

| Div. | Contractor | Current Total Contract Amount with Contingency | Proposed Total Contract Amount with Contingency | Change in Total Contract Amount | Current Contract Term | Proposed Contract Term | Prior Annual Amount without Contingency | Proposed Annual Amount without Contingency | Annual Difference (btwn. FY17-18 and FY18-19) | Annual Difference (%) | Requested Action |
|--|------------------------|---|---|---------------------------------|-----------------------|------------------------|---|--|---|-----------------------|------------------|
| Behavioral Health Services (SFHN/SFGH) SFHN/LHH | Toyon Associates, Inc. | \$4,996,617 | \$ 10,051,977 | \$ 5,055,360 | 4/01/14 - 3/31/18 | 4/01/18-3/31/22 | \$ 1,136,850 | \$ 1,164,710 | \$ 27,860 | 2.45% | Amendment |
| Purpose: The requested action is for the approval of the contract amendment to exercise the City's option to renew the contract term for an additional four years, pursuant to RFP 15-2013's authorization. | | | | | | | | | | | |
| Reason for Funding Change: The annual increase is due to increased hourly rates for the Toyon staff providing services. Toyon increases its wages on an annual basis. The Change in the Total Contract Amount simply reflects funding for the additional years added to the term. | | | | | | | | | | | |
| Target Population: | | Toyon will provide regulatory reporting and reimbursement and revenue optimization services to the San Francisco Department of Public Health, for the benefit of San Francisco General Hospital/Community Outpatient Primary Care, Laguna Honda Hospital, and Health at Home Agency. Services are not intended for a target population. | | | | | | | | | |
| Service Description: | | <p>SUMMARY: Toyon's services are designed to increase the Medicaid and Medicare Supplemental Security Income Ratio Components of the Medicare Disproportionate share reimbursement, and increase the reimbursement from the Medicare group appeal services. Toyon's Public Hospital Services Team/Group focuses on helping public hospitals optimize their cost reports and maximize reimbursements from government sponsored programs. The Public Hospital Services Group has expertise in Medi-Cal Certified Public Expenditure (CPE) and Intergovernmental Transfer (IGT) funded programs specific to public hospitals including Medi-Cal waiver specific programs (i.e. DSRIP, LIHP, SNCP), Medi-Cal DSH, AB915 – Hospital Outpatient Supplemental Reimbursement, supplemental funding for Physician services under the State Plan, and Medi-Cal managed care SB208 (SPD IGT) and Rate Range IGT funding.</p> <p>SPECIFIC TASKS:</p> <p>Toyon's Appeal Services Practice Group reviews the status of projects being performed, review findings from contractual allowance analyses, establish priorities and discuss issues arising during the course of the engagement to identify opportunities that could increase reimbursement to the organization, including:</p> <p><i>Cost Report DSH related services include the following :</i></p> <ul style="list-style-type: none"> • DSH Eligible Days listed using the Point of Service System for Cost Report Filing and list completion based on the Historical Eligibility System, preparing this list 13 months after the end of each cost report year, for purposes of optimizing the Medi-Cal eligible days for cost report finalization purposes. <p><i>Other areas of analysis, review and follow-up related to these cost reports include :</i></p> <ul style="list-style-type: none"> • Review wage data used for cost report filing and subsequent true-up of wage data during the CMS annual process for the development of new Medicare wage indices. • Review and advise to update the time study capturing by SFGH for the identification of the Part A/B time allocation for staff physicians. • Review the SFGH/COPC general ledger grouping used for both Cost Report and OSHPD report filings to ensure conformity with prescribed instructions. <p><i>Toyon will prepare estimated reimbursement settlements and recommendations that may include :</i></p> <ul style="list-style-type: none"> • Recording of the appropriate Medicare/Medi-Cal cost report receivable/payable (filed vs. reserved) for general ledger recording purposes. • Improving SFGH and COPC records and/or supporting documentation. • Identifying reimbursement optimization for SFGH and COPC costs under the Section 1115 • Preparing for Medicare MAC audits of all open cost reports covering 6/30/07 to 6/30/17. | | | | | | | | | |
| UOS (annual): | | Toyon charges the Department an hourly rate of \$215, \$300, and \$400 for the professional staff, team leader and the executive, performing services, respectively. The hourly rate that Toyon charges increases 2%-3% every year to reflect the yearly wage increase of staff. | | | | | | | | | |
| UDC/NOC (annual): | | Services are not provided directly to clients, only to DPH Hospitals and units. | | | | | | | | | |
| Funding Source(s): | | SFGH-Op Annual Account Ctrl, LHH-Op Annual Account Ctrl, HAH GF Annual Account Ctrl | | | | | | | | | |
| Selection Type | | RFP 15-2013 | | | | | | | | | |
| Monitoring | | Monitored by Project Administrator. | | | | | | | | | |

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| Behavioral Health Services (SFHN) | Baker Places, Inc. | | \$ 55,475,141 | \$ 55,475,141 | | 7/1/18-6/30/22 (4 years) | \$ 11,935,842 | \$ 12,382,844 | \$ 447,002 | 4% | New Contract |
| <p>Purpose: The requested action is the approval of a new contract with Baker Places, Inc. for the provision of ongoing mental health residential and substance abuse services. This new contract is authorized under the selection types shown below, with the contract effective July 1, 2018. The prior year funding is presented for comparison purposes. Baker Places has had an existing contract for these services which would continue under the contract for which we are requesting approval.</p> <p>Reason for Funding Change: The new contract is effective July 1, 2018. The year-to-year increase is for a 2.5% Cost Of Doing Business (CODB) increase of \$295,661 and \$151,341 to reflect rate increases as a result of the solicitation process.</p> | | | | | | | | | | | |
| Target Population: | | Eligible adult residents of San Francisco in the system of care, following criteria for admission to care specified by BHS. | | | | | | | | | |
| Service Description: | | <p>Support housing and treating services. Including individual and group counseling and other intervention services, crisis intervention services, case management, vocational program, assisting clients in developing and maintaining skills for survival, personal self-care and symptom management.</p> <ul style="list-style-type: none"> • Mental Health Outpatient Programs for Adult/Older Adult System of Care: Programs providing individual and group counseling, case management, vocational programming, and crisis intervention to support the mental health and self-sufficiency of clients. • Residential Treatment programs: A supportive housing, transitional housing, and crisis residential treatment services, that provide structured treatment for adults with mental health disorders. Treatment can include assessment, therapeutic or rehabilitative services, medication monitoring, plan development, and other services. • Substance use disorder treatment programs: Programs aiming to reduce the impact of chemical dependency through residential treatment and/or detox. | | | | | | | | | |
| UOS (annual): | | Staff Minute: 192,832, Bed day: 24,158, Client day: 9,526, Client full day: 9,526. (Staff minutes, Bed Days, Client Days, Client Full days are based on different rates per program) | | | | | | | | | |
| UDC/NOC (annual): | | Staff Minute: 498, Bed day: 721, Client day: 435, Client full day: 435, Month: N/A | | | | | | | | | |
| Funding Source(s): | | Mental Health: General Fund; Medi-Cal; FED SDMC FFP Adult, State adult 1991 MH realignment; and the Mental Health Services Act (MHSA) | | | | | | | | | |
| Selection Type: | | <p>RFP 26-2016 Substance Use Disorder Treatment Services.</p> <p>RFP 7-2017 Residential Treatment Programs - Adult/Older Adult System of Care.</p> <p>RFP 8-2017, Mental Health Outpatient Programs for Adult/Older Adult System of Care.</p> | | | | | | | | | |
| Monitoring: | | Monitored by the DPH Business Office of Contract Compliance annually. | | | | | | | | | |

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| SFHN/HIV Health Services | Maitri AIDS Hospice | \$4,869,545 | \$ 5,495,791 | \$ 626,246 | 07/01/17 - 03/31/21 | 07/01/17 - 03/31/21 | \$ 1,176,853 | \$ 1,483,176 | \$ 306,323 | 26.03% | Amendment |
| <p>Purpose: The requested action is the approval of a contract modification with Maitri AIDS Hospice to increase annual funding from \$1,176,853 to \$1,483,176, an annual increase of \$306,323. The term of this contract will remain the same, from 07/01/2017 - 03/31/2021, 3.66 years. This contract, which provides hospice services for people living with HIV/AIDS and in need of 24-hour residential care facility for the chronically impaired residents of San Francisco, has been previously approved by the Health Commission. The proposed amendment exercises the options authorized under RFP 25-2017. Funding will continue to provide support under the Hospice Services modality.</p> <p>Reason for Funding Change: The annual increase of \$306,323 reflects one-time grant funding awarded from the State Office of AIDS/SAM to be used for extending existing mental health services, and making further provisions for operational costs. The amount being awarded is allocated through 03/31/19, with the possibility of future one-time grant awards from the State Office of AIDS/SAM.</p> <p>Target Population: The target population is San Francisco residents who are living with HIV/AIDS and in need of end-of-life/hospice or 24-hour skilled nursing care. Priority for client enrollment is reserved for San Francisco residents who have low-income and are uninsured. Secondary enrollment is reserved for San Francisco residents who have low-income and are underinsured.</p> <p>Service Description: Maitri AIDS Hospice is a licensed 15-bed residence that provides safe housing, medical care, and nutrition support services for those with HIV and at end-of-life and those needing to return to independence. Maitri AIDS Hospice also makes provision for intensive harm reduction support and mental health services for dual and triply diagnosed residents through individual and group counseling with the end goal of increasing the quality of life and continuum of care. Care is provided by both Professional, i.e., Registered Nurses, Licensed Vocational Nurses, Case Managers and Social Workers, and Paraprofessionals, i.e., On-Call Registered Nurses, for patients with dementia or dementia like symptoms. Professional services provide for patient days that include intensive case management and evaluation, 24-hour Registered Nurse On-Call support or 24-hour Licensed Vocational Nurse care. Paraprofessional services provide for patient days that include 24-hour attendant care with 24-hour On-Call Registered Nurse support. Mental Health services provide for one hour of mental health service that includes assessment, development, and individual care plans for program participants. Additional funds will continue to support mental health services and increasing operational costs.</p> <p>UOS (annual):</p> <ol style="list-style-type: none"> 1. Professional Patient Days: \$636,118/3,796 = \$167.57 2. Paraprofessional Patient Days: \$540,735/3,796=\$142.44 3. Mental Health Service Hours: \$133,803/859=\$155.76 4. Operating Expense Months: \$172,520/12 = \$14,376.66 <p>UDC (annual) Professional Patient Days: 40 UDC; Paraprofessional Patient Days: 40 UDC; Mental Health Service Hours: 10 UDC; Operating Expense Months: n/a</p> <p>Funding Source(s): Ryan White Part A and SAM - State Office of AIDS (RWPB)</p> <p>Selection Type RFP 25-2017 HIV/AIDS Hospice Services</p> <p>Monitoring Monitored by Project Administrator and the DPH Business Office of Contract Compliance annually.</p> | | | | | | | | | | | |

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| SFHN/BHS | MedImpact Healthcare Systems, Inc. | \$ 21,593,120 | \$ 21,593,120 | \$ - | 7/1/2013-6/30/2018 | 7/1/2013-6/30/2023 | \$ 4,096,802 | \$ 4,096,802 | \$ - | 0% | Amendment |
| Purpose: The requested action is the approval of an amendment to the current contract with MedImpact Healthcare Systems, Inc., to extend the term date to 07/01/2013 though 06/30/2023. This extension is authorized under the options included in RFP14-2012, bringing this contract to its full term of 10 years. | | | | | | | | | | | |
| Reason for Funding Change: None | | | | | | | | | | | |
| Target Population: | | Department of Public Health, Behavioral Health Services, Non-Medical Clients | | | | | | | | | |
| Service Description: | | MedImpact maintains a network of pharMedicare Administrative Contractories, electronically screens prescriptions for eligibility, and process payments for prescriptions written by DPH BHS and City authorized psychiatrists for covered medications for uninsured clients. This agreement is to maintain a network of pharMedicare Administrative Contractories for Behavioral Health Services (BHS) uninsured clients to obtain medications. These pharMedicare Administrative Contractories fill percriptions, electronically screen prescriptions for eligibility, and process payments for prescriptions written by DPH BHS and City authorized psychiatrists for uninsured clients that need covered medications. When the contract was created, Covered California didn't exist yet. At that time, patients that did not have coverage were able to get their pharmacy medications though MedImpact. However, since Covered California became available, the necessity for pharmacy medications though MedImpact have gone down significantly, which is why while the term is being extended, additional funding is not being requested. Although MedImpact isn't used as often, it is still needed by the BHS pharmacy for those who do not have insurance. While DPH could decrease the Proposed Total Contract Amount with Contingency, DPH has opted to leave the current funding level in the event there is a change and this level of funding is needed. The vendor is only paid for claims submitted. | | | | | | | | | |
| UOS (annual): | | UOS will reflect actual usage. | | | | | | | | | |
| UDC (annual) | | UOS will reflect actual usage. | | | | | | | | | |
| Funding Source(s): | | BHS Mental Health PharMedicare Administrative Contractory - General Funds | | | | | | | | | |
| Selection Type | | RFP 14-2012 (DPH is exercising the option under RFP14-2012, to extend this contract to it's full term of 10 years) | | | | | | | | | |
| Monitoring | | Monitoring and reconciliation is conducted monthly by DPH, PharMedicare Administrative Contractory and DPH Finance staff. | | | | | | | | | |