AMENDMENT NUMBER ONE
TO
ENHANCED CARE MANAGEMENT
FEE FOR SERVICE PROVIDER AGREEMENT
BETWEEN
SAN FRANCISCO HEALTH PLAN
AND
SAN FRANCISCO DEPARTMENT OF DISABILITY AND AGING SERVICES

This Amendment Number One ("Amendment") to the Enhanced Care Management Fee For Service Provider Agreement ("Agreement") between San Francisco Health Authority a local governmental entity doing business as the **San Francisco Health Plan** ("Health Plan"), and the **CITY AND COUNTY OF SAN FRANSICO acting by and THROUGH THE** San Francisco Department of Disability and Aging Services ("Provider"), is July 1, 2023.

RECITALS

 WHEREAS, Provider provides Enhanced Care Management ("ECM") and/or Community Supports ("CS") services to Health Plan enrollees on a fee-for-service basis under the Agreement; and

 WHEREAS, Health Plan wishes to incorporate record of the CalAIM Incentive Payment Program (IPP) funds awarded to Provider for the activities reported in Exhibit D, Incentive Payments Program; and

 WHEREAS, the parties wish to amend the Agreement to reflect these changes.

NOW, THEREFORE, in consideration of the mutual promises set forth below, the parties agree to amend the Agreement as follows:

1. Exhibit D, Incentive Payments Program, and its attachments are incorporated into the Agreement.

[Remainder of page is left blank intentionally.]

IN WITNESS WHEREOF, the Parties have executed this Amendment as of the date hereinafter written.

Except as modified above, all terms and conditions of the Agreement, as previously amended, shall remain the same.

San Francisco Health Plan

DocuSigned by:

Nina Maruyama

Signature_____
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Print Name___Nina Maruyama_____

Title___Chief Officer Compliance & Regulatory Affair_____

Date___9/12/2023_____

SAN FRANCISCO DEPARTMENT OF DISABILITY AND AGING SERVICES

DocuSigned by:

Trent Rhorer

Signature_____
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Print Name_____

Title_____

Date___9/8/2023_____

Approved as Form:

David Chiu

City Attorney

DocuSigned by:

By: _____
2833E4B81D244D9

Date: ___9/5/2023_____

Glenn M. Levy

Deputy City Attorney

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EXHIBIT D
INCENTIVES PAYMENT PROGRAM

Health Plan will provide Provider grants in exchange for support and deliverables to support capacity and infrastructure-building activities and interventions that will improve Enhanced Care Management (ECM) and/or Community Supports (CS) in populations of focus among Members.
These funds are intended for activities that support the CalAIM Incentive Payment Program (IPP) and the implementation and expansion of ECM and Community Supports. Specific activities, outcomes to be achieved, and their respective reporting requirements will be specified in the individual grant descriptions, attached herein as Attachments to this Exhibit D.

Any grant exceeding two hundred thousand dollars ($200,000.00) shall be paid to Medical Group in installments, after Health Plan evaluates progress on meeting the stated milestones.

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Attachment D-1

Grant Description: These funds are intended to support activities by Provider as outlined in the IPP grant application and the milestones for the following services:
- Expand services to new Populations of Focus
- Purchase/ improve/ enhance IT infrastructure
- Billing/ reporting assistance and development

Objective/Milestone	Metric/Measure	Evaluation Process	Target Completion Date
New IT system is developed	Vendor identifies DHCS and SFHP system requirements for services; provides programming and testing of new system	System incorporates all elements provided by SFHP	4/14/23
Staff are introduced to the new system	Care manager supervisors complete training	Staff understand the functionalities of the new system	4/19/23
Documentation within the new system is operable	Care manager supervisors complete testing	Vendor has incorporated supervisor feedback and worked out bugs	5/5/23
SFHP provide qualifying testing	Testing concludes	Feedback incorporated by vendor; system is ready for staff training	TBD by SFHP (May)
DAS/IOA staff can begin training	Training concludes	Staff are ready to begin testing	Contingent upon SFHP testing (May)
DAS/IOA staff can begin testing	Testing concludes	System and staff are ready to go live	Contingent upon SFHP testing (June)
Go-live - Eligibility & Enrollment	SFHP members entered into system	All system requirements operate as intended	6/26/23
Go-live – Claims, Community Supports, and Purchase of Service	Claims are filed electronically; system is available for Community Support services	All system requirements operate as intended	7/31/23

This funding agreement is effective from July 1, 2023 to June 30, 2024.

SFHP will distribute the full payment disbursement of one hundred and thirty-eight thousand and four hundred dollars ($138,400.00) to Provider within ten (10) business days of executing this amendment.

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

Reporting

Provider will provide SFHP with a complete grant report of all activities, purchases, and vendor(s) acquired services via email at CALAIMECMILOS@sfhp.org by June 30, 2024 using the most current SFHP IPP Grant Reporting Template (a copy is provided for reference).

[Remainder of page left blank intentionally.]

SFHP IPP Grant Reporting Template

Instructions: Please complete the form below for each approved IPP Grant. Email to CALAIMECMILOS@sfhp.org.

Organization Name	
Contact Name	
Contact Email	
Contact Phone Number	
Funding Amount	
Project Description Changes, if any. Please describe any major changes to the project, objectives from what your organization proposed in its initial application.	
Milestone 1	
- Has this objective been met? If not, please explain.	
- Outcome:	
- What barriers (if any) did you face in achieving the objective?	
Milestone 2	
- Has this objective been met? If not, please explain.	

- Outcome:	
- What barriers (if any) did you face in achieving the objective?	

Milestone 3	
- Has this objective been met? If not, please explain.	
- Outcome:	
- What barriers (if any) did you face in achieving the objective?	

Milestone 4	
- Has this objective been met? If not, please explain.	
- Outcome:	
- What barriers (if any) did you face in achieving the objective?	

Comments: