

EXHIBIT A SCOPE OF WORK

PROGRAM INFORMATION

Name of Agency	Doorway to Health (aka Foundation of Santa Barbara Regional Health Authority, Inc.)
Name of Program	Healthy Kids Santa Barbara
Type of Service	Provide comprehensive health coverage to uninsured children
Target Population	Uninsured children ages 0 to18 residing in Santa Barbara County with family incomes under 300% of the Federal Income Guidelines, who do not have access to affordable healthcare nor qualify for Medi-Cal, Healthy Families, or other publicly-subsidized programs. Estimated to be 6,000 children.
Program Description/ Services to be provided	Santa Barbara County is contracting with Doorway to Health to identify and enroll children in the Healthy Kids program, which will provide medical, vision, and dental coverage. County funding will pay for premiums for 638 children, infrastructure support and evaluation , . Specifically this funding would increase the programs capacity to monitor premium funding, member enrollment and disenrollment, expand current OERU strategies to include HKSB and fund financial incentives for enrollment and reenrollment efforts by. Santa Barbara County General Fund. The anticipated start date of coverage is July 2 nd , 2007.
Number of unduplicated clients to be served	638 The annual premium per child is estimated to be \$1332.24.
Staffing Description	Children's Health Initiative Program Manager
Location(s) where services will be provided	110 Castilian Drive Goleta, CA 93117
Dates/Times services to be provided	Monday through Friday, 8am to 5pm
Contract Period	Fiscal Year July 2007- June 2008-
Performance Measures and Due Dates	
1. 8/01/07	Coverage begins. Coverage period is one year.
2. 07/01/07	First monthly premium prepayment is due to SBRHA for medical coverage. Premiums payable for the next month must be received on or before the 25 th day of the prior month.
3. 07/29/07	First monthly premium prepayment is due to VSP for vision

	coverage. Premiums payable for the next month must be remitted by the last day of the prior month.
4. 8/04/07	First monthly premium payment is due to Delta Dental for dental coverage. Monthly premium payments must be postmarked by the fifth day of each month following the month of service.

REPORTING AND INVOICING REQUIREMENTS

Reporting Requirements	Monthly reports are due the 5th of the month. Submit monthly reports via email to: WMOTEN@CO.SANTA-BARBARA.CA.US
Invoicing Requirements	Invoices for services must be submitted no more frequently than monthly. Invoice must be on agency letterhead and must include your contract number. Invoices will not be paid until the required enrollment reports have been received and approved First 5 staff.