## SUBMITTAL TO THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



FROM: Community Health Agency/Department of Public Health

SUBMITTAL DATE: May 9, 2011

SUBJECT: Ratify the Agreement with California Family Health Council, Inc. and the County of Riverside Community Health Agency

#### **RECOMMENDED MOTION:** That the Board of Supervisors

1) Ratify the Agreement with the California Family Health Council and the County of Riverside Community Health Agency for the period of January 1, 2011 through December 31, 2011, for the total amount of \$ 496,140.00; and

| )               | ital Concurrence | Decembe                         | er 31, 2011, for the total ame<br>the Chairperson to sign th                         | ount of \$ 496,140         | 0.00; and  |   | f the              |
|-----------------|------------------|---------------------------------|--|----------------------------|--|---|--------------------|
| OWSEL<br>C.     | Departmen        | BACKGROUND                      | <b>):</b> (Page 2)   |                            |  |   |                    |
| D ACUNTY COUNTS | )<br>0<br>2      | KB:db                           |  | Susan Harrington,          | Haunto<br>Director Departmen                               | nt of Public He                               | ealth              |
| A PROPED        | A. A. A.         | FINANCIAL<br>DATA               | Current F.Y. Total Cost:<br>Current F.Y. Net County Cost:<br>Annual Net County Cost: | \$ 248,070<br>\$ 0<br>\$ 0 | In Current Year Bu<br>Budget Adjustmen<br>For Fiscal Year: | -   | Yes<br>No<br>10/11 |
| FORM /          |                  | SOURCE OF FU                    | UNDS: 100 % funded by F  |                            | Positi<br>Delete   | ons To Be<br>ed Per A-30<br>res 4/5 Vote      |                    |
| Nolicy          | Policy           | C.E.O. RECOM                    | MENDATION: ive Office Signature  | BY: Debra Courn            | Juncy (  |   |                    |
| Consent         | Consent          |                                 | MINUTES OF TH<br>tion of Supervisor Ashley, s<br>ED that the above matter i          | seconded by Supe           | ervisor Buster ar  | nd duly carr                                  | ied, IT            |
| comm.:          | . Ofc.:          | Nays: S<br>Absent: N<br>Date: N | Buster, Tavaglione, Benoit<br>Stone<br>None<br>May 24, 2011<br>CHA-Public Health     | and Ashley                 |  | a Harper-Ihe<br>of the Boa<br>WWW J<br>Deputy |                    |

Dep't Recomm.: Per Exec. Ofc.:

Prev. Agn. Ref.:2-23-11 Item3.15 | District: ALL | Agenda Number: ATTACHMENTS FILED | WITH THE CLERK OF THE BOARD

3.11

**SUBJECT:** Ratify the Agreement with California Family Health Council, Inc. and the County of Riverside Community Health Agency

#### **BACKGROUND:**

The California Family Health Council, Inc. is contracted by the Federal Government to administer Title X Family Planning funds in California. They have renewed the agreement with the Community Health Agency, Department of Public Health's Family Planning Program in the amount of \$496,140 for basic contraceptive services and teen pregnancy prevention outreach programs. The Family Planning Program serves clients at the Department of Public Health's 10 family care center/clinics, and has established outreach program to improve the quality of basic services provided to clients.

This contract was just received from California Family Health Council, Inc.

Funds will be distributed as follows for County Fiscal Year:

- a) FY 10/11- for period of January 1, 2010- June 30, 2010 \$248,070
- b) FY 11/12- for period of July 1, 2011- December 31, 2011 \$248,070

## MINUTES OF THE BOARD OF SUPERVISORS COUNTY OF RIVERSIDE, STATE OF CALIFORNIA



| 2 | 4   | 4 |
|---|-----|---|
| J | . I |   |

| (1)  |
|--|
| On motion of Supervisor Buster, seconded by Supervisor Ashley and duly               |
| carried, IT WAS ORDERED that the recommendation from Community Health                |
| Agency/Public Health regarding to Ratify the Agreement with California Family Health |
| Council, Inc. is approved as recommended.  |
|  |

| (2)    |  |
|--------|--|
|        | On Motion of Supervisor Ashley, seconded by Supervisor Benoit and duly |
| carrie | d, IT WAS ORDERED that the above matter be reconsidered.               |

Roll Call:

Ayes:

Buster, Tavaglione, Benoit and Ashley

Nays:

Stone

Absent:

None

I hereby certify that the foregoing is a full true, and correct copy of an order made and entered on \_\_\_\_\_\_ of Supervisors Minutes.

WITNESS my hand and the seal of the Board of Supervisors

Dated: May 24, 2011

Kecia Harper-Ihem, Clerk of the Board of Supervisors, in

(seal) and for the County of Riverside, State of California.

By: Deputy

AGENDA NO.

3.11

xc: CHA-Public Health

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#### WHEN DOCUMENT IS FULLY EXECUTED RETURN **CLERK'S COPY**

to Riverside County Clerk of the Board, Stop 1010 Post Office Box 1147, Riverside, Ca 92502-1147

#### California Family Health Council you.

## 2011 Title X Family Planning Program Contract

#### Contract Number 754-5320-71209-11

CFDA #93,217

This Agreement is entered into between the California Family Health Council, Inc. and the Contractor, County of Riverside Community Health Agency.

- 1. The term of this Agreement is January 1, 2011 through December 31, 2011.
- 2. The maximum obligation of CFHC for payments due under this contact shall not exceed \$496,140.00
- 3. The 2011 projected Family Planning Services budget summary is as follows:

| Total Program Amount                                 | \$5,568,140.00 |
|--|----------------|
| Family Planning Services Applicant & Other           | \$5,072,000.00 |
| CFHC Title X Obligation for Family Planning Services | \$496,140.00   |

4. The parties agree to comply with the terms and conditions of the following exhibits, which are by this reference made a part of this agreement

Exhibit A - Terms and Conditions

Exhibit B - Reporting Requirements

Exhibit C - Statement of Work, Partnering Plan Information, Clinic Site Information and Special Condition(s) if applicable ATTEST:

Exhibit D - Budget Summary by Agency and by Clinic Site.

IN WITNESS WHEREOF, this Agreement has been executed by the parties hereto.

#### CONTRACTOR

Contractor's Name: County of Riverside Community Health Agency

MAY 2 4 2011

Printed Name and Title: Bob Buster

Chairman, Board of Supervisors

Address:

4065 County Circle Drive

Riverside, CA 92503

CALIFORNIA FAMILY HEALTH COUNCIL

Diane Chamberlain, Chief Operating Officer

3600 Wilshire Blvd., Suite 600, Los Angeles, CA 90010

Date:

CFHC indirect cost rate recovery policy allows agencies with an approved DHHS negotiated rate to charge the prevailing approved rate. Agencies that utilize non-DHHS approved rates (i.e. state, county, local government rates) are limited to their actual rate or 21.2% of total direct costs less capital equipment, subcontracts, and patient care, whichever is less. If indirect costs are charged to this contract proof of the cost rate may be required.

Program is subject to Code of Federal Regulations Title 45, Part 74,24 (b).

#### 1. PERIOD

The period of this contract is from January 1, 2011 through December 31, 2011.

#### 2. STATEMENT OF WORK

The funding under this contract shall be used for Family Planning Services. Services provided hereunder shall be referred to as "Family Planning Services". The program for providing Family Planning Services hereunder shall hereinafter be referred to as the "Family Planning Program". Family planning means the process of establishing objectives for the number and spacing of children, and selecting means by which those objectives may be achieved. Family Planning Services provided hereunder exclude abortions and services ancillary to abortion as provided in section 15 herein. The Contractor shall in a satisfactory and proper manner as determined by CFHC perform the functions and services described in the Statement(s) of Work, which is attached hereto and incorporated herein by reference.

#### 3. CONSIDERATION

The Contractor shall be compensated for services performed under this contract and paid for such services as set forth in the Summary Budget(s), which is attached hereto and incorporated herein by reference and the detailed budget located at CFHC's extranet website, www.cfhc.org.

Under the terms of this contract reimbursement will be based on submission of actual expenditures. Payment will be made based on the timely submission of and approval by CFHC of any and all financial and performance reports required herein, and the timely submission and approval of reports, surveys, or questionnaires as may from time to time be required.

The contractor is responsible for providing the funds, goods, and services identified as "Applicant and Other" in the Family Planning Program Budget.

CFHC reserves the right to reallocate dollars (reduce or increase) based on a six month and nine month review in order to reduce the amount of money not expended during the calendar year.

## 4. PROGRAM AND/OR BUDGET MODIFICATIONS

There is no limit to the amount of modifications that can be made to any Statement of Work, Budget or Partnering Plan, but any modification must be approved by CFHC prior to implementation. The final date that a request for a

## Exhibit A – Terms and Conditions CFHC 2011 Family Planning Program Contract

modification may be submitted is January 18, 2012. Approval of this modification does not alter or extend the reporting January due date as presented in the contract in Exhibit B.

## 5. RECORDS, ACCOUNTS, AND AUDITS

The Contractor shall maintain books, records, documents, accounting procedures and practices, and other evidence, sufficient to reflect properly all direct and indirect costs of whatever nature for all Family Planning Services provided hereunder by Contractor, whether from CFHC or other funding sources, including all in-kind contributions. The Contractor agrees to permit CFHC, or its funding source, or any of its duly authorized representatives to have access to examine and audit any pertinent books, documents, papers and records related to this contract. Records as defined in this clause shall be retained and accessible for four years after the expiration of this contract.

Adequate documentation of each transaction shall be maintained to permit the determination of the allowability of expenditures reimbursed by CFHC under this Agreement. If the allowability of expenditures cannot be determined because records or documentation of Contractor are nonexistent or inadequate according to generally accepted accounting practices, the questionable cost shall be disallowed by CFHC. In the event of findings of disallowed costs, Contractor has the right to appeal such findings in writing within 30 days of notification. Such appeals shall be heard by a designee of CFHC.

If any litigation claim, negotiation, audit or other action involving the records has been started before the expiration of the four year period, the records shall be retained until completion of the action and resolution of all issues which arise from it, or until the end of the regular four year period whichever is later.

Patient medical records must be retained for seven years after the last visit. Medical records for minors must be retained for either seven years or until the minor's 19th birthday, whichever is later. Records for non-expendable property must be retained for three years after final disposition.

## 6. FINANCIAL AND COMPLIANCE AUDIT

Contractor is required to submit to CFHC a copy of their Annual External Audit and a copy of their A-133 Single Audit if applicable.

Contractors that are government or non-profit organizations agree to obtain an independent annual single, organization wide financial and compliance audit. The audit shall be conducted in accordance with the requirements specified in the Federal Office of Management and the Budget (OMB) Circular A-133 "Audits of States, Local Governments, and Non-Profit Organizations".

Contractors that are commercial organizations have two options regarding audits:

- 1. A financial related audit (as defined in the Government Auditing Standards, GPO Stock #020-000-00-265—4) of a particular award in accordance with Government Auditing Standards, in those cases where the Contractor receives awards under only one DHHS program; or, if awards are received under multiple DHHS programs, a financial related audit of all DHHS awards in accordance with Government Auditing Standards; or
- 2. An audit that meets requirements contained in OMB Circular A-133.

One copy of the audit report shall be delivered to CFHC. The report shall be submitted within the earlier of 30 days after receipt of the auditor's report(s), or nine months after the end of the audit period.

Contractor agrees that claims made against Contractor pursuant to an audit by CFHC, or the Federal Government will be recovered by one of the following options:

- 1. Contractor's remittance to CFHC of the full amount of the audit exception within 30 days following CFHC's request for repayment.
- 2. A repayment schedule which is agreeable to both CFHC and the Contractor.

CFHC reserves the right to select which option will be employed and the Contractor will be notified by CFHC in writing of the claim procedure to be utilized.

Interest on the unpaid balance will accrue at a rate set forth in applicable rule or statute, beginning 30 days after Contractor's receipt of CFHC's demand for repayment. If Contractor has filed a valid appeal regarding the report of audit findings, recovery of overpayments will be deferred until a final administrative decision has been reached. If Contractor loses the final administrative appeal, Contractor shall repay to CFHC the overclaimed expenditures, plus accrued interest. Interest accrues from Contractor's first receipt of notice requesting reimbursement of questioned audit costs.

If a Contractor has a finding or findings denoted within an audit or a CFHC conducted Site Review then Contractor must submit a copy of their response to the findings to CFHC within a prescribed timeline as determined by CFHC. Failure to comply may lead to suspension of reimbursements, withholding of payment, and/or termination of contract.

### 7. CONTRACTOR'S FINANCIAL DUTY OF PERFORMANCE

#### A. Applicant & Other Revenue/Grant Related Income

Applicant & Other revenue is to be used by the Contractor in the conduct of its Family Planning Program. Applicant & Other revenue includes income received from services to fee paying patients, to patients eligible for Medi-Cal, and to patients eligible for third party medical insurance.

Instructions regarding Treatment of Grant Related Income defined in this section, as it relates to the Family Planning Program/Project will be provided to Contractor.

#### B. Contributed Funds

Contributed funds are normally obtained from the Contractor's financial resources other than funds budgeted for operation of its family planning program funded under this contract. These funds must be contributed by the Contractor toward the operation of its family planning program if it incurs a deficit in Applicant & Other revenue.

### 8. <u>FISCAL PROVISIONS</u>

#### A. Federal Agreement Funds

- 1. It is mutually understood between the parties that this Agreement may have been entered into before ascertaining the availability of Congressional appropriation of funds for the mutual benefit of both parties in order to avoid program and fiscal delays, which would occur if the Agreement were executed after that determination was made.
- 2. This Agreement is valid and enforceable only if sufficient funds are made available by the United States Government for Fiscal Year -2011 for the purposes of this program. In addition, this Agreement is subject to any statute enacted by the Congress, which may affect the provisions, terms, or funding of this Agreement in any manner.

3. It is mutually agreed that if the Congress does not appropriate sufficient funds for the program, this Agreement shall be amended to reflect any reduction in funds.

#### B. Funding Reduction

- 1. In the event that the federal funds allocated for this program are not sufficient, CFHC may, upon thirty (30) days advance notice, reduce the maximum amount payable. Upon receipt of such notification, Contractor agrees to not claim reimbursement for costs in excess of the maximum amount payable as adjusted. Contractor's budget and statement of work will be negotiated with Contractor.
- 2. CFHC agrees that the services to be provided based on the "Statement(s) of Work" will be reduced proportionately to the payment reduction cited in Paragraph 1 of this section.

## 9. CENTRALIZED DATA SYSTEM

CFHC serves as a public health surveillance and health oversight entity under HIPAA and is required to collect health data for reporting purposes on services provided through the Title X and Infertility Prevention Project programs. CFHC maintains a Centralized Data System (CDS) to collect and securely store data about services provided to Title X and Infertility Prevention Project clients at clinic sites throughout California. The Client Visit Record (CVR) data is used to provide information for federally required reporting purposes, as well as for Delegate Agencies to have access to their own agency and site specific aggregated data. CFHC and Delegate Agencies use the reports and data to better monitor services provided, to understand who is being served, and to help justify program development and funding requests for continued financial support for Title X and Infertility Prevention Project services.

CFHC is responsible for maintaining the CDS, monitoring the quality of agency data submissions, providing data management services, and providing ongoing CDS-related support to Delegate Agencies.

Delegate Agencies are responsible for:

1. Completion of all steps in a CDS Action Plan within a mutually agreed timeframe tailored to the Delegate Agency's capabilities and resources. The CDS Action Plan may require the modification of agency registration forms, data entry screens, and or billing instruments. The CDS Action Plan may also require modifications to the agency's PMS or EHR system to identify visit records of eligible Title X clients and export a file

structured in a CDS-compatible format, as well as completing a Software Release Form to enable CDS staff to work directly with the agency software vendor. Failure to meet the CDS Action Plan deadlines without permission from CFHC may result in the withholding of Title X payments and/or non-renewal of the Title X contract.

- 2. Timely submission of monthly or quarterly CVR export files (all CVRs to be submitted including error corrections by the deadline).
- 3. Timely submission of lab export files.
- 4. Timely notification to CFHC if the CDS Audit Report is inconsistent with the export file.
- 5. Timely notification to CFHC of the addition, deletion, or modification of any data codes included in the agency's submission.
- 6. Notification to CFHC of the addition or closure of any clinic site locations within one month of the site change status.
- 7. Identification of CDS contact(s) who has been or will be trained and immediate notification to CFHC CDS Manager of any contact change(s) so that new staff can be trained.
- 8. Manually updating Report tables with any aggregate data not submitted through CDS.

## 10. MEDI-CAL, FPACT, APPLICANT AND OTHER BILLING REQUIREMENTS

The Contractor must have any and all National Provider Identification Numbers utilized to bill all services provided by this contract and is required to identify both Medi-Cal and Family PACT eligible patients and bill services for these patients to the Medi-Cal and Family PACT programs.

Funding provided by this contract may not be allocated for any medications that are also billed to a third party.

## 11. STATUS OF CONTRACTOR

The parties hereto agree that the Contractor, its agents and employees, in the performance of this contract, shall act in an independent capacity and not as officers, employees or agents of CFHC.

Contractor warrants that no conflict of interest exists between Contractor's officers, agents, or employees. Contractor shall prevent employees, consultants, or members of governing bodies from using their positions for purposes that are, or give the appearance of being, motivated by a desire for private gain for themselves or others, such as those with whom they have family, business, or other ties. In the event that CFHC determines that a conflict of interest situation exists, any increase in costs associated with the conflict may be disallowed by CFHC and such conflict may constitute grounds for termination of the Contract.

#### 12. PERSONNEL

Multiplicity of employment and remuneration on the part of the personnel at CFHC contract agencies is to be avoided. Staff members shall not deploy themselves so as to receive multiple pay from CFHC. An employee shall not be paid as a staff member and a consultant in the same agency.

No CFHC employee whose position enables him or her to influence the award of this contract or any competing agreement, and no spouse or economic dependent of such employee, shall be employed in any capacity by the Contractor herein, or have any other direct or indirect financial interest in this contract, without specific CFHC written approval.

### 13. ASSIGNMENT OF CLAIMS

Contractor is specifically prohibited from assigning, transferring, pledging or otherwise encumbering its duties or obligations under this contract with CFHC. Assignment of funds due thereunder as security or collateral for loans or for any other purpose are governed by the United States Assignment of Claims Act of 1940 and the implementing regulations, rules and directives, all of which are applicable to Contractor and must be strictly complied with. Requirements for assignment of funds due under reimbursement type contracts are set forth in the Code of Federal Regulations, Title 41, Section 1-30.700 et seq., and additional restrictions on contracts providing for advances are set forth in Section 1-30.708.

In the event Contractor has already or contemplates assigning, pledging or otherwise encumbering any portion of its right to receive funds under this contract with CFHC including factoring agreements or other financing arrangements, the lender, factor or assignee must be fully advised in writing of the terms and conditions of this contract with CFHC and the applicability of the above-mentioned statutory requirements. CFHC must also be fully advised, in writing, of the details of any completed or contemplated actions hereunder, sufficiently in advance for comprehensive examination of the Contractor's intended actions. CFHC and its funding source shall have no obligations or liability whatsoever to the assignee under any such assignments.

## 14. FACILITIES

Contractor must have, or be officially exempted from, current health facilities or subacute hospital licensure. The facilities within which family planning services are furnished by the Contractor should include provisions for accommodating people with disabilities. These facilities should also have posted and made available to all personnel an on-going plan, specifying procedures to be

followed in the event of fire, disaster or other emergency. In addition, fire and disaster drills should be conducted twice a year and the results documented.

#### 15. LICENSES

Contractor and each of its employees, agents and contractors shall obtain and maintain during the term of this contract all appropriate licenses required by law for the operation of its facility and for the provision of services hereunder.

#### 16. PROVISIONS REGARDING ABORTIONS

The Contractor agrees that no funds received pursuant to this contract shall be used to perform abortions or to supplant any funds used to perform abortions.

Contractor represents and agrees that when it is providing Family Planning Services under, and during the term of this Contract, it is not, and will not be, a group, clinic, or organization which advertises, advocates, or promotes abortion as a method of family planning, or which receives any fee or any other consideration as payment for referrals for abortion services. Contractor further agrees that none of the funds received under this Contract shall be used in programs where abortion is a method of family planning.

The Contractor agrees to the termination of this contract and further agrees to return to CFHC all unexpended funds that have been received from CFHC pursuant to this contract if CFHC finds that the contractor has violated the abortion provision.

## 17. INDEMNIFICATION

Contractor shall indemnify, defend and hold harmless CFHC, its agents, officers, and employees from and against any and all liability, expense, including defense costs and legal fees, and claims for damages of any nature whatsoever, including, but not limited to, bodily injury, death, personal injury, or property damage, including Contractor's property, arising from or connected with Contractor's provision of the services and the program provided hereunder, including any workers' compensation suits, liability, or expense, arising from or connected with services performed by, or by any person on behalf, of Contractor pursuant to this Agreement.

CFHC shall indemnify, defend and hold harmless Contractor, its agents, officers, and employees from and against any and all liability, expense, including defense costs and legal fees, and claims for damages of any nature whatsoever, including, but not limited to, bodily injury, death, personal injury, or

property damage, including CFHC's property, arising from or connected with CFHC's provision of the services and the program provided hereunder, including any workers' compensation suits, liability, or expense, arising from or connected with services performed by, or by any person on behalf, of CHFC pursuant to this Agreement.

#### 18. INSURANCE

Without limiting Contractor's indemnification of CFHC, Contractor shall provide and maintain at its own expense during term of this Agreement coverage satisfying the requirements specified hereunder. Such insurance shall be provided by responsible insurer(s) satisfactory to CFHC.

Evidence shall be in the form of a certificate(s) of insurance coverage and a copy of an Additional Insured endorsement confirming CFHC has been given Insured status and shall be delivered to CFHC. Renewal Certificates shall be provided to CFHC not less than ten (10) days prior to Contractor's policy expiration dates. CFHC reserves the right to obtain complete, certified copies of any required Contractor insurance policies at any time.

Certificates shall identify all required insurance coverage types and limits specified herein, reference the Agreement by name or number, and be signed by an authorized representative of the insurer(s). The Insured party named on the Certificate shall match the name of the Contractor identified as the contracting party in this Agreement. Certificates shall provide the full name each insurer providing coverage, its National Association of Insurance Commissioner's (NAIC) identification number, its financial rating, the amounts of any policy deductibles or self-insured retentions exceeding Fifty Thousand Dollars (\$50,000), and list any CFHC required endorsement forms.

Such evidence shall contain express conditions that CFHC is to be given written notice by registered mail at least thirty days in advance of any modification or termination of any program of insurance.

In lieu of the insurance requirements listed herein, CFHC acknowledges, understands and agrees that Contractor may provide any or all such required forms of insurance through programs of self-insurance as allowed under California law.

Neither CFHC's failure to obtain, nor CFHC's receipt of, or failure to object to a non-complying insurance certificate or endorsement, or any other insurance documentation or information provided by Contractor, its insurance broker(s)

and/or insurer(s), shall be construed as a waiver of any of the required Insurance provisions.

Failure on the part of Contractor to produce or maintain required insurance shall constitute a material breach of this Agreement upon which CFHC may immediately terminate or suspend this Agreement.

Certificates and copies of any required endorsements shall be sent to:

Contract Coordinator California Family Health Council, Inc. 3600 Wilshire Boulevard, Suite 600 Los Angeles, CA 90010

Such insurance shall include, but not be limited to:

1. Liability: Comprehensive general liability insurance endorsed for premises-operations, products/completed operations, contractual, broad form property damage, and personal injury, with a combined single limit of not less than one million dollars (\$1,000,000) per occurrence and three million dollars (\$3,000,000) annual aggregate.

If the above insurance is written on a Claims Made Form, such insurance shall be endorsed to provide an extended reporting period of not less than two years following termination of this Agreement.

- 2. Workers' Compensation: A program of workers' compensation insurance in an amount and form to meet all applicable requirements of the Labor Code of the State of California, including employers liability with a one million dollar (\$1,000,000) limit, covering all persons providing services on behalf of Contractor and all risks to such persons under this Agreement.
- 3. Medical Malpractice: Medical Malpractice professional insurance coverage in the minimum amount of one million dollars (\$1,000,000).
- 4. Fidelity: A loss payee endorsement under a blanket fidelity bond covering employees.

### 19. PROPERTY MANAGEMENT

The Contractor shall maintain adequate property records, as well as effective inventory, control and maintenance procedures. Contractor will be responsible

### Exhibit A - Terms and Conditions

CFHC 2011 Family Planning Program Contract

for replacing or repairing equipment for which it is accountable if lost, damaged or destroyed due to negligence on the part of the Contractor, or failure to secure appropriate insurance, or noncompliance with property management regulations or instructions of CFHC or its funding source.

Contractor shall submit to CFHC annually on a form provided an updated cumulative inventory of equipment purchased under this and preceding CFHC agreements.

Title X regulations require that items purchased with Title X Federal funds at or above your amortization threshold policy are to be reported on the annual Equipment Inventory List.

Contractor is required to submit a copy of their Board approved Amortization Policy when updated.

#### 20. CONFIDENTIALITY

Contractor must assure client confidentiality and provide safeguards against the invasion of personal privacy, as required by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). No information obtained by the Contractor's staff about individuals receiving services funded by this contract may be disclosed without the individual's written consent, except as required by law or as necessary to provide services to the individual, with appropriate safeguards for confidentiality. Information may otherwise be disclosed only in summary, statistical, or other form that does not identify the individual.

Contractor agrees to maintain the confidentiality of its patient records and information, including billings, in accordance with all applicable State and/or Federal laws, regulations, guidelines and directives relating to confidentiality of patient records. Contractor shall inform all of its involved officers, employees, and agents of the confidentiality provisions of this contract.

Notwithstanding any other provisions contained herein, CFHC, in its capacity as a Health Oversight Agency and a Public Health Surveillance Monitor, and its funding source have the right to request and receive all records related to the administration, monitoring, and audit of this contract in whatever form CFHC deems appropriate.

## 21. COPYRIGHTS, PATENTS AND OTHER MATERIALS

If this contract results in a book or other copyrightable material, the author is free to copyright the work, but CFHC and the funding source reserve a royalty-free,

nonexclusive, irrevocable license to reproduce, publish, or otherwise use, and to authorize others to use, all copyrighted material and all material which can be copyrighted resulting from this contract.

Any discovery or invention arising out of or developed in the course of work aided by this contract shall be promptly and fully reported to CFHC and to the funding source for determination as to whether patent protection on such invention or discovery, shall be sought and how the rights in the invention or discovery, including rights under any patent issued thereon, shall be disposed and administered in order to protect the public interest.

CFHC and the funding source reserve the right to conduct its own examination of materials produced under this contract. If, upon examination any materials are deemed inappropriate, CFHC reserves the right to recall these materials from public distribution.

#### 22. NON-DISCRIMINATION

During the performance of this contract, contractor and its subcontractors shall not unlawfully discriminate, harass or allow harassment, against any employee or applicant for employment because of sex, race, color, ancestry, religious creed, national origin, physical disability, (including HIV and AIDS), mental disability, medical condition (including cancer), age, marital status, and denial of family care leave. Contractor and its subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Contractor and its subcontractors shall give written notice of their obligations under this clause to labor organizations with which they have a collective bargaining or other agreement.

The contractor shall include the nondiscrimination and compliance provisions of this clause in all subcontracts to perform work under the contract.

Employment of Contractor personnel and all actions effecting Contractor employees shall be based on the employee's qualifications and performance. Hiring shall be based on an evaluation that seeks to match the qualifications of the applicant to the requirements of the job. Contractor must follow its established personnel policies and procedures relating to all personnel issues arising in the provision of services hereunder.

Governing Statutes, Regulations and Rules: The specific details of the overall CFHC program implementing Public Policy Requirements are primarily provided

by CFHC's funding agency and are referenced in the PHS Grants Policy Statement – DHHS Publication No. (OASH) 94-50,000 (Rev.) April 1, 1994. They are specifically listed in Subsections A through J following this paragraph.

- A. Equal Opportunity Executive Order 11246 as Amended.
- B. Title VI of the Civil Rights Act of 1964. The DHHS regulation implementing this requirement is contained in Code of Federal Regulations, Title 42, Part 59.209. http://opa.osophs.dhhs.gov/titlex/ofp\_regs\_42cfr59\_10-1-2000.txt.
- C. Section 504 of the Rehabilitation Act of 1973. The DHHS regulation at Code of Federal Regulations, Title 45, Part 84 implements this requirement.
- D. The Americans with Disabilities Act of 1990.
- E. The Age Discrimination Act of 1975. The DHHS regulation implementing the provision of this Act is at Code of Federal Regulations, Title 45, Part 91.
- F. Title IX of the Education Amendments of 1972 (in particular, section 901 of those amendments). The DHHS regulation at Code of Federal Regulations, Title 45, Part 86 implements this requirement.
- G. Code of Federal Regulations, Title 45, Part 84.which provides that drug abusers suffering from medical conditions shall not be discriminated against. This prohibition is extended to all outpatient facilities receiving or benefiting from Federal financial assistance.
- H. Code of Federal Regulations, Title 45, Part 84 which provides that alcohol abusers and alcoholics who are suffering from medical conditions shall not be discriminated against. This prohibition is extended to all outpatient facilities receiving or benefiting from Federal financial assistance.
- I. Code of Federal Regulations, Title 42, Part 2 which requires that records of substance abuse patients be kept confidential except under certain specified circumstances and for specified purposes.
- J. Office for Civil Rights' Policy Guidance on Language Assistance to Persons with Limited English Proficiency (LEP), which requires organizations that receive federal financial assistance to ensure that LEP persons have meaningful and equal access to benefits and services.

### 23. GENERAL TERMS AND CONDITIONS

CFHC will advise the Contractor of additional conditions imposed by the funding source from which funds for payment of this contract are derived, and any additional conditions governing the use of such funds or performance of the family planning programs as may be required by law, Executive Order, by regulation, or by any other policy announced by the funding source. The Contractor agrees to either accept such additional conditions or to notify CFHC of its unwillingness or inability to do so. The Contractor agrees to comply with Federal Title X Regulations and Guidelines at all Title X sites. The Contractor understands and agrees that strict compliance with all of these requirements is mandatory and any breach thereof is grounds for termination of this contract.

The project and services under this agreement are subjected to the terms and conditions incorporated either directly or by reference in the following:

- A. All provisions of 42 CFR Part 59 currently in effect or implemented during the period of the grant.
- B. U.S. Department of Health and Human Services, Public Health Service Grants Policy Statement DHHS Publication No. (OASH 94-50,000 (Rev.) April 1, 1994.
- C. Code of Federal Regulations Title 45 as applicable. This Title contains, among other regulations, administrative regulations, applicable to grants and cooperative agreements. Public policy provisions that are to be included in contracts under grants (or subgrants) are included in the procurement standards prescribed by Parts 74 and 92.
- D. Code of Federal Regulations Title 2 part 225 which contain cost principles for state, local and Indian tribal governments or Title 2 part 230 which contain cost principles for non-profit organizations.
- E. Contractors who receive subgrants in an amount in excess of \$100,000 shall comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, 42 U.S.C. 7401 et seq., and the Clean Water Act, as amended 33 U.S.C. 1251 et seq.
- F. Contractors who receive subgrants in an amount in excess of \$100,000 shall comply with the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352)
- G. Certain contracts shall not be made to parties listed on the nonprocurement portion of the General Services Administration's "Lists of Parties Excluded from

Federal Procurement or Nonprocurement Programs," in accordance with Executive Orders 12549 and 12689, "Debarment and Suspension." (See Code of Federal Regulations 45, part 76).

- H. Notwithstanding any other provision of law, no provider under Title X of the Public Health Service Act shall be exempt from any State law requiring notification or the reporting of child abuse, child molestation, sexual abuse, rape, or incest.
- I. In accepting this award, the contractor certifies that it will encourage family participation in the decision of minors to seek family planning services and that it provides counseling to minors on how to resist attempts to coerce minors into engaging in sexual activities.
- J. The Buy American Act of 1933, as amended (41 U.S.C. 10a-10d), that requires that Government agencies give priority to domestic products when making purchasing decisions. Therefore, to the greatest extent practicable, all equipment and products purchased with grant funds should be American-made.
- K. The HHS Appropriations Act requires that, when issuing statements, press releases, requests for proposals, bid solicitations, and other documents describing projects or programs funded in whole or in part with Federal money shall clearly state the percentage and dollar amount of the total costs of the program or project which will be financed with Federal money and the percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.
- L. The grantee shall comply with the restrictions on lobbying set out in 45 CFR Part 93. In addition, the grantee shall comply with the restrictions on grantee lobbying in section 503 of the FY 2005 Appropriations act, as follows:

No part of any appropriation contained in this Act shall be used, other than for normal and recognized executive-legislative relationships, for publicity or propaganda purposes, for the preparation, distribution, or use of any kit, pamphlet, booklet, publication, radio, television, or video presentation designed to support or defeat legislation pending before the Congress or any State legislature, except in presentation to the Congress or any State legislature itself.

1. No part of any appropriation contained in this Act shall be used to pay the salary or expenses of any grant or contract recipient, or agent acting for such recipient, related to any activity designed to influence legislation or appropriations pending before the Congress or any State legislature.

The Contractor shall also comply with all laws, statues, ordinances, rules and regulations of federal, state and local governments as they apply to this contract and the program set forth herein.

The particular funding source under which this contract is funded and referred to is as follows:

United States Department of Health and Human Services

Public Health Service

OPHS Office of Grants and Management

Code of Federal Regulations Number: 93.217

Title of Project or Program: Provision of family planning services and outreach services

to eligible clients in the State of California

#### 24. MUNICIPAL GOVERNMENTS

This section only applies if Contractor is a government organization (County or City).

None of the expenditure items listed in the budget as CFHC's share in any of the contracting agreements, be either personnel or non-personnel, shall be subject to any orders for expenditure "freezes" which may be general policy of Contractor from time-to-time.

Contractor agrees to provide all in-kind items identified in the providers (Applicant & Other) share of each contractor's budget.

Contractor and its subcontractors shall develop a separate plan for each contract which provides a mechanism that is satisfactory to Contractor, the particular subcontractor, and CFHC, for insuring that Medi-Cal and fee bills are rendered for eligible patients, and that the receipts from these bills are applied back toward the family planning program, less Contractor/subcontractor billing and collection cost, in a manner approved by CFHC.

## 25. NOTIFICATION OF CHANGE IN KEY STAFF AND CLINIC SITE LOCATIONS

The Contractor shall notify CFHC in writing within ten (10) working days of any change in Key Staff or any address change of Title X clinic site locations.

## 26. YEARLY TITLE X BUSINES MEETING

Every calendar year CFHC sponsors a Title X Business Meeting and attendance

by a representative(s) of Contractor is mandatory. Travel costs incurred are billable against this agreement.

### 27. TERMINATION OF CONTRACT

If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this contract or if the Contractor shall violate any of the covenants, agreements, or stipulations of this contract; or if the funding from the funding source under which this contract is funded is terminated by the funding source, CFHC shall thereupon have the right to terminate this contract in whole or in part by giving written notice to the Contractor of such termination and specifying the effective date thereof. In the event only a portion, or one or more components, of the work authorized by this contract is terminated under the provisions of this clause the Statement(s) of Work may be unilaterally changed by CFHC to document such change, and the Budget(s), will be reduced accordingly including a proportionate reduction in the total budgeted administrative costs.

If the Contractor defaults at any location or scheduled clinic sessions of its total program, such default shall be considered material regardless of the number of locations or clinic sessions operated by the Contractor, so as to permit CFHC to terminate that portion of the Contractor's program. In the event of such termination, CFHC may unilaterally reduce the Budget(s), as set forth in the preceding paragraph.

If the Contractor is unable or unwilling to comply with such additional conditions as may be imposed by the funding source on the grant or contract under which CFHC is performing the program to which these services are being rendered, the Contractor shall have the right to terminate this contract by giving written notice to CFHC signifying the effective date thereof.

Either party may terminate this contract for any reason by giving the other party at least 30 days written notice, unless stated otherwise by other sections contained in this contract.

In the event of termination of this contract, either in whole or in part, all property, finished or unfinished documents, data, studies, and reports purchased or prepared by the Contractor under this contract shall, at the option of CFHC, become its property or be disposed of and the Contractor shall be entitled to compensation for any unreimbursed expenses necessarily incurred in satisfactory performance of this contract. Notwithstanding the above, the Contractor shall not be relieved of liability to CFHC for damages sustained by

CFHC by virtue of any breach of this contract by the Contractor, and CFHC may withhold any reimbursement to the Contractor for the purpose of offset until such time as the exact amount of damages due CFHC from the Contractor is agreed upon or otherwise determined.

#### 28. CONTRACT CLOSEOUT PROCEDURES

Contractor shall submit all financial, performance and other reports as required by the terms and conditions of the contract. At its sole discretion, CFHC may approve or deny extensions when requested by the Contractor.

Unless an extension is granted Contractor shall liquidate all obligations incurred under the award not later than 90 calendar days after the funding period or date of completion as specified in the contract.

CFHC will make prompt payments only after all required documentation has been received and approved.

CFHC, by the rules and regulations set by its funding source, reserves the right to determine ownership of any and all equipment purchased by Contractor during the course of the current or any previous contracts for the program that is ending. Ownership will be determined after Contractor has submitted an Equipment Inventory that is due 45 days after the end of the contract.

Should a contract be terminated before the end of the contract period by either party the Contractor will be notified of and agrees to comply with all closeout procedures.

## 29. <u>ALTERATION OF TERMS</u>

The body of this contract, together with the exhibits attached hereto, fully expresses all understanding of the parties concerning all matters covered and shall constitute the total contract. No addition to, or alteration of, the terms of this contract whether by written or verbal understanding of the parties, their officers, agents, or employees, shall be valid unless made in the form of a written amendment to this contract which is formally approved and executed by the parties, except as otherwise provided herein and with the following exceptions:

- A. Approved revisions to the Budget when the total amount allocated by CFHC does not increase or decrease.
- B. Approved revisions to the Statement of Work that are not considered to significantly change the Family Planning Program.

## Title X Family Planning Program Contract Reports Requirements

All reports must be received by CFHC on the date designated no later than 5:00 p.m. Pacific Standard Time if the report is submitted on paper and 11:59 p.m. Pacific Standard Time if the report is submitted via the internet. If the due date occurs on a weekend day or a designated federal holiday, the report will then become due by the following closest business day.

CFHC sets report due dates to insure proper oversight of the programs being funded and as required by its funding source. Requests for an extension of the due date of any report must be made to and granted by CFHC before the due date of the report. Extension requests are granted only for extenuating circumstances and the extension is only good for the specific report in question. Extensions will not be granted for reports that are due beyond the current reporting period. If an extension request is denied the Contractor must adhere to the due date stated in contract or be subject to the policy and procedure stated below.

All extension requests for Program or Progress reports must be submitted to the Contractor's designated Area Manager.

All extension requests for Financial Reports must be submitted in writing to Stephanie Ceponis, Site Financial Analyst, by postal mail at California Family Health Council, Inc., 3600 Wilshire Boulevard, Suite 600, Los Angeles, CA 90010, or by electronic mail at ceponiss@cfhc.org.

CFHC withholds 10% of the total allocation until all reports that meet the terms, conditions and/or Statement of Work of the contract are received. Final payment will be made upon submission and approval of all yearend reports.

Failure to meet a report deadline as required and stated in the Contract is considered a violation of the terms and conditions of the Contract and the consequences and remedy of the violation(s) will be governed by the following procedure:

Any Contractor who fails to submit a report as stated in this contract, or by special request, more than three (3) times during the contract period will lose 5% of their total allocation.

Any Contractor who fails to submit a report as stated in this contract, or by special request, more than six (6) times during the contract period will lose an additional 5% of their total original allocation. When this action occurs the capability of the Contractor to manage the Title X Family Planning Program Contract will be in question and additional scrutiny by CFHC may be required which can include termination of the contract.

Any Contractor that has received a reduction of funds will not be eligible for any supplemental funding that may become available during the contract period.

#### Exhibit B

California Family Health Council 2011 Family Planning Program Contract Reporting Requirements for Family Planning Services

### FAMILY PLANNING SERVICES REPORTING REQUIREMENTS:

The Contractor shall submit the following required reports in compliance with the dates and conditions specified below. CFHC will provide instruction when procedures for the proper completion if these reports change.

| REPORT TITLE  Family Planning Services Semi-Annual Progress Report (by County)  | FREQUENCY OF SUBMISSION Semi-Annual | DUE DATE  25th of the month following the period reported for the data that is not submitted monthly. For January, February, March, April, May and  |
|---|-------------------------------------|---|
| Submitted electronically at www.cfhc.org  |                                     | June  DUE: July 25  For July, August, September, October, November and December  DUE: January 25, 2012  |
| Statement of Revenue and Expenditure Report (includes submission of General Ledger backup of Title X expenditures only)  Submitted electronically at www.cfhc.org | Quarterly                           | 25th of the month following the period reported For January, February and March  DUE: April 25  For April, May and June  DUE: July 25  For July, August and September  DUE: October 25  For October, November and December  DUE: January 25, 2012 |
| Financial Status Report (FSR) Submitted to the Finance Division   | Annual                              | 45 days following the close of the Contract period <u>DUE: February 15, 2012</u>  |
| Equipment Inventory Submitted to the Finance Division   | <u>Annual</u>                       | 45 days following the close of the Contract period <b>DUE: February 15, 2012</b>  |
| Annual External Audit and A-133 Audit if applicable Submitted to the Finance Division   | Annual                              | 30 day after completion of audit(s) or nine months after the end of the audit period .  |
| Special Reports, surveys and questionnaires as may be requested by CFHC or its funding source   | Specified Date                      | Specified Date  |

#### Exhibit B

California Family Health Council 2011 Family Planning Program Contract Reporting Requirements for Family Planning Services

## **CENTRALIZED DATA SYSTEM:**

The Contractor shall submit the following required reports to the Centralized Data System in compliance with the dates and conditions specified below. CFHC will provide instruction and technical specifications when procedures for the proper completion of these reports change.

| REPORT TITLE   | FREQUENCY<br>OF<br>SUBMISSION | DUE DATE  |
|--|-------------------------------|---|
| Electronic data files which include family planning client visit records for each clinic site.  Submitted electronically at www.cfhc.org according to Technical Specifications provided by CFHC. | Monthly                       | 25 <sup>th</sup> of the month following the period reported (or next business day when 25 <sup>th</sup> falls on weekend).  Data submissions must be <b>correct</b> (rejected fields corrected and resubmitted) no later the 25 <sup>th</sup> of the month. |

# Statement of Work (SOW) Administrative Goal and Objectives

**Agency Number:** 

754

Agency Name:

Riverside County Community Health Agency, Department

Administrative Goal:

Strengthen the overall quality of the family planning program and its ability to meet the needs of

the community.

Objective 1:

Implement or maintain a review process of all agency functions, in order to ensure high quality family

planning services and compliance with all Title X Guidelines by December 31, 2011, as evidenced by

completion of activities 1A through 1H.

| production of the production o | sure that administrative policies and cedures are in place to facilitate effective defficient management and governance. In the first of the first o | Program Manager  Program Manager  Program Manager       | Policies and procedures maintained and reviewed at site evaluations. Desk audits determined by CFHC staff.  Meeting minutes maintained and reviewed at site evaluations.  Client satisfaction surveys conducted, |
|--|--|---|--|
| production of the production o | dedures are in place to facilitate effective of efficient management and governance.  In the planning Councils of America (CA) Performance Measures.  In the planning program policies and dedures on an annual basis.  It is annual systematic client feedback bugh client satisfaction surveys inclusive of sites. Family Planning Councils of   | Program Manager   | reviewed at site evaluations. Desk audits determined by CFHC staff.  Meeting minutes maintained and reviewed at site evaluations.  Client satisfaction surveys conducted,  |
| 1. C Obtains Am  1. D Mai ass Proeve   | cain annual systematic client feedback bugh client satisfaction surveys inclusive of sites.Family Planning Councils of   |   | at site evaluations.  Client satisfaction surveys conducted,   |
| thro<br>all s<br><b>Am</b><br>1. D Mai<br>ass<br>Pro<br>eve  | ough client satisfaction surveys inclusive of sites.Family Planning Councils of  | Program Manager   | · · · · · · · · · · · · · · · · · · ·  |
| ass<br>Pro<br>eve  |  |   | summarized, acted upon and reviewed at site evaluations.   |
|  | intain and update a community needs essment inclusive of the Family Planning gram on a periodic basis (at least once by 5 years) to define agency's role in the inmunity.  | Program Director and<br>Epidemelogist                   | Community needs assessment inclusive of the Family Planning Program maintained and reviewed at site evaluations.   |
| imp<br>com   | e Title X Family Planning Program is lemented with input from representative namunity members with knowledge of namunity needs.  | Program Director and<br>Program Manager                 | Advisory Board meeting minutes and materials review maintained and reviewed at site evaluations and desk audits.   |
| edu<br>limit<br>app<br>viole<br>cou  | ntain and update current clinical and client cation protocols which include but are not ted to: reproductive health care and cropriate primary care; disability; domestic ence; emergency care; pregnancy nseling and testing; birth control methods; STI/HIV.   | Medical Director<br>Program Director<br>Program Manager | Protocols maintained and reviewed at site evaluations.   |
| and<br>prob<br>dom<br>usin<br><b>Pla</b> r   | cument procedures for the identification referral of patients with the following olems: high blood pressure, HIV positive, nestic violence, and substance ag/abusing including smoking. Family nning Councils of America (FPCA) formance Measure.  | Medical Director  | Protocols and referral policies maintained and reviewed during site evaluations.   |
| (CQ<br>reco<br>prov<br>of d<br>med   | ntain a Continuous Quality Improvement all) System that will, through medical ords review at each site and inclusive of all viders, determine if all essential elements ocumentation of reproductive health care dical and education and counseling vices are being completed.   | QA Nurse<br>Medical Director<br>Program Manager         | Activities of the Continuous Quality Improvement (CQI) medical team maintained and reviewed at site evaluations.   |

## Statement of Work (SOW) Clinical Goal and Objectives

**Agency Number:** 

754

Agency Name:

Riverside County Community Health Agency, Department

Clinical Goal:

Provide comprehensive clinical reproductive health services to Title X clients of reproductive age to plan

and space their pregnancies.

Objective 1:

Provide family planning education and medical services to eligible individuals per the Federal Poverty

Guidelines, by December 31, 2011, as evidenced by completion of activities 1A through 1G.

| Nursita     | er Activity  | # of Clients   | Job Title   | Evaluation   |
|-------------|--|--|---|--|
| 1. A        | Document and report the poverty status of family planning clients.   | 17000  | Program Director<br>Program Manager                     | As documented in Semi-Annual Progress Report (SPR) and verified with sample data at site evaluations via chart audits. |
| 1. B        | Provide family planning education, medical services and FDA approved contraceptive methods, either on site or by referral for female clients.                              | 15000  | Medical Director<br>Program Director<br>Program Manager | As documented in Semi-Annual Progress Report (SPR) and reviewed at site evaluations.                                   |
| 1. C        | Provide family planning education and medical services for male clients.   | 2000   | Medical Director<br>Program Director<br>Program Manager | As documented in Semi-Annual Progress Report (SPR) and reviewed at site evaluations.                                   |
| 1. D        | Provide a chlamydia test to at least 80% of women under the age of 25 within a 12 month period. FPCA Performance Measure.  | ttari 4. orm t. 1866 - ««««««««I glavago» (««»»»» ayyon ta | Medical Director Program Director Program Manager       | As documented in Semi-Annual Progress Report (SPR).  |
| I. E        | All female clients with an abnormal finding on their clinical breast exam should be followed for further evaluation. FPCA Performance Measure.                             | etter til till till store somhere at trespektiven og gre   | Medical Director Program Director Program Manager       | CQI activities maintained and reviewed and chart audits performed during site evaluations.                             |
| I. <b>F</b> | All clients with positive STD/HIV tests will be notified of abnormal test results within two weeks of the lab results return and followed-up for counseling and treatment. |  | Medical Director<br>Program Director<br>Program Manager | Screening and testing reported in Semi-Annual Reports(SPR)and followings verified through CQI at site evaluations.     |
| I.G         | All clients with an abnormal finding on their pap smear should be followed for further evaluation.  FPCA Performance Measure.  |  | Medical Director<br>Program director<br>Program Manager | CQI activities maintained and reviewed and chart audits performed during site evaluations.                             |

# Statement of Work (SOW) Clinical Goal and Objectives

Agency Number:

754

Agency Name:

Riverside County Community Health Agency, Department

Clinical Goal:

Provide comprehensive clinical reproductive health services to Title X clients of reproductive age to plan

and space their pregnancies.

Objective 2:

Provide family planning education and medical services to high-risk, hard-to-reach populations by December

31, 2011, as evidenced by completion of activity 2A.

| (a)raka                                 | r Activity  | # of Clients | Jab Title  | Evaluation   |
|---|---|--------------|--|--|
| 2. A                                    | Provide family planning education and medical services to the following number of individuals in high-risk, hard-to-reach populations. A minimum of four of the following categories must be indicated: |              | Program Manager  | As documented in Semi-Annual Progress Report (SPR) and reviewed at site evaluations.   |
|   | Homeless Individuals  | 100          | a e manuscripanis empresaren akke ere e e e e e e e e e e e e e e e e  |  |
|   | Substance-Using/Abusing Individuals   | 0            | and a second control of the second control of the second control of the second control of the second control of  | an agains an aige a sa maga a sa mar an  |
|   | , Individuals with Disabilities   |              | e i kawa ga yang lampang pamama mangkatan sa tatawa sa sa  | The Property management and the confidence and definitions are against to the designation represents the management of agreement of the confidence of the    |
|   | Individuals with Limited English<br>Proficiency (LEP)   | 6500         | and the second s | egune en la compagna de la compagna   |
|   | Migrant Workers   | , . 0        | e e e e e e e e e e e e e e e e e e e  | engen in den verste gewonde voorspronke van de verste de verste de verste de verste de verste |
|   | Males   | 2000         | and the second of the second o | المستحصلة والمستحدة والمستحدد والمستحدد المستحد المستحد والمستحد والمستحدد والمستحد والمستحد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستحدد والمستح |
|   | Adolescents (17 & under)  | 2000         |  |  |
| *************************************** | Total Clients Served  | 10.680       | ap to annich to company the first of the company and a second an annual second and a second and  | enticontenta de mantena en entre esta esta califati Sóntia de companya y sur esta en entre entre entre entre e   |

Notes for Objective 2A:

<sup>1.</sup> You must enter #'s into at least four(4) identified categories

<sup>2.</sup> Individuals may be entered into multiple populations

<sup>3. #</sup> of males will be prepopulated from objective 1.C

## Statement of Work (SOW) **Preconception Goal and Objectives**

**Agency Number:** 

754

Agency Name:

Objective 1:

Riverside County Community Health Agency, Department

Preconception Goal:

To assist female family planning clients to take steps toward becoming fully healthy women by initiating reproductive life planning discussions and providing preconception/inter-conception care

as part of family planning services through 12/31/2012.

Provide preconception/inter-conception care and reproductive life planning/ family planning services

to a minimum of 50% of all Title X eligible clients annually through 12/31/2012.

| Number | . Activity   | Job Title   | Evaluation   |
|--------|--|---|--|
| 1. A   | Revise existing protocols to include preconception/inter-conception care activities, incorporate preconception health assessment to existing history forms, include preconception health data to data collection system, conduct preconception training for clinical, health education and outreach staff by 12/31/2011. | Medical Director<br>Program Director<br>Program Manager | Documentation of revised protocols, history forms updated data collection systems and trainings of staff will be maintained and kept on file through 12/31/2011. |
| 1. B   | Provide comprehensive counseling regarding preconception/interconception care including: family history of genetic disorders, healthy weight, regular exercise, folic acid intake, etc, as listed in the CDC MMWR (April 21, 2006/55 (RR06); 1-23) to all Title X eligible clients annually through 12/31/2012.          | Medical Director<br>Program Director<br>program Manager | Document preconception counseling in client charts annually through 12/31/2012   |

# Statement of Work (SOW) Adolescent Services Goal and Objectives

Agency Number:

754

**Agency Name:** 

Objective 1:

Riverside County Community Health Agency, Department

**Adolescent Services** 

Goal:

Provide comprehensive clinical and counseling services to adolescents.

Provide adolescent-specific counseling to all adolescent clients seeking family planning services by

December 31, 2011, as evidenced by completion of activities 1A through 1D.

| umbe       | r Activity   | Job Title   | Evaluation  |
|------------|--|---|---|
| . <b>A</b> | Provide adolescents with information, support and counseling to delay the initiation of sexual activity as appropriate.  | Medical Director<br>Program Director<br>Program Manager | Documentation of counseling maintained in charts and reviewed at site evaluations.                  |
| . В        | Provide counseling to minors on how to resist coercive attempts to engage in sexual activity.  | Medical Director Program Director Program Manger        | Protocols maintained and reviewed and adolescent client chart audits performed at site evaluations. |
| C          | Provide counseling/education regarding family involvement to all adolescents under 18 years of age seeking reproductive health services whose family is not already aware that they are seeking reproductive services. FPCA Performance Measure. | Medical Director<br>Program Director<br>Program Manager | Protocols maintained and reviewed and chart audits performed at site evaluations.                   |
| D          | Report child abuse as required by state law.   | Medical Director<br>Program Director<br>Program Manager | Protocols maintained and reviewed annually and chart audits performed at site evaluations.          |

# Statement of Work (SOW) Community Education Goal and Objectives

Agency Number:

754

Agency Name:

Riverside County Community Health Agency, Department

Community

Objective 1:

Increase the community's knowledge and access to family planning services offered by the

Education Goal: Agency.

Conduct marketing, community outreach and education to potential Title X eligible clients by December

31, 2011, as evidenced by completion of activities 1A through 1E.

| Number Activity # of Clients Job Title Evaluation |  |      |                               |   |  |  |  |  |
|---|--|------|-------------------------------|---|--|--|--|--|
| 1. A  | Maintain and implement a Community Education and Outreach Plan that increases community knowledge of reproductive health and family planning services to the community. Activities include: general outreach, partnership activities and mass marketing (Exhibit B). | 9000 | Program Manager and FP staff  | Community Education and Outreach Plan maintained, updated, and reviewed at site evaluations.      |  |  |  |  |
| 1. B  | Provide general outreach to individuals as stated in the Community Education and Outreach Plan (Exhibit B,Section I).  | 4500 | Program Manager and FP staff. | As documented in the Semi-Annual Progress Report (SPR) and verified at site evaluations.          |  |  |  |  |
| 1. C  | Provide education and outreach to individuals at partnership agencies as stated in the Community and Education and Outreach Plan (Data will be automatically populated from information you enter in Exhibit B, Section II).   | 3500 | Program Manager and FP staff. | As documented in the Semi-Annual Progress Report (SPR) and verified at site evaluations.          |  |  |  |  |
| 1. D  | Conduct mass marketing activities as stated in the Community Education and Outreach Plan (Exhibit B, Section III).   | 1000 | Program Manager and FP staff. | As documented in the<br>Semi-Annual Progress Report<br>(SPR) and verified at site<br>evaluations. |  |  |  |  |
| 1. E  | An Advisory Committee of 5-9 representative community members will review and approve new educational materials developed and /or made available by the agency on annual basis.  |      | Program Manager and FP staff. | Advisory meeting minutes and materials review maninatained and reviwed at site evaluation.        |  |  |  |  |

# Statement of Work (SOW) Financial Management Goal and Objectives

Agency Number:

754

Agency Name:

Riverside County Community Health Agency, Department

Financial

Improve and maintain the Agency's financial systems to ensure contract compliance.

Management Goal:

Objective 1:

Agency will maintain a family planning program in financial compliance with the contract requirements and Title X Guidelines, as evidenced by completion of activities 1A through 1D.

|      | er Aedivity   | Job Title                                    | Evaluation  |
|------|---|--|---|
| 1. A | Develop a line item budget by site for the period of January 1, 2011 to December 31, 2011 and submit modifications as necessary during designated periods.  | Program Director and Program Manager.        | Line item budget by site and necessary modifications submitted.                         |
| 1. B | Develop and maintain financial management systems that are in compliance with the Code of Federal Regulations (CFR) and include the following: - Budgetary control procedures-Accounting systems and reports - Purchasing/inventory control/ property management - Charges, billing and collection procedures | Princípal Accountant.                        | Financial management systems maintained in compliance and reviewed at site evaluations. |
| 1. C | Develop and properly implement a sliding fee scale to reflect the current federal poverty guidelines.   | Director of Finance.                         | Sliding fee scale developed, implemented and reviewed at site evaluations.              |
| 1. D | Complete all financial reporting requirements as detailed by the contract.  | Program Manager and<br>Principal Accountant. | All financial reports submitted on time as required.                                    |

Agency Number:

754

Agency Name:

Riverside County Community Health Agency, Department

## Community Education and Outreach Partnering Plan for Family Planning

Total number of general outreach activities (Section I):

Total number of partnering activities (Section II): 3,500

Total number of mass marketing activities (Section III): 1,000

Total Number of individuals reached in Community and Education Outreach Partnering Plan:

9,000

4,500

Section 1: General Outreach

Projected Outreach Plan for Entire Family Planning Program

# of individuals reached

4500

| Type of Agency/Outreach Venue                           |   | Population Reached          | Тур | e of Educ./Presentation      |   | Method of Evaluating Success                              |
|---|---|-----------------------------|-----|------------------------------|---|---|
| X community group                                       | × | homeless individuals        |     |                              | Х | sign-in sheets maintained and                             |
| X middle or high school community college or university |   | mannadalis                  | X   | abstinence                   |   | compared to projected numbers                             |
| X faith based organization                              | Х | substance using individuals | Х   | STDs/HIV                     | Χ | pre and post tests to assess changes in knowledge         |
| X social service agency                                 |   |                             | Χ   | family planning and          | Х | post presentation participant                             |
| X WIC center  | Х | individuals with            |     | contraceptive methods        |   | evaluations   |
| X migrant camp or services<br>organization              | , | disabilities                |     |                              | Χ | assessment of number of people                            |
| X detention/incarceration center                        | Х | individuals with limited    | Х   | life skills                  |   | who visit clinic as a result of outreach (intake surveys, |
| job training center/program                             |   | English proficiency         | Х   | services                     |   | questionnaires)   |
| X parenting program business or workplace               | Х | migrant workers             | ^   | provided/making appointments | Х | regular meetings with outreach                            |
| X homeless shelter                                      |   |                             |     | арронинона                   |   | venue organization to discuss<br>progress and challenges  |
| X substance abuse                                       | Х | males                       |     |                              |   | progress and snaheriges                                   |
| treatment/recovery center<br>x women's shelters         | Х | adolescents                 |     | other(specify)               |   | other(specify)  |
| other (specify)   |   |                             |     |                              |   |   |

Section 2: Partnering Plan Name:

WIC

# of individuals reached

2000

| Type of Agency/Outreach Venue Population Reached Type of Educ./Presentation M | Method of Evaluating Success                                   |
|---|--|
| community group   | sign-in sheets maintained and                                  |
| X homeless individuals  | compared to projected numbers                                  |
| community college or university   | pre and post tests to assess                                   |
| Y substance using Y STDs/HIV '  | changes in knowledge   |
| social service agency X family planning and p                                 | post presentation participant                                  |
| ,, ,  | evaluations  |
| Organization  | assessment of number of people who visit clinic as a result of |
| detention/incarceration center life ekille                                    | outreach (intake surveys,                                      |
| ,,,   | questionnaires)  |
| parenting program X services  | •  |
| husiness or workplace X migrant workers provided/making r                     | regular meetings with outreach                                 |
| appointments ,  | venue organization to discuss                                  |
|   | progress and challenges  |
| substance abuse   |  |
| treatment/recovery center otner(specify) women's shelters X adolescents       | other(specify)   |
| other (specify)   |  |
| cutor (opcony)  |  |

Section 2: Partnering Plan Name:

Parolee

# of individuals reached

4500

| # of individuals reached 1500              |     |                             |   |                         |     |  |
|--|-----|-----------------------------|---|-------------------------|-----|--|
| Type of Agency/Outreach Venue              |     | Population Reached          | Ţ | e of Educ./Presentation |     | Method of Evaluating Success                                   |
| X community group                          |     |                             |   |                         | X   | sign-in sheets maintained and                                  |
| middle or high school                      | Х   | homeless individuals        |   | abstinence              | , , | compared to projected numbers                                  |
| community college or university            |     |                             |   |                         |     | pre and post tests to assess                                   |
| faith based organization                   | Х   | substance using individuals | Χ | STDs/HIV                |     | changes in knowledge   |
| social service agency                      |     |                             | Х | family planning and     |     | post presentation participant                                  |
| WIC center                                 | Х   | individuals with            |   | contraceptive methods   |     | evaluations  |
| migrant camp or services<br>organization   |     | disabilities                |   |                         | Х   | assessment of number of people who visit clinic as a result of |
| X detention/incarceration center           | Х   | individuals with limited    |   | life skills             |     | outreach (intake surveys,                                      |
| job training center/program                | , , | English proficiency         |   |                         |     | questionnaires)  |
| parenting program                          |     |                             | Х | services                |     | ,  |
| business or workplace                      | X   | migrant workers             |   | provided/making         | X   | regular meetings with outreach                                 |
| ·  |     |                             |   | appointments            | •   | venue organization to discuss                                  |
| homeless shelter                           | X   | males                       |   |                         |     | progress and challenges  |
| substance abuse                            | ^   | maics                       |   | other(specify)          |     |  |
| treatment/recovery center women's shelters |     | adolescents                 |   | outer(apoony)           | X   | other(specify)   |
|  |     | adologoding                 |   |                         |     | Estimated Audience   |
| other (specify)                            |     |                             |   |                         |     |  |

## Section 3: Mass Marketing

|    |                   | _                       |     |                                       |
|----|-------------------|-------------------------|-----|---------------------------------------|
|    | ass Marketing     | # of Individual Reached | Me  | hod of Evaluating Sucess              |
| Х  | Health Fairs      | 1,000                   | X   | Distribution of Educational Materials |
| Х  | Street Outreach   |                         |     | Sign in Sheets                        |
|    | Concerts          |                         | . X | Estimated Audiences                   |
|    | Radio<br>TV       |                         |     | ·                                     |
| Х  | Print Media       |                         |     |                                       |
| X. | Internet Websites |                         |     |                                       |
| Х  | Community Events  |                         |     |                                       |
|    |                   |                         |     |                                       |
|    |                   |                         |     |                                       |
| L  |                   |                         |     |                                       |

754

**Agency Name:** 

Riverside County Community Health Agency, Department

List all approved Title X-funded family planning program service sites.

Site Name and

Riverside Neighborhood Health Center. 7140 Indiana Avenue, Riverside-92504

Address:

| The second secon | A CONTRACTOR OF THE PARTY OF TH | ea Services<br>Offered        | Family Plani<br>Days: A                                   |                  |             |  | Projected<br>Users in 2011 | NPI Number |
|--|--|-------------------------------|---|------------------|-------------|--|----------------------------|------------|
| 92501, 92503,<br>92504, 92505,<br>92506, 92507   | X Urban  | X Medical  X Health Education | Mon:<br>Tue :<br>Wed:<br>Thu :<br>Fri :<br>Sat :<br>Sun : | ×<br>×<br>×<br>× | X<br>X<br>X |  | 1000                       | 1003920943 |

Site Name and Address:

Indio Family Care Center. 42923 Oasis Steet, Indio-92201

|               |              | a Services<br>Offered | Family Pl<br>Days | 000000000000000000000000000000000000000 | 2023/2020 | 34.000 | NAMES OF TAXABLE PROPERTY. | Projected<br>Users in 2011 | NPI Number |
|---------------|--------------|-----------------------|-------------------|---|-----------|--------|----------------------------|----------------------------|------------|
| 92201, 92236, |              | X Medical             | Mon               | Х                                       |           | Х      | -                          | <br>1500                   | 1023122967 |
| 92254, 92274  |              |                       | Tue               | : X                                     |           | X      | -                          |                            |            |
| ,             | Y Suburban   | X Health Education    | Wed               | : X                                     | (         | X      | -                          |                            |            |
|               | // Subdibail |                       | Thu               | : X                                     |           | Х      | ~                          |                            |            |
|               |              |                       | Fri               | : X                                     |           | Х      | -                          |                            |            |
|               |              |                       | Sat               | : -                                     | -         |        |                            |                            |            |
|               |              |                       | Sun               | : -                                     | -         |        | -                          |                            |            |

Site Name and

Corona Family Care Center.

Address:

505 S. Buena Vista. Corona-92882

|  | Type of Ar<br>Served | ee Services<br>Offered        | Family Planing Clinic Hours Days AM PM Evn                       | Projected<br>Users in 2011 | NPi Number |
|--|----------------------|-------------------------------|--|----------------------------|------------|
| 92879, 92880,<br>92881, 92882,<br>92883, 92860 | X Urban              | X Medical  X Health Education | Mon: X X - Tue: X X - Wed: X X - Thu: X X - Fri: X X - Sat: Sun: | 1900                       | 1205940145 |

754

Agency Name:

Riverside County Community Health Agency, Department

List all approved Title X-funded family planning program service sites.

Site Name and

Hemet Family Care Center 880

Address:

N. State Street. Hemet-92343

| Zip Codes of<br>Area Served   | Type of Area Services<br>Served Offered | Family Planing Clinic Hours Days AM PM Evn | Projected<br>Users in 2011 | NPI Number |
|-------------------------------|---|--|----------------------------|------------|
| 92543,<br>92554, 92545.       | X Medical                               | Mon: X X -<br>Tue: X X -                   | 2100                       | 1114031051 |
| 92548, 92582,<br>92583, 92596 | X Suburban X Health Education           | Wed: X X -<br>Thu: X X -                   |                            |            |
|                               | ·                                       | Fri : X X -<br>Sat :                       |                            |            |
|                               |   | Sun :                                      |                            |            |

Site Name and

Palm Springs Family Care Center

Address:

1515 N. Sunrise Way. Palm Springs-92262

| Zip Codes of Type of Area Services<br>Area Served Served Offered |         |                    | Family Planing Clinic Hours Days AM PM Evn | Projected<br>Users in 2011 | NPI Number |
|--|---------|--------------------|--|----------------------------|------------|
| 92258, 92262,<br>92264, 92282                                    | X Urban | X Medical          | Mon: X X - Tue: X X -                      | 1400                       | 1386758225 |
| ,  | X GIDEN | X Health Education | Wed: X X -                                 |                            |            |
|  |         |                    | Thu: X X -<br>Fri: X X -                   |                            |            |
|  |         |                    | Sat :<br>Sun :                             |                            |            |
|  |         |                    | Suit,                                      |                            |            |

Site Name and

Banning Family Care Center.

Address:

3055 West Ramsey Banning-92220

| Zip Codes of Typ<br>Area Served |                            | Family Planing Clinic Hours Days AM PM Evn | Projected<br>Users in 2011 | NPI Number |
|---------------------------------|----------------------------|--|----------------------------|------------|
| 92230, 92220,<br>92223, 92549   | X Medical                  | Mon: X X -<br>Tue: X X -                   | 1600                       | 1346353679 |
| •                               | uburban X Health Education | Wed: X X -<br>Thu: X X -                   |                            |            |
|                                 |                            | Fri : X X -<br>Sat :                       |                            |            |
|                                 |                            | Sun:                                       |                            |            |

754

Agency Name:

Riverside County Community Health Agency, Department

List all approved Title X-funded family planning program service sites.

Site Name and

Jurupa Family Care Center.

Address:

9415 Mission Blvd. Riverside 92509

| Zip Codes of<br>Area Served | Type of Area<br>Served | a, Services<br>Offered | Family Pla<br>Days |   |   |      | Projected<br>Users in 2011 | NPI Number |
|-----------------------------|------------------------|------------------------|--------------------|---|---|------|----------------------------|------------|
| 92509, 91752                | X Medical              | Mon:                   | Х                  | Х | - | 1300 | 1871607713                 |            |
|                             |                        | Tue :                  | Χ                  | X | - |      | à                          |            |
|                             | Y Suburban             | X Health Education     | Wed:               | Χ | X | -    |                            |            |
|                             | 71 Dabarbarr           |                        | Thu:               | Χ | X | ***  |                            |            |
|                             |                        |                        | Fri :              | Χ | X | -    |                            |            |
|                             |                        |                        | Sat :              | - | ~ | -    |                            |            |
|                             |                        |                        | Sun:               | • | ~ | **   |                            |            |

Site Name and Address:

Perris Family Care Center.

308 E. San jacinto. Perris-92570

| The control of the co | Type of Av<br>Served | ea Services<br>Offered        | Family Planing Clinic Hours Days AM PM Evn                       | Projected<br>Users in 2011 | NPI Number |
|--|----------------------|-------------------------------|--|----------------------------|------------|
| 92567, 92579,<br>92571, 92584,<br>92585, 92586,<br>92587   | X Urban              | X Medical  X Health Education | Mon: X X - Tue: X X - Wed: X X - Thu: X X - Fri: X X - Sat: Sun: | 1700                       | 1194839035 |

Site Name and Address:

Lake Elsinore Family Care Center. 2499 East Lakeshore Dr. Lake Elsinore-92530

| Zip Codes of<br>Area Sovies    | y de of<br>Serve | ea Services<br>Offered | Family Pla<br>Days    |   |   |   | Projected<br>Users in 2011 | NPI Number |
|--------------------------------|------------------|------------------------|-----------------------|---|---|---|----------------------------|------------|
| 92530, 92532,<br>92595, 92562, | X Urban          | X Medical              | Mon:<br>Tue :<br>Wed: | X | X | - | 3500                       | 1396859179 |
| 92563, 92590,<br>92591, 92592. |                  | X Health Education     | Thu:                  | X | Х | - |                            |            |
|                                |                  |                        | Sat :<br>Sun :        |   |   |   |                            |            |

754

Agency Name:

Riverside County Community Health Agency, Department

List all approved Title X-funded family planning program service sites.

Site Name and

Community Health Agency County of Riverside-Admin Site. 4065 County Circle Dr. P.O. Box7600 Riverside-92513

Address:

| Zip Codes of Type of Area Services Area Served Served Offered | Family Planing Clinic Hours Days AM PM Evn | Projected<br>Users in 2011 | NPI Number |
|---|--|----------------------------|------------|
| 0   | Mon: X X -                                 | ٨                          | 0          |
| X Urban   | Tue: X X ~                                 | O                          | Ü          |
| · · · ·   | Wed: X X -                                 |                            |            |
| X Admin Office  | Thu: X X -                                 |                            |            |
|   | Fri :                                      |                            |            |
|   | Sat :                                      |                            |            |
|   | Sun:                                       |                            |            |
|   |  |                            |            |

Site Name and Address:

Rubidoux Family Care Center. 5256 Mission Blvd. Riverside 92509

| Area Served                   | pe of Area Services<br>Served Offered   | Family Planing Clinic Hours Days AM PM Evn | Projected<br>Users in 2011 | NPI Number |
|-------------------------------|---|--|----------------------------|------------|
| 92509, 91752                  | X Medical                               | Mon: X X -                                 | 1000                       | 1356455299 |
| ,                             | 5 T T T T T T T T T T T T T T T T T T T | Tue: X X -                                 | 1000                       | 1330430299 |
| X Suburban X Health Education | . Wed: X X ~                            |  |                            |            |
|                               | Thu: X X -                              |  |                            |            |
|                               |   | Fri : X X -                                |                            |            |
|                               |   | Sat :                                      |                            |            |
|                               |   | Sun :                                      |                            |            |
|                               |   |  |                            |            |

Total

17000

## Family Planning Services Budget Summary

Agency Name:

Riverside County Community Health Agency

Agency Number:

754

**Budget Period:** 

| <u>Budget Category</u><br>Salaries and Wages                       | <u>Total Amount</u><br><u>Required</u> |                           | Source of Fund<br>Other Allocated from | CFHC |
|--|--|---------------------------|--|------|
| Physician  | 750,000                                | 750,000                   | 0                                      |      |
| Mid-Level Practitioners  | 127,500                                | 127,500                   | 0                                      |      |
| Other Health Personnel   | 2,036,709                              | 1,826,709                 | 210,000                                |      |
| Ancillary Personnel  | 117,000                                | 110,000                   | 7,000                                  |      |
| Administration Staff   | 120,000                                | 41,000                    | 79,000                                 |      |
| Fringe Benefits  | 1,065,416                              | 934,081                   | 131,335                                |      |
| Fringe Benefits Adjustments  Total Personnel Service  Patient Care | 0<br><u>4,216,625</u>                  | 0<br><u>3,789,290</u>     | 0<br><u>427,335</u>                    |      |
| Clinical Services  | 0                                      | 0                         | 0                                      |      |
| Laboratory Services  Total Patient Care                            | 700,000<br><b>700,000</b>              | 700,000<br><b>700,000</b> | 0<br><u>0</u>                          |      |
| Equipment  |  |                           |  |      |
| Equipment  Total Equipment   | 0<br><u>0</u>                          | 0<br><u><b>0</b></u>      | 0<br>_ <b>0</b>                        |      |
| Other Costs  |  |                           |  |      |
| Consultants  | 0                                      | 0                         | 0                                      |      |
| Medical Supplies   | 306,000                                | 300,000                   | 6,000                                  |      |
| Office Supplies  | 43,572                                 | 37,000                    | 6,572                                  |      |
| Duplication and Printing   | 5,000                                  | 3,500                     | 1,500                                  |      |
| Health and Educational Supplies                                    | 10,850                                 | 9,000                     | 1,850                                  |      |
| Utilities and Communication  | 9,000                                  | 9,000                     | 0                                      |      |
| Travel Expense   | 20,300                                 | 10,150                    | 10,150                                 |      |
| Lease/Rental Expense   | 5,000                                  | 5,000                     | 0                                      |      |
| Other Expense  | 40,000                                 | 40,000                    | 0                                      |      |
| Approved Indirect Cost  Total Other Costs                          | 211,793<br><u><b>651,515</b></u>       | 169,060<br><u>582,710</u> | 42,733<br><b>68,805</b>                |      |
| Total Budget CY 2011 FPS Agency Allocation                         | 5,568,140                              | 5,072,000                 | 496,140<br>496,140                     |      |
| Summary of Applicant and Other Sources                             |  |                           | Amount                                 |      |

## Family Planning Services Budget Summary

Agency Name:

Riverside County Community Health Agency

Agency Number:

754

Budget Period:

| Summary of Applicant and Other Sources      | Amount           |
|---|------------------|
|   |                  |
| General Funds                               | 1,400,000        |
| Total Applicant Funds Family PACT Fee       | <u>1,400,000</u> |
| raininy FACT ree                            |                  |
| Family PACT Fee For Service                 | 3,500,000        |
| Total Family PACT Fee                       | 3,500,000        |
| Medi-CAL                                    |                  |
| Medi-CAL                                    | 25,000           |
| Total Medi-CAL                              | <u>25,000</u>    |
| Other Federal Grants                        | <del></del>      |
| Name  |                  |
| None Total Other Federal Grants             | 0                |
| State Government Grants                     | <u>0</u>         |
| State Grants (Specify):                     |                  |
| Ciais Grants (Speeny).                      |                  |
| None  | 0                |
| Total State Government Grants               | <u>0</u>         |
| Local Government Grants                     | _                |
| Local Grants (Specify):                     |                  |
| Community Challege Grant                    | 127,000          |
| Total Local Government Grants               | <u>127,000</u>   |
| Private Grants                              | <u>-127,1000</u> |
| None  | 0                |
| Total Private Grants                        | <u>0</u>         |
| Third Party Payers                          | <u>≃</u>         |
|   |                  |
| Patient Fees                                | 10,000           |
| Private Health Insurance                    | 10,000           |
| Total Third Party Payers                    | 20,000           |
| Total Applicant and Other Source of Revenue | 5,072,000        |
|   | • •              |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Riverside Neighborhood health Center.

**Budget Period:** 

| Budget Category Allo Physicians | ocated from CFHC |
|---------------------------------|------------------|
| Mid-Level Practitioners         | 0                |
| Other Health Personnel          | 18,800           |
| Ancillary Personnel             | 0                |
| Administration Staff            | 0                |
| Total Salaries and Wages        | 18,800           |
| Fringe Benefits                 | 8,342            |
| Fringe Benefits Adjustments     | 0                |
| Total Fringe Benefits           | 8,342            |
| Clinical Services               | 0                |
| Laboratory Services             | 0                |
| Total-Patient Care              | ·                |
| Equipment                       | . 0              |
| Total Equipment                 | .0               |
| Consultants                     | 0                |
| Medical Supplies                | 0                |
| Office Supplies                 | 0                |
| Duplication and Printing        | 0                |
| Health and Educational Supplies | 168              |
| Utilities and Communication     | 0                |
| Travel Expense                  | 922              |
| Lease/Rental Expense            | 0                |
| Other Expense                   | 0                |
| Approved Indirect Cost          | 0                |
| Total Other Costs               | 1,090            |
| Total CFHC Allocation           | 28,232           |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Indio Family Care Center.

**Budget Period:** 

| Budget Category                 | Allocated from CFHC  |
|---------------------------------|--|
| Physicians                      | O  |
| Mid-Level Practitioners         |  |
| Other Health Personnel          | 25,800   |
| Ancillary Personnel             | 0  |
| Administration Staff            | 0  |
| otal Salaries and Wages         | 25,800   |
| Fringe Benefits                 | 11,447   |
| Fringe Benefits Adjustments     | 0  |
| otal Fringe Benefits            | 11,447   |
| Clinical Services               | . 0  |
| Laboratory Services             | ······································   |
| otal Patient Care               | ill of the control of |
| Equipment                       | 0  |
| otal Equipment                  | 0  |
| Consultants                     | 0  |
| Medical Supplies                | 0  |
| Office Supplies                 | 0  |
| Duplication and Printing        | ······· 0  |
| Health and Educational Supplies | 168  |
| Utilities and Communication     | 0  |
| Travel Expense                  | 922  |
| Lease/Rental Expense            | 0 .  |
| Other Expense                   | 0  |
| Approved Indirect Cost          | 0  |
| otal Other Costs                | 1,090  |
| otal CFHC Allocation            | 38.337   |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Corona Family Care Center.

**Budget Period:** 

| Budget Category                 |              |   | Allocate | d from CFHC |   |
|---------------------------------|--------------|---|----------|-------------|---|
| Physicians                      |              |   |          | 0           |   |
| Mid-Level Practitioners         |              |   |          | 0           |   |
| Other Health Personnel          |              |   |          | 18,800      |   |
| Ancillary Personnel             |              |   |          | 0           | • • • • • • • • •                       |
| Administration Staff            |              |   |          | 0           | 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - 4 - |
| otal Salaries and Wages         |              |   | e e      | 18,800      |   |
| Fringe Benefits                 |              |   |          | 8,342       |   |
| Fringe Benefits Adjustments     |              | + + + +<br>+  |          | 0           |   |
| otal Fringe Benefits            |              |   |          | 8,342       |   |
| Clinical Services               |              |   |          | 0           |   |
| Laboratory Services             |              |   |          | 0           |   |
| otal Patient Care               |              |   |          | 0           |   |
| Equipment                       |              |   |          | ,<br>O      |   |
| ctal Equipment                  |              |   |          | Ü           |   |
| Consultants                     |              | on boundary in place of processes in course a general course age of students when |          | 0           |   |
| Medical Supplies                |              |   |          | 0           |   |
| Office Supplies                 |              |   |          | 0           |   |
| Duplication and Printing        |              |   |          | 0           |   |
| Health and Educational Supplies |              |   |          | 168         |   |
| Utilities and Communication     |              |   |          | 0           |   |
| Travel Expense                  |              |   |          | 922         |   |
| Lease/Rental Expense            |              |   |          | 0           |   |
| Other Expense                   |              | -<br>   |          | 0           |   |
| Approved Indirect Cost          |              |   |          | 0           |   |
| ofal Other Costs                | S TO SEE SEE |   |          | 1,090       |   |
| otal CFHC Allocation            |              |   |          | 28.232      |   |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Hemet Family Care Center

**Budget Period:** 

| Budget Category                 | Allocated from CFHC |
|---------------------------------|---------------------|
| Physicians                      | 0                   |
| Mid-Level Practitioners         |                     |
| Other Health Personnel          | 17,800              |
| Ancillary Personnel             | 0 .                 |
| Administration Staff            |                     |
| Total Salaries and Wages        | 17,800              |
| Fringe Benefits                 | 7,898               |
| Fringe Benefits Adjustments     | 0                   |
| Total Fringe Benefits           | 7,898               |
| Clinical Services               | 0                   |
| Laboratory Services             | 0                   |
| Total Patient Care              | 0                   |
| Equipment                       | 0                   |
| Total Equipment                 | 0                   |
| Consultants                     | 0                   |
| Medical Supplies                | 0                   |
| Office Supplies                 | 0                   |
| Duplication and Printing        | 0                   |
| Health and Educational Supplies | 168                 |
| Utilities and Communication     | 0                   |
| Travel Expense                  | 922                 |
| Lease/Rental Expense            | 0                   |
| Other Expense                   | 0                   |
| Approved Indirect Cost          | 0                   |
| Total Other Costs               | 1,090               |
| Total CFHC Allocation           | 26,788              |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Palm Springs Family Care Center

**Budget Period:** 

| Budget Category                 |   | The state of the s | Allocated from CFHC |                   |
|---------------------------------|---|--|---------------------|-------------------|
| Physicians                      |   | **************************************   | 0                   |                   |
| Mid-Level Practitioners         |   |  | 0                   |                   |
| Other Health Personnel          |   |  | 25,800              |                   |
| Ancillary Personnel             |   |  |                     |                   |
| Administration Staff            |   |  | 0                   |                   |
| Total Salaries and Wages        |   |  | 25,800              | and the second of |
| Fringe Benefits                 |   |  | 11,447              |                   |
| Fringe Benefits Adjustments     |   |  | 0                   |                   |
| Total Fringe Benefits           | "(White)  |  | 11,447              |                   |
| Clinical Services               |   |  | 0                   |                   |
| Laboratory Services             |   |  | 0                   |                   |
| Total Patient Care              |   |  | 0.000               |                   |
| Equipment                       |   |  | 0                   |                   |
| Total Equipment                 | n de la companya de<br>Na companya de la co | an and a second second   | Ū                   |                   |
| Consultants                     |   |  | 0                   |                   |
| Medical Supplies                |   |  | 0                   |                   |
| Office Supplies                 |   |  | 0                   |                   |
| Duplication and Printing        |   |  | 0                   |                   |
| Health and Educational Supplies |   |  | 168                 |                   |
| Utilities and Communication     | · · · · · · · · · · · · · · · · · · ·   |  | 0                   |                   |
| Travel Expense                  |   |  | 922                 |                   |
| Lease/Rental Expense            |   |  | 0                   | ••                |
| Other Expense                   |   | •  | 0                   |                   |
| Approved Indirect Cost          |   |  | 0                   |                   |
| Total Other Costs               |   |  | 1,090               |                   |
| Total CFHC Allocation           |   |  | 38,337              |                   |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Banning Family Care Center.

**Budget Period:** 

| Budget Category                 | Allocated from CFHC |
|---------------------------------|---------------------|
| Physicians                      | . 0                 |
| Mid-Level Practitioners         | 0                   |
| Other Health Personnel          | 27,800              |
| Ancillary Personnel             | 0                   |
| Administration Staff            | 0                   |
| Total Salaries and Wages        | 27,800              |
| Fringe Benefits                 | 12,335              |
| Fringe Benefits Adjustments     | · 0                 |
| Total Fringe Benefits           | 12,335              |
| Clinical Services               | 0                   |
| Laboratory Services             | 0                   |
| Total Patient Care              | O .                 |
| Equipment                       | 0                   |
| Total Equipment                 | Q.                  |
| Consultants                     | 0 .                 |
| Medical Supplies                | 0                   |
| Office Supplies                 | 0                   |
| Duplication and Printing        | 0                   |
| Health and Educational Supplies | 168                 |
| Utilities and Communication     | 0                   |
| Travel Expense                  | 922                 |
| Lease/Rental Expense            | 0                   |
| Other Expense                   | 0                   |
| Approved Indirect Cost          | 0                   |
| Total Other Costs               | 1.090               |
| Total CFHC Allocation           | 41,225              |
|                                 |                     |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Jurupa Family Care Center. .

**Budget Period:** 

| Budget Category                 | Allocated from CFHC   |
|---------------------------------|---|
| Physicians                      | 0   |
| Mid-Level Practitioners         | ······· 0   |
| Other Health Personnel          | 17,800  |
| Ancillary Personnel             |   |
| Administration Staff            | 0   |
| Total Salaries and Wages        | 17,800  |
| Fringe Benefits                 | 7,898   |
| Fringe Benefits Adjustments     | 0   |
| Tolal Fringe Benefils           | 7,898   |
| Clinical Services               | 0   |
| Laboratory Services             | 0   |
| ī otal Patient Care             | O contract to the contract of |
| Equipment                       | 0   |
| Total Equipment                 | 0   |
| Consultants                     | 0   |
| Medical Supplies                | 0   |
| Office Supplies                 | ······································  |
| Duplication and Printing        | 0   |
| Health and Educational Supplies | 168   |
| Utilities and Communication     | ······ · · · · · · · · · · · · · · · ·  |
| Travel Expense                  | 922   |
| Lease/Rental Expense            | · · · · · · · · · · · · · · · · · · ·   |
| Other Expense                   | 0   |
| Approved Indirect Cost          | 0   |
| Total Other Costs               | 1,090   |
| Total CFHC Allocation           | 26,788  |
|                                 |   |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Perris Family Care Center.

**Budget Period:** 

| Budget Category  | Allocated from CFHC |
|--|---------------------|
| Physicians   | 0                   |
| Mid-Level Practitioners  | 0                   |
| Other Health Personnel   | 19,800              |
| Ancillary Personnel  | 0                   |
| Administration Staff   | 0                   |
| Total Salaries and Wages   | 19,800              |
| Fringe Benefits  | 8,785               |
| Fringe Benefits Adjustments  | 0                   |
| Total Fringe Benefits  | 8,785               |
| Clinical Services  | 0                   |
| Laboratory Services  | 0                   |
| Total Patient Care   | 0                   |
| Equipment  | 0                   |
| Total Equipment  | 0                   |
| Consultants  | 0                   |
| Medical Supplies   | 0                   |
| Office Supplies  | n                   |
| Duplication and Printing   | 0                   |
| Health and Educational Supplies  | 168                 |
| Utilities and Communication  | 0                   |
| Travel Expense   | 922                 |
| Lease/Rental Expense   | 0                   |
| Other Expense  |                     |
| Approved Indirect Cost   | 0                   |
| Total Other Costs  | 1:090               |
| Total CFHC Allocation  | 29,675              |
| A CONTRACTOR OF THE PROPERTY O |                     |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Lake Elsinore Family Care Center.

**Budget Period:** 

| Budget Category Physicians      | Allocated from CFHC                    |
|---------------------------------|--|
| Mid-Level Practitioners         | 0                                      |
| Other Health Personnel          | 19,800                                 |
| Ancillary Personnel             | 0                                      |
| Administration Staff            | 0                                      |
| Total Salaries and Wages        | 19,800                                 |
| Fringe Benefits                 | 8,785                                  |
| Fringe Benefits Adjustments     | 0                                      |
| Total Fringe Benefits           | 8,785                                  |
| Clinical Services               | 0                                      |
| Laboratory Services             | 0 ·                                    |
| Total Patient Care              |  |
| Equipment                       | 0                                      |
| Total Equipment                 | 0,                                     |
| Consultants                     | 0                                      |
| Medical Supplies                | 0                                      |
| Office Supplies                 | ······ 0                               |
| Duplication and Printing        | 0                                      |
| Health and Educational Supplies | 168                                    |
| Utilities and Communication     | 0                                      |
| Travel Expense                  | 922                                    |
| Lease/Rental Expense            | 0                                      |
| Other Expense                   | ······································ |
| Approved Indirect Cost          | 0                                      |
| Total Other Costs               | 1,090                                  |
| Total CFHC Allocation           | 29,675                                 |
|                                 |  |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Community Health Agency County of Riverside-Admin Site.

**Budget Period:** 

| Budget Category                     | Allocated from CFHC |
|-------------------------------------|---------------------|
| Physicians  Mid-Level Practitioners | 0                   |
|                                     | 0                   |
| Other Health Personnel              | 0                   |
| Ancillary Personnel                 | 7,000               |
| Administration Staff                | 79,000              |
| Total Salaries and Wages            | 86,000              |
| Fringe Benefits                     | 38,158              |
| Fringe Benefits Adjustments         | 0                   |
| Total Fringe Benefits               | 38,158              |
| Clinical Services                   | 0                   |
| Laboratory Services                 | 0                   |
| Total Patient Care                  | 0                   |
| Equipment                           | 0                   |
| Total Equipment                     | 0                   |
| Consultants                         | 0                   |
| Medical Supplies                    | 6,000               |
| Office Supplies                     | 6,572               |
| Duplication and Printing            | 1,500               |
| Health and Educational Supplies     | 170                 |
| Utilities and Communication         | 0                   |
| Travel Expense                      | 930                 |
| Lease/Rental Expense                | 0                   |
| Other Expense                       |                     |
| Approved Indirect Cost              | 42,733              |
| Total Other Costs                   | 42,733<br>57,905    |
| Total CFHC Allocation               |                     |
| position to an occasion             | 182,063             |

Riverside County Community Health Agency, Department

Agency Number: 754

Site Name:

Rubidoux Family Care Center.

**Budget Period:** 

| Budget Category                 | Allocated from CFHC                   |
|---------------------------------|---------------------------------------|
| Physicians                      | 0                                     |
| Mid-Level Practitioners         | · · · · · · · · · · · · · · · · · · · |
| Other Health Personnel          | 17,800                                |
| Ancillary Personnel             | o                                     |
| Administration Staff            | 0                                     |
| total Salaries and Wages        | 17,800                                |
| Fringe Benefits                 | 7,898                                 |
| Fringe Benefits Adjustments     |                                       |
| Total Fringe Benefits           | 7,898                                 |
| Clinical Services               | 0                                     |
| Laboratory Services             | 0                                     |
| Total Patient Care              | 0                                     |
| Equipment                       | 0                                     |
| Total Equipment                 | <b>O</b>                              |
| Consultants                     | 0                                     |
| Medical Supplies                | 0                                     |
| Office Supplies                 | 0                                     |
| Duplication and Printing        | 0                                     |
| Health and Educational Supplies | 168                                   |
| Utilities and Communication     | 0                                     |
| Travel Expense                  | 922                                   |
| Lease/Rental Expense            | 0                                     |
| Other Expense                   | 0                                     |
| Approved Indirect Cost          | 0                                     |
| Total Other Casis               | 1,090                                 |
| Total CFHC Allocation           | 26,788                                |
|                                 |                                       |