

**STANDARD AGREEMENT - AMENDMENT**

STD 213A (Rev. 4/2020)

☐ CHECK HERE IF ADDITIONAL PAGES ARE ATTACHED

PAGES

AGREEMENT NUMBER

20-10704

AMENDMENT NUMBER

1

Purchasing Authority Number

1. This Agreement is entered into between the Contracting Agency and the Contractor named below:

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTOR NAME

County of Fresno

2. The term of this Agreement is:

START DATE

April 22, 2021

THROUGH END DATE

June 29, 2023

3. The maximum amount of this Agreement after this Amendment is:

\$156,397.00 One Hundred Fifty Six Thousand Three Hundred Ninety Seven Dollars and zero cents

4. The parties mutually agree to this amendment as follows. All actions noted below are by this reference made a part of the Agreement and incorporated herein:

I. Purpose of amendment: Due to updated grant funding requirements, this amendment shifts unspent funds from Year 1 to Year 2, as identified in Exhibit B, Budget Year 2-A, Attachment II-A, amends the Scope of Work by adding an activity and extending Timeline/Deliverables dates.

II. Certain changes made in this amendment are shown as: Text additions are displayed in bold and underline. Text deletions are displayed as strike through text (i.e., Strike).

III. Exhibit A, Scope of Work, is hereby replaced in its entirety and shall now read Exhibit A, A1, Scope of Work.

IV. Exhibit B, Budget Detail and Payment Provisions, is hereby replaced in its entirety and shall now read Exhibit B, A1, Budget Detail and Payment Provisions.

V. Exhibit B, Attachment I, Budget Year 1, is hereby replaced in its entirety and shall now read Exhibit B, A1, Attachment I, Budget Year 1.

VI. Exhibit B, Attachment II-A, Budget Year 2-A, is hereby incorporated and made a part of this Agreement and hereby augments Budget Year 2.

All other terms and conditions shall remain the same.

IN WITNESS WHEREOF, THIS AGREEMENT HAS BEEN EXECUTED BY THE PARTIES HERETO.

**CONTRACTOR**

CONTRACTOR NAME (if other than an individual, state whether a corporation, partnership, etc.)

County of Fresno

CONTRACTOR BUSINESS ADDRESS

1221 Fulton Street

CITY

Fresno

STATE

CA

ZIP

93721

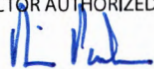
PRINTED NAME OF PERSON SIGNING

Brian Pacheco

TITLE

Chairman of the Board of Supervisors of  
the County of Fresno

CONTRACTOR AUTHORIZED SIGNATURE



DATE SIGNED

5-3-2022

ATTEST:

BERNICE E. SEIDEL

Clerk of the Board of Supervisors

County of Fresno, State of California

By Hanama Deputy

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Purchasing Authority Number

**STATE OF CALIFORNIA**

CONTRACTING AGENCY NAME

California Department of Public Health

CONTRACTING AGENCY ADDRESS

1616 Capitol Avenue, Suite 74.262, MS 1802, PO Box 997377

CITY

Sacramento

STATE

CA

ZIP

95899

PRINTED NAME OF PERSON SIGNING

Joseph Torrez Jeannie Galarpe for

TITLE

Chief, Contracts Management Unit

CONTRACTING AGENCY AUTHORIZED SIGNATURE

*Jeannie Galarpe*

DATE SIGNED

05/18/2022

CALIFORNIA DEPARTMENT OF GEN

EXEMPTION (If Applicable)



Exhibit A  
Scope of Work

## 1. Service Overview

Pursuant to California Health and Safety Code Sections 131058 and 131085 the County of Fresno, Department of Public Health (Contractor) will provide prevention and self-management support to high burden/underserved adult populations diagnosed or at risk for Type 2 Diabetes (diabetes).

Contractor services will increase chronic disease support services to target population health status and improve patient intervention management systems through Health Information Technology (HIT), Health Information Exchange (HIE), and Electronic Health Records (EHR). Increase and improve referrals for nationally recognized lifestyle change and chronic disease self-management programs. Service coordination, such as, meetings, consultations and reporting scope of work activities will be conducted with public health and safety priorities. Service coordination will be conducted using social distancing measures throughout the duration of the Coronavirus pandemic, such as, virtual online platforms, telehealth, conference phone calls, computer assisted coordination and emails.

The Centers for Disease Control and Prevention (CDC), CFDA number 93.426, Grant Number NU58DP006540, funding awarded to the CDPH for Contractor Local Assistance provides California Prevention Forward (PF) interventions; including required objectives and strategies as described in the Scope of Work and in compliance with the CDC Grant.

## 2. Service Location

The services shall be performed at applicable facilities and/or remotely in the County of Fresno as prescribed in the Scope of Work.

## 3. Service Hours

The services shall be provided during normal Contractor workdays, 8 am – 5 pm, Monday through Friday, except official holidays.

## 4. Project Representatives

A. The project representatives during the term of this agreement will be:

<b>California Department of Public Health</b> Lisa Pulido Telephone: (916) 552-9948 Fax: (916) 552-9729 E-mail: <a href="mailto:Lisa.Pulido@cdph.ca.gov">Lisa.Pulido@cdph.ca.gov</a>	<b>Fresno County Department of Public Health</b> Melanie Ruvalcaba, Program Manager Telephone: (559) 600-6449 Fax: (559) 600-7687 E-mail: <a href="mailto:mruvalcaba@fresnocountyca.gov">mruvalcaba@fresnocountyca.gov</a>
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Exhibit A  
Scope of Work

B. Direct all inquiries to:

<b>California Department of Public Health</b> Chronic Disease Control Branch Attention: Jessica Nunez de Ybarra P.O. Box 997377, MS 7208 Sacramento, CA 95899-7377  Telephone: (916) 522-9877 Fax: (916) 552-9729 E-mail: <a href="mailto:Jessica.NunezdeYbarra2@cdph.ca.gov">Jessica.NunezdeYbarra2@cdph.ca.gov</a>	<b>Fresno County Department of Public Health</b> Office of Health Policy and Wellness Attention: Melanie Ruvalcaba, Program Manager 1221 Fulton Street Fresno, CA 93721  Telephone: (559) 600-6449 Fax: (559) 600-7687 E-mail: <a href="mailto:mruvalcaba@fresnocountyca.gov">mruvalcaba@fresnocountyca.gov</a>
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C. All payments from CDPH to the Contractor shall be sent to the following address:

Remittance Address
Contractor: [County of Fresno]
Attention Bruna Chavez, DPH Business Manager
PO Box 11800
Fresno, CA, 93775
559-600-6438
559-600-7687
<a href="mailto:dphboap@fresnocountyca.gov">dphboap@fresnocountyca.gov</a>

D. Either party may make changes to the information above by giving written notice to the other party. Said changes shall not require an amendment to this agreement.

5. **Services to be Performed are in the Exhibit A, Attachment I, Scope of Work Below:**

Exhibit A  
Scope of Work

**Year 1 – 3**  
**March 1, 2021 – June 29, 2023**

**Category A – Pre-Diabetes and Diabetes Prevention and Control**

**Goal 1:** Increase utilization of a health systems' reporting infrastructure to identify, treat, and manage patients with at least one of the following six chronic conditions: prediabetes, type 2 diabetes, high blood pressure, undiagnosed high blood pressure, stroke, or high blood cholesterol.

**Subgoal 1.1.** Coordinate with a Health System Champion (HSC) to increase Health Information Technology (HIT)/Electronic Health Record (EHR) systems utilization to improve identification of individuals with prediabetes and type 2 diabetes. The HSC is required to monitor, track, and complete California Department of Public Health (CDPH) quarterly reports on individuals with the identified chronic conditions and report those individuals referred to the National Diabetes Prevention Program (National DPP) or Diabetes Self-Management Education and Support (DSMES) services.

Objective(s)	Activities	Responsible Party	Timeline	Deliverables
1. Partnership with Community Regional Medical Center (CRMC) and two (2) HSC's implement systems to identify individuals with prediabetes or type 2 diabetes and refer them to National DPP or DSMES.	1.1 Contractor will serve as a liaison to provide resources to CRMC and two (2) HSC's to assess, plan, and implement HIT systems to improve patient referrals to community prevention and management programs such as attending quarterly California Prevention Diabetes: Screen, Test, Act, Today™ (CA PDSTAT) webinars and coordinating with Intrepid Ascent (IA) for HIT support.	Program Manager (PM), Health Education Specialist (HES)	March 1, 2021-June 29, 2023 Quarterly	1.1 Submit via email to CDPH a list of materials distributed to CRMC and new HSC who received the materials, quarterly.

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	<p><b>1.2</b> Contractor will complete Prevention Forward (PF) Local Health Department (LHD) quarterly surveys to provide information on progress, accomplishments, challenges, and technical assistance needs in addressing objective 1.</p>	PM, HES	March 1, 2021- June 30 <del>20</del> <b>29</b> , 2023 Quarterly	<p><b>1.2</b> Submit via email to CDPH the LHD survey, quarterly.</p>
	<p><b>1.3</b> Contractor will meet with CRMC and two (2) HSC's to assess, plan, and implement policies/procedures to identify individuals within the clinical service area diagnosed with prediabetes or type 2 diabetes.</p>	PM, HES	March 1, 2021- June 29, 2023 Annually	<p><b>1.3</b> Submit via email to CDPH CRMC and HSC's policies/procedures utilized, annually, to identify individuals within their clinical service area diagnosed with prediabetes or type 2 diabetes.</p>

**Subgoal 2.1** - Improve access to and participation in American Diabetes Association (ADA)-recognized/Association of Diabetes Care and Education Specialists (ADCES)-accredited DSMES services in the Contractor's service area. Assist the HSC's to recruit and expand organization(s) to obtain or renew ADA-recognition/ADCES-accreditation. Share DSMES best practice resources to increase referral and enrollment.

Objective(s)	Activities	Responsible Party	Timeline	Deliverables
2. Improve access to and participation in, at minimum five (5) DSMES programs in underserved areas where the prevalence of chronic disease is above the State average or national average, low income, and residents who have limited access to healthcare services and trainings in Fresno County.	2.1 Recruit the Community Diabetes Education Program at Community Regional Medical Center as the HSC's.	PM,	March 1, 2021-June 29, 2023 Quarterly	2.1 Submit via email to CDPH a list of recruited or expansion agencies for ADA-recognition/ADCES-accreditation, quarterly.
	2.2 Assist HSC's and up to five (5) local providers seeking to become ADA-recognized/ ADCES accredited DSMES programs to increase referral and enrollment into DSMES program.	PM, HES	March 1, 2021-June 29, 2023 Quarterly	2.2 Submit via email to CDPH a list of DSMES stakeholders that received a DSMES application, quarterly.
		PM, HES		

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	<b>2.3</b> Provide at least two (2) educational Continuing Education Units/Continuing Medical Units opportunities to providers regarding DSMES program and opportunities during the contract period.		March 1, 2021- June 29, 2023 Quarterly	<b>2.3</b> Submit via email to CDPH a list of Training and Technical Assistance (TTA) provided to DSMES organizations to establish, retain, and will expand DSMES; and will provide a list of materials distributed and organizations who received the materials, quarterly.
<b>3.</b> Provide monthly technical assistance to the Fresno Diabetes Collaborative in efforts to educate and inform the community and providers about lifestyle change programs in Fresno County.	<b>3.1</b> Collaborate with Fresno Diabetes Collaborative to update and maintain web site ( <a href="http://www.fresnodiabetes.com">www.fresnodiabetes.com</a> ) monthly to include current programs, such as DSMES and National DPP, and methods of referrals to diabetes programs posted on the website.	PM, HES	March 1, 2021- June 29, 2023 Quarterly	<b>3.1</b> Submit via email to CDPH the LHD survey to update the website progress, quarterly.
	<b>3.2</b> Update website with learning opportunities for diabetes providers (physicians, nurses, and Community Health Workers (CHW): webinars, seminars, symposiums, and trainings.	PM, HES	March 1, 2021- June 29, 2023 Quarterly	<b>3.2</b> Submit via email to CDPH the LHD survey to update the learning opportunities listed on the website, quarterly.

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<p><b>4.</b> Provide per organization support to one (1) DSMES program for Centers for Medicare and Medicaid Services (CMS)/Medi-Cal telehealth billing codes for providers and patients; telehealth capacity building in patient/provider technology; and/or, patient engagement options to improve patient/provider and patient/diabetes learning through virtual platforms.</p>	<p><b>4.1</b> Assist one (1) HSC, certified as a DSMES provider, with adding a telehealth option, using an online platform to deliver services.</p>	<p>PM, HES</p>	<p>March 1, 2021- June 30, <del>2021</del> <b><u>2022</u></b></p>	<p><b>4.1a</b> Submit via email to CDPH a list of DSMES stakeholders that received telehealth support by July 30, <del>2021</del><b><u>2022</u></b>.</p> <p><b>4.1b</b> Submit via email to CDPH a list of telehealth TTA provided to DSMES organizations; and provide a list of materials distributed and organizations who received the materials by July 30, <del>2021</del><b><u>2022</u></b>.</p>
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**Subgoal 2.2** - Improve access to and participation in CDC-recognized National DPP lifestyle change programs in the Contractor's service area. Assist the HSC to recruit new and expand organization(s) to obtain or renew CDC recognition. Share National DPP best practice resources to increase referral and enrollment.

Objective(s)	Activities	Responsible Party	Timeline	Deliverables
<b>5.</b> Improve access to and participation in, at minimum, one (1) CDC-recognized National DPP program in underserved areas where the prevalence of chronic disease is above the State average or national average, low income, and residents whom have limited access to healthcare services and trainings in Fresno County.	<b>5.1</b> Assist and provide one (1) hour quarterly Technical Assistance (TA) to the California Health Collaborative (CHC) Partner with recruitment efforts to increase referrals to and participation in National DPP.	PM, HES	March 1, 2021-June 29, 2023 Quarterly	<b>5.1</b> Submit via email to CDPH, progress in the LHD survey, quarterly.
	<b>5.2</b> Provide TA to at minimum one (1) additional organization seeking to achieve recognition for National DPP during the contract period.	PM, HES	March 1, 2021-June 29, 2023 Quarterly	<b>5.2a</b> Submit via email to CDPH a list of recruited or expansion agencies for CDC-recognition of National DPP.
				<b>5.2b</b> Submit via email to CDPH a list of National DPP stakeholders for CDC application, quarterly.
				<b>5.2c</b> Submit via email to CDPH a list of TTA that was provided to National DPP organizations to establish, retain,

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				and will expand National DPP; and provide a list of materials distributed and organizations who received the materials, quarterly.
<b>6.</b> Provide per organization support to one (1) local National DPP for CMS/Medi-Cal telehealth billing codes for providers and patients; telehealth capacity building in patient/provider technology; and/or, patient engagement options to improve patient/provider and patient/diabetes learning through virtual platforms.	<b>6.1</b> Assist the CHC, a National DPP provider in Fresno County to offer telehealth service coordination and access to online virtual platforms for lifestyle change programs.	PM, HES  National DPP Subcontractor	March 1, 2021- June 30, 2024 <b><u>2022</u></b>	<p><b>6.1a</b> Submit via email to CDPH a list of National DPP stakeholders that received telehealth support by July 30, 2021-<b><u>2022</u></b>.</p> <p><b>6.1b</b> Submit via email to CDPH a list of telehealth TTA, provided to National DPP organizations; and, provide a list of materials distributed and organizations who received the materials by July 30, 2021-<b><u>2022</u></b></p>

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**Category A – Pre-Diabetes and Diabetes Prevention and Control**

**GOAL 3 Increase patient coordination with non-physician care team members to monitor and manage patient condition(s) and refer individuals to lifestyle change programs.**

**Subgoal 3.1** - Coordinate recruitment and engagement of a pharmacist(s) within the Contractor's service area to increase the provision of DSMES patient coordination.

Objective(s)	Activities	Responsible Party	Timeline	Deliverables
7. Engage a minimum of three (3) local pharmacists to promote DSMES and National DPPs.	7.1 Attend and participate in, at minimum, two (2) Central Valley Pharmacy Association meetings annually to update members on lifestyle change programs.	PM, HES	March 1, 2021-June 29, 2023 Quarterly	7.1 Submit via email to CDPH the meeting attendance, quarterly.
	7.2 Collaborate with, at minimum, three (3) local pharmacists to distribute educational and promotional materials and Fresno Diabetes Collaborative web site at least one (1) time per quarter.	HES	March 1, 2021-June 29, 2023	7.2 Submit via email to CDPH a list of materials distributed to pharmacist(s) and who received the materials, quarterly.

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**Subgoal 3.2** - Identify and report on service area agencies with a CHW program curriculum or training process.

Objective(s)	Activities	Responsible Party	Timeline	Deliverables
8. In partnership with “Collaborating for Wellness” program identify and engage with partner agencies that provide resources for CHWs.	<b>8.1</b> Schedule, at minimum, one (1) annual meeting with community partners to discuss training and utilization of CHWs in Fresno County.	PM, HES	March 1, 2021- June 29, 2023 Quarterly	<b>8.1</b> Share the progress of CHW activities within the local jurisdiction to CDPH via email, quarterly.
	<b>8.2</b> Schedule, at minimum, two (2) trainings for CHWs in Fresno County for prediabetes and type 2 diabetes during the contract period.	HES	March 1, 2021- May 15, 2023 Quarterly	<b>8.2</b> Share the progress of CHW activities within the local jurisdiction to CDPH via email, quarterly.
	<b>8.3</b> Contractor will attend and invite CRMC and HSCs to participate in webinars conducted by Vision y Compromiso (VyC) about CHW program curriculum or training delivery process during the contract period.	PM, HES	March 1, 2021- June 29, 2023 Quarterly	<b>8.3a</b> Submit, via email, to CDPH the meeting attendance.  <b>8.3b</b> Share the progress of CHW activities within the local jurisdiction to CDPH, via email, quarterly.

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**Subgoal 3.3** - Recruit and engage a pharmacist(s) and provide TTA on DSMES ADA-recognition/ADCES-accreditation.

Objective(s)	Activities	Responsible Party	Timeline	Deliverables
9. Minimum of one (1) local pharmacist will receive ADA-recognition/ADCES-accreditation for their DSMES services that connect to a local clinic patient referral process.	9.1 Collaborate with the Central Valley Pharmacy Association to identify, at minimum, one (1) pharmacist committed to offering DSMES services. Partner with local programs recognition/accreditation.	HES	March 1, 2021- <del>March 31, 2022</del> <b><u>June 30, 2022</u></b> Quarterly	9.1 Submit, via email, to CDPH, a list of pharmacist(s) that are interested in becoming a DSMES program, quarterly.
	9.2 Contractor will share information and provide assistance to eligible pharmacists to register as ADA-recognized/ADCES-accredited DSMES programs.	HES	March 1, 2021- <del>March 31, 2022</del> <b><u>June 30, 2022</u></b> Quarterly	9.2a Submit via email, to CDPH, a list of materials distributed to pharmacist(s) and who received the materials, quarterly.  9.2b Submit via email, to CDPH, a list of pharmacist(s) that received recognition for DSMES, quarterly.  9.2c Submit, via email, to CDPH, a list of the pharmacist(s) that received recognition for DSMES-related

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				TTA; and, submit a list of materials distributed and who received the materials, quarterly.
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**Subgoal 3.4** - Contractor and HSC will recruit a pharmacist or CHW in the service area to increase the patient Comprehensive Medication Management (CMM) team-based care process.

Objective(s)	Activities	Responsible Party	Timeline	Deliverables
<b>10.</b> Engage a minimum of one (1) local pharmacist to collaborate with an attending physician to increase the provision of DSMES patient coordination.	10.1 Disseminate information about the patient care process to local pharmacist(s) at least once annually.	HES	March 1, 2021-June 29, 2023 Quarterly	<b>10.1</b> Submit, via email, to CDPH, a list of materials distributed to pharmacist(s) and who received the materials, quarterly.
	10.2 Coordinate with a minimum of one (1) local pharmacist to complete a *Collaborative Practice Agreement (CPA), with an attending physician to increase the provision of DSMES patient coordination.  * Collaborative Practice Agreement (CPA) is a legal document in the United States that establishes a legal relationship between clinical pharmacists and collaborating physicians that allows for pharmacists to participate in collaborative drug therapy management (CDTM). The CPA is a tool (not a subcontract) to improve coordination for the benefit of the patient.	HES, Pharmacist Subcontractor	March 1, 2021-June 30 <del>29</del> , 2023 Quarterly	<b>10.2</b> Submit, via email, to CDPH, a contact list which will identify pharmacist(s) interested in completing a CPA, quarterly.

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Objective(s)	Activities	Responsible Party	Timeline	Deliverables
	<b><u>10.3 Contractor will support pharmacy subcontractor to provide CMM and refer 50 patients to National DPP or DSMES programs. Each patient receives three encounters with a pharmacist for CMM, followed by a referral to National DPP or DSMES programs with HSC.</u></b>	<b><u>HES, HSC, Pharmacist Subcontractor</u></b>	<b><u>July 1, 2021 - June 30, 2022</u></b>	<b><u>10.3a Share the progress of CMM activities to CDPH via email, quarterly</u></b>  <b><u>10.3b Submit a process map of the referral process to CDPH via email, quarterly.</u></b>

**GOAL 4 - Coordinate with CDPH on a required schedule to increase participation, coordination, management, and delivery to improve data collection, information exchange, and resource development and distribution.**

Objective(s)	Activities	Responsible Party	Timeline	Deliverables
<b>11.1</b> Attend and actively participate in PF quarterly webinars, conference calls, and meetings. Participate by sharing successes, challenges, and progress on key contracted deliverables.	<b>11.1</b> Contractor staff will participate in CDPH webinars, conference calls, and meetings to share successes, challenges, and progress on key contract deliverables.	HE, HES	March 1, 2021- June 29, 2023 Quarterly	<b>11.1</b> Provide via email, to CDPH, a list of all PF Contractor Public Health Staff participation, quarterly.
<b>11.2</b> Contractors, and a minimum of one (1) key stakeholder, will	<b>11.2</b> Contractor and HSC(s) will attend CDPH convening in a virtual setting	HE, HES	March 1, 2021- June 29, 2024 <b><u>2022</u></b>	<b>11.2</b> Provide via email, to CDPH, a list of the PF convening(s)

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participate in a PF sponsored convening.				attended via email by July 30, 2021- <b><u>2022.</u></b>
<b>11.3</b> Participate in a limited amount (4-6 hours, annually) of accredited online cultural humility or health equity trainings facilitated health equity consulting agency to support coordination with underserved minority populations facing multiple social determinant issues.	<b>11.3</b> Contractor staff will participate in PF-sponsored cultural humility or health equity training.	HE, HES	March 1, 2021- June 29, 2023 Quarterly	<b>11.3</b> Briefly describe efforts in the LHD quarterly survey and provide a list of training(s) attended, to CDPH, via email.
<b>11.4</b> Submit Progress Report(s) (e.g., quarterly LHD compiled file) according to a PF schedule and format describing key progress and deliverable status for the reporting period. The report shall detail activity achievements and summarize work underway. The report shall list successes and provide information on barriers to activity completion and	<b>11.4</b> Contractor will submit online progress reports at quarterly <b><u>fiscal year (FY)</u></b> intervals to provide health system performance measure data for PF services delivered to local populations.	HE, HES	March 1, 2021- June 29, 2023 Quarterly	<b>11.4</b> Submit via Survey Monkey or hardcopy version, to CDPH, a copy of quarterly progress reports.

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recommendations for future best practices.				
<b>11.5</b> Participate in the PF biennial pharmacist practice survey.	<b>11.5</b> Contractor will update the pharmacists/pharmacy locations list in Fresno County, provide the updated list to PF for the biennial pharmacist practice survey and share the biennial pharmacy survey link with all pharmacists/pharmacy locations in Fresno.	HE, HES	September 30, 2021	<b>11.5</b> Provide via email, to CDPH, updated list of pharmacists/pharmacy locations in Fresno County and share the PF biennial pharmacy survey links with the pharmacists/pharmacy locations by September 30, 2021.
<b>11.6</b> Participate in the PF biennial pharmacist practice survey.	<b>11.6</b> Collaborate with HSC to submit a list of pharmacy/pharmacist location(s) that have established a CPA with HSC.	HE, HES	March 1, 2021-June 29, 2023 Quarterly	<b>11.6</b> HSC shall submit via email, to CDPH, updated list of pharmacists/pharmacy locations in collaborative practice, quarterly.
<b>11.7</b> Respond to all PF survey(s) (e.g., quarterly LHD surveys and health system capacity surveys) according to a required schedule and process.	<b>11.7</b> Contractor will coordinate with clinic partnerships and local public health stakeholders to complete and respond quarterly during the FY to all PF surveys.	HE, HES	March 1, 2021-June 29, 2023 Quarterly	<b>11.7</b> Submit via email, to CDPH, LHD surveys and share HSC and biennial surveys as needed.
<b>11.8</b> Partners without a connected health	<b>11.8</b> Contractor will identify an HSC to participate in PF Activities. Create	HE, HES	March 1, 2021-June 29, 2023	<b>11.8</b> Report via email, to CDPH, the

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system; identify an HSC to engage patients with PF chronic disease service delivery and establish an agreed-upon resource sharing method conducted by the HSC and upon specific PF performance approved by CDPH.	an engagement method with the HSC that will require coordinated service delivery, performance measure data collection and appropriate consideration for local participation.		Quarterly	resource sharing method.
<b>11.9</b> Partners without a connected health system; provide a one-page evidence of the method provided to an HSC for specific performance to support the PF program.	<b>11.9</b> Contractor will develop a one (1) page evidence report that describes the method of engagement PF services provided and amount of compensation with the HSC.	HE, HES	March 1, 2021-June 29, 2023	<b>11.9</b> Provide via email, to CDPH, evidence of a one-page method of agreement between Contractor and HSC.
<b>11.10</b> Contractor will submit a final Project Summary Report to CDPH in a prescribed form and format.  The report must include: a. Narrative discussion of key Category A quantitative and qualitative process or outcome measures;	<b>11.10</b> Contractor staff will develop and submit a final Project Summary Report by March 31, 2023 for review and comment. The report will summarize PF services delivered, local coordination and performance measure completion.	HE, HES	April 1, 2023-June 29, 2023	<b>11.10</b> Provide via email, to CDPH, a copy of final Project Summary Report.

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<p>b. Narrative discussion of program successes or barriers significant to the population burden for Category A interventions;</p> <p>c. Brief purpose and approach statement for key Category A interventions;</p> <p>d. Narrative statement on the linkages between Category A interventions and overall population health impact;</p> <p>e. Brief summary of the intervention process or outcome, including lessons learned;</p> <p>f. Brief summary of positive improvements to health processes or outcomes and impact on high burden/underserved populations; and,</p> <p>g. Sustainability paragraph identifying options for continuing or impact of not continuing the program.</p>				
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## Exhibit B

### Budget Detail and Payment Provisions

#### 1. Invoicing and Payment

- A. In no event shall the Contractor request reimbursement from the State for obligations entered into or for costs incurred prior to the commencement date or after the expiration of this Agreement.
- B. For services satisfactorily rendered, and upon receipt and approval of the invoices, CDPH agrees to compensate the Contractor for actual expenditures incurred in accordance with the Budget Line Item amounts specified in Attachment I, II, **II-A** and III of this Exhibit.
- C. Invoices shall include the Agreement Number, **CDCB Address**, and shall be submitted electronically, not more frequently than quarterly, in arrears to:

[CDCBInvoices@cdph.ca.gov](mailto:CDCBInvoices@cdph.ca.gov)

**California Department of Public Health**  
**Chronic Disease Control Branch**  
**P.O. Box 997377, MS 7208**  
**Sacramento, CA 95899-7377**

**The State, at its discretion, may designate an alternate invoice submission address. A change in the invoice address shall be accomplished via a written notice to the Contractor by the State and shall not require an amendment to this agreement.**

- D. Invoices shall:

- ~~1) Be prepared on Contractor letterhead. If invoices are not on produced letterhead invoices must be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A.~~
- ~~2) Identify the billing and/or performance period covered by the invoice.~~
- ~~3) Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDPH.~~

- 1) **Be prepared using the CDPHC/CDCB approved template, which will be provided by the CDPH/CDCB Contract Manager. Invoices must include contractor letterhead and be signed by an authorized official, employee or agent certifying that the expenditures claimed represent activities performed and are in accordance with Exhibit A.**
- 2) **Invoices must be submitted to CDPH electronically only, according to naming convention (refer to 10 below) Hard copies are not required and will not be accepted.**
- 3) **Identify the billing and/or performance period covered by the invoice.**
- 4) **Itemize costs for the billing period in the same or greater level of detail as indicated in this agreement. Subject to the terms of this agreement, reimbursement may only be sought for those costs and/or cost categories expressly identified as allowable in this agreement and approved by CDPH.**
- 5) **Bear the Contractor's name, as shown on the Agreement.**
- 6) **Show an invoice date reflecting when the invoice was prepared.**
- 7) **Submitted electronically, no later than five (5) days after the invoice date.**
- 8) **Show the Agreement number assigned by CDPH.**
- 9) **Show the Contractor's remittance address.**

**Exhibit B**  
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**10) Electronic invoices must be submitted to read on the subject line as follows: Contract Number, Vendor Name, State Fiscal Year, Invoice Number.**

**E. Amounts Payable**

The amounts payable under this agreement shall not exceed \$156,397.00, as indicated in Attachment I, II, **II-A** and III of this Exhibit.

**2. Budget Contingency Clause**

- A. 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 the program, this Agreement shall be of no further force and effect. In this event, the State shall have no liability to pay any funds whatsoever to Contractor or to furnish any other considerations under this Agreement and Contractor shall not be obligated to perform any provisions of this Agreement.
- B. If funding for any fiscal year is reduced or deleted by the Budget Act for purposes of this program, the State shall have the option to either cancel this Agreement with no liability occurring to the State or offer an agreement amendment to Contractor to reflect the reduced amount.

**3. Prompt Payment Clause**

Payment will be made in accordance with, and within the time specified in, Government Code Chapter 4.5, commencing with Section 927.

**4. Timely Submission of Final Invoice**

- A. Final undisputed invoice shall be submitted for payment no more than ~~thirty~~ **sixty (30-60)** calendar days following the expiration or termination date of this agreement, unless a later or alternate deadline is agreed to in writing by the program contract manager. Said invoice should be clearly marked "Final Invoice", indicating that all payment obligations of the State under this agreement have ceased and that no further payments are due or outstanding. The State may, at its discretion, choose not to honor any delinquent final invoice if the Contractor fails to obtain prior written State approval of an alternate final invoice submission deadline.
- B. The Contractor is hereby advised of its obligation to submit to the state, with the final invoice, a completed copy of the "**Contractor's Release (Exhibit H)**".

**5. Expense Allowability / Fiscal Documentation**

- A. Invoices, received from the Contractor and accepted for payment by the State, shall not be deemed evidence of allowable agreement costs.
- B. Contractor shall maintain for review and audit and supply to CDPH upon request, adequate documentation of all expenses claimed pursuant to this agreement to permit a determination of expense allowability.
- C. If the allowability of an expense cannot be determined by the State because invoice detail, fiscal records, or backup documentation is nonexistent or inadequate according to generally accepted accounting principles or practices, all questionable costs may be disallowed, and payment may be withheld by the State. Upon receipt of adequate documentation supporting a disallowed or

**Exhibit B**  
Budget Detail and Payment Provisions

questionable expense, reimbursement may resume for the amount substantiated and deemed allowable.

**6. Recovery of Overpayments**

- A. Contractor agrees that claims based upon the terms of this agreement or an audit finding and/or an audit finding that is appealed and upheld, will be recovered by the State by one of the following options:
- 1) Contractor's remittance to the State of the full amount of the audit exception within 30 days following the State's request for repayment;
  - 2) A repayment schedule which is agreeable to both the State and the Contractor.
- B. The State reserves the right to select which option as indicated above in paragraph A will be employed and the Contractor will be notified by the State in writing of the claim procedure to be utilized.
- C. Interest on the unpaid balance of the audit finding or debt will accrue at a rate equal to the monthly average of the rate received on investments in the Pooled Money Investment Fund commencing on the date that an audit or examination finding is mailed to the Contractor, beginning 30 days after Contractor's receipt of the State's demand for repayment.
- D. If the Contractor has filed a valid appeal regarding the report of audit findings, recovery of the overpayments will be deferred until a final administrative decision on the appeal has been reached. If the Contractor loses the final administrative appeal, Contractor shall repay, to the State, the over-claimed or disallowed expenses, plus accrued interest. Interest accrues from the Contractor's first receipt of State's notice requesting reimbursement of questioned audit costs or disallowed expenses.

**7. Advance Payments**

No advance payment is allowed under this Contract.

**8. Travel and Per Diem Reimbursement**

Any reimbursement for necessary travel and per diem shall, unless otherwise specified in this Agreement, be at the rates currently in effect, as established by the California Department of Human Resources (Cal HR). If the Cal HR rates change during the term of the Agreement, the new rates shall apply upon their effective date and no amendment to this Agreement shall be necessary. No travel outside the state of California shall be reimbursed without prior authorization from the CDPH. Verbal authorization should be confirmed in writing. Written authorization may be in a form including fax or email confirmation. Refer to CalHR website.

**Exhibit B**  
Budget Detail and Payment Provisions

**9. Invoice Reporting Requirements and Billing Instructions**

- A. Quarterly Invoice Schedule - Contractor shall submit electronic quarterly invoice in accordance with the following schedule:

Quarter	Dates	Due
1	07/01 thru 09/30	11/1
2	10/01 thru 12/31	2/1
3	01/01 thru 03/31	5/1
4	04/01 thru 6/30	<del>8/1</del> <b><u>8/30</u></b>

- B. Contractor shall have the right to issue a supplemental invoice for expenditures incurred after quarter four (4) final invoice has been submitted to recover in full all actual costs, as specified in the executed Exhibit B, Budget Attachment(s) for this agreement.

- ~~B. Invoice must include the Contractor's remittance address. Electronic invoices must be submitted to read on the subject line as follows:~~

Contract Number, Vendor Name, State Fiscal Year, Invoice Number

(3/01/2021 04/22/2021 - 6/30/2021)

						Category A Diabetes	Category A Diabetes	Total	Total
<b>A. PERSONNEL</b>									
Position Title	% FTE	Total Annual Salary	Months	Monthly Salary	% of Fund	Subtotal	Subtotal	Total Cost	Total Cost
Program Manager	33%	\$98,580.00	4	\$2,731.90	100%	\$10,927.59	\$8,124.18	\$10,051.77	\$8,124.18
Health Education Specialist	39%	\$49,384.00	4	\$1,596.48	100%	\$6,385.93	\$4,422.28	\$10,808.21	\$4,422.28
<b>Total Salaries</b>						<b>\$17,313.52</b>	<b>\$12,546.46</b>	<b>\$29,859.98</b>	<b>\$12,546.46</b>
<b>FRINGE BENEFITS</b>	67%					<b>\$11,600.06</b>	<b>\$8,406.13</b>	<b>\$20,006.19</b>	<b>\$8,406.13</b>
<b>Total Personnel Costs</b>						<b>\$28,913.58</b>	<b>\$20,952.59</b>	<b>\$49,866.17</b>	<b>\$20,952.59</b>

						Category A Diabetes	Category A Diabetes	Total	Total
<b>B. OPERATING EXPENSES DETAIL</b>									
						% of Fund	Subtotal	Subtotal	Total Cost
General Expense (office supplies):						98%	\$249.97	\$0.00	\$249.97
Communication/Software (input methodology):						100%	\$2,061.00	\$0.00	\$2,061.00
Space/Rent (\$625 Rate x 4 Months-\$2,500):						100%	\$2,500.00	\$32.56	\$2,500.00
<b>Total Operating</b>							<b>\$4,810.97</b>	<b>\$32.56</b>	<b>\$4,843.53</b>

						Category A Diabetes	Category A Diabetes	Total	Total
<b>C. SUBCONTRACTORS</b>									
						% of Fund	Subtotal	Subtotal	Total Cost
National DPP Provider subcontractor: Obj. 6.1						100%	\$1,500.00	\$0.00	\$1,500.00
Pharmacist subcontractor: •Obj. 10.2						100%	\$10,000.00	\$0.00	\$10,000.00
<b>Total Other Costs</b>							<b>\$11,500.00</b>	<b>\$0.00</b>	<b>\$11,500.00</b>

						Category A Diabetes	Category A Diabetes	Total	Total
<b>D. OTHER COSTS</b>									
						% of Fund	Subtotal	Subtotal	Total Cost
Meeting Rooms						100%	\$500.00	\$0.00	\$500.00
Education and training materials and Participation fees: •Obj. 2.1, 2.2, 2.3, 3.1, 3.2, 4.1, 5.2, 7.2, 8.1, 8.2, 9.1, 9.2						100%	\$2,128.00	\$0.00	\$2,128.00
DSMES/NDPP certification fees and materials for Health System-Champion(s). •Obj. 2, 2.1, & 4.1; Obj. 10.1 & 10.2; Goal 4, Obj. 11.2, 11.10 & 11.8						100%	\$20,000.00	\$0.00	\$20,000.00
<b>Total Other Costs</b>							<b>\$22,628.00</b>	<b>\$0.00</b>	<b>\$22,628.00</b>

						Category A Diabetes	Category A Diabetes	Total	Total
<b>E. INDIRECT</b>									
						% of Fund	Subtotal	Subtotal	Total Cost
Total Personnel Cost				25.00%	100%		\$7,228.39	\$4,750.79	\$12,466.54
<b>Total Indirect Cost</b>							<b>\$7,228.39</b>	<b>\$4,750.79</b>	<b>\$11,979.18</b>

						Category A Diabetes	Category A Diabetes	Total	Total
<b>TOTAL EXPENSES</b>									
						<b>\$75,081.00</b>	<b>\$25,735.94</b>	<b>\$75,081.00</b>	<b>\$25,735.94</b>

\*Rounding may occur

	Category A Diabetes		Total
A. OPERATING EXPENSES DETAIL	% of Fund	Subtotal	Total Cost
General Expense (office supplies):	100%	\$ 500.06	\$ 500.06
Communication/Software ( <i>input methodology</i> ):	100%	\$ 3,500.00	\$ 3,500.00
Space/Rent (\$625 Rate x 4 Months-\$2,500):	100%	\$ 5,500.00	\$ 5,500.00
<b>Total Operating</b>		<b>\$ 9,500.06</b>	<b>\$ 9,500.06</b>

	Category A Diabetes		Total
B. SUBCONTRACTORS	% of Fund	Subtotal	Total Cost
National DPP Provider subcontractor: Obj. 6.1	100%	\$ 1,500.00	\$ 1,500.00
Pharmacist subcontractor: •Obj. 10.2	100%	\$ 28,345.00	\$ 28,345.00
<b>Total Other Costs</b>		<b>\$ 29,845.00</b>	<b>\$ 29,845.00</b>

	Category A Diabetes		Total
C. OTHER COSTS	% of Fund	Subtotal	Total Cost
Education and training materials and Participation fees: •Obj. 2.1, 2.2, 2.3, 3.1, 3.2, 4.1, 5.2, 7.2, 8.1, 8.2, 9.1, 9.2	100%	\$ 5,000.00	\$ 5,000.00
DSMES/NDPP certification fees and materials for Health System Champion(s). •Obj. 2, 2.1, & 4.1; Obj. 10.1 & 10.2; Goal 4, Obj. 11.2, 11.10 & 11.8	100%	\$ 5,000.00	\$ 5,000.00
<b>Total Other Costs</b>		<b>\$ 10,000.00</b>	<b>\$ 10,000.00</b>

	Category A Diabetes		Total
<b>TOTAL EXPENSES</b>		<b>\$ 49,345.06</b>	<b>\$ 49,345.06</b>

\*Rounding may occur

**Amendment I to Agreement Between the County of Fresno and the  
California Department of Public Health**

**Amendment Name:** CDPH Prevention Forward for Type 2 Diabetes (State Agreement  
No. 20-10704-1)

Fund/Subclass:	0001/10000
Organization #:	56201556
Revenue Account #:	4380