



Incentive Payment Program Funding Agreement

The **Santa Barbara San Luis Obispo Regional Health Authority, dba, CenCal Health** (“CenCal Health”) and **County of Santa Barbara Public Health Department** (“Participant”), enter into this Incentive Payment Program Funding Agreement (the “Agreement”) to be effective on the date both parties have executed this Agreement (the “Effective Date”) with reference to the following facts:

WHEREAS, CenCal Health, a local public entity, is contracted with the State of California, Department of Health Care Services (“DHCS”) to manage the healthcare needs of Medi-Cal members who reside in Santa Barbara and San Luis Obispo Counties;

WHEREAS, DHCS has implemented the CalAIM Incentive Payment Program (“IPP”) to support the implementation and expansion of Enhanced Care Management (“ECM”) and Community Supports (“CS”);

WHEREAS, the IPP payments are intended to compliment and expand ECM and CS in the following ways:

- Drive Medi-Cal managed care plan investment in necessary delivery system infrastructure;
- Bridge current silos across physical and behavioral health care service delivery;
- Reduce health disparities and promote health equity;
- Achieve improvements in quality performance; and
- Encourage take-up of Community Supports (collectively, the “Objectives”).

WHEREAS, Participant has applied for IPP payments from CenCal Health for purposes of furthering the Objectives (the “IPP Funds”), and will be receiving IPP Funds, subject to the terms and conditions as described herein.

NOW THEREFORE, in consideration of the mutual promises, covenants, and conditions hereinafter contained, the parties hereby agree as follows:

1. Rights and Obligations of Participant

a. Use of IPP Funds.

- i. Participant’s use of IPP Funds shall comply and be consistent with the activities and purpose(s) stated in Attachment A (Incentive Payment Program Funding Application), attached hereto and incorporated herein by this reference.
- ii. Use of IPP Funds must commence within six (6) months of receipt from CenCal Health, and all IPP Funds shall be expended within twenty-four (24) months of receipt. In the event all the IPP Funds are not utilized within this time frame, Participant shall return the remaining IPP Funds to CenCal Health or submit a written request for extension.
- iii. In the event Participant desires to use IPP Funds in an alternative manner than the purposes described in Attachment A, Participant shall submit a written request for preapproval of such changed use. Participant understands that any changed use must support ECM and CS and further the Objectives, in order to be eligible for approval.

- iv. Any review, action, approval, denial, or request for additional information by CenCal Health pursuant to Subsection (ii) or (iii) above, may be granted, withheld, or made at CenCal Health's sole discretion.

- b. Reporting Requirements. Participant shall submit interim progress reports approximately every six (6) months, or as otherwise requested by CenCal Health, detailing the use of IPP Funds and evaluating the outcomes. The reporting format shall follow CenCal Health's reporting template or reporting instructions, which shall be made available prior to the due date of Participant's first progress report. Upon use of all funds, Participant shall submit a final report to CenCal Health within three (3) months.

- c. Representation and Warranties.
 - i. Participant represents and warrants the following:
 - 1. That Participant shall utilize the IPP Funds to further the Objectives and consistent with the uses and purposes stated in Attachment A.
 - 2. That Participant is not listed on the Office of Inspector General for the Department of Health and Human Services' Cumulative Sanctions list (List of Excluded Individuals and Entities), Medi-Cal Suspended and Ineligible Provider List, or such other debarment list relating to state or federal health care programs. Participant understands that should Participant be listed on any such debarment or exclusion list, CenCal Health is prohibited from paying Participant and any payments made shall be recouped in accordance with applicable law and regulation.
 - 3. That Participant is in good standing and has no history of, nor is being investigated for, fraud, embezzlement, misuse or misappropriation of grant funds or property.
 - ii. In the event CenCal Health discovers the above representations were falsely made, or discovers any breach of the above warranties, this Agreement is considered void and CenCal Health shall be authorized to recoup IPP Funds from Participant.

- d. Record Retention. Participant shall maintain all records, files, and documentation that document the use of IPP Funds for a period of not less than ten (10) years from the close of the calendar year in which this Agreement was in effect. Participant shall cooperate and provide access to any and all such records, files and documentation upon demand of CenCal Health or DHCS.

- e. Non-Duplication of Funds. Participant shall ensure that IPP Funds received by CenCal Health are not duplicate funds received from DHCS or other such grant, where DHCS and/or grant requirements prohibit obtaining multiple sources of funding to be used towards the same service(s).



- f. DHCS Requirements. Participant understands that the IPP is a state program under DHCS. Any change in requirement, discontinuation, or demand for repayment by DHCS shall be the responsibility of Participant.
- g. Network Provider. To further the Objectives of ECM and CM, Participant agrees to be contracted with CenCal Health as an ECM and/or CS provider within twelve (12) months of Participant’s receipt of IPP Funds.
- h. Data Sharing. Participant understands that data will be essential to understand the extent of how Objectives have been supported, advanced, expanded, or attained. Participant agrees to execute a data sharing agreement with CenCal Health to allow the sharing of such information relevant to ECM, CS, and/or other such additional programs, if and as required by DHCS.

2. **Rights and Obligations of CenCal Health**

- a. Distribution of Funds. Subject to receipt of funds from DHCS for the CalAIM Incentive Payment Program, CenCal Health shall provide funds to Participant within thirty (30) days of full execution of this Agreement. CenCal Health shall send IPP Funds to:

County of Santa Barbara Public Health Department
Attn: Dana Gamble
Deputy Director, Primary Care and Family Health
345 Camino del Remedio
Santa Barbara, CA 93110-1332

Participant understands that there may be multiple distributions of the awarded amount. In the event the initial distributed amount is a partial disbursement, the next disbursement or the remaining amount, as applicable, will be awarded to Participant if/when DHCS releases additional IPP payment(s) to CenCal Health. Notwithstanding the foregoing, Participant shall be eligible for the remaining funds only to the extent that the activities and purposes set forth in Attachment A remain accurate and applicable. Participant has been notified of the award amount via CenCal Health’s notification to Participant of the funding award (the “IPP Funding Award Letter”), which relays whether DHCS funds are sufficient to cover the entire award, or whether partial distributions are required. In the latter event, the IPP Funding Award Letter will also indicate the amount of the first payment. Thereafter, subsequent partial disbursement(s) shall be dependent upon receipt of DHCS payment(s) as reconciled against amounts already paid.

Participant acknowledges and agrees that payments under this Agreement are subject to reduction or termination without penalty to CenCal Health, in whole or in part, subject to the availability of funding by DHCS, as further described in Subsection (c) below.

- b. Audit Rights. CenCal Health, DHCS, or designees of either party, shall have the right to audit Participant's use of IPP Funds awarded under this Agreement. Audit results showing that funds were not used for the purposes described in Attachment A (or subsequent written approved uses), are unverifiable, or otherwise show evidence of misuse, shall be subject to recoupment by CenCal Health or DHCS. Upon written notice to Participant, Participant agrees to refund such monies to CenCal Health within thirty (30) days of written request.
- c. Non-Appropriation of Funds. It is mutually agreed and understood that the obligation of CenCal Health is limited by and contingent upon the availability of funds from DHCS. In the event such funds are not forthcoming for any reason, this Agreement shall be rendered null and void and CenCal Health shall immediately notify Participant in writing. This Agreement shall be deemed terminated and of no further force and effect immediately upon CenCal Health's notification to Participant or such timeframe as otherwise stated in the notification.

3. Rights and Obligations of Both Parties

- a. Insurance Requirements. Each party agrees to continuously maintain insurance coverages, at its sole cost and expense, as required for their normal course of business, including general liability and professional liability coverages, and any other coverage that each party deems prudent and customary in the exercise of business operations. Such insurance policies shall be in amounts as may be necessary to provide adequate coverage in the discharge of its responsibilities and obligations under this Agreement. Upon request, Participant shall furnish CenCal Health with evidence of such insurance coverage.
- b. Party Representatives. Each party shall designate a primary liaison between Participant and CenCal Health (the "Representative") to serve as the lead contact for each party.
 - i. CenCal Health's Representative shall be:

CenCal Health
c/o Jordan Turetsky, MPH
Chief Operating Officer
4050 Calle Real
Santa Barbara, California 93110
(805) 685-9525 x1903
Jturetsky@CenCalHealth.org
www.CenCalHealth.org

ii. Participant's Representative shall be:

County of Santa Barbara Public Health Department
Michael Camacho-Craft, Assistant Deputy Director, Primary Care and Family
Health
300 San Antonio Rd
Santa Barbara, CA 93110
(805) 681-5171
MCamacho-Craft@sbcphd.org
www.countyofsb.org

- c. Compliance with Law. The parties shall comply with all applicable local, state, and federal laws, regulations and guidelines, which pertain to their respective rights, responsibilities, and actions under this Agreement, now in effect or hereafter enacted.
- d. Indemnification. In lieu of and notwithstanding the pro rata risk allocation which might otherwise be imposed between the parties pursuant to California Government Code Section 895.6, the parties agree that all losses or liabilities incurred by a party shall not be shared pro rata but instead the parties agree that pursuant to California Government Code Section 895.4, each party hereto shall fully indemnify and hold the other party, its officers, board members, employees and agents, harmless from any claim, expense or cost, damage or liability imposed for injury (as defined by California Government Code Section 810.8) occurring by reason of the negligent acts or omissions or willful misconduct of the indemnifying party, its officers, board members, employees or agents, under or in connection with or arising out of any work, authority or jurisdiction delegated to such party under this Agreement. No party, nor any officer, board member, employee or agent thereof shall be responsible for any damage or liability occurring by reason of the negligent acts or omissions or willful misconduct of other party hereto, its officers, board members, employees or agents, under or in connection with or arising out of any work, authority or jurisdiction delegated to such other parties under this Agreement.

4. General Provisions

- a. The term of this Agreement shall commence on the Effective Date and continue in effect until all funds have been utilized and all reporting requirements fulfilled by Participant, or such other termination date as mutually agreed to by both parties. Either party may terminate this Agreement, for no cause or for convenience, upon sixty (60) days prior written notice to the other party in accordance with Section 4.d. In such event, the parties shall reconcile the funding due or owed to either party through verifying actions completed by Participant, consistent with Attachment A, and review of Participant's documentary evidence.
- b. The parties hereto and their respective employees or agents shall have no interest, and shall not acquire any interest, direct or indirect, which will conflict in any manner or degree with the performance of services required under this Agreement.
- c. Participant and CenCal Health shall not discriminate in performance of this Agreement, or related services thereunder, on the basis of age, race, ethnic group identification, ancestry,

color, creed, religion, gender, sex, sexual orientation, marital status, national origin, health status, genetic information or characteristics, physical and/or mental disability, medical condition, income level, source of payment, or identification with any other persons or groups defined in Penal Code Section 422.56 in the performance of this Agreement, and, to the extent they shall be found to be applicable hereto, shall comply with the provisions of the Fair Employment and Housing Act (commencing with Section 12900 *et seq.* of the Government Code), and Federal Civil Rights Act of 1964 (P.L. 88-352).

- d. Unless expressly provided otherwise, all notices will be deemed to have been fully given when written and personally delivered or deposited in the United States mail, certified and postage prepaid and addressed to the other party's Representative as identified in Section 3.b. Any legal notices to CenCal Health shall require a copy to General Counsel.
- e. The parties are independent contractors. Neither party has the power or authority to act on behalf of the other party as its agent. Nothing in this Agreement shall be construed to make the parties hereto partners, joint venturers, or agents of or with each other, nor shall either party so represent itself.
- f. This Agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof, and supersedes any and all other agreements, promises, negotiations or representations, either oral or written, between the parties with respect to the subject matter and period governed by this Agreement.
- g. Any modifications to the terms of this Agreement must be in writing and signed by the parties herein. The unenforceability or invalidity of any Section or provision of this Agreement shall not affect the enforceability and validity of the balance of this Agreement.
- h. This Agreement and the rights, interests, and benefits hereunder shall not be assigned, transferred, pledged, or hypothecated in any way by Participant or CenCal Health, and shall not be subject to execution, attachment or similar process, without the written consent of the other party.
- i. Any and all disputes arising in relation to this Agreement shall be governed by the laws of the State of California, without regard to its conflicts of law provisions. The provisions of the Government Claims Act (California Government Code Section 900, *et seq.*) must be followed first for any disputes under this Agreement. All actions and proceedings arising in connection with this Agreement shall be tried and litigated exclusively in the applicable courts located in the counties of San Luis Obispo or Santa Barbara, State of California.
- j. Unless otherwise provided herein, the rights and obligations of any party which by their nature extend beyond the expiration or termination of this Agreement, shall continue in full force and effect, notwithstanding the expiration or termination of this Agreement.
- k. It is understood and acknowledged by Participant that CenCal Health is a public entity and subject to all applicable open meeting and record laws, including but not limited to the California Public Records Act and the Ralph M. Brown Act.
- l. The failure of either party, at any time, to enforce any right or remedy available to it under this Agreement or otherwise with respect to any breach or failure by the other party does not



constitute a waiver of such right or remedy with respect to any other breach or failure by the other party.

- m. This Agreement may be executed in separate counterparts, each of which shall be deemed an original, and all of which shall be deemed one and the same instrument. The parties' faxed signatures, and/or signatures scanned into PDF format, shall be effective to bind the parties to this Agreement.

IN WITNESS WHEREOF, the parties have executed this Agreement to be effective on the Effective Date:

COUNTY OF SANTA BARBARA PUBLIC HEALTH DEPARTMENT
Mouhanad Hammami

CENCAL HEALTH
Marina G. Owen

By:
Title:

By:
Chief Executive Officer

Date

Date



ATTACHMENT A

Incentive Payment Program Funding Application

Background

The Incentive Payment Program (IPP) made available by the Department of Health Care Services is intended to support the development and expansion of Enhanced Care Management (ECM) and Community Supports (CS) capacity. ECM is a Medi-Cal benefit made available to eligible CenCal Health members with the intent of addressing clinical and non-clinical needs through intensive coordination of health and health-related services. CS services are optional and complementary to ECM.

CenCal Health currently offers Medically Tailored Meals and Recuperative Care CS services. Beginning in January 2023, CenCal Health will expand available CS services to include housing transition navigation services, housing deposits, housing tenancy and sustaining services, and sobering centers.

For more information on both ECM and CS services, please visit www.cencalhealth.org/providers/calaim/.

CenCal Health is pleased to make IPP funding available to current and interested ECM and CS providers through this application process. Funds will be awarded by CenCal Health based on a consistent and equitable review process and until such time as available IPP funds are exhausted.

Applications will be accepted on a rolling basis. Applications received before the 15th of each month will be reviewed at the following month's IPP Review Committee meeting.

Funding Opportunities

CenCal Health is accepting applications from current and anticipated ECM and CS providers to support the following activities:

1. Staffing Costs, Including Recruitment and Retention
2. Capital Investments
3. System and Infrastructure Development
4. Ongoing Operations to Support Start-Up and Sustainability
5. Staff Training and Development

All funding should support the development and expansion of sustainable ECM and CS services for CenCal Health members.

About CenCal Health

Founded as the Santa Barbara Regional Health Authority, CenCal Health is the oldest managed care Medicaid health plan of its kind, having launched in 1983. CenCal Health utilizes the County Organized Health System (COHS) model and is the exclusive Medi-Cal health plan in the two county service area, and serves one in four residents in Santa Barbara County and one in five in San Luis Obispo County.

We work in partnership with our contracted providers, including with local primary and specialty providers, all hospitals in both counties, county health departments, health systems, Federally-Qualified Health Centers, Indian Health Centers, private medical groups and individual physicians.

CenCal Health has been recognized by the National Committee for Quality Assurance (NCQA) for our innovation and consistently ranks among the top health plans serving Medi-Cal members in California. Our work results in the delivery of innovative community-based health care services, better medical outcomes, and cost savings.

Funding Application

Section One: Overview

20 points possible

1. Please provide an overview of your proposal, including:

- Purpose of funding and key anticipated outcomes
- Individuals or communities served
- Overview of how funds will be spent
- Timeline against which funds will be utilized

500 words max

IPP funding will be used to assist us in launching ECM in a sustainable fashion. We intend to start with existing staff in order to build incrementally, ensure full integration with existing teams already serving the target populations, and develop all the necessary elements of the unique ECM service package. In Santa Maria, we have an existing Health Care for the Homeless specialty clinic which integrates care delivery between the SMHCC and the HCH team. In Carpinteria, we will build on existing care management being done by clinic staff. These two locations will serve as starting points to pilot and to begin orienting our system to the addition of ECM.

We will then add staff dedicated to the ECM function, including a care management supervisor and two care managers. The team will serve members assigned to us, throughout the county, who qualify as either high utilizers or persons experiencing homelessness. The ECM staff will work in concert with existing teams, because patients respond best to staff familiar to them, and we will design staff roles to function in a complementary fashion. As we build the service delivery model, we will address the complexity of our distributed system (five HCCs, two shelter clinics, and a distinct HCH program) across all three regions to ensure integrated, seamless care. We will also address the uniqueness of the ECM work, considering such factors as serious and persistent mental illness, housing challenges, involvement with the justice system, field safety, and self-care in our workflows, written materials, and training. We anticipate using Motivational Interviewing and Trauma Informed Care to equip staff. Additionally, the Public Health Department is committed to health equity, and the Health Equity manager will participate in the training of staff and development of materials.

We will use funding to cover costs to develop and refine workflows, policies and procedures, caller scripts, resource and contact lists, tracking and information processes, and materials to provide clients; to implement an ECM module in our EHR; to purchase needed equipment (e.g. laptops, MiFis, printer/scanners, phones, etc.); to train staff; and to cover operational costs, including salaries and benefits.

We anticipate starting approximately one month after awarding of funds and execution of the ECM agreement. In the first quarter, we will address the EHR, workflows, information tracking and sharing, and team development. We will also commence the recruitment process and begin spending on one-time costs in preparation of staff additions. In the second quarter, we will hire the dedicated ECM staff and increase our service capacity. Once staff are in place, we will expand training and development. The third quarter and beyond will bring us to the refinement of processes to reach full operational capacity and increased focus on sustainability. At that time, funds will be used primarily to cover personnel costs.

Section One: Overview (cont.)

2. Which of the following activities will IPP funding support? (select all that apply)

- Staffing Costs, Including Recruitment and Retention
- Capital Investments
- System and Infrastructure Development
- Ongoing Operations to Support Start-Up and Sustainability
- Staff Training and Development

3. Does your organization currently hold a provider agreement with CenCal Health?

- Yes
- No

4. What services will your organization provide? (select all that apply)

- Enhanced Care Management
- Community Supports

Please list the Community Supports which will be provided: (select all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Medically Tailored Meals | <input type="checkbox"/> Housing Transition Services |
| <input type="checkbox"/> Recuperative Care | <input type="checkbox"/> Housing Deposits |
| <input type="checkbox"/> Sobering Centers | <input type="checkbox"/> Housing Tenancy & Sustaining Services |

5. How much IPP funding are you requesting?

Will this program be supported through any additional grant funding, including PATH funding? If so, please describe.

We are requesting \$ 1 Million to cover our projected two-year costs. z

Yes, depending upon the CenCal IPP award, we will request PATH CITED funding to cover the difference.

Section Two: Organization Information

10 points possible

1. Legal name of your organization.

County of Santa Barbara Public Health Department

2. Address and phone number for your organization.

300 N San Antonio Rd, Santa Barbara, CA 93110. (Dana Gamble, Deputy Director)

805-681-5171

3. Name and position of staff person submitting this application.

Michael Camacho-Craft

Assistant Deputy Director, Primary Care and Family Health

4. Please provide your organization's mission statement.

To improve the health of our communities by preventing disease, promoting wellness and health equity, while ensuring access to needed health care, and maintaining a safe and healthy environment.

5. Which counties does your organization serve? (Santa Barbara, San Luis Obispo, or both)

Santa Barbara

6. What cities does your organization serve within each county?

We provide services county-wide.

7. Tell us about your current programs and activities.

We seek to build a comprehensive and sustainable ECM program incorporating the nature of county government and its business management that requires we balance financially every year. Consequently, we require startup funding to cover all costs until we have demonstrated sustainability with a high level of confidence. Costs and our revenue modeling can be found in the attached Excel workbook.

7. Please upload/attach the following financial documents:

- Cash flow statement
- Audited financial statements
- Current operating budget

Section Three: Proposal Details

40 points possible

1. Please describe the need which you seek to meet through IPP funding.

We seek to build a comprehensive and sustainable ECM program incorporating the nature of county government and its business management that requires we balance financially every year. Consequently, we require startup funding to cover all costs until we have demonstrated sustainability with a high level of confidence. Costs and our revenue modeling can be found in the attached Excel workbook.

2. Please provide an overview of your proposed timeline for utilizing IPP funds.

As this text box is not expandable, please refer to the word document named ECM IPP Grant Application PHD 23.01.14 for full details.

We anticipate starting approximately one month after awarding of funds and the execution of the ECM agreement between CenCal Health and the Santa Barbara County Public Health Department. In the first quarter, we will address the EHR, workflows, information tracking and sharing, and team development. We will research and adapt policies and procedures and potentially useful tools, and we will begin writing our own policies and procedures. Through our recruitment process we will begin spending on one-time costs in preparation of staff additions. We will also accept referrals, performing outreach and commence ECM work with the teams we have in place. In Santa Maria, this work will be done by a combination of SMHCC clinic staff and the Healthcare for the Homeless team. In Carpinteria, the clinic staff and HCH PHN will do the piloting work

3. Please describe how many members you anticipate serving through ECM and CS, including the populations of focus whom you intend to serve.

The team will serve members assigned to us by CenCal Health, throughout the county, who qualify as either high utilizers or persons experiencing homelessness. We are designing our ECM team to serve 300 members per year. That number is based on having two case managers, each carrying a caseload of 50, with an average case length of four months. We understand that cases range in their duration, with some clients dropping out quickly after enrollment and others extending well past the initial six-month case plan. Our attached Excel workbook shows various scenarios, including having the supervisor carry a partial caseload, a lower rate of enrollment of referred members, and a possible vacancy rate of 40%.

4. Please describe your organization's plan for sustainability of ECM and/or CS services after IPP funds have been exhausted.

Please see the revenue tab in the attached Excel workbook. We have run calculations considering various engagement rates and ECM slot vacancies. As we build the service, we will track these numbers and refine our modeling so that we can adjust costs and staffing to a level that is sustainable. Additionally, we intend to engage clinic staff and Healthcare for the Homeless staff in performing enhanced care management, because the members are already familiar with them, and care management should ideally be an integrated function, not merely an add-on.

¹ As of July 2022, eligible populations of focus include CenCal Health members who are: Individuals and Families Experiencing Homelessness; Adults At Risk for Avoidable Hospital and Emergency Department (ED) Utilization; and Adults with SMI/SUD needs. As of January 2023, eligibility expands to include CenCal Health members who are: Adults Living in the Community At Risk for Institutionalization and Adults who are Nursing Facility Residents Transitioning to the Community.

Section Four: Evaluation Information

20 points possible

Please describe the desired outcomes which will be achieved through use of IPP funds, including their anticipated timeline. Include specific measures of performance, including a description of the measure numerator, denominator, and the estimated rate of performance that will be achieved at the conclusion of use of IPP funds.

Include applicant's current baseline rate of performance for each measure.

How will success be measured?

As this text box is not expandable, please refer to the word document named ECM IPP Grant Application PHD 23.01.14 for full details.

Our anticipated outcomes fall into the following categories: building of infrastructure, engagement and progress of patients, demonstration of sustainability, and healthcare outcomes. The outcomes listed below are our initial pass, and we will be part of the larger system discussion as we jointly develop shared metrics to better define and measure success. We will also participate in information sharing, such as the approach developed by Dr. Duke and his team, which will help us all to better track key metrics that cross agencies.

Metrics associated with the building of infrastructure include such things as the creation of workflows, writing and implementation of policies and procedures, and training of staff. These are milestones more than outcomes, but monitoring of them will be essential for project management.

Our metrics associated with engagement and progress of patients will include:

- Demographics aggregates for categories: Age, gender, ethnicity, region, etc.
- Enrollment rate (# enrolled / # referred)
- Completion rate (# who successfully complete care plan / # who enrolled)
- Time to completion. If possible, we will track this for each goal. If not, we will track time from enrollment to successful completion.
- Percent of goals successfully completed (# of goals attained / # of goals)
- Percent of Care Plans completed on time (# on time / # due)
- Percent of Assessments completed on time (# on time / # due)


Up to 10 additional points will be awarded for the overall quality of the proposal and the indicated impact and sustainability of services. Applications will be reviewed and scored against a potential of 100 points.

This application for IPP funding is submitted by the below party, who has the authority to submit such application on behalf of the applicant organization.

Name: Michael Camacho-Craft

Title: Assistant Deputy Director, Primary Care and Family Health 1/14/2023

Signature:

DocuSigned by:

C853F47DEE5145D...

Date: 1/14/2023

Please submit this application and all supporting documents to IPP@cencalhealth.org

Thank you for your application.

CenCal Health will review the information provided and will follow up with any additional questions.