

**California Providing Access and Transforming Health  
Capacity and Infrastructure, Transition, Expansion and Development Program –  
Intergovernmental Transfer**

**Acknowledgement of Grant Terms and Conditions**

As an express condition of receiving grant funds from the California Department of Health Care Services (DHCS) under the Capacity and Infrastructure, Transition, Expansion and Development (CITED) Program – Intergovernmental Transfer (IGT), which is part of the California Providing Access and Transforming Health (“PATH”) Initiative, Nevada County Public Health (Awardee), whose business address is 950 Maidu Ave, Nevada City, CA 95959 and whose Federal Tax Identification Number is 946000526, hereby warrants and guarantees that it will comply with all applicable federal, state, and local laws and regulations, as well as with as the following terms and conditions:

- I. Role of Third-Party Administrator.** DHCS has designated Public Consulting Group LLC (PCG) as the Third-Party Administrator (TPA), to administer the grant program and to communicate with Awardee with respect to grant administration in connection with the CITED Program. Awardee understands that the TPA is acting solely as a third-party administrator on behalf of DHCS and is not liable or responsible for DHCS decisions or actions. Awardee hereby releases and holds harmless the TPA and its officers, agents, employees, representatives, and/or designees from and against any liability, actions, claims, demands, or suits, and all related costs, attorney fees, and expenses arising out of, or relating to the receipt of grant funds. DHCS shall not be liable to Awardee for any incidental, indirect, special, punitive, or consequential damages, including, but not limited to, such damages arising from any type or manner of commercial, business, or financial loss, even if PCG or DHCS had actual or constructive knowledge of the possibility of such damages and regardless of whether such damages were foreseeable. Awardee hereby releases and holds harmless DHCS and its officers, agents, employees, representatives, and/or designees from and against any liability, actions, claims, demands, or suits, and all related costs, attorney fees, and expenses arising out of, or relating to receipt of grant funds and associated activities in connection with CITED.

**II. Eligibility.** To receive grant funds under this program, the Awardee must be actively contracted with a Medi-Cal Managed Care Plan (MCP) or an MCP's authorized subcontractor or other entity authorized to contract with for the provision of Enhanced Care Management (ECM) and/or Community Supports, or have a signed attestation letter from an MCP or an MCP's authorized subcontractor or other entity authorized to contract with that they strongly intend to contract with Awardee to provide ECM and/or Community Supports within the timeframe of these Terms and Conditions. If the intent or ability to contract with an MCP has changed, ended, or been altered, Awardee must contact the TPA within twenty-four (24) hours to advise of this change. If there is no longer a contract as enumerated above or documented intent to contract, the grant may be terminated pursuant to Section VI, below. To receive grant funds through CITED-IGT, the Awardee must contribute the non-federal share through IGT. Entities eligible to apply for CITED-IGT include: cities, counties, other local government agencies and public hospitals.

**III. Use of Funding.**

- a. Awardee Project Plan. The awardee shall use grant funds exclusively to implement the project plan as outlined in the awardee's submitted and approved grant application, unless otherwise approved by the TPA and DHCS.
- b. Program Guidance and Conditions. In using the funds to implement the project plan, Awardee must follow all terms, conditions, and guidelines provided in the CITED Program guidance, found at [www.ca-path.com](http://www.ca-path.com), and in these Terms and Conditions.
- c. Changes and Modifications. Changes and modifications made to the submitted and approved grant application or to the program guidelines may be proposed by Awardee in writing and are subject to the approval of DHCS. No change or modification will be valid without the approval of DHCS.
- d. Expiration of Funds. It is agreed that all funds awarded must be completely expended by the last progress report available. Failure to comply with this requirement will result in the recoupment of available funds.
- e. Discontinued Services. It is agreed that all funds awarded must be used on services that have not been discontinued by the MCP. Funds must be

used on eligible services that are offered by the MCP in the service area where CITED funds will be used.

**IV. Grant Amount and Method of Payment.**

- a. Grant Amount. The total grant amount awarded to Awardee shall not exceed \$277,190.36. Awardee acknowledges that the grant amount has been determined by DHCS and will not be negotiated. Awardee shall certify that the funds transferred qualify for federal financial participation pursuant to 42 Code of Federal Regulations (CFR) part 433, subpart B, and not derived from impermissible sources.
  - i. The IGT funds will qualify for federal financial participation per 42 CFR part 433, subpart B, and will not be derived from impermissible sources, such as recycled Medicaid payments, federal money excluded from use as a state match, impermissible taxes, and non-bona fide provider-related donations, per STC 126.a. Sources of non-federal funding shall not include provider taxes or donations impermissible under section 1903(w) of the Social Security Act, impermissible IGT from providers, or federal funds received from federal programs other than Medicaid (unless expressly authorized by federal statute to be used for claiming purposes, and the federal Medicaid funding is credited to the other federal funding source). For this purpose, federal funds do not include Public Hospital Redesign and Incentives in Medi-Cal (PRIME) payments, patient care revenue received as payment for services rendered under programs such as the Designated State Health Programs, Medicare, or Medicaid.

<b>Total Fund (Award Amount)</b>	<b>State Share IGT (Awardee Contribution)</b>	<b>Federal Share</b>
\$ 277,190.36	\$ 138,595.18	\$ 138,595.18

- b. Method of Payment. Following the receipt and approval of Awardee’s CITED-IGT Progress Report, DHCS will issue requests to Awardee for the necessary IGT amounts, provided Awardee has submitted all required information, forms, and documentation, including Awardee’s signature on this Acknowledgement, required to facilitate payment. Awardee shall make IGT of funds to DHCS in the amount specified within seven (7) days of

receiving the State’s request. If the IGTs are made within the requested timeframe, DHCS will issue the payment within fourteen (14) days after the transfers are made.

- c. Reliance on Provided Information. DHCS and the TPA are entitled to rely on the accuracy and completeness of information provided by Awardee in the disbursement of grant funds.

**V. Reporting Requirements.**

- a. Progress Reports. Awardee is required to submit semi-annual progress reports to the TPA through secured data portal specified by DHCS and PCG every six (6) months until the final project milestones described in the submitted and approved grant application are met. Each progress report must include a detailed description of completed milestones, status of activities for that quarter, and any deviations from the agreed-upon milestones. Awardee should expect to include documentation providing proof that expenditures were made for permissible items and activities as described in the approved application.
- b. Reporting Schedule. The reporting schedule is as follows:

<b>CITED Round 4 IGT Awardees</b>				
<b>Progress Report</b>	<b>Report Measurement Period</b>	<b>Open Date</b>	<b>Due Date</b>	<b>Month of Funds Disbursement (Estimate)</b>
<b>Midway</b>	January 1, 2026 – June 30, 2026	June 23, 2026	July 15, 2026	October 2026
<b>Final</b>	July 1, 2026 – December 31, 2026	December 21, 2026	January 15, 2027	April 2027

- c. Failure to Report. If Awardee fails to submit any semi-annual report within five (5) calendar days of the report becoming due, DHCS may terminate the grant pursuant to Section VII, below.

## **VI. Additional DHCS Terms and Conditions.**

- a. Funding received through the CITED Program will not duplicate or supplant<sup>1</sup> funds received through previous CITED funding rounds; other programs or initiatives; or by other federal, state, or local funding sources.
- b. DHCS may, in its reasonable discretion, modify payment dates or amounts and will notify Awardee of any such changes in writing.
- c. DHCS or the TPA may conduct outreach to any Awardee to request additional information, ask questions, or seek clarification on information provided in a CITED Application or CITED Progress Report. If outreach is conducted by DHCS or the TPA, Awardee must respond within three (3) business days, unless an alternative timeline is approved by DHCS or the TPA. Failure to respond within this timeframe may result in delay or deferred fund disbursement.
- d. Awardee may be subject to audit or inquiry with respect to the receipt and use of grant funds at any time. Awardee must respond to inquiries, communications, and reasonable requests for additional information or documentation from DHCS or the TPA within one (1) business day of receipt and must provide any requested information within three (3) business days, unless an alternative timeline is approved by DHCS or the TPA.
- e. Awardee must alert DHCS and the TPA within twenty-four (24) hours of identifying any circumstances that prevent carrying out any of the activities described in the submitted and approved grant application or of identifying any circumstances that prevent provision of the non-federal share via IGT. In such cases, Awardee may be required to return unused funds to DHCS if an alternative solution cannot be reached.

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<sup>1</sup> Other federal, state, or local funding sources and programs that are complementary to or enhance PATH funds will not be considered supplanted by PATH funds or duplicate reimbursement. If applicable, Awardee must describe how similar or related services and activities supported by other federal, state or local funding sources are complemented or enhanced by efforts funded by PATH. For example, if other funding 1) may allow additional/different populations to be served or 2) may allow additional/different services to be provided beyond those funded by PATH. To the extent otherwise allowable PATH activities are reimbursed by other federal, state, or local programs, PATH funding must not duplicate such reimbursement.

- f. All inquiries and notices relating to this Agreement should be directed to the representatives listed below:

Department of Health Care Services, Managed Care Quality & Monitoring Division	Organization's Name: Nevada County Public Health
Branch Chief, Managed Care Programs Oversight Branch	Title: Director of Public Health
Attention: Michel Huizar	Attention: Kathy Cahill
Email: <a href="mailto:1115path@dhcs.ca.gov">1115path@dhcs.ca.gov</a>	Email: <a href="mailto:kathy.cahill@nevadacountyca.gov">kathy.cahill@nevadacountyca.gov</a>

General CITED Program questions may be directed to [cited@ca-path.com](mailto:cited@ca-path.com)  
[cited@ca-path.com](mailto:cited@ca-path.com)

- g. DHCS and the TPA may rely on the authority of the above-named individual to speak and act on behalf of Awardee. Either party may make changes to the information above by providing written notice to the other party within twenty-four (24) hours. Said changes shall not require an amendment to this Agreement.
- h. The awardee will retain all records and documentation related to the receipt and use of PATH grant funds for no less than three (3) years beyond the date of final payment and will make such records available for complete inspection by DHCS upon request.
- i. DHCS reserves the right to receive, use, and reproduce all reports and data produced, delivered, or generated by or about Awardee and its activities pursuant to this grant and may authorize others to do so without limitation, except as restricted by applicable law.
- j. Awardee will not unlawfully discriminate against any person because of race, religious creed, color, national origin, ancestry, physical disability, mental disability, medical condition, genetic information, marital status, sex, gender, gender identity, gender expression, age, sexual orientation, or military and veteran status in the conduct of any activity funded by DHCS.
- k. Awardee expressly agrees and acknowledges that DHCS is a direct beneficiary of the Terms and Conditions with respect to all obligations and

functions undertaken pursuant to the Terms and Conditions, and DHCS may directly enforce all provisions of the Terms and Conditions.

- I. Awardee is required to provide a signed contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with to provide ECM and/or Community Supports services. Alternatively, Awardee may submit a signed agreement indicating that the MCP or the MCP's authorized subcontractor or other entity authorized to contract with intends to contract with Awardee for the provision of ECM and/or Community Supports.
  - i. If the awardee does not provide a signed contract by the last progress report, then the TPA will be withholding 5% or \$5,000, whichever is lower.
- m. If the Awardee's above documentation is terminated and the awardee does not have another qualifying document that meets the above criteria, the awardee is precluded from receiving additional CITED funding until they provide the TPA and / or DHCS proof of a qualifying document as outlined above.
- n. If Awardee's existing ECM/Community Supports contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with is terminated and Awardee does have an approved contract or intent-to-contract with another MCP or an MCP's authorized subcontractor or other entity authorized to contract with, Awardee is precluded from receiving additional CITED funding until they provide the TPA and/or DHCS proof of an existing ECM/Community Supports contract or intent to contract with an MCP or an MCP's authorized subcontractor or other entity authorized to contract with.

**VII. Termination.** Upon written notice to Awardee, DHCS may terminate the grant award in any of the following circumstances:

- a. If Awardee fails to perform any one or more of the requirements set forth in these Terms and Conditions;
- b. If any of the information provided by Awardee to DHCS or to the TPA is untruthful, incomplete, or inaccurate;
- c. Upon Awardee's debarment or suspension by competent authority, if such debarment or suspension precludes any activity funded by the grant;

- d. Upon Awardee's indictment in any criminal proceeding;
- e. If Awardee is reasonably suspected of fraud, forgery, embezzlement, theft, or any other misuse of public funds;
- f. If DHCS does not receive or maintain sufficient funds to administer the program;
- g. If any restriction, limitation, or condition is enacted by Congress or by any other governing body or agency that impedes the funding or administration of the grant; or
- h. For any other purpose deemed necessary or advisable by DHCS.

In the case of early termination, Awardee may be subject to audit, recoupment by DHCS of unused or misused funds, and/or preclusion from receiving additional funding, dependent upon the circumstances of the termination.

IN WITNESS THEREOF, APPLICANT has executed this Acknowledgment as of the date set forth below.

**APPLICANT**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Kathy Cahill, Director of Public Health)

\_\_\_\_\_  
Date

## Certificate Of Completion

Envelope Id: 4BF85FA4-1CCD-43B6-9453-462C95862FE6	Status: Delivered
Subject: Complete with Docusign: CITED-IGT Terms and Conditions R4	
Source Envelope:	
Document Pages: 8	Signatures: 0
Certificate Pages: 5	Initials: 0
AutoNav: Enabled	Envelope Originator:
Envelopeld Stamping: Enabled	Roman Singh
Time Zone: (UTC-08:00) Pacific Time (US & Canada)	1501 Capitol Ave
	Sacramento, CA 95814-5005
	Roman.Singh@dhcs.ca.gov
	IP Address: 158.96.4.13

## Record Tracking

Status: Original	Holder: Roman Singh	Location: DocuSign
1/2/2026 12:57:48 PM	Roman.Singh@dhcs.ca.gov	
Security Appliance Status: Connected	Pool: FedRamp	
Storage Appliance Status: Connected	Pool: Department of Health Care Services (CA DHCS)	Location: Docusign

## Signer Events

Signer Events	Signature	Timestamp
Roman Singh	<b>Completed</b>	Sent: 1/2/2026 12:58:20 PM
Roman.Singh@dhcs.ca.gov		Viewed: 1/2/2026 12:58:27 PM
AGPA		Signed: 1/2/2026 1:01:25 PM
DHCS	Using IP Address: 158.96.4.13	
Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b>		
Not Offered via Docusign		

Kathy Cahill		Sent: 1/2/2026 1:01:27 PM
Kathy.cahill@nevadacountyca.gov		Viewed: 1/7/2026 10:39:14 AM
Security Level: Email, Account Authentication (None)		
<b>Electronic Record and Signature Disclosure:</b>		
Accepted: 1/7/2026 10:39:14 AM		
ID: cc73d284-f04b-427b-ac3a-2f88cdda932e		

In Person Signer Events	Signature	Timestamp
<b>Editor Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Agent Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Intermediary Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Certified Delivery Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Carbon Copy Events</b>	<b>Status</b>	<b>Timestamp</b>
<b>Witness Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Notary Events</b>	<b>Signature</b>	<b>Timestamp</b>
<b>Envelope Summary Events</b>	<b>Status</b>	<b>Timestamps</b>
Envelope Sent	Hashed/Encrypted	1/2/2026 12:58:20 PM
Certified Delivered	Security Checked	1/7/2026 10:39:14 AM
<b>Payment Events</b>	<b>Status</b>	<b>Timestamps</b>

IT  
PROCESS

## **ELECTRONIC RECORD AND SIGNATURE DISCLOSURE**

From time to time, Department of Health Care Services (CA DHCS) (we, us or Company) may be required by law to provide to you certain written notices or disclosures. Described below are the terms and conditions for providing to you such notices and disclosures electronically through your DocuSign, Inc. (DocuSign) Express user account. Please read the information below carefully and thoroughly, and if you can access this information electronically to your satisfaction and agree to these terms and conditions, please confirm your agreement by clicking the 'I agree' button at the bottom of this document.

### **Getting paper copies**

At any time, you may request from us a paper copy of any record provided or made available electronically to you by us. For such copies, as long as you are an authorized user of the DocuSign system you will have the ability to download and print any documents we send to you through your DocuSign user account for a limited period of time (usually 30 days) after such documents are first sent to you. After such time, if you wish for us to send you paper copies of any such documents from our office to you, you will be charged a \$0.00 per-page fee. You may request delivery of such paper copies from us by following the procedure described below.

### **Withdrawing your consent**

If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

### **Consequences of changing your mind**

If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. To indicate to us that you are changing your mind, you must withdraw your consent using the DocuSign 'Withdraw Consent' form on the signing page of your DocuSign account. This will indicate to us that you have withdrawn your consent to receive required notices and disclosures electronically from us and you will no longer be able to use your DocuSign Express user account to receive required notices and consents electronically from us or to sign electronically documents from us.

### **All notices and disclosures will be sent to you electronically**

Unless you tell us otherwise in accordance with the procedures described herein, we will provide electronically to you through your DocuSign user account all required notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to you during the course of our relationship with you. To reduce the chance of you inadvertently not receiving any notice or disclosure, we prefer to provide all of the required notices and disclosures to you by the same method and to the same address that you have given us. Thus, you can receive all the disclosures and notices electronically or in paper format through the paper mail delivery system. If you do not agree with this process, please let us know as described below. Please also see the paragraph immediately above that describes the consequences of your electing not to receive delivery of the notices and disclosures electronically from us.

### **How to contact Department of Health Care Services (CA DHCS):**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: Russ.Rogers@dhcs.ca.gov

**To advise Department of Health Care Services (CA DHCS) of your new e-mail address**

To let us know of a change in your e-mail address where we should send notices and disclosures electronically to you, you must send an email message to us at Russ.Rogers@dhcs.ca.gov and in the body of such request you must state: your previous e-mail address, your new e-mail address. We do not require any other information from you to change your email address..

In addition, you must notify DocuSign, Inc to arrange for your new email address to be reflected in your DocuSign account by following the process for changing e-mail in DocuSign.

**To request paper copies from Department of Health Care Services (CA DHCS)**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an e-mail to Russ.Rogers@dhcs.ca.gov and in the body of such request you must state your e-mail address, full name, US Postal address, and telephone number. We will bill you for any fees at that time, if any.

**To withdraw your consent with Department of Health Care Services (CA DHCS)**

To inform us that you no longer want to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your DocuSign account, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an e-mail to Russ.Rogers@dhcs.ca.gov and in the body of such request you must state your e-mail, full name, IS Postal Address, telephone number, and account number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

**Required hardware and software**

Operating Systems:	Windows2000? or WindowsXP?
Browsers (for SENDERS):	Internet Explorer 6.0? or above
Browsers (for SIGNERS):	Internet Explorer 6.0?, Mozilla FireFox 1.0, NetScape 7.2 (or above)
Email:	Access to a valid email account
Screen Resolution:	800 x 600 minimum
Enabled Security Settings:	<ul style="list-style-type: none"><li>• Allow per session cookies</li></ul>

- |  |   |
|--|---|
|  | <ul style="list-style-type: none"><li>• Users accessing the internet behind a Proxy Server must enable HTTP 1.1 settings via proxy connection</li></ul> |
|--|---|

\*\* These minimum requirements are subject to change. If these requirements change, we will provide you with an email message at the email address we have on file for you at that time providing you with the revised hardware and software requirements, at which time you will have the right to withdraw your consent.

**Acknowledging your access and consent to receive materials electronically**

To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please verify that you were able to read this electronic disclosure and that you also were able to print on paper or electronically save this page for your future reference and access or that you were able to e-mail this disclosure and consent to an address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format on the terms and conditions described above, please let us know by clicking the 'I agree' button below.

By checking the 'I Agree' box, I confirm that:

- I can access and read this Electronic CONSENT TO ELECTRONIC RECEIPT OF ELECTRONIC RECORD AND SIGNATURE DISCLOSURES document; and
- I can print on paper the disclosure or save or send the disclosure to a place where I can print it, for future reference and access; and
- Until or unless I notify Department of Health Care Services (CA DHCS) as described above, I consent to receive from exclusively through electronic means all notices, disclosures, authorizations, acknowledgements, and other documents that are required to be provided or made available to me by Department of Health Care Services (CA DHCS) during the course of my relationship with you.