

EXHIBIT B
SCOPE OF WORK AND FEE SCHEDULE

1. PROJECT DESCRIPTION

Boulder County Department of Housing and Human Services (BCDHHS) is committed to sustaining access to health and dental care for at risk children and families who are Boulder County residents. The seven key areas of stability BCDHHS is targeting, and key priorities for the investment of BCDHHS funds, are housing stability, employment and income stability, access to adequate food and nutrition, environmental health, health and well-being, safety, and education.

This Contract supports general operating expenses to provide accessible and prevention-focused medical, behavioral health, and dental care for low-income residents of Boulder County.

2. PERFORMANCE RESPONSIBILITIES

Contractor, in accordance with the terms and conditions in the Master Contract and this Contract, shall, in a timely and satisfactory manner, ensure low-income residents of Boulder County have access to quality and prevention-focused medical, behavioral health, and dental care. To this end, Contractor agrees to:

- A. Serve participants healthcare needs in a preventative-framework whenever possible.
- B. Provide culturally appropriate marketing materials of Contractors services to other local agencies and Family Resource Centers who serve low-income and at-risk individuals in order to increase participant access to healthcare services and education.
- C. As needed, work collaboratively with BCDHHS Community Support Division staff to develop, and distribute culturally appropriate marketing materials that work to destigmatize access and enrollment in public assistance benefits.
- D. Ensure that Connect for Health Colorado application assistance is provided at all clinic locations. Contractor shall take necessary steps to provide services virtually and/or adhere to current public health COVID-19 restrictions and guidelines throughout the Contract term for services provided in-person. If Contractor is unable to provide services safely to meet client needs due to the public health restrictions, Contractor shall notify BCDHHS within 30 days.
- E. As needed, contractor will support participants in connecting with self-reliance benefits utilizing the Colorado PEAK online application and/or creating a Boulder County Connect (BCC) Account and encourage online system use for accessing case information, completing required actions on their cases, and uploading documents.
- F. Contractor agrees to provide space for BCDHHS staff for enrollment in public benefits programs, the Low-Income Energy Assistance Program (LEAP), and for Family and Children Services (FCS) community-based family meetings (team decision-making meetings), when and if applicable.

3. TARGET POPULATION

The target population includes low-income individuals and families who are Boulder County residents. Contractor shall ensure that priority for services be provided to individuals and families within geographic service area who are at high risk or have unmet needs.

4. REFERRALS FOR SERVICE

- A. Contractor agrees to accept and prioritize referrals from other service providers and government agencies operating in Boulder County who serve similar populations.
- B. Contractor agrees to work collaboratively with BCDHHS and other community partners to ensure participants are enrolled in all self-sufficiency benefits for which they are eligible to receive.
- C. Contractor shall make referrals to appropriate service providers in effort to move participants from crisis to stability, establishing a network of care supporting the participant.
- D. Contractor shall refer all participants to their local Family Resource Center (OUR Center, Emergency Family Assistance Association (EFAA), or Sister Carmen Community Center) for additional stabilizing services, depending on their geographic location.

5. MEETINGS AND COMMUNICATIONS

- A. BCDHHS and Contractor may meet semi-annually to evaluate Contract usage and program effectiveness that may include:
 - i. recommendations for modifications in the scope of services for this Contract,
 - ii. technical assistance necessary to enable the performance of this Contract by Contractor, or
 - iii. the specification of necessary additional services to enable Contractor's performance of the services provided under this Contract.
- B. A fiscal review may be conducted during the Contract term. Prior to this review, BCDHHS may request a copy of Contractor's published annual report for the prior year.
- C. BCDHHS will communicate with Contractor regarding applicable trainings and meetings as available.

6. DELIVERABLE AND REPORTING REQUIREMENTS

- A. Contractor shall submit quarterly reports that track numbers of participants served, which shall include city in which participant resides (as outlined in Exhibit B-2).
 - i. Reporting is due by the 20th of the month, following the close of each quarter to the following email: HHSimpactreporting@bouldercounty.gov and Estiberson Parra Cordero (eparracordero@bouldercounty.gov).
- B. Contractor shall notify BCDHHS within 30 days of vacancies for positions funded under this Contract. Notification shall be sent in writing to Rory Thomes at rthomes@bouldercounty.gov.
- C. Contractor shall submit an annual qualitative report at the conclusion of each Contract term. Annual reports shall be submitted no later than the 20th of the month following the end of the Contract term. Reports shall be submitted to hhsimpactreporting@bouldercounty.gov
- D. Contractor shall provide BCDHHS with a copy of most recent 5 years of UDS submission to HRSA and new reports when they are submitted using the following email: HHSimpactreporting@bouldercounty.gov and Estiberson Parra Cordero (eparracordero@bouldercounty.gov).

PAYMENT AND REPORTING REQUIREMENTS

1. BUDGET

- A. The total dollar amount for this Contract shall not exceed \$678,770. The approved budget is included as Exhibit B-1, Budget Form.

- B. Contractor has the discretion to transfer up to ten percent (10%) of the approved budget between the major direct cost budget categories without the approval of Boulder County Department of Housing and Human Resources (BCDHHS). Any budget transfer greater than ten percent (10%) requires prior written approval from an authorized BCDHHS representative.

2. PAYMENT AND REPORTING REQUIREMENTS

A. Monthly Invoicing

- i. BCDHHS shall provide Contractor with a monthly invoice template.
- ii. Contractor shall complete and submit monthly invoices and supporting documentation that supports the amount invoiced on/or before the twentieth (20th) calendar day following the reporting period, regardless of the level of activity or amount of expenditure(s) in the preceding report period.
 - a. **Any invoices submitted 90 days after due date will not be accepted by BCDHHS.**
- iii. Monthly invoiced expenses shall be for actual expenditures incurred by Contractor.
- iv. BCDHHS shall not pay for vacant positions funded through this Contract.
- v. Monthly invoiced expenses may not be reimbursable by any other funding source.
- vi. Monthly invoices shall only include expenditures for the prior billing period. Any adjustments to a previously billed period need to be billed as an amendment to a previous invoice.
- vii. The invoice shall contain the name and title of the person authorized, or his or her designee, to submit claims for payment.
- viii. All invoices, supporting documentation, and applicable reports shall be submitted electronically to BCDHHS via email to:

hhsaccountingoffice@bouldercounty.gov and
rthomes@bouldercounty.gov

B. Supporting Documentation

- i. Monthly invoices shall be supported by a general ledger and/or sub-ledger detail generated from Contractor's accounting system to include payee, description, date, and amount.
 - a. For participant services, participant name and purpose must be included (for those participants who have signed an authorization to release information).

- b. For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer-paid taxes and benefits.
- ii. Supporting documentation submitted with monthly invoices must meet or exceed the amount being invoiced.
- iii. Contractor shall keep on site for BCDHHS review, for the Contract term plus three years, the following supporting documentation for each invoice:
 - a. Non-personnel reimbursements must be supported by general ledger or sub-ledger detail generated from Contractor's accounting system.
 - 1. The ledger detail should include payee, description, date, and amount.
 - 2. For participant services, participant name and purpose must be maintained on file (for those participants who have signed an authorization to release information).
 - 3. The documentation should include all receipts and/or other original support. Receipts are required for purchases from a single vendor more than \$100.
 - 4. Travel expenditures should include travel expense reports.
 - 5. Mileage will be reimbursed at a rate equal to or less than the IRS standard mileage rate.
 - b. For personnel requests, an excerpt of the payroll register from the paying system is appropriate. The payroll register should include staff name(s) or initials, period paid, salary and itemized employer-paid taxes and benefits.
 - 1. Staff working less than 100% on contracted work may be required via a written amendment to maintain an accurate daily record of hours worked and correct charge codes. These records shall be made available to BCDHHS during financial review visits or upon request.
- iv. If Contractor does not produce sufficient documentation as described above at financial review visits, BCDHHS has the right to recapture any unsupported payments.

C. Payments

- i. Monthly invoices, supporting documentation, and all required deliverables as outlined in Section 6, Deliverable and Reporting Requirements must be submitted in a timely manner and in accordance with the terms of the Contract in order to receive payment.
- ii. BCDHHS will reimburse Contractor within 30 days of receipt and approval of a fully supported and payable invoice. BCDHHS will follow-up with Contractor within 15 days of receipt should there be any questioned or unsupported costs.

D. Internal Controls

- i. Contractor shall maintain written internal control policies and procedures around financial and accounting practices, including procurement policies and procedures.
- ii. Confidentiality of Client Information and Records: Contractor shall

maintain best practices for safeguarding confidential information, including signed certification from Contractor's directors, officers, and employees.

- iii. Conflict of Interest: Contractor shall maintain best practices regarding conflicts of interest, including signed certification from Contractor's directors, officers, and employees.
- iv. Written policies and procedures shall be made available to BCDHHS during financial review visits or upon request. During the Contract term, BCDHHS will request to review Contractor's procurement policy.

3. **SCHEDULE OF ATTACHMENTS:** The following attachments to this Exhibit are hereby attached and incorporated by this reference:

- A. Exhibit B-1, Budget Form
- B. Exhibit B-2 Program Level Report

**EXHIBIT B-1
BUDGET FORM**

Boulder County Department of Housing and Human Services HSSN 2024 Budget

Contract Term: 01/01/2024 to 12/31/2024

Agency Name: Clinica Family Health

**Program Name: Primary Health Care with Integrated Dental and Mental Health Care
for Medically Underserved Boulder County Residents**

2024 Approved Amount

678,770

Once you have matched the award amount below, this should be "0" :

\$ 0

Feel free to add or change expense rows categories to this form

| DESCRIPTION | Budget of Line Item |
|--|---------------------|
| Salaries <i>(list positions and indicate FTE allocated to each source and whether the person within the position is bilingual/bicultural or bilingual only)</i> | |
| Physician Assistance 60% FTE (Emily Barnack) | \$ 69,500 |
| Physician-Family Practice 80% FTE (Alex Bulkacz) | \$ 205,000 |
| ACMD-MD/DO 80% FTE (Michelle Drury) | \$ 205,000 |
| Physician-Family Practice 40% FTE (Landry Fagan) | \$ 80,000 |
| Physician-Family Practice 33% FTE (Nancy Blomgren) | \$ 50,000 |
| Nurse Practitioner 60% FTE (Susan Mitchell) | \$ 69,270 |
| Payroll Taxes & Benefits | |
| | |
| Operating Expenses <i>(list costs including travel, rent, utilities, phone, postage, supplies, & printing)</i> | |
| | |
| Equipment <i>(list all costs)</i> | |
| | |
| Subcontractor/consultation services <i>(list individual costs)</i> | |
| | |
| Other Costs | |
| | |
| | |
| TOTAL Program Budget | \$ 678,770 |

EXHIBIT B-2 Program Level Report

| | |
|--|-----------------------|
| Name of Organization: | Clinica Family Health |
| Name of Program (should match funding award): | General Operations |
| Name of Person Completing Report: | |
| Program staff email to use if questions arise: | |

| Quarterly Reporting Metrics | Q1 | Q2 | Q3 | Q4 |
|--|----|----|----|----|
| TOTAL Number of unduplicated individuals served by Program | | | | |
| TOTAL Number of unduplicated individuals served by residency | | | | |
| Boulder | | | | |
| Lafayette | | | | |
| Louisville | | | | |
| Longmont | | | | |
| Erie | | | | |
| Lyons | | | | |
| Nederland | | | | |
| Superior | | | | |
| Jamestown | | | | |
| Other Cities Inside Boulder County | | | | |
| Homeless Inside Boulder County | | | | |
| Other Cities Outside Boulder County | | | | |
| Homeless Outside Boulder County | | | | |
| Unknown | | | | |
| TOTAL Number of unduplicated individuals served by Program by age | | | | |
| 0-5 | | | | |
| 6-12 | | | | |
| 13-17 | | | | |
| 18-54 | | | | |
| 55-91 | | | | |
| TOTAL Number of unduplicated individuals served by Program - Race | | | | |
| American Indian/Alaska Native | | | | |
| Asian | | | | |
| Black/African American | | | | |
| Native Hawaiian or other Pacific Islander | | | | |
| Mixed Race | | | | |
| White/Caucasian | | | | |
| Other | | | | |
| Unknown | | | | |
| TOTAL Number of unduplicated individuals served by Program - Hispanic, Latino or Spanish origin | | | | |
| No, Not of Hispanic, Latinx, or Spanish origin | | | | |
| Yes, of Hispanic, Latinx, or Spanish origin | | | | |
| Unknown | | | | |
| TOTAL Number of households served by Program - Primary Household Language | | | | |
| English | | | | |
| Spanish | | | | |
| Other | | | | |
| Unknown | | | | |
| TOTAL Number of households* served by Program | | | | |
| Number of households with children ages 0-17 | | | | |

* note: single individuals living alone = 1 household

| Programmatic Metrics: | Q1 | Q2 | Q3 | Q4 |
|--|-----------|-----------|-----------|-----------|
| % of pregnant women who had their first prenatal visit during the first trimester | | | | |
| % of patients with optimum levels of blood pressure | | | | |
| % of patients with Normal sugar levels in the blood | | | | |
| % of patients screened for depression | | | | |
| % reduction in emergency room utilization according to Colorado Accountable Care Collaborative methodology | | | | |

| Quarterly Questions for Funders: | Q1 | Q2 | Q3 | Q4 |
|---|-----------|-----------|-----------|-----------|
| 1. What % of program funding does this contract provide as a percent of the total program budget: | | | | |
| 2. Please describe the ways in which this funding helps meet program goals: | | | | |
| 3. Please briefly describe any gaps or areas of need that you are noticing emerge in the community: | | | | |
| 4. This contract is funded by tax dollars. If you are able to share a success story of this program that we can share with the public, How do you know that the program is successful please provide a metric please do so here: | | | | |