



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

MEMORANDUM

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
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London Breed
Mayor

Trent Rhorer
Executive Director

TO:	DISABILITY AND AGING SERVICES COMMISSION				
THROUGH:	KELLY DEARMAN, EXECUTIVE DIRECTOR				
FROM:	CINDY KAUFFMAN, DEPUTY DIRECTOR ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS				
DATE:	JUNE 1, 2022				
SUBJECT:	GRANT MODIFICATION: FELTON INSTITUTE (NON-PROFIT) FOR PROVISION OF CASE MANAGEMENT SERVICES TO OLDER ADULTS AND ADULTS WITH DISABILITIES				
	<u>Current</u>	<u>Modification</u>	<u>Revised</u>	<u>Contingency</u>	<u>Total</u>
GRANT TERM:	07/01/21- 06/30/23	05/01/22- 8/31/22	07/01/21- 06/30/23		
GRANT AMOUNT:	\$248,406	\$35,804	\$284,210	\$28,421	\$312,631
ANNUAL AMOUNT:	<u>FY 21-22</u>	<u>FY 22-23</u>			
	\$142,605	\$141,605			
Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$284,210			\$28,421	\$312,631
PERCENTAGE:	100%				100%

DS
JG

The Department of Disability and Aging Services (DAS) requests authorization to modify the existing grant agreement with Felton Institute for the period of May 1, 2022 through August 31, 2022, in the additional amount of \$35,804, plus a 10% contingency for a revised total amount not to exceed \$312,631. The purpose of this modification is to provide case management services to older adults and adults with disabilities.

Background

Case management facilitates service connections for older adults and adults with disabilities. These services promote and maintain the optimum level of functioning in the most independent setting possible. Examples of service connections in which a case manager might assist include: connection to health services, money management, or stabilization of a living situation.

Services to be Provided

The case management services contain core elements to ensure standardized and effective delivery of services. These core elements include a centralized waitlist, introduced in May of 2017, and an on-line module that allows case managers to document and track client progress. Upon completion of service plan goals, clients can be re-assessed, and if it is determined that case management services are no longer required, then clients are disenrolled and referred to other community-based services as needed. Depending on the client's needs, case managers meet with clients at least monthly to ensure consistent delivery of services. Services provided under OCP funded case management include:

1. Intake/Enrollment
2. Comprehensive Assessment
3. Service Planning
4. Service Plan Implementation
5. Monitoring
6. Progress Notes
7. Reassessment
8. Discharge/Disenrollment

Modification

This modification adds funding to Felton's FY21-22 and FY22-23 program budget to support an additional case manager staffing position. The position will be a temporary hire from May 2022 through August 2022 to fill in while the current case manager is out on leave. The additional funding also covers staff travel expenses and computer equipment for the new staff position.

Selection

Grantee was selected through Request for Proposals (RFP #780), which was competitively bid in March 2018.

Funding

Funding for this grant is provided through local funds.

ATTACHMENTS

- Appendix A-1 - Services to be Provided
- Appendix B-1 - Program Budget

APPENDIX A-1: SERVICES TO BE PROVIDED BY GRANTEE

Felton Institute

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability

Person 18 years of age or older living with a disability.

Case Management

Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)

City

City and County of San Francisco, a municipal corporation.

Controller

Controller of the City and County of San Francisco or designated agent.

CARBON

Contracts Administration, Reporting, and Billing On Line System

DAS

Department of Disability and Aging Services

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
Frail	An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
Grantee	Felton Institute
HSA	San Francisco Human Services Agency
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.
LGBT	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
Minority	An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130.

OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
SOGI	Sexual Orientation and Gender Identity; Ordinance No. 159-16 amended the San Francisco Administrative Code to require City departments and contractors 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 (Chapter 104, Sections 104.1 through 104.9.).

III. Target Population

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

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
 - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
 - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

Felton Institute Case Management Services are available at 6221 Geary Boulevard, 3rd Floor, San Francisco, Ca, 94121, Monday through Friday, 9:30am to 5:30pm.

VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 “OCP Case Management Program Standards” (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment

All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment

Comprehensive assessment is the process of collecting in-depth information about a client’s situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning

The information collected through the comprehensive assessment will allow a case manager to identify the client’s needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation

The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring

Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client’s health or personal situation may change, which would require an alteration to the care plan. At a minimum,

a quarterly face-to-face contact with each client is required. Phone calls will be made to the client during the months that no face-to-face contact occurs.

f. Progress Notes

Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment

Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment

Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. Case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives

For each Fiscal Year:

- Grantee will provide case management services to at least **55** unduplicated consumers.

(Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete **90**% of comprehensive assessments due each contract year.*
- Grantee will complete **90**% of service plans due each contact year.*
- Grantee will complete **100**% of monthly contacts during each contract year.*
- Grantee will complete **100**% of quarterly face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives

The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25%** of cases closed with status of “improved” or “no longer needed services.”*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

- A. The grantee will enroll the clients into the CA GetCare database: (<https://ca.getcare.com/caprovider/>), and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.
- B. The grantee will enter into the CA GetCare Service Unit section all the units of service by the 5th working day of the month for the preceding month.
- C. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS for the months of February, May, August and November. The time

study is due on the 10th day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>

- E. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 each grant year. This report must be submitted to the CARBON system.
- F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.
- H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.
- I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.
- J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Erica Maybaum
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
erica.maybaum@sfgov.org

Rocio Duenas
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Rocio.Duenas@sfgov.org

IX. MONITORING ACTIVITIES:

- A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP Policy Memorandum #39, Case Management Standards; 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 on CA GetCare, 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness Training program operation, which includes a review of a written policies and procedures manual of all OCP-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 directors list and whether services are provided appropriately according to Sections VI and VII.

- 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, the current board roster and selected board minutes for compliance with the Sunshine Ordinance, and HIPAA compliance.

**HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM**

Grantee: Felton Institute

Term

7/1/21-6/30/23

(Check One) New Renewal Modification

If modification, Effective Date of Mod. 5/1/22 No. of Mod. 1

Program: Case Management							
Budget Reference Page No.(s)							
Program Term	7/1/21-6/30/22	FY21-22 Modification	7/1/21-6/30/22 Revised Total	7/1/22-6/30/23	FY22-23 Modification	7/1/22-6/30/23 Revised Total	Total
Expenditures							
Salaries & Benefits	\$99,467	\$14,732	\$114,199	\$99,467	\$14,732	\$114,199	\$228,398
Operating Expenses	\$8,534	\$400	\$8,934	\$8,534	\$400	\$8,934	\$17,868
Subtotal	\$108,001	\$15,132	\$123,133	\$108,001	\$15,132	\$123,133	\$246,266
Indirect Percentage (%)	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%	15.00%
Indirect Cost	\$16,201	\$2,270	\$18,472	\$16,202	\$2,270	\$18,472	\$36,944
Subcontractor/Capital Expenditure	\$0	\$1,000	\$1,000	\$0	\$0	\$0	\$1,000
Total Expenditures	\$124,202	\$18,402	\$142,605	\$124,203	\$17,402	\$141,605	\$284,210
HSA Revenues							
General Fund	\$124,202	\$18,402	\$142,605	\$124,203	\$17,402	\$141,605	\$284,210
Total HSA Revenue	\$124,202	\$18,402	\$142,605	\$124,203	\$17,402	\$141,605	\$284,210
Other Revenues							
TOTAL DAS AND NON DAS REVENUE	\$124,202	\$18,402	\$142,605	\$124,203	\$17,402	\$141,605	\$284,210
Full Time Equivalent (FTE)							
Prepared by: Ray Mallett	Telephone No.:					4/26/2022	
HSA-CO Review Signature: _____							
HSA #1							

Program: Case Management
 (Same as Line 11 on HSA #1)

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 Document Date: 4/26/22

Salaries & Benefits Detail

Position	Agency Totals		HSA Program		DAS budgeted salary						
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	7/1/21-6/30/22	FY21-22 Modification	7/1/21-6/30/22 Revised Total	7/1/22-6/30/23	FY22-23 Modification	7/1/22-6/30/23 Revised Total	Total
Director of Programs	\$125,000	1.00	5.00%	0.09	\$8,519		\$8,519	\$8,519		\$8,519	\$17,038
Case Manager	\$68,000	1.00	100.00%	1.00	\$68,000		\$68,000	\$68,000		\$68,000	\$136,000
Temporary Case Manager	\$68,000	1.00	16.00%	0.16		\$11,333	\$11,333		\$11,333	\$11,333	\$22,666
Totals	\$261,000	3.00	121.00%	1.25	\$76,519	\$11,333	\$87,852	\$76,519	\$11,333	\$87,852	\$175,704
Fringe Benefits Rate	29.99%										
Employee Fringe Benefits	\$78,274				\$22,948	\$3,399	\$26,347	\$22,948	\$3,399	\$26,347	\$52,694
Total Salaries and Benefits	\$339,274				\$99,467	\$14,732	\$114,199	\$99,467	\$14,732	\$114,199	\$228,398

HSA #2

Program: Case Management
 (Same as Line 11 on HSA #1)

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 Document Date: 4/26/22

Operating Expense Detail

	7/1/21-6/30/22	FY21-22 Modification	7/1/21-6/30/22 Revised Total	7/1/22-6/30/23	FY22-23 Modification	7/1/220-6/30/23 Revised Total	Total
<u>Expenditure Category</u>							
Rental of Property	\$3,900		\$3,900	\$3,900		\$3,900	\$7,800
Utilities (Elec, Water, Gas, Phone, Garbage)	\$950		\$950	\$950		\$950	\$1,900
Program:							
Building Maintenance Supplies and Repair							
Printing and Reproduction	\$100		\$100	\$100		\$100	\$200
Insurance	\$600		\$600	\$600		\$600	\$1,200
Staff Training							
Staff Travel-(Local & Out of Town)	\$1,808	\$400	\$2,208	\$1,808	\$400	\$2,208	\$4,416
Rental of Equipment	\$117		\$117	\$117		\$117	\$234
<u>Consultant</u>							
Consultant A							
<u>Other</u>							
Program related	\$1,059		\$1,059	\$1,059		\$1,059	\$2,118
Total Operating Expenses	\$8,534	\$400	\$8,934	\$8,534	\$400	\$8,934	\$17,868

HSA #3

Program: Case Management
 (Same as Line 11 on HSA #1)

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 Document Date: 4/26/22

Subcontractor & Capital Expenditure Detail

<u>Subcontractor Expenditure</u>	7/1/21-6/30/22	FY21-22 Modification	7/1/21-6/30/22 Revised Total	7/1/22-6/30/23	FY22-23 Modification	7/1/22-6/30/23 Revised Total	Total
Total Subcontractor Expenditure	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<u>Equipment (Qty)</u>	7/1/21-6/30/22	FY21-22 Modification	7/1/21-6/30/22 Revised Total	7/1/22-6/30/23	FY22-23 Modification	7/1/22-6/30/23 Revised Total	Total
Laptop for temporary Case manager		\$1,000	\$1,000				\$1,000
Total Equipment Cost	\$0	\$1,000	\$1,000	\$0	\$0	\$0	\$1,000
<u>Remodeling</u>	7/1/21-6/30/22	FY21-22 Modification	7/1/21-6/30/22 Revised Total	7/1/22-6/30/23	FY22-23 Modification	7/1/22-6/30/23 Revised Total	Total
Total Remodeling Cost	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Total Capital Expenditure	\$0	\$1,000	\$1,000	\$0	\$0	\$0	\$1,000