File No. 101315 Committee Item No. 2
Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee CITY OPERATIONS AND NEIGHBORHOOD SERVICES Date 11/8/10

Board of Supervisors Meeting Date _____

Cmte	Board	
☐	☐	Motion
☒	☐	Resolution
☐	☐	Ordinance
☐	☐	Legislative Digest
☐	☐	Budget Analyst Report
☐	☐	Legislative Analyst Report
☐	☐	Introduction Form (for hearings)
☒	☐	Department/Agency Cover Letter and/or Report
☐	☐	MOU
☒	☐	Grant Information Form
☒	☐	Grant Budget
☐	☐	Subcontract Budget
☒	☐	Contract/Agreement
☒	☐	Award Letter
☒	☐	Application
☐	☐	Public Correspondence

OTHER (Use back side if additional space is needed)

☐ ☐ _____
☐ ☐ _____
☐ ☐ _____
☐ ☐ _____
☐ ☐ _____

Completed by: Gail Johnson Date 11/4/10
Completed by: _____ Date _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages.
The complete document is in the file.

FILE NO. 101315 RESOLUTION NO.

[Accept and Expend Grant - Department of Public Health - 2010 County Coverage Expansion Planning Project - $225,000]

Resolution authorizing the San Francisco Department of Public Health to accept and expend retroactively a grant in the amount of $225,000 from the Blue Shield of California Foundation to fund the 2010 County Coverage Expansion Planning Project for the period of September 1, 2010, through August 31, 2011.

WHEREAS, The Blue Shield of California Foundation awarded DPH $225,000 to fund Health Care Coverage Initiative planning, for the 12 month period of September 1, 2010 through August 31, 2011; and,

WHEREAS, Funds provided under this grant will be used to support planning efforts for the Health Care Coverage Initiative, a critical funding source for Healthy San Francisco, a universal health access program that provides comprehensive health services to uninsured, adult San Francisco residents who are ineligible for public health insurance; and,

WHEREAS, As a condition of receiving the grant funds, the Blue Shield of California Foundation requires the City to enter into an agreement (the "Agreement"), a copy of which is on file with the Clerk of the Board of Supervisors in File No. 101315; which is hereby declared to be a part of this resolution as if set forth fully herein; and,

WHEREAS, This project budget includes $118,000 in contractual services to conduct the program evaluation with an as-yet to be determined entity; and,

WHEREAS, An ASO amendment is not required because funds are not used for staffing purposes; and,

WHEREAS, The project funded by this grant is a regional collaborative of counties, including San Francisco, Alameda and Contra Costa and funding will be shared among these counties, with $53,475 going to Alameda and $34,936 going to Contra Costa; and

WHEREAS, The budget includes a provision for indirect costs of $18,589;

WHEREAS, A request for retroactive approval is being sought because the agreement was not executed until August 31, 2010 and the start date for the project is September 1, 2010; now therefore, be it

RESOLVED, That DPH is hereby authorized to accept and expend retroactively a grant in the amount of $225,000, for the period of September 1, 2010 through August 31, 2011; and, be it

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

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

RECOMMENDED:

Mitchell Katz, M.D.
Director of Health

APPROVED:

Office of the Mayor

Office of the Controller

and County of San Francisco

Department of Public Health

Gavin Newsom
Mayor

Mitchell H. Katz, MD
Director of Health

TO: Angela Calvillo, Clerk of the Board of Supervisors

FROM: Mitchell H. Katz, M.D.
Director of Health

DATE: September 30, 2010

SUBJECT: Grant Accept and Expend

GRANT TITLE: 2010 Country Coverage Expansion Planning - $225,000

Attached please find the original and 4 copies of each of the following:

- ☒ Proposed grant resolution, original signed by Department
- ☒ Grant information form, including disability checklist -
- ☒ Budget and Budget Justification
- ☒ Grant application
- ☒ Award Letter
- ☒ Agreement
- ☐ Other (Explain):

Special Timeline Requirements:

Departmental representative to receive a copy of the adopted resolution:

Name: Ann Santos Phone: 255-3546

Interoffice Mail Address: Dept. of Public Health, Community Behavioral Health, 1380 Howard St.

Certified copy required Yes ☐ No ☒

File Number: _____
(Provided by Clerk of Board of Supervisors)

Grant Information Form
(Effective January 2000)

Purpose: Accompanies proposed Board of Supervisors resolutions authorizing a Department to accept and expend grant funds.

The following describes the grant referred to in the accompanying resolution:

1. Grant Title: 2010 Country Coverage Expansion Planning

2. Department: Public Health

3. Contact Person: Tangerine Brigham Telephone: 415.554.2779

4. Grant Approval Status (check one):

[X] Approved by funding agency [ ] Not yet approved

5. Amount of Grant Funding Approved or Applied for: $225,000

6a. Matching Funds Required: $0
b. Source(s) of matching funds (if applicable):

7a. Grant Source Agency: Blue Shield of California Foundation
b. Grant Pass-Through Agency (if applicable):

8. Proposed Grant Project Summary:
Funds provided under this grant will be used to assist a regional collaborative of counties (San Francisco, Alameda, and Contra Costa) in planning for Coverage Initiative program requirements under the State's new 1115 Waiver. In San Francisco, the Coverage Initiative provides critical funding to support the provision of comprehensive health services to designated uninsured, adult San Francisco residents enrolled in the Healthy San Francisco program.

9. Grant Project Schedule, as allowed in approval documents, or as proposed:

Start-Date: September 1, 2010 End-Date: August 31, 2011

10. Number of new positions created and funded: None.

11. If new positions are created, explain the disposition of employees once the grant ends? Not Applicable.

12a. Amount budgeted for contractual services: $118,000

b. Will contractual services be put out to bid? Yes

c. If so, will contract services help to further the goals of the department's MBE/WBE requirements? Yes

d. Is this likely to be a one-time or ongoing request for contracting out? One-time

13a. Does the budget include indirect costs? [X] Yes [ ] No

b1. If yes, how much? $18,589
b2. How was the amount calculated? 9% of direct project expenses

c. If no, why are indirect costs not included?
[ ] Not allowed by granting agency [ ] To maximize use of grant funds on direct services
[ ] Other (please explain):

14. Any other significant grant requirements or comments:

A portion of the $225,000 is designated for a pass-through for two of the participating counties in the collaborative - $53,475 for Alameda and $34,936 for Contra Costa. The pass-through totals $88,411.

A request for retroactive approval is being sought because the agreement was not executed until August 31, 2010.

****Disability Access Checklist*****

15. This Grant is intended for activities at (check all that apply):

[ ] Existing Site(s)	[ ] Existing Structure(s)	[X] Existing Program(s) or Service(s)
[ ] Rehabilitated Site(s)	[ ] Rehabilitated Structure(s)	[ ] New Program(s) or Service(s)
[ ] New Site(s)	[ ] New Structure(s)	

16. The Departmental ADA Coordinator and/or the Mayor's Office on Disability have reviewed the proposal and concluded that the project as proposed will be in compliance with the Americans with Disabilities Act and all other Federal, State and local access laws and regulations and will allow the full inclusion of persons with disabilities, or will require unreasonable hardship exceptions, as described in the comments section:

Comments:

Departmental or Mayor's Office of Disability Reviewer: _____ (Name)

Date Reviewed: 9/30/10

Department Approval: _____ (Mitchell H. Katz, MD) (Director of Health)

BUDGET NARRATIVE
Blue Shield of California Grant
Coverage Initiative MEDS System of Record
September 1, 2010 through August 31, 2011

Expense

Salary and Benefits: $0
The Department is not requesting funding for any salaried positions.

Conferences: $0
The Department is not requesting any funding for conferences.

Equipment, Major or Minor: $0
The Department is not requesting any funding for equipment.

Printing: $0
The Department is not requesting any funding for printing.

Supplies: $0
The Department is not requesting any funding for supplies.

Travel: $0
The Department is not requesting any funding for travel.

Other Direct Expense: **$206,411**

A portion of the funds will be used to retain a consultant(s) that will be responsible for developing a recommendation and plan for three counties' transitions to the Medi-Cal Eligibility Data System (MEDS) as the system of record for their Coverage Initiative programs. The consultant will conduct this analysis on behalf of San Francisco, Alameda, and Contra Costa counties. The consultant will be identified through an RFP process. A portion of the funds will be used to cover some of the administrative expenses for regional collaborative staff working on this project in Alameda and Contra Costa. The administrative expenses for San Francisco are captured in the indirect expense section of this document.

Consultant		$118,000
Pass-Through to Regional County Partners		$88,411
Alameda County Health Care Services Agency	$53,475	
Contra Costa County Health Services	$34,936	

Indirect Expense: **$18,589**
The City and County of San Francisco (CCSF) requested funding for indirect costs at 9% of direct project expenses ($206,411). Funds will be used to support CCSF costs related to overhead, such as accounting, contracting and administrative expenses.

TOTAL: **$225,000**

blue shield
of california
foundation

2010 County Coverage Expansion

Logout

Confirmation of Application Receipt:

Your proposal was successfully submitted to the Blue Shield of California Foundation. No further action on your part is required. You will receive notice of your proposal's status, but we review many applications, so please be patient.

We recommend that you print a copy of your application. To print a copy of this completed application go to your browser toolbar and click "File" then "Print". Click return to the homepage when you are finished.

Contact Information

Contact Type (required)	Grantseeker
Salutation (required)	Ms.
First Name (required)	Tangerine
Last Name (required)	Brigham
Title	Director of Health San Francisco
Address (required)	101 Grove Street
City (required)	San Francisco
State (required)	California
Zip (required)	94102
Telephone (required)	(415) 554-2779
Fax	(415) 554-2811
E-mail Address (required)	tangerine.brigham@sfdph.org

Organization Information

Legal Name (required)	San Francisco Department of Public Health
AKA Name	San Francisco DPH, SFDPH, DPH
Official Name	
Address (required)	101 Grove Street
City (required)	San Francisco
State (required)	California

Zip (required)	94102
Telephone (required)	(415) 554-2600
Fax (required)	(415) 554-2811
E-mail Address (required)	N/A
Website Address (required)	www.sfdph.org
Sponsored Entity	
Sponsored Entity Contact Information	
Fiscal Sponsor Agreement	
CEO Salutation (required)	Dr.
Chief Executive Officer (CEO) Name (required)	Mitchell H. Katz
Chief Executive Officer Title (if different)	Director of Health
CEO Phone (required)	(415) 554-2999
CEO E-mail Address (required)	mitchell.katz@sfdph.org
Geographic Region Served by Organization (required)	San Francisco Bay Area
Founding Year (required)	1878
Budget Range (required)	$25,000,000 and above
Mission Statement (required)	The mission of the San Francisco Department of Public Health is to protect and promote the health of all San Franciscans. It fulfills its mission by engaging in the following activities: * assessing and researching the health of the community, * developing and enforcing health policy, * preventing disease and injury, * educating the public and training health care providers, * providing quality, comprehensive, culturally-proficient health services and * ensuring equal access to all. Its vision is to: * provide effective primary prevention, communicable disease control, trauma care, and enforcement of health safety regulations to all San Franciscans and visitors, * connect every uninsured San Franciscan to a primary care medical home and

* create a comprehensive coordinated array of services available to patients throughout the network.

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

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

Key Programs (required)

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

Key Community Programs Division programs are:

* Communicable Disease Control & Prevention -- Conducts prevention, undertakes disease control, and monitors injury and disability within the community.

* Behavioral Health Services - Provision of community mental health and substance abuse services.

* Health Promotion & Prevention -- Develops and implements citywide health programs and initiatives designed to prevent disease and injury.

* Environmental Health - Promotes health and quality of life by ensuring healthy living and working conditions via environmental health regulations.

Key Community Health Network programs are:

* Community Oriented Primary Care -- Provides primary care services.

* San Francisco General Hospital & Trauma Center - A licensed general acute care hospital.

* Laguna Honda Hospital & Rehabilitation Center - A skilled nursing and rehabilitation care facility.

In July 2007, the Department implemented a new health access program called Healthy San Francisco (HSF). HSF expands access to health services and deliver appropriate care to uninsured, adult San Francisco residents. Specifically, it:

* creates a coordinated health care delivery network,

* ensures participants receive a primary care medical home,

* streamlines the eligibility and enrollment process,

* makes information on services and the costs clearer and more accessible and

* enhances provider ability to effectively monitor care for improved outcomes

HSF's goals are to improve access to, satisfaction with and utilization of care received by uninsured participants. In September 2007, the Department began its participation in the Health Care Coverage Initiative which provides services to uninsured adults and supports safety net delivery system redesign.

Organization History (required)

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

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

In the late 1980s, the Charter of the City and County of San Francisco was amended to create the San Francisco Health Commission. The Health Commission

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

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

Organization Tax ID Documentation (required)

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

501(h) Election

No

Organizational Relationship

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

Organizational Shifts/Changes (required)

None

Organizational Shifts/Changes Narrative

Not Applicable

Organization Structure

Organizational Objectives (required)

The Department's organizational objectives are outlined in its strategic plan which was adopted by the San Francisco Health Commission in November 2004. The Strategic Plan serves as a roadmap for the Department in all of its activities including program development, evaluation, departmental budgeting, and service adjustments.

The current strategic plan framework outlines the following four Department goals:

* Goal 1: San Franciscans have access to the health

services they need.

* Goal 2: Disease and injury are prevented.

* Goal 3: Services, programs, and facilities are cost-effective and resources are maximized.

* Goal 4: Partnerships with communities are created and sustained to assess, develop, implement, and advocate for health funding, policies, programs, and services.

The Department has measureable objectives under each of these goals. On a regular basis, the Department provides updates to the San Francisco Health Commission on implementation of the strategic plan.

In addition to the goals, the Department's strategic plan identifies the target populations for service. This represents the most vulnerable in our community. They are:

* uninsured (working and non-working), indigent and underinsured residents

* low-income and impoverished residents and

* homeless residents.

Other target populations include (in alphabetical order): children and youth; low-income families with children, frail elderly, incarcerated, low-income racial and ethnic minority persons, mentally ill, multiply diagnosed, people with chronic disease and disabilities, persons at risk of STDs, substance abusers, and immigrants and workers in unsafe, unregulated environments.

The Department's strategic plan also identifies the following target neighborhoods (in alphabetical order): Bayview/Hunters Point, Chinatown, Mission, Outer Mission, Potrero Hill, South of Market, Tenderloin and Visitacion Valley.

Organizational Objectives/Grantmaking Priority Areas (required)

The Department's objectives are most closely aligned with the Foundation's Health Care and Coverage grant making goals.

To expand access to care, in July 2007, the Department implemented the Healthy San Francisco (HSF) program. HSF is a health access program that provides comprehensive, affordable services to uninsured residents. Program participants select a primary care medical home to improve quality and continuity of care. In March 2007, the Department

was informed that it was one of 10 counties awarded federal reimbursement under the Health Care Coverage Initiative (CI); the CI effort began in September 2007. A subset of HSF participants are CI eligibles. HSF serves over 53,000 uninsured residents of which over 9,000 are CI enrollees.

The Department supports the Foundation's three Health Care and Coverage grant making goals in the following manner:

* HSF/CI increases access to health services for all uninsured San Franciscans via an innovative model based on ensuring universal access to a comprehensive array of outpatient and inpatient services. It does not rely on a health insurance model.

* HSF/CI strengthens the healthcare safety net to provide care for uninsured San Franciscans. HSF/CI restructures the existing safety net system (both public and non-profit) into a coordinated, integrated health care delivery system. For the first time, public and non-profit safety net providers joined forces to, among other things: (1) create a common eligibility and enrollment system and (2) provide and share clinical data for utilization analysis, clinical oversight and quality improvement.

* HSF/CI serves as a catalyst for health care reform -- it was designed through a collaborative community process of interested stakeholders and reinforces shared financial responsibility by all. HSF, not CI, also receives funding from employers who select HSF as the vehicle to meet a local ordinance requiring employers to make health care expenditures.

Organizational Chart

DPHOrgChart072009.pdf (14.32 K)

Fundraising Strategies and Goals (required)

The majority of the Department's program funding is from the government. This is consistent with the unique role that the public sector plays in ensuring community health, performing core public health functions and providing direct clinical care. However, public funding does not cover all of the funding needs. The Department does seek outside philanthropic and government grant funds to support initiatives that are compatible with both the Department's mission and the funder's programmatic goals and priorities. Philanthropic support has been critical in seeding new projects, evaluating projects, and funding analysis and project planning for new initiatives. For example, the Department partnered with philanthropy and other non-profits in conceiving the Healthy San Francisco program and in funding the program's independent evaluation.

Board Members (required)	James M. Illig, President (San Francisco Health Commission) Sonia Melara, M.S.W., Vice President (San Francisco Health Commission) Edward A. Chow, M.D. (San Francisco Health Commission) Margine A. Sako (San Francisco Health Commission) David J. Sanchez, Jr., Ph.D. (San Francisco Health Commission) Steven Tierney, Ed.D. (San Francisco Health Commission)
Board Chair First Name (required)	James
Board Chair Last Name (required)	Illig
Board Chair Daytime Phone Number (required)	415-447-2426
Board Chair Email Address	jillig@openhand.org
California Nonprofit Integrity Act (2004)	

Request Information

Project Title (required)	2010 County Coverage Expansion
Requested Amount (required)	$270,729.00
Request Date (required)	09/01/10
Length of Proposed Support/Grant Term (required)	12
Grantmaking Goal (required)	HCC-Serving as a catalyst for coverage

Project Award Strategy

Please estimate how resources will be allocated in your proposed project by entering values rounded to the nearest ten (10%) percent in the fields that begin with "AS" below. Enter values only as applicable, but ensure that they total 100.

AS: Education & Advocacy	0
AS: Policy	15
AS: Research & Evaluation	10
AS: Direct Service	0
AS: Demonstration	20
AS: Collaboration & Convening	20
AS: Capacity Building	35
Purpose of Funds (required)	To develop a detailed implementation plan/guide for the transition of three existing Coverage Initiative

systems of record in Alameda, Contra Costa and San Francisco counties to Medi-Cal Eligibility Data System (MEDS) as the CI system of record pursuant to new Section 1115 waiver requirements.

Project Lifecycle (required)

Established

Needs Statement (required)

California's Section 1115 Waiver Proposal provides rare opportunities and unique challenges for existing Coverage Initiative (CI) counties.

For CI counties such as Alameda, Contra Costa and San Francisco one significant change is adopting an entirely new system of record for CI participants. The system of record is an enrollment database which stores identifying information on participants. The waiver specifies that the new system must be the Medi-Cal Eligibility Data System (MEDS). None of the counties uses MEDS as their CI system of record, interfaces with MEDS or has access to MEDS. By March 2011, CI counties must identify a county-certified system of record that will interface with MEDS.

The counties understand the necessity of transitioning to MEDS in order to maximize CI enrollment and adhere to the 2005 Deficit Reduction Act (DRA) citizenship and identity provisions required of CI participants. Through MEDS, CI counties can document CI applicant compliance with the DRA because of an existing social security number (SSN) matching process between MEDS and the Social Security Administration. Today, none of the counties benefit from this existing matching process and, as a result, an estimated 8,000 -- 10,000 individuals are "pending" CA enrollment due to the DRA provisions. CI counties are unable to claim federal CI reimbursement for "pending" eligibles and the revenue lost is substantial. For example, San Francisco estimates that the DRA and its inability to access the MEDS/SSN matching has resulted in an inability to claim over $14 million in CI reimbursement.

The counties' experiences in creating their own uniquely-tailored CI systems of record underscores the need for a regional collaborative to effectively plan for building an appropriate pathway to MEDS as the new CI system of record to fulfill the new 1115 waiver requirement and to capitalize on the SSN matching process which will ensure critical reimbursement for services.

Needs Statement (Optional Attachment)

Project Summary (required)

San Francisco will retain a consultant on behalf of Alameda, Contra Costa, and San Francisco counties to identify and develop the implementation plan/guide for transition from the current CI systems of record

to MEDS as required by the new Section 1115 waiver.

This critical work will not only facilitate 1115 waiver compliance, but it will also address immediate challenges with respect to compliance with the 2005 Deficit Reduction Act citizenship and identification provisions for CI eligibility which exists under the current and new 1115 waiver. The DRA provisions have severely limited enrollment in HCCI programs. California's has sought to address this by obtaining flexibility from the federal government to use social security number (SSN) matching to meet the DRA provisions, but the SSN validation is only available through MEDS, which is not available to the local county agencies overseeing CI programs (i.e., health departments). Via the 1115 waiver, current and successor, the State is pushing CI counties toward a SSN match via MEDS to fulfill the DRA provisions. The consultant's work will help identify opportunities to eliminate the current SSN matching barrier to increase CI enrollment and enhance federal reimbursement.

The project consultant will facilitate a process and provide project management activities that will support the following specific deliverables: (1) analyzing the three current systems of records, (2) conducting an assessment of possible pathways to MEDS, (3) comparing the relative efficiency and resource requirements associated with each possible pathway, (4) producing an implementation plan/guide and (5) disseminating learnings from this project to other existing CI counties, potential CI counties, the State and other interested parties. The timeframe for completion of the project objectives and activities is August 2011.

Project Summary (Optional Attachment)

Project Description (required)

The consultant will provide an implementation plan/guide deliverable which presents design options for transitioning to MEDS as the CI system of record along with a feasibility and resource analysis for each approach. It will map out each county's current CI systems of record, identifies what would be needed to support a transition to MEDS as a system of record for the CI programs, and identifies the resources needed to implement an appropriate solution at the local and state level.

The final deliverable will enable the three counties to begin developing individual implementation plans in Summer 2011 to transition to MEDS as the CI system of record. In addition, the deliverable will ensure that the implementation plans drafted by each county factor in technical, financial, and staffing needs at the local and State level identified by the consultant's findings. It will be critical to

ensure that counties have sufficient information to select an approach which aligns with their resources, is compatible with the county's systems, and meets the waiver requirements. Solutions will be adopted which take into account any identified constraints in the MEDS system. The intent of the counties is to select an approach which minimizes labor-intensive manual processes to expedite CI enrollment.

The consultant will conduct detailed interviews with subject matter experts and stakeholders. This includes, but is not limited to, county social services staff, CI staff, vendors supporting the current county systems of record, CA Dept. of Health Care Services staff, health/social services statewide associations, and others. The consultant will conduct monthly status conference calls with project leads in each county, provide a draft implementation plan/guide for comment, and present a final implementation plan/guide for dissemination. Each county has designated a project lead. The project leads will work closely with the consultant on all aspects of the work.

Project Outcomes (required)

The project's principal outcome is to facilitate enrollment into the CI program and expand access to care through the required MEDS interface.

It cannot be understated that participant enrollment in CI is the critical first step to a successful CI program. Without an effective eligibility and enrollment system, the CI fails -- uninsured residents are not enrolled, these residents lack a comprehensive, coordinated delivery system, and counties lose badly needed federal reimbursement. Each county in this collaborative has the shared goal of connecting to the MEDS system as early as is feasible to facilitate enrollment and access the SSN matching functionality in MEDS. This helps counties ensure CI enrollment and obtain CI reimbursement for a significant number of current and future CI applicants. This project can serve as a pilot and demonstration for other current and potential CI counties who will have to tackle compliance with the MEDS system of record waiver provision.

Counties in this regional collaborative will be unable to meet this new 1115 waiver requirement without technical assistance from a consultant. MEDS is not a modern database system and, as a result, time is needed identify the range of information systems issues inherent in shifting from more modern locally-developed systems of record to an older statewide system of record. The counties must urgently identify the issues imbedded in this transition if we are to meet the State imposed deadlines. Without this project, the counties run the risk of being unable to:

* meet the State's transition timelines, which could impact transition of the CI population to the health insurance in 2014,

* transition our CI populations early enough into the MEDS system of record to serve as pilots for other counties and

* transition our CI populations early enough to capture federal reimbursement for thousands of "pending" CI individuals via the SSN match, compromising the sustainability of CI programs.

Outcomes Measured (required)

On a regular basis, the Department and other members of this collaborative will measures progress towards the stated outcomes by:

* Creating a detailed project management plan with project components, responsible parties, dependencies, status, due dates, etc. and monitoring the progress of the project against its timeline and project management plan.

* Establishing regular meetings between the county project leads and consultant, and with State representatives as necessary.

* Having regular meetings/conference calls of the regional collaborative to ensure that all parties are satisfied with the progress of the report and to provide a natural forum for interaction and discussion between the consultant to collaborative members.

* Receiving regular written progress reports from the consultant.

* Receiving an implementation plan/guide document before the project ends.

Dissemination of Outcomes (required)

The collaborative will disseminate the findings and implementation plan/guide to a wide range of constituents. While this is a three-county effort, all 10 current CI counties and any new CI counties must meet the same requirement with respect to MEDS as the CI system of record. As such, it is important to share the work done under this effort. The project deliverable (i.e., implementation plan/guide) can serve as a valuable resource for other CI counties. The collaborative will host a convening, with the consultant, for any interested CI county (current and future) where there will be a detailed presentation and discussion of the implementation plan/guide.

Throughout this project, the collaborative will provide updates to the other CI counties through the

monthly State Dept. of Health Care Services (DHCS) CI Teleconference Call. Each of the county project leads participates in these monthly conference calls and will provide periodic updates on this MEDS system of record project. In addition, the collaborative will disseminate the final deliverable to the following entities:

* Administrative/policy level - shared with local health department directors overseeing the CI program, any CI county-based advisory committee and health department governing boards.

* Program level - shared with key CI staff in each county, CI system of record vendors, CI third-party administrative vendors, and application assistors who do CI enrollment

* County level - shared with local health and social services departments (Medi-Cal, information technology, policy/planning).

* State-wide level - shared with the State DHCS (both CI and MEDS staff), existing and potential CI counties, CA Welfare Directors Ass'n, CA Ass'n of Public Hospitals, County Health Executives Ass'n of CA, County Medical Services Program and other statewide entities.

Finally, it will be shared with the Foundation, policy makers and others interested in the CI preparations under the new 1115 waiver.

Project Risks/Challenges (required)

The most significant challenge would be delays in negotiating the new waiver at the State and federal levels. This can directly impact the project's scope of the work or timeline.

CI counties will be reliant on the State to provide information on the MEDS system to inform the consultant's work. If the State does not provide sufficient information, the options outlined in the implementation plan/guide may not be feasible or will reflect a limited understanding of MEDS. To mitigate this, the counties will continue on-going conversations with State staff.

The consultant may propose options for transitioning to MEDS as a system of record for the CI programs which appear feasible during the project, but, at a later date, are not feasible due to changes in county-level resources. To minimize the impact of this occurring, the counties will ensure that the consultant profiles a variety of options with low to medium requirements.

The consultant may determine that each of the three

	county's CI processes is sufficiently unique such that few lessons that can be translated across the CI community. As a result, the project's key objective of allowing project leads to serve as resources for peer counties developing implementation plans would not occur. The counties have discussed their various systems of record and have determined that despite key differences, they have numerous shared challenges, which may mitigate this from occurring. The consultant has not been retained and there could be details due to government procurement for vendors which require Request for Proposals. However, this has been somewhat mitigated due to discussions with two potential vendors: Freed and Associates (www.freedassociates.com) and Sujansky and Associates (www.sujansky.com). Both expressed interest in the project and have relevant experience. The project budget was informed by consulting cost estimates provided by one of the consultants.
Key Objective #1 (required)	By October 31, 2010, the Department will retain a consultant, on behalf of the regional collaborative, will retain a consultant for the MEDS system of record analysis and implementation plan guide.
Key Objective #2 (required)	By March 31, 2011, each county in the regional collaborative will identify a county certified system of record that can interface with MEDS.
Key Objective #3 (required)	By August 1, 2011, the consultant will provide a detailed implementation guide with sufficient information on approaches to transitioning to MEDS as the CI system of record to allow project leads to serve as on-going resources for other CI counties.
Additional Objectives	By August 31, 2011, the regional collaborative will host a convening for CI counties, the State Department of Health Care Services, system of record vendors and other interested parties on the project deliverable (i.e., implementation plan/guide).
Project Key Objectives/Grantmaking Priorities (required)	As noted above, the Department's organizational objectives address the Foundation's Health Care and Coverage program area. This project's key objectives are also closely aligned with this program area and the grant making opportunity available under the 2010 County Coverage Expansion. Fundamentally, by supporting the development of an efficient pathway to the MEDS system, the project will allow CI counties to eligibilize several thousand uninsured adults for their programs thereby increasing access to care. By its very nature, the CI is a catalyst for coverage and consistent with goal of this grantmaking opportunity. This project is consistent with the Foundation's interest in funding expansion of an

existing local Coverage Initiative(s) via development of new or enhanced county or regional eligibility and enrollment systems to meet requirements of the Section 1115 waiver. In addition, the project directly supports efforts that will lead to the seamless transition of newly covered individuals into an expanded Medi-Cal program or into coverage through a state exchange as of 2014 since a smooth transition to MEDS as the CI system of record will facilitate easy identification of, and communication to uninsured residents moving from CI into the appropriate health insurance option. Finally, the project contributes to the continued sustainability of the safety net systems to provide services to vulnerable uninsured residents. This is because CI enrollment provides CI counties with vital federal reimbursement needed to support a comprehensive array of health care services to this population.

Counties Served (required)

This regional collaborative includes Alameda, and Contra Costa and San Francisco counties. The following is a description of each counties CI program:

* The Alameda County's CI, known as Alameda County Excellence (ACE) currently has almost 6,000 enrollees. In order to be eligible for the program, enrollees need to be eligible for our general indigent program, meet the DRA requirements and have one of the following chronic diseases: Asthma, Congestive Heart Failure, Hypertension, and/or Diabetes. Under the new waiver Alameda would like to expand to the full population of indigents in the County between 0-200% FPL who meet the DRA requirements and are not already eligible for public coverage.

* Contra Costa Health Services' CI provides health coverage to uninsured county residents who are ineligible for public health insurance programs. Populations served by the program are U.S citizens or permanent legal residents between the ages of 19 - 64 with a household gross income not exceeding 200% FPL. More than 13,000 individuals are enrolled in the program during the current program year. Upon enrollment, Contra Costa Health Plan, the county-owned HMO, manages the comprehensive benefits provided under the program.

* San Francisco's CI provides coordinated primary care, outpatient, and inpatient services to 9,200 uninsured adults in the City and County of San Francisco. Eligible enrollees are ineligible for full-scope Medi-Cal, have household incomes below 200% FPL, and must meet the citizenship and identification requirements under the Deficit Reduction Act. CI servies are provided through the Department of Public Health. Under the new waiver, the CI network will be expanded.

It is important to note that while this is a three-county collaborative, all CI counties will benefit from this effort since the learnings will help other communities effectively transition their indigent and uninsured populations into either Medi-Cal or the insurance exchange.

Project Staff (required)

Alameda

Vana Chavez, Finance Director, Health Care Services Agency

Don Edwards, Administrator, Social Services Agency

Rachel Metz, CI Administrator, Health Care Services Agency

Cristi Iannuzzi, Project Manager, Health Care Services Agency

Contra Costa

Patrick Godley, Chief Finance Officer/Chief Operation Officer, Health Services

Kathryn Leppert, Director Patient Accounting, Health Services

Pam Phillips, Division Manager, Employment and Human Services, Health Services

David Runt, Information Technology Director, Health Services

Wanda Session, Health Services Administrator, Health Services

San Francisco

Lindsey Angelats, Senior Health Program Planner, Department of Public Health

Tangerine Brigham, Deputy Director, Department of Public Health

Tom Conrow, Medi-Cal Program Director, Human Services Agency

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

Vakil Kuner, Director/CIO, Human Services Agency

Noelle Simmons, Deputy Director, Policy and Planning, Human Services Agency

Project Staffing Chart	Blue Shield Project Org Chart.doc (32 K)
Sole Project Funder (required)	Yes
Key Project Contributors (required)	Alameda County Health Care Services Agency Contra Costa Health Services San Francisco Department of Public Health
Key Stakeholders (required)	The key stakeholders are at the local and state level. At the local level, they are the: * county agencies overseeing the CI programs (in the case of the three counties, local health departments), * local social services agencies who have access to MEDS and are responsible for Medi-Cal eligibility, * current system of record vendors at the local level who are criticial for helping document potential transfer of eligibility and enrollment data from the current systems to MEDS (e.g., Social Interest Solutions, owners of One-e-App which is used by Alameda and San Francisco counties), and * third-party administators who help support day-to-day operations of the CI programs who will need to be kept abreast of this effort. On a State level, within the State Department of Health Care Services the key stakeholders are the Information Technology Unit (Michael Nguyen), Medi-Cal eligibility/MEDS (Rene Mollow) and Safety Net Financing Division/CI (Jalynne Callori) leads who are critical to helping ensure that CI counties have access to the MEDS system. Each of these individuals or their representatives will serve in the role as subject matter experts. In addition, there are other state-wide entities who will serve as valuable resources and experts on this effort as it relates to spreading the learnings from this project to other existing CI and potential CI counties. They are County Welfare Directors Association of California, California Ass'n of Public Hospitals and Health Systems, County Health Executives Ass'n of California, County Medical Services Program, California State Association of Counties and potentially others. Members of this regional collaborative have already had conversations with many representatives of these groups who have expressed support for this important MEDS CI system of record project.
Population Served (required)	This funding will serve several thousand low-income,

ethnically-diverse, uninsured adults who are currently eligible, enrolled in, or will apply for the Health Care Coverage Initiative (CI) program between 2010 and 2013 in Alameda, Contra Costa, and San Francisco counties. CI eligible adults are between the ages of 19-64 and are ineligible for full-scope Medi-Cal or other full-scope insurance programs. As a result, CI may be there only avenue to health care services. All CI enrollees have incomes below 200% of the Federal Poverty Level and must have satisfactory citizenship or immigration status. This population will become eligible for either full-scope Medi-Cal or for the insurance exchange following the implementation of health reform in 2014.

Currently, there are over 28,000 CI participants in Alameda, Contra Costa and San Francisco counties. In addition, there are an additional 8,000 - 10,000 uninsured residents in these three counties who are "pending CI" enrollment. Resolution and development of the interface with MEDS and an eventual MEDS CI system of record will substantially facilitate the enrollment of these "pending CI" residents into the CI program. CI enrollment is a gateway to more comprehensive, coordinated, accessible health care for uninsured residents. CI enrollment addresses a number of challenges that uninsured residents face: overreliance on high-cost, episodic care due to the lack of a usual source of care, limited access to preventive and primary care, duplicative eligibility/enrollment processes, inadequate information on services and providers, and unaffordable costs.

Funding under this project will facilitate CI enrollment and thereby improve access to care for uninsured residents.

Total Project Budget (required) $335,666.00

Project Budget (required)

Budget_Template (CI MEDS Project).xls (51.5 K)

Project Budget Narrative (required)

The budget includes the following personnel ($171,054), non-personnel ($140,000) and indirect ($24,612) expenses.

In the area of personnel, $106,117 is requested grant funding and $64,937 is in-kind personnel support. The detail is as follows:

* Alameda ($62,500): Alameda County personnel expenses are to support the following key members of their project team:

o Project Manager, Health Care Services Agency (.25 FTE) at $31,250 who has day-to-day responsibility for Alameda County's CI eligibility and enrollment system

of record.

o Administrator, Social Services Agency (.25 FTE) at $31,500 who is a subject matter expert in Medi-Cal eligibility and Social Security Administration functions.

* Contra Costa ($43,617): Contra Costa Health Services costs are for key members of their project team.

* San Francisco ($64,937): Personnel expenses (salary and benefits) for this project will be donated in-kind basis as follows:

o Senior Health Program Planner (.15 FTE) at $17,218 who is principal HSF/CI staffer on program issues related to enrollment and eligibility.

o IS Principal Business Analyst (.12 FTE) at $18,098 who is the principal staff person responsible for day-to-day reporting from current CI system of record.

o Director of HSF/CI (.12 FTE) at $29,621 who oversees HSF/CI program, will co-lead grant project and who is the lead on County's response to CI component of 1115 waiver.

Non-personnel expenses total $140,000. Of this amount, $135,000 will be used for the consultant who will be responsible for doing assessment of current systems of records for CI and outlining implementation plan for migration to MEDS as CI system of record. The remaining $5,000 will be used for a convening to disseminate analysis, findings, and implementation plan/guide to a broad constituency.

Indirect costs of $24,612 are included in the budget to support Department costs related to overhead, such as accounting, contracting and administrative expenses.

Project Timeline (required)

MEDS Project Timeline for Blue Shield Proposal.doc (32.5 K)

Letter of Support and Optional Attachments

Alameda Letter of Support.pdf (24.26 K)
Contra Costa Signed Letter of Support for Grant 09Jul2010.pdf (356.74 K)

Request Demographics

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

Population (required) Uninsured

Race/Ethnicity (required)	21% Asian/Pacific Islander (includes Pacific Islander, East, South and Southeast Asian) 27% Black/African/African American (includes Caribbean, Central, East, Southern & West African) 17% Latino/a (includes Mexican, Central and South American) 1% Native American/American Indian/Alaska Native 28% White/Caucasian (includes Eastern and Western European) 6% Multi-Racial/Ethnic
Age (required)	10% Young Adults (18-24) 90% Adults (25-64)
Gender (required)	49% Female 51% Male

Request Financials

Financial Audit (required)	Yes
Audited Financial Statement	Single_Audit_Report_FY2009.pdf (1.33 MB)
Financial Statements (required)	HC Memo Q4 2008-09.doc (57.5 K)
Total Income - Organization (required)	$1,517,971,000.00
Total Expenses - Organization (required)	$1,475,235,000.00
Total Surplus/Deficit (required)	FY08-09 $42.7M (unaudited) FY07-08 $4.8M FY06-07 $6.5M FY05-06 $23.6M FY04-05 $11.6M
Total Organizational Budget (required)	$1,442,415,778.00
Fiscal Year Ends (MM/DD) (required)	06/30
Organization Budget (required)	CCSF Consolidated Budget and Annual Appropriation Ordinance DPH Pages.pdf (624.8 K)
Organization Budget Narrative (required)	The Department's 2010-11 budget has not yet been approved as part of the San Francisco Board of Supervisors approval of the entire City and County of San Francisco budget. But, as in previous years, the Department's 2010-11 budget reflects a continued commitment to serving the most vulnerable in our community. The Department initiatives included in its proposed 2010-11 budget were expansion of Healthy San Francisco, opening of the new Laguna Honda Hospital and Rehabilitation Center providing long term care, implementing a new integrated

model of behavioral health in primary care settings and expanding the Direct Access to Housing program. On an annual basis, the Department serves almost 100,000 patients at San Francisco General Hospital, approximately 800 a day at Laguna Honda Hospital, more than 1,200 through the Health at Home program, over 30,000 in the City and County's jails, and develops programs/services for the estimated 19,000 residents living with HIV or AIDS. The budget revenue augmentations and, therefore expenditure increases, relate primarily to increases in government funding for core program areas of the Department. Budget adjustments also reflect annual cost of living increases, City-wide expenditures targets and/or revenue initiatives.

IRS Form 990 (required)

BS_Letter_re_IRS_990[1].pdf (24.71 K)

Post Award Information

Grant Agreement

Electronic Funds Authorization Form

Grant Modification

Need Support?

blue of california

blue of california foundation

50 Beale Street
San Francisco, CA 94105
Fax 415 229.6268
blueshieldcafoundation.org

8/31/2010

Mitchell H. Katz
Director of Health
San Francisco Department of Public Health
101 Grove Street
San Francisco, CA 94102

Re: Agreement for Grant #4327247

Dear Dr. Katz:

It is my pleasure to inform you that the Blue Shield of California Foundation Board of Trustees has approved a $225,000 grant to San Francisco Department of Public Health, to support the project, *2010 County Coverage Expansion Planning*.

Attached is a document outlining the terms and conditions of the grant award. Please review and have an appropriate officer of your organization sign the agreement, and return one signed copy to us at the following address. In addition, if you would like to receive grant payment(s) via electronic transfer, please download and complete the ACH form as per the instructions provided in the email announcing this award.

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

Once countersigned, a final copy of the agreement will be posted to our online system for download at any time, using the link and grantseeker credentials noted below:

http://www.cybergrants.com/BSCF/report
Email Address: tangerine.brigham@sfdph.org
Password: tbrigham

This link and associated grantseeker credentials will also be needed to access, complete, and submit grant reports to our Foundation per the reporting requirements outlined in section two of the grant agreement. The link to complete grant reports will become active one month prior to the report due date noted in the grant agreement, at which time the grantseeker will also receive an email reminder of the upcoming grant report deadline.

We look forward to a long, rewarding relationship with your organization, and we are proud to partner with you in this work that is so critical to the community.

Sincerely,

Peter Long
President and CEO
Blue Shield of California Foundation

Blue Shield of California Foundation Grant Agreement

Blue Shield of California Foundation ("the Foundation") has approved a **$225,000** grant to San Francisco Department of Public Health ("Grantee") to support the project, **2010 County Coverage Expansion Planning**, for the 12 month period 9/1/2010 to 9/1/2011. Funds provided under this grant will be used to be a catalyst for healthcare reform implementation by supporting planning efforts that enable California counties to create or expand Health Care Coverage Initiatives or create an organized system of care for vulnerable populations through the Section 1115 Medi-Cal waiver. The key objectives are:

1. By November 1, 2010, retain a consultant on behalf of the regional collaborative of Alameda, Contra Costa, and San Francisco counties to analyze each county's current system of record for the HCCI and develop an implementation plan for the transition to the MEDS system of record.
2. By April 1, 2011, identify in each of the three counties a county-certified system of record that can interface with MEDS.
3. By August 1, 2011, provide a detailed implementation guide that assesses existing systems of record, evaluates different pathways to interfacing with MEDS, compares the relative efficiency and resource needs associated with each pathway, recommends an implementation plan, and disseminates key learnings to the state and other HCCI counties.

Grant payments will be issued according to the following schedule:

1st payment of $112,500	Issued upon receipt of signed grant agreement
2nd payment of $112,500	Issued upon receipt and review of interim report

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

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

TERMS AND CONDITIONS

1. **Use of Funds.** Grantee shall use the grant funds only for the purposes of the specific project described above and substantially in accordance with the approved budget included with Grantee's proposal. Grantee shall repay to the Foundation any portion of the grant funds which are not spent or committed, or which are not used for the specific project described in this Agreement. Any significant changes in the purpose for which grant funds are spent or in the budget or grant period must be approved in writing by the Foundation before the funds are spent.

2. **Reporting.** Report(s) are to be furnished to the Foundation no later than the following date(s):

Interim	3/1/2011
Final	10/1/2011

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

Blue Shield of California Foundation Grant Agreement

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

3. **Evaluation and Monitoring.** The Foundation may monitor and conduct an evaluation of operations under this grant. This may include a visit from Foundation staff, Trustees, and/or Foundation advisors, to observe Grantee's program, discuss the program with Grantee's personnel, and review financial and other records and materials connected with the activities financed by this grant. In addition, Grantee shall provide to the Foundation copies of any publications or other materials produced, in full or in part, with Foundation funds.

4. **Recordkeeping.** Grantee shall keep adequate records to substantiate expenditures from grant funds. Grantee shall make its books and records pertaining to the grant funds available to the Foundation at reasonable times for review and audit, and shall comply with all reasonable requests of the Foundation for information and interviews regarding use of grant funds. Grantee shall keep copies of all books and records related to this grant and all reports to the Foundation for at least four years after Grantee has expended the last of the grant funds.

5. **Sub-grantees.** Grantee shall retain full discretion and control over the selection of any sub-grantees or sub-contractors to carry out Grantee's charitable purposes and shall act completely independently of the Foundation. The Foundation and Grantee acknowledge that there is no agreement, written or oral, by which the Foundation may cause Grantee to choose any particular sub-grantee or sub-contractor. Grantee shall require that any sub-grantee or sub-contractor be subject to the requirements of Paragraphs 1, 2, 3, 4, 6, 9, 10, 11 and 12 of this Agreement, substituting Grantee for the Foundation and the sub-grantee for Grantee, as applicable. All obligations of Grantee under these Paragraphs shall remain in full force and effect.

6. **Lobbying.** Grantee shall not use any portion of the grant funds in an attempt to influence legislation within the meaning of Section 4945(e) of the Internal Revenue Code ("IRC"). This prohibition shall not prevent Grantee from using grant funds for communications that do not qualify as lobbying under IRC Section 4945(e), such as communications with legislators that do not refer to any specific legislation or that refer to legislation without reflecting any view on it; Grantee may also use grant funds for communications that qualify for any exception to the definition of lobbying under IRC Section 4945(e), such as nonpartisan analysis, study, or research, or certain responses to written requests from a legislative body or committee or government agency for comments on legislation. Grantee shall not use any portion of the grant for reportable or discloseable activities under any applicable state or local campaign finance, lobbying disclosure, or election laws.

7. **Prohibited Uses.** Grantee shall not use any portion of the funds granted:

   a. To attempt to influence legislation, within the meaning of Section 4945(d)(1) of the Internal Revenue Code ("IRC"), as interpreted by its accompanying regulations;

Blue Shield of California Foundation Grant Agreement

b. To influence the outcome of any specific election for candidates to public office, or to carry on, directly or indirectly, a voter registration drive within the meaning of IRC Section 4945(d)(2), as interpreted by its accompanying regulations;

c. To undertake an activity for any purpose other than a religious, charitable, scientific, literary, educational, or other purpose specified in IRC Section 170(c)(2)(B); or

d. To induce or encourage violations of law or public policy, to cause any private inurement or improper private benefit to occur, or to take any other action inconsistent with IRC Section 501(c)(3).

8. **Grant Announcements.** Grantee shall submit in advance to the Foundation, for review and revision at the sole discretion of the Foundation, any announcements Grantee intends to make regarding the grant, and any publications referring to the Foundation's grant Grantee intends to publish other than in its annual reports or tax returns. The Foundation may include information on the grant in its periodic public reports and may also refer to the grant in a press release. If there are special considerations concerning the public announcement of this grant, or if Grantee would like to coordinate a public announcement of the grant with the Foundation, Grantee may contact the Foundation to discuss Grantee's plans.

9. **Representation and Warranty Regarding Tax Status.** By entering into this Agreement, Grantee represents and warrants that Grantee is exempt from federal income tax under IRC Section 501(c)(3) or in the absence of such a determination, that Grantee is a state or any political subdivision thereof within the meaning of Code Section 170(c)(1), or a state college or university within the meaning of Code Section 511(a)(2)(B) (referred to hereafter as a "Public Charity") and that it is not a private foundation as defined in IRC Section 509(a) (i.e., that it is a "Public Charity"). Such representation and warranty shall continue through the completion date of this grant.

10. **Publications; License.** Any information contained in publications, studies, or research funded by this grant shall be made available to the public following such reasonable requirements or procedures as the Foundation may establish from time to time. Grantee grants to the Foundation an irrevocable, nonexclusive license to publish any publications, studies, or research funded by this grant at its sole discretion.

11. **Violation of Terms; Change of Status.** In the case of any violation by Grantee of the terms and conditions of the grant, including but not limited to not executing the work of the grant in substantial compliance with the proposal, or in the event of any change in or challenge by the Internal Revenue Service of Grantee's status as a Public Charity, the Foundation reserves the right in its absolute discretion to terminate the grant as provided in Paragraph 15. The Foundation's determination will be final and will be binding and conclusive upon Grantee. Grantee shall give the Foundation immediate written notice of any change in Grantee's tax exempt or Public Charity status. If final or interim reports are not received in a timely manner, the Foundation may withhold payment until the outstanding report is received, and may terminate the grant as provided in Paragraph 15 if any such report is not received within a reasonable time (no more than sixty [60] days) following the date on which it was due.

12. **No Agency.** Grantee is solely responsible for all activities supported by the grant funds, the content of any product created with the grant funds, and the manner in which such products may be disseminated. This Agreement shall not create any agency

Blue Shield of California Foundation Grant Agreement

relationship, partnership, or joint venture between the parties, and Grantee shall make no such representation to anyone.

13. **Terrorist Activity.** Grantee agrees that the grant funds will be used in compliance with all applicable anti-terrorist financing and asset control laws, regulations, rules and executive orders.

14. **Further Assurances.** Grantee acknowledges that it understands its obligations imposed by this Agreement, including but not limited to those obligations imposed by reference to the IRC. Grantee agrees that if Grantee has any doubts about its obligations under this Agreement, including those incorporated by reference to the IRC, Grantee will promptly contact the Foundation or legal counsel.

15. **Indemnification.** Grantee irrevocably and unconditionally agrees, to the fullest extent permitted by law, to defend, indemnify, and hold harmless the Foundation, its officers, directors, employees, and agents, from and against any and all claims, liabilities, losses, and expenses (including reasonable attorneys' fees) directly, indirectly, wholly, or partially arising from or in connection with any act or omission of Grantee, its employees, or agents, in applying for or accepting the grant, or in expending or applying the grant funds, except to the extent that such claims, liabilities, losses, or expenses arise from or in connection with any act or omission of the Foundation, its officers, directors, employees, or agents.

16. **Remedies.** If the Foundation determines, in its sole discretion, that Grantee has substantially violated or failed to carry out any provision of this Agreement, including but not limited to failure to submit reports when due, the Foundation may, in addition to any other legal remedies it may have, refuse to make any further grant payments to Grantee under this or any other grant agreement, and the Foundation may demand the return of all or part of the unexpended grant funds, which Grantee shall immediately repay to the Foundation. The Foundation may also avail itself of any other remedies available by law.

17. **Captions.** All captions and headings in this Agreement are for the purposes of reference and convenience only. They shall not limit or expand the provisions of this Agreement.

18. **Entire Agreement.** This Agreement supersedes any prior or contemporaneous oral or written understandings or communications between the parties and constitutes the entire agreement of the parties with respect to its subject matter. This Agreement may not be amended or modified, except in a writing signed by both parties.

19. **Governing Law.** This Agreement shall be governed by the laws of the State of California applicable to contracts to be performed entirely within the State.

Blue Shield of California Foundation Grant Agreement

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

ACCEPTED AND AGREED:

Grantee: San Francisco Department of Public Health

EIN: 946000417

By: _____
Signature of person authorized to sign on behalf of the grantee

Printed Name: Dr. Mitchell Katz

Title: Director of Health

Date: 9/21/10

Foundation: Blue Shield of California Foundation

By: _____

Printed Name: Peter Long

Title: President and CEO

Date: 9/16/10

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