

GRANT AGREEMENT BETWEEN Physicians for a Healthy California and CalMedForce Awardee

Grant ID: 2253212-2324

THIS GRANT AGREEMENT, ("Grant Agreement" or "Agreement") is deemed effective July 1, 2024 ("Effective Date") by and between Physicians for a Healthy California ("PHC"), a 501(c)(3) public benefit corporation whose principal place of business is 1201 K Street, Suite 970, Sacramento, California 95814 and San Bernardino County on behalf of Arrowhead Regional Medical Center Internal Medicine Residency Program ("Grantee"), (each a "Party" or collectively the "Parties").

WHEREAS, PHC is authorized by the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Proposition 56) and the University of California to issue grants for the purpose of increasing the number of primary care and emergency physicians trained in California ("Purpose"). The goal of this grant funding is to sustain, retain, and expand graduate medical education programs to achieve the Purpose based on demonstrated workforce needs and priorities.

WHEREAS, Grantee applied to participate in the CalMedForce Grant Program by submitting a proposal in response to the FY 2023-24 CalMedForce Application ("Grantee's Application").

WHEREAS, Grantee is selected by PHC to receive grant funds to be utilized by Grantee solely in furtherance of the Purpose.

NOW THEREFORE, PHC and Grantee, for the consideration and under the conditions hereinafter set forth, agree as follows:

A. Award Specifics

1. Residency Program Name: San Bernardino County on behalf of Arrowhead Regional Medical Center Internal Medicine Residency Program
2. Name as appears on W-9 (if applicable or type NA in the textbox): San Bernardino County on behalf of Arrowhead Regional Medical Center
3. Award Amount: \$300,000.00
4. Length of Residency Program/Award (years): 3
5. Number of Resident Positions Awarded: 2
 - a. Existing Positions 2
 - b. Expanding Positions
 - c. New Positions
6. Contract Effective Date: July 1, 2024

B. Definitions:

1. "Eligible" / "Eligibility" means that a Program and Sponsoring Institution meet the eligibility criteria to receive funding set forth in the Grant Guidelines and applicable law and regulations as follows. The training program must:
 - a. be located in California;
 - b. be either allopathic or osteopathic;

- c. be in one of the following disciplines: family medicine, internal medicine, obstetrics/gynecology, pediatrics or emergency medicine;
 - d. accredited by the Accreditation Council for Graduate Medical Education (ACGME) or will be accredited by the time of contract execution; and
 - e. serve medically underserved populations and areas.
2. "Grantee's Application" as previously defined in above Whereas clause, means the grant application/proposal submitted by Grantee.
 3. "Grant Agreement Number" means the Grant Number assigned to Grantee's award.
 4. "Grant Guidelines" mean those guidelines that awardees must contractually abide by attached hereto as [Exhibit A](#) and incorporated herein by reference as though fully set forth.
 5. "Grant Funds" means the grant money awarded by PHC to Grantee based on Grantee's Application.
 6. "Other Sources of Funds" means all other financial resources, including but not limited to revenue, cash, donations, in-kind contributions, federal, state, or local funding, and other grant proceeds beyond the Grant Funds provided by this Grant Agreement, that are required or used to administer and sustain Grantee's Program.
 7. "Program(s)" means the Grantee's graduate medical education training program(s) listed in the Grant Application.
 8. "Program Director" means the Director of Grantee's Program(s)
 9. "Sponsoring Institution" means the organization or entity that assumes the ultimate financial and academic responsibility for the graduate medical education program.
 10. "Designated Institutional Official" means the individual with the authority or responsibility for oversight and administration of the graduate medical education program at the institution.
- C. **Term of the Agreement:** This Agreement shall be effective from July 1, 2024 through September 30, 2027 if Grantee's Program is three (3) years, or July 1, 2024 through September 30, 2028 if Grantee's Program is four (4) years, or July 1, 2024 through September 30, 2029 if Grantee's Program is five (5) years, at which time this Agreement shall terminate automatically by its own terms ("Term"). If Final Report (see E.3) is submitted and final payment is sent to awardee before September 30, the contract term will end automatically three (3) business days after the date of the transmittal of the final payment.
- D. **Scope of Work:** Grantee agrees to the Scope of Work as set forth herein ("Scope of Work"). In the event of a conflict between the provisions of this section and the Grantee's Application, the provisions of this Scope of Work Section shall prevail. Grantee hereby agrees to:
1. Serve as the sponsoring fiscally responsible entity in charge of administering the Grant Funds in support of the Program for the Purpose.
 2. Comply with all requirements set forth in the FY 2023-2024 CalMedForce Application.
 3. Comply with all requirements set forth in the FY 2023-2024 Grant Guidelines attached as [Exhibit A](#).
 4. Maintain an Eligible residency training Program throughout the Term.
 5. Maintain Grantee's Eligibility to receive Grant Funds throughout the Term.
 6. Utilize the Grant Funds to support training of residents in the Program. The number and type of residents is stated in section A.5.

7. Promptly notify PHC, by written or electronic communication no later than seven (7) business days after any substantive change occurs to any information included in Grantee's Application, including but not limited to any changes in the Designated Institutional Official ("DIO"), Grantee's GME Directors, or accreditation status of the Program or sponsoring institution fiscally responsible entity as reported in Grantee's Application.
8. Promptly notify PHC by written or electronic communication no later than seven (7) business days after (i) the Sponsoring Institution is or becomes the subject of, or materially involved in, any investigation by the accreditation organization, or (ii) the Program is or becomes the subject of, or materially involved in, any investigation by any local, state or federal government agency or accreditation organization that may affect the status of the residency program.
9. Promptly notify PHC by written or electronic communication no later than seven (7) business days after Sponsoring Institution or Program determines that it is unable to support the resident positions (either the number of positions or the type; new, existing or expanding) for which it was awarded. Award amounts will be adjusted should this change occur.
10. Cooperate and respond to PHC follow-up questions regarding the Semi-Annual Review, Annual Review and/or Final Report or request for additional data regarding the CalMedForce Grant process and program for a period not to exceed seven (7) business days after the PHC request.
11. Cooperate and promptly respond to any reasonable inquiry or request for information by PHC related to CalMedForce, Grantee's Program, its participants, and its principals, or any other matter PHC deems material to receipt of Grant Funds.
12. Continue the training Program(s) for residents funded by Grant Funds awarded through the entire Term of the Grant Agreement.
13. Continue resident training Program in anticipation of receipt of Grant Funds awarded through the Grant Agreement.

E. Program and Financial Reports and Site Visits

1. Grantee shall submit a Semi-Annual Review to PHC no later than January 31 of each year. Grantee shall also submit an Annual Review no later than July 31 each year for the preceding six-month period that ended December 31 or June 30, respectively ("Progress Report") using a form provided by PHC. Progress Reports shall include, among other information as reasonably requested by PHC and which Grantee may provide consistent with its obligations under applicable privacy laws:
 - a. Information on residents and graduates in the Program, including, but not limited to demographics, where residents practice after graduation, residents who leave the Program prior to graduation.
 - b. Any changes to accreditation status of the Grantee/Sponsoring Institution or the residency Program receiving Grant Funds.
 - c. Any citations issued by an accrediting body against the Grantee/Sponsoring Institution, or its residency Program receiving Grant Funds.
 - d. Demographics of the patient population being treated by the residents in Grantee's Program.

- e. Information regarding faculty development and training in the Program
 - f. Information regarding how the Grantee's residency Program is assessing and caring for the well-being of the residents in the Program.
 - g. Information regarding the professional development training opportunities Grantee makes available to residents in the Program.
 - h. Information on Program Expenditures using Grant Funds.
2. In the Semi-Annual Reviews and Annual Reviews, Grantee shall submit bi-annual Financial Reports summarizing actual expenditures in accordance with allowable cost categories as described in the PHC Allowable Costs document found on www.calmedforce.org (e.g., Salaries, Benefits, Supplies, Travel, Other Direct Costs), 30 days after the end of the Payment period (e.g., the report for expenses incurred 7/1/2024 through 12/30/2024 is due 1/31/2025) unless an exception for extension is requested by Grantee and granted by PHC.
 3. Grantee shall submit a complete Final Annual Progress Report ("Final Report") to PHC no later than 45 days after the end of the final year of payment, unless an exception for extension is requested by Grantee and granted by PHC, using a form to be provided by PHC. The Final Report shall include, but not be limited to, all information required in the Semi-Annual and Annual Reviews and any additional data, information, or feedback requested by PHC during the Term of the Grant Agreement and/or upon reviewing the Final Report. Due dates shall be as follows:
 - a. If three-year program, no later than 08/15/2027,
 - b. If four-year program, no later than 08/15/2028,
 - c. If five-year program, no later than 8/15/2029
 4. Upon the request of PHC, Grantee shall facilitate an annual site visit by PHC staff and comply with all reasonable requests for information and documentation.
 5. During the Term, Grantee shall annually complete and submit a certification provided by PHC that captures the names of the resident(s) in the cohort supported by the Grant Funds provided under this Grant Agreement, an attestation that each Resident(s) was engaged in activities authorized by this Grant Agreement, signed by the Program Director, and submitted electronically for fund transfer on an annual basis in arrears to: CalMedForce@phcdocs.org.

F. Grant Funding and Invoicing:

1. For services satisfactorily rendered in accordance with the Scope of Work, and upon receipt of full and complete reports and certifications specified in subsection (3) hereunder, Grantee shall be eligible to receive payment for expenses in accordance with the approved budget (and any approved or allowable budget adjustments (see Section J). Grantee will report to PHC any unused funds at the end of each Payment Year in the annual Financial Report to PHC as described in Section E.1 of this grant Agreement. The unexpended funds must be used by the end of the Term. Grantee is responsible for returning unused funds back to PHC not used during the Term of this Agreement.
2. The total amount of Grant Funds to be disbursed to Grantee during the Term of this Agreement shall not exceed the total stated in section A.3 of this agreement. If PHC or Grantee determines a Grantee is overpaid by PHC, Grantee is required to return the additional funds to PHC. If Grantee believes they have been overpaid, underpaid, not paid or other

payment discrepancy, they shall promptly notify the CalMedForce Program Director.

3. Final fund transfer to Grantee under this Grant Agreement will be withheld by PHC until all required reports, including full and complete Progress Reports and the Final Report are submitted to PHC, in accordance with Section E.

G. Payment Detail and Payment Provisions

1. Grant Award Notification: Prior to the Effective Date, PHC shall notify the Grantee of the award amount and the number of years approved for funding, respective to the payment allotments set forth below.
2. Payment Advance and Provisions: Grantee will be able to receive twenty-five (25) percent of the award allotment for Payment Year 1 at the time of contract execution. In Payment Year 1, Grantee must submit their first Semi-Annual Review as described in Section E.1 along with the certification described in Section E.5. **In the first Semi-Annual review as described in Section E.1, Grantee will report to PHC how the first twenty-five (25) percent of the award allotment was used. Additionally, Grantee will also report expenses up to the amount of the second payment which will be the second twenty-five (25) percent of the award allotment for Payment Year 1. This shifts the payment model to a reimbursement model, in which Grantee will spend its own funds during the reporting period and then request reimbursement for the amount of the next eligible payment in the Semi-Annual or Annual Report.**
3. Payment and Reporting Requirements: Grantee must ensure expenditures reported comply with the PHC Allowable Costs document found on www.calmedforce.org. Grantee must retain documentation for each expense. If PHC requests additional information or documentation of expenses, Grantee must respond to the request within seven (7) business days.
 - a. In the Financial Report, Grantee must report expenses of at least 75% of all available grant funds (funds that have already been disbursed as well as the next payment for which Grantee is eligible to request reimbursement). If Grantee has not spent at least 75% of available funds, unless there are extenuating circumstances, PHC may not approve the next payment until the Grantee submits a plan detailing its intended use of the remaining funds, including amount, estimated date of expense or purchase, allowable cost category and the description of the planned expense or purchase.
4. Annual Review: After Grantee submits the Annual Review and Financial Report (described in Section E.1), and certification (described in Section E.4), PHC will review and determine if Grantee is compliant with the requirements of these documents. If Grantee is compliant, Grantee will be eligible to receive payments for the remaining fifty (50) percent amount for Payment Year 1 for the expenditures incurred in the remaining six-month period of Payment Year 1 (e.g. January 1, 2025 through June 30, 2025).

Fiscal Year 2023-24 CalMedForce Grant – THREE-YEAR PROGRAM			
Payment Year	Payments per Year	Award Allotment Details	Performance Period

1	3	<ul style="list-style-type: none"> • 25% after contract execution • 25% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2024 - June 30, 2025
2	2	<ul style="list-style-type: none"> • 50% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2024 - June 30, 2026
3	2	<ul style="list-style-type: none"> • 75% after certification of Semi-Annual Review • 25% after certification of Final Report 	July 1, 2025 - June 30, 2027

Fiscal Year 2023-24 CalMedForce Grant – FOUR-YEAR PROGRAM			
Payment Year	Payments per Year	Award Allotment Details	Performance Period
1	3	<ul style="list-style-type: none"> • 25% after contract execution • 25% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2024 - June 30, 2025
2	2	<ul style="list-style-type: none"> • 50% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2024 - June 30, 2026
3	2	<ul style="list-style-type: none"> • 50% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2025 - June 30, 2027
4	2	<ul style="list-style-type: none"> • 75% after certification of Semi-Annual Review • 25% after certification of Final Report 	July 1, 2026 - June 30, 2028

Fiscal Year 2023-24 CalMedForce Grant – FIVE-YEAR PROGRAM*			
Payment Year	Payments per Year	Award Allotment Details	Performance Period
1	3	<ul style="list-style-type: none"> • 25% after contract execution • 25% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2024 - June 30, 2025
2	2	<ul style="list-style-type: none"> • 50% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2024 - June 30, 2025
3	2	<ul style="list-style-type: none"> • 50% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2025 - June 30, 2026
4	2	<ul style="list-style-type: none"> • 50% after certification of Semi-Annual Review • 50% after certification of Annual Review 	July 1, 2026 - June 30, 2027
5	2	<ul style="list-style-type: none"> • 75% after certification of Semi-Annual Review • 25% after certification of Final Report 	July 1, 2027 - June 30, 2029

*Note: Five-year grant term applied to combined programs only. Combined programs integrate two specialties into one residency program.

- H. **Accounting Records and Audits:** Grantee shall comply with the following reporting requirements, which may be modified by amendment to this Agreement:
1. **Accounting:** Accounting for Grant Funds will be in accordance with the Sponsoring Institution’s accounting practices based on generally accepted accounting principles consistently applied regardless of the source of funds. Supporting records must be in sufficient detail to show the exact amount and nature of expenditures, including:
 - a. The accurate and timely separate identification of funds received;
 - b. The separate identification of expenditures prohibited by the Grant criteria; and
 - c. If equipment is purchased with grant funds and sold during the period of performance, an

adequate record of proceeds from the sale of any equipment purchased by Grant Funds.

2. Records Retention and Audit:

- a. The Sponsoring Institution shall permit PHC or the California State Auditor, or the State Controller, or their authorized representatives, access to Records maintained on source of income and expenditures of its graduate medical education program for the purpose of audit and examination.
- b. The Sponsoring Institution shall maintain books, records, documents, and other evidence pertaining to the costs and expenses of this grant (hereinafter collectively called the “Records”) to the extent and in such detail as will properly reflect all net costs, of labor, materials, equipment, supplies and services, and other costs and expenses of whatever nature for which reimbursement is claimed under the provisions of this Agreement.
- c. During the period set forth in subparagraph (d) below, the Sponsoring Institution agrees to accommodate during normal business hours all reasonable requests for visits to Sponsoring Institution’s location for the purpose of making available any Records for inspection, audit or reproduction by an authorized representative of the State.
- d. The Sponsoring Institution shall preserve and make available its Records (a) for a period of three (3) years from the date of final payment under this Agreement, and (b) for such longer period, if any, as is required by applicable statute, by any other clause of this Agreement, or by subparagraph (1) or (2) below:
 1. If this Agreement is completely or partially terminated, the Records relating to the work terminated shall be preserved and made available for a period of three (3) years from the date of any resulting final settlement.
 2. Records which relate to (i) litigation of the settlement of claims arising out of the performance of this Agreement, or (ii) costs and expenses of this Agreement as to which exception has been taken by the State or any of its duly authorized representatives, shall be retained by the Sponsoring Institution until disposition of such appeals, litigation, claims, or exceptions.

I. Budget Contingency Clause:

1. It is mutually agreed that if the Budget Act of the current year and/or any subsequent years covered under this Agreement does not appropriate sufficient funds for this program, this Agreement shall be of no further force and effect. In this event, PHC shall have no liability to pay any funds whatsoever to Grantee or to furnish any other considerations under this Agreement and Grantee shall not be obligated to perform any provisions of this Agreement.
2. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the PHC shall have the option to either cancel this Agreement with no liability occurring to the PHC or offer an agreement amendment to Grantee to reflect the reduced amount.

J. Budget Adjustments:

1. Budget adjustments consist of a change within the proposed budget that does not amend the total amount of the grant and they must be consistent with the PHC Allowable Costs document found on www.calmedforce.org. Grantee is permitted to adjust the budget as long as Grantee provides an accounting of how the funds were expended, including any adjustments to the budget, with the Final Financial Report.

2. All requests for extending the grant period shall be submitted in writing to PHC for approval. Requests for a time extension must be made to PHC no later than August 15 of the final year of the grant term. There shall be no request for reimbursement of costs for activities conducted after the expiration of the Agreement Term without an approved no cost time extension.

K. General Terms and Conditions

1. **Time:** Grantee will submit the required deliverables as specified and adhere to the deadlines as specified in this Agreement. It is the sole responsibility of the Grantee to anticipate and communicate as necessary regarding any potential overlaps, conflicts, and scheduling issues, inability to meet the deadlines specified in section E.1, and to adhere to the terms of this Grant Agreement.
2. **Final Agreement:** This Grant Agreement, along with the Grantee's Application, exhibits, and forms constitutes the entire and final agreement between the Parties and supersedes any and all prior oral or written agreements or discussions.
3. **Additional Audits:** Grantee agrees that PHC, to the extent required by law or the terms of this Agreement, and/or the California State Auditor or their designated representative shall have the right to review and to copy any Records and supporting documentation pertaining to the performance of this Grant Agreement. Grantee agrees to maintain such Records for possible audit for a minimum of three (3) years after final payment unless a longer period of Records retention is stipulated. Grantee agrees to allow the auditor(s) access to such Records during normal business hours of Grantee and to reasonably allow interviews of any employees who might reasonably have information related to such Records. Further, Grantee agrees to include a similar right of the State to audit Records and interview staff in any subcontract related to performance of this Agreement. (Gov. Code §8546.7, Pub. Contract Code §10115 et seq., Cal. Code Regs. Tit. 2, Section 1896).
4. **Notification of Regulatory Events.** To the extent permitted under applicable law, Grantee shall notify PHC in writing as soon as reasonably practicable (but no later than within seven (7) business days after it becomes aware of any of the following events during the Term of this Agreement): (a) Residency Program or any of its employees or contractors are or have become the subject of, or is materially involved in, any investigation, proceeding or disciplinary action by any Federal HealthCare Program, any state's medical board, any specialty board, or any agency responsible for professional licensing, standards or behavior; or (b) sponsoring institution or Program's ACGME accreditation is under disciplinary investigation. If an event described in this Section occurs, Grantee shall be responsive to any questions, inquiries, requests for updates, proof of outcome or resolution, or other communications from PHC to the extent required by law, limited to findings related to the Residency Program being funded by the Grant. PHC may, in its sole discretion, suspend payments and any other contractual obligations for the duration of any such event, without regard for the date PHC was notified thereof.
5. **Independent Contractor:** Grantee and the agents and employees of Grantee, in the performance of this Agreement, shall act in an independent capacity and not as officers, employees, or agents of PHC or the State. Grantee shall not hold itself out as an employee or agent of PHC or the State, nor shall Grantee hold itself out as authorized to act on behalf of or legally bind PHC or the State.
6. **Non-Discrimination Clause:** During the performance of this Agreement, Grantee 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 (e.g., cancer), age (over 40), marital status, and denial of family care leave. Grantee and its subcontractors shall insure that the evaluation and treatment of their employees and applicants for employment are free from such discrimination and harassment. Grantee and its subcontractors shall comply with the provisions of the Fair Employment and Housing Act (Gov. Code §12990 (a-f) et seq.) and the applicable regulations promulgated thereunder (California Code of Regulations, Title 2, Section 11000 et seq.). The applicable regulations of the Fair Employment and Housing Commission implementing Government Code Section 12990 (a-f), set forth in Chapter 5 of Division 4 of Title 2 of the California Code of Regulations, are incorporated into this Agreement by reference and made a part hereof as if set forth in full. Grantee 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.

7. Waiver: The waiver by PHC of a breach of any provision of this Agreement by the Grantee will not operate or be construed as a waiver of any other subsequent breach by the Grantee. PHC expressly reserves the right to disqualify Grantee from any future grant awards for failure to comply with the terms of this Agreement.
8. Approval: This Agreement is of no force or effect until signed by both Parties. Grantee may not commence performance until such signature has been obtained.
9. Amendment: No amendment or variation of the terms of this Agreement shall be valid unless made in writing, signed by an individual authorized to bind each Party and approved as required. No oral understanding or Agreement not incorporated in this Agreement shall be binding on any of the Parties.
10. Assignment: This Agreement is not assignable by the Grantee, either in whole or in part.
11. Indemnification: Each party shall indemnify, defend and hold harmless the other party, its officers, employees, and agents from any and against any and all liability, losses, or expenses (including reasonable attorney's fees), or claims for injury or damages arising out of the performance of this Agreement, but only in proportion to and to the extent such liability, loss, expense, attorney's fees, or claims for injury or damages are caused by or result from the negligent or intentional acts or omissions of the indemnifying party, its officers, agents or employees.
12. Disputes: Grantee shall continue with the responsibilities under this Agreement during any dispute. Any dispute arising under this Agreement, shall be resolved as follows:
 - a. The Grantee will discuss the problem informally with the CalMedForce Director. If unresolved, the problem shall be presented, in writing, as a grievance to the PHC CEO stating the issues in dispute, the legal authority or other basis for the Grantee's position and the remedy sought.
 - b. The PHC CEO shall make a determination within ten (10) business days after receipt of the written grievance from the Grantee and shall respond in writing to the Grantee indicating the decision and reasons for it. The CEO's decision will be final. The PHC CEO may request additional information prior to making a decision and Grantee shall promptly comply with such requests.
13. Termination for Cause: PHC may terminate this Agreement should the Grantee materially breach any obligation under this Agreement and fail to cure such breach within fifteen (15) business days, or

within a period mutually agreeable to the parties, of receipt of a written notice from PHC of such breach. If Grantee fails or is unable to cure such breach, PHC shall provide written notice to Grantee terminating this Agreement, which shall be effective thirty (30) days' after the date of such written notice. PHC shall reimburse Grantee for any costs or obligations incurred through the effective date of the termination.

Termination for Convenience: Either party may terminate this Agreement for any reason upon written advance notice provided to the other party as soon as practicable, but no less than ninety (90) days prior to the effective date of such termination. PHC shall reimburse Grantee for any costs or obligations incurred through the effective date of termination.

14. Potential Subcontractors: Nothing contained in this Agreement shall create any contractual relation between PHC and any subcontractors to the Grantee, and no subcontract shall relieve the Grantee of its responsibilities and obligations hereunder. The Grantee agrees to be responsible for its employees and agents acting within the course and scope of their employment or agency agreement to Grantee. Grantee further agrees to bind its subcontractors to the terms of this Agreement, including, but not limited to, an obligation for the subcontractor to be fully responsible to PHC for any and all acts and omissions of its subcontractors and of persons either directly or indirectly employed by the subcontractor. The Grantee's obligation to pay its subcontractors is an obligation independent from PHC's obligation to disburse funds to the Grantee. As a result, PHC shall have no obligation to pay or to enforce the payment of any money to any subcontractor.
 15. Governing Law: This Agreement is governed by and shall be interpreted in accordance with the laws of the State of California.
 16. Unenforceable Provision: In the event that any provision of this Agreement is unenforceable or held to be unenforceable, then the Parties agree that all other provisions of this Agreement have force and effect and shall not be affected thereby.
 17. Prohibited Use of Funds: The funding established pursuant to this Grant Agreement shall be utilized solely to support graduate medical education in Grantee's Program as reflected in the Allowable Costs document. Grant Funds shall not be used to replace and/or supplant existing federal, state, or local funds or Other Sources of Funds intended to also fund the residency positions in Grantee's Program.
 18. Honesty and Integrity: Throughout the Term of this Agreement, Grantee and its employees and agents shall conduct themselves and their activities in accordance with the highest standards of honesty, transparency and integrity that is essential to recipients of Proposition 56 funds, and act in a manner that supports public confidence in the integrity Grantee and PHC.
- L. CalMedForce Representatives: The CalMedForce representatives during the Term of this Agreement are listed below. Direct all contract inquiries to:

<p>Grant Administrator: Physicians for A Healthy California</p>	<p>Grantee: San Bernardino County on behalf of Arrowhead Regional Medical Center Internal Medicine Residency Program</p>
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Contact: Victoria Catanio, Program Director, CalMedForce	Contact: Hospital Director
Address: 1201 K Street, Suite 800 Sacramento, CA 95814	Address: 400 N Pepper Avenue Colton, CA 92324
Phone: (916) 551-2872	Phone:
Email: vcatanio@phcdocs.org	Email:



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. Each party providing an electronic signature agrees to promptly execute and deliver to the other party an original signed Agreement upon request.

The undersigned persons hereby represent and warrant that they are authorized to execute this Agreement on behalf of the parties hereto as of the dates signed below.

Physicians for A Healthy California Name: Victoria
Catania Title: Program Director, CalMedForce

Signature: _____

Date: _____

Grantee: San Bernardino County on behalf of Arrowhead Regional Medical Center Internal Medicine Residency
Program

Name: Dawn Rowe
Title: Chair, Board of
Supervisors

Signature: _____

Date: _____

EXHIBIT A



CalMedForce Fiscal Year 2023-24 Grant Application Guidelines

Application Period

August 1, 2023 – September 15, 2023

If an applicant requires approval to enter into a contract from a coordinating authority, please inform the authority of the terms and conditions contained in the sample grant agreements. All applicants will be required to agree to the terms and conditions prior to receiving funds.

CalMedForce is a publicly funded program through voter-approved tobacco tax revenues (Proposition 56 in 2016) and administered by PHC.

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Purpose

The purpose of this guide is to provide information to assist primary care (family medicine, internal medicine, obstetrics and gynecology, and pediatrics) and emergency medicine residency training programs, as well as eligible combined programs, during the application process for the Fiscal Year (FY) 2023-24 CalMedForce grant. This guide contains background information about the CalMedForce program and its application instructions to successfully complete and submit an application for consideration.

Background

In 2016, the California Medical Association, California Hospital Association, and Service Employees International Union-United Healthcare Workers West sponsored The California Healthcare, Research and Prevention Tobacco Tax Act of 2016. Proposition 56 was approved by voters and allocates \$40 million of funding towards Graduate Medical Education (GME) to sustain, retain, and expand California residency positions in primary care and emergency medicine. All Accreditation Council for Graduate Medical Education (ACGME) accredited residency programs in California that meet the guidelines set forth in Proposition 56 are eligible for funding.

The University of California (UC) is the designated recipient of the funding and has contracted with Physicians for a Healthy California (PHC) to administer approximately \$40 million annually in grants allocated from Proposition 56.

PHC works closely with a 15-member Advisory Council to administer a program that incentivizes and supports graduate medical education programs serving medically underserved areas and populations.

The CalMedForce Advisory Council includes representatives from:

- American Academy of Pediatrics (AAP)
- American College of Obstetricians and Gynecologists-District IX (ACOG)
- American College of Physicians-CA (ACP)
- Association of Independent CA Colleges and Universities (AICCU)
- California Academy of Family Physicians (CAFP)
- California Association of Public Hospitals (CAPH)

- California Chapter of the American College of Emergency Physicians (Cal-ACEP)
- California Children's Hospital Association (CCHA)
- California Hospital Association (CHA)
- California Medical Association (CMA)
- California Primary Care Association (CPCA)
- Network of Ethnic Physicians (NEPO)
- Osteopathic Physicians of California (OPSC)
- SEIU California State Council
- University of California, Health

Eligibility

To be eligible to receive funding, a training program must meet the following criteria:

- ✓ Located in California
- ✓ Allopathic or Osteopathic
- ✓ Primary care* (family medicine, internal medicine, obstetrics and gynecology, or pediatrics) or emergency medicine
- ✓ Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or will be accredited by the time of contract execution
- ✓ Serving medically underserved populations and areas

*Combined residency programs are eligible to apply if at least one of the disciplines of the combined program is a statutorily eligible discipline such as family medicine, internal medicine, obstetrics and gynecology, pediatrics or emergency medicine.

Eligible residency programs include new, existing, and expanding residency programs. Programs who have not received formal accreditation from ACGME but will be accredited at the time of signing their contract, if awarded, are eligible to apply. PHC will verify accreditation prior to issuance of grant funds.

New programs are defined as having received ACGME accreditation (both for the sponsoring institution and residency program)

- or will have program accreditation at the at the time of contract execution, have not yet graduated its first cohort of residents
- and will enroll at least one class by July 1, 2024.
- In addition, this includes newly established residencies in GME naïve hospitals or health systems (i.e., sponsoring institutions) that are still expanding to meet their five-year Medi-Care cap (must be expanding in 2024-25 academic year).

Expanding programs are defined as having received ACGME accreditation and have graduated one or more cohort(s) of residents, and

- ✓ Have additional categorical residency positions, that were not filled during the 2022-23 and 2023-24 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2024-25 academic year,

OR

- ✓ Have received ACGME approval for additional categorical residency positions as evidenced by documentation from ACGME approving a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2023

Existing programs are defined as having received ACGME accreditation, have graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the previous academic years.

Authorizing Statute

Revenue and Taxation Code, California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Section 30130.57-30130.58) reads in part:

§ 30130.57 (c) Moneys from the California Healthcare, Research and Prevention Tobacco Tax Act of 2016 Fund in the amount of forty million dollars (\$40,000,000) annually shall be used to provide funding to the University of California for the purpose and goal of increasing the number of primary care and emergency physicians trained in California. This goal shall be achieved by providing this funding to the University of California to sustain, retain, and expand graduate medical education programs to achieve the goal of increasing the number of primary care and emergency physicians

in the State of California based on demonstrated workforce needs and priorities.

(1) For the purposes of this subdivision, “primary care” means family medicine internal medicine, obstetrics and gynecology, and pediatrics.

(2) Funding shall be prioritized for direct graduate medical education costs for programs serving medically underserved areas and populations.

(3) For the purposes of this subdivision, all allopathic and osteopathic residency programs accredited by the Accreditation Council for Graduate Medical Education (ACGME) and located in California shall be eligible to apply to receive funding to support resident education in California.

(4) The University of California shall annually review physician shortages by specialty across the state and by region. Based on this review, to the extent that there are demonstrated state or regional shortages of nonprimary care physicians, funds may be used to expand graduate medical education programs that are intended to address such shortages.

Initiating an Application

Applications must be submitted electronically through PHC’s grant management system, SmartSimple. If you were awarded last cycle or if you have current CalMedForce awards, your residency program may already be in the SmartSimple grant management system. If so, please login as an individual user and follow the directions to initiate the application. If you are a new applicant, please contact PHC staff so they can set up your account and add pertinent users. You will receive an email from SmartSimple with login and password instructions.

Sponsoring institutions that have multiple eligible residency programs in primary care and/or emergency medicine must submit one application for each respective training program.

Submission Deadline

The deadline to apply is September 15, 2023 at 7:00 p.m. (PST). Late applications will not be accepted. Applications submitted between August 1

and September 15, 2023, 7:00 p.m. (PST) will receive one review by PHC staff within a week of submission to verify completeness and accuracy of documents. Only applications that are incomplete or erroneous will be reopened for editing. Submitted applications will be reviewed within one week of the date it is submitted. If staff determine that edits are necessary, the applicant will have three business days to make edits from the time of notification of required edits. If required edits are not made within three business days of notification, the application will be considered final. Applicants may only change or update what PHC staff deems as incomplete/erroneous or requiring additional information. The applicant may not make changes to any other portion of their application. Abuse of any administrative permission will not be tolerated and may lead to disqualification.

Following the close of the CalMedForce FY 2023-24 grant cycle, a final score will be sent to the primary contact as indicated in the application.

Questions/Requesting Help

After an application is initiated, if help is needed/requested, contact PHC staff by email at CalMedForce@phcdocs.org or by telephone at (916) 551-2899. If contacting CalMedForce by email, reference the step within the subject line. Please also include a detailed description of the issue and a screenshot, if applicable, within the body of the email.

Available Funding

The following funding allocation guidelines were recommended by the Advisory Council and approved by the University of California (UC), and the Board for the FY 2023-24 application cycle:

Specialty	Award Amount
Family Medicine	\$11,400,000
Internal Medicine	\$7,220,000
Obstetrics and Gynecology	\$6,460,000
Pediatrics	\$6,460,000
Emergency Medicine	\$6,460,000

Funding is approximate and will be disbursed based on scoring criteria. Applications will be evaluated and ranked within each specialty. For example, internal medicine residency programs will be scored and ranked in relation to other internal medicine residency programs. The following outlines the amounts programs are eligible to receive:

- New Programs: \$75,000 per resident per year x program length
- Expanding Programs: \$60,000 per resident per year x program length
- Existing Programs: \$50,000 per resident per year x program length

Combined programs will be evaluated and ranked within each respective eligible discipline(s). Funding for combined programs will be determined according to the scenarios below.

- Example of combined program with two eligible disciplines: An internal medicine/pediatrics four-year combined program is eligible for funding in both disciplines. If this program applied for one existing position (\$50,000 per resident per year), it would be eligible to receive \$200,000 ($\$50,000 \times 2 \text{ years (internal medicine)} + \$50,000 \times 2 \text{ years (pediatrics)} = \$200,000$).
- Example of combined program with one eligible discipline: A family medicine/psychiatry five-year combined program is eligible for funding for family medicine only. If this program applied for one new position (\$75,000 per resident per year), it would be eligible to receive \$187,500 ($\$75,000 \times 2.5 \text{ years (family medicine)} = \$187,500$).

Review and Selection Process

The CalMedForce Advisory Council has established a fair and impartial process for scoring and evaluating applications. All applications, except for new programs, will be auto scored. Each application will be reviewed by PHC staff to assess their eligibility against the criteria below. Award announcements will be made between November and December 2023 via email to the primary contact as indicated on the application. Awardee agreements will be distributed in early 2024 with a tentative execution date no later than July 1, 2024. Funding determinations will be based on applicant scores relative to other applicants in their specialty, the number of applications received, and the availability of funds.

CalMedForce may award **full, partial, or no funding** to an applicant based on the applicant’s score and the amount of available funds during the competitive funding review process. Funding is prioritized for residency programs that serve medically underserved areas and populations in California, as determined using the scoring matrix. CalMedForce grant awards are public funds and will be shared on the CalMedForce website once funding decisions are finalized.

Scoring Matrix

All applications will be scored using the following matrix below. While all steps are required for an application to be complete; the following questions listed below are the only questions that will be scored.

Questions	Scored
<p>Please select whether your primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility) as defined by the Federal Health Resources Services Administration (HRSA).</p> <ul style="list-style-type: none"> ✓ Yes ✓ No <p>Is this a geographic area or automatic facility HPSA?</p> <ul style="list-style-type: none"> ✓ Geographic HPSA ✓ Automatic facility HPSA <p>If your training program is in a primary care HPSA area, please provide the primary care geographic area or automatic facility HPSA Score.</p> <p>https://data.hrsa.gov/tools/shortage-area/hpsa-find</p>	<p>2 points maximum</p> <p>0 points – HPSA (0) 1 point – HPSA (1-15) 2 points – HPSA (16-25)</p>

<p>Please check the following</p> <ul style="list-style-type: none"> ✓ I acknowledge that the HPSA is for the primary training site of our residency program <p>(For combined programs with two eligible disciplines only):</p> <p>Please select whether your combined program’s second primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility) as defined by the Federal Health Resources Services Administration (HRSA)</p> <ul style="list-style-type: none"> ✓ Yes ✓ No <p>Is this a geographic area or automatic facility HPSA?</p> <ul style="list-style-type: none"> ✓ Geographic Area HPSA ✓ Automatic facility HPSA <p>Please check the following</p> <ul style="list-style-type: none"> ✓ I acknowledge that the HPSA is for the second primary training site of our combined residency program <p>If your training program is in a primary care HPSA area, please provide the primary care geographic area or automatic facility HPSA Score.</p>	
<p>Please indicate the payor mix for the most recent completed academic year (2022-23) for the location through which the majority of the primary care or emergency medicine resident FTEs are providing care.</p>	<p>10 points maximum</p> <p>Points will be awarded based on the percentage of the payor mix that is collectively Medi-Cal,</p>

<p>If residents spend equal time at two sites (50% and 50%) and the payor mixes are different, please choose the highest payor mix for which resident FTEs are providing care.</p> <p>✓ Check this box ONLY IF you are a NEW program and residents will be training at a brand new training site and that training site has no payor mix data.</p> <p>(For combined programs with two eligible disciplines only):</p> <p>Please indicate the payor mix for the most recent completed academic year (2022-23) for the combined program’s second location through which the majority of the primary care or emergency medicine resident FTEs are providing care.</p>	<p>dual eligible, indigent, and uninsured, as follows (see the glossary for definitions):</p> <p>0 points = 0-40% 2 points = 41-52% 4 points = 53-64% 6 points = 65-76% 8 points = 77-88% 10 points = 89-100%</p> <p>Note: New programs with no payor mix data available will receive the average payor mix score for their respective discipline. These scores will be calculated at close of application cycle.</p>
<p>If your primary training site is in a Primary Care Shortage Area (PCSA) [follow this link to find out if the primary training site is in a PCSA: https://geo.hcai.ca.gov/hpsa-search] (PCSA), please provide your PCSA score. If your program has no score, select “No”.</p> <p>(For combined programs with two eligible disciplines only) Instructions must be followed twice:</p> <p>If your combined program’s second primary training site is in a Primary Care Shortage Area (PCSA) [follow this link to find out if the</p>	<p>3 points Maximum</p> <p>1 point = PCSA “No” 2 points = PCSA (5-7) 3 points = PCSA (8-10)</p>

<p>primary training site is in a PCSA: https://geo.hcai.ca.gov/hpsa-search] (PCSA), please provide your PCSA score. If your program has no score, select "No".</p>	
<p>Check the following boxes that best describe your program:</p> <ul style="list-style-type: none"> ✓ New Residency Program: Has received ACGME accreditation (both for the sponsoring institution and residency program) or will have accreditation by contract execution, has not yet graduated its first cohort of residents, and will enroll at least one class by July 1, 2024. In addition, this includes newly established residencies in GME naïve hospitals or health systems (i.e., sponsoring institutions) that are still expanding to meet their five-year Medi-Care cap (must be expanding in 2024-25 academic year) ✓ Expanding Residency Program: Has received ACGME accreditation, has graduated one or more cohort(s) of residents, and - ✓ Has ACGME approved categorical residency positions that were not filled during the 2022-23 and 2023-24 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2024-25 academic year. <p style="text-align: center;">OR</p>	<p>5 points maximum</p> <p>3 points = existing 4 points = expanding 5 points = new</p>

<p>Has received ACGME approval for additional categorical residency positions as evidenced by documentation from ACGME for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2023 (Documentation of expansion is required).</p> <p>✓ Existing Residency Program: Has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the previous academic years.</p>	
<p>Please include information on your categorical resident graduates for FY 2022-23</p> <p>Please include information on your graduates for FY 2021-22</p> <p>Please include information on your graduates for FY 2020-21</p> <p>Please include information on your graduates for FY 2019-20</p> <p>Please include information on your graduates for FY 2018-19</p>	<p>10 points maximum</p> <p>Up to 5 points will be awarded based on the percentage of graduates who practice in primary care or emergency medicine more than 50% of the time in California.</p> <p>0 points = 0-10% 1 point = 11-20% 2 points = 21-40% 3 points = 41-60% 4 points = 61-80% 5 points = 81-100%</p> <p>Up to 5 points will be awarded based on the number of graduates who practice in primary care or emergency</p>

<p>Please note that time spent as a hospitalist does not count as primary care.</p>	<p>medicine more than 50% of the time in California.</p> <p>0 points = 0 graduates 1 point = 1-5 2 points = 6-10 3 points = 11-20 4 points = 21-30 5 points = 31+</p> <p>Note: New programs will receive the average score for their respective discipline once the application cycle closes</p>
	<p>Total Points Available = 30</p>

Application – Steps

There are a total of 12 steps in the FY 2023-24 CalMedForce application. The following content will take the applicant through each step of the application and provide more context and detail as it pertains to the application. Read each step carefully to ensure the information entered in the application is accurate.

Step 1 – Confirming Eligibility

To be eligible for funding, all the following must be true of the applicant's residency program at the time of the grant award and before funds are released. Confirm that all of the following apply:

- ✓ Located in California
- ✓ Allopathic or Osteopathic
- ✓ Primary care (family medicine, internal medicine, obstetrics and gynecology, and/or pediatrics) or emergency medicine*
- ✓ Accredited by the Accreditation Council for Graduate Medical Education (ACGME) or will have accreditation by the time of contract execution

- ✓ Serving medically underserved populations and areas

*Combined residency programs are eligible to apply if at least one of the disciplines of the combined program is family medicine, internal medicine, obstetrics and gynecology, pediatrics or emergency medicine.

An applicant is eligible to apply if the residency program has not received formal accreditation from ACGME, as long as ACGME accreditation is fully obtained at the time of contract execution, if awarded.

If the residency program does not meet the criteria above and believes they are eligible, they will need to send an email to calmedforce@phcdocs.org regarding their justification for eligibility. PHC staff will reply within three business days.

Step 2 – Communications

Please check all the fields that apply to how the program received information regarding the CalMedForce funding opportunity. If selecting “Other,” the applicant must type an additional response. This information will be used to further improve communication for all stakeholders.

Please tell us how you heard about this funding opportunity. Check all that apply.

- ✓ PHC Website
- ✓ Emails
 - ✓ CalMedForce Emails
 - ✓ CMA Emails
 - ✓ Other
- ✓ Social media
 - ✓ LinkedIn
 - ✓ Facebook
 - ✓ Twitter
 - ✓ Instagram
- ✓ Presentation
- ✓ Association

- ✓ Phone call/Outreach
- ✓ Other

Please note that a text box will appear if “Other” is selected under the “Emails” category or if the Email, Presentation or Association categories are also selected.

Step 3 – Residency Program Information

The California Healthcare, Research and Prevention Tobacco Tax Act of 2016 specifies that moneys from Proposition 56 must fund primary care (family medicine, internal medicine, obstetrics and gynecology, and pediatrics) and emergency medicine residency programs as listed below. Sponsoring institutions that have multiple eligible residency programs in primary care or emergency medicine must submit one application for each respective residency program.

Please select the type of residency program you are applying for:

- ✓ Family Medicine
- ✓ Internal Medicine
- ✓ Obstetrics and Gynecology
- ✓ Pediatrics
- ✓ Emergency Medicine
- ✓ Combined Program

Only one selection can be made - family medicine, internal medicine, obstetrics and gynecology, pediatrics, or emergency medicine must be approved as the major independent specialty. If combined program is selected, two selections can be made. Select at least one of the disciplines listed above. If selected “Other” as the second option, type the name of the specialty in the open text box made available. Please reference the glossary for further definition of combined programs.

* Please select the type of residency program you are applying for:

- Family Medicine
- Internal Medicine
- Pediatrics
- Obstetrics and Gynecology
- Emergency Medicine
- Combined Program

If your residency program is a combined program, options will appear for you to select each discipline. One discipline MUST be one of CalMedForce's eligible disciplines



Length of residency program:

- ✓ 3 years
- ✓ 4 years
- ✓ 5 years

My program is:

- ✓ Allopathic
- ✓ Osteopathic*

*Osteopathic refers to programs that have Osteopathic Recognition from [ACGME](#).

Both allopathic and osteopathic residency programs are eligible; select only one option. Please reference “Accreditation Status” below for more details regarding eligibility.

Address of Residency Program. Enter the physical address of the residency program, number, street name, city, zip code, and county. Please note that this address will be used solely for mailing purposes and will not impact scoring decisions. No P.O. Boxes will be accepted.

Name of Sponsoring Institution. Select the name of the sponsoring institution from the drop-down menu. If the sponsoring institution you are looking for is not listed, please select “other” and type the name of the sponsoring institution. For new programs or programs that did not apply in previous grant cycles, please use the format of “[Name of Sponsoring Institution]”. The sponsoring institution assumes the ultimate financial and academic responsibility for a program. Examples of a sponsoring institution include a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner’s office, a consortium, or an educational foundation.

Accreditation Status. All residency programs and sponsoring institutions must have current accreditation from the Accreditation Council for Graduate Medical Education (ACGME) to receive funding.

Is your residency program accredited by the Accreditation Council for Graduate Medical Education (ACGME)?

- ✓ Yes
- ✓ No

Please check only one option. To be eligible for CalMedForce funding, all residency programs must be accredited at the time of contract execution, if awarded. Both sponsoring institution and residency program accreditation is required.

If an applicant selects “No” a series of questions will appear in the application that will allow the applicant to provide information on the program’s progress toward accreditation.

Accreditation ID Numbers. Please enter the ACGME ID number for the residency program and the sponsoring institution. PHC staff will verify the residency program and sponsoring institutions accreditation status via the ACGME website. Sponsoring institution and residency program ID numbers can be located on a program’s letter of accreditation (see examples). These numbers have 10 digits. Alternatively, applicants may find their ACGME ID numbers on the ACGME website here: <https://apps.acgme.org/ads/Public>

Sponsoring Institution Sample:

Accreditation Council for
Graduate Medical
Education

401 North Michigan Avenue
Suite 2000
Chicago, IL 60611

Phone 312.755.5000
Fax 312.755.7498
www.acgme.org



[Redacted]

[Redacted]

Dear [Redacted],

The Institutional Review Committee (IRC), functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following institution:

[Redacted]

Institution: [Redacted]

**Sponsoring Institution
will be located here.**

Based on the information available at its recent meeting, the Review Committee accredited the institution as follows:

Status: Continued Accreditation
Effective Date: [Redacted]

AREAS NOT IN COMPLIANCE (Citations)

The Review Committee cited the following areas as not in substantial compliance with the ACGME's Institutional Requirements for Graduate Medical Education:

EXTENDED CITATIONS

GMEC | Since: [Redacted] | Status: Extended

Structure for Educational Oversight, GMEC, Membership, Meetings and Attendance (Institutional Requirement I.B.3.a))
Each meeting of the GMEC must include attendance by at least one resident/fellow member. (Core)

[Redacted]

(Clarifying Information, Attachment—GMEC Minutes)

Continued Non-Compliance: [Redacted]
The Institutional Review Committee ("IRC") could not confirm resolution of the citation.

Residency Program Sample:

Accreditation Council for Graduate Medical Education	[REDACTED]	 ACGME
401 North Michigan Avenue Suite 2000 Chicago, IL 60611	[REDACTED]	
Phone 312.755.5000 Fax 312.755.7498 www.acgme.org	Program Director [REDACTED]	
	Dear [REDACTED]	
	The Review Committee for Family Medicine, functioning in accordance with the policies and procedures of the Accreditation Council for Graduate Medical Education (ACGME), has reviewed the information submitted regarding the following program:	
	Family medicine [REDACTED] [REDACTED]	Program number will be located here.
	Based on the information available to it at its recent meeting, the Review Committee accredited the program as follows:	
	Status: Continued Accreditation [REDACTED] Maximum Number of Residents: [REDACTED] Effective Date: [REDACTED]	
	The Review Committee determined that the program is in substantial compliance with the ACGME's Program Requirements and/or Institutional Requirements and did not issue any new citations.	
	AREAS FOR IMPROVEMENT / CONCERNING TRENDS	
	The Review Committee identified the following areas for program improvement and/or concerning trends:	
	Educational Content The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed in the area of "educational content". The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.	
	Evaluations The Committee encourages the program to review results from the Resident Survey, as there were concerns expressed in the area of "evaluations". The Committee reminds the program that Resident Survey results are reviewed annually to assist with the determination of substantial compliance with the requirements.	
	Faculty Supervision and Teaching The Committee encourages the program to review results from the Resident Survey, as there	

Future Accreditation Sample:

[REDACTED]

From: [REDACTED]
Sent: [REDACTED]
To: [REDACTED]
Cc: [REDACTED]
Subject: ACGME - Meeting Decision

[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]
[REDACTED]

 **ACGME - Meeting Decision**
ACGME

Dear [REDACTED]

In accordance with the ACGME's Next Accreditation System and the policies set forth in its Policies and Procedures Manual, all accredited programs are being reviewed annually by their relevant Review Committee. At its [REDACTED] meeting, the Review Committee for [REDACTED] reviewed the program listed below and took the following action:

[REDACTED]
[REDACTED]

Initial Accreditation
New Status: Total Accredited Residents: [REDACTED]
Effective Date: [REDACTED]

A detailed letter of notification will be posted in the ACGME Accreditation Data System (ADS) within 60 days of this e-mail, and you will be notified by e-mail when the letter is available. Until the official letter is posted in ADS, Review Committee staff members cannot discuss the Committee's action. When you receive the letter, please contact the Executive Director if you require further clarification regarding the content of the letter or status of your program.

ADS is accessible at the following address - <https://apps.acgme.org/ads>. For any technical issues with ADS, please contact WEBADS@acgme.org.

Sincerely,
[REDACTED]

Accreditation Administrator

Step 4 – Contact Information

Program Director. The program director is the individual designated with authority and accountability for the operation of a residency program.

Please enter the Program Director’s contact information, including MD or DO, name, address, email, and phone number. If the address is the same as the Residency Program, select the appropriate box and press “Save Draft”.

Primary Contact. The primary contact is an individual who works closely with the grant. They will receive CalMedForce communications regarding award announcements, monitoring reports and payments.

Please provide the primary contact’s name, title, address, email, and phone number. If the address is the same as the Residency Program, select the appropriate box and press “Save Draft”.

Please note, that the program director and the primary contact must be two different individuals with different contact information. If any questions arise about the application itself, PHC staff will contact both the program director and primary contact via email/or phone. If awarded, the applicant will have the ability to update the primary contact to whomever is appropriate in their organization. Please note, the primary contact will be contacted if awarded.

Step 5 – Payor Mix and PCSA

Primary Site.

Please indicate the location of the primary ACGME-approved continuity clinic training site or the primary training site through which the majority of the primary care or emergency medicine resident full-time equivalents (FTEs) are providing care. Primary training site is where the residents spend the majority of their time performing patient care (inpatient and outpatient).

Please include: Name of site, practice setting (the setting where one provides patient care such as, Federally Qualified Health Center, Government, Group Practice, or Hospital or other). street address, city, zip code, and county.

For combined programs with two eligible disciplines, indicate the location of the combined program's second primary ACGME approved continuity clinic training site or the primary training site through which the majority of the primary care or emergency medicine FTEs are providing care. If one of the disciplines is not one of the five eligible CalMedForce disciplines, please only report the location for the primary training site for the eligible discipline (i.e., Family Medicine/Psychiatry program).

Health Professional Shortage Area (HPSA) Status

Please select whether your primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility) as defined by the Federal Health Resources Services Administration (HRSA). Note, primary care HPSAs only apply to primary care specialties.

Geographic Area HPSA: Shortage of primary care providers for the entire population within a defined geographic area.

Automatic Facility Area HPSA: Automatically designated as a HPSA by statute or through regulations without having to apply for designation. Examples include, but are not limited to: FQHCs, Indian Health Facilities, Dual-funded Community Health Centers/Tribal Clinics.

An applicant will receive one point if their primary training site has a current HPSA score of 1-15 and two points for a current HPSA score of 16-25. Please follow the link below to find your primary care HPSA score.

<https://data.hrsa.gov/tools/shortage-area>.

If an applicant's geographic area HPSA score differs from their automatic facility HPSA score, enter the highest of the two scores. Indicate in the application whether the HPSA score you are providing is a geographic area HPSA or an automatic facility HPSA. Other HPSA score designations, such as mental health or population HPSA cannot be used in place of primary care geographical or automatic facility HPSA scores.

For combined programs with two eligible disciplines, select whether the primary training sites for each discipline is located in a primary care health professional shortage area (HPSA). If one of the disciplines is not one of the five eligible CalMedForce disciplines, please report only the HPSA for the eligible discipline's primary training site (i.e., Family Medicine/Psychiatry).

▼ Primary Training Site Information

Please indicate the location of your primary ACGME-approved continuity clinic training site or the primary site through which the majority of the primary care or emergency medicine resident FTEs are providing care.

* Name of Site:

* Practice Setting: --Select One--

* Street Address:

* City:

* Zip Code:

County: --Select One--

Combined programs that have two CalMedForce eligible disciplines will need to input information for the primary sites for both disciplines.

* Please select whether your primary training site is located in a primary care health professional shortage area (HPSA) (geographic area or automatic facility) area as defined by the Federal Health Resources Services Administration (HRSA)

Yes
 No

* Is this a geographic area or automatic facility HPSA?

Geographic Area HPSA
 Automatic Facility HPSA

* If your training program is in a primary care HPSA area, please provide your primary care geographic area or automatic facility HPSA Score.

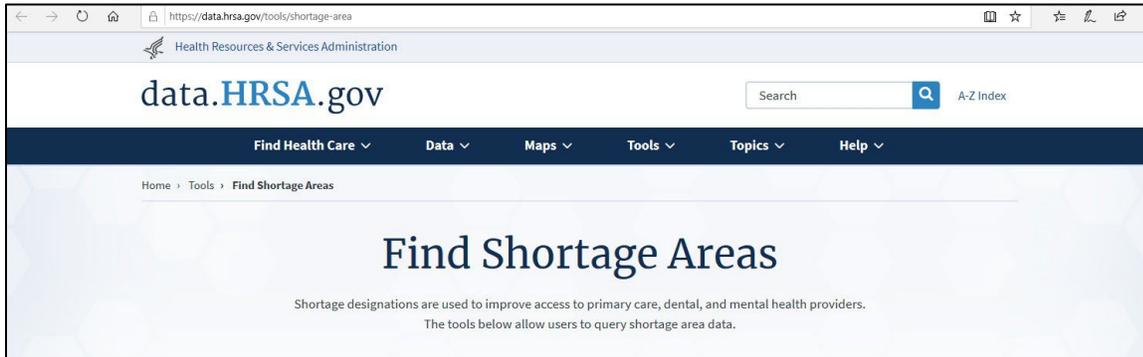
--Select One--

* Please check acknowledgement

I acknowledge that the HPSA is for the primary training site of our residency program.

Please see the guide below:

Step 1. Once you arrive to the website through the link above, please click “*Find Shortage Areas by Address,*” as indicated by the red arrow below.



HPSA ID Search

Select a State/Territory (required)
Indiana

Select County(s) (required)
All Counties

Submit

Apply Filters (Optional)

HPSA Discipline

Primary Care
 Dental Health
 Mental Health

HPSA Status

Designated
 Proposed for Withdrawal

Discipline	HPSA ID	HPSA Name	Designation
Primary Care	1185396043	Owen County	Geogrs
Primary Care	1181872554	Posey County	Geogrs
Primary Care	1185048045	Putnam County	Geogrs
Primary Care	1187444099	Randolph County	Geogrs
Primary Care	1186471309	Steuven County	Geogrs
Primary Care	1182233139	Sullivan County	Geogrs
Primary	1184646093	Switzerland	Geogrs

HPSA Find

Search HPSA data by state and county (or counties). HPSA Find provides the type of HPSA (geographic, population, or facility-based), score, HPSA type, and other details. The tool allows users to filter, sort, and export the results.

[Search HPSAs by State/County](#)

In a Dental Health HPSA: Yes
HPSA Name: Low Income-Iberville Parish
ID: 6228620892
Designation Type: Hpsa Population
Status: Designated
Score: 18
Designation Date: 01/17/2013
Last Update Date: 11/24/2017

In a Mental Health HPSA: Yes
HPSA Name: Low Income-Iberville Parish
ID: 7222058323
Designation Type: Hpsa Population
Status: Designated
Score: 16
Designation Date: 01/17/2013
Last Update Date: 10/27/2017

In a Primary Care HPSA: Yes
HPSA Name: Iberville Parish
ID: 1222614855
Designation Type: Hpsa Geographic
Status: Designated
Score: 17
Designation Date: 08/24/1979

Click on the image to see an expanded map view.

Find Shortage Areas by Address

Enter an address to determine if it is in a shortage area: Geographic or Population HPSA or MUA/P and the details about that shortage area. Results can be viewed as text or on a map.

[Search Shortage Areas by Address](#)

Step 2. Type the address of the primary training site in the search criteria box. Confirm the checkbox, "Include geographic (FIPS) codes," is checked as indicated by the example below. Click "Search" to populate results and provide a possible HPSA score, shown in the "red square" below.

Find Shortage Areas by Address

Enter an address to determine whether it is located in a shortage area: HPSA Geographic, HPSA Geographic High Needs, or Population Group HPSA or an MUA/P.

Note: This search will not identify facility HPSAs. To find these HPSAs, use the [HPSA Find](#) tool.

Search Criteria

Please provide a street address, city, and state **or** a street address and ZIP Code.

Street Address:

City:

State/Territory:

ZIP Code:

Include geographic (FIPS) codes i

[Search](#) [Reset](#)

July 2, 2018 Federal Register Notice

NOTE: Below are lists of designated HPSAs that reflect the publication of the *Federal Register* notice on July 2, 2018. This *Federal Register* notice reflects the status of HPSAs as of May 1, 2018. The main impact of this *Federal Register* publication will be to officially withdraw those HPSAs that have been in "proposed for withdrawal" status since the last *Federal Register* notice was published on June 26, 2017. HPSAs that have been placed in "proposed for withdrawal" status since May 1, 2018, will remain in that status until the publication of the next *Federal Register* notice. If there are any questions about the status of a particular HPSA or area, we recommend that you contact the state primary care office in your state; a listing can be obtained at <https://bhwh.hrsa.gov/shortage-designation/hpsa/primary-care-offices>.

County and county equivalent listing - Primary Care (approx. 1547 KB) [PDF](#)

County and county equivalent listing - Dental Health (approx. 800 KB) [PDF](#)

Check the box for geographic (FIPS) code here.

Include geographic (FIPS) codes i

26

In a Dental Health HPSA: No

In a Mental Health HPSA: No

In a Primary Care HPSA: Yes
HPSA Name: MSSAs 54 and 55 Big Pine/Lone Pine
ID: 1067508982
Designation Type: Geographic HPSA
Status: Designated
Score: 17
Designation Date: 03/24/2010
Last Update Date: 07/26/2017

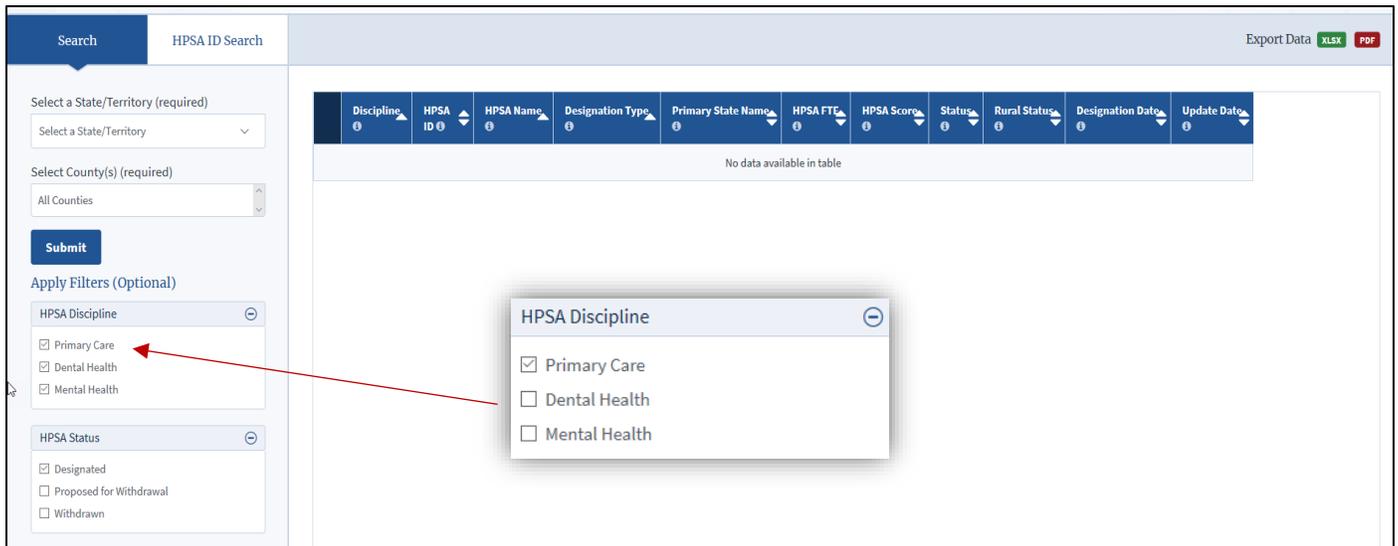
In a MUA/P: Yes
Service Area Name: Lone Pine/ Independence Service Area
ID: 00331
Designation Type: Medically Underserved Area
Designation Date: 03/24/1986
Last Update Date: 05/02/1994



Click on the image to see an expanded map view.

Geographic area HPSA score located here

To identify your Facility HPSA, use the [HPSA Find](#) tool and input your information in the left dialog box and select only “Primary Care” for HPSA Discipline and “All HPSA Facilities” to search for HPSA facilities.



Search HPSA ID Search Export Data XLSX PDF

Select a State/Territory (required)
Select a State/Territory

Select County(s) (required)
All Counties

Submit

Apply Filters (Optional)

HPSA Discipline

- Primary Care
- Dental Health
- Mental Health

HPSA Status

- Designated
- Proposed for Withdrawal
- Withdrawn

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	HPSA FTE	HPSA Score	Status	Rural Status	Designation Date	Update Date
No data available in table										

HPSA Discipline

- Primary Care
- Dental Health
- Mental Health

HPSA Designation/Population Types

- All Geographic HPSAs
 - Geographic HPSA
 - High Needs Geographic HPSA
- All Population HPSAs
 - Homeless Population HPSA
 - Low Income Homeless Migrant Farmworker Population HPSA
 - Low Income Homeless Migrant Seasonal Worker Population HPSA
 - Low Income Homeless Population HPSA
 - Low Income Migrant Farmworker Population HPSA
 - Low Income Migrant Seasonal Worker Population HPSA
 - Low Income Population HPSA
 - Medicaid Eligible Population HPSA
 - Migrant Farmworker Population HPSA
 - Migrant Seasonal Worker Population HPSA
 - Other Population HPSA
- All HPSA Facilities
 - Alaskan Native Tribal Population
 - Correctional Facility
 - Federally Qualified Health Center
 - Federally Qualified Health Center Look-alike
 - Indian Health Service Facility
 - Native American Population HPSA
 - Native American/Tribal Facility/Population
 - Other Facility
 - Rural Health Clinic
 - State Mental Hospital

Check this box for all HPSA facilities

All HPSA Facilities

Click "Submit" to populate the search in the window on the right.

HPSA Find

Health Professional Shortage Areas (HPSAs) are designated by HRSA as having shortages of primary care, dental care, or mental health providers and may be geographic (a county or service area), population (e.g., low income or Medicaid eligible) or facilities (e.g., federally qualified health centers, or state or federal prisons) – [more about shortage areas](#).

Search

HPSA ID Search

Select a State/Territory (required)

California

Select County(s) (required)

- Inyo County
- Kern County
- Kings County
- Lake County
- Lassen County
- Los Angeles County
- Madera County
- Marin County
- Mariposa County
- Mendocino County
- Merced County

Submit

Apply Filters (Optional)

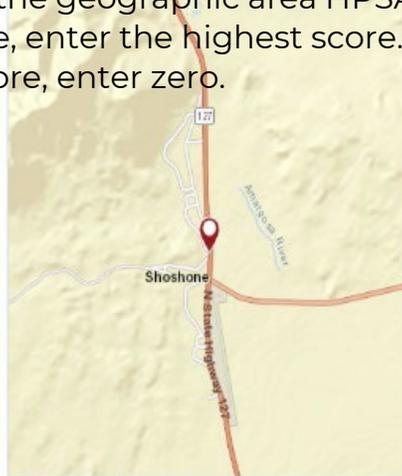
HPSA Discipline

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	HPSA FTE	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	10699906UV	Aaa Comprehensive Healthcare	Federally Qualified Health Center	California	0	15	Designated	Non-Rural	12/15/2016	03/09/2017
Primary Care	10699906AO	All for Health, Health for All	Federally Qualified Health Center	California	0	5	Designated	Non-Rural	02/07/2006	07/22/2010
Primary Care	1069990626	All-Inclusive Community Health Center	Federally Qualified Health Center	California	0	13	Designated	Non-Rural	11/19/2012	03/19/2014
Primary Care	10699906M2	Altamed Health Services Corporation	Federally Qualified Health Center	California	0	14	Designated	Non-Rural	10/27/2003	06/18/2013
Primary Care	10699906NH	Antelope Valley Community Clinic	Federally Qualified Health Center	California	0	17	Designated	Non-Rural	04/08/2010	02/11/2014
Primary Care	10699906F1	Apla Health and Wellness	Federally Qualified Health Center	California	0	16	Designated	Non-Rural	10/31/2013	04/20/2014

[Export Data](#) XLSX PDF

Step 3. Use either the geographic HPSA score or the automatic facility HPSA score as shown in the “red squares” below. If the geographic area HPSA score differs from the automatic facility HPSA score, enter the highest score. If the residency program does not have a HPSA score, enter zero.

In a Primary Care HPSA: Yes
 HPSA Name: MSSAs 54 and 55 Big Pine/Lone Pine
 ID: 1067508982
 Designation Type: Geographic HPSA
 Status: Designated
Score: 17
 Designation Date: 03/24/2010
 Last Update Date: 07/28/2017



Click on the image to see an expanded map view.

In a MUA/P: Yes
 Service Area Name: Lone Pine/ Independence Service Area
 ID: 00331
 Designation Type: Medically Underserved Area
 Designation Date: 03/24/1986
 Last Update Date: 05/02/1994

Geographic area HPSA

Discipline	HPSA ID	HPSA Name	Designation Type	Primary State Name	HPSA FTE	HPSA Score	Status	Rural Status	Designation Date	Update Date
Primary Care	1066701732	MSSA 188.1/Montgomery Creek	Geographic HPSA	California	0.2	13	Designated	Rural	02/05/2007	02/12/2017
Primary Care	1069721728	MSSA 190-Burney	Geographic HPSA	California	1.4	14	Designated	Rural	08/01/2018	08/01/2018
Primary Care	1064596185	MSSA 187/Castella/Lakehead/O	High Needs Geographic HPSA	California	0	10	Designated	Rural	04/12/2017	04/12/2017
Primary Care	1069990624	Hill Country Community Clinic	Federally Qualified Health Center	California	0	16	Designated	Rural	09/29/2004	11/17/2014
Primary Care	10699906L2	Shasta Community Health Center	Federally Qualified Health Center	California	0	17	Designated	Non-Rural	10/22/2003	01/11/2018
Primary Care	10699906X9	Shingletown Medical Center	Federally Qualified Health Center	California	0	17	Designated	Non-Rural	09/29/2003	04/27/2017
Primary Care	10699906HB	Pit River Health Services	Native American/Tribal Facility/Population	California	0	14	Designated	Rural	10/25/2002	04/12/2015
Primary Care	10699906JC	Redding Rancheria Health Clinic	Native American/Tribal Facility/Population	California	0	15	Designated	Non-Rural	10/25/2002	05/15/2013

Automatic Facility HPSA

Payor Mix. Indicate the payor mix for the most recent completed academic year (2022-23) for the location through which the majority of the primary care or emergency medicine resident FTEs are providing care. Please note, that the payor mix is for the hospital or for the clinic site provided.

For combined programs with two eligible disciplines, indicate the payor mix for the most recent completed academic year (2022-23) for the combined program's second location through which the majority of the primary care or emergency resident FTEs are providing care. If one of the disciplines is not one of the five eligible CalMedForce disciplines, only report the payor mix for the primary training site for the eligible discipline (i.e., Family Medicine/Psychiatry program).

New programs whose residents will be training at a brand new training site, and that training site has no payor mix data available, will receive the average payor mix score for their respective discipline. These scores will be calculated at close of application cycle.

Payor Mix	%
Medi-Cal	
Dual Eligible (Medi-Cal/Medicare)	
Indigent	
Uninsured	
Other Payors	
TOTAL	

The patient population should be calculated from the most recent 12 month academic year using an audited data source such as a hospital cost report. Please reference the glossary for definitions of patient populations.

If residents spend equal time at two sites (50% and 50%) and the payor mixes are different, please choose the highest payor mix for which residents FTEs are providing care. Points are awarded for the combined percentage of the applicant's patient population (shaded rows) that is Medi-Cal, Dual Eligible, Indigent, and Uninsured, as follows:

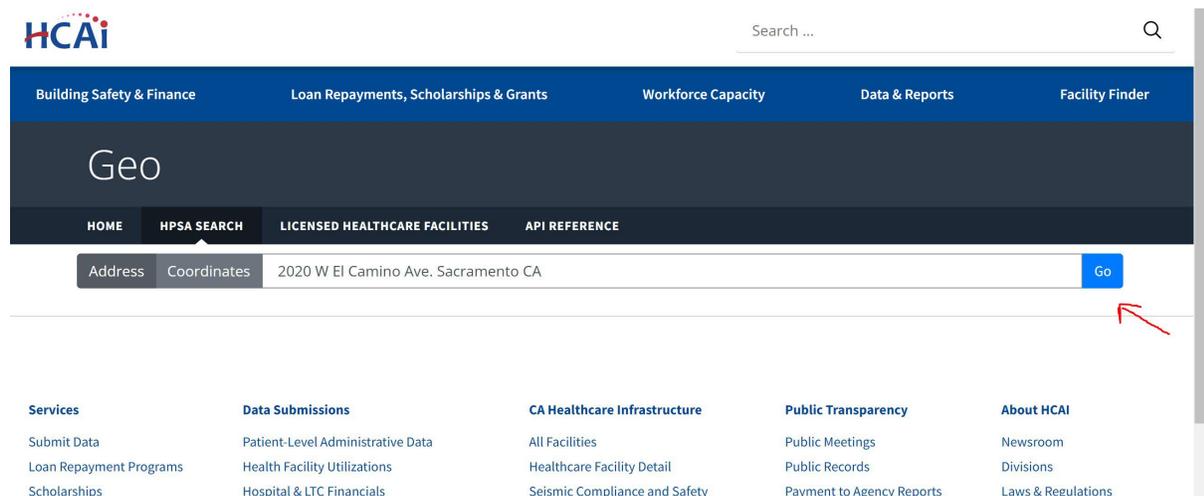
- 0 points = 0-40%
- 2 points = 41-52%
- 4 points = 53-64%
- 6 points = 65-76%
- 8 points = 77-88%
- 10 points = 89-100%

Primary Care Shortage Area (PCSA)

Please select whether your primary training site is located in a Primary Care Shortage Area (PCSA) as defined by the Department of Health Care Access and Information (HCAI). An applicant will receive one point if their primary training site has **no** current PCSA score, two points for a current PCSA score of 5-7 points, and three points for a current PCSA score of 8-10 points. Applicants will choose their score (5-10) or select “No” in a drop down menu provided in the application. Please follow the link below to find the PCSA score for your primary training site. <https://geo.hcai.ca.gov/hpsa-search>

Please see the guide below:

Step 1. Once you arrive to the website through the link above, please type in the search bar the address of your primary training site and click “Go” as indicated by the red arrow below.



Step 2. Your PCSA score will be visible on the right side of the search bar pictured in yellow highlight below. It will either display “No” if you have no score or display “Yes” followed by your score in parentheses.

The screenshot shows a web application interface with a dark navigation bar containing links for HOME, HPSA SEARCH, LICENSED HEALTHCARE FACILITIES, and API REFERENCE. Below the navigation bar is a search bar with tabs for Address and Coordinates. The search bar contains the text '2020 W El Camino Ave. Sacramento CA' and a blue 'Go' button. Below the search bar is a results section with the following text: '2020 W EL CAMINO AVE, SACRAMENTO, CA 95833' and 'Map | 38.612207,-121.5085178 | Accuracy: ROOFTOP'. Below this is a table with the following data:

MSSA ID	MSSA Definition	Census Tract	Census Key	County	MUA	MUP	PCSA	RNSA
139a	Urban	70.11	06067007011	Sacramento	No	No	Yes (7)	No

Step 6 – Program Description

All programs must have ACGME accreditation for both the sponsoring institution and residency program at the time of contract execution. Per the authorizing statute, CalMedForce’s goal is to sustain, retain, and expand graduate medical education in California with the goal of increasing the number of primary care and emergency medicine physicians. An applicant may apply for new, existing, and/or expanding positions.

New Program. Residency program that has received ACGME accreditation (both for the sponsoring institution and residency program), or will have accreditation at the at the time of contract execution, has not yet graduated its first cohort of residents, and will enroll at least one class by July 1, 2024. In addition, this includes newly established residencies in GME naïve hospitals or health system (i.e., sponsoring institutions) that are still expanding to meet their five-year Medi-Care cap (must be expanding in 2024-25 academic year). (5 points will be awarded)

If program is a newly established residency program in a GME naïve hospital or health system, upload the sponsoring institution letter of initial accreditation.

Expanding Program. Residency program that has received ACGME accreditation and has graduated one or more cohort(s) of residents, and

- ✓ Has additional categorical residency positions, that were not filled during the 2022-23 and 2023-24 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2024-25 academic year

OR

- ✓ Has received ACGME approval for additional categorical residency positions as evidenced by documentation from ACGME approving a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2023 (4 points will be awarded)

Existing Program. Residency program that has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the 2023-2024 academic year. (3 points will be awarded)

Check the following boxes that best describe your program:

NEW:

- ✓ Has received ACGME accreditation, or will have accreditation by contract execution and has not yet graduated its first cohort of residents, and will enroll at least one class by July 1, 2024.
- ✓ Is the program a newly established residency program in GME naïve hospital or health system (i.e., sponsoring institution) that is still expanding to meet their five-year Medi-Care cap (must be expanding in 2024-25 academic year)?
 - ✓ Yes
 - ✓ No

If yes,

- ✓ If program is a newly established residency program in a GME naïve hospital or health system, upload the sponsoring institution letter of initial accreditation.

EXPANDING:

- ✓ Has received ACGME accreditation and has graduated one or more cohort(s) of residents, and
 - ✓ Has ACGME approved categorical residency positions that were not filled during the 2022-23 and 2023-24 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2024-25 academic year (For example, your program has the capacity to fill 5 positions but only filled 4 of those 5 positions in the 2022-23 and 2023-24 academic year(s); however, you plan on filling that remaining slot in the 2024-25 academic year).

OR

- ✓ Has received ACGME approval for additional categorical residency positions as evidenced by documentation from ACGME for a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2023 (please upload documentation).

EXISTING:

- ✓ Has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the previous academic years. Neither options above apply to my residency program.

Step 7 – Requested Amount and Positions

Funding is divided up among existing, expanding, and new programs—with increased funding allocated towards new and expanding programs. Please see *Step 6- Program Description* for definitions of existing, expanding, and new programs.

Funding is allocated per resident position and is dependent on the type of program.

- ✓ Existing programs shall receive \$50,000 per resident per year
- ✓ Expanding programs shall receive \$60,000 per resident per year
- ✓ New programs shall receive \$75,000 per resident per year

For example, a new three-year residency program, if requesting funding for five residents, may receive a total award amount of \$1,125,000 to be disbursed over three years (\$75,000 x 5 residents x 3 years).

The maximum number of residency positions that may be requested for funding is five per program, including combinations of existing, new and expanding positions. Funding will be disbursed over a three-year or four-year (or five years for some combined programs) period depending on the length of the residency program. CalMedForce may award residency programs the full or partial amount requested.

Each application may only request funding for a maximum of five residency positions. New programs may only request funding for new residency positions. However, expanding programs may also apply for existing residency positions if applicable, but the total amount of residency positions requested must not exceed five (image below). Please note, cells in gray cannot be modified. Combined programs with one eligible discipline and one non-eligible discipline will be eligible for 50% of the funding amounts listed. The correct amount will calculate in the Total Requested (\$) column. Please refer to Available Funding section for additional information.

The table below is contingent on the applicant's response from Step 6. To request the number of resident positions for funding click on the “open” button. This will open a new window containing resident positions requested for funding, amount per position allowed, duration of residency program and total requested.

2250995-2122

Application Type:
Opportunity Type:
Status:
Grant ID:

Welcome to the CalN about important dea

STEP 1 STEP 2 STEP

Click here to request number

Open

Requested Amount:

NOTE: Please use Save butt

Click here to request number of residency positions for funding - Google Chrome

phc.smartsimplebk.com/s_viewxmlpage.jsp

Request for Funding

First, select the Residency Program Type from the drop-down menu, then press "Save" to continue. Next, you will select the number of residency positions requested. Each application may only request funding for a total of five residency positions.

Residency Program Type: --Select One--

	Residency positions requested for funding	Amount per position allowed	Duration of Residency Program	Total requested
Existing	<input type="text"/>	50000	4	<input type="text"/>
Expanding	<input type="text"/>	60000	4	<input type="text"/>
TOTAL				<input type="text"/>

Save Clear Close

Important! Click the "-Select One-" drop down menu to select your program type and click "Save" in the pop up menu before continuing

Click "open" to open window containing the "Request for Funding" table

Step 8 – Program Budget and Use of Funds Requested

The following financial information is required from all applicants for an application to be considered complete. Please ensure the information provided is accurate and follows the guidelines below.

Program Budget. Provide program budget information using the table below. Program costs should reflect the estimated cost of the residency program for the academic year 2023-24. The "Other Costs" table should reflect other GME costs that do not fall under the line items listed in the budget tables such as: licensing, match participation, and in-training examination fees.

In the "Other Costs" table an applicant can add more line items if needed. If an applicant accidentally adds line items, remove them by clicking on the "x" button.

Program Budget Table

The following financial information is required from all applicants for an application to be considered complete. Program costs estimated should reflect the cost of your residency program for the academic year 2023-24.

Program Budget

i Please enter the total projected costs of your residency program for academic year 2023-24. Please be as accurate as possible. If an expense does not fit into one of the expense types listed, enter it in the "Other Costs" section of the table.

Program Budget

	Program Cost
Contractual and Consultant Costs	<input type="text"/>
Educational Materials	<input type="text"/>
Educational Workshops, Conferences or Retreat	<input type="text"/>
Faculty Development	<input type="text"/>
Graduation	<input type="text"/>
Insurance	<input type="text"/>
Licensing Fees	<input type="text"/>
Meals	<input type="text"/>
Medical Equipment	<input type="text"/>
Memberships, Subscriptions, and Professional Activity Costs	<input type="text"/>
Resident Well-Being	<input type="text"/>
Recruitment	<input type="text"/>
Scholarship	<input type="text"/>
Salaries, Benefits and Wages	<input type="text"/>
Travel	<input type="text"/>
TOTAL	<input style="background-color: #d3d3d3;" type="text"/>

Other Costs Table

Other Costs

Expenditure Types	Costs
Other Expenditure Total:	\$0.00

[+](#)

Use of Funds Requested Table

The following financial information is required from all applicants for an application to be considered complete. Please detail below how the funds would be used, if awarded, to support the applicant's residency program. Award disbursement will be the duration of your residency program, either three, four or five years. The information entered below can include expenditure types that are not listed in the program budget table. The total reported in this table must equal the dollar amount requested in Step 7. If an

expense does not fit into one of the expense types listed, enter it in the “Other Costs” section of the table. Please refer to CalMedForce’s Allowable Costs document to ensure that expenses will be permissible. NOTE: The table will not save until expenses total the amount requested in Step 7. (Tip: You can enter false expenditures as a placeholder if you want to save your work and return later to edit the table.)

Use of Funds Requested

i Please enter how the funds requested in Step 7 would be used to support the residency program. The total reported in this table must equal the dollar amount requested in Step 7. If an expense does not fit into one of the expense types listed, enter it in the “Other Costs” section of the table. Please refer to CalMedForce’s Allowable Costs document to ensure that expenses will be permissible. NOTE: The table will not save until expenses total the amount requested in Step 7. (Tip: You can enter false expenditures as a placeholder if you want to save your work and return later to edit the table.)

	Funds Requested (\$)	Justification
Contractual and Consultant Costs	<input type="text"/>	<input type="text"/>
Educational Materials	<input type="text"/>	<input type="text"/>
Educational Workshops, Conferences or Retreat	<input type="text"/>	<input type="text"/>
Faculty Development	<input type="text"/>	<input type="text"/>
Graduation	<input type="text"/>	<input type="text"/>
Insurance	<input type="text"/>	<input type="text"/>
Licensing Fees	<input type="text"/>	<input type="text"/>
Meals	<input type="text"/>	<input type="text"/>
Medical Equipment	<input type="text"/>	<input type="text"/>
Memberships, Subscriptions, and Professional Activity Costs	<input type="text"/>	<input type="text"/>
Resident Well-Being	<input type="text"/>	
Recruitment		
Scholarship	<input type="text"/>	<input type="text"/>
Salaries, Benefits and Wages	<input type="text"/>	<input type="text"/>
Travel	<input type="text"/>	<input type="text"/>
TOTAL	<input type="text"/>	<input type="text"/>

Other Costs Table

Expenditure Types	Justification	Funds Requested	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="button" value="X"/>
Total Other Costs:		\$0.00	



Step 9 – Status of Residency Positions

Number of Positions Available and Filled. Include the number of ACGME approved categorical resident positions approved and filled for academic years 2018-19 to 2023-24. For example, a residency program could have five positions approved for post-graduate year 1 (PGY-1) 2018-19, but only have three positions filled for that year. Note that zeros must be entered into the fields if appropriate. New programs are required to complete this step, please enter zeros where appropriate.

ACGME approved categorical positions



Please include the number of (ACGME) categorical resident positions approved and filled for academic year 2018-19 to 2023-24

	PGY 1 Positions Approved	PGY 1 Positions Filled	PGY 2 Positions Approved	PGY 2 Positions Filled	PGY 3 Positions Approved	PGY 3 Positions Filled	PGY 4 Positions Approved	PGY 4 Positions Filled	PGY 5 Positions Approved	PGY 5 Positions Filled
FY 2023-24	<input type="text"/>	<input type="text"/>								
FY 2022-23	<input type="text"/>	<input type="text"/>								
FY 2021-22	<input type="text"/>	<input type="text"/>								
FY 2020-21	<input type="text"/>	<input type="text"/>								
FY 2019-20	<input type="text"/>	<input type="text"/>								
FY 2018-19	<input type="text"/>	<input type="text"/>								
TOTAL	<input type="text"/>	<input type="text"/>								

If an applicant has a different number of ACGME approved categorical residency positions than filled positions, please provide a detailed explanation (500 word limit) in the text box provided. Enter information into the text box only if there is a difference between the approved and filled positions.

Examples of appropriate explanations may include:

- Lack of funding
- Insufficient recruitment
- Resident taking a leave of absence
- Resident dismissed or left program
- Accepted transfer resident(s)

If an applicant does not have any differences between the approved and filled positions, select “Save & Continue” after the table above has been filled out.

Step 10 – Graduate Data for 2018-19 through 2022-23

For the table in Step 10, enter graduate first and last name, National Provider Index (NPI) numbers (10-digit number), Does the graduate practice more than 50% of the time (Depending on the discipline, applicants will say Yes/No to different language listed below) NOTE: New programs do not need to fill out this step:

Family Medicine, Internal Medicine, and Pediatrics: Does this graduate provide outpatient primary care in California, including clinical teaching time for residents and other learners, more than 50% of the time?

Obstetrics and Gynecology: Does this graduate provide outpatient gynecologic care or provide perinatal care, including clinical teaching time for residents and other learners, more than 50% of the time?

Emergency Medicine: Does this graduate practice in an emergency department, including clinical teaching time for residents and other learners, more than 50% of the time?

Combined Program: Does this graduate from a combined program, provide outpatient primary care including clinical teaching time for residents and other learners, for more than 50% of their time in California?

Step 10 will also ask for the practice setting, zip code, state and county. An applicant may add as many lines as necessary for the number of graduates each year.

Please note, a graduate's time spent as a hospitalist does not count as primary care.

If there is a discrepancy between the number of graduating residents listed in Step 10 and the number of filled PGY-3 positions (PGY-4 or PGY-5 if applicable) listed in Step 9, please provided a detailed explanation (100 word limit) in the text box provided. A total of ten points are awarded for this section as follows:

Up to 5 points will be awarded based on the percentage of graduates who practice primary care or emergency medicine in California more than 50% of the time.

- 0 points = 0-10%
- 1 point = 11-20%
- 2 points = 21-40%
- 3 points = 41-60%
- 4 points = 61-80%
- 5 points = 81-100%

Up to 5 points will be awarded based on the number of graduates who practice in primary care or emergency medicine more than 50% of the time in California.

- 0 points = 0 graduates
- 1 point = 1-5
- 2 points = 6-10
- 3 points = 11-20
- 4 points = 21-30
- 5 points = 31+

New programs will receive the average score for their respective discipline once the application cycle closes.

Please include information on your graduates for academic year 2022-23

Graduate Last Name	Graduate First Name	National Provider Index (NPI) Number	(See language based on discipline listed above)	Practice Setting	Zip Code	State	County

Please include information on your graduates for academic year 2021-22

Graduate Last Name	Graduate First Name	National Provider Index (NPI) Number	(See language based on discipline listed above)	Practice Setting	Zip Code	State	County

Please include information on your graduates for academic year 2020-21

Graduate Last Name	Graduate First Name	National Provider Index (NPI) Number	(See language based on discipline listed above)	Practice Setting	Zip Code	State	County

Please include information on your graduates for academic year 2019-20

Graduate Last Name	Graduate First Name	National Provider Index (NPI) Number	(See language based on discipline listed above)	Practice Setting	Zip Code	State	County

Please include information on your graduates for academic year 2018-19

Graduate Last Name	Graduate First Name	National Provider Index (NPI) Number	(See language based on discipline listed above)	Practice Setting	Zip Code	State	County

Step 11 – Diversity

The information provided will be used for data purposes only. The question does not influence scoring or award disbursement. Please reflect on the

residency training program's role in promoting diversity in the physician workforce.

Resident and Patient Population. Add in the percentages for your program's Underrepresented in Medicine (URM) and Non-URM for your residents and patient population (for the residents' primary training site). If the data is not available, please identify this by checking the box below the tables.

For the purposes of this application, URM is defined as racial and ethnic groups underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include: American Indian, Native American or Alaskan Native; Asian, other than Chinese, Japanese, Korean, Malaysian, Pakistani, Asian Indian, or Thai; Black, African American, African Caribbean or Black African; Hispanic or Latino; Native Hawaiian or Other Pacific Islander. Non-URM is defined as racial and ethnic groups sufficiently represented in the health professions relative to their numbers in the total population under consideration outside of what encompasses URM in the context of this application. Note that these definitions are subject to change in future application cycles based on available data.

First Generation and Rural High School. Please list the total number of residents in of your program's PGY 1 cohort; followed by the number of those PGY 1s who are first-generation college students and the number of those attended a rural high school.

Please use the link below to determine if a high school's location is considered rural: <https://nces.ed.gov/programs/maped/LocaleLookup/>

Diversity Strategy.

Please check all that apply and add examples for each selection.

- ✓ Residency program uses curriculum that includes cultural competency training.
- ✓ Residency program actively participates in recruitment and outreach efforts that have resulted in the admission of residents from URM groups and/or socioeconomically disadvantaged groups, such as scholarships for visiting medical students, pathway program participation, etc.

- ✓ Residency program prioritizes diversity through its mission statement, interview process, and resident activities (such as resident-led diversity, equity and inclusion committees, peer counseling, mentoring).
- ✓ Residency program has increased the diversity of faculty members relative to previous years.
- ✓ Residency program actively recruits residents that speak other languages and/or provides language training to residents.

Step 12 – Attestation

Check the box to attest that the statements herein are true and complete to the best of the applicant's knowledge. The applicant must also attest they understand that knowingly submitting false information will void this application and be considered breach of contract. Please also provide us with the applicant's name, title, and residency program.

Please note, that upon completing an application, the date of completion will be auto populated in this format: [Date], [Time] (for example, 8/21/2023, 2:38:06 PM).

Subject to Audit. Check the box to acknowledge that these funds are subject to an audit pursuant to Article 2.5 (commencing with Section 30130.50), Chapter 2 of Division 2 of the Revenue and Taxation Code.

Non-Supplanting. Check to attest that these funds are not intended to supplant state or federal funding intended to also fund residency positions.

California False Claims Act. Check to attest that the applicant understands that knowingly submitting or benefitting from false information will void this application and that doing so may subject the applicant to civil and/or criminal penalties under the California False Claims Act and any other relevant state or federal regulations.

Submitting an Application. Ensure that the application is complete and accurate. After Step 12, click "Save & Finish." This is not the final submission button. The applicant will have one final opportunity to review their application before final submission. After final review of the application hit the submit final button.

The deadline to apply is September 15, 2023 at 7:00 p.m. (PST). Late applications will not be accepted. Please note, applications received by the deadline of September 15, 2023, 7:00 PM (PST), will receive one review by PHC within a week of submission to verify completeness and accuracy of documents. PHC staff will notify both the primary contact if any supplemental information needs to be submitted, and the information must be returned to PHC within three business days.

Following the close of the CalMedForce FY 2023-24 grant cycle, a final score will be sent to the primary contact as indicated in the application. Applicants may request a breakdown of their score by step by emailing CalMedForce staff at calmedforce@phcdocs.org.

Glossary

Accreditation Council for Graduate Medical Education (ACGME)

ACGME is an independent, not-for-profit, physician-led organization that sets and monitors the professional educational standards essential in preparing physicians to deliver safe, high-quality medical care to all Americans.

Automatic Facility HPSA

Automatically designated as a HPSA by statute or through regulations without having to apply for designation. Examples include, but are not limited to: FQHCs, Indian Health Facilities, Dual-funded Community Health Centers/Tribal Clinics.

<https://data.hrsa.gov/data/fact-sheets#>

Combined Programs Combined residency programs train residents in two specialties and prepare individuals for board certification in both specialties upon completion of the program. Typically, combined programs will also allow completion of the program in both specialties in less time than would be required if residents enrolled in each program serially.

<https://www.ama-assn.org/residents-students/residency/how-combined-residency-program-can-shape-your-career>

Community Health Center/Clinic

All Federally Qualified Health Centers (FQHCs) (including Tribal FQHCs and FQHC look-alikes), free clinics, Indian health clinics, intermittent clinics, community clinics, and rural health centers (RHCs).

Diversity Strategy

Any formal policy, program(s), and/or training activity(s) that explicitly aims to promote diversity in the residency training program along the demographics of race, ethnicity, gender, sexual orientation, socio-economic status, education status, geographic location and/or religion, among others.

Dual Eligible (Medi-Cal/Medicare)

A payor category that includes individuals who are entitled to Medicare Part A and/or Part B and are eligible for some form of Medi-Cal benefit.

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareEnrpts/downloads/Buy-InDefinitions.pdf>

Emergency Medicine

Emergency medicine is the medical specialty dedicated to the diagnosis and treatment of unforeseen illness or injury. The practice of emergency medicine includes the initial evaluation, diagnosis, resuscitation, critical care treatment, coordination of care among multiple providers, and disposition of any patient requiring expeditious medical, surgical, or psychiatric care.

<https://www.abem.org/public/become-certified/subspecialties>

Existing Program

Residency program that has received ACGME accreditation, has graduated one or more cohort(s) of residents, and will have the same or fewer number of filled categorical positions as the 2023-24 academic year.

Expanding Program

Residency program that has received ACGME accreditation and has graduated one or more cohort(s) of residents, and

- ✓ Has additional categorical residency positions, that were not filled during the 2022-23 and 2023-24 academic year(s) and plan to fill all/or some of the categorical residency positions in the 2024-25 academic year,

OR

- ✓ Has received ACGME approval for additional categorical residency positions as evidenced by documentation from ACGME approving a permanent or temporary increase in the number of categorical residency positions effective after July 1, 2023

FTE

Full-time equivalent (FTE) is the percentage of time a staff member works represented as a decimal. A full-time position is 1.00, a half-time position is .50 and a quarter-time position is .25

Geographic HPSA

Shortage of primary care providers for the entire population within a defined geographic area.

<https://bhw.hrsa.gov/shortage-designation/hpsas>

Graduate Medical Education (GME)

The period of didactic and clinical education in a medical specialty or subspecialty which follows the completion of undergraduate medical education and which prepares physicians for the independent practice of medicine in that specialty or subspecialty.

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Family Medicine

Family physicians deliver a range of acute, chronic and preventive medical care services. In addition to diagnosing and treating illness, they also provide preventive care, including routine checkups, health-risk assessments, immunization and screening tests, and personalized counseling on maintaining a healthy lifestyle. Family physicians also manage chronic illness, often coordinating care provided by other subspecialists.

<https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-family-medicine/>

Health Professional Shortage Area (HPSA)

Areas designated by the Health Resources and Services Administration as having shortages of primary medical care, dental, or mental health providers.

<https://bhw.hrsa.gov/shortage-designation/hpsas>

Health Resources and Services Administration (HRSA)

The primary federal agency for improving access to healthcare services for people who are uninsured, isolated, or medically vulnerable.

<https://www.hrsa.gov/>

Hospitalist

A hospitalist is a physician who must master the specific skill set and knowledge required to treat and care for patients in the hospital.

<https://www.abpsus.org/hospitalist/>

Indigent

Payor category that includes patients who are receiving charity care and/or University of California teaching hospital patients receiving care with Support for Clinical Teaching funds. This excludes those patients recorded in the County Indigent Programs category.

Initial Accreditation

A status of “Initial Accreditation” is conferred when a Review Committee determines that an application for a new program or sponsoring institution substantially complies with the requirements. Initial accreditation is considered a developmental stage.

Internal Medicine

An internist is a personal physician providing comprehensive, long-term care for individuals of all ages. They diagnose and treat a wide range of illnesses, including cancer, infections, heart diseases, and disorders of various organ systems while emphasizing disease prevention and addressing common health concerns.

<https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-internal-medicine/>

Medi-Cal

California’s Medicaid program is a payor category that offers free or low-cost health coverage for California residents who meet the eligibility requirements. Eligibility includes low-income children and adults, pregnant women, and families.

<https://www.dhcs.ca.gov/services/medi-cal/pages/whatismedi-cal.aspx>

Medicare

Medicare is the federal health insurance program for who are 65 or older, certain younger people with disabilities, and people with End-Stage Renal Disease (permanent kidney failure requiring dialysis or a transplant, sometimes called ESRD).

<https://www.medicare.gov/what-medicare-covers/your-medicare-coverage-choices/whats-medicare>

Medically Underserved Area (MUA)

A Medically Underserved Area is a shortage of primary care services for residents within a geographic area.

<https://bhw.hrsa.gov/shortage-designation/types>

Medically Underserved Population (MUP)

A Medically Underserved Population is a shortage of primary care health services for a specific population subset within an established geographic area. These groups may face economic, cultural or linguistic barriers to health care.

<https://bhw.hrsa.gov/shortage-designation/types>

National Provider Identifier Number (NPI)

A unique ten-digit identification number for covered health care providers. The NPI is a Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standard.

<https://www.cms.gov>

New Program

Program that has received ACGME accreditation (both for the sponsoring institution and residency program) or will have program accreditation at the at the time of contract execution, has not yet graduated its first cohort of residents, and will enroll at least one class by July 1, 2024. In addition, this includes newly established residencies in GME naïve hospitals or health systems (i.e., sponsoring institutions) that are still expanding to meet their five-year Medi-Care cap (must be expanding in 2024-25 academic year).

Obstetrics and Gynecology

Obstetrics and Gynecology is a broad and diverse branch of medicine, including surgery, management of the care of pregnant women, gynecologic care, oncology, and primary health care for women.

<https://www.abms.org/member-boards/contact-an-abms-member-board/american-board-of-obstetrics-and-gynecology/>

Other Costs

Allowable GME costs not otherwise listed such as: licensing, match participation, and in-training examination fees.

Other Payors

Payor category that includes all patients who do not belong in the other four categories, such as those designated as self-pay, Covered California, private insurance and commercial.

Non-Underrepresented in Medicine

Non-URM is defined as racial and ethnic groups sufficiently represented in the health professions relative to their numbers in the total population under consideration outside of what encompasses URM in the context of this application.

Payor

A payor category is a third-party or individual responsible for the predominant portion of a patient's bill.

Payor Mix

Payor mix is the proportion of patient population coming from private insurance, government insurance, or self-paying individuals.

Pediatrics

Pediatrics is the specialty of medical science concerned with the physical, mental, and social health of children from birth to young adulthood. Pediatric care encompasses a broad spectrum of health services ranging from preventive health care to the diagnosis and treatment of acute and chronic diseases.

<https://www.abp.org/content/subspecialty-certifications-admission-requirements>

Post-Graduate Year (PGY)

The denotation of a post-graduate resident's progress in their residency training.

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Practice Setting

The setting where one provides patient care.

Primary Care

Primary care refers to Family Medicine, Internal Medicine, Obstetrics and Gynecology, and Pediatric specialties as defined in Revenue and Taxation Code, California Healthcare, Research and Prevention Tobacco Tax Act of 2016 (Section 30130.57-30130.58)

Primary Care Shortage Area (PCSA)

PCSA is a geographic area with a shortage of primary care providers, as designated by the Department of Health Care Access and Information (HCAI).

<https://hcai.ca.gov/wp-content/uploads/2020/10/PCSA-Report-1.pdf>

Primary Contact

The primary contact is an individual who works closely with the grant. They will receive CalMedForce communications regarding award announcements, monitoring reports and payments.

Primary Training Site

Primary training site is where the residents spend the majority of their time performing patient care (inpatient and outpatient).

Private Insurance

Private insurance refers to health insurance coverage provided by private companies or employers that provide payments to healthcare providers.

Program Director

The individual designated with authority and accountability for the operation of a residency/fellowship program.

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Private Insurance

the distribution or composition of patients covered by private insurance plans within a healthcare provider's patient population. It represents the proportion of individuals who have private insurance as their primary method of paying for medical services received from the provider.

Residency Program

A structured educational activity comprising a series of clinical and/or other learning experiences in graduate medical education, designed to prepare physicians to enter the unsupervised practice of medicine in a primary specialty. There are two types of residency programs: (a) residency programs available for physician admission immediately upon graduation from medical school as described in the Institutional Requirements; and (b) residency programs available for physician admission after completion of prerequisite clinical training as described in the relevant specialty-specific Program Requirements.

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Resident

An individual enrolled in an ACGME accredited residency program.

Sponsoring Institution

The organization (or entity) that assumes the ultimate financial and academic responsibility for a program of graduate medical education consistent with the ACGME Institutional Requirements. The sponsoring institution has the primary purpose of providing educational programs and/or health care services (e.g., a university, a medical school, a hospital, a school of public health, a health department, a public health agency, an organized health care delivery system, a medical examiner's office, a consortium, or an educational foundation). Clarification: When the sponsoring institution is not a rotation site for the program, the major associated hospital for the program is the primary clinical site (see primary clinical site).

https://acgme.org/Portals/0/PDFs/ab_ACGMEglossary.pdf?ver=2018-05-14-095135-583

Training Site

An organization providing educational experiences or educational assignments/rotations for residents/fellows. These can be primary or continuity clinics. Examples of sites include: a university, a medical school, a teaching hospital which includes its ambulatory clinics and related facilities, a private medical practice or group practice, a nursing home, a school of public health, a health department, a federally qualified health center, a free clinic, a public health agency, or other community clinic (see definition for community health center/clinic).

https://www.acgme.org/globalassets/PDFs/ab_ACGMEglossary.pdf

Uninsured

Payor category that encompasses individuals who have no health insurance or other source of third-party coverage.

Underrepresented in Medicine (URM)

URM is defined as Racial and ethnic groups underrepresented in the health professions relative to their numbers in the total population under consideration. In most instances this will include: American Indian, Native American or Alaskan Native; Asian, other than Chinese, Japanese, Korean, Malaysian, Pakistani, Asian Indian, or Thai; Black, African American, African Caribbean or Black African; Hispanic or Latino; Native Hawaiian or Other Pacific Islander.

Contact information:

Phone: 916-551-2899

Email: CalMedForce@phcdocs.org.



**PHYSICIANS
FOR A HEALTHY
CALIFORNIA**

CalMedForce is a publicly funded program through voter-approved tobacco tax revenues (Proposition 56 in 2016) and administered by PHC.