1,168	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)	\$421,821				\$421,821.00
Fringe Benefits	\$101,618				\$101,618.00
<b>Total Personnel Expenses</b>	<b>\$523,439</b>				<b>\$523,439.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	<b>\$17,550</b>				<b>\$17,550.00</b>
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	<b>\$4,920</b>				<b>\$4,920.00</b>
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	<b>\$8,000</b>				<b>\$8,000.00</b>
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	<b>\$50,000</b>				<b>\$50,000.00</b>
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	<b>\$80,470</b>				<b>\$80,470.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$603,909</b>				<b>\$603,909.00</b>
Indirect Expenses	\$53,144				\$53,144.00
<b>TOTAL EXPENSES</b>	<b>\$657,053</b>				<b>\$657,053.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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](mailto:aidsoffice@sfdph.org)

**ATTN: Accounts Payable**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_





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

APPENDIX F-9  
03/01/2025 - 02/28/2026  
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 #:**

**Contract ID #**  
1000006124

**Invoice Number**  
A-1MAR25

**Contract Purchase Order No:**

**Funding Source:** RWPA

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Invoice Period:** 03/1/25 - 03/31/25

**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	20							2,628	20
paraprofessional patient days	2,628	20							2,628	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)	\$447,670					\$447,670.00
Fringe Benefits	\$107,441					\$107,441.00
<b>Total Personnel Expenses</b>	<b>\$555,111</b>					<b>\$555,111.00</b>
Operating Expenses:						
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	<b>\$23,250</b>					<b>\$23,250.00</b>
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)						
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)						
<b>Staff Travel</b> - (e.g., Local & Out of Town)						
<b>Consultant/Subcontractor</b>						
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)						
<b>Total Operating Expenses</b>	<b>\$23,250</b>					<b>\$23,250.00</b>
<b>Capital Expenditures</b>						
<b>TOTAL DIRECT EXPENSES</b>	<b>\$578,361</b>					<b>\$578,361.00</b>
Indirect Expenses	\$50,901					\$50,901.00
<b>TOTAL EXPENSES</b>	<b>\$629,262</b>					<b>\$629,262.00</b>
<b>LESS: Initial Payment Recovery</b>						
<b>Other Adjustments</b> (Enter as negative, if appropriate)						
<b>REIMBURSEMENT</b>						

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](mailto:aidsoffice@sfdph.org)

**ATTN: Accounts Payable**

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



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

APPENDIX F-9a  
04/01/2025 - 03/31/2026  
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 #:**

**Contract ID #**  
1000006124

**HHS**

**Invoice Number**  
A-1APR25

**Contract Purchase Order No:**

**Funding Source:**  RWPB

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Invoice Period:**  04/1/25 - 04/30/25

**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	20							1,168	20
paraprofessional patient days	1,168	20							1,168	20

	UDC	UDC	UDC	UDC	UDC
<b>Unduplicated Clients for Appendix</b>	20				20

EXPENDITURES	BUDGET		EXPENSES THIS PERIOD		EXPENSES TO DATE		% OF BUDGET		REMAINING BALANCE	
Total Salaries (See Page B)	\$421,821								\$421,821.00	
Fringe Benefits	\$101,618								\$101,618.00	
<b>Total Personnel Expenses</b>	<b>\$523,439</b>								<b>\$523,439.00</b>	
Operating Expenses:										
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	<b>\$17,550</b>								<b>\$17,550.00</b>	
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	<b>\$4,920</b>								<b>\$4,920.00</b>	
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	<b>\$8,000</b>								<b>\$8,000.00</b>	
<b>Staff Travel</b> - (e.g., Local & Out of Town)										
<b>Consultant/Subcontractor</b>	<b>\$50,000</b>								<b>\$50,000.00</b>	
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)										
<b>Total Operating Expenses</b>	<b>\$80,470</b>								<b>\$80,470.00</b>	
<b>Capital Expenditures</b>										
<b>TOTAL DIRECT EXPENSES</b>	<b>\$603,909</b>								<b>\$603,909.00</b>	
Indirect Expenses	<b>\$53,144</b>								<b>\$53,144.00</b>	
<b>TOTAL EXPENSES</b>	<b>\$657,053</b>								<b>\$657,053.00</b>	
<b>LESS: Initial Payment Recovery</b>										
<b>Other Adjustments</b> (Enter as negative, if appropriate)										
<b>REIMBURSEMENT</b>										

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.

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Title: \_\_\_\_\_

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By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

**ATTN: Accounts Payable**



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

APPENDIX F-10  
03/01/2026 - 02/28/2027  
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 #:**

**Contract ID #**  
1000006124

**Invoice Number**  
A-1MAR26

**Contract Purchase Order No:**

**Funding Source:**  RWPA

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Invoice Period:**  03/1/26 - 03/31/26

**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	20							2,628	20
paraprofessional patient days	2,628	20							2,628	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)	\$447,670				\$447,670.00
Fringe Benefits	\$107,441				\$107,441.00
<b>Total Personnel Expenses</b>	<b>\$555,111</b>				<b>\$555,111.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	<b>\$23,250</b>				<b>\$23,250.00</b>
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)					
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)					
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>					
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	<b>\$23,250</b>				<b>\$23,250.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$578,361</b>				<b>\$578,361.00</b>
Indirect Expenses	\$50,901				\$50,901.00
<b>TOTAL EXPENSES</b>	<b>\$629,262</b>				<b>\$629,262.00</b>
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<b>REIMBURSEMENT</b>					

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Title: \_\_\_\_\_

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By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_



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

APPENDIX F-10a  
04/01/2026 - 03/31/2027  
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 #:**

**Contract ID #**  
1000006124

**Invoice Number**  
A-1APR26

**Contract Purchase Order No:**

**Funding Source:** RWPB

**Department ID-Authority ID:**

**Project ID-Activity ID:**

**Invoice Period:** 04/1/26 - 04/30/26

**FINAL Invoice** ☐ (check if Yes)

DELIVERABLES	TOTAL CONTRACTED UOS	UDC	DELIVERED THIS PERIOD UOS	UDC	DELIVERED TO DATE UOS	UDC	% OF TOTAL UOS	UDC	REMAINING DELIVERABLES UOS	UDC
professional patient days	1,168	20							1,168	20
paraprofessional patient days	1,168	20							1,168	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)	\$421,821				\$421,821.00
Fringe Benefits	\$101,618				\$101,618.00
<b>Total Personnel Expenses</b>	<b>\$523,439</b>				<b>\$523,439.00</b>
Operating Expenses:					
<b>Occupancy</b> -(e.g., Rental of Property, Utilities, Building Maintenance Supplies and Repairs)	<b>\$17,550</b>				<b>\$17,550.00</b>
<b>Materials and Supplies</b> -(e.g., Office, Postage, Printing and Repro., Program Supplies)	<b>\$4,920</b>				<b>\$4,920.00</b>
<b>General Operating</b> -(e.g., Insurance, Staff Training, Equipment Rental/Maintenance)	<b>\$8,000</b>				<b>\$8,000.00</b>
<b>Staff Travel</b> - (e.g., Local & Out of Town)					
<b>Consultant/Subcontractor</b>	<b>\$50,000</b>				<b>\$50,000.00</b>
<b>Other</b> - (Meals, Audit, Transportation Reimb, Stipends, Facilitators)					
<b>Total Operating Expenses</b>	<b>\$80,470</b>				<b>\$80,470.00</b>
<b>Capital Expenditures</b>					
<b>TOTAL DIRECT EXPENSES</b>	<b>\$603,909</b>				<b>\$603,909.00</b>
Indirect Expenses	<b>\$53,144</b>				<b>\$53,144.00</b>
<b>TOTAL EXPENSES</b>	<b>\$657,053</b>				<b>\$657,053.00</b>
<b>LESS: Initial Payment Recovery</b>					
<b>Other Adjustments</b> (Enter as negative, if appropriate)					
<b>REIMBURSEMENT</b>					

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Send to: [aidsoffice@sfdph.org](mailto:aidsoffice@sfdph.org)

By: \_\_\_\_\_  
(DPH Authorized Signatory)

Date: \_\_\_\_\_

**ATTN: Accounts Payable**





## **APPENDIX K**

### **Data Access and Sharing Terms**

#### **Article 1 Access**

##### **1.1 Revision to Scope of Access (RSA):**

Any added access may be granted by the City to Agency and each Agency Data User through a Revision to Scope of Access in writing and executed by both parties. Any Revision to Scope of Access shall be considered a part of and incorporated into this Agreement, governed by all its terms, by reference.

##### **1.2 Primary and Alternate Agency Site Administrator.**

Before System(s) access is granted, Agency must appoint a primary and alternate Agency Site Administrator responsible for System(s) access tasks, including but not limited to the following:

1.2.1 Completing and obtaining City approval of the Account Provisioning Request documents and/or Data Set Request documents;

1.2.2 Communicating with the SFDPH IT Service Desk;

1.2.3 Providing Agency Data User(s) details to the City;

1.2.4 Ensuring that Agency Data User(s) complete required SFDPH trainings annually;

1.2.5 Ensuring that Agency Data User(s) understand and execute SFDPH's data access confidentiality agreement; and

1.2.6 Provisioning and deprovisioning Agency Data Users as detailed herein. To start the process, the Agency Site Administrator must contact the SFDPH IT Service Desk at 628-206-7378, [dph.helpdesk@sfdph.org](mailto:dph.helpdesk@sfdph.org).

##### **1.3 SFDPH IT Service Desk.**

For new provisioning requests, only Agency Site Administrators are authorized to contact the SFDPH IT Service Desk. The City reserves the right to decline any call placed by other than the Agency Site Administrator. Individual Agency Data Users are not authorized to contact the SFDPH IT Service Desk.

##### **1.4 Deprovisioning Schedule.**

Agency, through the Agency Site Administrator, has sole responsibility to deprovision Agency Data Users from the System(s) as appropriate on an ongoing basis. Agency must immediately deprovision an Agency Data User upon any event ending that Data User's need to access the System(s), including job duty change and/or termination. Agency remains liable for the conduct of Agency Data Users until deprovisioned. When deprovisioning employees via the SFDPH IT Service Desk, Agency must maintain evidence that the SFDPH IT Service Desk was notified.

##### **1.5 Active Directory.**

Agency Data Users will need an SFDPH Active Directory account in order to access each System(s). These Active Directory Accounts will be created as part of the provisioning process.

##### **1.6 Role Based Access.**

Each Agency Data User's access to the System(s) will be role-based and access is limited to that necessary for treatment, payment, and health care operations. The City will assign Agency Data User roles upon provisioning and reserves the right to deny, revoke, limit, or modify Agency Data User's access acting in its sole discretion.

#### **1.7 Training Requirements.**

Before System(s) access is granted, and annually thereafter, each Agency Data User must complete SFDPH compliance, privacy, and security training. Agency must maintain written records evidencing such annual training for each Agency Data User and provide copies upon request to the City. For questions about how to complete SFDPH's compliance, privacy, and security training, contact Compliance.Privacy@sfdph.org, (855) 729-6040.

Before Agency Data User first access to System(s), system-specific training must be completed. For training information, Agency Site Administrator may contact the SFDPH IT Service Desk,

#### **1.8 Agency Data User Confidentiality Agreement.**

Before System(s) access is granted, as part of SFDPH's compliance, privacy, and security training, each Agency Data User must complete SFDPH's individual user confidentiality, data security and electronic signature agreement form. The agreement must be renewed annually.

#### **1.9 Corrective Action.**

Agency shall take corrective action, including but not limited to termination and/or suspension of any System(s) access by any Agency Data User who acts in violation of this Agreement and/or applicable regulatory requirements.

#### **1.10 User ID and Password.**

Each Agency Data User will be assigned or create a User ID and password. Agency and each Agency Data User shall protect the confidentiality of User IDs and passwords and shall not divulge them to any other person(s). Agency is responsible for the security of the User IDs and passwords issued to or created by Agency Data Users and is liable for any misuse.

#### **1.11 Notification of Compromised Password.**

In the event that a password assigned to or created by an Agency Data User is compromised or disclosed to a person other than the Agency Data User, Agency shall upon learning of the compromised password immediately notify the City, at Compliance.Privacy@sfdph.org, (855) 729-6040. Agency is liable for any such misuse. Agency's failure to monitor each Agency Data User's ID and/or password use shall provide grounds for the City to terminate and/or limit Agency's System(s) access.

#### **1.12 Multi Factor Authentication.**

Agency and each Agency Data User must use multi-factor authentication as directed by the City to access the System(s).

#### **1.13 Qualified Personnel.**

Agency shall allow only qualified personnel under Agency's direct supervision to act as Agency Data Users with access to the System(s).

#### **1.14 Workstation/Laptop encryption.**

All workstations and laptops that process and/or store City Data must be encrypted using a current industry standard algorithm. The encryption solution must be full disk unless approved by the SFDPH Information Security Office.

#### **1.15 Server Security.**

Servers containing unencrypted City Data must have sufficient administrative, physical, and technical controls in place to protect that data, based upon a risk assessment/system security review.

#### **1.16 Removable media devices.**

All electronic files that contain City Data must be encrypted using a current industry standard algorithm when stored on any removable media or portable device (i.e. USB thumb drives, CD/DVD, smart devices tapes etc.).

#### **1.17 Antivirus software.**

All workstations, laptops and other systems that process and/or store City Data must install and actively use a comprehensive anti-virus software solution with automatic updates scheduled at least daily.

#### **1.18 Patch Management.**

All workstations, laptops and other systems that process and/or store City Data must have operating system and application security patches applied, with system reboot if necessary. There must be a documented patch management process that determines installation timeframe based on risk assessment and vendor recommendations.

#### **1.19 System Timeout.**

The system must provide an automatic timeout, requiring reauthentication of the user session after no more than 20 minutes of inactivity.

#### **1.20 Warning Banners.**

All systems containing City Data must display a warning banner each time a user attempts access, stating that data is confidential, systems are logged, and system use is for business purposes only. User must be directed to log off the system if they do not agree with these requirements.

#### **1.21 Transmission encryption.**

All data transmissions of City Data outside the Agency's secure internal network must be encrypted using a current industry standard algorithm. Encryption can be end to end at the network level, or the data files containing City Data can be encrypted. This requirement pertains to any type of City Data in motion such as website access, file transfer, and e-mail.

#### **1.22 No Faxing/Mailing.**

City Data may not be faxed or mailed.

#### **1.23 Intrusion Detection.**

All systems involved in accessing, holding, transporting, and protecting City Data that are accessible via the Internet must be protected by a comprehensive intrusion detection and prevention solution.  
of the City.

#### **1.24 Security of PHI.**

Agency is solely responsible for maintaining data security policies and procedures, consistent with those of the City that will adequately safeguard the City Data and the System. Upon request, Agency will provide such security policies and procedures to the City. The City may examine annually, or in response to a security or privacy incident, Agency's facilities, computers, privacy and security policies and procedures and related records as may be necessary to be assured that Agency is in compliance with the terms of this Agreement, and as applicable HIPAA, the HITECH Act, and other federal and state privacy and security laws and regulations. Such examination will occur at a mutually acceptable time agreed upon by the parties but no later than ten (10) business days of Agency's receipt of the request.

#### **1.25 Data Security and City Data**

Agency shall provide security for its networks and all internet connections consistent with industry best practices, and will promptly install all patches, fixes, upgrades, updates and new versions of any security software it employs. For information disclosed in electronic form, Agency agrees that appropriate safeguards include electronic barriers (e.g., "firewalls", Transport Layer Security (TLS), Secure Socket Layer [SSL] encryption, or most current industry standard encryption, intrusion prevention/detection or similar barriers).

#### **1.26 Data Privacy and Information Security Program.**

Without limiting Agency's obligation of confidentiality as further described herein, Agency shall be responsible for establishing and maintaining a data privacy and information security program, including physical, technical, administrative, and organizational safeguards, that is designed to: (i) ensure the security and confidentiality of the City Data; (ii) protect against any anticipated threats or hazards to the security or integrity of the City Data; (iii) protect against unauthorized disclosure, access to, or use of the City Data; (iv) ensure the proper disposal of City Data; and, (v) ensure that all of Agency's employees, agents, and subcontractors, if any, comply with all of the foregoing. In no case shall the safeguards of Agency's data privacy and information security program be less stringent than the safeguards and standards recommended by the National Institute of Standards and Technology (NIST) Cybersecurity Framework and the Health Information Technology for Economic and Clinical Health Act (HITECH).

#### **1.27 Disaster Recovery.**

Agency must establish a documented plan to protect the security of electronic City Data in the event of an emergency. Emergency means any circumstance or situation that causes normal computer operations to become unavailable for use in performing the work required under this agreement for more than 24 hours.

#### **1.28 Supervision of Data.**

City Data in paper form shall not be left unattended at any time, unless it is locked in a file cabinet, file room, desk or office. Unattended means that information is not being observed by an Agency Data User authorized to access the information. City Data in paper form shall not be left unattended at any time in vehicles or planes and shall not be checked in baggage on commercial airplanes.

#### **1.29 As Is Access.**

The City provides Agency and each Agency Data User with System(s) access on an "as is" basis with no guarantee as to uptime, accessibility, or usefulness. To the fullest extent permissible by applicable law, the City disclaims all warranties, express or implied, including, without limitation, implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.

### **1.30 No Technical or Administrative Support.**

Except as provided herein, the City will provide no technical or administrative support to Agency or Agency Data Users for System(s) access.

### **1.31 City Audit of Agency and Agency Data Users.**

The City acting in its sole discretion may audit Agency and Agency Data Users at any time. If an audit reveals an irregularity or security issue, the City may take corrective action including but not limited to termination of such Agency's and/or Agency Data User's access to the System(s) permanently or until the City determines that all irregularities have been satisfactorily cured. Agency and each Agency Data User understands that the City may create and review an audit trail for each Agency Data User, including but not limited to, noting each Agency Data User's ID(s), the patient information accessed, and/or the date accessed. Agency and each Agency Data User understands that any inappropriate access or use of patient information, as determined by the City, may result in the temporary and/or permanent termination of Agency's or such Agency Data User's access to the System(s). Agency remains liable for all inappropriate System(s) access, misuse and/or breach of patient information, whether in electronic or hard-copy form.

### **1.32 Minimum Necessary.**

Agency and each Agency Data User shall safeguard the confidentiality of all City Data that is viewed or obtained through the System(s) at all times. Agency and each Agency Data User shall access patient information in the System(s) only to the minimum extent necessary for its assigned duties and shall only disclose such information to persons authorized to receive it, as minimally necessary for treatment, payment and health care operations.

### **1.33 No Re-Disclosure or Reporting.**

Agency may not in any way re-disclose SFDPH Data or otherwise prepare reports, summaries, or any other material (in electronic or hard-copy format) regarding or containing City Data for transmission to any other requesting individuals, agencies, or organizations without prior written City approval and where such re-disclosure is otherwise permitted or required by law.

### **1.34 Health Information Exchange.**

If Agency is qualified to enroll in a health information exchange, the City encourages Agency to do so in order to facilitate the secure exchange of data between Agency's electronic health record system (EHR) and the City's Epic EHR.

### **1.35 Subcontracting.**

Agency may not subcontract any portion of Data Access Agreement, except upon prior written approval of City. If the City approves a subcontract, Agency remains fully responsible for its subcontractor(s) throughout the term and/or after expiration of this Agreement. All Subcontracts must incorporate the terms of this Data Access Agreement. To the extent that any subcontractor would have access to a System, each such subcontractor's access must be limited and subject to the same governing terms to the same extent as Agency's access. In addition, each contract between Agency and that subcontractor must, except as the City otherwise agrees, include a Business Associate Agreement requiring such subcontractor to comply with all regulatory requirements regarding third-party access, and include a provision obligating that subcontractor to (1) defend, indemnify, and hold the City harmless in the event of a data

breach in the same manner in which Agency would be so obligated, (2) provide cyber with limits identified in Article 5, and (3) ensure that such data has been destroyed, returned, and/or protected as provided by HIPAA at the expiration of the subcontract term.

## **Article 2      Indemnity**

### **2.1      Medical Malpractice Indemnification.**

Agency recognizes that the System(s) is a sophisticated tool for use only by trained personnel, and it is not a substitute for competent human intervention and discretionary thinking. Therefore, if providing patient treatment, Agency agrees that it will:

- (a) Read information displayed or transmitted by the System accurately and completely;
- (b) Ensure that Agency Data Users are trained on the use of the System;
- (c) Be responsible for decisions made based on the use of the System;
- (d) Verify the accuracy of all information accessed through the System using applicable standards of good medical practice to no less a degree than if Agency were using paper records;
- (e) Report to the City as soon as reasonably practicable all data errors and suspected problems related to the System that Agency knows or should know could adversely affect patient care;
- (f) Follow industry standard business continuity policies and procedures that will permit Agency to provide patient care in the event of a disaster or the System unavailability;
- (g) Use the System only in accordance with applicable standards of good medical practice.

Agency agrees to indemnify, hold harmless and defend City from any claim by or on behalf of any patient, or by or on behalf of any other third party or person claiming damage by virtue of a familial or financial relationship with such a patient, regardless of the cause, if such claim in any way arises out of or relates to patient care or outcomes based on Agency's or an Agency Data User's System access.

## **Article 3      Proprietary Rights and Data Breach**

### **3.1      Ownership of City Data.**

The Parties agree that as between them, all rights, including all intellectual property rights in and to the City Data and any derivative works of the City Data shall remain the exclusive property of the City.

### **3.2      Data Breach; Loss of City Data.**

The Agency shall notify City immediately by telephone call plus email upon the discovery of a breach (as herein). For purposes of this Section, breaches and security incidents shall be treated as discovered by Agency as of the first day on which such breach or security incident is known to the Agency, or, by exercising reasonable diligence would have been known to the Agency. Agency shall be deemed to have knowledge of a breach if such breach is known, or by exercising reasonable diligence would have been known, to any person, other than the person committing the breach, who is an employee or agent of the Agency.

Agency shall take:

- i. prompt corrective action to mitigate any risks or damages involved with the breach or security incident and to protect the operating environment; and

- ii. any action pertaining to a breach required by applicable federal and state laws.

**3.2.1 Investigation of Breach and Security Incidents:** The Agency shall immediately investigate such breach or security incident. As soon as the information is known and shall inform the City of:

- i. what data elements were involved, and the extent of the data disclosure or access involved in the breach, including, specifically, the number of individuals whose personal information was breached; and
- ii. a description of the unauthorized persons known or reasonably believed to have improperly used the City Data and/or a description of the unauthorized persons known or reasonably believed to have improperly accessed or acquired the City Data, or to whom it is known or reasonably believed to have had the City Data improperly disclosed to them; and
- iii. a description of where the City Data is believed to have been improperly used or disclosed; and
- iv. a description of the probable and proximate causes of the breach or security incident; and
- v. whether any federal or state laws requiring individual notifications of breaches have been triggered.

**3.2.2 Written Report:** Agency shall provide a written report of the investigation to the City as soon as practicable after the discovery of the breach or security incident. The report shall include, but not be limited to, the information specified above, as well as a complete, detailed corrective action plan, including information on measures that were taken to halt and/or contain the breach or security incident, and measures to be taken to prevent the recurrence or further disclosure of data regarding such breach or security incident.

**3.2.3 Notification to Individuals:** If notification to individuals whose information was breached is required under state or federal law, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. make notification to the individuals affected by the breach (including substitute notification), pursuant to the content and timeliness provisions of such applicable state or federal breach notice laws. Agency shall inform the City of the time, manner and content of any such notifications, prior to the transmission of such notifications to the individuals; or
- ii. cooperate with and assist City in its notification (including substitute notification) to the individuals affected by the breach.

**3.2.4 Sample Notification to Individuals:** If notification to individuals is required, and regardless of whether Agency is considered only a custodian and/or non-owner of the City Data, Agency shall, at its sole expense, and at the sole election of City, either:

- i. electronically submit a single sample copy of the security breach notification as required to the state or federal entity and inform the City of the time, manner and content of any such submissions, prior to the transmission of such submissions to the Attorney General; or
- ii. cooperate with and assist City in its submission of a sample copy of the notification to the Attorney General.



### **3.3 Media Communications**

City shall conduct all media communications related to such Data Breach, unless in its sole discretion, City directs Agency to do so.

## **Attachment 1 to Appendix K System Specific Requirements**

### **I. For Access to SFDPH Epic through Care Link the following terms shall apply:**

#### **A. SFDPH Care Link Requirements:**

##### **1. Connectivity.**

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Care Link will change over time. Current required browser, system and connection requirements can be found on the Target Platform Roadmap and Target Platform Notes sections of the Epic Galaxy website [galaxy.epic.com](http://galaxy.epic.com). Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

##### **2. Compliance with Epic Terms and Conditions.**

- a) Agency will at all times access and use the System strictly in accordance with the Epic Terms and Conditions. The following Epic Care Link Terms and Conditions are embedded within the SFDPH Care Link application, and each Data User will need to agree to them electronically upon first sign-in before accessing SFDPH Care Link:

##### **3. Epic-Provided Terms and Conditions**

- a) Some short, basic rules apply to you when you use your EpicCare Link account. Please read them carefully. The Epic customer providing you access to EpicCare Link may require you to accept additional terms, but these are the rules that apply between you and Epic.
- b) Epic is providing you access to EpicCare Link, so that you can do useful things with data from an Epic customer's system. This includes using the information accessed through your account to help facilitate care to patients shared with an Epic customer, tracking your referral data, or otherwise using your account to further your business interests in connection with data from an Epic customer's system. However, you are not permitted to use your access to EpicCare Link to help you or another organization develop software that is similar to EpicCare Link. Additionally, you agree not to share your account information with anyone outside of your organization.

### **II. For Access to SFDPH Epic through Epic Hyperspace and Epic Hyperdrive the following terms shall apply:**

#### **A. SFDPH Epic Hyperspace and Epic Hyperdrive:**

##### **1. Connectivity.**

- a) Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by Epic and SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH Epic Hyperspace will change over time. Epic Hyperdrive is a web-based platform that will replace Epic Hyperspace in the future. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all

associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

**2. Application For Access and Compliance with Epic Terms and Conditions.**

- a) Prior to entering into agreement with SFDPH to access SFDPH Epic Hyperspace or Epic Hyperdrive, Agency must first complete an Application For Access with Epic Systems Corporation of Verona, WI. The Application For Access is found at: <https://userweb.epic.com/Forms/AccessApplication>. Epic Systems Corporation must notify SFDPH, in writing, of Agency's permissions to access SFDPH Epic Hyperspace or Epic Hyperdrive prior to completing this agreement. Agency will at all times access and use the system strictly in accordance with the Epic Terms and Conditions.

**III. For Access to SFDPH myAvatar through WebConnect and VDI the following terms shall apply:**

**A. SFDPH myAvatar via WebConnect and VDI:**

**1. Connectivity.**

- a. Agency must obtain and maintain connectivity and network configuration and required hardware and equipment in accordance with specifications provided by SFDPH and must update the configuration of all first and third-party software as required. Technical equipment and software specifications for accessing SFDPH myAvatar will change over time. You may request a copy of current required browser, system and connection requirements from the SFDPH IT team. Agency is responsible for all associated costs. Agency shall ensure that Agency Data Users access the System only through equipment owned or leased and maintained by Agency.

**2. Information Technology (IT) Support.**

- a. Agency must have qualified and professional IT support who will participate in quarterly CBO Technical Workgroups.

**3. Access Control.**

- a. Access to the BHS Electronic Health Record is granted based on clinical and business requirements in accordance with the Behavioral Health Services EHR Access Control Policy (6.00-06). The Access Control Policy is found at: <https://www.sfdph.org/dph/files/CBHSPolProcMnl/6.00-06.pdf>
- b. Each user is unique and agrees not to share accounts or passwords.
- c. Applicants must complete the myAvatar Account Request Form found at [https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar\\_Account\\_Request\\_Form.pdf](https://www.sfdph.org/dph/files/CBHSdocs/BHISdocs/UserDoc/Avatar_Account_Request_Form.pdf)
- d. Applicants must complete the credentialling process in accordance with the DHCS MHSUDS Information Notice #18-019.
- e. Applicants must complete myAvatar Training.
- f. Level of access is based on "Need to Know", job duties and responsibilities.

## Attachment 2 to Appendix K

### Protected Information Destruction Order Purge Certification - Contract ID # 1000006124

In accordance with section 3.c (Effect of Termination) of the Business Associate Agreement, attached as Appendix E to the Agreement between the City and Contractor dated July 1<sup>st</sup>, 2017 (“Agreement”), the City hereby directs Contractor to destroy all Protected Information that Contractor and its agents and subcontractors (collectively “Contractor”) still maintain in any form. Contractor may retain no copies of destroyed Protected Information.” Destruction must be in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

**Electronic Data:** Per the Secretary’s guidance, the City will accept destruction of electronic Protected Information in accordance with the standards enumerated in the NIST SP 800-88, Guidelines for Data Sanitization (“NIST”).

**Hard-Copy Data:** Per the Secretary’s guidance, the City will accept destruction of Protected Information contained in paper records by shredding, burning, pulping, or pulverizing the records so that the Protected Information is rendered unreadable, indecipherable, and otherwise cannot be reconstructed.

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Contractor hereby certifies that Contractor has destroyed all Protected Information as directed by the City in accordance with the guidance of the Secretary of the U.S. Department of Health and Human Services (“Secretary”) regarding proper destruction of PHI.

### So Certified

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Michael Armentrout

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Title: Executive Director

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Date: