



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

Office of Early Care  
and Education

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**MEMORANDUM**

**TO:** DISABILITY AND AGING SERVICES COMMISSION

**THROUGH:** KELLY DEARMAN, EXECUTIVE DIRECTOR

**FROM:** JILL NIELSEN, DEPUTY DIRECTOR  
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS

**DATE:** MARCH 2, 2022

**SUBJECT:** NEW GRANT: **SAN FRANCISCO IN-HOME SUPPORTIVE SERVICES PUBLIC AUTHORITY (NON-PROFIT) TO PROVIDE INDEPENDENT PROVIDER MODE IN-HOME SUPPORTIVE SERVICES**

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**GRANT TERM:** 7/1/2022-6/30/2026

<b>GRANT AMOUNT:</b>	New	Contingency	Total
	\$395,190,609	\$39,519,060	\$434,709,670

<b>ANNUAL AMOUNT</b>	FY22/23	FY23/24	FY24/25	FY25/26
	\$94,463,699	\$97,295,890	\$100,213,085	\$103,217,935



**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director

<b>Funding Source</b>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
<b>FUNDING:</b>	\$79,038,122	\$118,557,183	\$197,595,305	\$39,519,060	\$434,709,670
<b>PERCENTAGE:</b>	20%	30%	50%	100%	

The Department of Disability and Aging Services (DAS) requests approval of a sole source waiver exemption and authorization to enter into a grant with San Francisco In-Home Supportive Services Public Authority (SF IHSS PA) for the period of July 1, 2022 to June 30, 2026, in an amount of \$395,190,609, plus a 10% contingency for a total amount not to exceed \$434,709,670. The purpose of the grant is to support Independent Provider (IP) Mode In-Home Supportive Services.

## **Background**

The In-Home Supportive Services (IHSS) Program aids eligible low-income older adults and persons with disabilities by matching them with IPs who assist them in activities of daily living. The provision of this service allows older adults and persons with disabilities to remain safely in their own homes, while encouraging independence and rehabilitation where possible. IHSS is provided through either (a) an IP, or (b) a contracted agency provider for clients who are unable to find and/or supervise their own IP's. Currently, there are approximately 24,500 IHSS clients, 95% who utilize the IP Mode of service.

This grant supports the overall operations of the SF IHSS PA including the administration of health and dental benefits, maintenance of an IP Registry, processing of criminal background checks for the IP workforce, including providing LiveScan services, operating a Mentorship Program, and staffing the activities of the IHSS PA Governing Body. This Governing Body is composed of board appointed members who are responsible for advising the IHSS PA. State funding provides stipends for Governing Body members to support their attendance and participation.

## **Services to be Provided**

The SF IHSS PA is the employer of record for IPs in San Francisco for the purposes of Union negotiations and is responsible for the administration of health and dental benefits for all eligible IPs. In the spring of 2019, the SFIHSS PA concluded bargaining with SEIU 2015. The final contract describes the IP wage schedule through FY 22-23, which is aligned with the City's Minimum Compensation Ordinance. The contract also states that IPs who are authorized to work and are paid for two consecutive months (and for at least 25 hours in one of those months) become eligible to apply for a full medical plan called Healthy Workers, administered by the San Francisco Health Plan.

In addition, to the above functions, the SF IHSS PA provides several other critical activities to the IHSS program. These services include the operation of an IP Registry for consumers who need help finding care providers, background investigations of new IPs including providing LiveScan fingerprinting, a Mentorship Program, and a One Stop Resource Center that provides safety and protective supplies to IPs, connection to community resources, and education regarding the use of the Registry and IHSS.

Significant workforce shortages have impacted the ability of the SF IHSS PA to maintain a robust registry of qualified IPs who reflect the diversity of the IHSS

Consumer population. In response to this critical situation, the SF IHSS PA is adding a new Recruitment Manager as well as a Community Engagement Coordinator to their staff. These new positions will be focused on conducting innovative and intensive community outreach focused on recruiting new IPs for the Registry.

The SF IHSS PA advocates for improved quality of service, distributes educational materials, and conducts monthly worker orientation presentations to expand the number and quality of IPs on the Registry. The SF IHSS PA offers training opportunities to Registry home care providers through a partnership with Homebridge Training. The Basic Training course consists of 48 hours of training that includes CPR/First Aid certification.

The Mentorship Program assists and educates referred consumers on how to successfully hire and maintain an IP in order to successfully transition to and/or maintain independent community living. The mentors facilitate consumers in discharges from Laguna Honda Hospital, over a 60-day transition period, half of which is spent on instructing consumers on how to flourish in their homes and communities. The Mentorship program is partially supported through a work order from the Department of Public Health.

### **Selection**

Grantee is a sole source grant per Administrative Code Chapter 70, SF IHSS Public Authority has designated authority over IHSS.

### **Funding**

Funding for this grant is provided through a combination of Federal, State, and County General Funds.

### **ATTACHMENTS**

Appendix A – Services to be Provided  
Appendix B – Budget (PA Admin/ Health/ Dental)  
Appendix B(a) – (Fingerprinting Project)  
Appendix B(b) – Budget (Advisory Council)  
Appendix B(c) – Budget (Mentorship Program (DPH))  
Sole Source Waiver Exemption Memo

## Appendix A – Services to be Provided

### San Francisco IHSS Public Authority Consumers in Independent Provider Mode – In-Home Supportive Services

July 1, 2022 – June 30, 2026

#### I. Purpose of Grant

The purpose of the grant is to improve services under the Independent Provider mode for In-Home Supportive Services (IHSS) Consumers in the City and County of San Francisco. In order to accomplish this goal, the major service areas are:

- A. maintaining a home care worker registry;
- B. providing and administering health and dental benefits for Independent Providers;
- C. participating in Independent Provider group orientation, conducting LiveScans and processing of criminal background checks of potential Independent Providers;
- D. providing a Mentorship Program for IHSS Consumers;
- E. providing a One Stop Resource Center for IHSS recipients and Independent Providers, which includes trainings for IHSS recipients and distribution of limited safety and protective supplies to Independent Providers;
- F. providing stipends to Union Stewards for performance of Union related activities in accordance with the current Collective Bargaining Agreement between SEIU 2015 and Grantee; and
- G. staffing and coordinating the activities of the San Francisco IHSS Public Authority Governing Body.

#### II. Worker Registry Service

##### A. Definitions:

CMIPS	Case Management Information and Payroll System, the state wide IHSS database
Consumer	An individual who has been assessed and authorized by DAS Social Workers to receive personal care, domestic, and related services through the San Francisco IHSS Program.
DAS	San Francisco Department of Disability & Aging Services
DOJ	Department of Justice
Grantee	San Francisco In-Home Supportive Services Public Authority

HSA Human Services Agency of the City and County of San Francisco

IP Independent Provider is the term used to describe a qualified individuals who is hired by an IHSS consumer to provide them with IHSS authorized services.

## **B. Target Population**

The Registry target populations consist of: (1) all IHSS Consumers of the San Francisco IHSS program, and (2) all individuals who are already working as IPs, as well as individuals who are seeking employment as an IP.

## **C. Description of Services**

Registry services are intended to benefit Consumers by aiding them in hiring an IP who comes as close as possible to meeting their individual needs, so that they are able to form a stable employer relationship with the IP.

- (1) Grantee shall design and maintain a Registry database of IPs who have cleared Registry screening, IHSS IP enrollment and basic training. The Registry database will serve the purpose of compiling appropriate referral lists for IHSS Consumers who request such assistance.
- (2) Grantee shall recruit and enroll IPs to the Registry on an ongoing basis, ensuring both the number and diversity of active Registry IPs best meets the service and language needs of IHSS Consumers. The demographics of registry IPs should reflect the cultural and linguistic makeup of the IHSS consumer population using the Registry.
- (3) Grantee shall require Registry IPs to participate in personal care assistance training offered through the DAS funded IP Training Program.
- (4) Grantee shall receive referrals from DAS Social Workers for Consumers in need of Registry services. Consumers may also self-refer to the Registry.
- (5) Within two business days of receipt of a Registry referral, Grantee shall call and attempt to assist the Consumer in finding an IP by conducting a brief screening to ascertain the Consumer's needs and preferences in order to provide a list of IPs for possible hire.

- (6) Grantee shall email or mail Consumers with a list of at least 5 Registry IPs, whose skills match the Consumer's service and language needs as closely as possible, immediately following the phone screening.
- (7) Grantee will identify Consumers who need help in the hiring process and refer them to the Mentorship Program.
- (8) Grantee shall refer Registry Consumers who are unable to hire an IHSS IP and who may need IHSS Contract Mode services to the appropriate IHSS Social Worker.
- (9) Grantee shall conduct (2) follow ups with Registry Consumers within 15 and 30 business days after sending out a list to determine how things are going and if the consumer has hired from the list. Follow-up shall be documented.

#### **D. Grantee Responsibilities**

- (1) Grantee shall analyze demographics of IHSS consumer and Registry IP populations at least quarterly. If Registry IP demographics do not match those of Registry Consumers, the Registry will demonstrate efforts to recruit a more culturally and linguistically representative Registry group.
- (2) Grantee shall check in with Registry IPs on a monthly basis to verify their continued interest and eligibility for the program.
- (3) Grantee will intervene with Registry IPs who have a documented pattern of not calling back or showing up for interviews with Registry Consumers by providing training, coaching and possible termination from Registry.
- (4) Grantee will track numbers of users of Registry services on a daily, weekly, and monthly basis.
- (5) Grantee will ensure the Registry database contains at least 5 active and available Providers who match Consumer needs/preferences for each list requested by a Registry user. Recruitment will be made through outreach and presentations as necessary to maintain Registry size and diversity.

- (6) Grantee shall develop policy guidelines for referring Consumers and IPs to the Union and/or the Independent Provider Assistance Center (IPAC) for questions regarding union contract or contact info, timesheets, or payroll. Grantee shall ensure Registry staff are knowledgeable about IPAC services, and there is a clear protocol for referring questions/issues to the Union or IPAC.
- (7) Grantee shall require that potential Registry IPs applying to be active on the Registry have met all legal requirements to become an IHSS IP, including having passed a Department of Justice criminal background check, as well as verifying that they are active in Case Management Information and Payroll System (CMIPS).
- (8) Grantee shall require that all IPs joining the Registry attend a Registry orientation, either virtually or in-person.
- (9) Grantee shall maintain policies and procedures relating to the conduct of both IHSS Registry Consumers and Registry IPs. The Grantee shall implement a protocol by which IPs and Consumers who do not follow established rules and guidelines including but not limited to: assault, threats of violence, harassment, repeated timesheet fraud, theft, and other major violations may no longer utilize Registry services. Grantee and DAS staff will inform each other of conduct problems of Consumers and IPs and collaboratively address issues. Documentation of violations and determinations will be maintained through this process and retained for monitoring.
- (10) Grantee shall notify the assigned DAS Social Worker by email the same day a Registry list has been sent to a consumer, and shall retain documentation for monitoring.

Grantee will maintain records for reporting purposes of the following: Outcomes for registry Consumers seeking to connect with an IP, IHSS Social Worker notifications (both initial and follow-up), as well as Consumers decisions about termination of services for Consumers or Providers with violations mentioned in article D-9.

### **III. IHSS Provider Benefits Administration Service**

#### **A. Definitions**

COBRA

Consolidated Omnibus Reconciliation Act of 1985

Vendors                      Entities contracted with IHSS-PA for Health and  
Dental Benefits

**B. Target Population**

The target population consists of IHSS IPs enrolled with IHSS and who meet eligibility requirements to enroll in the health and dental benefits provided by the Grantee as defined by the Collective Bargaining Agreement between SEIU 2015 and the Grantee.

**C. Description of Services**

Grantee shall provide the following services during the term of this grant:

- (1) Regular analysis and maintenance of IP eligibility for health and dental benefits;
- (2) Dissemination of IP enrollment information and applications;
- (3) Information and referral services for IP health and dental coverage questions;
- (4) Assistance to IPs during open enrollment to add and/or change coverage;
- (5) Enrollment of IPs into benefits upon receipt of health and dental applications;
- (6) Termination of benefits for IPs who become ineligible; and
- (7) Collaboration with vendors to update eligibility list and notify all potential COBRA beneficiaries of available benefits within 30 days.

**D. Grantee Responsibilities**

- (1) Grantee shall receive and review all enrollment applications to determine eligibility for health and dental insurance coverage. (If the application is submitted before the 12<sup>th</sup> of each month, coverage will start on the 1<sup>st</sup> of the following month.)
- (2) Grantee shall notify vendor of IPs of enrollment status. Vendor will mail out the welcome application packets to eligible IPs.
- (3) Grantee shall follow procedures to ensure that all qualified IPs have proper health and dental insurance coverage.





Exclusionary crimes including: W&IC section 12305.87 and include the following:

- A violent or serious felony, as specified in PC section 667.5(c), and PC section 1192.7(c);
- A felony offense for which a person is required to register as a sex offender, pursuant to PC section 290(c); and
- A felony offense for which a person is required to register as a sex offender, pursuant to PC section 290(c); and
- A felony offense for fraud against a public social services program, as defined in W&IC section 10980(c)(2) and (g)(2).

Tier 1  
Notification  
Forms

- SOC 852 Notice to Applicant Provider of Provider Ineligibility Due to Tier 1 Crimes(SOC 852)
- SOC 855 A Notice to Recipient of Provider Ineligibility Due to Tier 1 Crimes (SOC 855A)
- SOC 856 To Request An Appeal (SOC 856)
- SOC 858 A Notice to Provider of Provider Ineligibility—Tier 1 Crimes Ineligibility—Subsequent Conviction (SOC 858A)
- SOC 859 A Notice to Recipient of Provider Ineligibility—Tier 1 Crimes Ineligibility—Subsequent Conviction (SOC 859A)

Tier 2  
Notification  
Forms

- SOC 852 A Notice to Applicant Provider of Provider Ineligibility Due to Tier 2 Crimes(SOC 852A)
- SOC 855 B Notice to Recipient of Provider Ineligibility Due to Tier 2 Crimes (SOC 855B)
- SOC 856 To Request An Appeal (SOC 856)
- SOC 857 Notice to Recipient of Provider Eligibility County/PA/NPC Acknowledgement of Receipt of Waiver (SOC 857)
- SOC 858 B Notice to Provider of Provider Ineligibility—Tier 2 Crime Ineligibility—Subsequent Conviction (SOC 858B)
- SOC 859 B Notice to Recipient of Provider Ineligibility—Tier 2 Crimes Ineligibility—Subsequent Conviction (SOC 859B)
- SOC 862 IHSS Recipient Request for Provider Waiver form (SOC 862)
- SOC 863 IHSS Applicant Provider Request for General Exception form (SOC 863)
- SOC 881 IHSS Provider Request to Remain Active in CMIPS

## **B. Target Population**

The target population consists of individuals who apply to become IPs in the San Francisco IHSS program. Applicants who clear all State requirements to become IPs are then enrolled to provide IHSS home care services.

## **C. Description of Services**

The Grantee shall:

- (1) Provide low-cost fingerprinting services to IP population at Grantee's office during specified business hours;
- (2) Receive Criminal Offender Record Information (CORI) for all applicants to ensure that State eligibility requirements are met for their enrollment as IPs;
- (3) Respond to all applicant requests regarding criminal background check status;
- (4) Update CMIPS of all eligible and ineligible IPs;
- (5) Process all Provider appeals of criminal background check results; and
- (6) Communicate with IPs who have not worked for 12 months regarding continued eligibility.

## **D. Grantee Responsibilities**

- (1) LiveScan services
  - A. Maintain certification to perform LiveScan services.
  - B. Maintain LiveScan equipment and trained staff to provide fingerprinting services.
  - C. Accept payments and provide receipts for services rendered.
  - D. Provide LiveScan services during consistent and published times at Grantee's office.
- (2) Provider CORI information
  - A. Grantee shall analyze CORI from the DOJ for Tier 1 or Tier 2 Convictions.
  - B. Grantee shall determine individual eligibility for IHSS service provision.
  - C. Grantee shall enter individual eligibility information into CMIPS.
    - a. Grantee shall develop procedures to ensure that IPs who have gone through the fingerprinting process have an accurate record in CMIPS such as SSN, name and address.

- D. Grantee shall notify consumer and prospective IPs of eligibility determination using appropriate State notification forms.
  - E. Per ACL 10-05, Grantee shall:
    - i. Destroy criminal history record information immediately following determination of applicants who have cleared.
    - ii. Retain the criminal history record information of applicants who are disqualified based on a criminal record for a period of one year, for purposes of any legal appeal the provider may file.
- (3) Applicant requests
- A. Grantee shall develop and implement procedures to respond to fingerprint status inquiries in a timely fashion.
- (4) Appeals
- A. Grantee shall develop and implement procedures to receive applicant appeals and respond to questions regarding appeals.
  - B. Grantee shall forward all appeals to the state Provider Enrollment Appeals Unit (PEAU).
  - C. Grantee shall share CORI information with the PEAU, applicant, and consumer according to State IHSS regulations.
- (5) Inactive Providers
- A. Grantee shall send form SOC 881 via mail to IPs who have not submitted timesheets in 12 months.
  - B. Grantee will deactivate IPs who do not request to remain active in CMIPS.

## V. IHSS Mentorship Program

### A. Definitions

IHSS Eligible	An individual who is currently: (1) an IHSS consumer; or (2) a Medi-Cal recipient and has applied for In Home Supportive Services through the San Francisco Department of Disability and Aging Services.
IP	Independent Provider of IHSS
Mentee	A recipient of the Consumer Mentoring Service.
Mentor	A Public Authority employee familiar with IHSS and/or other Medi-Cal services from either previous work experience or personal experience as a Consumer or Provider.
SNF	Skilled Nursing Facilities such as Laguna Honda Hospital

## **B. Target Population**

- (1) IHSS-eligible Consumers in the process of discharging from institutional-living settings to community living in San Francisco; or
- (2) Current Consumers who are in need of short-term support to remain living independently in the community; and
- (3) Current Consumers who need help hiring and managing an IP.

The target population will herein be referred to as Mentee.

## **C. Description of Services**

### **Grantee shall:**

- (1) Outreach and Referral
  - A. Grantee will develop an outreach plan to inform Skilled Nursing Facilities (SNFs), IHSS Consumers, DAS Social Workers, and other community partners how individuals can access the IHSS Consumer Mentoring Services.
  - B. Grantee will conduct sufficient outreach to achieve an annual unduplicated population of 100 Mentees.
- (2) Receipt of Mentee referrals
  - A. Grantee will receive referrals from PA Registry Staff, IHSS Social Workers, and SNFs for target population.
  - B. Grantee will engage with potential Mentee within 3 business days of receiving the referral.
- (3) Mentee Assessment
  - A. Grantee will conduct a Mentorship Intake to understand the Mentee's goals within IHSS. After assessment, Mentee will be matched with a Mentor to provide training and assistance with hiring, getting care started, and retaining an IP.
- (4) Consumer Training
  - A. Grantee will provide training and coaching on how to be a successful employer of an IP.
- (5) Skilled Nursing Facility Discharge Mentoring
  - A. Grantee will assist IHSS-eligible Consumers in the process of discharging from SNFs with hiring and training IPs or working with Contract Mode Home Care Providers.

- B. Grantee will provide coaching on how to be a successful employer of an IP or a successful user of IHSS Contract Mode.

#### **D. Grantee Responsibilities**

- (1) Skilled Nursing Facility Discharge mentoring
  - A. Grantee will provide Mentors to work with Mentees leaving SNFs on topics that will include, but not be limited to:
    - a. Accessing community-based resources;
    - b. Hiring, managing, and retaining IPs;
    - c. Accessing and using public transportation;
    - d. Review and discuss authorized service needs.
- (2) Grantee will assist Mentee and IP with planning homecare after discharge.
  - A. Assist to coordinate start date for IP's employment; and
  - B. Assist in developing IP's regular schedule.
- (3) Grantee will contact Mentee one (1) month and three (3) months after discharge from the facility to assess the Mentee's satisfaction with the mentorship services and to determine the level of stability in living in the community. Additional earlier follow up may also be conducted, if necessary. All follow up activities will be documented in consumer records.
- (4) Mentee Records
  - A. Grantee will create records for all Mentees accessing Mentorship Services. Mentee Records will include:
    - i. Mentorship Intake
      - a. Assessment of Mentee hiring needs
      - b. Notes on interviewing and hiring process
      - c. Outcome of hiring attempts
    - ii. Mentee training records
      - a. List of training modules provided
      - b. Documentation of IP hiring process training
      - c. Documentation of community needs training
      - d. Documentation of post discharge training
    - iii. All staff contact with and about Mentee will be documented in case notes. This includes in-person visits, phone calls and collateral contacts with other agencies etc.

- (5) **Mentor Recruitment and Qualification**
  - A. Grantee will recruit and maintain an adequate number of Mentors to meet the annual Service Objectives.
  - B. Mentors will complete Mentorship training prior to providing services.
- (6) **Mentor Training**
  - A. Grantee will develop a training curriculum specific to the needs of new IHSS Mentors.
  - B. Grantee will provide all new Mentors with training.
  - C. Grantee will maintain records of Mentor training attendance.

## **VI. One Stop Resource Center**

### **A. Target Population**

- (1) Consumers of IHSS in need of additional help and guidance with hiring and retaining IPs.
- (2) IPs of IHSS in need of additional support and training around working with IHSS Consumers, self-care, and professional home care strategies and techniques.
- (3) Community Support Staff in search of additional information and resources related to IHSS.

### **B. Description of Services**

#### **Grantee shall:**

- (1) Provide free trainings and workshops to IHSS Consumers on topics such as “Finding an IP”, “Getting Started with an IP” and “Communications Strategies”.
- (2) Provide a resource center that is accessible to target population digitally, telephonically and on-site during regular business hours.
- (3) Design, implement and evaluate safety and protective supplies distribution pilot as required in the current IP Collective Bargaining Agreement between SEIU 2015 and Grantee.

### **C. Grantee Responsibilities**

- (1) Grantee will ensure that trainings and workshops contain relevant and up-to-date information for Consumers and IPs.
- (2) Grantee will conduct outreach and marketing to ensure IHSS Consumers and IPs are aware of trainings and workshops.
- (3) Grantee will ensure resources in One Stop Center are relevant to IHSS Consumers and IPs and are up-to-date. Staff in the One

Stop Resource Center, will be knowledgeable about IHSS and available resources and will make referrals and linkages to needed community services.

- (4) Grantee will develop and implement policies and procedures to ensure equitable distribution of safety and protective supplies to IPs.

## **VII. Union Shop Steward Payment For Union Activities**

### **A. Target Population**

Maximum of eleven (11) IP Union Stewards annually identified by SEIU 2015 of performing activities falling within the scope of representation of IHSS IPs.

These Union Stewards will receive stipends and will not be considered employees of the Grantee, nor will the Grantee be responsible for the Union Stewards' performance of stipended activities.

### **B. Description of Services**

#### **Grantee shall:**

- (1) SEIU 2015 will recruit, train and monitor eleven (11) Union Stewards to perform Union related activities such as:
  - A. negotiations;
  - B. maintaining a Union visibility at the Public Authority Office that does not unreasonably interfere with office activities;
  - C. having a role in new provider orientations to inform applicants about the Union;
  - D. representing IPs who have grievances or problems;
  - E. posting information on the bulletin board provided for the Union; and
  - F. assisting IPs with navigating the IHSS program.
- (2) Monthly SEIU 2015 will track and submit to Grantee up to eight (8) hours performed by the identified Union Stewards in a mutually agreeable format and time.
- (3) Grantee will provide individual stipend checks to Union Stewards upon receipt of approved hours within a mutually agreeable time.

### **C. Grantee Responsibilities**

- (1) Develop and implement a process with SEIU 2015 to identify, track and pay stipends to up to eleven (11) Union Stewards for up to 8 hours of authorized Union activity per month.



- (2) Ensure that each identified Union Steward receives and signs proper independent contractor forms and documentation.
- (3) Distribute checks to individual IP Union Stewards who have been identified and verified to have performed authorized hours by SEIU 2015.
- (4) Keep accurate and compliant records of stipend program.

## **VIII. San Francisco IHSS Public Authority Governing Body**

The IHSS Public Authority Governing Body is established in Chapter 70 of San Francisco's Administrative Code and functions as a board with responsibility for providing high level direction to the IHSS Public Authority. The members of the Governing Body are appointed by the Board of Supervisors and must reside in San Francisco. Additionally, members must have familiarity with, or knowledge of personal assistance services; the capacity to understand their role to aid and assist the IHSS Public Authority in the administration of its duties; and the ability to participate in regularly scheduled meetings. The grantee is responsible for supporting and coordinating the activities of the Governing Body.

### **A. Target Population**

- (1) IHSS Consumers over the age of 55 years, authorized to represent organizations that advocate for aging adults.
- (2) IHSS Consumers between the ages of 18 and 60 years, authorized to represent organizations that advocate for younger people with disabilities.
- (3) IHSS Providers who provides personal assistance services to an IHSS consumer.
- (4) Members of the DAS, DPH, HSA, MOD Commissions

### **B. Description of Services**

#### **Grantee shall:**

- (1) Recruit and appoint members of the Governing Body to fill the 13 membership seats designated by the Board of Supervisors.
- (2) Adhere to the enacted Governing Body Bylaws.
- (3) Facilitate six (6) Governing Body Meetings throughout the year.
- (4) Facilitate quarterly Finance Committee meetings to review fiscal budgets and planning.

### **C. Grantee Responsibilities**

- (1) Appoint and conduct annual performance evaluations of the Public Authority Executive Director.

- (2) Review and approve annual program and operating budgets.
- (3) Review and approve annual fiscal audit.
- (4) Report on Commission action items that affect the IHSS community.

## **IX. Service Objectives**

### **A. Worker Registry**

- (1) Grantee will provide Registry lists to at least 1,000 unduplicated Consumers annually.
- (2) Grantee will maintain a 1:5 ratio of diverse IPs on the Registry at any given point in time. (of Registry Consumers to IPs on list)

### **B. IHSS Provider Benefits Administration**

- (1) 100% of eligible IPs will receive health, dental, and/or COBRA enrollment packets within 30 days of when the Grantee receives CMIPS data.

### **C. Independent Provider Enrollment Service/Fingerprinting**

- (1) 100% of all Criminal Offender Record Information will be processed by the Grantee within 5 working days of receipt.
- (2) Grantee will complete at least 500 LiveScans annually.

### **D. IHSS Consumer Mentorship Program**

- (1) Grantee will serve at least 100 unduplicated Mentees annually. Served means engagement with Mentorship Services and completion of Mentorship Intake.
- (2) Grantee will assist at least 20 unduplicated Mentees in discharging from long-term care institutions to independent living annually.

## **X. Outcome Objectives**

### **A. Worker Registry**

- (1) 75% of Consumers using Registry services will have an active Provider (as verified in CMIPS II) within 60 days of receiving their first list.
- (2) In a written survey approved by HSA and conducted by the Grantee, a minimum of 85% of the Consumers will indicate:
  - A. General satisfaction with the Registry services provided (4 or 5 on a five point scale.) Consumers state they feel safe in the care of the Providers (4 or 5 on a five point scale.)

**B. IHSS Provider Benefits Administration**

- (1) 100% of qualified IPs submitting enrollment packets will be subsequently enrolled into appropriate plans.

**C. Independent Provider Enrollment Service/Fingerprinting**

- (1) 100% of criminal background checks will be appropriately and stringently processed to ensure consumer safety.

**D. IHSS Consumer Mentoring Service**

- (1) 75% of Mentees will have an active IP within 90 days of engagement in Mentorship Services.
- (2) 90% of Mentees who started Mentorship services while residing in a SNF will report that their Mentor helped them transition from SNF care to IHSS services.
- (3) 90% of Mentees report general satisfaction with the Mentorship services (4 or 5 on a five point scale).

**XI. Reporting Requirements**

- A. Grantee will provide a quarterly report of activities, referencing the tasks as described in Description of Services and Service Objectives. Reports are due 15 days after the close of the reporting period. Service Objectives will be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system.
- B. Grantee will provide an annual report summarizing the grant activities, referencing the tasks as described in Description of Services, Service Objectives, and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. This report is due 15 days after the completion of the program year and will be entered into CARBON.
- C. Grantee will send the following data points on a monthly and quarterly basis to the County by the 15<sup>th</sup> of the following month:
  - (1) Worker Registry:
    - A. Consumers: number of referrals, number/percentage of Consumers engaged in services, number of lists sent to Consumers, Average # of lists sent to Consumers, and number/percentage of Consumers number/percentage of

Consumers who were referred in the past 60 days and had 1+ provider linked.

- B. Providers: Number of Registry provider applications received, number of registry Providers on boarded, number of “active” registry Providers, Providers, number of Registry Providers not actively seeking work (employed with 1+ Consumers) and average length between application to acceptance on Registry.

(2) Health and Dental Benefits:

- A. Number of eligible Providers, number of enrollment packets sent, percentage of packets sent to eligible Providers, number of submitted packets, number of enrollments, percentage of enrollments of Providers that submitted packets, number of terminations, number of disenrollments, and percentage of eligible Providers enrolled in benefits.

(3) LiveScan and Criminal Background Checks:

- A. Number of records processed, number of tier 1 & 2, number of LiveScans completed, percentage of records processed within 5 days.

(4) Mentorship:

- A. Number of referrals from SNFs, number of referrals from DAS/Registry, number of referrals from community partners, number of self-referrals, number of hospital discharges, number of Mentorship Intakes completed, number of Mentees paired with a Mentor.

(5) One-Stop Resource Center:

- A. Number of One-Stop Resource Center workshop and training attendees number of trainees that found the training or workshop helpful, number of trainings and workshops offered, number of users (drop-in and telephone) of the One Stop Center, and number of Consumers and Providers who received resource assistance (in-person or virtually)
- B. Number of personal protective equipment (PPE) distributed, and number of Provider identification badges produced.
- C. Number of recruitment events and attendees

(6) IHSS Public Authority Governing Body

- A. Coordinate and staff 6 public meetings a year.
- B. Ensure all Governing Body membership seats are filled and that appointed representatives meet the criteria that is detailed in Chapter 70 of the Administrative Code.
  
- D. Grantee will enter the following services measures on a monthly basis into the CARBON system:
  - (1) Worker Registry: Number of unduplicated Consumers to whom Registry lists was provided.
  - (2) IHSS Provider Benefits Administration: Number of qualified IPs submitting enrollment packets who are subsequently enrolled into appropriate plans.
  - (3) Independent Provider Enrollment Service: Number of Criminal Offender Records processed by the Grantee during reporting month.
  - (4) IHSS Consumer Mentoring Service: Number of unduplicated Mentees served during reporting month.
  - (5) Governing Body: Number of meetings staffed and coordinated
  
- E. Grantee shall develop and deliver ad hoc reports as requested by HSA.
  
- F. The reports are to be submitted electronically to the following staff:

Annyse Acevedo  
Senior Administrative Analyst  
[Annyse.Acevedo@sfgov.org](mailto:Annyse.Acevedo@sfgov.org)

Krista Blyth-Gaeta  
IHSS Program Director  
[krista.blyth-gaeta@sfgov.org](mailto:krista.blyth-gaeta@sfgov.org)

Alternatively, reports can be mailed to both staff at the following address:

Department of Human Services  
PO Box 7988  
San Francisco, CA 94120

## **XII. Monitoring Activities**

- A. Program Monitoring: Program monitoring will include review of client eligibility, back-up documentation for reporting progress towards meeting service and outcome objectives, and compliance with minimum program requirements.
  
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D	E	F
1						Appendix B, Page 1
2						Document Date: 02/16/22
3	<b>HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY</b>					
4	<b>BY PROGRAM</b>					
5	Contractor's Name				Contract Term	
6	San Francisco In-Home Supportive Services Public Authority				07/01/22 - 06/30/26	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: SF IHSS Public Authority (PA ADMIN / HEALTH / DENTAL)					
10	Budget Reference Page No.(s)					<b>TOTAL</b>
11	Program Term: 7/1/22 - 6/30/26		<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>
12	<b>Expenditures</b>					
13	Salaries & Benefits	\$2,772,976	\$2,864,420	\$2,949,356	\$3,036,742	\$11,623,495
14	Operating Expense	\$91,233,948	\$93,975,634	\$96,795,229	\$99,700,439	\$381,705,249
15	<b>Subtotal</b>	<b>\$94,006,924</b>	<b>\$96,840,054</b>	<b>\$99,744,585</b>	<b>\$102,737,180</b>	<b>\$393,328,744</b>
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)					
18	Capital Expenditure	\$21,750	\$9,500	\$10,500	\$10,750	\$52,500
19	Total Expenditures	\$94,028,674	\$96,849,554	\$99,755,085	\$102,747,930	\$393,381,244
20	<b>HSA Revenues</b>					
21	General Fund 20%	\$18,805,735	\$19,369,911	\$19,951,017	\$20,549,586	\$78,676,250
22	State Funding 30%	\$28,208,602	\$29,054,866	\$29,926,525	\$30,824,379	\$118,014,373
23	Federal Funding 50%	\$47,014,337	\$48,424,777	\$49,877,542	\$51,373,965	\$196,690,621
24						
25						
26	TOTAL HSA REVENUES	\$94,028,674	\$96,849,554	\$99,755,085	\$102,747,930	\$393,381,243
27	<b>Other Revenues</b>					
28						
29						
30						
31						
32						
33	<b>Total Revenues</b>	<b>\$94,028,674</b>	<b>\$96,849,554</b>	<b>\$99,755,085</b>	<b>\$102,747,930</b>	<b>\$393,381,243</b>
34	Full Time Equivalent (FTE): 25.10 FTE PA Staff Only					
36	Prepared by: Loc Chau - Director of Finance & Operations		Telephone: 415-593-8115		02/16/22	
37	HSA-CO Review Signature: _____					
38	<b>HSA #1</b>					<b>2/16/2022</b>





	A	B	C	D	E	F	G	H	I	J	K	L	M
1												Appendix B, Page 3	
2												Document Date: 02/16/22	
3													
4	Program Name: SF IHSS Public Authority												
5	<b>PA ADMIN / HEALTH / DENTAL</b>												
6													
7	<b>Operating Expense Detail</b>												
8													
9													
10													
11													
12	<b>EXPENDITURE CATEGORY</b>		<b>TERM</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2015-16</b>	<b>TOTAL</b>					
13	Rental of Property			\$419,448	\$428,132	\$436,571	\$445,010	\$1,729,161					
14	Utilities(Telephone / Repair & Maintenance)			\$35,500	\$36,565	\$37,662	\$38,792	\$148,519					
15	Office Supplies / Postage			\$55,750	\$57,423	\$60,895	\$64,222	\$238,290					
16	Printing (Newsletter / Communications / Office Forms)			\$28,000	\$28,840	\$29,705	\$30,596	\$117,142					
17	Insurance			\$27,500	\$28,325	\$29,925	\$31,822	\$117,572					
18	Prof. Membership / Staff Training / Recruitment / Meetings			\$37,750	\$44,383	\$48,214	\$50,910	\$181,257					
19	Staff Travel (Mileage / Accommodations)			\$5,000	\$6,000	\$6,500	\$6,500	\$24,000					
20	<b>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</b>												
21	Independent Auditor			\$42,000	\$43,260	\$44,558	\$45,895	\$175,712					
22	Bookkeeping & Payroll Services			\$63,750	\$65,663	\$67,632	\$69,661	\$266,706					
23	Technology Consultant			\$50,750	\$52,273	\$55,091	\$57,943	\$216,057					
24	Legal Counsel			\$35,000	\$35,000	\$30,000	\$30,000	\$130,000					
25	Salesforce Software and Consutant			\$84,500	\$84,500	\$84,500	\$84,500	\$338,000					
26	Other Consulting			\$115,000	\$121,324	\$129,840	\$136,110	\$502,274					
27	<b>OTHER</b>												
28	Exchange (Monthly Email Service - Cloud)			\$9,500	\$9,500	\$9,500	\$9,500	\$38,000					
29	Education & Outreach (Incl. SDN)			\$40,000	\$43,000	\$46,250	\$49,250	\$178,500					
30	CAPA Annual Dues			\$17,750	\$18,638	\$19,197	\$20,156	\$75,741					
31	IP Supplies & ID Cards			\$37,750	\$40,500	\$42,500	\$45,000	\$165,750					
32	Mentorship Program (PT Mentors: Salaries & Benefits)			\$77,000	\$79,310	\$81,689	\$84,140	\$322,139					
33	Mentorship Program: Training/Meetings/Materials/Consultants			\$30,000	\$31,000	\$32,000	\$33,000	\$126,000					
34	Shop Stewards			\$22,000	\$22,000	\$22,000	\$22,000	\$88,000					
35	Health Insurance - SF Health Plan			\$86,745,275	\$89,347,633	\$92,028,062	\$94,788,904	\$362,909,875					
36	Dental Insurance - Liberty Dental			\$3,254,725	\$3,352,367	\$3,452,938	\$3,556,526	\$13,616,555					
37													
38	TOTAL OPERATING EXPENSE			\$91,233,948	\$93,975,634	\$96,795,229	\$99,700,439	\$381,705,249					
39													
40	<b>HSA #3</b>											<b>2/16/2022</b>	

	A	B	C	D	E	F	G
1							Appendix B, Page 4
2							Document Date: 02/16/22
3							
4	Program Name: SF IHSS Public Authority						
5	<b>PA ADMIN / HEALTH / DENTAL</b>						
6							
7	<b>Capital Expenditure Detail</b>						
8	(Equipment and Remodeling Cost)						
9							<b>TOTAL</b>
10	<b>EQUIPMENT</b>	<b>TERM</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2015-16</b>	<b>7/1/22-6/30/26</b>
11	No.	ITEM/DESCRIPTION					
12	1	Copiers	\$7,500		\$10,500		\$18,000
13	2	Laptops / Monitors / Telephones	\$5,750	\$9,500		\$10,750	\$26,000
14	3	Office Cubicles	\$8,500				\$8,500
15							
16							
17							
18							
19							
20							
21							
22							
23							
24							
25							
26							
27							
28	TOTAL EQUIPMENT COST		\$21,750	\$9,500	\$10,500	\$10,750	\$52,500
29							
30	<b>R E M O D E L I N G</b>						
31	Description:						
32							
33							
34							
35	TOTAL REMODELING COST						
36							
37	TOTAL CAPITAL EXPENDITURE		\$21,750	\$9,500	\$10,500	\$10,750	\$ 52,500
38	(Equipment and Remodeling Cost)						
39	<b>HSA #4</b>						<b>2/16/2022</b>

	A	B	C	D	E	F
1						Appendix B(a), Page 1
2						Document Date: 02/16/22
3	<b>HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY</b>					
4	<b>BY PROGRAM</b>					
5	Contractor's Name				Contract Term	
6	<b>San Francisco In-Home Supportive Services Public Authority</b>				07/01/22 - 06/30/26	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: SF IHSS Public Authority ( <b>FINGER PRINTING PROJECT</b> )					
10	Budget Reference Page No.(s)					<b>TOTAL</b>
11	Program Term: 7/1/22 - 6/30/26	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>	<b>07/01/22 - 06/30/26</b>
12	<b>Expenditures</b>					
13	Salaries & Benefits	\$249,500	\$256,800	\$264,380	\$272,975	\$1,043,655
14	Operating Expense	\$43,995	\$45,500	\$47,000	\$47,750	\$184,245
15	<b>Subtotal</b>	<b>\$293,495</b>	<b>\$302,300</b>	<b>\$311,380</b>	<b>\$320,725</b>	<b>\$1,227,900</b>
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)					
18	Capital Expenditure					
19	Total Expenditures	\$293,495	\$302,300	\$311,380	\$320,725	\$1,227,900
20	<b>HSA Revenues</b>					
21	General Fund 20%	\$58,699	\$60,460	\$62,276	\$64,145	\$245,580
22	State Funding 30%	\$88,048	\$90,690	\$93,414	\$96,218	\$368,370
23	Federal Funding 50%	\$146,747	\$151,150	\$155,690	\$160,363	\$613,950
24						
25						
26	TOTAL HSA REVENUES	\$293,495	\$302,300	\$311,380	\$320,725	\$1,227,900
27	<b>Other Revenues</b>					
28						
29						
30						
31						
32						
33	<b>Total Revenues</b>	<b>\$293,495</b>	<b>\$302,300</b>	<b>\$311,380</b>	<b>\$320,725</b>	<b>\$1,227,900</b>
34	Full Time Equivalent (FTE): 2.60 FTE PA Staff Only					
36	Prepared by: Loc Chau - Director of Finance & Operations		Telephone: 415-593-8115		02/16/22	
37	HSA-CO Review Signature: _____					
38	<b>HSA #1</b>					





	A	B	C	D	E	F	G
1						Appendix B(a), Page 4	
2						Document Date:	02/16/22
3							
4		Program Name: SF IHSS Public Authority					
5		<b>FINGER PRINTING PROJECT</b>					
6							
7							
8							
9							
							<b>TOTAL</b>
10		<b>EQUIPMENT</b>	<b>TERM</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>
11	No.	ITEM/DESCRIPTION					
12							
13							
14							
15							
16							
17							
18							
19							
20		TOTAL EQUIPMENT COST					
21							
22		<b>R E M O D E L I N G</b>					
23		Description:					
24							
25							
26							
27							
28							
29		TOTAL REMODELING COST					
30							
31		TOTAL CAPITAL EXPENDITURE					
32		(Equipment and Remodeling Cost)					
33		<b>HSA #4</b>					

	A	B	C	D	E	F
1						Appendix B(b), Page 1
2						Document Date: 02/16/22
3	<b>HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY</b>					
4	<b>BY PROGRAM</b>					
5	Contractor's Name				Contract Term	
6	San Francisco In-Home Supportive Services Public Authority				07/01/22 - 06/30/26	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: SF IHSS Public Authority (ADVISORY COUNCIL)					
10	Budget Reference Page No.(s)					<b>TOTAL</b>
11	Program Term: 7/1/22 - 6/30/26	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>	<b>7/1/22-6/30/26</b>
12	<b>Expenditures</b>					
13	Salaries & Benefits	\$45,530	\$47,785	\$49,370	\$50,530	\$193,215
14	Operating Expense	\$38,000	\$38,250	\$39,250	\$40,750	\$156,250
15	<b>Subtotal</b>	<b>\$83,530</b>	<b>\$86,035</b>	<b>\$88,620</b>	<b>\$91,280</b>	<b>\$349,465</b>
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)					
18	Capital Expenditure					
19	Total Expenditures	\$83,530	\$86,035	\$88,620	\$91,280	\$349,465
20	<b>HSA Revenues</b>					
21	General Fund 20%	\$16,706	\$17,207	\$17,724	\$18,256	\$69,893
22	State Fund 30%	\$25,059	\$25,810	\$26,586	\$27,384	\$104,839
23	Federal Fund 50%	\$41,765	\$43,017	\$44,310	\$45,640	\$174,732
24						
25						
26	TOTAL HSA REVENUES	\$83,530	\$86,035	\$88,620	\$91,280	\$349,465
27	<b>Other Revenues</b>					
28						
29						
30						
31						
32						
33	<b>Total Revenues</b>	<b>\$83,530</b>	<b>\$86,035</b>	<b>\$88,620</b>	<b>\$91,280</b>	<b>\$349,465</b>
34	Full Time Equivalent (FTE): .30 FTE PA Staff Only					
36	Prepared by: Loc Chau - Director of Finance & Operations			Telephone: 415-593-8115		02/16/22
37	HSA-CO Review Signature: _____					
38	<b>HSA #1</b>					<b>2/16/2022</b>

	A	B	C	D	E	F	G	H	I	J
1										Appendix B(b), Page 2
2										Document Date: 02/16/22
3										
4	Program Name: SF IHSS Public Authority									
5	<b>ADVISORY COUNCIL</b>									
6										
7	<b>Salaries &amp; Benefits Detail</b>									
8										
9										
10										
11		Agency Totals		For HSA Program		FY2022-23	FY2023-24	FY2024-25	FY2025-26	TOTAL
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	7/1/22-6/30/26
13	Executive Director (E. Norman)	\$200,850	10%	100%	10%	\$20,085	\$20,688	\$21,308	\$21,947	\$84,028
14	Executive Assistant (OPEN)	\$61,532	20%	100%	20%	\$12,306	\$12,676	\$13,056	\$13,448	\$51,485
15										
16										
17										
18										
19	TOTALS	\$262,382	0.30	2.00	0.30	\$32,391	\$33,363	\$34,364	\$35,395	\$135,514
20										
21	FRINGE BENEFIT RATE	39.00%				39.00%	39.00%	39.00%	39.00%	39.00%
22	EMPLOYEE FRINGE BENEFITS	\$102,329				\$13,139	\$14,422	\$15,006	\$15,135	\$57,701
23										
24										
25	TOTAL SALARIES & BENEFITS	\$364,711				\$45,530	\$47,785	\$49,370	\$50,530	\$193,215
26	HSA #2									2/16/2022



	A	B	C	D	E	F	G	H	I	J	K	L	M
1												Appendix B(b), Page 3	
2												Document Date: 02/16/22	
3													
4	Program Name: SF IHSS Public Authority												
5	<b>ADVISORY COUNCIL</b>												
6													
7	<b>Operating Expense Detail</b>												
8													
9													
10													
11													
12	<b>EXPENDITURE CATEGORY</b>			<b>TERM</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>				<b>TOTAL</b>	
13	D & O Insurance				\$9,000	\$9,250	\$9,750	\$10,750				\$38,750	
14	CICA Membership / Conference				\$5,000	\$5,000	\$5,000	\$5,000				\$20,000	
15	Board Stipend				\$12,000	\$12,000	\$12,500	\$13,000				\$49,500	
16	Communications				\$12,000	\$12,000	\$12,000	\$12,000				\$48,000	
17													
18	<b>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</b>												
19													
20													
21													
22													
23	<b>OTHER</b>												
24													
25													
26													
27													
28	TOTAL OPERATING EXPENSE				\$38,000	\$38,250	\$39,250	\$40,750				\$156,250	
29													
30	<b>HSA #3</b>												<b>2/16/2022</b>

	A	B	C	D	E	F	G
1							Appendix B(b), Page
2							Document Date: 02/16/22
3							
4	Program Name: SF IHSS Public Authority						
5	<b>ADVISORY COUNCIL</b>						
6							
7	<b>Capital Expenditure Detail</b>						
8	<b>(Equipment and Remodeling Cost)</b>						
9							
10	<b>EQUIPMENT</b>	<b>TERM</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>	<b>TOTAL</b>
11	No.	ITEM/DESCRIPTION					
12							
13							
14							
15							
16							
17							
18							
19							
20	TOTAL EQUIPMENT COST						
21							
22	<b>R E M O D E L I N G</b>						
23	Description:						
24							
25							
26							
27							
28							
29	TOTAL REMODELING COST						
30							
31	TOTAL CAPITAL EXPENDITURE						
32	(Equipment and Remodeling Cost)						
33	<b>HSA #4</b>						<b>2/16/2022</b>

	A	B	C	D	E	F
1	Appendix B(c), Page 1					
2	Document Date: 02/16/22					
3	<b>HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY</b>					
4	<b>BY PROGRAM</b>					
5	Contractor's Name				Contract Term	
6	<b>San Francisco In-Home Supportive Services Public Authority</b>				07/01/22 - 06/30/26	
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>					
8	If modification, Effective Date of Mod.		No. of Mod.			
9	Program: <b>Mentorship Program (DPH)</b>					
10	Budget Reference Page No.(s)					<b>TOTAL</b>
11	Program Term: 7/1/22- 6/30/26	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>	<b>7/1/22-6/30/26</b>
12	<b>Expenditures</b>					
13	Salaries & Benefits	\$58,000	\$58,000	\$58,000	\$58,000	\$232,000
14	Operating Expense					
15	<b>Subtotal</b>	\$58,000	\$58,000	\$58,000	\$58,000	\$232,000
16	Indirect Percentage (%)					
17	Indirect Cost (Line 16 X Line 15)					
18	Capital Expenditure					
19	Total Expenditures	\$58,000	\$58,000	\$58,000	\$58,000	\$232,000
20	<b>HSA Revenues</b>					
21	General Fund	\$58,000	\$58,000	\$58,000	\$58,000	\$232,000
22						
23						
24						
25						
26	TOTAL HSA REVENUES	\$58,000	\$58,000	\$58,000	\$58,000	\$232,000
27	<b>Other Revenues</b>					
28						
29						
30						
31						
32						
33	<b>Total Revenues</b>	<b>\$58,000</b>	<b>\$58,000</b>	<b>\$58,000</b>	<b>\$58,000</b>	<b>\$232,000</b>
34	Full Time Equivalent (FTE): 0					
36	Prepared by: Loc Chau - Director of Finance & Operations					02/16/22
37	HSA-CO Review Signature: _____					
38	<b>HSA #1</b>					

	A	B	C	D	E	F	G	H	I	J
1	Appendix B(c), Page 2									
2	Document Date: 02/16/22									
3										
4	Program Name: SF IHSS Public Authority									
5	<b>Mentorship Program (DPH)</b>									
6										
7	<b>Salaries &amp; Benefits Detail</b>									
8										
9										
10										
11		Agency Totals		For HSA Program		FY2022-23	FY2023-24	FY2024-25	FY2025-26	
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	For DHS Program Budgeted Salary	TOTAL 07/01/22 to 06/30/26
13	PT Mentors					\$41,500	\$41,500	\$41,500	\$41,500	\$166,000
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25										
26										
27										
28										
29										
30										
31										
32										
33										
34	TOTALS	\$0	0.00	0.00	0.00	\$41,500	\$41,500	\$41,500	\$41,500	\$166,000
35										
36	FRINGE BENEFIT RATE	39.00%								
37	EMPLOYEE FRINGE BENEFITS	\$0				\$16,500	\$16,500	\$16,500	\$16,500	\$66,000
38										
39										
40	TOTAL SALARIES & BENEFITS	\$0				\$58,000	\$58,000	\$58,000	\$58,000	\$232,000
41	HSA #2	2/16/2022								

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	Appendix B(c), Page 3												
2	Document Date: 02/16/22												
3													
4	Program Name: SF IHSS Public Authority												
5	<b>Mentorship Program (DPH)</b>												
6													
7	<b>Operating Expense Detail</b>												
8													
9													
10													
11													
12	<b>EXPENDITURE CATEGORY</b>			<b>TERM</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>				<b>TOTAL</b>	
13	Training / Recruitment / Meetings				_____	_____	_____	_____					
14	Stipends				_____	_____	_____	_____					
15	Travel				_____	_____	_____	_____					
16	Outreach				_____	_____	_____	_____					
17					_____	_____	_____	_____					
18					_____	_____	_____	_____					
19					_____	_____	_____	_____					
20					_____	_____	_____	_____					
21	<b>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</b>												
22					_____	_____	_____	_____					
23					_____	_____	_____	_____					
24					_____	_____	_____	_____					
25					_____	_____	_____	_____					
26					_____	_____	_____	_____					
27					_____	_____	_____	_____					
28					_____	_____	_____	_____					
29	<b>OTHER</b>												
30					_____	_____	_____	_____					
31					_____	_____	_____	_____					
32					_____	_____	_____	_____					
33					_____	_____	_____	_____					
34					_____	_____	_____	_____					
35					_____	_____	_____	_____					
36					_____	_____	_____	_____					
37					_____	_____	_____	_____					
38	TOTAL OPERATING EXPENSE				_____	_____	_____	_____					
39													
40	<b>HSA #3</b>												<b>2/16/2022</b>

	A	B	C	D	E	F	G	
1					Appendix B(c), Page 4			
2					Document Date:		02/16/22	
3								
4		Program Name: SF IHSS Public Authority						
5		<b>Mentorship Program (DPH)</b>						
6								
7		<b>Capital Expenditure Detail</b>						
8		<b>(Equipment and Remodeling Cost)</b>						
9								
10		<b>EQUIPMENT</b>	<b>TERM</b>	<b>FY2022-23</b>	<b>FY2023-24</b>	<b>FY2024-25</b>	<b>FY2025-26</b>	<b>TOTAL</b>
11	No.	ITEM/DESCRIPTION						
12								
13								
14								
15								
16								
17								
18								
19								
20	TOTAL EQUIPMENT COST							
21								
22	<b>R E M O D E L I N G</b>							
23	Description:							
24								
25								
26								
27								
28								
29	TOTAL REMODELING COST							
30								
31	TOTAL CAPITAL EXPENDITURE							
32	(Equipment and Remodeling Cost)							
33	<b>HSA #4</b>							<b>2/16/2022</b>



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

Department of Benefits  
and Family Support

Department of Disability  
and Aging Services

Office of Early Care  
and Education

P.O. Box 7988  
San Francisco, CA  
94120-7988  
[www.SFHSA.org](http://www.SFHSA.org)

Date: February 17, 2022

To: Dan Kaplan, Deputy Director, HSA

From: Esperanza Zapien, Director of Contracts, HSA

RE: Sole Source Waiver request – San Francisco IHSS Public Authority to provide services under the Independent Provider mode for In-Home Supportive Services (IHSS) consumers in the City and County of San Francisco.

The Human Services Agency (HSA), on behalf of the Department of Disability and Aging Services (DAS), respectfully requests the approval of the attached exemption of the sole source waiver form for the San Francisco IHSS Public Authority for the provision of the Independent Provider mode program.

Per Administrative Code Section 21.G, Granting Agencies shall award all Grants through an open and competitive process under Sections 21G.4, 21G.5, and 21G.6, except for Grants (1) to a governmental entity for programs, activities, or services that can be practically performed only by that particular entity, (2) made to a specific entity as required to comply with applicable law or contract, or as a result of the requirements of the funding source, (3) made for improvement to property by a property owner, or (4) awarded on a sole source basis pursuant to Section 21G.8.

Per Administrative Code Chapter 70, SF IHSS Public Authority has designated authority over IHSS.

“The Board of Supervisors for the City and County of San Francisco (hereinafter, City) by this Chapter establishes a public authority whose powers are derived from and consistent with the provisions of Welfare and Institutions Code Section 12301.6. The name of this public authority shall be the In-Home Supportive Services Public Authority, and shall be referred to in this Chapter as the "Authority." Its purpose is to assure the availability of independent providers for the In-Home Supportive Services Program (IHSS) through the establishment of a central registry, and related functions, and to perform any other functions, as may be necessary for the operation of the Authority, or related to the delivery of IHSS in San Francisco, subject to all applicable Federal and State laws and regulations, and to the limitations set forth in this Chapter.”

Therefore, when a grant is to a governmental entity for programs, activities, or services that can be practically performed only by that particular entity, then per the City Purchaser’s Administrative Code Chapter 21G Rules and Regulations, a waiver request form is not needed.

DAS is proposing the following:

Request: To enter into a four (4) year sole source grant with San Francisco In Home Supportive Services Public Authority.



**London Breed**  
Mayor

**Trent Rhorer**  
Executive Director



**SAN FRANCISCO  
HUMAN SERVICES AGENCY**

P.O. Box 7988  
San Francisco, CA  
94120-7988  
[www.SFHSA.org](http://www.SFHSA.org)

Reason for this Request: Admin Code 21G.3(a)(1): Grants to a governmental entity for programs, activities, or services that can be practically performed only by that particular entity.

Justification for Sole Source Exemption: Per Administrative Code Chapter 70, SF IHSS Public Authority has designated authority over IHSS. SF IHSS is a governmental agency.

Brief description of services: SF IHSS major service areas are:

- A. maintaining a home care worker registry;
- B. providing and administering health and dental benefits for Independent Providers;
- C. participating in Independent Provider group orientation, conducting LiveScans and processing of criminal background checks of potential Independent Providers;
- D. providing a Mentorship Program for IHSS consumers;
- E. providing a One Stop Resource Center for IHSS recipients and Independent Providers, which includes trainings for IHSS recipients and distribution of limited safety and protective supplies to Independent Providers; and
- F. providing stipends to Union Stewards for performance of Union related activities in accordance with the current Collective Bargaining Agreement between SEIU 2015 and Grantee.

Duration: July 1, 2022 through June 30, 2026

Compliance: The grantee meets City requirements for contracting.

Approved       Disapproved

DocuSigned by:  
*Daniel Kaplan*      2/18/2022

ED8A459D2D22472  
Dan Kaplan, Deputy Director of Administration and Finance



## Grant Solicitation Waiver Instructions

**WHEN TO USE:** For approval of grant solicitation waivers under [Administrative Code Section 21G.8](#), where:

- A competitive process is infeasible or impracticable
- A Public Purpose may reasonably be accomplished by one particular Grantee

Per the City Purchaser's Administrative Code Chapter 21G Rules and Regulations, this Waiver Form is **not required** for grants awarded in accordance with Administrative Code Sections:

- X** ■ **21G.3(a)(1):** Grants to a governmental entity for programs, activities, or services that can be practically performed only by that particular entity
- **21G.3(a)(2):** Grants to a specific entity as required to comply with applicable law or contract, or as a result of the requirements of the funding source
- **21G.3(a)(3):** Grants made for improvement to property by a property owner
- **21G.8(c):** Grants to any of the four City-owned community cultural center

**INSTRUCTIONS:** Complete this Grant Solicitation Waiver Form to request approval to waive the competitive solicitation requirements under Administrative Code Section 21G.8. Provide specific and comprehensive information to justify why the requested grant should be awarded absent a solicitation. Attach appropriate/required supporting documentation.

The Grant Solicitation Waiver Form must be signed by the Granting Officer or their designee. The Solicitation Waiver must be fully approved before the department makes a commitment to the grantee, and before City funds are encumbered. If the Solicitation Waiver request is denied, the department must conduct a competitive process to select the grantee(s).

For extensions of Solicitation Waivers for a previously awarded sole source grant, attach a copy of all prior approved Solicitation Waivers or other sole source determinations by the relevant authority.

Submit Grant Solicitation Waiver Form for final approval as follows:

- **Granting Agencies under jurisdiction of a commission or board:** to the commission or board, recommending waiver of solicitation requirements for this grant award.
- **Granting Agencies with no board or commission:** to the Purchaser ([oca@sfgov.org](mailto:oca@sfgov.org)), who shall convene the Grant Consensus Committee<sup>1</sup> to review the request.

Once fully approved, upload this signed form, all supporting documentation, and commission, board, or Grant Consensus Committee final approval, as applicable, to PeopleSoft. Select the appropriate Purchasing Authority for the grant award in PeopleSoft.

<sup>1</sup> Representatives from the Controller's Office, Human Resources Department, Office of Contract Administration, and City Attorney's Office

## Grant Solicitation Waiver Form

<b>Department:</b> <u>Human Services Agency</u>	<b>Phone:</b> <u>(415) 557-6393</u>
<b>Dept. Contact:</b> <u>Annyse Acevedo</u>	<b>Email:</b> <u>Annyse.Acevedo</u>

<b>Request:</b> <input checked="" type="checkbox"/> New <input type="checkbox"/> Modification	<b>Grantee:</b> <u>SF IN-HOME SPRTIV SVCS</u>	<b>Supplier ID:</b> <u>0000011189</u>
<u>(IHSS) PUBL AUTH</u>		

**Short Description of Grant:** Independent Provider Mode In-Home Supportive Services

<b>Grant Amount:</b> <u>\$434,709,670</u> <i>(Attach itemized budget if available)</i>	<b>Grant Duration:</b> <u>4 years</u>
<b>Anticipated Dates:</b> From <u>7/1/22</u> To <u>6/30/26</u> To improve services under the Independent Provider mode for In-Home Supportive Services (IHSS)	
<b>Describe the Public Purpose to be fulfilled by this Grant:</b> <u>consumers in the City and County of San Francisco.</u>	

### Justification for Waiver of Competitive Solicitation Requirements

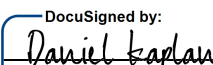
Check the appropriate solicitation waiver reason and address the questions listed. Attach additional supporting documentation as indicated and/or as necessary. **WAIVED. 21.G3(a)(1) - Grants to a governmental entity**

**Competitive solicitation infeasible or impracticable**

- Is this grant required to respond to a public emergency or other exigent circumstances?  Yes  No
- If **YES**, provide a description of the public exigency or emergency, need for the sole source Grant and period of performance, and impact on the Public Purpose if the sole source Grant is not approved.
- If **NO**, grant is *not* required to respond to public emergency or other exigent circumstance:
  - Why is a competitive process infeasible or impracticable?
  - Why is this the only entity that can fulfill this Public Purpose? What does the entity offer that is essential to fulfilling the Public Purpose?
  - What steps were taken to verify that this is the only entity that can fulfill this Public Purpose? Has the department contacted other entities to evaluate their ability to fulfill the Public Purpose, and if so, describe the entities and explain why they cannot meet the department's needs.

**Public Purpose may reasonably be accomplished by one particular Grantee**

- Why this is the only entity that can fulfill this Public Purpose? What the entity offers that is essential to fulfilling the Public Purpose?
- What steps were taken to verify that this is the only entity that can fulfill this Public Purpose? Has the department contacted other entities to evaluate their ability to fulfill the Public Purpose, and if so, describe the entities and explain why they cannot meet the department's needs.
- Is this a recurring Grant to the same recipient?  Yes  No
- If **YES**: How long has this entity fulfilled this Public Purpose for the department?
  - Has department conducted a formal or informal competitive process within the last five years demonstrating lack of other potential Grantees, pursuant to Admin Code §21G.8(b).  Yes  No
  - Solicitation document(s), result(s), and other supporting documentation attached?  Yes  No

<b>Grant Solicitation Waiver request is recommended by:</b>	
Grants Officer (Dept Head) or Designee Name: <u>Daniel Kaplan</u>	
Grants Officer (Dept Head) or Designee Signature: <u></u>	Date: <u>2/18/2022</u>

**For departments without board or commission, this Waiver request is approved by:**

OCA Director (on behalf of Grant Consensus Committee): \_\_\_\_\_ Date: \_\_\_\_\_