



**Contract Number**

21-869

**SAP Number**

N/A

## Department of Public Health

<b>Department Contract Representative</b>	<u>Jennifer Baptiste-Smith</u>
<b>Telephone Number</b>	<u>(909) 387-6215</u>
<b>Contractor</b>	<u>California Department of Public Health, Office of Refugee Health</u>
<b>Contractor Representative</b>	<u><b>Christine Murto, PHD</b></u>
<b>Telephone Number</b>	<u>(916) 552-8264</u>
<b>Contract Term</b>	<u>October 1, 2021 through September 30, 2022</u>
<b>Original Contract Amount</b>	<u>Fee-for-Service Reimbursement</u>
<b>Amendment Amount</b>	<u></u>
<b>Total Contract Amount</b>	<u></u>
<b>Cost Center / Order</b>	<u>9300081000</u>

**Briefly describe the general nature of the contract:** Fee-for-service agreement (Award No. 21-36-90899-00) with the California Department of Public Health, Office of Refugee Health for the Refugee Health Assessment Program wherein the Department of Public Health agrees to provide health assessments to newly arrived refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of trafficking, and other eligible entrants in San Bernardino, Riverside, and Orange counties and the California Department of Public Health, Office of Refugee Health agrees to cover the cost, at \$134 per comprehensive health assessment and \$59,715 in administrative costs, for the period of October 1, 2021 through September 30, 2022.

**FOR COUNTY USE ONLY**

Approved as to Legal Form

Adam Ebright, Deputy County Counsel

Date 11/3/21

Reviewed for Contract Compliance

Date

Reviewed/Approved by Department

Joshua Dugas, Director

Date 11-3-21



TOMÁS J. ARAGÓN, MD, DrPH  
Director and State Public Health Officer

State of California—Health and Human Services Agency  
California Department of Public Health



GAVIN NEWSOM  
Governor

October 1, 2021

Jennifer Baptiste-Smith, MPA  
Division Chief, Clinic Health & Prevention Services  
San Bernardino County, Dept. of Public Health  
351 N. Mt. View Avenue, 3<sup>rd</sup> Floor  
San Bernardino, CA 92415

Dear Ms. Baptiste-Smith,

**Refugee Health Assessment Program (RHAP) - Federal Fiscal Year (FFY) 2021-22  
Award Number 21-36-90899-00: County of San Bernardino**

This letter covers NEW Refugee Health Assessment Program (RHAP) reimbursement information for the period of October 1, 2021 through September 30, 2022. The Office of Refugee Health (ORH) will reimburse the county at the rate per completed health assessment and the award amount below to cover administrative costs for the FFY 2021-22 period:

1. **\$134** for a **comprehensive** (fully completed) health assessment
2. **\$59,715** for **administrative costs** (to be disbursed in quarterly payments)

The reimbursement rate is for the provision of health assessment services to refugees, asylees, entrants from Haiti and Cuba, special visa immigrants, federally certified victims of human trafficking, and other eligible entrants, as required per the 2021-22 ORH Policy and Procedure Manual. The Manual includes criteria for full health assessments.

The reimbursement rate is for costs of patient care that is not billable to Medi-Cal. For patients that do not qualify for Medi-Cal and who cannot be enrolled in Medi-Cal or Refugee Medical Assistance (RMA) (for example, those who are lost to follow up or have moved), ORH will consider reimbursement for health assessment costs on a case-by-case basis. Documentation and approval from the ORH Chief are required and reimbursement is limited.



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### Allowable Administrative Costs

Allowable costs include coordination and scheduling with resettlement agencies and patients, verifying Medi-Cal eligibility, preparing pre-arrival medical records, interpreting, data entry into RHEIS, data cleaning and analysis/epidemiological reporting, and overall program administration and coordination.

Please note: This award is subject to an appropriation of funds from the Federal Office of Refugee Resettlement, thus rate and/or award could be adjusted.

To receive reimbursement, please complete the following:

1. Complete and sign the enclosed Certifications, Assurances, and Requirements/Agreement Acceptance form by **October 22, 2021**.
2. Complete RHAP Plan and Budget forms by **October 22, 2021**.
3. Submit your quarterly invoice to ORH with the following information:
  - Award Number **21-36-90899-00**
  - List separately quarterly administrative costs and number of fully completed health assessments.
  - Attach Page 1 of the RHEIS report covering the dates of the invoice period.
  - The CDPH has implemented a new state-wide accounting and budgeting system and this system rejects duplicate invoice numbers. Therefore, please include your county name, quarter billed, "RHAP", and the fiscal year "21-22" in your invoice number (ex. County Q# RHAP FY21-22).

The health assessments must be completed in accordance with the RHAP medical instructions (see Manual, Section III C.). Should any assessment(s) not meet with the CDPH/ORH medical instructions, the invoice will be returned, and payment withheld until the required components are completed in full.

4. Email or mail the signed Certifications, Assurances, and Requirements/Agreement Acceptance form and quarterly invoices to:

Orlanda Tafolla  
California Department of Public Health  
Office of Refugee Health  
P.O. Box 997377, **MS 5204**  
Sacramento, CA 95899-7377  
Refugee.Health@cdph.ca.gov

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If you have any questions or need further clarification, please contact me at [Christine.Murto@cdph.ca.gov](mailto:Christine.Murto@cdph.ca.gov) or (916) 552-8264.

Sincerely,



Christine Murto, PhD  
Chief, Office of Refugee Health

Enclosure

cc:

Melanie Bird-Livingston  
Clinical Director I  
San Bernardino County, Dept. of Public Health  
351 N. Mt. View Avenue  
San Bernardino, CA 92415

Orlanda Tafolla  
California Department of Public Health  
Office of Refugee Health  
MS 5204, P.O. Box 997377  
Sacramento, CA 95899-7377

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REFUGEE HEALTH ASSESSMENT PROGRAM (RHAP)  
CERTIFICATIONS, ASSURANCES, AND REQUIREMENTS AGREEMENT ACCEPTANCE  
Budget Period: October 1, 2021 – September 30, 2022**

I agree to provide the following certifications, assurances, and requirements and to comply with the Office of Refugee Health's (ORH) FY 2021-22 ORH Policy and Procedure Manual and any other conditions stipulated by the California Department of Public Health, ORH:

1. Ensure the provision of health assessment services to refugees, asylees, entrants from Haiti and Cuba, special immigrant visa holders, certified victims of human trafficking, and other eligible entrants, are completed as required in the California Refugee Health Assessment Medical Instructions.
2. Ensure all interested ORR eligible individuals are provided a health assessment upon request. Every effort should be made by the RHAP program to assist eligible patients to enroll in Medi-Cal or Refugee Medical Assistance (RMA). No patient will be denied service or billed due to lack of ability to qualify for Medi-Cal or RMA.
3. Ensure compliance with RHAP Objectives.
4. Enter into the Refugee Health Electronic Information System (RHEIS) all arrivals from CDC's Electronic Disease Notification (EDN) regardless of whether the health assessment was started or not.
5. Ensure that required health assessment data will be entered into RHEIS accurately and within 30 days of completing the health assessment.
6. Conduct data and medical quality assurance monitoring on a regular basis.
7. Ensure each client's I-94 or other proof of eligibility form is reviewed and a copy kept in the client's medical record to confirm eligibility status and for audit purposes.
8. Ensure that billings to Medi-Cal related to the health assessment process are only for costs not funded by this award.
9. Comply with all required ORH deadlines and applicable requests.
10. Comply with all sections of the RHAP/RHEIS Data Use and Disclosure Agreement.
11. If RHAP services are Subcontracted, I will be responsible to ensure that all RHAP requirements are completed by the Subcontractor.
12. Notify the ORH within 7 days of anticipated discontinuation of RHAP services.
13. Identify a staff (Refugee Health Coordinator) to be in charge of communicating with the local Refugee Resettlement Agencies and the State.

Name: Jennifer Baptiste-Smith      Official Title: Chief, Clinical Health and Prevention Services  
Phone Number: 909 387-6215      Email: JBaptiste-Smith@dph.sbcounty.gov

Required Signature:

\_\_\_\_\_

County Official Signature

Print Name: **Joshua Dugas**

Date:

Official Title: **Public Health Director**

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REFUGEE HEALTH ASSESSMENT PROGRAM (RHAP)  
AGENCY INFORMATION**

**Budget Period: October 1, 2021 – September 30, 2022**

**Awardee:**

**Award Number: 21-36-90899-00**

**1. Official Agency Information:**

Agency Name: San Bernardino County, Dept. of Public Health

Mailing Address: 351 N. Mt. View Avenue, 3<sup>rd</sup> Floor

City: San Bernardino, CA

Zip Code: 92415

County: San Bernardino

Program Website: <https://wp.sbcounty.gov/dph/>

**2. RHAP Clinic Address:**

Location: Ontario Health Center

Address: 150 E. Holt Blvd, Ontario CA 91761

Phone: 909 458-9447

Fax: 909 986-7814

Location: San Bernardino Health Center

Address: 606 E. Mill Street, San Bernardino, CA 92415

Phone: 909 383-3002

Fax: 909 383-3003

**3. RHAP Coordinator:**

Name: Melanie Bird-Livingston

Title: Clinical Director I

Address: 172 W. 3<sup>rd</sup> Street, First Floor, San Bernardino, CA 92415

Phone: 909 387-6461

Fax: 909 387-6444

E-Mail: [Melanie.Bird-Livingston@dph.sbcounty.gov](mailto:Melanie.Bird-Livingston@dph.sbcounty.gov)

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REFUGEE HEALTH ASSESSMENT PROGRAM (RHAP)  
AGENCY INFORMATION**

**Budget Period: October 1, 2021 – September 30, 2022**

**4. Fiscal person responsible for completing and submitting invoices:**

Name: Mary Oelrich

Title: Supervising Fiscal Specialist

Address: 172 W. 3rd Street, 6th Floor, San Bernardino, CA 92415

Phone: 909 387-0178

Fax: 909 387-6886

E-Mail: [mary.oelrich@dph.sbcounty.gov](mailto:mary.oelrich@dph.sbcounty.gov)

**5. Staff to be copied on correspondence from ORH**

Name: Jennifer Baptiste-Smith

Title: Chief, Clinical Health and Prevention Services

Address: 351 N. Mt. View Avenue, San Bernardino, CA 92415

Phone: 909 387-6215

Fax: 909 387-6228

E-Mail: [jbaptiste-smith@dph.sbcounty.gov](mailto:jbaptiste-smith@dph.sbcounty.gov)



**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REFUGEE HEALTH ASSESSMENT PROGRAM (RHAP)  
BUDGET JUSTIFICATION  
Budget Period: October 1, 2021 – September 30, 2022**

**Awardee:**

**Award Number: 21-36-90899-00**

**PERSONNEL EXPENSES \$84,488**

**Personnel – With Benefit** (list the following for each position)

Clinical Director – Melanie Bird-Livingston \$7,040

*Description of duties for RHAP:*

Plans, manages, and evaluates the delivery of services for RHAP. Monitors program budget and expenditures.

Physician Assistant - Name \$22,430

*Description of duties for RHAP:*

Performs required health assessments, which include but limited to: physical examinations, immunization updates, needs evaluations, referrals, treatment plans, and follow up examinations/evaluations.

Registered Nurse - Name \$18,079

*Description of duties for RHAP:*

Assists Physician Assistant on health assessments by performing a variety of activities such as: recording patient histories, performing screening tests, assessing patient needs, administering immunizations, educating patients on medical/health care topics, directing the work activities of Care Assistants.

Care Assistant - Name \$4,003

*Description of duties for RHAP:*

Assists Physician Assistant and Registered Nurse with: health assessments; prepares charts and documents for refugee appointments; obtains, verifies, reviews, and updates refugee information and test results; schedules and coordinates lab tests and examinations.

Supervising Office Assistant - Name \$2,622

*Description of duties for RHAP:*

Supervises, plans, and assigns Office Assistant to contact Refugee/SIV for the health assessments. Reviews the work of Office Assistants in regards to health assessments and registration document.

Office Assistant - Name \$1,930

*Description of duties for RHAP:*

Schedules appointments for Refugee/SIV health assessments; collects, enters, and processes Refugee/SIV information into Electronic Health Records System; verifies/collects information on insurance and immigration status; and answers questions or provides resources regarding the benefits and process of RHAP.

**CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
REFUGEE HEALTH ASSESSMENT PROGRAM (RHAP)  
BUDGET JUSTIFICATION  
Budget Period: October 1, 2021 – September 30, 2022**

**Benefits (50.59%) \$28,384**

(Includes Retirement, Short Term Disability, Medicare, Workers Comp, Health Ins., Vision Care, Life Insurance, Dental Ins, etc.) Total Personnel of \$56,104 x .5059 benefit rate = \$20,384

**Personnel – Non-Benefit** (list the following for each position)

Position – Title, Name \$0  
*Detail and line-item total: salary or hourly rate x no. of pay periods or hours*  
*Description of duties:*

Position – Title, Name \$0  
*Detail and line-item total: salary or hourly rate x no. of pay periods or hours*  
*Description of duties:*

Total Personnel-Non-Benefit \$0

**OPERATING EXPENSES \$26,830**

**Clinical Supplies** \$16,500  
**Description:** \$1,375 X 12 months

**Office Supplies** \$3,350  
**Description:** approx. \$280 x 12 months

**Communications** \$1,980  
**Description** and expense detail: \$165 x 12 months = \$1,980

**Translation Services** \$5,000  
**Description** and expense detail: \$50 per patient visit x 100 = \$5,000

**Indirect Overhead 18.26% of S&B \$15,428**

Indirect Overhead: Departmental Services & Support (Management, Facility, Warehouse, Fiscal and Administrative Services, etc.) of 18.26% x \$84,488 S&B = \$15,428

**TOTAL BUDGET \$126,746**