



**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

MEMORANDUM

TO: DISABILITY AND AGING SERVICES COMMISSION

THROUGH: KELLY DEARMAN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS

DATE: MAY 4, 2022

SUBJECT: NEW GRANT: **STEPPINGSTONE (NON-PROFIT)**
TO PROVIDE ENHANCED CARE COORDINATION
FOR ADULT DAY HEALTH CARE

DS
EL

GRANT TERM: 7/1/2022-6/30/2027

GRANT AMOUNT:	New	Contingency	Total
	\$3,278,345	\$327,835	\$3,606,180

ANNUAL AMOUNT	FY22/23	FY23/24	FY24/25	FY25/26	FY26/27
	\$655,669	\$655,669	\$655,669	\$655,669	\$655,669



London Breed
Mayor

Trent Rhorer
Executive Director

Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$3,278,345			\$327,835	\$3,606,180
PERCENTAGE:	100%				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 SteppingStone for the period of July 1, 2022 through June 30, 2027, in an amount of \$3,278,345, plus a 10% contingency for a total amount not to exceed \$3,606,180. The purpose of the grant is to provide Enhanced Care Coordination for Adult Day Health Care (ADHC) centers to assist medically frail, low-income older adults and adults with disabilities in maintaining successful community living.

Background

Adult Day Health Care (ADHC) centers offer a medical model of care through outpatient day programs for older adults and adults with disabilities who would otherwise be in risk of needing institutional care. The SteppingStone ADHC centers are co-located with low-income senior housing and promote an aging-in-place service model for those who need services. Additionally, the Mission Creek Senior Community (MCSC) has a population of recently homeless and frail seniors and adults with disabilities who additionally need behavioral health services due to mental health and substance use issues. Enhanced Care Coordination bridges the gap for these vulnerable individuals who often need additional care coordination services in order to successfully engage with ADHC centers, utilize community resources, maintain independent living, and ultimately prevent pre-mature institutionalization. These services were previously under the purview of the San Francisco Department of Public Health (SFDPH), but will now be overseen by DAS.

Services to be Provided

Enhanced Care Coordination (ECC) is essential to ensure that individuals effectively engage with ADHC and, when appropriate, access necessary resources in a supportive housing environment. ECC consists of any or all of the following components with a focus on community living and an aging-in-place approach: Clinical Support for ADHC Services, Community and Outreach Activities, and Behavioral Health Services (specifically for MCSC). These components will not duplicate existing services paid for by Community-Based Adult Services (CBAS) or other funding streams, but will provide adjunct services for vulnerable populations that may require more time, resources, and effort to maintain stability in the community. ECC services are currently dedicated to three ADHC centers - Mabini, Mission Creek, and Presentation.

Component 1: Clinical Support for ADHC

Individuals served under this component have applied for or are enrolled in ADHC but need additional support to remove barriers for attendance, compliance, and overall health and mental health maintenance.

Component 2: Community and Outreach Activities

Individuals served under this component may or may not be enrolled in ADHC but would benefit from community and outreach activities for

community building and resource engagement. There is targeted outreach for Permanent Supported Housing (PSH) residents in MCSC and for individuals residing in the adjacent senior buildings.

Component 3: Behavioral Health Services

Individuals served under this component are residents of MCSC and are primarily PSH program participants who may or may not be enrolled in ADHC but need additional support to ensure stability, promote housing retention, and address emerging issues as they arise.

Selection

Grantee is a sole source grant. SteppingStone is licensed by the State to provide these services in the specific ADHC centers this grant is for.

Funding

Funding for this grant is provided through County General Funds.

ATTACHMENTS

Appendix A – Services to be Provided

Appendix B – Budget

Sole Source Waiver Exemption Memo

APPENDIX A – SERVICES TO BE PROVIDED STEPPINGSTONE

July 1, 2022 to June 30, 2027

Enhanced Care Coordination for Adult Day Health Care

I. Purpose

The purpose of this grant is to provide Enhanced Care Coordination for Adult Day Health Care (ADHC) centers to assist medically frail, low-income older adults and adults with disabilities in maintaining successful community living. These individuals often need additional care coordination services in order to successfully maintain independent living, connect with their community, and/or engage with structured programs like ADHC which support the aging-in-place service model. Enhanced Care Coordination includes, but is not limited to, clinical services, community building and outreach efforts, as well as behavioral health services specifically for Mission Creek Senior Community clients.

II. Definitions

ADHC	Adult Day Health Care is a licensed community-based day health program that provides services to older persons and adults with chronic medical, cognitive, or mental health conditions and/or disabilities that are at risk of needing institutional care. SteppingStone operates four (4) ADHC centers: Golden Gate, Mabini, Mission Creek, and Presentation.
Adult with a Disability	A person 18 years of age or older living with a disability.
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) or a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
BHS	Behavioral Health Services include, but are not limited to, short-term case management, information and referral to community resources, brief counseling, and crisis intervention, for individuals who have significant mental health, behavioral health, or cognitive issues.
CARBON	Contracts Administration, Reporting, and Billing On Line System
CBAS	Community-Based Adult Services (CBAS) is a Medi-Cal managed care benefit that is collaboratively administered by the Department of Health Care Services (DHCS), the California Department of Public Health (CDPH), and the California Department of Aging (CDA). CDPH licenses ADHC centers and CDA certifies them for participation in the Medi-Cal Program.
City	City and County of San Francisco, a municipal corporation
Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
DAS	Department of Disability and Aging Services, a department of the Human Services Agency

Disability	A condition or combination of conditions that is attributable to a mental, cognitive or physical impairment, including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: a) Self-care: activities of daily living (ADL), and instrumental activities of daily living (IADL); b) Capacity for independent living and self-direction; c) Cognitive functioning, and emotional adjustment.
ECC	Enhanced Care Coordination, includes any or all of the following service components: Clinical Support, Behavioral Health Services, Community and Outreach Activities
Grantee	SteppingStone Adult Day Health Care
HSA	San Francisco Human Services Agency
LGBTQ+	An acronym/term used to refer to persons who self-identify as non -heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person’s primary language.
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program.
MCSC	Mission Creek Senior Community, managed by Mercy Housing California and located at 225 Berry Street, serves very low-income seniors, many of whom are at risk of homelessness, have HIV/AIDS, and/or have behavioral health issues. The housing development resulted from collaboration between Mercy Housing California, the San Francisco Redevelopment Agency, the San Francisco Department of Public Health, and the San Francisco Public Library to create affordable senior housing. Mission Creek ADHC is located onsite.
OCP	Office of Community Partnerships
OCM	Office of Contract Management, San Francisco Human Services Agency
Older Adult	Person who is 60 years or older, used interchangeably with “senior”.
PSH	Permanent Supportive Housing is a long-term affordable housing program through the San Francisco Department of Homelessness and Supportive Housing (HSH) for individuals who need services for complex issues including recent homelessness, and co-occurring health, mental health, and/or substance abuse issues. This program was formerly called Direct Access to Housing (DAH), a project of the San Francisco Department of Public Health.
Senior	Person who is 60 years or older, used interchangeably with “older adult”.
Socially Isolated	Having few social relationships and few people to interact with regularly.
SOGI	Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> amended the San Francisco Administrative Code to require City departments and Grantees that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (<i>Chapter 104, Sections 104.1 through 104.9.</i>).

III. Target Population

Services must target older adults and adults with disabilities who are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English-speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

IV. Eligibility for Services

Individuals eligible for services are those who are low-income and medically frail older adults and adults with disabilities living in San Francisco who are enrolled in or potentially eligible for ADHC services.

Co-located with low income senior housing buildings, SteppingStone ADHC sites are ideal environments for older adults and adults with disabilities to access ADHC services consistent with an age-in-place model. Additionally, at Mission Creek Senior Community (MCSC), there are program participants who are also vulnerable due to recent homelessness, or have co-occurring health, mental health, and/or substance abuse issues. The participants at MCSC with high risk issues reside in the Permanent Supportive Housing (PSH) units and have priority for all service components.

Eligible individuals for Enhanced Care Coordination include:

- Program participants of SteppingStone ADHC;
- Low income seniors and adults with disabilities at adjacent sites or in community;
- Residents of the 51 PSH units at MCSC; and
- Residents of MCSC with behavioral health or declining health issues.

V. Description of Services

Enhanced Care Coordination (ECC) is essential to ensure that individuals effectively engage with ADHC and, when appropriate, access necessary resources in a supportive housing environment. ECC consists of any or all of the following components with a focus on community living and an aging-in-place approach: Clinical Support for ADHC Services, Community and Outreach Activities, and Behavioral Health Services (specifically for MCSC). These components will not duplicate existing services paid for by Community-Based Adult Services (CBAS) or other funding streams, but will provide adjunct services for vulnerable populations that may require more time, resources, and effort to maintain stability in the community. ECC services are currently dedicated to three ADHC centers - Mabini, Mission Creek, and Presentation.

Component 1: Clinical Support for ADHC

Individuals served under this component have applied for or are enrolled in ADHC but need additional support to remove barriers for attendance, compliance, and overall health and mental health maintenance.

Clinical Support for ADHC consists of on-site services administered by staff that promote ADHC program retention and effective engagement in order to maximize care. The services provided by staff are beyond CBAS requirements but are necessary to manage the needs of the target population. These may include, but are not limited to, *clinical positions* such as nursing, social work, physical therapy, occupational therapy; and *program support positions* such as activity coordinator, and program and/or rehabilitation aides that promote participation and full attendance in order to achieve an ADHC participant's care plan goals.

In the MCSC community, services are conducted either at the ADHC center or at ADHC participants' residence, depending on care or clinical issues specific to each participant. Examples of Clinical

Support are home visits by an occupational therapist after a fall or clinical review of discharge documentation after hospital visits by a Registered Nurse to update medication list, diagnosis, and monitor and support individual's health.

Component 2: Community and Outreach Activities

Individuals served under this component may or may not be enrolled in ADHC but would benefit from community and outreach activities for community building and resource engagement. There is targeted outreach for PSH residents in MCSC and for individuals residing in the adjacent senior buildings.

Community and Outreach Activities are an essential part of ADHC awareness, resource engagement, and community building. Activities consist of health education, social events, and other related activities that promote stability and successful aging-in-place for the target population. While the goal is to boost ADHC awareness and enrollment, activities can help maintain ADHC enrollment and strengthen community relations.

A robust volunteer program is a vital component of Community and Outreach Activities and consists of a standardized application process that may include interviews, background and reference checks, TB test, program orientation, training curriculum, scheduling, supervision, and overall management of the volunteer program.

All community and outreach efforts include accessible, language-appropriate, and culturally-sensitive activities, with a targeted approach to non-ADHC residents who are typically minimally connected, marginally stable, and in need of ongoing monitoring.

Component 3: Behavioral Health Services

Individuals served under this component are residents of MCSC and are primarily PSH program participants who may or may not be enrolled in ADHC but need additional support to ensure stability, promote housing retention, and address emerging issues as they arise.

Behavioral Health Services (BHS) include, but are not limited to, short-term case management, information and referral to community resources, brief counseling, and crisis intervention, as needed. These services primarily support MCSC's PSH residents, and must be provided by a Behavioral Health Specialist with a valid license as a Licensed Clinical Social Worker or Marriage and Family Therapist by the California Board of Behavioral Science. Exceptions to license requirements may be granted with DAS pre-approval. Staff must have expertise working with individuals who have significant mental health, behavioral health, or cognitive issues that require more intense or frequent intervention to maintain community stability.

Examples of Behavioral Health Services include short-term case management after a psychiatric hospitalization to ensure compliance with treatment, or assistance of an ADHC referral for a reluctant individual after surgery.

The Behavioral Health Specialist will serve as a consultant for both SteppingStone and Mercy Housing as part of MCSC. This includes monthly and ad hoc meetings as well as working collaboratively with the ADHC social workers (who conduct general ADHC case management) and the MCSC Service Coordinator (who addresses housing retention and property management issues). The Behavioral Health Specialist is involved in the application process of new ADHC applicants and new MCSC PSH applicants, primarily to ensure that anticipated behavioral health or psychiatric needs are addressed upfront.

The roles and responsibilities of SteppingStone, Mercy Housing, DAS, and HSH will be outlined and regularly updated in a shared agreement.

VI. Grantee Responsibilities

- A. Grantee will hire qualified staff and will support staff development efforts. Grantee will ensure competency levels are appropriate to roles and responsibilities and always with sensitivity to the needs of diverse populations, including culture, language, gender, and sexual orientation.
- B. Grantee will work collaboratively with DAS OCP on an ongoing basis with regards to program development, implementation, and evaluation. Grantee will manage ongoing quality assurance and improvement efforts, including monthly and ad hoc reports and regular meetings with DAS OCP.
- C. Specifically at the MCSC, Grantee will work collaboratively with DAS, HSH, and Mercy Housing for shared participant issues. This includes regular case consultations of new and existing participants and monthly operations meetings.
- D. Grantee will develop a manual of policies and procedures for all aspects of the program, including a grievance policy and project income policy that are consistent with DAS OCP policy memorandum.
- E. Grantee will maintain an updated site chart, using the DAS OCP approved form, with details about the program.
- F. Grantee will administer an annual participant satisfaction survey that is available in the language preference of participants.
- G. Grantee will monitor, maintain, and improve the quality of its services throughout the grant, by using a Quality Assurance Plan that minimally adheres to regulatory requirements set forth by relevant licensure as well as Health and Safety sections of Title 22 of the California Code of Regulations. The Quality Assurance Plan will focus on quality improvement goals and best practices for all three components of Enhanced Care Coordination under this grant.
- H. Grantee program staff will complete an Elder Abuse Mandated Reporter Training and a Security Awareness Training on an annual basis. The grantee will maintain evidence of staff completion of these trainings.
- I. Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable and to take all reasonable efforts to implement HIPAA requirements.

VII. Location and Time of Services

SteppingStone ADHC sites include Mission Creek, Mabini, and Presentation, and all are co-located with low income senior housing buildings. Mission Creek ADHC is located within the Mission Creek Senior Community.

SteppingStone ADHC Locations	Address	ADHC Hours of Operation	Business Hours
Mission Creek	930 Fourth Street San Francisco, CA 94158	7:30am-12:30pm; 12:30pm-5:30pm Double Shift	7:30am-5:30pm
Mabini	55 Mabini Street San Francisco, CA 94107	9:00am-2:00pm	8:00-4:00 pm
Presentation	301 Ellis Street San Francisco, CA 94102	9:00am-2:00pm	8:00-4:00 pm

VIII. Service Objectives

On an annual basis and at minimum, Grantee will meet the following **Service Objectives**:

Component 1: Clinical Support for ADHC

Objective 1: Grantee will provide 8268 service units for 260 unduplicated ADHC participants annually.

Service units under Clinical Support for ADHC Services include, but are not limited to, interventions from clinical positions such as nursing, social work, physical therapy, occupational therapy, and/or from program support positions such as activity coordinator, and program and rehabilitation aides.

Component 2: Community and Outreach Activities

Objective 2: Grantee will conduct 310 Community and Outreach Activities annually.

Community and Outreach Activities includes creative and engaging activities across a diverse range of interests including education, health promotion, celebrations, and other events that build community and/or promotes awareness, engagement, and retention of ADHC services.

Component 3: Behavioral Health Services

Objective 3: At the MCSC, Grantee will provide 810 service units of Behavioral Health Services for 100% of PSH residents.

Service units under Behavioral Health Services include, but are not limited to, mental health services, brief case management, case conference, clinical supervision, and crisis intervention.

IX. Outcome Objectives

On an annual basis and at minimum, Grantee will meet the following **Outcome Objectives**:

Component 1: Clinical Support for ADHC

Objective: 75% of ADHC participants receiving Clinical Support will achieve 50% or more of their care plans goals.

Achieved care plan goals are defined as active goals that are completed after one (1) year of service provision.

Objective: At the MCSC, 50% of PSH residents enrolled in ADHC will demonstrate stable community living as evidence by achieving at least 70% of scheduled ADHC attendance and 80% resident housing retention.

Housing retention is defined as no eviction or unresolved lease violations.

Component 2: Community and Outreach Activities

Objective: 80% of attendance goals will be met.

Current estimates are approximately 49 individuals per site, per day.

Objective: At the MCSC, 70% of PSH residents who are not enrolled in ADHC have demonstrated meaningful community and resource engagement including participation in community activities and events or ADHC orientation.

Component 3: Behavioral Health Services

Objective: At the MCSC, 80% of PSH residents not enrolled in ADHC will demonstrate stable community living as evidenced by active engagement with Behavioral Health Specialist and 80% resident housing retention.

Active engagement includes brief case management (at minimum twice a year), and participation with activities or groups led by Behavioral Health Specialist.

X. Reporting Requirements

Grantee will provide various reports during the term of the grant.

- A. Grantee will provide Quarterly Summary Reports on progress toward Sections VIII – Service Objectives and IX - Outcome Objectives by the 15th working day of the month after each quarter.
- B. Grantee will provide an Annual Report summarizing the grant activities, referencing the tasks as described in Section V - Description of Services, VIII - Service Objectives, and IX - Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. This report is due forty-five (45) days after the completion of each fiscal year.
- C. On an annual basis, Grantee will provide a Summary Report on the results of the Participant Satisfaction Survey. This report is due forty-five (45) days after the completion of each fiscal year.
- D. Monthly, Quarterly, and Annual Reports will be entered into the CARBON (Contracts Administration, Billing and Reporting Online) system as required by DAS OCP and HSA OCM.
- E. Grantee will issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31st of each grant year. The Grantee must submit the report in the CARBON system.
- F. Grantee will develop and deliver a bi-annual summary report of SOGI data collected as requested by SF-HSA, DAS, and OCP. The due dates for submitting the bi-annual summary reports are January 10th (June-December data) and July 10th (January-June data).
- G. Grantee will develop and deliver ad hoc reports as requested by HSA/DAS/OCP.
- H. Additional reports requested are to be sent via e-mail to the Program Manager and/or Contract Manager at the following addresses:

Fanny Lapitan
 Program Manager
 Office of Community Partnerships
Fanny.Lapitan@sfgov.org

Annyse Acevedo
 Senior Contract Manager
 Human Services Agency
Annyse.Acevedo@sfgov.org

XI. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; program operation, which includes a review of a written policies and procedures manual of all DAS-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of director list and whether services are provided appropriately according to Sections IV and V (Description of Services and Provider's Responsibilities).

- 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	G
1							Appendix B, Page 1
2							Document Date: April 21, 2022
3	HUMAN SERVICES AGENCY BUDGET SUMMARY						
4	BY PROGRAM						
5	Name					Term	
6	SteppingStone					July 1, 2022 - June 30, 2027	
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: Enhanced Care Coordination for Adult Day Health Care						
10	Budget Reference Page No.(s)						
11	Program Term	7/1/22-6/30/23	7/1/23-6/30/24	7/1/24-6/30/25	7/1/25-6/30/26	7/1/26-6/30/27	Total
12	Expenditures						
13	Salaries & Benefits	\$555,291	\$555,291	\$555,291	\$555,291	\$555,291	\$2,776,455
14	Operating Expense	\$14,856	\$14,856	\$14,856	\$14,856	\$14,856	\$74,280
15	Subtotal	\$570,147	\$570,147	\$570,147	\$570,147	\$570,147	\$2,850,735
16	Indirect Percentage (15% max)	15%	15%	15%	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	\$85,522	\$85,522	\$85,522	\$85,522	\$85,522	\$427,610
18	Capital Expenditure						
19	Total Expenditures	\$655,669	\$655,669	\$655,669	\$655,669	\$655,669	\$3,278,345
20	HSA Revenues						
21	General Fund	\$655,669	\$655,669	\$655,669	\$655,669	\$655,669	\$3,278,345
22							
23							
24							
25							
26							
27							
28							
29	TOTAL HSA REVENUES	\$655,669	\$655,669	\$655,669	\$655,669	\$655,669	\$3,278,345
30	Other Revenues						
31							
32							
33							
34							
35							
36	Total Revenues	\$655,669	\$655,669	\$655,669	\$655,669	\$655,669	\$3,278,345
37	Full Time Equivalent (FTE)	7.72					
39	Prepared by:	Janet Lee		Telephone No.:	415-974-6874	Date:	April 21, 2022
40	HSA-CO Review Signature:	_____					
41	HSA #1	4/21/2022					

	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3											
4	Program: Enhanced Care Coordination for Adult Day Health Care										
5	(Same as Line 9 on HSA #1)										
6											
7	Salaries & Benefits Detail										
8											
9											
10											
11		Agency Totals		HSA Program		7/1/22-6/30/23	7/1/23-6/30/24	7/1/24-6/30/25	7/1/25-6/30/26	7/1/26-6/30/27	TOTAL
12	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	HSA Program Budgeted Salary	HSA Program Budgeted Salary	HSA Program Budgeted Salary	HSA Program Budgeted Salary	HSA Program Budgeted Salary	7/01/2022-6/30/27
13	Program Director	\$94,994	2.00	20.0%	0.40	\$37,998	\$37,998	\$37,998	\$37,998	\$37,998	\$189,990
14	Registered Nurse	\$101,234	5.00	22.0%	1.10	\$111,357	\$111,357	\$111,357	\$111,357	\$111,357	\$556,785
15	LVN	\$59,093	2.75	25.0%	0.69	\$40,626	\$40,626	\$40,626	\$40,626	\$40,626	\$203,130
16	Social Worker	\$62,982	4.00	17.0%	0.68	\$42,828	\$42,828	\$42,828	\$42,828	\$42,828	\$214,140
17	Social Work Assistant	\$51,730	2.75	25.0%	0.69	\$35,564	\$35,564	\$35,564	\$35,564	\$35,564	\$177,820
18	Behavioral Health Specialist	\$80,309	0.63	76.0%	0.48	\$38,147	\$38,147	\$38,147	\$38,147	\$38,147	\$190,735
19	Activity Coordinator	\$48,173	3.00	23.0%	0.69	\$33,239	\$33,239	\$33,239	\$33,239	\$33,239	\$166,195
20	Program Aides	\$37,232	15.00	20.0%	3.00	\$111,696	\$111,696	\$111,696	\$111,696	\$111,696	\$558,480
21											
22											
23											
24											
25	TOTALS	\$535,747	35.13	228%	7.72	\$451,455	\$451,455	\$451,455	\$451,455	\$451,455	\$2,257,275
26											
27	FRINGE BENEFIT RATE	23.0%									
28	EMPLOYEE FRINGE BENEFITS	\$123,222				\$103,836	\$103,836	\$103,836	\$103,836	\$103,836	\$519,180
29											
30											
31	TOTAL SALARIES & BENEFITS	\$658,969				\$555,291	\$555,291	\$555,291	\$555,291	\$555,291	\$2,776,455
32	HSA #2										4/21/2022

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1	Appendix B, Page 2															
2	Document Date: April 21, 2022															
3																
4	Program: Enhanced Care Coordination for Adult Day Health Care															
5	(Same as Line 9 on HSA #1)															
6																
7	Operating Expense Detail															
8																
9																
10																
11	TOTAL															
12	Expenditure Category	TERM	7/1/22-6/30/23	7/1/23-6/30/24	7/1/24-6/30/25	7/1/25-6/30/26	7/1/26-6/30/27								7/01/2022-6/30/27	
13	Rental of Property		\$12,500	\$12,500	\$12,500	\$12,500	\$12,500	\$12,500								\$62,500
14	Utilities(Elec, Water, Gas, Phone, Scavenger)		\$1,200	\$1,200	\$1,200	\$1,200	\$1,200	\$1,200								\$6,000
15	Office Supplies, Postage															
16	Building Maintenance Supplies and Repair		\$656	\$656	\$656	\$656	\$656	\$656								\$3,280
17	Printing and Reproduction															
18	Insurance															
19	Staff Training															
20	Staff Travel-(Local & Out of Town)															
21	Rental of Equipment															
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE															
23	IT Consultant		\$500	\$500	\$500	\$500	\$500	\$500								\$2,500
24																
25	OTHER															
26																
27																
28																
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32	TOTAL OPERATING EXPENSE		\$14,856	\$14,856	\$14,856	\$14,856	\$14,856	\$14,856								\$74,280
33																
34	HSA #3														4/21/2022	

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:

- **21G.3(a)(1):** Grants to a governmental entity for programs, activities, or services that can be practically performed only by that particular entity
- X** ▪ **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), who shall convene the Grant Consensus Committee¹ 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.

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

Grant Solicitation Waiver Form

Department: Human Services Agency **Phone:** (415) 557-6393
Dept. Contact: Annyse Acevedo **Email:** Annyse.Acevedo

Request: New Modification **Grantee:** STEPPINGSTONE **Supplier ID:** 0000010418
Short Description of Grant: Adult Day Health Care - Enhanced Care Coordination

Grant Amount: \$3,606,180 **Grant Duration:** 5 years
(Attach itemized budget if available) **Anticipated Dates:** From 7/1/22 To 6/30/27
 To provide Enhanced Care Coordination for Adult
Describe the Public Purpose to be fulfilled by this Grant: Day Health Care centers.

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)(2) - Grants made to a specific entity as required to comply with applicable law or contract**

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

Grant Solicitation Waiver request is recommended by: DocuSigned by:
 Grants Officer (Dept Head) or Designee Name: Daniel Kaplan
ED8A450D2D23472...
 Grants Officer (Dept Head) or Designee Signature: Daniel Kaplan **Date:** 4/27/2022

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

OCA Director (on behalf of Grant Consensus Committee): _____ **Date:** _____



**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



London Breed
Mayor

Trent Rhorer
Executive Director

Date: April 20, 2022

To: Dan Kaplan, Deputy Director, HSA

From: Esperanza Zapien, Director of Contracts, HSA

RE: Sole Source Waiver request – SteppingStone to provide Enhanced Care Coordination for Adult Day Health Care (ADHC) centers

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 SteppingStone to provide Enhanced Care Coordination at Adult Day Health Care (ADHC) centers to assist older adults and adults with disabilities in maintaining successful community living.

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.

SteppingStone is certified through the State as the Adult Day Health Care provider for the Mission Creek, Mabini, and Presentation centers in San Francisco, and is solely able to provide Enhanced Care Coordination services at those sites. Each ADHC center must meet specific licensing and staffing requirements in order to provide ADHC, per California Health and Safety Code Section 1570.7. As ADHCs are uniquely licensed by California’s Department of Public Health to provide services in their locale, it is not feasible to source another provider given that service areas and administration are already determined on a State level.

Therefore, when a grant is required to comply with applicable law or contract, or as a result of the requirements of the funding source, 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 five (5) year sole source grant with SteppingStone.
Reason for this Request: Admin Code 21G.3(a)(2): Grants 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.
Justification for Sole Source Exemption: SteppingStone is licensed by the State to provide these services in the specific ADHC centers this grant is for.



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

Brief description of services:

Enhanced Care Coordination consists of any or all of the following components with a focus on community living and an aging-in-place approach: Clinical Support for ADHC Services, Community and Outreach Activities, and Behavioral Health Services (specifically for Mission Creek Senior Community).

Component 1: Clinical Support for ADHC

Individuals served under this component have applied for or are enrolled in ADHC but need additional support to remove barriers for attendance, compliance, and overall health and mental health maintenance.

Component 2: Community and Outreach Activities

Individuals served under this component may or may not be enrolled in ADHC but would benefit from community and outreach activities for community building and resource engagement. There is targeted outreach for PSH residents in MCSC and for individuals residing in the adjacent senior buildings.

Component 3: Behavioral Health Services

Individuals served under this component are residents of MCSC and are primarily PSH program participants who may or may not be enrolled in ADHC but need additional support to ensure stability, promote housing retention, and address emerging issues as they arise.

Duration: July 1, 2022 through June 30, 2027

Compliance: The grantee meets City requirements for contracting.



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Approved Disapproved

DocuSigned by:
Daniel Kaplan

Daniel Kaplan, Deputy Director of Administration and Finance