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

Second Amendment

THIS AMENDMENT (this "Amendment") is made as of September 22, 2020, in San Francisco, California, by and between UC DSAAM ("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 continue services to provide addiction treatment and reduce dangers of drug abuse by extending the performance period, increase the contract amount, and update standard contractual clauses; and

WHEREAS, the Agreement was competitively procured as required by San Francisco Administrative Code Chapter 21.1 through RFP 26-2016, issued on September 27, 2016 and this modification is consistent therewith; and

WHEREAS, approval for this Amendment was obtained when the Civil Service Commission approved Contract number 48652-16/17 on December 16, 2019;

WHEREAS, approval for Amendment One was obtained when the Board of Supervisors approved Resolution number 328-20 on July 8, 2020; and

WHEREAS, approval for this Ame	endment Two was obtained who	en the Board of
Supervisors approved Resolution number _	on	; and

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, 2018 (Contract ID# 1000010465), between Contractor and City.

First amendment, dated July 1, 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 **Article 2.1** Term of the *First Amendment* currently reads as follows:

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2021, unless earlier terminated as otherwise provided herein.

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

The term of this Agreement shall commence on July 1, 2018 and expire on June 30, 2027, unless earlier terminated as otherwise provided herein.

- 2.2 **Article 3, Section 3.3.1** Compensation of the *First Amendment* currently reads as follows:
 - 3.3.1 **Payment**. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Thirteen Million Nine Hundred Ninety Eight Thousand Nine Hundred Forty Five Dollars (\$13,998,945). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. 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:

3.3.1 **Payment**. Compensation shall be made in monthly payments on or before the 30th day of each month for work, as set forth in Section 4 of this Agreement, that the Director of Public Health, concludes has been performed as of the last day of the immediately preceding month. In no event shall the amount of this Agreement exceed Forty Four Million Two Hundred Twenty Six Thousand Nine Hundred Ninety Eight (\$44,226,998). The breakdown of costs associated with this Agreement appears in Appendix B, "Calculation of Charges," attached hereto and incorporated by reference as though fully set forth herein. In no event shall City be liable for interest or late charges for any late payments.

P-650 (6-16; DPH 4-18) Contract ID#: 1000010465 The Appendices listed below are Amended as follows:

- 2.3 Delete Appendix B, and replace in its entirety with Appendix B to Agreement as amended. Dated: 9/28/2020.
- 2.4 Delete Appendix F to Agreement as amended, and replace in its entirety with Appendix F. Dated: 9/28/2020.

Article 3 Effective Date

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

Article 4 Legal Effect

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

P-650 (6-16; DPH 4-18) Contract ID#: 1000010465 IN WITNESS WHEREOF, Contractor and City have executed this Amendment as of the date first referenced above.

CITY Recommended by:	CONTRACTOR The Regents of the University of California, A Constitutional Corporation, on behalf of its San Francisco Campus
Grant Colfax, MD Director of Health Department of Public Health	Carlein fag
	Catherine Lagarde
	Contracts and Grants Managed Contracts
A	3333 California Street, Suite 315
Approved as to Form:	San Francisco, CA 94143-0962
Dennis J. Herrera City Attorney	Supplier ID number: : 000012358
By:	
Deputy City Attorney	
Approved:	
Sailaja Kurella	
Acting Director of the Office of Contract	

Administration, and Purchaser

Appendix B Calculation of Charges

1. Method of Payment

A. Contractor shall submit monthly invoices by the fifteenth (15th) working day of each month, in the format attached in Appendix F, based upon the number of units of service that were delivered in the immediately preceding month. All deliverables associated with the Services listed in Section 2 of Appendix A, times the unit rate as shown in the Program Budgets listed in Section 2 of Appendix B shall be reported on the invoice(s) each month

2. Program Budgets and Final Invoice

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

Budget Summary

Appendix A-1 Opiate Treatment Outpatient Program (OTOP) Opiate Treatment Outpatient Program (OTOP) Bayview Van Appendix A-2 Office-Based Buprenorphine Induction Clinic (OBIC) Appendix A-3 Office Based Opiate Treatment (OBOT) Tom Waddell (TW) Appendix A-4 Office Based Opiate Treatment (OBOT) Potrero Hill (PH) Appendix A-5 Appendix A-6 Office Based Opiate Treatment (OBOT) Positive Health Program Office Based Opiate Treatment - ZSFG Pharmacy Appendix A-7 **OBOT CBHS Pharmacy** Appendix A-8 **CBHS OTOP Ancillary** Appendix A-9

B. Contractor understands that, of the maximum dollar obligation listed in Section 5 of this Agreement, \$3,297,606 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:

Term	Funding Source	Amount
July 1, 2018 – June 30, 2019	Federal Drug Medi-Cal, State and General	\$4,289,328
	Funds	
July 1, 2019 – June 30, 2020	Federal Drug Medi-Cal, State and General	\$4,580,008
	Funds	
July 1, 2020 – June 30, 2021	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2021 – June 30, 2022	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2022 – June 30, 2023	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2023 – June 30, 2024	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2024 – June 30, 2025	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2025 – June 30, 2026	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
July 1, 2026 – June 30, 2027	Federal Drug Medi-Cal, State and General Funds	\$4,580,008
	Contingency	\$3,297,606
	(This equals the total NTE) Total:	\$44,226,998

- 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 sixty (60) calendar days following the closing date of the Agreement, and shall include only those Services rendered during the referenced period of performance. If Services are not invoiced during this period, all unexpended funding set aside for this Agreement will revert to City. City's final reimbursement to the Contractor at the close of the Agreement period shall be adjusted to conform to actual units certified multiplied by the unit rates identified in the Program Budgets attached hereto, and shall not exceed the total amount authorized and certified for this Agreement.

3. State or Federal Medi-Cal Revenues

1. CONTRACTOR understands and agrees that should the CITY'S payment to CONTACTOR under this Agreement include State or Federal Medi-Cal revenues, CONTRACTOR shall expend such revenues in the provision of SERVICES to Medi-Cal eligible clients in accordance with CITY, State, and Federal Medi-Cal regulations. Should CONTRACTOR fail to expend budgeted

Appendix B FSP: 1000010465 Medi-Cal revenues herein, the CITY'S maximum dollar obligation to CONTRACTOR shall be proportionally reduced in the amount of such unexpended revenues. In no event shall State/Federal Medi-Cal revenues be used for clients who do not qualify for Medi-Cal reimbursement.

2. CONTRACTOR further understands and agrees that any State or Federal Medi-Cal funding in this Agreement subject to authorized Federal Financial Participation (FFP) is an estimate, and actual amounts will be determined based on actual services and actual costs, subject to the total compensation amount shown in this A greement.

Appendix B 3 of 3 UCSF DSAAM FSP: 1000010465 September 28, 2020 Amendment Two

Appendix B - DPH 1: Department of Public Health Contract Budget Summary

																		Аррє	endix B, Page 1
Legal Entity Name/Contractor Name	UCSF DSA	ΑM	I														Fiscal Year		2019-2020
Contract ID Number	1000010465														Funding N	lotif	ication Date		10/25/19
Appendix Number	B-1		B-2		B-3		B-4		B-5		B-6		B-7		B-8		B-9		
Provider Number	383813		383813	Ĺ	383813		388923		383813 383813			389147	388922		383813				
					_							l		l			Ancillary		
Program Name	OTOP	Ba	yview Van	<u> </u>	OBIC	0	DBOT TW	_(OBOT PH	OF	BOT PHP	ZS	SFG Pharm	CB	HS Pharm		Services		
	00404		- 2404						74404		22404	l	- 2404	l		38	134, 72134,		
Program Code	38134		72134	•	3921HS-OP	—	75134	⊢	74134	—	86134		76134		77134	—	87134		
Funding Term FUNDING USES	07/01/2019-06/30/2020	07/01	1/2019-06/30/2020	07/	7/01/2019-06/30/2020	07/0	01/2019-06/30/2020	07/0	7/01/2019-06/30/2020	07/01	01/2019-06/30/2020	07/0	01/2019-06/30/2020	07/01	1/2019-06/30/2020	07/0	01/2019-06/30/2020		TOTAL
Salaries	\$ 999,455	0	182,515	•	661,567	\$	6,731	4	4,777	•		\$	50,602	4	28,259	6	786,044	•	2,719,950
Employee Benefits		\$		\$		\$	2,692					\$		\$	11,375		314,417		1,092,798
Subtotal Salaries & Employee Benefits		\$	255,977	\$		\$	9,423					\$	70,969		39,634		,	\$	3,812,748
Operating Expenses		\$		\$	· · · · · · · · · · · · · · · · · · ·	\$	204	\$				\$		\$	1,286	\$		\$	276,544
Capital Expenses	Φ 133, 4 70	φ	14,201	φ	00,353	φ	207	φ	۷۱٦	φ	330	Ψ	2,100	Ψ	1,200	φ	30,233	\$	210,344
Subtotal Direct Expenses	¢ 1 555 206	\$	270,258	\$	994,243	\$	9,627	•	6,914	•	338	\$	73,072	\$	40 920	6	1,138,714	•	4,089,292
Indirect Expenses		\$		\$	119,309		1,155	_				\$	8,769		4,910		136,646		490,716
Indirect Expenses	12.0%		12.0%	Ψ	12.0%	Ψ	12.0%	Ψ	12.0%		12.0%	Ψ	12.0%		12.0%	Ψ	12.0%	Ψ	12.0%
TOTAL FUNDING USES	\$ 1,741,832			\$	1,113,552	\$	10,782	\$				\$		\$		\$	1,275,360	\$	4,580,008
TOTAL TOTAL TOTAL SOLO	Ψ 1,1 41,002	Ť	302,000	Ť	1,110,002	Ť	10,702	Ť	1,13.	Ť	0,0	Ť	01,05.	Employee Benefits Rate					40.2%
BHS MENTAL HEALTH FUNDING SOURCES					_										Linpio		Jilonto i tato		
BIO MENTAL HEALTH FORDING GOOKGES																		\$	
TOTAL BHS MENTAL HEALTH FUNDING SOURCES	\$ -	\$	_	\$		\$	_	\$; <u> </u>	\$	_	\$	_	\$		\$	_	\$	-
BHS SUD FUNDING SOURCES	Ť	Ť		Ť				Ť		Ť		Ť		Ť		Ť		Ť	
SUD Fed SABG Discretionary, CFDA 93.959				\$	16.000													\$	16,000
SUD Fed DMC FFP, CFDA 93.778	\$ 938,926	\$	163,163			\$	4,172	\$	2,947	\$	228	\$	31,040	\$	17,382			\$	1,320,358
SUD State DMC	\$ 505,575		87,857			\$	2,246					\$	16,714		9,359			\$	710,961
SUD County General Fund		\$	51,669		847,552		4,364					\$	34,087			\$	1,275,360	\$	2,532,689
-														I				\$	-
TOTAL BHS SUD FUNDING SOURCES	\$ 1,741,832	\$	302,689	\$	1,113,552	\$	10,782	\$	7,744	\$	378	\$	81,841	\$	45,830	\$	1,275,360	\$	4,580,008
OTHER DPH FUNDING SOURCES																			
																		\$	-
TOTAL OTHER DPH FUNDING SOURCES	\$ -	\$		\$		\$	-	\$		\$	-	\$	-	\$	-	\$	-	\$	-
TOTAL DPH FUNDING SOURCES	\$ 1,741,832	\$	302,689	\$	1,113,552	\$	10,782	\$	7,744	\$	378	\$	81,841	\$	45,830	\$	1,275,360	\$	4,580,008
NON-DPH FUNDING SOURCES																			
																		\$	-
												_		二				\$	-
TOTAL NON-DPH FUNDING SOURCES	*	\$		\$		\$		\$		\$		\$		\$	_	\$		\$	-
TOTAL FUNDING SOURCES (DPH AND NON-DPH)	\$ 1,741,832		302,689	\$	1,113,552	\$	10,782	\$	7,744	\$		\$	81,841			\$	1,275,360	\$	4,580,008
Prepared By	Dominic Perro	ne						_				Pho	one Number	628-	206-6574				

DHCS Legal Entity Number	Appendix B - DPH 2: Departir · 00117					<i>y</i> – •		(0		Apr	endix Number		B-1
Provider Name				•							Page Number		1
Provider Number				•							Fiscal Year	2	019-2020
Contract ID Number		•		Funding Notification									10/25/19
	Program Name						OTOP						
	Program Code		38134		38134		38134		38134		38134		
Mod	e/SFC (MH) or Modality (SUD)		ODS-120d		ODS-120i		ODS-120g	(DDS-120cm		ODS-117		
			ODS NTP	1	Methadone -		ODS NTP						
		ı	Methadone -		Individual		Methadone -		DS NTP Case		DS NTP MAT		
	Service Description		Dosing		Counseling		oup Counseling		Management		Buprenorphine		
	g Term (mm/dd/yy-mm/dd/yy):	07/0	1/2019-06/30/2020	07/0	1/2019-06/30/2020	07/0	01/2019-06/30/2020	07/0	1/2019-06/30/2020	07/0	01/2019-06/30/2020		
FUNDING USES													TOTAL
	Salaries & Employee Benefits	\$	1,051,747	\$	248,610	\$	3,685	\$	5,736	\$	91,958	\$	1,401,736
	\$	115,151	\$	27,219	\$	404	\$	628	\$	10,068	\$	153,470	
	Capital Expenses											\$	
	Subtotal Direct Expenses	\$	1,166,898		275,829	\$	4,089	\$	6,364	\$	102,026	\$	1,555,206
	Indirect Expenses	\$	140,029	\$,	\$		\$	764	\$	12,243	\$	186,627
	Indirect %		12.0%		12.0%		12.0%		12.0%		12.0%		12.0%
	TOTAL FUNDING USES	\$	1,306,927	\$	308,929	\$	4,580	\$	7,128	\$	114,269	\$	1,741,833
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity												
This row left blank for funding sources not in drop-down list												\$	-
	IEALTH FUNDING SOURCES	\$	-	\$	-	\$	-	\$	-	\$	-	\$	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity												
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$	704,493	\$	166,527	\$	2,469	\$	3,842	\$	61,596	\$	938,927
SUD State DMC		\$	379,342	_	89,668		1,329		2,069		· · · · · · · · · · · · · · · · · · ·	\$	505,575
SUD County General Fund	240646-10000-10001681-0003	\$	223,093		52,734			\$	1,217	\$	19,506		297,331
,			-,		,	Ĺ		•	, -	Ĺ	-,	\$	-
TOTAL BI	IS SUD FUNDING SOURCES	\$	1,306,927	\$	308,929	\$	4,580	\$	7,128	\$	114,269	\$	1,741,833
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity									Ė			
	,											\$	-
												\$	_
TOTAL OTHE	R DPH FUNDING SOURCES	\$	_	\$	_	\$	_	\$	_	\$	_	\$	_
	AL DPH FUNDING SOURCES	_	1,306,927	_	308,929	_	4,580	\$	7,128		114,269	\$	1,741,833
NON-DPH FUNDING SOURCES		Ť	.,000,02.	Ť	000,020	Ť	.,	Ť	.,	Ť	,	Ť	1,1 11,000
TOTAL DI TITI CILDING COGNOLO													
This row left blank for funding sources not in drop-down list										-		\$	
	N-DPH FUNDING SOURCES	\$		\$	_	\$	_	\$	_	\$	_	\$ \$	
	JRCES (DPH AND NON-DPH)	Ψ	1,306,927	Ψ	308,929	Ψ	4,580	Ψ	7,128	Ψ	114,269	Ψ	1,741,833
	CES (DEH AND NON-DEH)		1,300,927		300,929		4,560		7,120		114,209		1,741,033
BHS UNITS OF SERVICE AND UNIT COST	Number of Bode Durches ad												
SUD Only - Number of Outpatie	Number of Beds Purchased					-							
SUD Only - Number of Outpatie SUD Only - Licensed Capacity for			630		630	 	630		630		630		
	National Healthent Flograms	Fe		Fe		F۵	ee-For-Service	Fe		Fe			
	Payment Method		(FFS)	1 6	(FFS)		(FFS)	1 6	(FFS)	. 6	(FFS)		
	DPH Units of Service		93,821		19,627		1,363		271		5,278		
	Unit Type		Dose		10 Minutes		10 Minutes		15 minutes		Dose		
Cost Per Unit - DPH Rate (DP	H FUNDING SOURCES Only)	\$	13.93		15.74		3.36		26.30	\$	21.65		
Cost Per Unit - Contract Rate (DPH & No			13.93		15.74		3.36		26.30		21.65		
,	Rate (Medi-Cal Providers Only)		16.02		18.10		3.86		30.25		24.90	Т	otal UDC
i ublished r	Ψ	552	Ψ	612	Ψ	N/A	Ψ	N/A	Ψ	60		612	
	Unduplicated Clients (UDC)		ეეგ		UIL		IV/A		11/7		00		012

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465	Appendix Number _	B-1
Program Name OTOP	Page Number	2
Program Code 38134	Fiscal Year	2019-202
	Funding Notification Date	10/25/10

		TOTAL	240	uth-Proj-Activity 1646-10000- 101681-0003	Dep	ot-Auth-Proj- Activity		ot-Auth-Proj- Activity		ot-Auth-Proj- Activity		ot-Auth-Proj- Activity		:-Auth-Proj- Activity
Funding Term	07/01	/2019-06/30/2020	07/01/20	019-06/30/2020	(mm/d	d/yy-mm/dd/yy):	(mm/d	d/yy-mm/dd/yy):	(mm/d	ld/yy-mm/dd/yy):	(mm/d	d/yy-mm/dd/yy):	(mm/do	l/yy-mm/dd/yy):
Position Title	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Program Physician	0.31	\$ 67,913	0.31											
Psychologist	0.05		0.05											
Physician, Medical Director	0.10		0.10											
Psychiatrist, PI	0.06	\$ 13,210	0.06	\$ 13,210										
Program Psychiatrist	0.01	\$ 1,490	0.01	\$ 1,490										
Analyst 3, Supvr	0.45	\$ 40,297	0.45	\$ 40,297										
Project Assistant 3	0.05	\$ 3,079	0.05	\$ 3,079										
Office Manager	0.13	\$ 8,585	0.13	\$ 8,585										
Division Administrator	0.37	\$ 40,447	0.37	\$ 40,447										
Patient Navigator 3	0.25	\$ 15,425	0.25	\$ 15,425										
Nurse Practitioner 2	0.21	\$ 39,788	0.21	\$ 39,788										
Financial Analyst	0.35	\$ 28,479	0.35	\$ 28,479										
Social Work Associate	8.50	\$ 532,291	8.50	\$ 532,291										
Hospital Assistant 3	0.37		0.37	\$ 31,431										
Clinical Social Worker 2, Supvr	1.55	\$ 144,537	1.55	\$ 144,537										
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00	\$ -												
	0.00													
Totals:	12.75	\$ 999,455	12.75	\$ 999,455	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40.25%	\$ 402,281	40.25%	\$ 402,281	0.00%		0.00%		0.00%		0.00%		0.00%	
		•				•		•		*		•	•	
TOTAL SALARIES & BENEFITS		\$ 1,401,736	1	\$ 1,401,736	Ī	\$ -		\$ -	Ī	\$ -	Ī	\$ -	1	\$ -
			4	. , ,	4	<u> </u>	l	<u> </u>	4	<u> </u>	4	<u> </u>	4	-

Contract ID Number	1000010465
Program Name	ОТОР
Program Code	38134

 Appendix Number
 B-1

 Page Number
 3

 Fiscal Year
 2019-2020

 Funding Notification Date
 10/25/19

					- 10	inding Notification Date	10/23/19
Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003					
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020					
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 31,000.00	\$ 31,000.00					
Photocopying	\$ 1,000.00	\$ 1,000.00					
Program Supplies	\$ 15,000.00	\$ 15,000.00					
Computer Hardware/Software	\$ 6,000.00	\$ 6,000.00					
Materials & Supplies Total:	\$ 53,000.00	\$ 53,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ 5,000.00	\$ 5,000.00					
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ 5,000.00	\$ 5,000.00	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
Consultant/Subcontractor Total:	\$ - \$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
	, ·	-	- -	- ·	-	- ·	-
Other (provide detail):	\$ -	ф 2.202.20					
Storage Services	\$ 2,300.00						
Telephone/Pagers	\$ 2,000.00 \$ 41.630.00						
Temporary Help	\$ 41,630.00 \$ 6,732.00						
Data Network Recharge							
CCDSS: Computing and Communication Device Support Service	\$ 20,028.00						
GAEL: General Automobile and Employee Liability Charges	\$ 8,196.00						
UCSF Faculty and Staff Recharge	\$ 14,584.00 \$ -	\$ 14,584.00					
Other Total:	•	\$ 95,470.00	\$ -	\$ -	\$ -	\$ -	\$ -
Strict Total.	7 33,470.00	+ 00,470.00	<u> </u> ₹	<u> *</u>	+	<u> *</u>	<u> </u> *
TOTAL OPERATING EXPENSE	\$ 153,470.00	\$ 153,470.00	\$ -	\$ -	\$ -	-	\$ -
•							

DHCS Legal Entity Number	00117					<i>y.</i> – .		(Appendix Numbe	r	B-2
Provider Name	UCSF DSAAM									Page Numbe	·	1
Provider Number	383813									Fiscal Yea	r 2	2019-2020
Contract ID Number	1000010465	-	Funding Notification									10/25/19
	Program Name					Е	Bayview Van					
	Program Code		72134		72134		72134		72134			
Mode	e/SFC (MH) or Modality (SUD)		DS-120d	·	ODS-120i	(ODS-120cm		ODS-117			
			DDS NTP		Methadone -							
			ethadone -		Individual		DS NTP Case		DS NTP MAT			
	Service Description		Dosing		Counseling		Management		uprenorphine			
	g Term (mm/dd/yy-mm/dd/yy):	07/01/2	2019-06/30/2020	07/01	1/2019-06/30/2020	07/0	01/2019-06/30/2020	07/0	1/2019-06/30/2020			
FUNDING USES												TOTAL
<u> </u>	Salaries & Employee Benefits	\$	202,350		46,309		178		7,140		\$	255,977
	\$	11,289	\$	2,584	\$	10	\$	398		\$	14,281	
	Capital Expenses										\$	
	•		213,639		48,893		188	\$	7,539	\$ -	\$	270,259
	Indirect Expenses		25,637	\$		\$	23	\$	905		\$	32,431
	Indirect %		12.0%		12.0%		12.0%		12.0%	0.0%		12.0%
	TOTAL FUNDING USES	\$	239,276	\$	54,759	\$	210	\$	8,444	\$ -	\$	302,689
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity											
											\$	-
TOTAL BHS MENTAL H	EALTH FUNDING SOURCES	\$	-	\$	-	\$		\$	-	\$ -	\$	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity											
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$	128,980	\$	29,518	\$	113	\$	4,551		\$	163,163
SUD State DMC			69,451		15,894	\$	61	\$	2,451		\$	87,857
SUD County General Fund	240646-10000-10001681-0003	\$	40,844	\$	9,347	\$	36	\$	1,441		\$	51,669
_											\$	-
TOTAL BH	S SUD FUNDING SOURCES	\$	239,276	\$	54,759	\$	210	\$	8,444	\$ -	\$	302,689
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity											
											\$	_
This row left blank for funding sources not in drop-down list											\$	_
	R DPH FUNDING SOURCES	\$	-	\$	_	\$	-	\$	-	\$ -	\$	-
	L DPH FUNDING SOURCES		239,276		54,759	_	210		8,444		\$	302,689
NON-DPH FUNDING SOURCES		7			2 1,1 2 2	Ť		7	2,111	T	Ť	,
NON DI III GNOMO GOGNOLO												
This row left blank for funding sources not in drop-down list											\$	
	N-DPH FUNDING SOURCES	¢	_	\$	_	\$	_	\$	-	\$ -	\$	
	RCES (DPH AND NON-DPH)	Ψ	239,276	Ψ	54,759	Ψ	210	Ψ	8,444	_	Ψ	302,689
BHS UNITS OF SERVICE AND UNIT COST	ROLO (BITI AND NON BITI)		200,210		04,100		210		0,111			002,000
DITO CIVITO OF SERVICE AND CIVIT COST	Number of Beds Purchased											
SUD Only - Number of Outpatien						-						
SUD Only - Number of Outpatien			220		220	-	220		220			
OOD Only - Licensed Capacity for	Transolic Treatment Tograms	Fee-		Fee		Fe	e-For-Service	Fe				
	Payment Method		(FFS)		(FFS)		(FFS)		(FFS)			
	DPH Units of Service		17,177		3,479		8		390			
	Unit Type		Dose		10 Minutes		15 minutes		Dose	0		
Cost Per Unit - DPH Rate (DPI		\$	13.93		15.74		26.30	\$	21.65	-		
									21.65			
	1-DPH FUNDING SOURCES\I	8	1.3 9.3 1	.5	15 /4 1	σ,	/n .1U		7 1 10.0			
Cost Per Unit - Contract Rate (DPH & Nor	n-DPH FUNDING SOURCES) ate (Medi-Cal Providers Only)		13.93 16.02		15.74 18.10		26.30 30.24		24.90	Φ -	-	Total UDC

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number	1000010465		
Program Name	Bayview Van		
Program Code	72134		

 Appendix Number
 B-2

 Page Number
 2

 Fiscal Year
 2019-2020

Funding Notification Date 10/25/19

			OTAL	240 100	Activ 10646- 100168	ith-Proj- ivity -10000- 81-0003	1	t-Auth-Proj- Activity		t-Auth-Proj- Activity		ot-Auth-Proj- Activity	,	t-Auth-Proj- Activity	1	Dept-Auth-Proj- Activity	
Funding Term		<u>//201</u>				-06/30/2020		d/yy-mm/dd/yy):		d/yy-mm/dd/yy):		d/yy-mm/dd/yy):		d/yy-mm/dd/yy):		d/yy-mm/dd/yy):	
Position Title	FTE	<u> </u>	Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	
Physician, Medical Director	0.08		17,610			17,610	igsquare		ļ	<u> </u>	<u> </u>		<u> </u> !	<u> </u>	\longleftarrow		
Program Physician	0.09		20,405	0.09	\$	20,405			<u> </u>		ļ	ļ	<u> </u>	<u> </u>	\longrightarrow		
Community Program Manager	1.00		81,601		\$	81,601	$oxed{oxed}$			 			<u> </u>	ļ!	igcup		
Social Work Associate	1.00		62,899	1.00	\$	62,899	$oxed{oxed}$			 			<u> </u>	ļ!	igcup		
	0.00			'	Щ.	!	$oxed{oxed}$				<u> </u>		<u> </u>				
	0.00		-	<u></u> '	L				<u> </u>		<u> </u>		<u>[!</u>		لـــــــا		
	0.00			'ـــــــــــــــــــــــــــــــــــــ				 L	[!						<u> </u>		
	0.00	_	-	'ـــــــــــــــــــــــــــــــــــــ	L				ŢJ		Γ				لـــــــا		
	0.00		-	<u> </u>					<u> </u>								
	0.00			'					[!						ı		
	0.00		-	<u>ı_'</u>													
	0.00			T'													
	0.00		-														
	0.00		-	1'													
	0.00		-	·'													
	0.00	\$	-	('													
	0.00	\$	-														
	0.00		-	1				i									
	0.00			1											ı T	1	
			-					·	<u> </u>		<u> </u>						
	0.00			1			T	ı	 						ı		
	0.00		-					ı								i	
	0.00		-	1				·	1			·				ı	
1	0.00		-					ı							i i	ı	
1	0.00	\$	-	1				1			1					1	
1	0.00		-					i				1					
1	0.00		-					i				1					
	0.00		-					1									
1	0.00		-					<u> </u>									
	0.00															ı	
	0.00		-						 		 		 				
Totals:			182,515	2.17	\$	182,515	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	
<u> </u>					<u> </u>		1			<u> </u>						-	
Employee Benefits:	40%	\$	73,462.00	40%	\$	73,462	0.00%		0.00%		0.00%		0.00%		0.00%		
TOTAL SALARIES & BENEFITS		\$	255,977.00		\$ 2	255,977.00] [\$ -	י [\$ -	Ī	\$ -] '	\$ -	[[\$ -	

Contract ID Number	1000010465	_	
Program Name	Bayview Van		
Program Code	72134		

 Appendix Number
 B-2

 Page Number
 3

 Fiscal Year
 2019-2020

 Funding Notification Date
 10/25/19

Expense Categories & Line Items		TOTAL	Dept-Auth-Pro 240646-1 10001681	0000-	Dept-Auth- Activit		-	uth-Proj- tivity	Dept-Auth-Pro Activity	oj-	Dept-Auth-Proj- Activity	Dept-Auth Activi	
Funding Term	07/01	1/2019-06/30/2020	07/01/2019-0	6/30/2020	(mm/dd/yy-mn	n/dd/yy):	(mm/dd/yy	/-mm/dd/yy):	(mm/dd/yy-mm/dd	l/yy):(m	nm/dd/yy-mm/dd/yy):	(mm/dd/yy-m	m/dd/yy):
Rent	\$	-											
Utilities (telephone, electricity, water, gas)	\$	-											
Building Repair/Maintenance	\$	-											
Occupancy Total:	\$	-	\$	-	\$	-	\$	-	\$	- \$	-	\$	-
Office Supplies	\$	2,025.00	\$	2,025.00									
Photocopying	\$	500.00	\$	500.00									
Program Supplies	\$	1,000.00	\$	1,000.00									
Computer Hardware/Software	\$	1,000.00	\$	1,000.00									
Materials & Supplies Total:	\$	4,525.00		4,525.00	\$	-	\$	-	\$	- \$	-	\$	-
Training/Staff Development	\$	1,000.00	\$	1,000.00									
Insurance	\$	-											
Professional License	\$	-											
Permits	\$	-											
Equipment Lease & Maintenance	\$	1,000.00	\$	1,000.00									
General Operating Total:	\$	2,000.00	\$	2,000.00	\$	-	\$	-	\$	- \$	-	\$	-
Local Travel	\$	-											
Out-of-Town Travel	\$	-											
Field Expenses	\$	-											
Staff Travel Total:	\$	-	\$	-	\$	-	\$	-	\$	- \$	-	\$	-
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$	1											
Consultant/Subcontractor Total:	\$ \$	-	\$	-	\$		\$		\$	- \$	-	\$	
Other (provide detail):	\$	_					-		-	<u> </u>			
Storage Services	\$	700.00	\$	700.00									
Telephone/Pagers	\$	372.00	\$	372.00									
Temporary Help	\$	-		-									
Data Network Recharge	\$	1,146.00	\$	1,146.00									
CCDSS: Computing and Communication Device Support Service	\$	1,536.00		1,536.00									
GAEL: General Automobile and Employee Liability Charges	\$	1,497.00	\$	1,497.00									
UCSF Faculty and Staff Recharge	\$	2,505.00	\$	2,505.00									
Other Total:	\$	7,756.00		7,756.00	\$		\$	-	\$	- \$	-	\$	-
TOTAL OPERATING EXPENSE	l e	14,281.00	¢ 1	4,281.00	¢		\$		\$	- \$	-	\$	
IOTAL OFERATING EXPENSE	Ψ	14,201.00	ψ 1	+,201.00	Ψ		Ψ	-	Ψ	- •	-	Ψ	-

DHCS Legal Entity Number	Аррепаіх в - DPH 2: Departm · 00117	ioni oi	T abile fied		oost reporting	, Du	tta conconon (<u> </u>		App	endix Number		B-3
Provider Name				-							Page Number		1
Provider Number				-							Fiscal Year	- :	2019-2020
Contract ID Number									Fundir	na No	otification Date		10/25/19
- Contract is it amost	Program Name						OBIC			.9			
	Program Code	892	1HS-OP		8921HS-OP	- 1	8921HS-OP		8921HS-OP				
Mod	le/SFC (MH) or Modality (SUD)		DS-91i		ODS-91cm		ODS-91mat		SecPrev-19				
	()				0 = 0 0 10 11		ODS OT						
		ODS C	T Individual	(ODS OT Case		Medication	:	SA-Sec Prev				
	Service Description	Co	unseling		Management	Ass	sisted Treatment		Outreach				
Fundin	g Term (mm/dd/yy-mm/dd/yy):	07/01/20	019-06/30/2020	07/	//01/2019-06/30/2020	07/0	/01/2019-06/30/2020	07/0	01/2019-06/30/2020		ì		
FUNDING USES													TOTAL
	Salaries & Employee Benefits	\$	29,764	\$	9,486	\$	565,478	\$	323,121			\$	927,848
	Operating Expenses		2,130		679		40,464	_	23,122			\$	66,395
	Capital Expenses	*	_,	7	7.7		,					\$	-
	Subtotal Direct Expenses	\$	31,894	\$	10,165	\$	605,942	\$	346,243	\$		\$	994,243
	Indirect Expenses		3,827		1,220		72,713		41,549	*		\$	119,309
	Indirect %		12.0%	*	12.0%	~	12.0%	Ψ	12.0%		0.0%	Ψ	12.0%
	TOTAL FUNDING USES		35,721	\$		\$		\$	387,792	\$		\$	1,113,552
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity	¥	00,721	Ψ	11,000	Ψ	010,000	Ť	001,102	Ψ		Ψ	1,110,002
BIIS MENTAL HEALITH ONDING SOURCES	Dept-Auti-F10j-Activity											\$	
TOTAL BUS MENTAL L	IEALTH FUNDING SOURCES	•	_	\$		\$	_	\$		\$		\$	
BHS SUD FUNDING SOURCES		Ψ	-	Þ	-	Đ	-	Ψ		φ	-	Ψ	
	Dept-Auth-Proj-Activity	•	5.10	_	404	_	0.754	_	5.530			_	10.000
SUD Fed SABG Discretionary, CFDA 93.959		\$	513		164		9,751		5,572			\$	16,000
SUD Fed DMC FFP, CFDA 93.778	1	\$	5,213				155,626		-			\$	162,500
SUD State DMC		\$	2,807	,		_	83,798		-			\$	87,500
SUD County General Fund		\$	27,188		8,665		429,479		382,220			\$	847,552
_	HS SUD FUNDING SOURCES	\$	35,721	\$	11,385	\$	678,655	\$	387,792	\$	-	\$	1,113,552
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity											_	
												\$	
This row left blank for funding sources not in drop-down list		_										\$	
	ER DPH FUNDING SOURCES	•	-	\$	-	\$	-	\$	-	\$		\$	-
	AL DPH FUNDING SOURCES	\$	35,721	\$	11,385	\$	678,655	\$	387,792	\$	-	\$	1,113,552
NON-DPH FUNDING SOURCES													
This row left blank for funding sources not in drop-down list				L								\$	
TOTAL NO	ON-DPH FUNDING SOURCES	\$	-	\$	-	\$		\$	-	\$	-	\$	
TOTAL FUNDING SOL	JRCES (DPH AND NON-DPH)		35,721		11,385		678,655		387,792		-		1,113,552
BHS UNITS OF SERVICE AND UNIT COST													
	Number of Beds Purchased												
SUD Only - Number of Outpatie	ent Group Counseling Sessions												
SUD Only - Licensed Capacity for													
			Cost		Cost		Cost		Cost				
		Reim	bursement	R	teimbursement	Re	eimbursement	Re	eimbursement		I		
	Payment Method		(CR)	L	(CR)		(CR)		(CR)				
	DPH Units of Service		923		185		4,726		959				
	Unit Type	15	minutes		15 minutes		15 minutes		Hours		0		
	PH FUNDING SOURCES Only)		38.70	\$	61.54		143.60		404.37	\$	-		
Cost Per Unit - Contract Rate (DPH & No	on-DPH FUNDING SOURCES)	\$	38.70	\$	61.54	\$	143.60	\$	404.37	\$			
Published I	Rate (Medi-Cal Providers Only)											1	Total UDC
	Unduplicated Clients (UDC)												204

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465		
Program Name OBIC		
Program Code 8921HS-OP	_	

Appendix Number B-3
Page Number 2
Fiscal Year 2019-2020

Funding Notification Date 10/25/19

			DTAL	24 100	Acti 0646- 00168	10000- 31-0003		t-Auth-Proj- Activity		t-Auth-Proj- Activity			t-Auth-Proj- Activity		t-Auth-Proj- Activity		-Auth-Proj- Activity
Funding Term						06/30/2020		d/yy-mm/dd/yy):		d/yy-mm/dd/y			l/yy-mm/dd/yy):		l/yy-mm/dd/yy):		l/yy-mm/dd/yy):
Position Title	FTE		Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries	FT	E	Salaries	FTE	Salaries	FTE	Salaries
Physician, Medical Director	0.40	\$	76,903.00	0.40		76,903											
Nurse Practitioner 3, Supvr	1.00	\$	190,600.00		\$	190,600											
Nurse Practitioner 2	1.00	\$	186,317.00		\$	186,317											
Analyst 2	1.00	\$	74,191.00	1.00	\$	74,191											
Project Assistant 2	1.00	\$	51,739.00	1.00		51,739											
Hospital Assistant 3	1.00	\$	50,981.00	1.00	\$	50,981											
Social Work Associate	0.50	\$	30,836.00	0.50	\$	30,836											
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	-														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	_														
	0.00	\$	-		-												
	0.00	\$	-														
	0.00	\$															
	0.00	\$	-														
Totals:	5.90		- 661,567	5.90	\$	661,567	0.00	\$ -	0.00	\$ -	. 0	00	\$ -	0.00	\$ -	0.00	\$ -
i otais.	5.50	Ψ	001,007	5.50	Ψ	001,007	0.00	Ψ -	0.00	Ψ -	J 0.	50	Ψ -	0.00	Ψ -	0.00	Ψ -
Employee Benefits:	40%	\$	266,281	40%	\$	266,281	0.00%		0.00%		0.0	0%		0.00%		0.00%	
									-				-				
TOTAL SALARIES & BENEFITS		\$	927,848		\$	927,848		\$ -		\$ -			- \$		\$ -		\$ -

Contract ID Number 1000010465

Program Name OBIC

Program Code 8921HS-OP

 Appendix Number
 B-3

 Page Number
 3

 Fiscal Year
 2019-2020

 Funding Notification Date
 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019-06/30/2020	07/01/2019-06/30/2020	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 5,300.00	\$ 5,300					
Photocopying	\$ -						
Program Supplies	\$ 30,223.00	\$ 30,223					
Computer Hardware/Software	\$ 7,500.00	\$ 7,500					
Materials & Supplies Total:	\$ 43,023.00	\$ 43,023.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Storage Services	\$ -						
Telephone/Pagers	\$ 300.00	\$ 300					
Temporary Help	\$ 3,800.00	\$ 3,800					
Data Network Recharge		\$ 3,062					
CCDSS: Computing and Communication Device Support Service	\$ 4,106.00						
GAEL: General Automobile and Employee Liability Charges	\$ 5,425.00	\$ 5,425					
UCSF Faculty and Staff Recharge	\$ 6,679.00	\$ 6,679					
Capital Expense (ALS Defibrillator)	\$ -	\$ -					
Other Total:	\$ 23,372.00	\$ 23,372.00	\$ -	-	\$ -	\$ -	-
TOTAL OPERATING EXPENSE	\$ 66,395.00	\$ 66,395.00	\$ -	\$ -	\$ -	\$ -	\$ -

00117 <u>00117</u>					<u> </u>				-,				B-4
													1
	_												019-2020
1000010465									Fundi	ng No	tification Date		10/25/19
e/SFC (MH) or Modality (SUD)													
Camilas Bassintias													
		_								-			
r unding remi.	07/01/2	2019 - 06/30/2020											TOTAL
Onlaria of Francisco Borresto		0.400											
										-			9,423
	3	204											204
	¢	0.627	¢			¢.		¢		•		_	9,627
			Ψ		-+	Ψ		Ψ		Φ.	-		
							0.0%		0.0%	+	0.0%	-	1,155 12.0%
						\$		¢		¢			10,782
	<u> </u>	10,702	Ψ		_	Ψ		Ψ	_	Ψ	-	Ψ	10,702
Dept-Auth-Proj-Activity												¢	
JEALTH FUNDING SOURCES	4		•			¢		¢		•		_	<u>-</u>
	—		Þ		-	Ф		Þ		. D		Þ	
		1.1=0										_	
												•	4,172
	,											,	2,246
	<u> </u>	4,364										•	4,364
	¢	10 792	¢		_	¢		¢		¢			10,782
	<u> </u>	10,702	Ψ		_	Ψ	_	Ψ	_	Ψ	-	Ψ	10,702
Dept-Auth-Proj-Activity					_							¢.	
										-			<u>-</u>
	•		•			•		•		•			<u>-</u>
		40.700				-					-		40 700
AL DPH FUNDING SOURCES	<u> </u>	10,782	\$		-	\$		\$		* *		\$	10,782
					_							•	
	<u> </u>				_	_				_			
		-	\$		-	\$	-	\$		\$	-	\$	-
JRCES (DPH AND NON-DPH)		10,782			-								10,782
1													
	Ь—				_			ļ		1			
	—							<u> </u>		-			
	_							-		-			
					+			-		-			
					+		0	-	Λ	+	0		
			¢.	_	+	Φ.	_	¢		e			
		15.74	Φ	-			-						
* 1			Φ	-		Φ	-	Φ	-	Φ	-		otal UDC
Rate (Medi-Cal Providers Only)	Φ.	18.10			- 1							T	
	383813 1000010465 Program Name Program Code e/SFC (MH) or Modality (SUD) Service Description Funding Term: Salaries & Employee Benefits Operating Expenses Capital Expenses Indirect Expenses Indirect Expenses Indirect % TOTAL FUNDING USES Dept-Auth-Proj-Activity 240646-10000-10001681-0003 240646-10000-10001681-0003 240646-10000-10001681-0003 240646-10000-10001681-0003 AUDITION OF TOTAL FUNDING SOURCES Dept-Auth-Proj-Activity ER DPH FUNDING SOURCES AL DPH FUNDING SOURCES AL DPH FUNDING SOURCES DEPT-Auth-Proj-Activity PROPH FUNDING SOURCES AL DPH FUNDING SOURCES PROPH FUNDING SOURCES AL DPH FUNDING SOURCES AL D	383813 1000010465 Program Name Program Code e/SFC (MH) or Modality (SUD) Service Description Funding Term: 07/01/ Salaries & Employee Benefits Operating Expenses Capital Expenses Indirect Expenses Indirect Expenses Indirect Factority TOTAL FUNDING USES Dept-Auth-Proj-Activity 240646-10000-10001681-0003 Dept-Auth-Proj-Activity 240646-10000-10001681-0003 Dept-Auth-Proj-Activity 240646-10000-10001681-0003 Dept-Auth-Proj-Activity ER DPH FUNDING SOURCES Dept-Auth-Proj-Activity PRESIDE FUNDING SOURCES Dept-Auth-Proj-Activity PRESIDENT DEPT-AUTH-PROJ-ACTIVITY PRESIDE FUNDING SOURCES Dept-Auth-Proj-Activity PRESIDE F	383813	Program Name	1000010465 Program Name	1000010465 Program Name	383813	Program Name	Program Name	Sasatia	Salarias Service Description Program Name Program Code 75134 Program Code 75134 Program Code Program Code	Page Number Piscal Year Funding Notification Date	Page Number Fiscal Year 2

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465 240646-10000-10001681-0003 Appendix Number B-4 Program Name OBOT TW Page Number Program Code 75134 Fiscal Year

2019-2020 Funding Notification Date 10/25/19

			TAL	24 100	Activ 0646-1 00168	10000- 1-0003		t-Auth-Proj- Activity		t-Auth-Proj- Activity		ot-Auth-Proj- Activity		t-Auth-Proj- Activity		-Auth-Proj- Activity
Funding Term		/2019				06/30/2020		d/yy-mm/dd/yy):		d/yy-mm/dd/yy):		d/yy-mm/dd/yy):		l/yy-mm/dd/yy):		/yy-mm/dd/yy):
Position Title	FTE		Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Psychologist	0.02	\$	3,904.00	0.02		3,904										
Clinical Social Worker 2, Supvr	0.02	\$	1,439.00	0.02		1,439										
Social Work Associate	0.02	\$	1,388.00	0.02	\$	1,388										
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
	0.00	\$	-													
Totals:	0.06	\$	6,731.00	0.06	\$	6,731	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
						-										
Employee Benefits:	40%	\$	2,692.00	40%	\$	2,692	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	9,423.00		\$	9,424.00		\$ -]	\$ -		\$ -]	\$ -	•	\$ -

Contract ID Number 1000010465

Program Name OBOT TW

Program Code 75134

 Appendix Number
 B-4

 Page Number
 3

 Fiscal Year
 2019-2020

 Funding Notification Date
 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj- Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020) (mm/dd/yy-mm/dd/yy)	:(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 7.00	\$ 7.00					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 7.00	\$ 7.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	-	-	\$ -	\$ -	\$ -	\$ -	-
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 55	\$ 55					
UCSF Faculty and Staff Recharge	\$ 71	\$ 71					
CCDSS: Computing and Communication Device Support Service							
Data Network Recharge	\$ 30	\$ 30					
Other Total:	\$ 197.00	\$ 197.00	\$ -	\$ -	-	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 204.00	\$ 204.00	\$ -	\$ -	\$ -	\$ -	\$ -

DHCS Legal Entity Number	00117				······g			(/	Appe	endix Number		B-5
Provider Name	UCSF DSAAM									F	Page Number		1
Provider Number	383813										Fiscal Year	2	019-2020
Contract ID Number	1000010465								Fundi	ng Not	tification Date		10/25/19
	Program Name					C	DBOT PH						
	Program Code	74134											
Mode	e/SFC (MH) or Modality (SUD)	ODS-120i											
		Methadone -											
		Individual											
	Service Description	Counseling											
	g Term (mm/dd/yy-mm/dd/yy):	07/01/2019 - 06/30/20	020										
FUNDING USES													TOTAL
	Salaries & Employee Benefits											\$	6,700
		\$ 21	14									\$	214
	Capital Expenses											\$	_
	Subtotal Direct Expenses Indirect Expenses		4 \$		-	\$		• \$		\$	-	\$	6,914
	\$ 83	30					_				\$	830	
	12.0%		0.0%			0.0%		0.0%	1	0.0%	_	12.0%	
	\$ 7,74	14 \$		-	\$		• \$		\$	-	\$	7,744	
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity												
												\$	-
	EALTH FUNDING SOURCES	\$	- \$		-	\$		- \$	-	\$	-	\$	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity												
SUD Fed Perinatal DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$ 2,94	17									\$	2,947
SUD State DMC	240646-10000-10001681-0003	\$ 1,58	37									\$	1,587
SUD County General Fund	240646-10000-10001681-0003	\$ 3,21	10									\$	3,210
This row left blank for funding sources not in drop-down list												\$	-
TOTAL BH	IS SUD FUNDING SOURCES	\$ 7,74	14 \$		-	\$		• \$	-	\$	-	\$	7,744
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity												
												\$	-
This row left blank for funding sources not in drop-down list												\$	_
TOTAL OTHE	R DPH FUNDING SOURCES	\$	- \$		-	\$. \$		\$	-	\$	-
TOTA	AL DPH FUNDING SOURCES	\$ 7,74	14 \$		-	\$		- \$	-	\$	-	\$	7,744
NON-DPH FUNDING SOURCES		·											
This row left blank for funding sources not in drop-down list												\$	-
	N-DPH FUNDING SOURCES	\$	- \$		-	\$. \$		\$	-	\$	-
TOTAL FUNDING SOU	RCES (DPH AND NON-DPH)	7,74	14		-			_		+	_		7,744
BHS UNITS OF SERVICE AND UNIT COST	,	,											,
	Number of Beds Purchased												
SUD Only - Number of Outpatier													
SUD Only - Licensed Capacity for		2	25							1			
The state of the s		Fee-For-Service								1			
	Payment Method	(FFS)	1										
	DPH Units of Service		92										
	10 Minutes		0			0		0		0			
Cost Per Unit - DPH Rate (DPI		74 \$		-	\$	-	\$	-	\$	-			
Cost Per Unit - Contract Rate (DPH & No			74 \$			\$	-	\$	-	\$	-		
Published R											Т	otal UDC	
	Unduplicated Clients (UDC)	13											13

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465

Program Name OBOT PH
Program Code 74134

 Appendix Number
 B-5

 Page Number
 2

 Fiscal Year
 2019-2020

10/25/19

Funding Notification Date

				Dep	t-Aut	th-Proj-								and an income		
		то	OTAL	240	Activ 10646-1			t-Auth-Proj- Activity		ot-Auth-Proj- Activity		t-Auth-Proj- Activity	,	t-Auth-Proj- Activity	<i>A</i>	t-Auth-Proj- Activity
Funding Term	07/01	/2019	- 06/30/2020				(mm/dc	d/yy-mm/dd/yy):	(mm/do	d/yy-mm/dd/yy):	(mm/d	d/yy-mm/dd/yy):	(mm/dr	d/yy-mm/dd/yy):	(mm/dd	d/yy-mm/dd/yy):
Position Title	FTE		Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Clinical Social Worker 2, Supvr	0.02		1,438.00			1,438										
Social Work Associate	0.06		3,339.00	0.06	\$	3,339										
	0.00		-	<u> </u>	Ī.	'							'			
	0.00			<u>'</u>	<u> </u>	'	<u> </u>	<u> </u>					└	<u> </u>	لــــــــــــــــــــــــــــــــــــــ	<u> </u>
	0.00		-	↓ '		'	<u> </u>				ļ		 '	<u> </u>	لــــــــــــــــــــــــــــــــــــــ	<u></u>
	0.00		-	↓ '	↓	'	<u> </u>		<u> </u> !	ļ	<u> </u>	ļ	 '	<u> </u>	لــــــــــــــــــــــــــــــــــــــ	
	0.00		-	↓ '	ـــــ	'	<u> </u>		<u> </u>	ļ	<u> </u>	ļ	 '	<u> </u>	لــــــــــــــــــــــــــــــــــــــ	
				 '	—	'	+				ļ		 '	<u> </u> '	igwdown	,
	0.00		-	 	—	'	\perp				<u> </u>		 '	 	igwdown	
	0.00		-	 	—	'		+		 	_	 	 '	 	\longrightarrow	
	0.00		-	+		'	+			 	 	 	 '	 '	\vdash	
	0.00			+		'	+			 	 	 	 '	 '	\vdash	
 	0.00		-	+	+	'	+		+	 	 	 	 '	 '	++	,——
 	0.00		-	+	+	'	+		+	 	 	 	 '	 '	++	,——
<u> </u>	0.00			+	\vdash		+		+	 	$\overline{}$					
 	0.00		-	+	\vdash		+		+	 	 	 		 	\vdash	,——
 	0.00		-	\vdash	\vdash		+		+	 	+	 		 	\vdash	,———
 	0.00		-	\vdash	\vdash		+ +		+ +	 	†	 	 	 		·
 	0.00		-	\vdash	$\overline{}$		+ +		+ + +	 	1	 	\vdash	 		
ļ · · · · · · · · · · · · · · · · · · ·	0.00		-				 		+					 		,
ļ · · · · · · · · · · · · · · · · · · ·			-				 		+					 		
·	0.00		-				1		 		1			 		
·	0.00		-			+	1		 				'			
'	0.00		_					1	1		1			,		1
	0.00	\$	-			'		Ī	1		1					
	0.00															
	0.00		-			'										
																,
	0.00		-	<u> </u>	Ī.	'							'			
	0.00		-	↓ '		'	<u> </u>				ļ		 '	<u> </u>	لــــــــــــــــــــــــــــــــــــــ	
Totals:	0.07	\$	4,777.00	0.07	\$	4,777	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	T <u>\$</u>	1,923.00	40%	T g	1,923.00	T 0 00%		0.00%	Γ	0.00%	Γ	0.00%	Т	0.00%	<u>. </u>
Limployee Benefits.	70 /0	Ψ	1,020.00	7070	Ψ	1,020.00	0.0070		0.0070	 	0.0070	 	0.0070		0.0070	
TOTAL SALARIES & BENEFITS	I	\$	6,700.00		\$	6,700.00] [\$ -] '	\$ -]	\$ -		\$ -	<u> </u>	\$ -

Contract ID Number 1000010465
Program Name OBOT PH Program Code 74134

Appendix Number B-5 Page Number 3 Fiscal Year 2019-2020 Funding Notification Date 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj- Activity 240646-10000-	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019 - 06/30/2020	10001681-0003 07/01/2019 - 06/30/2020	(mm/dd/vv-mm/dd/vv)	mm/dd/vv-mm/dd/vv)	(mm/dd/vv-mm/dd/vv)	(mm/dd/vv-mm/dd/vv)	(mm/dd/vv-mm/dd/vv):
Rent	\$ -		<u>, </u>	33 337	, ,,,	33 337	, ,,,
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 9.00	\$ 9.0					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 9.00	\$ 9.0	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 39.00	\$ 39					
UCSF Faculty and Staff Recharge	\$ 79.00						
CCDSS: Computing and Communication Device Support Service							
Data Network Recharge	\$ 37.00						
Other Total:	\$ 205.00	\$ 205.00	\$ -	-	\$ -	-	\$ -
TOTAL OPERATING EXPENSE	\$ 214.00	\$ 214.00	\$ -	\$ -	\$ -	\$ -	\$ -

DHCS Legal Entity Number	O0117				ост порог	9	,		(0		Ann	endix Number		B-6
Provider Name												Page Number		1
Provider Number												Fiscal Year	- 2	2019-2020
Contract ID Number		•								Fundir	ıq No	otification Date		10/25/19
	Program Name						С	BOT PHP						
	Program Code		86134											
Mode	e/SFC (MH) or Modality (SUD)		DDS-120i											
			ODS NTP											
			lethadone -											
	Carrian Description		Individual Counseling											
Fundin	Service Description g Term (mm/dd/yy-mm/dd/yy):		•											
FUNDING USES	g rem (mm/aa/yy-mm/aa/yy).	07/01/	2019 - 06/30/2020											TOTAL
FUNDING USES	Octobra O Frankria Banafita	•											Φ.	TOTAL
	Salaries & Employee Benefits		- 220						-				\$	- 220
	Operating Expenses	Э	338						-				\$	338
	Capital Expenses	•	220	÷			•		•		•		\$	
	Subtotal Direct Expenses		338	Þ		-	\$		\$	-	\$	-	\$	338
	Indirect Expenses Indirect %	Ф	40 12.0%		0.0%			0.0%	-	0.0%	1	0.0%	\$	40 12.0 %
	TOTAL FUNDING USES	¢	378	¢	0.0 /6	_	\$	0.0 /6	\$	0.076	\$	0.0 /6	\$	378
BHS MENTAL HEALTH FUNDING SOURCES		Ψ	370	φ		_	Ψ		Ψ		Ψ	-	Ψ	376
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity												Φ.	
TOTAL BUS MENTAL I	IEALTH FUNDING SOURCES	¢	_	\$			\$		\$		\$		\$ \$	
		Þ	-	Þ		-	Ð		Þ		Ð	-	Ð	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity	•	222										_	200
SUD Fed Perinatal DMC FFP, CFDA 93.778		-	228						<u> </u>				\$	228
SUD State DMC	240646-10000-10001681-0003	_	123						<u> </u>				\$	123
SUD County General Fund	240646-10000-10001681-0003	\$	27										\$	27
This row left blank for funding sources not in drop-down list		•	270	•			Φ.						\$	- 270
	IS SUD FUNDING SOURCES	Þ	378	Þ		-	\$		\$		\$	-	\$	378
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity													
									<u> </u>				\$	-
This row left blank for funding sources not in drop-down list									<u> </u>				\$	-
	R DPH FUNDING SOURCES		-	\$			\$	-	\$	-	,	-	\$	-
	AL DPH FUNDING SOURCES	\$	378	\$		-	\$	-	\$	-	\$	-	\$	378
NON-DPH FUNDING SOURCES														
This row left blank for funding sources not in drop-down list													\$	-
	N-DPH FUNDING SOURCES	\$	-	\$		-	\$	-	\$	-	\$	-	\$	-
	JRCES (DPH AND NON-DPH)		378			-		-		-		-		378
BHS UNITS OF SERVICE AND UNIT COST														
	Number of Beds Purchased								<u> </u>					
SUD Only - Number of Outpatier									ļ					
SUD Only - Licensed Capacity for	Narcotic Treatment Programs		5						<u> </u>					
		Fee	-For-Service											
	Payment Method		(FFS)			_			<u> </u>		1			
	DPH Units of Service	-	24 10 Minutes		0			0	<u> </u>	0		0		
Cont Day Unit DDU Data (DD	Unit Type			Φ.			Φ		Φ.		Φ.			
Cost Per Unit - DPH Rate (DP Cost Per Unit - Contract Rate (DPH & No	H FUNDING SOURCES Only)		15.75 15.75		-		\$	-	\$	-	\$	-		
•				Φ		-	\$	<u>-</u>	Φ	-	\$	-	_	Total UDC
Published R	Rate (Medi-Cal Providers Only) Unduplicated Clients (UDC)	Ф	18.11			-			 				-	1
	Unduplicated Clients (UDC)		1						1		1			1

Contract ID Number 1000010465
Program Name OBOT PHP

Program Code 86134

 Appendix Number
 B-6

 Page Number
 3

 Fiscal Year
 2019-2020

Funding Notification Date 10/25/19

					Fu	inding Notification Date	10/25/19
Expense Categories & Line Items	TOTAL	Dept-Auth-Proj- Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019 - 06/30/2	2020 07/01/2019 - 06/30/202	20 (mm/dd/yy-mm/dd/yy)):(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ -	-					
Utilities (telephone, electricity, water, gas)	Ψ	-					
Building Repair/Maintenance	Ψ	-					
Occupancy Total:	\$	- \$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 338.	.00 \$ 338.00	0				
Photocopying	\$ -	-					
Program Supplies	\$ -	-					
Computer Hardware/Software	\$ -	-					
Materials & Supplies Total:	: \$ 338.	338.00	0 \$ -	\$ -	\$ -	\$ -	-
Training/Staff Development	\$ -	-					
Insurance	\$ -	-					
Professional License	\$ -	-					
Permits	\$ -	-					
Equipment Lease & Maintenance	Ψ	-					
General Operating Total:	\$	- \$ -	\$ -	\$ -	\$ -	\$ -	-
Local Travel	\$ -	-					
Out-of-Town Travel	\$ -	-					
Field Expenses	Ψ	-					
Staff Travel Total:	\$	- \$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -	-					
il	\$	-					
Consultant/Subcontractor Total:	: \$	- \$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -	-					
	\$ -	-					
	\$ -	-					
Other Total:	\$	- \$ -	\$ -	\$ -	\$ -	\$ -	\$ -
TOTAL OPERATING EXPENSE	\$ 338	338.00	0 \$ -	\$ -	\$ -	\$ -	-

DHCS Legal Entity Number	Appendix B - DPH 2: Departir · 00117	iciic	Or i abilo rice		ost repo	9	, Dat	u oonconon	(0.1.	50,	Ap	pendix Number		B-7
Provider Name				-							, ,	Page Number		1
Provider Number				-								Fiscal Year	2	019-2020
Contract ID Number		-								Fundi	ng N	Iotification Date		10/25/19
	Program Name						ZS	SFG Pharm						
	Program Code		76134											
Mode	e/SFC (MH) or Modality (SUD)		ODS-120d											
	, , , , ,		ODS NTP											
		ı	Methadone -											
	Service Description		Dosing											
Fundin	g Term (mm/dd/yy-mm/dd/yy):	07/0	1/2019 - 06/30/2020											
FUNDING USES														TOTAL
	Salaries & Employee Benefits		70,969										\$	70,969
	Operating Expenses	\$	2,103										\$	2,103
	Capital Expenses												\$	-
	Subtotal Direct Expenses	\$	73,072	\$		-	\$	-	\$		\$	-	\$	73,072
	Indirect Expenses	\$	8,769					-		-			\$	8,769
	Indirect %		12.0%		0.0%			0.0%		0.0%		0.0%		12.0%
	TOTAL FUNDING USES	\$	81,841	\$		-	\$	-	\$		\$	-	\$	81,841
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity													
													\$	-
TOTAL BHS MENTAL H	IEALTH FUNDING SOURCES	\$	-	\$		-	\$	-	\$	-	\$	-	\$	-
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity													
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003	\$	31,040										\$	31,040
SUD State DMC	240646-10000-10001681-0003		16,714										\$	16,714
SUD County General Fund	240646-10000-10001681-0003	\$	34,087										\$	34,087
This row left blank for funding sources not in drop-down list		·	,										\$	-
TOTAL BI	IS SUD FUNDING SOURCES	\$	81,841	\$		-	\$	-	\$	-	. \$	-	\$	81,841
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity													
											_		\$	-
This row left blank for funding sources not in drop-down list													\$	_
TOTAL OTHE	ER DPH FUNDING SOURCES	\$	_	\$		-	\$	-	\$		\$	-	\$	-
	AL DPH FUNDING SOURCES		81,841			_	\$		\$		· \$	_	\$	81,841
NON-DPH FUNDING SOURCES	AE BITTI GIABIIAG GGGRGEG	Ψ	01,041	Ψ			Ψ		Ť		Ť		<u> </u>	01,041
NON-DITIT ONDING SOURCES														
This row left blank for funding sources not in drop-down list													\$	
	N-DPH FUNDING SOURCES	¢	_	\$		_	\$	_	\$	_	. \$	_	\$ \$	
	JRCES (DPH AND NON-DPH)		81,841	Ψ			Ψ		Ψ	-	. φ	_	Ψ	81,841
	RCES (DEH AND NON-DEH)		01,041			-						-		01,041
BHS UNITS OF SERVICE AND UNIT COST	Number of Dade Durch and													
SUD Only - Number of Outpatie	Number of Beds Purchased								1		-			
SUD Only - Number of Outpatier SUD Only - Licensed Capacity for			25	1					+		+	+		
SOD Only - Licensed Capacity for	Nationic Treatment Programs	Ec	e-For-Service	1					+		+			
	Payment Method		(FFS)						1					
	DPH Units of Service		5,876	 					+		+	+		
	Unit Type			1	0			0	1	0		0		
Cost Per Unit - DPH Rate (DP	H FUNDING SOURCES Only)		Dose 13.93	\$	_	-	\$		\$	-	\$	-		
Cost Per Unit - Contract Rate (DPH & No			13.93	\$		_	\$		\$		\$	-		
,	Rate (Medi-Cal Providers Only)		16.02	_			Ψ		+*		Ψ		Т	otal UDC
Unduplicated Clients (UDC			29	 					+		-			29
	Unduplicated Clients (UDC								1					

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number	1000010465	_	
Program Name 2	ZSFG Pharm	-	
Program Code	76134		

 Appendix Number
 B-7

 Page Number
 2

 Fiscal Year
 2019-2020

Funding Notification Date 10/25/19

		_	$\overline{}$	Dor	4 A.	ith Droi	_		_		_			r unung rtounouu		10/20/10
		то	DTAL	240	Acti 10646-	uth-Proj- :ivity 6-10000- 681-0003		t-Auth-Proj- Activity		ot-Auth-Proj- Activity		ot-Auth-Proj- Activity		t-Auth-Proj- Activity	<i>A</i>	t-Auth-Proj- Activity
Funding Term	07/0)1/2019	9 - 06/30/2020	07/01/2	2019	- 06/30/2020	(mm/dr	d/yy-mm/dd/yy):	(mm/d	ld/yy-mm/dd/yy):	(mm/d	d/yy-mm/dd/yy):	(mm/dr	d/yy-mm/dd/yy):	(mm/dd	d/yy-mm/dd/yy):
Position Title	FTE		Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries	FTE		FTE	Salaries	FTE	Salaries
Psychologist	0.02		3,904.00	0.02		3,904			1			1		1		1
Clinical Social Worker 2, Supvr	0.15		14,385.00	0.15		14,385										1
Social Work Associate	0.53	\$	32,313.00			32,313								<u> </u>		1
	0.00		-	1												1
				<u>. </u>												
	0.00		-	<u> </u>										<u> </u>		
	0.00		-	<u>, </u>	L								'	<u> </u>		
	0.00		-	'										<u> </u>		1
	0.00		-	<u> </u>									'	<u> </u>		
	0.00			<u> </u>									'	<u> </u>		
	0.00		-	'										<u> </u>		1
	0.00		-	<u> </u>	L								'	<u> </u>		
	0.00		-	<u></u> '										<u> </u>		
	0.00		- 1	<u></u> '									'	<u> </u>		
	0.00		-	<u> </u>									'	'		
	0.00		-	<u></u> '									'	<u> </u>		
	0.00		-	<u>. </u>									'	<u> </u>		
	0.00			<u>'</u> ــــــــــــــــــــــــــــــــــــ	Ĺ		!		<u> </u>		<u> </u>		'	<u> </u>	لــــــــا	
	0.00		-	' <u>ــــــ</u> '			<u> </u>		<u> </u>		<u> </u>	Г	'	<u> </u>	لــــــــــــــــــــــــــــــــــــــ	
	0.00		-	<u>. </u>									'	<u> </u>		
	0.00		-	<u>'</u> ــــــــــــــــــــــــــــــــــــ	Ĺ		!		<u> </u>		<u> </u>		'	<u> </u>	لــــــــا	
	0.00		-	<u></u> '	$oxed{oxed}$	'	<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	'		لــــــــــــــــــــــــــــــــــــــ	
	0.00		<u> </u>	<u>. </u> '							<u> </u>	Γ	'		لــــــــــــــــــــــــــــــــــــــ	
	0.00		-	اا	<u></u>		<u> </u>	<u> </u>	<u> </u>		<u> </u>	<u> </u>	'		لــــــــا	
	0.00		-	<u> </u>	Щ.	!	<u> </u>						⊥'	<u> </u>	لــــــا	
	0.00		-	<u> </u>	Щ.	'	<u> </u>					<u> </u>	<u> </u>	<u> </u>	لــــــا	
				 '	Ш		<u> </u>						<u> </u>	<u> </u> '	↓	
	0.00		-	 '	Ш		<u> </u>						<u> </u>	<u> </u> '	↓	
	0.00		-	↓ '	Щ.	'	<u> </u>		<u> </u>			ļ	<u> </u>	<u> </u>	لــــــا	
	0.00		-	<u> </u>	<u></u>		<u> </u> '	<u> </u>					<u> </u>	<u> </u> '	لــــــــا	
	0.00			<u></u> '	Щ.	'	<u> </u>					<u> </u>	<u>↓</u> ′	<u> </u>	لــــــا	
Totals:	0.70	\$	50,602.00	0.70	\$	50,602.2	0.00		0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$	20,367.00	40%	\$	20,367	0.00%		0.00%	1	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	70,969.00		\$	70,969.00	1 '	\$ -	7	\$ -	7	\$ -	1	\$ -	l i	\$ -

Contract ID Number 1000010465
Program Name ZSFG Pharm Program Code 76134

Appendix Number B-7 Page Number 3 Fiscal Year 2019-2020 Funding Notification Date 10/25/19

						laing Notification Bate	10/23/13
Expense Categories & Line Items	TOTAL	Dept-Auth-Proj- Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/20120	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	\$ -						
Building Repair/Maintenance	\$ -						
Occupancy Total:	-	\$	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ 30.00	\$ 30.00					
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	\$ 30.00	\$ 30.00	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	\$ -						
Consultant/Subcontractor Total:	-	\$ -	\$ -	\$ -	\$ -	-	\$ -
Other (provide detail):	\$ -						
GAEL: General Automobile and Employee Liability Charges	\$ 415.00	\$ 415					
UCSF Faculty and Staff Recharge	\$ 796.00	\$ 796					
CCDSS: Computing and Communication Device Support Service							
Data Network Recharge	\$ 368.00						
Other Total:	\$ 2,073.00	\$ 2,073	\$ -	\$ -	\$ -	-	\$ -
	Τ.,			T .	T .	1.	T .
TOTAL OPERATING EXPENSE	\$ 2,103.00	\$ 2,103	\$ -	\$ -	\$ -	\$ -	\$ -

DHCS Legal Entity Number	00117						<i>y</i>		(-	/	Appe	endix Number		B-8
Provider Name	UCSF DSAAM			_							ı	Page Number		1
Provider Number	388922			_								Fiscal Year	2	019-2020
Contract ID Number	1000010465	-								Fundi	ng No	tification Date		10/25/19
	Program Name						CI	BHS Pharm						
	Program Code		77134											
Mode	e/SFC (MH) or Modality (SUD)		ODS-120d											
			ODS NTP											
	On the Description		Methadone - Dosing											
Fundin	Service Description g Term (mm/dd/yy-mm/dd/yy):										-			
	g Term (mm/dd/yy-mm/dd/yy).	07/0	11/2019 - 06/30/2020											TOTAL
FUNDING USES														
	Salaries & Employee Benefits		39,634										\$	39,634
	Operating Expenses		1,286								-		\$	1,286
	Capital Expenses		40.000	•			•		•		•		\$	40.020
	Subtotal Direct Expenses		40,920	Ð		-	\$		\$		\$	-	\$	40,920
	Indirect Expenses Indirect %		4,910 12.0%	-	0.0%			0.0%	+-	0.0%	+	0.0%	Ъ	4,910 12.0%
	TOTAL FUNDING USES		45,830	¢	0.0 /6	_	\$		\$	0.0 /6	\$	0.0 /6	\$	45,830
BHS MENTAL HEALTH FUNDING SOURCES		Ð	45,630	Ф			Þ	-	Ð		₽ P	-	Đ	45,630
BHS WENTAL REALTH FUNDING SOURCES	Dept-Auth-Proj-Activity												¢.	
TOTAL DUC MENTAL L	 EALTH FUNDING SOURCES	•					•		•		•		\$ \$	
		Þ		\$			\$		\$		\$	-	<u> </u>	
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity		.=											
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003		17,382										\$	17,382
SUD State DMC	240646-10000-10001681-0003		9,359						-				\$	9,359
SUD County General Fund	240646-10000-10001681-0003	\$	19,089								-		\$	19,089
TOTAL DI	IS SUD FUNDING SOURCES	•	45,830	•			•		•		•		\$ \$	45,830
	IS SUD FUNDING SOURCES	Þ	45,630	Þ			\$	-	\$		\$	-	<u> </u>	45,630
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity												Φ.	
											-		\$	
This row left blank for funding sources not in drop-down list	D DDI FUNDING COURCES			•					•				\$	
	R DPH FUNDING SOURCES		-	\$			\$	-	-		\$	-	\$	-
	AL DPH FUNDING SOURCES	\$	45,830	\$			\$		\$		\$		\$	45,830
NON-DPH FUNDING SOURCES														
This row left blank for funding sources not in drop-down list		L.									+		\$	
	N-DPH FUNDING SOURCES			\$		-	\$	-	\$		\$	-	\$	
	JRCES (DPH AND NON-DPH)		45,830									-		45,830
BHS UNITS OF SERVICE AND UNIT COST														
	Number of Beds Purchased			ļ					-		_			
SUD Only - Number of Outpatier				<u> </u>					1		1			
SUD Only - Licensed Capacity for	Narcotic Treatment Programs		40	-					-		+			
	De: 1 1 1		e-For-Service											
	Payment Method		(FFS)	-					1		1			
	DPH Units of Service Unit Type		3,290 Dose	-	0			0	1	0	1	0		
Cost Per Unit - DPH Rate (DP				¢.	_		¢.		Φ.		¢	-		
Cost Per Unit - DPH Rate (DP Cost Per Unit - Contract Rate (DPH & No			13.93 13.93	Φ		-	\$	<u> </u>	\$		\$	-		
	Rate (Medi-Cal Providers Only)		16.02	φ		-	Φ	-	Φ	-	φ	-	-	otal UDC
Published R			16.02	-			!		1		+		- '	16
	Unduplicated Clients (UD													10

Appendix B - DPH 3: Salaries & Employee Benefits Detail

C	ontract ID Number	1000010465	
	Program Name	CRHS Pharm	

Appendix Number B-8
Page Number 2
Fiscal Year 2019-2020

10/25/19

Funding Notification Date

Program Name	CBHS Pharm
i rogram riamo	OBITO I Hairii
Program Code	77134
riogram Code	11134

				Den	t_ A i if	h-Proj-							- unumg roundation butto 19/20/10			
		тот	ſ AL	24	Activ 0646-			t-Auth-Proj- Activity		ot-Auth-Proj- Activity		t-Auth-Proj- Activity		t-Auth-Proj- Activity	1	-Auth-Proj- Activity
Funding Term	07/0	1/2019 -	- 06/30/2020			06/30/2020	(mm/do	d/yy-mm/dd/yy):	(mm/d	d/yy-mm/dd/yy):	(mm/d	d/yy-mm/dd/yy):	(mm/do	d/yy-mm/dd/yy):	(mm/dd	l/yy-mm/dd/yy):
Position Title	FTE		Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries	FTE		FTE	Salaries	FTE	Salaries
Psychologist	0.01		1,952.00	0.01		1,952.21										
Clinical Social Worker 2, Supvr	0.05		4,910.00			4,910.00										
Social Work Associate	0.35		21,397.00	0.35	\$	21,397.00										
	0.00		-		,	,										
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
Totals:	0.41		28,259.00	0.41	\$	28,259	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$	11,375.00	40%	\$	11,375	0.00%		0.00%		0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	39,634.00		\$	39,634.00		\$ -		\$ -		\$ -		\$ -		\$ -

Contract ID Number 1000010465
Program Name CBHS Pharm Program Code 77134

Appendix Number B-8 Page Number 3 Fiscal Year 2019-2020 Funding Notification Date 10/25/19

	Dont Auth Droi					
TOTAL	Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):
\$ -						
\$ -						
\$ -						
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
\$ 76.00	\$ 76					
\$ -						
\$ -						
\$ -						
\$ 76.00	\$ 76.00	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -						
\$ -						
\$ -						
\$ -						
\$ -						
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-
\$ -						
\$ -						
\$ -						
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -						
\$ -						
\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
\$ -						
\$ 232.00	\$ 231.73					
\$ 469.00	\$ 469.00					
\$ 292.00	\$ 292.00					
\$ 217.00						
\$ 1,210.00	\$ 1,210.00	\$ -	-	\$ -	\$ -	\$ -
\$ 1,286.00	\$ 1,286.00	\$ -	\$ -	\$ -	\$ -	\$ -
	07/01/2019 - 06/30/2020 \$	240646-10000- 10001681-0003	TOTAL Activity 240646-10000- 10001681-0003 07/01/2019 - 06/30/2020 07/01/2019 - 06/30/2020 (mm/dd/yy-mm/dd/yy) (mm/dd/yy-mm/dd/yy (mm/dd/yy-mm/dd/yy	TOTAL Activity 240846-10000- 10001681-0003 07/01/2019 - 06/30/2020 07/01/2019 - 06/30/2020 (mm/dd/yy-mm/dd/yy) (mm/dd/yy-mm/dd/yy (mm/dd/yy-mm/d	TOTAL Activity 240546-1000- 10001681-0003 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 07/01/2019 - 08/30/2020 0/	TOTAL Activity 240649-10000 Activity 240649-10000 Activity Activity Activity Activity Dept-Auth-Proj- Activity Activity Activity Dept-Auth-Proj- Activity Activity Dept-Auth-Proj- Activity Activity Dept-Auth-Proj- Activity Activity Dept-Auth-Proj- Activi

DHCS Legal Entity Numbe	Appendix B - DPH 2: Departn	ilent of Fublic Hea	atii C	ost ivehou	ung/L	Jala CO	ilection (CKDC	<u>') </u>	Appendix Number		B-9
Provider Name			_							Page Number		1
Provider Number			_							Fiscal Year		2019-2020
Contract ID Numbe									Fund	ing Notification Date		10/25/19
Contract ID Number	Program Name					\ncillary	Services		1 dila	ing Notification Date		10/23/13
	i rogram ivame	38134, 72134,				Aricinal y	OCI VICCO					
	Program Code	87134										
Mo	de/SFC (MH) or Modality (SUD)	SecPrev-19										
INIO	deret e (Will) et Wiedanty (COD)	000110110										
		SA-Sec Prev										
	Service Description	Outreach										
Fundi	ng Term (mm/dd/yy-mm/dd/yy):	07/01/2019 - 06/30/2020	0									
FUNDING USES												TOTAL
	Salaries & Employee Benefits	\$ 1,100,461									\$	1,100,461
	Operating Expenses										\$	38,253
	Capital Expenses										\$	-
	\$ 1,138,714	\$		- ;	\$	-	\$		\$ -	\$	1,138,714	
	Subtotal Direct Expenses Indirect Expenses					-		<u> </u>			\$	136,646
	Indirect %	12.0%		0.0%		0.0)%		0.0%	0.0%		12.0%
	TOTAL FUNDING USES				- !	\$	-	\$		\$ -	\$	1,275,360
BHS MENTAL HEALTH FUNDING SOURCES	Dept-Auth-Proj-Activity	\$ 1,275,360	\$			<u>*</u>				•	Ť	, ,,,,,,,
	_ operation roj recently										\$	-
TOTAL BHS MENTAL	HEALTH FUNDING SOURCES	\$ -	\$		- !	\$		\$		\$ -	\$	_
BHS SUD FUNDING SOURCES	Dept-Auth-Proj-Activity	Ψ	Ψ			<u>*</u>		_		<u> </u>	Ť	
SUD Fed DMC FFP, CFDA 93.778	240646-10000-10001681-0003										\$	
SUD State DMC	240646-10000-10001681-0003		1								\$	
SUD County General Fund	240646-10000-10001681-0003	\$ 1,275,360	1								\$	1,275,360
SOD County General Fund	240040-10000-10001001-0003	φ 1,275,300									\$	1,275,300
			1								\$	
TOTAL B	SHS SUD FUNDING SOURCES	\$ 1,275,360	\$		- !	\$		\$		\$ -	\$	1,275,360
OTHER DPH FUNDING SOURCES	Dept-Auth-Proj-Activity	Ψ 1,270,000	¥		,	Ψ		Ψ		Ψ	Ψ	1,210,000
OTTER DETT GNDING SOURCES	Dept-Autii-PTOJ-Activity										\$	
This are left blook for fired and the second											\$	-
This row left blank for funding sources not in drop-down list	IED DDIT ETINDING COURCES	<u> </u>	•			r		*		•	_	
	IER DPH FUNDING SOURCES		\$		- !			\$	-	¥	\$	4 075 000
	TAL DPH FUNDING SOURCES	\$ 1,275,360	\$		- 3	>		\$		\$ -	\$	1,275,360
NON-DPH FUNDING SOURCES												
											_	
This row left blank for funding sources not in drop-down list	ON DRUE LINE CONTROL	•	-							 	\$	-
	ON-DPH FUNDING SOURCES	*	\$		- !	\$	-	\$	-	\$ -	\$	
	URCES (DPH AND NON-DPH)	1,275,360			-					-		1,275,360
BHS UNITS OF SERVICE AND UNIT COST												
0110 0 1 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Number of Beds Purchased							ļ		-		
	ient Group Counseling Sessions		-					<u> </u>		1		
SUD Only - Licensed Capacity for	SUD Only - Licensed Capacity for Narcotic Treatment Programs							<u> </u>				
		Cost										
	Reimbursement											
	(CR)	+					 					
	6,571 Hours	+	0		(1	 	0	0			
Cost Par Unit DDU Data (D	Unit Type Cost Per Unit - DPH Rate (DPH FUNDING SOURCES Only)							¢	_			
Cost Per Unit - Contract Rate (DPH & N				-		<u>\$ </u>	-	\$	-	\$ - \$ -		
	Rate (Medi-Cal Providers Only)	ψ 154.09	φ	-	-+	Ψ		Ψ		Ψ -	-	Total UDC
Published	Unduplicated Clients (UDC)	643	1					1		1		643
	oridupiicated Ciletits (ODC)	U43						<u> </u>		1		040

Appendix B - DPH 3: Salaries & Employee Benefits Detail

Contract ID Number 1000010465

Program Name Ancillary Services

Appendix Number B-9 Page Number 2019-2020 Fiscal Year

10/25/19

Funding Notification Date

Program Name Ancillary Services		
Program Code 38134, 72134, 87134		
<u> </u>		
	Dept-Auth-Proj-	

English Ton			DTAL	24 100	10646-10000- 1001681-0003		Dept-Auth-Proj- Activity nm/dd/yy-mm/dd/yy):		Dept-Auth-Proj- Activity (mm/dd/yy-mm/dd/yy):		ot-Auth-Proj- Activity	Dept-Auth-Proj- Activity (mm/dd/yy-mm/dd/yy):		,	t-Auth-Proj- Activity	
Funding Tern		1/2019	9 - 06/30/2020									d/yy-mm/dd/yy):				l/yy-mm/dd/yy):
Position Title	FTE	•	Salaries	FTE		Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries	FTE	Salaries
Physician, Medical Director	0.47		107,362.00	0.47		107,362									 	
Program Physician	0.41		90,602.00	0.41 0.82	\$	90,602 54,153									 	
Office Manager	0.82		54,153.00										├		\vdash	
Analyst 3, Supvr Clinical Social Worker 2, Supvr	0.50		44,774.00	0.50		44,774									 	
	1.22		120,040.00	1.22		120,040									 	
Project Assistant, 3	1.95		118,588.00	1.95		118,588									 	
Division Administrator	0.23		25,179.00	0.23		25,179							├──			
Patient Navigator 3	0.25		15,425.00	0.25		15,425							├──			
Nurse Practitioner 2	0.05		9,806.00	0.05		9,806									 	
Nurse Practitioner 3, Supvr	0.05		10,032.00	0.05		10,032							<u> </u>			<u> </u>
Financial Analyst	0.65		52,891.00	0.65		52,891							<u> </u>			<u> </u>
Social Work Associate	2.04		131,335.00	2.04		131,335							<u> </u>		 	
Psychologist	0.03		5,857.00	0.03	\$	5,857							<u> </u>			<u> </u>
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-										L			
	0.00		-										L			
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-													
	0.00		-												1	
	0.00		-												1	
	0.00		-												1	
	0.00		-												1	
Totals	8.68	\$	786,044.00	8.68	\$	786,044	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -	0.00	\$ -
Employee Benefits:	40%	\$	314,417.00	40%	\$	314,417	0.00%		0.00%	ı	0.00%		0.00%		0.00%	
TOTAL SALARIES & BENEFITS		\$	1,100,461.00		\$	1,100,461]	\$ -]	\$ -		\$ -]	\$ -	i [\$ -

Contract ID Number 1000010465

Program Name Ancillary Services
Program Code 38134, 72134, 87134

 Appendix Number
 B-9

 Page Number
 3

 Fiscal Year
 2019-2020

 Funding Notification Date
 10/25/19

Expense Categories & Line Items	TOTAL	Dept-Auth-Proj-Activity 240646-10000- 10001681-0003	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity	Dept-Auth-Proj- Activity
Funding Term	07/01/2019 - 06/30/2020	07/01/2019 - 06/30/2020	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy)	(mm/dd/yy-mm/dd/yy):	(mm/dd/yy-mm/dd/yy):
Rent	\$ -						
Utilities (telephone, electricity, water, gas)	-						
Building Repair/Maintenance	\$ -						
Occupancy Total:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Office Supplies	\$ -						
Photocopying	\$ -						
Program Supplies	\$ -						
Computer Hardware/Software	\$ -						
Materials & Supplies Total:	-	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Training/Staff Development	\$ -						
Insurance	\$ -						
Professional License	\$ -						
Permits	\$ -						
Equipment Lease & Maintenance	\$ -						
General Operating Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Local Travel	\$ -						
Out-of-Town Travel	\$ -						
Field Expenses	\$ -						
Staff Travel Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Consultant/Subcontractor (Provide Consultant/Subcontracting Agency Name, Service Detail w/Dates, Hourly Rate and Amounts)	\$ -						
	-						
Consultant/Subcontractor Total:	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Other (provide detail):	\$ -						
Temporary Help	\$ 11,000.00	\$ 11,000.00					
Data Network Recharge	\$ 6,445.00						
CCDSS: Computing and Communication Device Support Service	\$ 10,082.00	\$ 10,082.11					
GAEL: General Automobile and Employee Liability Charges	\$ 6,144.00	\$ 6,143.82					
UCSF Faculty and Staff Recharge	\$ 4,582.00	\$ 4,581.83					
Other Total:	\$ 38,253.00	\$ 38,253.00	\$ -	\$ -	\$ -	\$ -	\$ -
	T	1		1.	Τ.,	Ι.	
TOTAL OPERATING EXPENSE	\$ 38,253.00	\$ 38,253.00	\$ -	-	-	\$ -	-

Appendix B - DPH 6: Contract-Wide Indirect Detail

Contractor Name	UCSF DSAAM	Page Number	
Contract ID Number	1000010465	Fiscal Year	2019-2020
		Funding Notification Date	10/25/19

1. SALARIES & EMPLOYEE BENEFITS

Position Title	FTE	Amount

Subtotal: 0.00 \$ Benefits: 0.0% \$ Benefits: \$ -Employee Benefits: 0.0% \$

490,626.00

Total Salaries and Employee Benefits: \$

Total Indirect Costs \$

2. OPERATING COSTS

Expenses (Use expense account name in the ledger.)		Amount
The University charges 12% indirect on this contract.		
ОТОР		186,626
Bayview Van		32,340
OBIC		119,309
OBOT TW		1,155
OBOT PH		830
OBOT PHP		41
ZSFG Pharm		8769
CBHS Pharm		4,910
Ancillary Services		136,646
Total Operating Cost	s \$	490,626.00

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Contract ID# 1000010465 Appendix F PAGE A

INVOICE NUMBER : S01 JL 20

Contractor: University of California Regents - CMS# 6908 Div of Substance Abuse & Addiction Medicine Ct. Blanket No.: BPHM N/A User Cd Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110 Ct. PO No.: POHM TBD SUD Fed/ State/ Cnty - General Fund Tel No.: (415) 206-8431 Fund Source: **BHS** Fax No.: (415) Invoice Period: July 2020 Funding Term: 07/01/2020 - 06/30/2021 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining Total Contracted Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC Exhibit UDC **Unduplicated Clients for Exhibit:** *Unduplicated Counts for AIDS Use Only.
DELIVERABLES Delivered THIS Delivered Remaining % of TOTAL Program Name/Reptg. Unit Total Contracted PERIOD Unit to Date Deliverables Modality/Mode # - Svc Func (MH Only) AMOUNT DUE CLIENTS UOS CLIENT Rate UOS UOS B-1 OTOP PC# - 38134 240646-10000-10001681-0003 ODS-120d ODS NTP Methadone - Dosing 93,821 13.93 0.000 0.00% 93,821.000 ODS-120i ODS NTP Methadone - Individual Counseling 19,627 15.74 0.000 0.00% 19,627.000 ODS-120g ODS NTP Methadone - Group Counseling 1,363 3.36 0.000 0.00% 1,363.000 ODS-93 ODS Case Management 26.30 271.000 271 0.000 0.00% ODS-117 ODS NTP MAT Buprenorphine 5,278 21.65 0.000 0.00% 5,278.000 B-2 Bayview Van PC# - 72134 240646-10000-10001681-0003 ODS-120d ODS NTP Methadone - Dosing 17,177 13.93 0.000 0.00% 17,177.000 ODS-120i ODS NTP Methadone - Individual Counseling 3,479 15.74 3,479.000 0.000 0.00% ODS-93 ODS Case Management 8 26.30 0.000 0.00% 8.000 ODS-117 ODS NTP MAT Buprenorphine 21.65 0.000 0.00% 390.000 390 \$ TOTAL 141,414 0.00% 141,024.000 **Expenses To Date** % of Budget Remaining Budget **Budget Amount #VALUE!** #VALUE! NOTES: SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved 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: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor San Francisco, CA 94103 Or email to: cbhsinvoices@sfdph.org Authorized Signatory Date

 Jul Amendment2 09-25
 Prepared: 9/28/2020

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contract ID# 1000010465 Appendix F PAGE A

							INVOICE	NUMBER:	S05	JL	20	
Contractor: University of California Regents - CMSa Div of Substance Abuse & Addiction Medici							Ct. Blanke	t No.: BPHI	MN/A			
Address: 1001 Potrero Avenue Room 7M12, San	Francisco, C	A 94110					Ct. PO No	.: POHM	TBD		Use	r Cd
Tel No.: (415) 206-8431					1		Fund Sou			/ State Co	inty - Gene	ral Fund
Fax No.: (415)			В	BHS			Invoice Period:		SUD Fed/ State County - General Fund July 2020			
Funding Term: 07/01/2020 - 06/30/2021							Final Invoi	ce:		(Check if Yes	s)
PHP Division: Behavioral Health Services										,		
	TOTA	AL	DEL	IVERED	DELIVERED		%	OF	REMAINING		% OF	
	CONTRA			PERIOD		DATE		TAL		RABLES	TO	
Program/Exhibit B-3 OBIC PC# - 8921HS-OP 240646-10000-1000168	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC
ODS-92i ODS OT Individual Counseling	923						0%	#DIV/0!	923	_	100%	
ODS-93cm ODS Case management	185						0%	#DIV/0!	185	_	100%	
ODS-91mat Medication Assisted Treatment	4,726						0%	#DIV/0!	4,726	-	100%	
SecPrev-19 SA-Sec Prev Outreach	959		-				0%	#DIV/0!	959	-	100%	
Unduplicated Counts for AIDS Use Only.												
,					FXP	ENSES	FXP	ENSES	%	OF	REMA	INING
Description			BU	JDGET		PERIOD		DATE		GET	BALA	
Total Salaries			\$ (661,567.00	\$	-	\$	-		0.00%	\$ 66	31,567.00
Fringe Benefits			\$	266,281.00	\$	-	\$	-		0.00%	\$ 26	6,281.00
Total Personnel Expenses			\$	927,848.00	\$	-	\$	-		0.00%	\$ 92	27,848.00
Operating Expenses												
Occupancy			\$	-	\$	-	\$	-		0.00%	\$	-
Materials and Supplies			\$	43,023.00	\$	-	\$	-		0.00%	\$ 4	13,023.00
General Operating			\$	-	\$	-	\$	-		0.00%	\$	-
Staff Travel			\$	-	\$	-	\$	-	0.00%			
Consultant/Subcontractor			\$	-	\$	-	\$	-	0.00%			
Other: Telephone/ Pagers			\$	300.00	\$	-	\$	-		0.00%	· ·	
Temporary Help			\$				\$	-		0.00%		
Data Network Recharge			\$	3,062.00	\$	-	\$	-		0.00%		3,062.00
CCDSS			\$	4,106.00	\$	-	\$	-		0.00%		4,106.00
GAEL			\$	5,425.00	\$	-	\$	-		0.00%		5,425.00
UCSF Faculty and Staff Recharge			\$	6,679.00	\$	-	\$	-		0.00%	\$	6,679.00
Total Operating Expenses			\$	66,395.00	\$	-	\$	-		0.00%	\$ 6	6,395.00
Capital Expenditures			\$	-	\$	-	\$	-		0.00%	\$	-
TOTAL DIRECT EXPENSES			\$	994,243.00	\$	-	\$	-		0.00%	\$ 99	94,243.00
Indirect Expenses				119,309.00	\$	-	\$	-		0.00%	\$ 11	9,309.00
TOTAL EXPENSES			\$ 1,	113,552.00	\$	-	\$	-		0.00%	\$ 1,11	3,552.00
Less: Initial Payment Recovery							NOTES:					
Other Adjustments (DPH use only)												
REIMBURSEMENT					\$		1					
I certify that the information provided above is, to the accordance with the contract approved for services claims are maintained in our office at the address in Signature:	s provided un ndicated.	der the p	rovision o	f that contra								
Printed Name:												
Title:					_		Phone:					
Send to:			1		-		DPH Aut	horization fo	or Payment			
Behavioral Health Services-Budget/ Invoice Analys 1380 Howard St., 4th Floor San Francisco, CA 94103	t											
Or email to:									_			
cbhsinvoices@sfdph.org						Authoriz	zed Signato	ory	_		Date	
<u> </u>			_									

Jul Amendment2 09-25 Prepared: 9/28/2020

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contract ID# 1000010465 EXHIBIT F PAGE B

		Invoic	e Num	nber	
	S05	JL	20		
				User Cd	
CT PO No.					

Contractor: University of California Regents - CMS# 6908
Div of Substance Abuse & Addiction Medicine

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

NAME & TITLE	FTE	BUDGETED SALARY	EXPENSES	EXPENSES TO DATE	% OF BUDGET	REMAINING BALANCE
NAME & TITLE	FIE	SALARY	THIS PERIOD	TODATE	BUDGET	BALANCE
Physician, Medical Director	0.40	\$ 76,903.00	\$ -	\$ -	0.00%	\$ 76,903.00
Nurse Practitioner 3, Supvr	1.00	\$ 190,600.00	\$ -	\$ -	0.00%	
Nurse Practitioner 2	1.00	\$ 186,317.00	\$ -	\$ -	0.00%	
Analyst 2	1.00	\$ 74,191.00	\$ -	\$ -	0.00%	
Project Assistant 2	1.00	\$ 51,739.00	\$ -	\$ -	0.00%	
Hospital Assistant 3	1.00	\$ 50,981.00	\$ -	\$ -	0.00%	
Social Work Associate	0.50	\$ 30,836.00	\$ -	\$ -	0.00%	\$ 30,836.00
TOTAL SALARIES	5.90	\$ 661,567.00	\$ -	\$ -	\$ -	\$ 536,395.00

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 contract approved 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:	
Printed Name:		
Title:	Phone:	

Jul Amendment2 09-25 Prepared: 9/28/2020

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contract ID# 1000010465 Appendix F PAGE A

							INVOICE I	NUMBER:	S06	JL	20			
Contractor: University of California Regents - CI							0, 5, 1	AL DOUBL	N1/A					
Div of Substance Abuse & Addiction Me	dicine						Ct. Blanke	t No.: BPHM	N/A		He	er Cd		
Address: 1001 Potrero Avenue Room 7M12, S	an Francis	co, CA 9	4110				Ct. PO No	.: POHM	SFGOV-00	00046383		ei Cu		
Tel No.: (415) 206-8431				BHS	Ī		Fund Sour	ce:	SUD Fed/ State/ County - General Fund					
Fax No.: (415)				<u>БПЗ</u>			Invoice Pe	riod:	July 2020					
Funding Term: 07/01/2020 - 06/30/2021							Final Invoi	ce:			(Check if \	'es)		
PHP Division: Behavioral Health Services														
	TOT CONTRA			ELIVERED IS PERIOD		/ERED DATE		6 OF OTAL	REMAI DELIVER			6 OF OTAL		
Program/Exhibit	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC	UOS	UDC		
B-9 Ancillary Services PC# 38134,72134,87	134 2406	46-1000	0-100	01681-0003										
SecPrev-19 SA-Sec Prev Outreach	6,571	643		-	-	-	0%	0%	6,571	643	1009	% 100%		
Unduplicated Counts for AIDS Use Only.														
					EXPE	NSES	EXP	PENSES	% (OF .	REM	IAINING		
Description			1	BUDGET	THIS F	PERIOD	TO	DATE	BUDO	GET	BAI	ANCE		
Total Salaries			\$	786,044.00	\$	-	\$	-		0.00%	\$	786,044.00		
Fringe Benefits			\$	314,417.00	\$	-	\$	-		0.00%	\$	314,417.00		
Total Personnel Expenses			\$ 1	,100,461.00	\$	-	\$	-		0.00%	\$ 1,	100,461.00		
Operating Expenses														
Occupancy			\$	-	\$	-	\$	-		0.00%	\$	-		
Materials and Supplies			\$	-	\$	-	\$	-		0.00%	\$	-		
General Operating			\$	-	\$	-	\$	-		0.00%	-	-		
Staff Travel			\$	-	\$	-	\$	-		0.00%		-		
Consultant/Subcontractor			\$	<u> </u>	\$	-	\$	-		0.00%				
Other: Temporary Help			\$	11,000.00	\$	-	\$	-		0.00%	•	11,000.00		
Data Network Recharge			\$	6,445.00	\$	-	\$	-		0.00%		6,445.00 10,082.00		
CCDSS GAEL			\$	10,082.00 6,144.00		-	\$	-	0.00%					
UCSF Faculty and Staff Recharge			\$	4,582.00	\$	<u> </u>	\$			0.00%		4,582.00		
OCOL Laculty and Stan Necharge			\$	4,302.00	\$		\$			0.00%		4,302.00		
			Ψ		Ψ		Ψ			0.0070	Ψ			
Total Operating Expenses			\$	38,253.00	\$	-	\$	_		0.00%	\$	38,253.00		
Capital Expenditures			\$	-	\$		\$	_		0.00%	\$	-		
TOTAL DIRECT EXPENSES			,	,138,714.00	\$	-	\$	_		0.00%		138,714.00		
Indirect Expenses			\$		\$	-	\$	-		0.00%		136,646.00		
TOTAL EXPENSES			\$ 1	,275,360.00	\$	-	\$	-		0.00%	\$ 1,	275,360.00		
Less: Initial Payment Recovery				· · · · · · · · · · · · · · · · · · ·			NOTES:					<u> </u>		
Other Adjustments (DPH use only)]		No Evno					
REIMBURSEMENT					\$	-			No Expe	iise				
I certify that the information provided above is, accordance with the contract approved for serv claims are maintained in our office at the addre Signature:	ices provid ss indicate	ed under d.	the p	rovision of the										
B: (IN					•		24.0.							
Printed Name: Title:					•		Phone:							
							•							
Send to:							DPH A	uthorization fo	or Payment					
Behavioral Health Services-Budget/ Invoice An 1380 Howard St., 4th Floor San Francisco, CA 94103	alyst													
Or email to:									_					
cbhsinvoices@sfdph.org						Autho	rized Signa	atory			Date			

Jul Amendment2 09-25 Prepared: 9/28/2020

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR COST REIMBURSEMENT INVOICE

Contract ID# 1000010465 **EXHIBIT C-1** PAGE B

	Invoice Number						
	S06	JL	20				
				User Cd			
CT PO No.							

Contractor: University of California Regents - CMS# 6908

Div of Substance Abuse & Addiction Medicine

Tel. No.:

DETAIL PERSONNEL EXPENDITURES

		В	BUDGETED		EXPENSES	EXPENSES	% OF	REMAINING
NAME & TITLE	FTE		SALARY	٦	THIS PERIOD	TO DATE	BUDGET	BALANCE
Physician, Medical Director	0.47	\$	107,362.00	\$	-	\$ -	0.00%	\$ 107,362.00
Program Physician	0.41	\$		\$	-	\$ -	0.00%	90,602.00
Office Manager	0.82	\$	54,153.00	\$	-	\$ -	0.00%	\$ 54,153.00
Analyst 3, Supvr	0.50	\$	44,774.00	\$	-	\$ -	0.00%	\$ 44,774.00
Clinical Social Worker 2, Supvr	1.22	\$	120,040.00	\$	-	\$ -	0.00%	\$ 120,040.00
Project Assistant 3	1.95	\$	118,588.00	\$	-	\$ -	0.00%	\$ 118,588.00
Division Administrator	0.23	\$	25,179.00	\$	-	\$ -	0.00%	\$ 25,179.00
Patient Navigator	0.25	\$	15,425.00	\$	-	\$ -	0.00%	\$ 15,425.00
Nurse Practitioner 2	0.05	\$	9,806.00	\$	-	\$ -	0.00%	\$ 9,806.00
Nurse Practitioner 3, Supvr	0.05	\$	10,032.00	\$	-	\$ -	0.00%	\$ 10,032.00
Finance Analyst	0.65	\$	52,891.00	\$	-	\$ -	0.00%	\$ 52,891.00
Social Work Associate	2.04	\$	131,335.00	\$	-	\$ -	0.00%	\$ 131,335.00
Psychologist	0.15	\$	5,857.00	\$	-	\$ -	0.00%	\$ 5,857.00
TOTAL SALARIES	8.79	\$	786,044.00	\$	-	\$ -	0.00%	\$ 786,044.00

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 contract approved 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:
Printed Name:	
Title:	Phone:

Jul Amendment2 09-25 Prepared: 9/28/2020

DEPARTMENT OF PUBLIC HEALTH CONTRACTOR FEE FOR SERVICE STATEMENT OF DELIVERABLES AND INVOICE

Appendix F PAGE A Contract ID# 1000010465 INVOICE NUMBER : \$07 JL 20 Contractor: University of California Regents - CMS# 6908 Ct. Blanket No.: BPHM N/A Div of Substance Abuse & Addiction Medicine User Cd Address: 1001 Potrero Avenue Room 7M12, San Francisco, CA 94110 Ct. PO No.: POHM SFGOV-0000352137 Tel No.: (415) 206-8431 Fund Source: SUD Fed/ State/ Cnty - General Fund BHS Fax No.: (415) Invoice Period : July 2020 Funding Term: 07/01/2020 - 06/30/2021 Final Invoice: (Check if Yes) PHP Division: Behavioral Health Services Remaining **Total Contracted** Delivered THIS PERIOD Delivered to Date % of TOTAL Deliverables Exhibit LIDC Exhibit LIDC Exhibit LIDC Exhibit LIDC Exhibit LIDC **Unduplicated Clients for Exhibit:** Unduplicated Counts for AIDS Use Only Delivered THIS PERIOD DELIVERABLES Delivered Remaining Program Name/Reptg. Unit Total Contracted Unit % of TOTAL to Date Deliverable: Modality/Mode # - Svc Func (MH Only) AMOUNT DUE Rate CLIENT B-4 OBOT TW PC# - 75134 - 240646-10000-10001681-0003 15 74 0.00% 685.000 685 0.000 ODS-120i ODS NTP Methadone - Individual Counseling B-5 OBOT PH PC# - 74134 240646-10000-10001681-0003 ODS-120i ODS NTP Methadone - Individual Counseling 492 15.74 0.000 0.00% 492.000 B-6 OBOT PHP PC# - 86134 240646-10000-10001681-0003 ODS-120i ODS NTP Methadone - Individual Counseling 24 15.75 0.000 0.00% 24.000 B-7 ZSFG Pharm PC# - 76134 240646-10000-10001681-0003 ODS-120i ODS NTP Methadone - Individual Counseling 13.93 0.000 0.00% 5,876.000 5,876 B-8 CBHS Pharm PC# - 77134 240646-10000-10001681-0003 ODS-120d ODS NTP Methadone - Dosing 3,290 13.93 0.000 0.00% 3,290.000 TOTAL 0.000 1,201.000 Expenses To Date % of Budget Remaining Budget **Budget Amount** 146,575.00 0.00% 146,575.00 NOTES SUBTOTAL AMOUNT DUE Less: Initial Payment Recovery (For DPH Use) Other Adjustments NET REIMBURSEMENT I certify that the information provided above is, to the best of my knowledge, complete and accurate; the amount requested for reimbursement is in accordance with the contract approved 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: DPH Authorization for Payment Behavioral Health Services-Budget/ Invoice Analyst 1380 Howard St., 4th Floor

Jul Amendment2 09-25 Prepared: 9/28/2020

Authorized Signatory

Date

San Francisco, CA 94103

cbhsinvoices@sfdph.org

Or email to: