



Shireen McSpadden, Executive Director

London Breed, Mayor

To	Homelessness Oversight Commission
Through	Shireen McSpadden, Executive Director
From	Marion Sanders, Chief Deputy Director Gigi Whitley, Chief of Finance and Administration Edilyn Velasquez, Director, Contracts
Date	February 7, 2024
Subject	Grant Agreement Approval: Cardea Health Enhanced Services in Permanent Supportive Housing Pilot

<i>Agreement Information</i>	
FSP#	1000032346
Provider	Cardea Health
Program Name	Enhanced Services in Permanent Supportive Housing Pilot
Agreement Action	Original Agreement
Agreement Term	May 1, 2024 – December 31, 2025

Agreement Amount

New	Contingency¹	Total Not to Exceed (NTE)
\$2,920,000	\$584,000	\$3,504,000

<i>Funding Information</i>	
Funding Sources	100% State Housing and Homelessness Incentive Program (HHIP)

The Department of Homelessness and Supportive Housing (HSH) Contracts team requests authorization to enter into a new grant agreement with Cardea Health for the provision of Enhanced Services in Permanent Supportive Housing (PSH) Pilot for the period of May 1, 2024 to December 31, 2025. The approved budget provides \$1,946,667 per year for an 18-month period.² This new agreement is for new services.

Background

The Enhanced Care PSH model will provide on-site health services for tenants with both complex medical care needs and co-occurring behavioral health needs for 40-60 tenants at the Kelly Cullen Community PSH site currently operated by Tenderloin Neighborhood Development Corporation. The model will address San Francisco’s existing gap in PSH placements for residents with acute health needs

¹ A 20% contingency applied to full agreement budget.

² The budget supports services for the 18-month period from May 1, 2024 to October 31, 2025, but the agreement term length runs for two additional months, through December 31, 2025. This is to align the agreement with the HHIP grant period, and also provide a couple months of flexibility if needed as a result of the waitlist for HCBA waiver enrollment due to the state cap on enrollments.

that exceed typical PSH on site services and who are at risk of institutionalization (such as assisted living or skilled nursing facilities). Cardea Health, licensed as a Home Health Care Services agency, will provide a continuum of adaptive clinical nursing support and personal care needs to support residents to remain living in supportive housing.

The program is a pilot with initial funding from HHIP through the Managed Care Plans. This seed funding will initiate and operate the program for 18 months. During this period the grantee will develop a sustainable funding stream through MediCal reimbursement and access to MediCal waiver programs to sustain these services on an ongoing basis. The pilot phase will also allow HSH to adjust the referral process, operationalizing the service model in PSH and data needs. In 2024, HSH is applying for additional funding to extend or expand the program beyond the initial pilot.

This model is based on a program Alameda County piloted during the pandemic at OakDays, one of their Homekey sites. An evaluation of OakDays demonstrated substantial reductions in emergency department visits (psychiatric and medical), skilled nursing facility admissions and inpatient admissions for residents. HSH, DPH, DAS and other community partners toured the OakDays program and met with Cardea Health to explore piloting the model in San Francisco.

Services to be Provided

The purpose of the grant is to provide on-site nursing services, clinical care, personal care, and medical case management to 40-60 tenants at the Kelly Cullen Community (KCC) permanent supportive housing site with a budgeted staff of 13.43 full time equivalent (FTE), including 7.0 FTE Home Health Aides, 1.0 FTE Medical Director, 1.0 FTE Medical Biller and 4.43 FTE other nursing staff (RNs and LVNs).

Selection

The Board of Supervisors adopted Ordinance No. 61-19, which authorizes HSH to enter into and amend contracts and grants without adhering to the Administrative Code provisions regarding requirements for construction work, procurement, and personal services related to the shelter crisis, which is valid until May 2024, or until the Point In Time (PIT) count is at 5,350. Cardea Health was selected for the provision of these services based on the organization's experience and ability to begin services in a timely manner.

Agreement Materials

- HOC Approval Package
 - Appendix A, Services to be Provided
 - Appendix B, Budget



Appendix A, Services to be Provided
by
Cardea Health
Enhanced Services in Permanent Supportive Housing Pilot

I. Purpose of Grant

The purpose of the grant is to provide nursing services, personal care, and medical case management to tenants at the Kelly Cullen Community (KCC) permanent supportive housing site.

II. Served Population

Grantee shall serve tenants of the KCC that meet the following criteria:

- A. Institutionally frail tenants in need of clinical care, nursing and medical case management, and care giver services; and
- B. Tenants who are not institutionally frail, but have unmet medical and personal care needs, needing case management and referrals.

III. Referral and Prioritization

All new tenants will be referred by The Department of Homelessness and Supportive Housing (HSH) via the Coordinated Entry System, which organizes the City's Homelessness Response System (HRS) with a common, population-specific assessment, centralized data system, and prioritization method.

Eligibility criteria for Permanent Supportive Housing (PSH) varies upon the subsidy funding source and may include meeting a definition of homelessness at the time of referral and placement, enrollment in specific benefits programs, income criteria and/or the ability to live independently within the structure of the housing program. Tenants who meet eligibility criteria for PSH are prioritized based on various criteria, such as levels of vulnerability, length and history of homelessness, and severity of housing barriers.

Referrals for the enhanced services in permanent housing pilot will be prioritized through the clinical review process established by HSH Coordinated Entry in coordination with the Department of Public Health (DPH) clinical review lead.

IV. Description of Services

Grantee shall provide Support Services to the total number tenants as listed in Appendix B, Budget ("Number Served" tab). Support Services are voluntary and shall be available to all tenants in the service location(s). Support Services shall include, but are not limited to, the following:

- A. Outreach: Grantee shall engage with tenants to provide information about available Support Services and invite them to participate along with a comprehensive needs assessment and determination of eligibility for the Home and Community Based Alternatives (HCBA) waiver program, and other service-rich programs such as Program of All Inclusive Care for the Elderly (PACE), Multi Services Senior Program (MSSP), Regional Center Services, and HIV/AIDS waiver.

- Grantee shall contact each tenant at least three times during the first 60 days of move in or start of pilot program. Grantee shall document all outreach and successful connections.
- B. Intake and Assessment: Grantee shall coordinate with Property Management, during the initial intake for units and participate in orientation meetings with Property Management and Support Services, as appropriate. If possible, Grantee shall establish rapport with tenants prior to move-in to support tenants during the move-in process.
- C. Care and Case Management: Grantee shall provide care and case management services, including the following:
1. Needs assessments for all building residents, including requirements for skilled nursing, personal care services, primary care connection, and identification of current benefits/services/care team;
 2. For residents identified as having unmet medical or personal care needs, Grantee shall:
 - a. Provide services directly and/or connect with community-based sources of care to meet care needs; and
 - b. Assist with completion and submission of application for enriched home-based programs, such as PACE, MSSP, HIV/AIDS waiver, Regional Center services, and the HCBA waiver;
 3. Partnership with the on-site housing staff, security and other care team members including attending meetings as needed, coordinating scheduling, communicate needs, and identify and resolve issues that arise to ensure safe, effective and efficient service delivery;
 4. Obtaining durable medical equipment when needed; and
 5. Facilitation of linkages to physical health, mental health, and substance use disorder services.
- D. Clinical/Medical Care Activities: Grantee shall provide clinical and medical care activities including the following:
1. Nursing, medical case management, and caregiver services for institutionally frail residents;
 2. Support of activities of daily living;
 3. Wound care;
 4. Medication support and education;
 5. Medication management including education, prompting, medication reconciliation, assistance with injected medications, and coordination with outpatient pharmacies and prescribers; and
 6. Assessment of guests in emergency medical situations and follow up as needed with Medical Doctor (MD) consult and/or 911 intervention.
- E. Coordination with Property Management: Grantee shall assist tenants in communicating with, responding to, and meeting with Property Management. The roles and responsibilities of Grantee staff and Property Management staff are outlined

in the agreed upon Memorandum of Understanding (MOU). Coordination should be in accordance with the language of the MOU.

If a tenant is facing housing instability, Grantee shall coordinate with Property Management and Support Services to find creative ways to engage with tenants to prevent housing loss.

Grantee shall ensure there is a process in place for receiving timely communication from Property Management and Support Services, including copies of correspondence (e.g., notices, warning letters, lease violations, etc.) issued. Grantee shall have a structured written process for engaging tenants who receive such notices.

- F. Wellness and Emergency Safety Checks: Grantee shall conduct Wellness and/or Emergency Safety Checks in accordance with HSH policy to assess a tenant's safety when there is a reason to believe there is immediate and substantial risk due to a medical and/or psychiatric emergency.
- G. Coordination with on-site case management: Grantee shall work with on site case management to support housing retention and service needs of tenants as outlined by individual service plans and goals. The roles and responsibilities of Grantee staff and Tenderloin Housing Development Corporation (TNDC) staff are outlined in the agreed upon MOU. Coordination shall be in accordance with the language of the MOU.
- H. Exit Planning: If a tenant is moving out of the building, Grantee shall engage the tenant in exit planning to support the tenant's successful transition out of the program. The exit plan shall depend on the tenant's needs and preferences, and may include establishing a link to services in the community.

V. **Location and Time of Services**

Grantee shall provide services at Kelly Cullen Community, located at 220 Golden Gate Avenue, San Francisco, CA 94102 using the staffing outlined in Appendix B, Budget. Hours of service shall include the following:

- A. Access to on-call personnel seven days per week, 24 hours per day.
- B. Nursing and caregiver support from Monday through Friday, 9:00 am to 5:00 pm. Grantee may also provide services evenings, nights, and weekends as indicated by tenant needs.
- C. Medical case management five days per week during business hours.

Grantee shall implement policies and procedures pertaining to emergency backup and will train staff accordingly.

VI. **Service Requirements**

- A. Supervision: Grantee shall provide Registered Nurse (RN), Licensed Vocational Nurse (LVN), and medical case management staff with supervision and case conferencing, as needed, to ensure appropriate provision of care.
- B. Housing First: Grantee services and operations shall align with the Core Components of Housing First as defined in California Welfare and Institutions Code, section 8255. This includes integrating policies and procedures to provide tenant-centered, low-barrier access to housing and services.
- C. Harm Reduction: Grantee shall integrate harm reduction principles into service delivery and agency structure as well as follow the [HSH Overdose Prevention Policy](#). Grantee staff who work directly with tenants will participate in annual trainings on harm reduction, overdose recognition and response.
- D. Language and Interpretation Services: Grantee shall ensure that translation and interpreter services are available, as needed. Grantee shall address the needs of and provide services to the served population who primarily speak language(s) other than English. Additional information on Language Access standards can be found on the HSH Providers Connect website: <https://sfgov1.sharepoint.com/sites/HOM-Ext-Providers>.
- E. Case Conferences: Grantee shall initiate and participate in individual case conferences and team coordination meetings with HSH-approved programs, as needed, to coordinate and collaborate regarding tenants' progress.
- F. Grievance Procedure:
1. Grantee shall establish and maintain a written Grievance Procedure for tenants, which shall include, at minimum, the following elements:
 - a. The name or title of the person or persons authorized to make a determination regarding the grievance;
 - b. The opportunity for the aggrieved party to discuss the grievance with those who will be making the determination;
 - c. The amount of time required for each step, including when a tenant can expect a response; and
 - d. In accordance with published HSH policies/procedures, the HSH Grievances email address (hshgrievances@sfgov.org) and mailing address for the tenant to contact after the tenant has exhausted Grantee's internal Grievance Procedure.
 2. Grantee shall, at program entry, review and provide a copy of this procedure, and any amendments, to each tenant and obtain a signed copy of the form from the tenant, which must be maintained in the tenant's file. Additionally, Grantee shall post the policy at all times in a location visible to tenants, and provide a copy of the procedure and any amendments to the assigned HSH Program Manager.
- G. Feedback, Complaint and Follow-up Policies:

Grantee shall provide means for the served population to provide input into the program, including the planning, design, and level of satisfaction with services. Feedback methods shall include:

1. A complaint process, including a written complaint policy informing the served population on how to report complaints; and
2. A written annual survey to the served population to gather feedback, measure satisfaction, and assess the effectiveness of services and systems within the program. Grantee shall offer assistance to the served population with survey completion if the written format presents any problem.

H. City Communications, Trainings and Meetings:

Grantee shall keep HSH informed of program operations and comply with HSH policies, training requirements and participate in meetings, including but not limited to:

1. Regular communication to HSH about the implementation of the program;
2. Attendance at all meetings as required by HSH. This shall include quarterly HSH meetings; and
3. Attendance at trainings (e.g., overdose prevention training), when required by HSH.

I. Coordination with Other Service Providers: Grantee shall establish written agreements with Property Management and other service providers that are part of the site care team to formalize collaboration and roles and responsibilities.

J. Critical Incidents: Grantee shall report critical incidents in accordance with HSH policies/procedures. Critical incidents shall be reported using the online [Critical Incident Report \(CIR\) form](#) within 72 hours of the incident. In addition, critical incidents that involve life endangerment events or major service disruptions should be reported immediately to the HSH Program Manager. Please refer to the CIR Policy and procedures on the HSH Providers Connect website.

K. Disaster and Emergency Response Plan: Grantee shall develop and maintain an Agency Disaster and Emergency Response Plan containing Site Specific Emergency Response Plan(s) for each service site per HSH requirements. The Agency Disaster and Emergency Response Plan shall address disaster coordination between and among service sites. Grantee shall update the Agency/site(s) plan as needed and Grantee shall train all employees regarding the provisions of the plan for their Agency/site(s).

L. Record Keeping and Files: Grantee shall maintain confidential tenant files that document the services and supportive work provided for the purpose of tracking and reporting objectives and outcomes.

1. Grantee shall maintain client program enrollment, annual status updates and services information in the Online Navigation and Entry (ONE) System as instructed by HSH.
2. Grantee shall maintain client health related information in a compliant electronic

health record system as instructed by DPH.

- a. Grantee shall maintain confidential files on the served population, including developed plans, notes, and progress as described in the Service Description and Service Requirements.
- b. Grantee shall maintain services information in the ONE System, including information on households receiving eviction notices, as instructed by HSH.
- c. Grantee shall maintain tenant and service charting systems that document Medi-Cal services, support billing Short-Doyle Medi-Cal for eligible mental health services, case management/brokerage and crisis intervention. Grantee shall provide DPH with eligible records and documentation to draw on this funding source to support the services of this grant. Charting systems shall be Health Insurance Portability and Accountability Act (HIPAA) compliant.

M. Data Standards:

1. Grantee shall ensure compliance with the Homeless Management Information System (HMIS) Participation Agreement and Continuous Data Quality Improvement (CDQI) Process¹, including but not limited to:
 - a. Entering a clinical assessment in Grantee's electronic health record within three working days (unless specifically requested to do so sooner);
 - b. Ensuring accurate and comprehensive clinical data entry for all clients served and
 - c. Ensuring services information is maintained in the ONE System on clients receiving enhanced services in PSH, as instructed by HSH.
2. Records entered into the ONE system shall meet or exceed the ONE System CDQI Process standard.
3. Grantee shall enter data into the ONE System, but may be required to report certain measures or conduct interim reporting in CARBON, via secure email, or through uploads to a File Transfer Protocol (FTP) site. When required by HSH, Grantee shall submit the monthly, quarterly and/or annual metrics into the CARBON database. Changes to data collection or reporting requirements shall be communicated to Grantees via written notice at least one month prior to expected implementation.
4. Any information shared between Grantee, HSH, and other providers about the served population shall be communicated in a secure manner, with appropriate release of consent forms and in compliance with 24 C.F.R. Part 578, Continuum of Care; 45 C.F.R. Parts 160 and 164, HIPAA and federal and state data privacy and security guidelines.
5. Failure to comply with data security, storage and access requirements may result in loss of access to the HMIS and other data systems.
6. Grantee will maintain a case management database which meets HITECH (45 CFR Part 160 and Part 164, Subparts A and C) standards.
7. Grantee will ensure only clinical staff have permission to view clinical case records, and such records will be stored in accordance with HIPAA regulations.

¹ HMIS Participation Agreement and Continuous Data Quality Improvement Process, available here: <https://hsh.sfgov.org/get-information/one-system/>

8. Grantee staff shall complete HIPAA-compliant training upon hire. HIPAA compliance and best practices are reviewed on an annual basis.

VII. Service Objectives

Grantee shall achieve the Service Objectives listed below.

- A. Grantee shall offer assessment to 100 percent of tenants for medical care and medical case management services.
- B. Grantee shall assess 95 percent of new tenants' eligibility for the HCBA waiver program, and assist all tenants determined to meet eligibility criteria through the application and enrollment process.
- C. Grantee shall offer medical care and/or medical case management to 100 percent of tenants enrolled in enhanced services with Cardea Health staff.
- D. Grantee shall administer an annual written anonymous survey of tenants to obtain feedback on the type and quality of program services. Grantee shall offer all tenants the opportunity to take this survey.

VIII. Outcome Objectives

Grantee shall achieve the Outcome Objectives listed below.

- A. At least 95 percent of eligible tenants will have applied for the HCBA waiver program by June 30, 2025.
- B. Among tenants assessed as being institutionally frail, 90 percent will maintain their housing for a minimum of 12 months, move to other permanent housing, or be provided with more appropriate placements.
- C. There will be a reduction in the number of residents who have to permanently leave the KCC for a higher level of care (skilled nursing facility or other institutionalization); Grantee shall measure and report on data during the pilot period in order to develop performance measures in coordination with HSH and DPH.
- D. Eighty percent of households completing an annual tenant satisfaction survey will be satisfied or very satisfied with program services (based on a four-point scale: 1= very dissatisfied, 2 = dissatisfied, 3 = satisfied, 4 = very satisfied).

IX. Reporting Requirements

- A. Grantee will measure and report on clinical data during the pilot period as outlined in a separate data and evaluation plan to be developed jointly with Grantee, HSH and DPH, in order to understand health outcomes and develop system performance measures.

- B. On a monthly basis, Grantee shall enter the required metrics, including any required templates to be uploaded, into the CARBON database by the 15th of the month following the month of service.
1. The total number of unduplicated households who were assessed for clinical and case management needs.
 2. The number of unduplicated households who completed HCBA waiver applications and the number enrolled.
 3. The number of tenants who received enhanced services with Cardea staff.
- C. On a quarterly basis, Grantee shall enter the required metrics, including any required templates to be uploaded, into the CARBON database by the 15th of the month following the end of each quarter:
1. Grantee shall report aggregate information on hospitalizations and health-related outcomes utilizing a format developed in coordination with HSH;
 2. Number of hospice/palliative care enrollment (indicators of care quality for individuals with limited longevity);
 3. Number of primary care connections (proxy measure for engagement with care, and indicates that their health outcome measures will be captured through obligatory primary care reporting measures);
 4. Number of ambulatory sensitive emergency department visits (screens for diagnostic codes which indicate that presenting complaint could have been addressed in the outpatient setting; helps assess appropriateness of ER utilization).
- D. On an annual basis, Grantee shall enter the required metrics, including any required templates to be uploaded, into the CARBON database by the 15th of the month following the end of each year:
1. Among residents assessed as being institutionally frail, the number and percentage of households who maintained their housing for a minimum of 12 months, moved to other permanent housing, or were provided with more appropriate placements;
 2. Reduction in the number of residents who have to permanently leave the KCC for a higher level of care (skilled nursing facility or other institutionalization); Grantee will measure and report on data during the pilot period in order to develop performance measures in coordination with HSH and DPH.
 3. The number and percentage of households who completed a written survey to provide feedback on the type and quality of program services. Please include survey results on what clients reported regarding the quality and satisfaction with services.
- E. Grantee shall participate, as required by HSH, with City, State and/or Federal government evaluative studies designed to show the effectiveness of Grantee's services. Grantee agrees to meet the requirements of and participate in the evaluation program and management information systems of the City. The City agrees that any final reports generated through the evaluation program shall be made available to Grantee within 30 working days of receipt of any evaluation report and any Grantee response will become part of the official report.

- F. Grantee shall provide Ad Hoc reports as required by HSH and respond to requests by HSH in a timely manner.
- G. Grantee shall provide reports as required by Housing and Homelessness Incentive Program (HHIP) funding or the Managed Care Plans (MCP) and respond to requests in a timely manner.

For assistance with reporting requirements or submission of reports, contact the assigned Contract and Program Managers.

X. Monitoring Activities

- A. Program Monitoring: Grantee is subject to program monitoring and/or audits, including, but not limited to, review of the following: tenant files, Grantee's administrative records, staff training documentation, postings, program policies and procedures, data submitted in program reports, Disaster and Emergency Response Plan and training, personnel and activity reports, proper accounting for funds and other operational and administrative activities, and back-up documentation for reporting progress towards meeting service and outcome objectives.

Monitoring of program participation in the ONE system may include, but is not limited to, data quality reports from the ONE system, records of timeliness of data entry, and attendance records at required trainings and agency lead meetings.

- B. Fiscal Compliance and Contract Monitoring: Grantee is subject to fiscal and compliance monitoring, which may include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring may include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act (ADA), subcontracts and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING			
2	APPENDIX B, BUDGET			
3	Document Date	5/1/2024		
4	Contract Term	Begin Date	End Date	Duration (Years)
5	Current Term	5/1/2024	12/31/2025	2
6	Amended Term	5/1/2024	12/31/2025	2
7	Program	Enhanced Services in Permanent Supportive Housing Pilot		
8				
9	Approved Subcontractors			
10	None			
11				
12				
25				

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING												
2	APPENDIX B, BUDGET												
3	Document Date	5/1/2024											
4	Contract Term	Begin Date	End Date	Duration (Years)									
5	Current Term	5/1/2024	12/31/2025	3									
6	Amended Term	5/1/2024	12/31/2025	3									
7	Program	Enhanced Services in Permanent Supportive Housing Pilot											
9					Year 1	Year 2	Year 3						
10	Service Component				5/1/2024 - 6/30/2024	7/1/2024 - 6/30/2025	7/1/2025 - 10/31/2025						
11	Enhanced Services (Number of Residents Served)				40-60	40-60	40-60						
12													

	A	B	C	D	G	J	M	AI	AJ	AK	
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING										
2	APPENDIX B, BUDGET										
3	Document Date	5/1/2024									
4	Contract Term	Begin Date	End Date								
5	Current Term	5/1/2024	12/31/2025	3							
6	Amended Term	5/1/2024	12/31/2025	3							
7	Provider Name	Cardea Health									
8	Program	Enhanced Services in Permanent Supportive Housing Pilot									
9	F\$P Contract ID#	1000032346									
10	Action (select)	New Agreement									
11	Effective Date	5/1/2024									
12	Budget Name	HHIP - Support Services									
13		Current	New								
14	Term Budget	\$ -	\$ 2,920,000	20%							
15	Contingency	\$ -	\$ 584,000								
16	Not-To-Exceed	\$ -	\$ 3,504,000								
18		Year 1	Year 2	Year 3	All Years						
19		5/1/2024 - 6/30/2024	7/1/2024 - 6/30/2025	7/1/2025 - 10/31/2025	5/1/2024 - 12/31/2025	5/1/2024 - 12/31/2025	5/1/2024 - 12/31/2025				
20		New	New	New	Current		New				
21	Expenditures										
22	Salaries & Benefits	\$ 306,893	\$ 1,841,360	\$ 613,787	\$ -	\$ 2,762,040	\$ 2,762,040				
23	Operating Expense	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
24	Subtotal	\$ 306,893	\$ 1,841,360	\$ 613,787	\$ -	\$ 2,762,040	\$ 2,762,040				
25	Indirect Percentage	0.00%	0.00%	0.00%							
26	Indirect Cost (Line 24 X Line 25)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
27	Other Expenses (Not subject to indirect %)	\$ 17,551	\$ 105,307	\$ 35,102	\$ -	\$ 157,960	\$ 157,960				
28	Capital Expenditure	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -				
30	Total Expenditures	\$ 324,444	\$ 1,946,667	\$ 648,889	\$ -	\$ 2,920,000	\$ 2,920,000				
31											
32	HSH Revenues (select)										
33	Housing and Homelessness Incentive Program (HHIP)	\$ 324,444	\$ 1,946,667	\$ 648,889	\$ -	\$ 2,920,000	\$ 2,920,000				
42	Total HSH Revenues	\$ 324,444	\$ 1,946,667	\$ 648,889	\$ -	\$ 2,920,000	\$ 2,920,000				
52	Rev-Exp (Budget Match Check)	\$ -	\$ -	\$ -	\$ -		\$ -				
55	Prepared by	Alexis Chettiar			*NOTE: HSH budgets typically project out revenue levels across multiple years, strictly for budget-planning purposes. All program budgets at any given year are subject to Mayoral / Board of Supervisors discretion and funding availability, and are not guaranteed. For further information, please see Article 2 of the G-100 Grant Agreement document.						
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59	Template last modified	1/4/2024									

	A	B	C	D	E	H	I	J	K	L	O	P	Q	R	S	V	BV
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING																
2	SALARY & BENEFIT DETAIL																
3	Document Date	5/1/2024															
4	Provider Name	Cardea Health															
5	Program	Enhanced Services in Permanent Supportive Housing Pilot															
6	FSP Contract ID#	1000032346															
7	Budget Name	HHIP - Support Services															
8		Year 1					Year 2					Year 3					All Years
9	POSITION TITLE	Agency Totals		For HSH Funded Program		5/1/2024 - 6/30/2024	Agency Totals		For HSH Funded Program		7/1/2024 - 6/30/2025	Agency Totals		For HSH Funded Program		7/1/2025 - 10/31/2025	5/1/2024 - 12/31/2025
10						New					New					New	
11		Annual Full Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary	Annual Full Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary	Annual Full Time Salary (for 1.00 FTE)	Position FTE	% FTE funded by this budget	Adjusted Budgeted FTE	Budgeted Salary	Budgeted Salary
12	Medical Director	\$ 260,000	1.00	100%	1.00	\$ 43,333	\$ 260,000	1.00	100%	1.00	\$ 260,000	\$ 260,000	1.00	100%	1.00	\$ 86,667	\$ 390,000
13	Nurse Supervisor	\$ 145,600	1.00	100%	1.00	\$ 24,267	\$ 145,600	1.00	100%	1.00	\$ 145,600	\$ 145,600	1.00	100%	1.00	\$ 48,533	\$ 218,400
14	Care Coordinator	\$ 93,600	1.27	100%	1.27	\$ 19,859	\$ 93,600	1.27	100%	1.27	\$ 119,153	\$ 93,600	1.27	100%	1.27	\$ 39,718	\$ 178,729
15	RN	\$ 135,200	1.08	100%	1.08	\$ 24,268	\$ 135,200	1.08	100%	1.08	\$ 145,610	\$ 135,200	1.08	100%	1.08	\$ 48,537	\$ 218,416
16	LVN	\$ 93,600	1.08	100%	1.08	\$ 16,801	\$ 93,600	1.08	100%	1.08	\$ 100,807	\$ 93,600	1.08	100%	1.08	\$ 33,602	\$ 151,211
17	Home Health Aide	\$ 72,800	7.00	100%	7.00	\$ 84,933	\$ 72,800	7.00	100%	7.00	\$ 509,600	\$ 72,800	7.00	100%	7.00	\$ 169,867	\$ 764,400
18	Medical Biller	\$ 83,200	1.00	100%	1.00	\$ 13,867	\$ 83,200	1.00	100%	1.00	\$ 83,200	\$ 83,200	1.00	100%	1.00	\$ 27,733	\$ 124,800
55		TOTAL SALARIES				\$ 227,328	TOTAL SALARIES				\$ 1,363,970	TOTAL SALARIES				\$ 454,657	\$ 2,045,956
56		TOTAL FTE		13.43	TOTAL FTE		13.43	TOTAL FTE		13.43	TOTAL FTE		13.43	TOTAL FTE		13.43	
57		FRINGE BENEFIT RATE		35.00%	FRINGE BENEFIT RATE		35.00%	FRINGE BENEFIT RATE		35.00%	FRINGE BENEFIT RATE		35.00%	FRINGE BENEFIT RATE		35.00%	
58		EMPLOYEE FRINGE BENEFITS				\$ 79,565	EMPLOYEE FRINGE BENEFITS				\$ 477,390	EMPLOYEE FRINGE BENEFITS				\$ 159,130	\$ 716,084
59		TOTAL SALARIES & BENEFITS				\$ 306,893	TOTAL SALARIES & BENEFITS				\$ 1,841,360	TOTAL SALARIES & BENEFITS				\$ 613,787	\$ 2,762,040

	A	D	G	J	AF	AG	AH
1	DEPARTMENT OF HOMELESSNESS AND SUPPORTIVE HOUSING						
2	OPERATING DETAIL						
3	Document Date	5/1/2024					
4	Provider Name	Cardea Health					
5	Program	Enhanced Services in Permanent Supportive Housing Pilot					
6	F\$P Contract ID#	1000032346					
7	Budget Name	HHIP - Support Services					
9		Year 1	Year 2	Year 3	All Years		
10		5/1/2024 - 6/30/2024	7/1/2024 - 6/30/2025	7/1/2025 - 10/31/2025	5/1/2024 - 12/31/2025	5/1/2024 - 12/31/2025	5/1/2024 - 12/31/2025
11		New	New	New	Current	Modification	New
12	<u>Operating Expenses</u>	Budgeted Expense	Budgeted Expense	Budgeted Expense	Budgeted Expense	Change	Budgeted Expense
13	Rental of Property	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
14	Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
15	Office Supplies, Postage	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
16	Building Maintenance Supplies and Repair	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
17	Printing and Reproduction	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
18	Insurance	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
19	Staff Training	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
20	Staff Travel-(Local & Out of Town)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
21	Rental of Equipment	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
22					\$ -	\$ -	\$ -
42	<u>Consultants</u>				\$ -	\$ -	\$ -
54	<u>Subcontractors (First \$25k Only)</u>				\$ -	\$ -	\$ -
55					\$ -	\$ -	\$ -
68	TOTAL OPERATING EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
69							
70	<u>Other Expenses (not subject to indirect cost %)</u>						
71	PPE	\$ 3,500	\$ 21,000	\$ 7,000	\$ -	\$ 31,500	\$ 31,500
72	Medical Supplies	\$ 14,051	\$ 84,307	\$ 28,102	\$ -	\$ 126,460	\$ 126,460
73					\$ -	\$ -	\$ -
83							
84	TOTAL OTHER EXPENSES	\$ 17,551	\$ 105,307	\$ 35,102	\$ -	\$ 157,960	\$ 157,960
85							
86	<u>Capital Expenses</u>						
94							
95	TOTAL CAPITAL EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
97	HSH #3				Template last modified 1/4/2024		

BUDGET NARRATIVE

Fiscal Year

HHIP - Support Services

FY24-25

<u>Salaries & Benefits</u>	<u>Adjusted Budgeted FTE</u>	<u>Budgeted Salary</u>	<u>Justification</u>	<u>Calculation</u>	<u>Employee Name</u>
Medical Director	1.00	\$ 260,000	Provides intensive care management and oversight for the site. Providing leadership and taking responsibility for the team put in place to provide high quality services to residents	\$125(hourly) * 1(FTE) * 40(hrs per wk) * (wks)	TBD
Nurse Supervisor	1.00	\$ 145,600	Manage nursing team, ensuring that we are adequately staffed and prepared to provide quality care for our residents.	\$70(hourly * 35%(benefits) * 1(FTE) * 40(hrs per wk) * (wks)	Elizabeth Torkington
Care Coordinator	1.27	\$ 119,153	Support day to day operations on site and assist residents with navigating their healthcare network, including scheduling appointments, rides, prescriptions, etc...	\$45(hourly) * 35%(benefits) * 1.27(FTE) * 40(hrs per wk) * (wks)	TBD
RN	1.08	\$ 145,610	Provide licensed, quality care for residents, including intake assessments upon arrival and execute care plans for admitted clients in collaboration with primary and specialty care teams, and medical director.	\$65(hourly) * 35%(benefits) * 1.08(FTE) * 40(hrs per wk) * (wks)	TBD
LVN	1.08	\$ 100,807	Collaborate with housing staff to facilitate resident enrollment in medical benefits, connection with medical home, and other social services. Additionally supporting the nursing team to provide licensed clinical care to residents.	\$45(hourly) * 35%(benefits) * 1.08(FTE) * 40(hrs per wk) * (wks)	TBD
Home Health Aide	7.00	\$ 509,600	Conduct patient/personal care as directed by nursing staff and in accordance with resident plan of care.	\$35(hourly) * 35%(benefits) * 7(FTE) * 40(hrs per wk) * (wks)	TBD
Medical Biller	1.00	\$ 83,200	Will work closely with the medical director, nurse supervisor, and clinical team to bill for medical services. This entails establishing and maintaining a tracking and submission system for medical claims.	\$40(hourly) * 35%(benefits) * 1(FTE) * 40(hrs per wk) * (wks)	TBD
		\$ -			
		\$ -			
		\$ -			
TOTAL	13.43	\$ 1,363,970			
<u>Employee Fringe Benefits</u>		\$ 477,390	Includes FICA, SSUI, Workers Compensation and Medical calculated at XX% of total salaries.		
Salaries & Benefits Total		\$ 1,841,360			

<u>Operating Expenses</u>	<u>Budgeted Expense</u>	<u>Justification</u>	<u>Calculation</u>
Rental of Property	\$ -		
Utilities(Elec, Water, Gas, Phone, Scavenger)	\$ -		
Office Supplies, Postage	\$ -		
Building Maintenance Supplies and Repair	\$ -		
Printing and Reproduction	\$ -		
Insurance	\$ -		
Staff Training	\$ -		
Staff Travel-(Local & Out of Town)	\$ -		
Rental of Equipment	\$ -		
Consultants	\$ -		
Subcontractors (First \$25k Only)	\$ -		
TOTAL OPERATING EXPENSES	\$ -		
Indirect Cost	\$ -		

<u>Other Expenses (not subject to indirect cost %)</u>	<u>Amount</u>	<u>Justification</u>	<u>Calculation</u>
PPE	\$ 21,000	Personal protective equipment is used to reduce exposure to diverse hazards during the delivery of clinical care to our residents. This ensures the implementation of best practices and serves to safeguard both our staff and patients from potential harm.	
Medical Supplies	\$ 84,307	Supplies that our staff needs to provide exceptional clinical care for our patients. This includes incontinence supplies, vital sign equipment, and wound care supplies. These are needed for our staff to be prepared to cover a wide range of medical needs.	
TOTAL OTHER EXPENSES	\$ 105,307		

<u>Capital Expenses</u>	<u>Amount</u>	<u>Justification</u>	<u>Calculation</u>
	\$ -		
TOTAL CAPITAL EXPENSES	\$ -		