

# Incentive Payment Program

*Approval Letter*



**SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH**  
**ATTN: Ken Johnston**  
**451 E Vanderbilt Way, 4th Floor**  
**San Bernardino, CA 92415-0012**

***RE: IPP Funding***

Dear San Bernardino County Department of Public Health:

Molina Healthcare of California (“**MOLINA**”) is pleased to confirm Incentive Payment Program (IPP) funding to the San Bernardino County Department of Public Health (“**RECIPIENT**”). IPP funding is in accordance with the California Department of Health Care Services (DHCS) requirement for managed care plans to support local health jurisdictions with funding and/or in-kind staffing for Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) development and implementation, and is subject to **RECIPIENT**’s agreement to the terms of this letter (Letter) as follows:

- Funding in the amount of **\$244,817** for Local Health Jurisdiction (LHJ) CHA/CHIP activities in alignment with CalAIM priorities, including Administrative Support; Consultants; Community Engagement; and Communications. \$150,000 for year one and \$94,817 for year two.

Please be advised that this approval notice is considered a binding agreement that **RECIPIENT** agrees to utilize the IPP funds provided by **MOLINA** explicitly as described above in this Letter and the attached Statement of Work and Amended Scope of Work A1 to support the provision of CHA/CHIP activities in alignment with CalAIM priorities.

Within ten (10) days after **MOLINA**’s receipt of a signed copy of this Letter or any amendment, indicating agreement to its terms, **RECIPIENT** will receive 100% of the payment to facilitate implementation of all agreed upon activities. Upon completion of all agreed upon activities, **MOLINA** will require documentation and evidence, in a form satisfactory to **MOLINA**, to demonstrate appropriate and agreed-upon utilization of IPP funds.

## Other Terms and Conditions

Reporting: **MOLINA** will require status updates during the course of implementation; however, we encourage **RECIPIENT** to engage **MOLINA** at any point during the process with any questions, concerns, barriers, etc. that may arise. A strong working relationship with regular and timely communication will greatly support successful implementation and demonstrate appropriate use of IPP funds to the DHCS. **MOLINA** will also require reporting, in a form satisfactory to **MOLINA**, on the use of IPP funds to be submitted on a frequency and date established by **MOLINA**.

# Incentive Payment Program

## *Approval Letter*

Please be advised that if the submitted evidence of implementation deviates from the agreed upon terms presented in this notice, **RECIPIENT** agrees that **MOLINA** has the right to recover IPP dollars from **RECIPIENT** given our requirements and obligations to fulfill the DHCS IPP requirements. **RECIPIENT** shall repay **MOLINA** all funds that were not used according to the terms of this Letter upon demand from **MOLINA**.

Compliance with Law: **RECIPIENT** shall comply with all applicable state and federal laws in the conduct of its activities relating to the use of these IPP funds. **RECIPIENT** shall comply with all federal and state discrimination laws, and shall not discriminate on the basis of race, color, national origin, sex, disability or age.

Independent Contractor -: **MOLINA** and **RECIPIENT** relationship under this agreement is solely as issuer and receiver of the funds described herein. Under no circumstances shall **RECIPIENT** look to **MOLINA** as its employer, partner, agent or principal. **RECIPIENT** shall not be entitled to any wages or benefits which may be accorded to **MOLINA**'s employees, including but not limited to workers' compensation, employee benefit plans, disability insurance, vacation or sick pay. **RECIPIENT** shall be responsible for all wages, withholding, workers compensation, disability, or other insurance as well as licenses and permits usual or necessary for performing the work described herein. **RECIPIENT** shall indemnify, hold harmless and defend **MOLINA** from any claims, losses, costs and fees (including attorneys' fees and costs), liabilities, damages or injuries suffered by **RECIPIENT** arising out of, or related to (i) **MOLINA**'s breach of this section, and (ii) any assertion, claim or cause of action by any employee or consultant of **RECIPIENT** that such consultant or employee is entitled to any benefits from **MOLINA**.

Use of name: **RECIPIENT** shall not use the name or trademarks of **MOLINA** or its affiliates in any advertisement, marketing or mass communication, without the express, written permission of **MOLINA**. **RECIPIENT** shall not hold itself out or represent that it is acting as an agent of or on behalf of **MOLINA**.

Indemnification: Each Party to this agreement will indemnify and hold harmless the other Party and its officers, directors, shareholders, employees, agents, and representatives from any and all liabilities, losses, damages, claims, and expenses of any kind, including costs and attorneys' fees, which result from a breach of the duties and obligations of the indemnifying Party or its officers, directors, shareholders, employees, agents, and representatives under this agreement. Each Party agrees to give the other Party prompt written notice of any claim made against the other Party. This section will survive the termination of this Agreement.

Arbitration: Any controversy, dispute or claim arising out of the interpretation, performance or breach of this Agreement shall be resolved by binding arbitration at the request of either Party, in accordance with and administered by the Comprehensive Arbitration Rules of Practice and Procedure of the Judicial Arbitration Mediation Services, Inc. ("JAMS"). Such arbitration shall occur in the State of California. Each Party shall bear its own litigation expenses and costs, including but not limited to attorneys' fees. This agreement will be governed by the laws of the State of California, except as preempted by federal law.

Integration/Amendment: This Agreement and the attached Statement of Work and Amended Scope of Work A1 constitute and contain the entire Agreement and final understanding of the Parties related to matters dealt with herein. It supersedes and replaces all prior negotiations and all agreements proposed or otherwise, whether written or oral,



# Incentive Payment Program

## Approval Letter

concerning the subject matter hereof. Any representation, promise or agreement not specifically included in this Agreement shall not be binding upon or enforceable against any Party. Any Amendment to this Agreement shall be in writing, executed by both parties.

**Term/Termination:** The term of this Agreement is from the later of the execution dates below through June, 30,2027. Either Party may terminate this Agreement for material breach. Upon termination, any funds from this agreement that remain unexpended for the purposes provided herein shall be returned to **MOLINA**.

**Binding Agreement:** This approval notice is considered a binding agreement that **RECIPIENT** agrees to utilize the IPP funds provided by **MOLINA** explicitly as described herein and in the attached Statement of Work and Amended Scope of Work A1 to support CHIP implementation.

**Electronic Signatures:** This Agreement may be executed in any number of counterparts, each of which so executed shall be deemed to be an original, and such counterparts shall together constitute one and the same Agreement. The parties shall be entitled to sign and transmit an electronic signature of this Agreement (whether by facsimile, PDF or other mail transmission), which signature shall be binding on the party whose name is contained therein.

We appreciate your partnership and look forward to working with you on this exciting opportunity to support our members, providers, and community.

Please provide a signature below indicating your agreement with the terms outlined in this notification.

Molina Healthcare of California

IPP Funds Recipient Legal Name:

**SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH**

\_\_\_\_\_  
Neeta Alengadan, AVP Healthcare Services  
Molina Healthcare Authorized Representative

\_\_\_\_\_  
Dawn Rowe, Chair, Board of Supervisors  
**SAN BERNARDINO COUNTY DEPARTMENT OF PUBLIC HEALTH** Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

Mailing Address

Mailing Address:

200 Oceangate Suite 100, Long Beach CA 90802

451 E. Vanderbilt Way, San Bernardino CA 92415-0012

Primary Contact for this agreement:  
Carolina Wroblewski, AVP  
MHC\_IP@Molinahealthcare.com  
562.549.4785

Primary Contact for this agreement:  
Ken Johnston, Division Chief, Compliance Officer  
Ken.Johnston@dph.sbcounty.gov  
909.387.6469

# Incentive Payment Program

Approval Letter

## IPP PAYMENT RECIPIENT

### STATEMENT OF WORK

#### Activities and Use of Funds

As a condition of receiving the IPP Payment, **RECIPIENT** must perform each of the Activities set forth below in time for **MOLINA** to meet the specified DHCS due dates. **MOLINA** will be responsible for making all submissions to DHCS.

#### **RECIPIENT Activities:**

**Completing Community Health Assessment and Community Health Improvement process activities in alignment with CalAIM priorities to support MOLINA members.**

**RECIPIENT** will use **MOLINA** IPP funds and leverage funding from other managed care plans operating in San Bernardino County to complete the milestones in each category for Community Engagement, Administrative Support, Consultant and Communication as described below

Community Engagement	Progress Measurement
<p><b>CHA/CHIP Meeting Support:</b> Meetings to provide CHIP progress updates regarding input obtained from the community during the CHA. Community engagement meetings will allow the LHJ to collect feedback regarding the CHIP implementation. Childcare, gas cards, and food will help to remove barriers to community participation.</p> <p>Milestones:</p> <ul style="list-style-type: none"> <li>• Identify five priority population communities by November 30, 2025.</li> <li>• Conduct meetings in each identified community by June 30, 2026.</li> </ul> <p><b>2.0 FTE Health Educator Specialist II:</b> HES IIs will develop and coordinate ongoing stakeholder relationship management with organizational leads of CHIP strategies and activities. They will serve as leads of HES Is to conduct community engagement in support of CHIP strategies and activities.</p> <p>Milestones:</p> <ul style="list-style-type: none"> <li>• Fill two (2) Health Educator Specialist II positions to support CHA/CHIP processes as defined above by April 30, 2025.</li> <li>• Develop priority populations/sectors for engagement by Spring 2025.</li> <li>• Manage the Community Vital Signs (CHA/CHIP) website, marketing material development, and develop communication for stakeholders (ongoing).</li> <li>• Ensure stakeholders remain engaged in CHA development and CHIP implementation (ongoing).</li> </ul>	<p>Report as completed by 12/31/2026</p>

# Incentive Payment Program

## Approval Letter

<p><b>3.0 FTE Health Educator Specialist I:</b> HES Is will serve as liaisons between the LHJ and organizational partners implementing CHIP strategies and activities. They will develop outreach materials, social media contents, and conduct community engagement in support of the CHIP.</p> <p>Milestones:</p> <ul style="list-style-type: none"> <li>• Fill three (3) Health Educator Specialist I positions to support CHA/CHIP processes as defined above by November 30, 2025.</li> <li>• Develop stakeholder and community marketing and meeting materials (ongoing).</li> <li>• Research, network, schedule, and conduct 1:1 meetings with stakeholders (ongoing).</li> <li>• Support event planning and facilitation (ongoing).</li> </ul> <p><b>Event/Meeting Support:</b> Materials, supplies, handouts, AV, printing, language support, venue rental</p> <p>Milestones:</p> <ul style="list-style-type: none"> <li>• Meetings in each identified community.</li> </ul>	
<b>Administrative Support</b>	
<p><b>1.0 FTE Office Specialist:</b> Administrative/clerical support for CHA and CHIP development and implementation.</p> <p>Milestones:</p> <ul style="list-style-type: none"> <li>• Fill one (1) Office Specialist position to support CHA/CHIP processes.</li> </ul>	<p>Report as completed by 12/31/2026</p>
<b>Consultant</b>	
<p><b>Collective Impact Consultants:</b> Consult on effective CHA/CHIP governance, by-laws, vision, sustainability/funding, MAPP framework implementation, Accountable Communities for Health. Complete a CHIP implementation evaluation and progress report, including recommendations for improvement and effectively implementing the MAPP framework.</p> <p>Milestones:</p> <ul style="list-style-type: none"> <li>• By May 1, 2026, Recipient will have fully executed agreements with consultants to:             <ol style="list-style-type: none"> <li>1. Conduct collective impact and MAPP training</li> <li>2. Complete an evaluation and recommendations report</li> </ol> </li> <li>• By November 1, 2026, Recipient will have completed the following:             <ul style="list-style-type: none"> <li>○ Collective impact/MAPP training; and</li> <li>○ Evaluation and recommendations report.</li> </ul> </li> </ul>	<p>Report as completed by 12/1/2026</p>

# Incentive Payment Program

*Approval Letter*



Communication	
Promotion of CHIP community engagement meetings.  Milestones: <ul style="list-style-type: none"><li>• Manage Community Vital Signs (CVS) communication campaigns (ongoing).</li><li>• Eventbrite registration (ongoing).</li><li>• Promote at least one CHIP event or meeting using social media.</li></ul>	Report as completed by 12/31/2026

All funds awarded to **RECIPIENT** must be used for the purposes stated in this letter and in accordance with the terms of this letter by June 30, 2027. **RECIPIENT** will provide reports as to the usage of these funds according to the schedule stated above.

# Incentive Payment Program

*Approval Letter*



## Attachment A1

### Amended Scope of Work

**Year 2, July 1, 2026 – June 30, 2027**

---

The San Bernardino County Department of Public Health (SBCDPH) will leverage funding from Medi-Cal Managed Care Plans (MCPs) operating in San Bernardino County to complete the following activities in support of the Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP) processes:

1. Contract the following staff positions:
  - a. 2.0 FTE Health Education Specialist II
  - b. 3.0 FTE Health Education Specialist I
  - c. 1.0 FTE Office Specialist
2. Convene Implementation Subcommittees focused on the three CHIP health priority areas, chronic disease, behavioral health, injury and violence prevention. Subcommittee members will finalize priority strategies and associated objectives and continue to refine the corresponding workplans. The workplans will drive current CHIP implementation.
3. Lead outreach and engagement efforts to community members, organizations, and stakeholders to ensure diverse representation in the CHA and CHIP planning.
4. Engage SBCDPH programs to ensure integration and alignment of ongoing work into with CHA and CHIP activities.
5. Complete consultant MAPP training and evaluation work.
6. Develop and deliver community presentations and media to promote Public Health CHIP and to raise awareness of county health status.
7. Ensure stakeholders remain engaged in ongoing activity
8. Assist with planning, coordination, and administration of community health assessment surveys and assessment to ensure data reflects county residents' health needs.