



Mark Farrell, Mayor

Department of Human Services  
 Department of Aging and Adult Services  
 Office of Early Care and Education

Trent Rhorer, Executive Director

**MEMORANDUM**

**TO:** AGING & ADULT SERVICES COMMISSION

**THROUGH:** SHIREEN McSPADDEN, EXECUTIVE DIRECTOR

**FROM:** CINDY KAUFFMAN, DEPUTY DIRECTOR  
 JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JGJ*

**DATE:** JUNE 6, 2018

**SUBJECT:** NEW GRANTS: **MULTIPLE GRANTEES for CASE MANAGEMENT AND CLINICAL COLLABORATIVE SERVICES for OLDER ADULTS AND ADULTS WITH DISABILITIES** (see table on the next page)

GRANT TERM:	7/1/18- 6/30/19	7/1/19- 6/30/20	7/1/20- 6/30/21	Contingency	Total
<b>GRANT AMOUNT:</b>	\$3,195,162	\$3,195,162	\$3,195,162	\$958,541	\$10,544,027
<b>FUNDING SOURCE</b>	County	State	Federal	Contingency	Total
<b>ANNUAL AMOUNT</b>	\$8,531,082		\$1,054,404	\$958,541	\$10,544,027
<b>PERCENTAGE</b>	89%		11%		100%

The Department of Aging and Adult Services requests authorization to enter into new grant agreements with multiple providers for the provision of Case Management and Clinical Collaborative Service to older adults and adults with disabilities for the time period beginning July 1, 2018 and ending June 30, 2021 in the combined amount of \$9,585,486, plus a 10% contingency for a total not to exceed amount of \$10,544,027. The funding amounts are detailed in the table below.

<b>Grantee</b>	<b>FY 18/19</b>	<b>FY 19/20</b>	<b>FY 20/21</b>	<b>Total FY 18-21</b>	<b>10% Contingency</b>	<b>Total Not to Exceed</b>
<b>Case Management</b>						
Bayview Hunter's Point Multipurpose Senior Services	\$243,479	\$243,479	\$243,479	\$730,437	\$73,043	\$803,480
Catholic Charities	\$199,903	\$199,903	\$199,903	\$599,709	\$59,970	\$659,679
Curry Senior Center	\$340,223	\$340,223	\$340,223	\$1,020,669	\$102,066	\$1,122,735
Episcopal Community Services	\$289,956	\$289,956	\$289,956	\$869,868	\$86,986	\$956,854
Felton Institute	\$113,663	\$113,663	\$113,663	\$340,989	\$34,098	\$375,087
Homebridge	\$109,526	\$109,526	\$109,526	\$328,578	\$32,857	\$361,435
Institute on Aging	\$516,063	\$516,063	\$516,063	\$1,548,189	\$154,818	\$1,703,007
Jewish Family and Children's Services	\$100,000	\$100,000	\$100,000	\$300,000	\$30,000	\$330,000
Kimochi, Inc	\$128,713	\$128,713	\$128,713	\$386,139	\$38,613	\$424,752
On Lok Day Services / 30th Street Senior Center	\$327,657	\$327,657	\$327,657	\$982,971	\$98,297	\$1,081,268
Openhouse	\$110,281	\$110,281	\$110,281	\$330,843	\$33,084	\$363,927
Self Help for the Elderly	\$500,320	\$500,320	\$500,320	\$1,500,960	\$150,095	\$1,651,056
<b>Total</b>	<b>\$2,979,784</b>	<b>\$2,979,784</b>	<b>\$2,979,784</b>	<b>\$8,939,352</b>	<b>\$893,928</b>	<b>\$9,833,280</b>
<b>Clinical Collaborative Services</b>						
Institute on Aging	\$215,378	\$215,378	\$215,378	\$646,134	\$64,613	\$710,747
<b>Grand Total</b>	<b>3,195,162</b>	<b>\$3,195,162</b>	<b>\$3,195,162</b>	<b>9,585,486</b>	<b>\$958,541</b>	<b>10,544,027</b>

## **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 that a Case Manager might assist with include: connection to health services, money management, or stabilization of a living situation. All grantees are established providers of services to seniors and adults with disabilities. In addition, all Grantees are current providers of OOA funded Case Management services.

Recognizing the need for additional support to Contractors' Case Management staff, the Clinical Collaborative program was established to provide consultation and support in order to improve services delivered to the clients they serve and to promote professional growth opportunities among the Case Managers. Case Managers meet with LCSW and MFT certified clinicians for both individual and group supervision at various locations throughout San Francisco.

## **Services to be Provided:**

### **Case Management**

The Case Management program contains 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 OOA 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

### **Clinical Collaborative Services**

The program provides clinical support for all OOA funded Case Management agencies and their staff. Services provided by the Clinical Collaborative include individual and group supervision, monthly meetings with agency Managers and Directors, and trainings on topics brought to the Clinical Collaborative by Case Managers or recognized as a need that would help to improve professional development. For additional service descriptions, please see enclosed Appendix A.

## **Performance**

Grantees identified in the funding table are current DAAS funded Case Management and Clinical Collaborative Services contractors. All Grantees were determined to be in compliance with fiscal and programmatic requirements for FY 17/18. All Case Management Grantees received fiscal monitoring visits in late 2017 and beginning 2018. Program monitoring visits occurred as follows:

1. Bayview Hunters Point Multipurpose Senior Services: monitored in January 2018.
2. Catholic Charities: monitored in December 2017.
3. Curry Senior Center: monitored in December 2017.
4. Episcopal Community Services: monitored in December 2017.
5. Felton Institute: monitored in January 2018.
6. Homebridge: monitored in December 2017.
7. Institute on Aging: monitored in January 2018.
8. Kimochi, Inc: monitored in December 2017.
9. On-Lok Day Services: monitored in December 2017.
10. Open House: monitored in December 2017.
11. Jewish Family and Children's Services: monitored in January 2018.
12. Self-Help for the Elderly: monitored in December 2017.

## **Selection**

Grantees were selected through RFP #780 issued in March 2018.

## **Funding**

Case Management and Clinical Collaborative Services grant will be funded through a combination of Federal and County funds.

## **ATTACHMENTS**

### **Case Management**

#### **Bayview Hunter's Point Multipurpose Senior Services**

Appendix A-Services to be Provided

Appendix B- Program Budget

#### **Catholic Charities of San Francisco**

Appendix A-Services to be Provided

Appendix B- Program Budget

#### **Curry Senior Center**

Appendix A-Services to be Provided

Appendix B- Program Budget

#### **Episcopal Community Services**

Appendix A-Services to be Provided

Appendix B- Program Budget

**Felton Institute**

Appendix A-Services to be Provided

Appendix B- Program Budget

**Homebridge**

Appendix A-Services to be Provided

Appendix B- Program Budget

**Institute on Aging**

Appendix A-Services to be Provided

Appendix B- Program Budget

**Kimochi, Inc.**

Appendix A-Services to be Provided

Appendix B- Program Budget

**On Lok Day Services / 30th Street Senior Center**

Appendix A-Services to be Provided

Appendix B- Program Budget

**Openhouse**

Appendix A-Services to be Provided

Appendix B- Program Budget

**Self Help for the Elderly**

Appendix A-Services to be Provided

Appendix B- Program Budget

**Clinical Collaborative Services**

**Institute on Aging**

Appendix A-Services to be Provided

Appendix B- Program Budget

## APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

### *Bayview Hunters Point Multipurpose Senior Services, Inc.*

Effective July 1, 2018 to June 30, 2021

#### CASE MANAGEMENT

##### I. Purpose:

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

##### II. Definitions

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Bayview Hunters Point Multipurpose Senior Services, Inc. (Bayview)
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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 multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

Bayview Case Management services are located at 1753 Carroll St. and 1111 Buchannan St in San Francisco. Services are available Monday through Friday from 8:00 a.m. to 5:00 p.m.



## VI. Description of Services

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

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

#### a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## V. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of 110 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 face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

### *Outcome Objectives*

As part of the proposal, the respondent will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70% of Service Plan items completed within one year.\*
- 25% of cases closed with status of “Improved” or “No Longer Needed Services.”\*

\* Tracked via documentation in the CA GetCare database

## **VI. 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>

- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Monte Cimino, MSW  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 monte.cimino@sfgov.org

Steve Kim  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 steve.kim@sfgov.org

**VII. 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 OOA 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 OOA-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**

	A	B	C	D	E
1	Appendix B, Page 1				
2					
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Name	Term			
6	<b>Bayview Senior Services</b>	7/1/18-6/30/21			
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	<b>Program: Case Management</b>				
10	Budget Reference Page No.(s)				7/1/18-6/30/21
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$167,650	\$167,650	\$167,650	\$502,950
14	Operating Expenses	\$44,070	\$44,070	\$44,070	\$132,210
15	<b>Subtotal</b>	<b>\$211,720</b>	<b>\$211,720</b>	<b>\$211,720</b>	<b>\$635,160</b>
16	Indirect Percentage (%)	15%	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	\$31,759	\$31,759	\$31,759	\$95,277
18	Subcontractor/Capital Expenditures	\$0	\$0	\$0	\$0
19	<b>Total Expenditures</b>	<b>\$243,479</b>	<b>\$243,479</b>	<b>\$243,479</b>	<b>\$730,437</b>
20	<b>HSA Revenues</b>				
21	General Fund	\$214,262	\$214,262	\$214,262	\$642,785
22	CFDA 93.778 (12%)	\$29,217	\$29,217	\$29,217	\$87,652
23					
24					
25					
26					
27					
28					
29	<b>TOTAL HSA REVENUES</b>	<b>\$243,479</b>	<b>\$243,479</b>	<b>\$243,479</b>	<b>\$730,437</b>
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36	<b>Total Revenues</b>	<b>\$243,479</b>	<b>\$243,479</b>	<b>\$243,479</b>	<b>\$730,437</b>
37	Full Time Equivalent (FTE)				
39	Prepared by:	Telephone No.:			
40	HSA-CO Review Signature:	_____			
41	HSA #1	6/4/2018			

	A	B	C	D	E	F	G	H	I
1									
2									
3	<b>Bayview Senior Services</b>								
4	<b>Program: Case Management</b>								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Salaries &amp; Benefits Detail</b>								
8									
9									
10						7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	7/1/18-6/30/21
11		Agency Totals		HSA Program		DAAS	DAAS	DAAS	TOTAL
12	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
13	Case Manager	\$57,907	100%	100%	100%	\$57,907	\$57,907	\$57,907	\$173,721
14	Case Manager	\$56,160	100%	100%	100%	\$56,160	\$56,160	\$56,160	\$168,480
15	Case Management Supervisor	\$67,642	100%	25%	25%	\$16,910	\$16,910	\$16,910	\$50,730
16									
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29									
30	TOTALS		3.00	225%	2.25	\$130,977	\$130,977	\$130,977	\$392,931
31									
32	FRINGE BENEFIT RATE	28%							
33	EMPLOYEE FRINGE BENEFITS	\$0				\$36,673	\$36,673	\$36,673	\$110,019
34									
35									
36	TOTAL SALARIES & BENEFITS	\$0				\$167,650	\$167,650	\$167,650	\$502,950
37	HSA #2								

	A	B	C	D	E	F	G	H	I	J	K	L
1												
2												
3	<b>Bayview Senior Services</b>											
4	<b>Program: Case Management</b>											
5	(Same as Line 9 on HSA #1)											
6												
7	<b>Operating Expense Detail</b>											
8												
9												
10												
11	<b>TOTAL</b>											
12	<u>Expenditure Category</u>			<u>TERM</u>	<u>7/1/18-6/30/19</u>		<u>7/1/19-6/30/20</u>		<u>7/1/18-6/30/21</u>			<u>7/1/18-6/30/21</u>
13	Rental of Property											
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$ 3,600		\$ 3,600		\$ 3,600			\$ 10,800
15	Office Supplies, Postage				\$ 7,500		\$ 7,500		\$ 7,500			\$ 22,500
16	Building Maintenance Supplies and Repair											
17	Printing and Reproduction				\$ 5,205		\$ 5,205		\$ 5,205			\$ 15,615
18	Insurance				\$ 5,565		\$ 5,565		\$ 5,565			\$ 16,695
19	Staff Training				\$ 2,600		\$ 2,600		\$ 2,600			\$ 7,800
20	Staff Travel-(Local & Out of Town)				\$ 1,200		\$ 1,200		\$ 1,200			\$ 3,600
21	Rental of Equipment				\$ 5,800		\$ 5,800		\$ 5,800			\$ 17,400
22												
23	<b>CONSULTANTS</b>											
24	Translation phone Services				\$ 1,200		\$ 1,200		\$ 1,200			\$ 3,600
25	Computer/phone/internet technical assistance				\$ 2,400		\$ 2,400		\$ 2,400			\$ 7,200
26												
27	<b>OTHER</b>											
28	Client support supplies				\$ 9,000		\$ 9,000		\$ 9,000			\$ 27,000
29												
30												
31	<b>TOTAL OPERATING EXPENSE</b>				<b>\$ 44,070</b>		<b>\$ 44,070</b>		<b>\$ 44,070</b>			<b>\$ 132,210</b>
32												
33	<b>HSA #3</b>											<b>6/4/2018</b>



## APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

### *CATHOLIC CHARITIES*

Effective July 1, 2018 to June 30, 2021

#### CASE MANAGEMENT

##### **I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

##### **II. Definitions**

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Catholic Charities
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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

#### **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 multiple 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 OOA Case Management services

### **IV. Location and Time of Services:**

Catholic Charities’ Case Management services are housed at 65 Beverly St. and available from 9:00 a.m. to 5:00 p.m. Monday through Friday.

### **V. Description of Services**

Grantee shall provide Case Management services to eligible clients consistent with OOA Policy Memorandum #39 “OOA Case Management Program Standards” (as revised

March 5, 2018). The OOA Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OOA funded Case Management providers are required to utilize.

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

a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## VI. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of 112 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 face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

Grantee will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70 % of Service Plan items completed within one year.\*
- 25 % of cases closed with status of “Improved” or “No Longer Needed Services.”\*\*

\* Tracked via documentation in the CA GetCare database

## **VII. 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>
- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Monte Cimino, MSW  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 monte.cimino@sfgov.org

Esperanza Zapien  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 esperanza.zapien@sfgov.org

**VIII. 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 OOA 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 OOA-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.



	A	B	C	D	E
1	Appendix B, Page 1				
2					
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Name			Term	
6	Catholic Charities			7/1/18 - 6/30/21	
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>Case Management Services</b>				
10	Budget Reference Page No.(s)				Total
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	7/1/18-6/30/21
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$154,854	\$154,854	\$154,854	\$464,560
14	Operating Expense	\$20,116	\$20,116	\$20,116	\$60,348
15	<b>Subtotal</b>	<b>\$174,970</b>	<b>\$174,970</b>	<b>\$174,970</b>	<b>\$524,909</b>
16	Indirect Percentage (%)	14.25%	14.25%	14.25%	\$0
17	Indirect Cost (Line 16 X Line 15)	\$24,933	\$24,933	\$24,933	\$74,800
18	Capital Expenditure	\$0	\$0	\$0	\$0
19	Total Expenditures	\$199,903	\$199,903	\$199,903	\$599,709
20	<b>HSA Revenues</b>				
21	General Fund	\$175,915	\$175,915	\$175,915	\$527,745
22	CFDA 93.778	\$23,988	\$23,988	\$23,988	\$71,964
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$199,903	\$199,903	\$199,903	\$599,709
30	<b>Other Revenues</b>				
31					
32					
33	Foundation / Grants	\$8,000	\$8,000	\$8,000	\$24,000
34	In-Kind / Donations	\$44,000	\$44,000	\$44,000	\$132,000
35					
36	Total Revenues	\$251,903	\$251,903	\$251,903	\$755,709
37	Full Time Equivalent (FTE)				
39	Prepared by: Patty Clement/Rosa Mendez		Telephone No.: 415-452-3504		Date 4/12/18
40	HSA-CO Review Signature: _____				
41	HSA #1				10/25/2016



	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B, Page 3										
2											
3											
4	Program Name:										
5	<b>Case Management Services</b>										
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11	TOTAL										
12	<u>Expenditure Category</u>		TERM	<u>7/1/18-6/30/19</u>	<u>7/1/19-6/30/20</u>	<u>7/1/20-6/30/21</u>	<u>7/1/18-6/30/21</u>				
13	Rental of Property			\$11,266	\$11,266	\$11,266	\$33,798				
14	Utilities(Elec, Water, Gas, Phone, Garbage)			\$2,000	\$2,000	\$2,000	\$6,000				
15	Office Supplies, Postage			\$800	\$800	\$800	\$2,400				
16	Building Maintenance Supplies and Repair			\$150	\$150	\$150	\$450				
17	Printing and Reproduction			\$100	\$100	\$100	\$300				
18	Insurance			\$750	\$750	\$750	\$2,250				
19	Staff Training			\$300	\$300	\$300	\$900				
20	Staff Travel-(Local & Out of Town)			\$3,000	\$3,000	\$3,000	\$9,000				
21	Rental of Equipment			\$350	\$350	\$350	\$1,050				
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE										
23											
24											
25											
26											
27											
28	OTHER										
29											
30	IT support-Internet			\$400	\$400	\$400	\$1,200				
31	Program Supplies-emergency food for clients,			\$1,000	\$1,000	\$1,000	\$3,000				
32	Medical appointment co-pays, absorbent pads										
33											
34											
35	TOTAL OPERATING EXPENSE			\$20,116	\$20,116	\$20,116	\$60,348				
36											
37	HSA #3										10/25/2016

## APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

### *CURRY SENIOR CENTER*

Effective July 1, 2018 to June 30, 2021

#### CASE MANAGEMENT

##### **I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

##### **II. Definitions**

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Curry Senior Center
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on Aging
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 target 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 multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

Curry Senior Center’s Case Management services are based out of their offices at 333 Turk Street, San Francisco, CA 94102, Monday through Friday, 8:00am to 4:30pm.

## VI. Description of Services

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

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

#### a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## VII. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:



- Grantee will provide Case Management services to a total of 180 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 face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

As part of the proposal, the respondent will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70% of Service Plan items completed within one year.\*
- 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>

- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Rick Appleby  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 rick.appleby@sfgov.org

Ella Lee  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 ella.lee@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 OOA 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 OOA-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 CONTRACT BUDGET SUMMARY  
BY PROGRAM**

Name  
**Curry Senior Center**

Term

**July 1, 2018 - June 30, 2021**

(Check One) New  Renewal  Modification

If modification, Effective Date of Mod. No. of Mod.

Program: **Case Management**

Budget Reference Page No.(s)

	7/1/2018 - 6/30/2019	7/1/2019- 6/30/2020	7/1/2020- 6/30/2021	TOTAL
<b>EXPENDITURES</b>				
Salaries & Benefits	\$ 272,296	\$ 272,296	\$ 272,296	\$ 816,888
Operating Expense	\$ 23,550	\$ 23,550	\$ 23,550	\$ 70,650
<i>Subtotal</i>	\$ 295,846	\$ 295,846	\$ 295,846	\$ 887,538
Indirect Percentage (15%)	15%	15%	15%	15%
Indirect Cost (Line 16 X Line 17)	\$ 44,377	\$ 44,377	\$ 44,377	\$ 133,131
Capital Expenditure	\$ -	\$ -	\$ -	\$ -
<b>TOTAL EXPENDITURES</b>	<b>\$ 340,223</b>	<b>\$ 340,223</b>	<b>\$ 340,223</b>	<b>\$ 1,020,669</b>
<b>HSA REVENUES</b>				
General Fund	\$ 299,396	\$ 299,396	\$ 299,396	\$ 898,188
CFDA #93.778, Medi-Cal	\$ 40,827	\$ 40,827	\$ 40,827	\$ 122,481
<b>TOTAL HSA REVENUES</b>	<b>\$ 340,223</b>	<b>\$ 340,223</b>	<b>\$ 340,223</b>	<b>\$ 1,020,669</b>
<b>OTHER REVENUES</b>				
Leverage-Medical Supervisor	\$ 194,545	\$ 194,545	\$ 194,545	\$ 583,635
Leverage-Translation	\$ 7,606	\$ 7,606	\$ 7,606	\$ 22,818
Cash Match-Client Assistance Fund	\$ 25,000	\$ 25,000	\$ 25,000	\$ 75,000
<b>TOTAL REVENUES</b>	<b>\$ 567,374</b>	<b>\$ 567,374</b>	<b>\$ 567,374</b>	<b>\$ 1,702,122</b>
Full Time Equivalent (FTE)	3.88	3.88	3.88	3.88

Prepared by: Dave Knego

Telephone No: (415) 292-1087

Date: 5/16/2018

HSA-CO Review Signature: \_\_\_\_\_

HSA #1

10/26/2016

Contractor's Name: Curry Senior Center

Program Name: Case Management

(Same as Line 9 on HSA #1)

**Salaries & Benefits Detail**

POSITION TITLE	Agency Totals		For HSA Program		For HSA Program			TOTAL
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary 7/1/2018 - 6/30/2019	Budgeted Salary 7/1/2019 - 6/30/2020	Budgeted Salary 7/1/2020 - 6/30/2021	
Case Manager	\$ 57,050	100.00%	98.00%	0.98	\$ 55,909	\$ 55,909	\$ 55,909	\$ 167,727
Case Manager	\$ 55,000	100.00%	98.00%	0.96	\$ 53,900	\$ 53,900	\$ 53,900	\$ 161,700
Case Manager	\$ 55,000	100.00%	98.00%	0.96	\$ 53,900	\$ 53,900	\$ 53,900	\$ 161,700
Director of Clinical Programs	\$ 94,521	75.00%	18.55%	0.14	\$ 13,150	\$ 13,150	\$ 13,150	\$ 39,450
Program Assistant-Chinese	\$ 48,918	100.00%	9.61%	0.10	\$ 4,700	\$ 4,700	\$ 4,700	\$ 14,100
Program Assistant-Lao	\$ 39,474	53.33%	22.33%	0.12	\$ 4,700	\$ 4,700	\$ 4,700	\$ 14,100
Program Assistant-Russian	\$ 39,474	66.67%	17.86%	0.12	\$ 4,700	\$ 4,700	\$ 4,700	\$ 14,100
Program Assistant-Vietnamese	\$ 37,397	80.00%	15.71%	0.13	\$ 4,700	\$ 4,700	\$ 4,700	\$ 14,100
Eligibility Clerk	\$ 39,933	100.00%	11.52%	0.12	\$ 4,600	\$ 4,600	\$ 4,600	\$ 13,800
Receptionist	\$ 39,933	100.00%	11.52%	0.12	\$ 4,600	\$ 4,600	\$ 4,600	\$ 13,800
Registration Clerk	\$ 41,930	100.00%	10.97%	0.11	\$ 4,600	\$ 4,600	\$ 4,600	\$ 13,800
TOTALS	\$ 548,630	9.75	4.12	3.88	\$ 209,459	\$ 209,459	\$ 209,459	\$ 628,377
FRINGE BENEFIT RATE	30%				30%	30%	30%	30%
EMPLOYEE FRINGE BENEFITS	\$ 164,589				\$ 62,837	\$ 62,837	\$ 62,837	\$ 188,511
TOTAL SALARIES & BENEFITS	\$ 713,219				\$ 272,296	\$ 272,296	\$ 272,296	\$ 816,888

HSA #2

Document Date: 5/16/2018

Contractor's Name: Curry Senior Center

Program Name: Case Management

(Same as Line 9 on HSA #1)

## Operating Expense Detail

EXPENDITURE CATEGORY	7/1/2018 - 6/30/2019	7/1/2019- 6/30/2020	7/1/2020- 6/30/2021	TOTAL
Utilities(Elec, Water, Gas, Phone, Scavenge)	\$ 5,000	\$ 5,000	\$ 5,000	\$ 15,000
Office Supplies, Postage	\$ 3,000	\$ 3,000	\$ 3,000	\$ 9,000
Building Maintenance Supplies and Repair	\$ 7,000	\$ 7,000	\$ 7,000	\$ 21,000
Insurance	\$ 5,850	\$ 5,850	\$ 5,850	\$ 17,550
Staff Training	\$ 500	\$ 500	\$ 500	\$ 1,500
Staff Travel-(Local & Out of Town)	\$ 600	\$ 600	\$ 600	\$ 1,800
<b>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</b>				
<b>OTHER</b>				
Program supplies	\$ 500	\$ 500	\$ 500	\$ 1,500
Payroll fees	\$ 800	\$ 800	\$ 800	\$ 2,400
Recruitment	\$ 300	\$ 300	\$ 300	\$ 900
<b>TOTAL OPERATING EXPENSE</b>	<b>\$ 23,550</b>	<b>\$ 23,550</b>	<b>\$ 23,550</b>	<b>\$ 70,650</b>

HSA #3

10/26/2016

## APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

### *EPISCOPAL COMMUNITY SERVICES*

Effective July 1, 2018 to June 30, 2021

#### CASE MANAGEMENT

##### **I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

##### **II. Definitions**

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Episcopal Community Services (ECS)
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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 multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

The Episcopal Community Services Case Management program is housed at 705 Natoma St. The program provides services Monday through Friday 8:30 a.m. to 5:00 p.m.

### **VI. Description of Services**

Grantee shall provide Case Management services to eligible clients consistent with OOA Policy Memorandum #39 “OOA Case Management Program Standards” (as revised

March 5, 2018). The OOA Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OOA funded Case Management providers are required to utilize.

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

a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## VII. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of 125 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 contract year.\*
- Grantee will complete 100 % of monthly contacts during each contract year.\*
- Grantee will complete 100 % of face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

Grantee will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70 % of Service Plan items completed within one year.\*
- 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>
- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Monte Cimino, MSW  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 monte.cimino@sfgov.org

Rocio Duenas  
 Contract Manager  
 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 OOA 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 OOA-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.

	A	B	C	D	E
1					Appendix B, Page 1
2					Date: 5/17/18
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Name			Term	
6	EPISCOPAL COMMUNITY SERVICES OF SAN FRANCISCO			7/1/18-6/30/21	
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>CASE MANAGEMENT</b>				
10	Budget Reference Page No.(s)				
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$209,076	\$209,076	\$209,076	\$627,228
14	Operating Expense	\$44,885	\$44,885	\$44,885	\$134,655
15	<b>Subtotal</b>	\$253,961	\$253,961	\$253,961	\$761,883
16	Indirect Percentage (%)	12%	12%	12%	
17	Indirect Cost (Line 16 X Line 15)	\$30,475	\$30,475	\$30,475	\$91,425
18	Capital/Subcontractor Expenditures	\$5,520	\$5,520	\$5,520	\$16,560
19	Total Expenditures	\$289,956	\$289,956	\$289,956	\$869,868
20	<b>HSA Revenues</b>				
21					
22	General Fund (88%)	\$255,161	\$255,161	\$255,161	\$765,483
23	CFDA 93.778 (12%)	\$34,795	\$34,795	\$34,795	\$104,385
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$289,956	\$289,956	\$289,956	\$869,868
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36	Total Revenues				
37	Full Time Equivalent (FTE)				
39	Prepared by: EVELYN L. LAM		Telephone No.:415-487-3300 x1214		05/17/18
40	HSA-CO Review Signature: _____				
41	HSA #1				10/25/2016





	A	B	C	D	E	F	G	H	I	J	K
1										Appendix B, Page 3	
2										Date: 5/17/18	
3											
4											
5	Program: CASE MANAGEMENT										
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11										TOTAL	
12	<u>Expenditure Category</u>			TERM	<u>7/1/18-6/30/19</u>		<u>7/1/19-6/30/20</u>		<u>7/1/20-6/30/21</u>		<u>7/1/18-6/30/21</u>
13	Rental of Property										
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$5,000		\$5,000		\$5,000		\$15,000
15	Office/Meeting Supplies, Postage				\$3,625		\$3,625		\$3,625		\$10,875
16	Building Maintenance Supplies and Repair				\$24,405		\$24,405		\$24,405		\$73,215
17	Printing and Reproduction				\$1,735		\$1,735		\$1,735		\$5,205
18	Insurance				\$1,050		\$1,050		\$1,050		\$3,150
19	Staff Training										
20	Staff Travel-(Local & Out of Town)										
21	Rental of Equipment										
22	CONSULTANT										
23											
24											
25											
26											
27											
28	OTHER										
29	Staff Recruitment				\$350		\$350		\$350		\$1,050
30	Program/Client Supplies				\$4,735		\$4,735		\$4,735		\$14,205
31	Telecommunications				\$3,985		\$3,985		\$3,985		\$11,955
32											
33											
34											
35	TOTAL OPERATING EXPENSE				\$44,885		\$44,885		\$44,885		\$134,655
36											
37	HSA #3										10/25/2016

	A	B	C	D	E	F
1	Appendix B, Page 4					
2	Date: 5/17/18					
3						
4	Program: CASE MANAGEMENT					
5	(Same as Line 9 on HSA #1)					
6	<b>Program Expenditure Detail</b>					
7						
8	<b>SUBCONTRACTORS</b>		7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	TOTAL 7/1/18-6/30/21
9		Clinical Sub-Contractor	\$5,520	\$5,520	\$5,520	\$16,560
10						
11						
12	<b>TOTAL SUBCONTRACTOR COST</b>		\$5,520	\$5,520	\$5,520	\$16,560
13						
14	<b>EQUIPMENT</b>		7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	TOTAL 7/1/18-6/30/21
15	No.	ITEM/DESCRIPTION				
16						
17						
18						
19	<b>TOTAL EQUIPMENT COST</b>					
20						
21	<b>R E M O D E L I N G</b>					
22	Description:		7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	TOTAL 7/1/18-6/30/21
23						
24						
25						
26	<b>TOTAL REMODELING COST</b>					
27						
28	<b>TOTAL CAPITAL/SUBCONTRACTOR EXPENDITURE</b>		\$5,520	\$5,520	\$5,520	\$16,560
29						
30	<b>HSA #4</b>					10/25/2016

**APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE**

***FELTON INSTITUTE***

**Effective July 1, 2018 to June 30, 2021**

**CASE MANAGEMENT**

**I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

**II. Definitions**

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Family Service Agency (dba Felton Institute)
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on Aging
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 target 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 multiple 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 OOA Case Management services

### V. Location and Time of Services:

Felton Institute Case Management Services are available at 6221 Geary Boulevard, 3<sup>rd</sup> 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 OOA Policy Memorandum #39 “OOA Case Management Program Standards” (as revised

March 5, 2018). The OOA Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OOA funded Case Management providers are required to utilize.

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

a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## VII. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of 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 contract year.\*
- Grantee will complete 100 % of monthly contacts during each contract year.\*
- Grantee will complete 100 % of face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

As part of the proposal, the respondent will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70 % of Service Plan items completed within one year.\*
- 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>
- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.



- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Rick Appleby  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 rick.appleby@sfgov.org

Rocio Duenas  
 Contract Manager  
 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 OOA 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 OOA-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.

	A	B	C	D	E
1					Appendix B, Page 1
2					Date: 5/14/18
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Name			Term	
6	Felton Institute			7/1/18-6/30/21	
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>Case Management</b>				
10	Budget Reference Page No.(s)				Total
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	7/1/18-6/30/21
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$90,149	\$90,149	\$90,149	\$270,447
14	Operating Expenses	\$8,688	\$8,688	\$8,688	\$26,064
15	<b>Subtotal</b>	\$98,837	\$98,837	\$98,837	\$296,511
16	Indirect Percentage (%)	15%	15%	15%	15.00%
17	Indirect Cost (Line 16 X Line 15)	\$14,826	\$14,826	\$14,826	\$44,478
18	Capital/Subcontractor Expenditures	\$0	\$0	\$0	\$0
19	<b>Total Expenditures</b>	\$113,663	\$113,663	\$113,663	\$340,989
20	<b>HSA Revenues</b>				
21					
22	General Fund (88%)	\$100,023	\$100,023	\$100,023	\$300,069
23	CFDA 93.778 (12%)	\$13,640	\$13,640	\$13,640	\$40,920
24					
25					
26					
27					
28					
29	<b>TOTAL HSA REVENUES</b>	\$113,663	\$113,663	\$113,663	\$340,989
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36					
37					
38					
39	<b>Total Revenues</b>	\$113,663	\$113,663	\$113,663	\$340,989
40	Full Time Equivalent (FTE)				
42	Prepared by: Bradley Johnson	Telephone No.: 415-474-7310 ext 369		Date: 5/10/18	
43	HSA-CO Review Signature: _____				
44	HSA #1				10/25/2016



	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B, Page 3										
2	Date: 5/14/18										
3											
4	Program: Case Management										
5	(Same as Line 9 on HSA #1)										
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11											
12	<u>Expenditure Category</u>			TERM	<u>7/1/18-6/30/19</u>	<u>7/1/19-6/30/20</u>	<u>7/1/20-6/30/21</u>				TOTAL
13	Rental of Property				\$3,900	\$3,900	\$3,900				\$ 11,700
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$950	\$950	\$950				\$ 2,850
15	Office Supplies, Postage				\$100	\$100	\$100				\$ 300
16	Building Maintenance Supplies and Repair										
17	Printing and Reproduction										
18	Insurance				\$600	\$600	\$600				\$ 1,800
19	Staff Training										
20	Staff Travel-(Local & Out of Town)				\$1,962	\$1,962	\$1,962				\$ 5,886
21	Rental of Equipment				\$117	\$117	\$117				\$ 351
22											
23	<b>CONSULTANTS</b>										
24											
25											
26											
27	<b>OTHER</b>										
28	Program Related Expenses (client needs/				\$1,059	\$1,059	\$1,059				\$ 3,177
29	emergencies: Food, Clothing, Transportation)										
30											
31	<b>TOTAL OPERATING EXPENSE</b>				\$ 8,688	\$ 8,688	\$ 8,688				\$ 26,064
32											
33	<b>HSA #3</b>										<b>10/25/2016</b>

## APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

### *HOMEBRIDGE*

Effective July 1, 2018 to June 30, 2021

#### CASE MANAGEMENT

##### **I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

##### **II. Definitions**

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Homebridge
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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 multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

Homebridge Case Management services are based at their main office located at 1035 Market Street, Suite L-1, in San Francisco. Program hours are Monday through Friday 8:00 a.m. to 5:15 p.m.



## VI. Description of Services

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

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

#### a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## **V. Objectives:**

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of 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 face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

Grantee will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70 % of Service Plan items completed within one year.\*
- 25 % of cases closed with status of “Improved” or “No Longer Needed Services.”\*

\* Tracked via documentation in the CA GetCare database

## **VI. 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>

- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Monte Cimino, MSW  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 monte.cimino@sfgov.org

Steve Kim  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 steve.kim@sfgov.org

**VII. 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 OOA 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 OOA-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**

	A	B	C	D	E
1					
2					
3					
4					
5	Name		Term		
6	Homebridge		7/1/18-6/30/21		
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	<b>Program: Case Management</b>				
10	Budget Reference Page No.(s)				7/1/18-6/30/21
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$76,717	\$76,717	\$76,717	\$230,151
14	Operating Expenses	\$18,524	\$18,524	\$18,524	\$55,572
15	<b>Subtotal</b>	<b>\$95,241</b>	<b>\$95,241</b>	<b>\$95,241</b>	<b>\$285,723</b>
16	Indirect Percentage (%)	15%	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	\$14,285	\$14,285	\$14,285	\$42,855
18	Subcontractor/Capital Expenditures	\$0	\$0	\$0	\$0
19	Total Expenditures	\$109,526	\$109,526	\$109,526	\$328,578
20	<b>HSA Revenues</b>				
21	General Fund	\$96,382	\$96,382	\$96,382	\$289,146
22	CFDA 93.778 (12%)	\$13,144	\$13,144	\$13,144	\$39,432
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$109,526	\$109,526	\$109,526	\$328,578
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36	Total Revenues	\$109,526	\$109,526	\$109,526	\$328,578
37	Full Time Equivalent (FTE)	0.99	0.99	0.99	0.99
39	Prepared by: Juliana Terheyden		Telephone No.: 415-255-2079		
40	HSA-CO Review Signature: _____				
41	HSA #1				

	A	B	C	D	E	F	G	H	I
1									
2									
3	<b>Homebridge</b>								
4	<b>Program: Case Management</b>								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Salaries &amp; Benefits Detail</b>								
8									
9									
10									
11						7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	7/1/18-6/30/21
		Agency Totals		HSA Program		DAAS	DAAS	DAAS	TOTAL
		Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
12	POSITION TITLE								
13									
14	Client Service Manager	\$68,496	1.00	10%	0.10	\$6,850	\$6,850	\$6,850	\$20,550
15	Case Manager	\$57,063	1.00	89%	0.89	\$50,786	\$50,786	\$50,786	\$152,358
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30	TOTALS		2.00	99%	0.99	\$57,636	\$57,636	\$57,636	\$172,908
31									
32	FRINGE BENEFIT RATE	33%							
33	EMPLOYEE FRINGE BENEFITS					\$19,081	\$19,081	\$19,081	\$57,243
34									
35									
36	TOTAL SALARIES & BENEFITS	\$0				\$76,717	\$76,717	\$76,717	\$230,151
37	HSA #2								

	A	B	C	D	E	F	G	H	I	J	K	L
1	Appendix B, Page 3											
2												
3	<b>Homebridge</b>											
4	<b>Program: Case Management</b>											
5	(Same as Line 9 on HSA #1)											
6												
7	<b>Operating Expense Detail</b>											
8												
9												
10												
11												
12	<b>Expenditure Category</b>	<b>TERM</b>	<b>7/1/18-6/30/19</b>	<b>7/1/19-6/30/20</b>	<b>7/1/18-6/30/21</b>				<b>TOTAL</b>			
13	Premises Expenses/Rental of Property		\$ 9,644	\$ 9,644	\$ 9,644				\$ 28,932			
14	Utilities(Elec, Water, Gas, Phone, Garbage)		\$ 1,824	\$ 1,824	\$ 1,824				\$ 5,472			
15	Office Supplies, Postage		\$ 788	\$ 788	\$ 788				\$ 2,364			
16	Building Maintenance Supplies and Repair		\$ 311	\$ 311	\$ 311				\$ 933			
17	Printing and Reproduction		\$ 395	\$ 395	\$ 395				\$ 1,185			
18	Insurance		\$ 1,517	\$ 1,517	\$ 1,517				\$ 4,551			
19	Staff Training		\$ 489	\$ 489	\$ 489				\$ 1,467			
20	Staff Travel-(Local & Out of Town)											
21	Rental of Equipment											
22												
23	<b>CONSULTANTS</b>											
24												
25												
26												
27	<b>OTHER</b>											
28	Shared Costs - Payroll		\$ 1,270	\$ 1,270	\$ 1,270				\$ 3,810			
29	Shared Costs - Technology		\$ 2,286	\$ 2,286	\$ 2,286				\$ 6,858			
30												
31	<b>TOTAL OPERATING EXPENSE</b>		<b>\$ 18,524</b>	<b>\$ 18,524</b>	<b>\$ 18,524</b>				<b>\$ 55,572</b>			
32												
33	<b>HSA #3</b>											



## APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

### *INSTITUTE ON AGING*

Effective July 1, 2018 to June 30, 2021

### CASE MANAGEMENT

#### I. Purpose:

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

#### II. Definitions

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Institute on Aging (IOA)
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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 multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

Case Management services are based at Institute on Aging offices at 3575 Geary Boulevard in San Francisco. Services are typically offered during regular business hours, Monday through Friday, 9 am to 5 pm.

## VI. Description of Services

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

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

#### a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## **V. Objectives:**

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of 220 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 face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

Grantee will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70 % of Service Plan items completed within one year.\*
- 25 % of cases closed with status of “Improved” or “No Longer Needed Services.”\*

\* Tracked via documentation in the CA GetCare database

## **VI. 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>

- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Michael Zaugg  
Director, Office on the Aging  
DAAS  
PO Box 7988  
San Francisco, CA 94120  
michael.zaugg@sfgov.org

David Kashani  
Contract Manager  
Human Services Agency  
PO Box 7988  
San Francisco, CA 94120  
david.kashani@sfgov.org

## **VII. 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 OOA 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 OOA-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.



	A	B	C	D	E
1	Appendix B, Page 1				
2					
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Name			Term	
6	Institute on Aging (IOA)			7/1/18-6/30/21	
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: Case Management/Linkages				
10	Budget Reference Page No.(s)				
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$401,956	\$401,956	\$401,956	\$1,205,868
14	Operating Expenses	\$46,794	\$46,794	\$46,794	\$140,382
15	<b>Subtotal</b>	\$448,750	\$448,750	\$448,750	\$1,346,250
16	Indirect Percentage (%)	15%	15%	15%	15.00%
17	Indirect Cost (Line 16 X Line 15)	\$67,313	\$67,313	\$67,313	\$201,939
18	Capital/Subcontractor Expenditures	\$0	\$0	\$0	\$0
19	Total Expenditures	\$516,063	\$516,063	\$516,063	\$1,548,189
20	<b>HSA Revenues</b>				
21	General Fund (88%)	\$454,135	\$454,135	\$454,135	\$1,362,405
22	CFDA 93.778 (12%)	\$61,928	\$61,928	\$61,928	\$185,784
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$516,063	\$516,063	\$516,063	\$1,548,189
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36	Total Revenues	\$516,063	\$516,063	\$516,063	\$1,548,189
37	Full Time Equivalent (FTE)				
39	Prepared by: Josh Martin, Linkages Dire Telephone No.: 415-750-8790			Date: 4/12/18	
40	Revision by Laura Liesem 5.11.2018				
41	HSA-CO Review Signature: _____				
42	HSA #1 <span style="float: right;">10/25/2016</span>				

Program: Case Management/Linkages  
 (Same as Line 9 on HSA #1)

**Salaries & Benefits Detail**

11	12	Agency Totals		HSA Program		7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	7/1/18-6/30/21
		Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	DAAS	DAAS	DAAS	TOTAL
						Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
13	Care Manager (1)	\$90,825	1.00	100%	1.00	\$90,825	\$90,825	\$90,825	\$272,475
14	Care Manager (2)	\$65,450	1.00	100%	1.00	\$65,450	\$65,450	\$65,450	\$196,350
15	Care Manager (3) Bilingual C/M	\$66,600	1.00	100%	1.00	\$66,600	\$66,600	\$66,600	\$199,800
16	Care Manager (4) Bilingual S	\$61,325	1.00	100%	1.00	\$61,325	\$61,325	\$61,325	\$183,975
17	Director	\$85,500	1.00	33%	0.33	\$28,215	\$28,215	\$28,215	\$84,645
18	SF Regional Director	\$135,000	1.00	5%	0.05	\$6,750	\$6,750	\$6,750	\$20,250
19	Program Coordinator	\$48,000	1.00	5%	0.05	\$2,400	\$2,400	\$2,400	\$7,200
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30	TOTALS	\$552,700	7.00	443%	4.43	\$321,565	\$321,565	\$321,565	\$964,695
31									
32	FRINGE BENEFIT RATE	25%							
33	EMPLOYEE FRINGE BENEFITS	\$138,175				\$80,391	\$80,391	\$80,391	\$241,173
34									
35									
36	TOTAL SALARIES & BENEFITS	\$690,875				\$401,956	\$401,956	\$401,956	\$1,205,868
37	HSA #2	10/25/2016							

	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B, Page 3										
2											
3											
4	Program: Case Management/Linkages										
5	(Same as Line 9 on HSA #1)										
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11											
12	<u>Expenditure Category</u>				TERM	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21			TOTAL 7/1/18-6/30/21
13	Rental of Property					\$15,800	\$15,800	\$15,800			\$ 47,400
14	Utilities (Elec, Water, Gas, Scavenger)					\$1,775	\$1,775	\$1,775			\$ 5,325
15	Telephone and Wireless costs					\$4,725	\$4,725	\$4,725			\$ 14,175
16	Office Supplies, Postage					\$1,400	\$1,400	\$1,400			\$ 4,200
17	Building Maintenance Supplies and Repair										
18	Printing and Reproduction										
19	Insurance										
20	Staff Training					\$1,000	\$1,000	\$1,000			\$ 3,000
21	Staff Travel-(Local & Out of Town)					\$4,000	\$4,000	\$4,000			\$ 12,000
22	Rental of Equipment										
23	Purchase Small Equipment (Technology)					\$4,000	\$4,000	\$4,000			\$ 12,000
24	Liscenses and Fees					\$625	\$625	\$625			\$ 1,875
25											
26	<b>CONSULTANTS</b>										
27	Language Line, BACA, LanDo (Translation)					\$ 1,000	\$ 1,000	\$ 1,000			\$ 3,000
28											
29											
30	<b>OTHER</b>										
31	Purchase of Services					\$9,000	\$9,000	\$9,000			\$ 27,000
32	Respite Purchase Of Services					\$3,469	\$3,469	\$3,469			\$ 10,407
33											
34	<b>TOTAL OPERATING EXPENSE</b>					\$ 46,794	\$ 46,794	\$ 46,794			\$ 140,382
35											
36	<b>HSA #3</b>										10/25/2016

## APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

### *Jewish Family and Children's Services*

Effective July 1, 2018 to June 30, 2021

#### CASE MANAGEMENT

##### I. Purpose:

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

##### II. Definitions

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Jewish Family and Children’s Services (JFCS).
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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 multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

Jewish Family and Children’s Services Case Management services are offered out of the JFCS offices at 2534 Judah Street, San Francisco, CA, 94122, Monday through Friday, 8:30am to 5:00pm.

## VI. Description of Services

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

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

#### a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## VII. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:



- Grantee will provide Case Management services to a total of 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 face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

As part of the proposal, the respondent will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70% of Service Plan items completed within one year.\*
- 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> 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 annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- G. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10th.
- H. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- I. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- 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:

Rick Appleby  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 Rick.appleby@sfgov.org

Ella Lee  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 ella.lee@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 OOA 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 OOA-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**

<b>Name</b>		<b>Term</b>		
Jewish Family and Children Services		Jul 01, 2018 to Jun 30, 2021		
(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>				
If modification, Effective Date of Mod. _____ No. of Mod. _____				
Program: <b>Case Management</b>				
Budget Reference Page No.(s) _____				
	<b>7/1/2018 - 6/30/2019</b>	<b>7/1/2019 - 6/30/2020</b>	<b>7/1/2020 - 6/30/2021</b>	<b>TOTAL</b>
<b>EXPENDITURES</b>				
Salaries & Benefits	\$100,000	\$100,000	\$100,000	\$300,000
Operating Expense	\$0	\$0	\$0	\$0
<b>Subtotal</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$300,000</b>
Indirect Percentage (%)				
Indirect Cost (Line 16 X Line 15)	\$0	\$0	\$0	\$0
Capital Expenditure	\$0	\$0	\$0	\$0
<b>TOTAL EXPENDITURES</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$300,000</b>
<b>HSA REVENUES</b>				
General Fund (88%)	\$88,000	\$88,000	\$88,000	\$264,000
CFDA 93.778 (12%)	\$12,000	\$12,000	\$12,000	\$36,000
<b>TOTAL HSA REVENUES</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$300,000</b>
<b>OTHER REVENUES</b>				
<b>TOTAL REVENUES</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>
Full Time Equivalent (FTE)	1.10	1.10	1.10	1.10
Prepared by: Traci Dobronravova		Telephone No: (415) 449-3808		Date: 05/17/2018
HSA-CO Review Signature: _____				

Contractor's Name: **Jewish Family and Children Services**

Program Name: **Case Management**

(Same as Line 9 on HSA #1)

**Salaries & Benefits Detail**

HSA POSITION TITLE	Agency Totals		HSA Program		For HSA Program			TOTAL
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary 7/1/2018 - 6/30/2019	Budgeted Salary 7/1/2019 - 6/30/2020	Budgeted Salary 7/1/2020 - 6/30/2021	
Case Manager	\$73,125	1.00	100%	1.00	\$73,125	\$73,125	\$73,125	\$219,375
SAH Director	\$118,482	1.00	10%	0.10	\$11,848	\$11,848	\$11,848	\$35,544
<b>TOTALS</b>	<b>\$191,607</b>	<b>2.00</b>	<b>110%</b>	<b>1.10</b>	<b>\$84,973</b>	<b>\$84,973</b>	<b>\$84,973</b>	<b>\$254,919</b>
FRINGE BENEFIT RATE	18%							
EMPLOYEE FRINGE BENEFITS	\$33,885				\$15,027	\$15,027	\$15,027	\$45,081
<b>TOTAL SALARIES &amp; BENEFITS</b>	<b>\$225,492</b>				<b>\$100,000</b>	<b>\$100,000</b>	<b>\$100,000</b>	<b>\$300,000</b>

10/25/2016

HSA #2

Contractor's Name: **Jewish Family and Children Services**

Program Name: **Case Management**

(Same as Line 9 on HSA #1)

**Operating Expense Detail**

HSA EXPENDITURE CATEGORY	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2020 - 6/30/2021	TOTAL
Rental of Property				
Utilities(Elec, Water, Gas, Phone, Garbage)				
Office Supplies, Postage				
Building Maintenance Supplies and Repair				
Printing and Reproduction				
Insurance				
Staff Training				
Staff Travel-(Local & Out of Town)				
Rental of Equipment				
<b>CONSULTANTS</b>				
<b>OTHER</b>				
<b>TOTAL OPERATING EXPENSE</b>	\$ -	\$ -	\$ -	\$ -

## APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

### *KIMOCHI, INC.*

Effective July 1, 2018 to June 30, 2021

#### CASE MANAGEMENT

##### **I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

##### **II. Definitions**

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Kimochi, Inc.
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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 multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

The Kimochi Inc, Case Management program is housed at 1715 Buchanan Street in San Francisco. The hours of operation are Monday through Friday 9:00 a.m. to 5:00 p.m.

### **VI. Description of Services**

Grantee shall provide Case Management services to eligible clients consistent with OOA Policy Memorandum #39 “OOA Case Management Program Standards” (as revised

March 5, 2018). The OOA Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OOA funded Case Management providers are required to utilize.

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

a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## VII. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of 68 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 contract year.\*
- Grantee will complete 100% of monthly contacts during each contract year.\*
- Grantee will complete 100% of face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

As part of the proposal, the respondent will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70% of Service Plan items completed within one year.\*
- 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>
- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.

- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Monte Cimino, MSW  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 monte.cimino@sfgov.org

Ella Lee  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 ella.lee@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 OOA 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 OOA-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**

Name		Term		
Kimochi, Inc.		July 1, 2018 - June 30, 2021		
(Check One) New <input checked="" type="checkbox"/>	Renewal <input type="checkbox"/>	Modification <input type="checkbox"/>		
If modification, Effective Date of Mod.		No. of Mod.		
Program: <b>Case Mgmt.</b>				
Budget Reference Page No. (s)				
	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2020 - 6/30/2021	TOTAL
<b>HSA EXPENDITURES</b>				
Salaries & Benefits	\$122,812	\$122,812	\$122,812	\$368,436
Operating Expense	\$5,901	\$5,901	\$5,901	\$17,703
<i>Subtotal</i>	\$128,713	\$128,713	\$128,713	\$386,139
Indirect Percentage (%)	\$0	\$0	\$0	
Indirect Cost (Line 16 X Line 15)	\$0	\$0	\$0	\$0
Capital/Subcontractor Expenditures	\$0	\$0	\$0	\$0
<b>TOTAL HSA EXPENDITURES</b>	<b>\$128,713</b>	<b>\$128,713</b>	<b>\$128,713</b>	<b>\$386,139</b>
<b>NON-HSA EXPENDITURES</b>				
Salaries & Benefits	\$7,000	\$7,000	\$7,000	\$21,000
Operating Expense	\$0	\$0	\$0	\$0
<i>Subtotal</i>	\$7,000	\$7,000	\$7,000	\$7,000
Indirect Percentage (%)				
Indirect Cost (Line 16 X Line 15)	\$3,500	\$3,500	\$3,500	\$10,500
Capital Expenditure	\$0	\$0	\$0	\$0
<b>TOTAL NON-HSA EXPENDITURES</b>	<b>\$10,500</b>	<b>\$10,500</b>	<b>\$10,500</b>	<b>\$31,500</b>
<b>TOTAL EXPENDITURES</b>	<b>\$139,213</b>	<b>\$139,213</b>	<b>\$139,213</b>	<b>\$417,639</b>
<b>HSA REVENUES</b>				
General Fund (88%)	\$113,267	\$113,267	\$113,267	\$339,801
CFDA 93.778 (12%)	\$15,446	\$15,446	\$15,446	\$46,338
<b>TOTAL HSA REVENUES</b>	<b>\$128,713</b>	<b>\$128,713</b>	<b>\$128,713</b>	<b>\$386,139</b>
<b>OTHER REVENUES</b>				
Fundraising	\$3,500	\$3,500	\$3,500	\$10,500
In-Kind Volunteer	\$7,000	\$7,000	\$7,000	\$21,000
<b>TOTAL NON-HSA REVENUES</b>	<b>\$10,500</b>	<b>\$10,500</b>	<b>\$10,500</b>	<b>\$31,500</b>
<b>TOTAL REVENUES</b>	<b>\$139,213</b>	<b>\$139,213</b>	<b>\$139,213</b>	<b>\$417,639</b>
Full Time Equivalent (FTE)	2.00	2.00	2.00	2.00
Prepared by: Rod Valdepenas		Telephone No: (415) 931-2294		Date: 5/15/18
HSA-CO Review Signature: _____				
HSA #1				10/26/2016

Contractor's Name: Kimochi

Program: Case Mgmt.

(Same as Line 9 on HSA #1)

**Salaries & Benefits Detail**

HSA POSITION TITLE	Agency Totals		For HSA Program		For HSA Program			TOTAL
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary 7/1/2018 - 6/30/2019	Budgeted Salary 7/1/2019 - 6/30/2020	Budgeted Salary 7/1/2020 - 6/30/2021	
Case Mgr. Korean	\$48,000	100%	50%	0.50	\$24,000	\$24,000	\$24,000	\$72,000
Soc. Svcs. Coord - Japanese	\$55,000	100%	75%	0.75	\$41,250	\$41,250	\$41,250	\$123,750
Program Director Assistant	\$42,000	100%	25%	0.25	\$10,500	\$10,500	\$10,500	\$31,500
Case Mgr.	\$45,000	100%	50%	0.50	\$22,500	\$22,500	\$22,500	\$67,500
<b>TOTAL</b>	<b>\$190,000</b>	<b>4.00</b>	<b>200%</b>	<b>2.00</b>	<b>\$98,250</b>	<b>\$98,250</b>	<b>\$98,250</b>	<b>\$294,750</b>

FRINGE BENEFIT RATE	25%							
EMPLOYEE FRINGE BENEFITS	\$ 47,500				\$24,562	\$24,562	\$24,562	\$73,686
<b>DHS TOTAL SALARIES &amp; BENEFITS</b>	<b>\$ 237,500</b>				<b>\$122,812</b>	<b>\$122,812</b>	<b>\$122,812</b>	<b>\$368,436</b>

NON-HAS POSITION TITLE	Agency Totals		For HSA Program		For HSA Program			TOTAL
	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary 7/1/2018 - 6/30/2019	Budgeted Salary 7/1/2019 - 6/30/2020	Budgeted Salary 7/1/2020 - 6/30/2021	
In-Kind Volunteer					\$7,000	\$7,000	\$7,000	\$21,000
<b>TOTAL</b>					<b>\$7,000</b>	<b>\$7,000</b>	<b>\$7,000</b>	<b>\$21,000</b>

FRINGE BENEFIT RATE								
EMPLOYEE FRINGE BENEFITS					\$0	\$0	\$0	\$0
<b>Non DHS TOTAL SALARIES &amp; BENEFITS</b>					<b>\$7,000</b>	<b>\$7,000</b>	<b>\$7,000</b>	<b>\$21,000</b>

HSA #2



Contractor's Name: **Kimochi**

Program: **Case Mgmt.**

(Same as Line 9 on HSA #1)

**Operating Expense Detail**

HSA EXPENDITURE CATEGORY	7/1/2018 - 6/30/2019	7/1/2019 - 6/30/2020	7/1/2020 - 6/30/2021	TOTAL
Computer/IT/Website	\$1,200	\$1,200	\$1,200	\$3,600
Data Plan	\$1,200	\$1,200	\$1,200	\$3,600
Supplies/Materials	\$1,001	\$1,001	\$1,001	\$3,003
Telephone	\$1,000	\$1,000	\$1,000	\$3,000
Utilities	\$1,500	\$1,500	\$1,500	\$4,500
<i>CONSULTANTS</i>				
<i>OTHER</i>				
<b>TOTAL DHS OPERATING EXPENSE</b>	<b>\$5,901</b>	<b>\$5,901</b>	<b>\$5,901</b>	<b>\$17,703</b>
<b>NON-HSA EXPENDITURE CATEGORY</b>				
<b>TOTAL DHS OPERATING EXPENSE</b>				

Contractor's Name: **Kimochi**  
 Program: **Case Mgmt.**  
 (Same as Line 9 on HSA #1)

**Indirect Salaries & Benefits Detail**

HSA POSITION TITLE	Budgeted Salary 7/1/2018 - 6/30/2019	Budgeted Salary 7/1/2019 - 6/30/2020	Budgeted Salary 7/1/2020 - 6/30/2021	TOTAL
<b>TOTAL</b>				
FRINGE BENEFIT RATE				
EMPLOYEE FRINGE BENEFITS				
<b>DHS TOTAL SALARIES &amp; BENEFITS</b>				

NON-HSA POSITION TITLE	Budgeted Salary 7/1/2018 - 6/30/2019	Budgeted Salary 7/1/2019 - 6/30/2020	Budgeted Salary 7/1/2020 - 6/30/2021	TOTAL
Director - Executive      Ishii	\$1,500	\$1,500	\$1,500	\$4,500
Director - Program      Sawamura	\$1,000	\$1,000	\$1,000	\$3,000
Receptionist      Akiyama	\$1,000	\$1,000	\$1,000	\$3,000
<b>TOTAL</b>	<b>\$3,500</b>	<b>\$3,500</b>	<b>\$3,500</b>	<b>\$10,500</b>
FRINGE BENEFIT RATE				
EMPLOYEE FRINGE BENEFITS	\$0	\$0	\$0	\$0
<b>Non DHS TOTAL SALARIES &amp; BENEFITS</b>	<b>\$3,500</b>	<b>\$3,500</b>	<b>\$3,500</b>	<b>\$10,500</b>

HSA #2

**APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE**

***ON-LOK / 30<sup>TH</sup> STREET SENIOR CENTER***

**Effective July 1, 2018 to June 30, 2021**

**CASE MANAGEMENT**

**I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

**II. Definitions**

Adult with 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
DAAS	Department of Aging and Adult Services.
Disability	A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	On-Lok/ 30 <sup>th</sup> Street Senior Center
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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 multiple 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 OOA Case Management services

### V. Location and Time of Services:

The Case Management program is housed at the 30<sup>th</sup> Street Senior Center, located at 225 30<sup>th</sup> Street 3<sup>rd</sup> floor in San Francisco. Case Management services are available Monday through Friday 8:30 a.m. to 5:00 p.m.

## VI. Description of Services

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

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

#### a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## VI. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of **132** 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 contract year.\*
- Grantee will complete **100** % of monthly contacts during each contract year.\*
- Grantee will complete **100** % of face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

Grantee will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- **70** % of Service Plan items completed within one year.\*
- **25** % of cases closed with status of “Improved” or “No Longer Needed Services.”\*

\* Tracked via documentation in the CA GetCare database

## **VII. 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>



- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Monte Cimino, MSW  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 monte.cimino@sfgov.org

Steve Kim  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 steve.kim@sfgov.org

**VIII. 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 OOA 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 OOA-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**

	A	B	C	D	E
1					
2					
3					
4					
5	Name			Term	
6	On Lok Day Services			7/1/18 - 6/30/21	
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	<b>Program: Case Management</b>				
10	Budget Reference Page No.(s)				
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$274,655	\$274,655	\$274,655	\$823,965
14	Operating Expense	\$25,946	\$25,946	\$25,946	\$77,838
15	<b>Subtotal</b>	<b>\$300,601</b>	<b>\$300,601</b>	<b>\$300,601</b>	<b>\$901,803</b>
16	Indirect Percentage (%)	9%	9%	9%	\$0
17	Indirect Cost (Line 16 X Line 15)	\$27,056	\$27,056	\$27,056	\$81,168
18	Capital Expenditure	\$0	\$0	\$0	\$0
19	Total Expenditures	\$327,657	\$327,657	\$327,657	\$982,971
20	<b>HSA Revenues</b>				
21	General Fund	\$288,338	\$288,338	\$288,338	\$865,014
22	CFDA 93.778 (12%)	\$39,319	\$39,319	\$39,319	\$117,957
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$327,657	\$327,657	\$327,657	\$982,971
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36	Total Revenues	\$327,657	\$327,657	\$327,657	\$982,971
37	Full Time Equivalent (FTE)	3.33	3.33	3.33	3.33
39	Prepared by: Valorie Villela		Telephone No.: (415) 550-2211		Date:
40	HSA-CO Review Signature: _____				
41	HSA #1				6/6/2018

	A	B	C	D	E	F	G	H	I
1									
2									
3	<b>On Lok Day Services</b>								
4	<b>Program: Case Management</b>								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Salaries &amp; Benefits Detail</b>								
8									
9									
10						7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	
11		Agency Totals		For HSA Program		For DHS Program	For DHS Program	For DHS Program	TOTAL
12	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	7/1/18 to 6/30/21
13	Director	\$153,824	1.00	10%	10%	\$15,382	\$15,382	\$15,382	\$46,147
14	Geriatrics Support Services Manag	\$76,334	1.00	66%	66%	\$50,380	\$50,380	\$50,380	\$151,141
15	Case Manager 1	\$56,902	1.00	100%	100%	\$56,902	\$56,902	\$56,902	\$170,706
16	Hospitality Coordinator	\$42,848	1.00	7%	7%	\$2,999	\$2,999	\$2,999	\$8,998
17	Administrative Secretary	\$61,808	1.00	25%	25%	\$15,452	\$15,452	\$15,452	\$46,356
18	Assistant Director	\$79,183	1.00	25%	25%	\$19,796	\$19,796	\$19,796	\$59,387
19	Case Manager 2	\$52,000	1.00	100%	100%	\$52,000	\$52,000	\$52,000	\$156,000
20									\$0
21									\$0
22									\$0
23									\$0
24									\$0
25									\$0
26									\$0
27									\$0
28									\$0
29									\$0
30	TOTALS		7.00	3.33	3.33	\$212,911	\$212,911	\$212,911	\$638,733
31									
32	FRINGE BENEFIT RATE	29%							
33	EMPLOYEE FRINGE BENEFITS					\$61,744	\$61,744	\$61,744	\$185,232
34									
35									
36	TOTAL SALARIES & BENEFITS	\$0				\$274,655	\$274,655	\$274,655	\$823,965
37	HSA #2								6/6/201

	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3	<b>On Lok Day Services</b>										
4	<b>Program: Case Management</b>										
5	(Same as Line 9 on HSA #1)										
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11											
12	<u>Expenditure Category</u>			<u>TERM</u>	<u>7/1/18-6/30/19</u>	<u>7/1/19-6/30/20</u>	<u>7/1/20-6/30/21</u>				<u>TOTAL</u> <u>7/1/18 to 6/30/21</u>
13	Rental of Property										
14	Utilities(Elec, Water, Gas, Phone, Scavenger)				\$ 3,918	\$ 3,918	\$ 3,918				\$ 11,754
15	Office Supplies, Postage				\$ 1,643	\$ 1,643	\$ 1,643				\$ 4,929
16	Building Maintenance Supplies and Repair				\$ 7,649	\$ 7,649	\$ 7,649				\$ 22,947
17	Printing and Reproduction				\$ 500	\$ 500	\$ 500				\$ 1,500
18	Insurance				\$ 2,811	\$ 2,811	\$ 2,811				\$ 8,433
19	Staff Training				\$ 562	\$ 562	\$ 562				\$ 1,686
20	Staff Travel-(Local & Out of Town)				\$ 2,586	\$ 2,586	\$ 2,586				\$ 7,758
21	Rental of Equipment				\$ 1,070	\$ 1,070	\$ 1,070				\$ 3,210
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE										
23											
24											
25											
26											
27											
28	OTHER										
29	Payroll Processing				\$ 379	\$ 379	\$ 379				\$ 1,137
30	Data Plan				\$ 727	\$ 727	\$ 727				\$ 2,181
31	Purchased Services - client assistance				\$ 2,500	\$ 2,500	\$ 2,500				\$ 7,500
32	Social Worker Intern stipend				\$ 1,600	\$ 1,600	\$ 1,600				\$ 4,800
33											\$ -
34											
35	<b>TOTAL OPERATING EXPENSE</b>				<u>\$ 25,946</u>	<u>\$ 25,946</u>	<u>\$ 25,946</u>				<u>\$ 77,831</u>
36											
37	<b>HSA #3</b>										<b>6/6/20</b>

**APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE**

***OPENHOUSE***

**Effective July 1, 2018 to June 30, 2021**

**CASE MANAGEMENT**

**I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

**II. Definitions**

Adult with  
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

DAAS

Department of Aging and Adult Services.

Disability

A condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing

and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, 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	Openhouse
HSA	Human Services Agency of the City and County of San Francisco.
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.
OOA	Office on the Aging.
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 target 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 multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

Openhouse Case Management services are provided at the Bob Ross LGBT Senior Center, 65 Laguna Street, San Francisco, CA, 94102, Monday through Friday, 9:30am to 5:30pm.



## VI. Description of Services

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

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

#### a. Intake/Enrollment

Starting May 2017, DAAS established a Centralized Intake and Waitlist (CIW) system which serves as the starting point for clients needing OOA funded Case Management services. All clients seeking to newly enroll in Case Management services must now go through the CIW process. Referrals for OOA 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. OOA 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 OOA 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 DAAS funded Case Management City Wide Clinical Collaborative program.
- OOA 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 quarterly Case Management Provider's meeting.
- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## **V. Objectives:**

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of **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 face-to-face contacts each contract year.\*

\* Tracked via documentation in the CA GetCare database

#### *Outcome Objectives*

Grantee will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- **70** % of Service Plan items completed within one year.\*
- **25** % of cases closed with status of “Improved” or “No Longer Needed Services.”\*

\* Tracked via documentation in the CA GetCare database

## **VI. 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 DAAS and Contracts Department staff.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>

- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Rick Appleby  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 rick.appleby@sfgov.org

Steve Kim  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 steve.kim@sfgov.org

**VII. 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 OOA 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 OOA-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**

	A	B	C	D	E	
1	Appendix B, Page 1					
2						
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>					
4	<b>BY PROGRAM</b>					
5	Name			Term	7/1/19 - 6/30/21	
6	<b>Openhouse</b>					
7	(Check One)    New <input checked="" type="checkbox"/> <b>Renewal</b> <input type="checkbox"/> <b>Modification</b> <input type="checkbox"/>					
8	If modification, Effective Date of Mod.					
9	<b>Program: Case Management</b>					
10	Budget Reference Page No.(s)					
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total	
12	<b>Expenditures</b>					
13	Salaries & Benefits	\$91,602	\$92,976	\$94,370	\$278,948	
14	Operating Expense	\$3,181	\$2,921	\$1,526	\$7,628	
15	<b>Subtotal</b>	<b>\$94,783</b>	<b>\$95,897</b>	<b>\$95,896</b>	<b>\$286,576</b>	
16	Indirect Percentage (%)	15%	15%	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	\$14,218	\$14,384	\$14,385	\$42,987	
18	SubContractor & Capital Detail	\$1,280	\$0	\$0	\$1,280	
19	<b>Total Expenditures</b>	<b>\$110,281</b>	<b>\$110,281</b>	<b>\$110,281</b>	<b>\$330,843</b>	
20	<b>HSA Revenues</b>					
21	General Fund	\$97,047	\$97,047	\$97,047	\$291,142	
22	CFDA #93.778 (12%)	\$13,234	\$13,234	\$13,234	\$39,701	
23						
24						
25						
26						
27						
28						
29	<b>TOTAL HSA REVENUES</b>	<b>\$110,281</b>	<b>\$110,281</b>	<b>\$110,281</b>	<b>\$330,843</b>	
30	<b>Other Revenues</b>					
31						
32						
33						
34						
35						
36	<b>Total Revenues</b>	<b>\$110,281</b>	<b>\$110,281</b>	<b>\$110,281</b>	<b>\$330,843</b>	
37	Full Time Equivalent (FTE)	1.27	1.27	1.27	1.27	
39	Prepared by: Matthew Cimino	Telephone No.: (415) 530-2783		Date: 5/15/18		
40	HSA-CO Review Signature: _____					
41	<b>HSA #1</b>					



	A	B	C	D	E	F	G	H	I	J	K
1											
2											
3	<b>Openhouse</b>										
4	<b>Program: Case Managem</b>										
5											
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11											
12	<u>Expenditure Category</u>			<u>TERM</u>	<u>7/1/18-6/30/19</u>	<u>7/1/19-6/30/20</u>	<u>7/1/20-6/30/21</u>				<u>TOTAL</u>
13	Rental of Property				\$ 1,101	\$ 841					\$ 1,942
14	Utilities(Elec, Water, Gas, Phone, Scavenger)				\$ 1,080	\$ 1,080	\$ 1,080				\$ 3,240
15	Office Supplies, Postage										
16	Building Maintenance Supplies and Repair										
17	Printing and Reproduction										
18	Insurance										
19	Staff Training				\$ 500	\$ 500					\$ 1,000
20	Staff Travel-(Local & Out of Town)				\$ 500	\$ 500	\$ 446				\$ 1,446
21	Rental of Equipment										
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE										
23											
24											
25											
26											
27											
28	OTHER										
29											
30											
31											
32											
33											
34											
35	TOTAL OPERATING EXPENSE				\$ 3,181	\$ 2,921	\$ 1,526				\$ 7,628
36											
37	HSA #3										



**Program Expenditure Detail**

	A	B	C	D	E	F
1						
2						
3		<b>Openhouse</b>				
4		<b>Program: Case Management</b>				
5						
6						
7						
8						
9						
10		<b>EQUIPMENT</b>	<b>TERM</b>	<b>7/1/18-6/30/19</b>	<b>7/1/19-6/30/20</b>	<b>7/1/20-6/30/21</b>
						<b>TOTAL</b>
11	<b>No.</b>	<b>ITEM/DESCRIPTION</b>				
12	1	Samsung Galaxy S9+	\$ 1,009			\$ 1,009
13	1	Samsung Galaxy Tab E	\$ 271			\$ 271
14						\$ -
15						\$ -
16						\$ -
17						\$ -
18						\$ -
19						\$ -
20		<b>TOTAL EQUIPMENT COST</b>	\$ 1,280	\$ -	\$ -	\$ 1,280
21						
22		<b>REMODELING</b>				
23	Description:					\$ -
24						\$ -
25						\$ -
26						\$ -
27						\$ -
28						\$ -
29		<b>TOTAL REMODELING COST</b>	\$ -	\$ -	\$ -	\$ -
30						
31		<b>TOTAL CAPITAL EXPENDITURE</b>	\$ 1,280	\$ -	\$ -	\$ 1,280
32		(Equipment and Remodeling Cost)				
33		<b>HSA #4</b>				

**APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE**

***SELF-HELP FOR THE ELDERLY***

**Effective July 1, 2018 to June 30, 2021**

**CASE MANAGEMENT**

**I. Purpose:**

Office on the Aging funded Case Management facilitates 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 include Intake/Enrollment, Assessment, Service Planning and Implementation, Monitoring, Reassessment, and ultimately Discharge/Disenrollment from services.

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Grantee	Self-Help for the Elderly (SHE)
HSA	Human Services Agency of the City and County of San Francisco.
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.
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- Aged 18 and above with a disability
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  - Demonstrable need includes: inability to coordinate needed services, identifiable multiple 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 OOA Case Management services

### **V. Location and Time of Services:**

The Self-Help for the Elderly Case Management program is housed at 601 Jackson Street in San Francisco. It is open Monday through Friday from 9:00 a.m. to 5:00 p.m.

### **VI. Description of Services**

Grantee shall provide Case Management services to eligible clients consistent with OOA Policy Memorandum #39 “OOA Case Management Program Standards” (as revised

March 5, 2018). The OOA Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OOA funded Case Management providers are required to utilize.

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

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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.

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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.

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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.

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- Case Managers will be provided with adequate Case Management training as-needed. DAAS/OOA funded Case Management training purchased or provided by Grantee must be approved by DAAS/OOA staff.

## V. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity, quality, and other aspects of services provided:

- Grantee will provide Case Management services to a total of 280 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 face-to-face contacts each contract year.\*

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#### *Outcome Objectives*

Grantee will be required to follow specific outcome objectives that demonstrate and measure the impact, outcomes, or results of services. The outcome objectives specified below will be required for each contract.

- 70% of Service Plan items completed within one year.\*
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- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>
- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAAS/HSA. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by DAAS/HSA.
- H. Grantee is required to attend all mandatory Case Management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAAS.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Monte Cimino, MSW  
 Program Analyst  
 DAAS, Office on the Aging  
 PO Box 7988  
 San Francisco, CA 94120  
 monte.cimino@sfgov.org

Tahir Shaikh  
 Contract Manager  
 Human Services Agency  
 PO Box 7988  
 San Francisco, CA 94120  
 tahir.shaikh@sfgov.org

## **VII. 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 OOA 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 OOA-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.

	A	B	C	D	E
1	Appendix B, Page 1				
2					
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Name	SELF-HELP FOR THE ELDERLY		Term	
6				7/1/18-6/30/21	
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>CASE MANAGEMENT</b>				
10	Budget Reference Page No.(s)				
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$388,287	\$388,287	\$388,287	\$1,164,861
14	Operating Expenses	\$54,474	\$54,474	\$54,474	\$163,422
15	<b>Subtotal</b>	\$442,761	\$442,761	\$442,761	\$1,328,283
16	Indirect Percentage (%)	13%	13%	13%	13.00%
17	Indirect Cost (Line 16 X Line 15)	\$57,559	\$57,559	\$57,559	\$172,677
18	Capital/Subcontractor Expenditures	\$0	\$0	\$0	\$0
19	Total Expenditures	\$500,320	\$500,320	\$500,320	\$1,500,960
20	<b>HSA Revenues</b>				
21	General Fund (88%)	\$440,282	\$440,282	\$440,282	\$1,320,846
22	CFDA 93.778 (12%)	\$60,038	\$60,038	\$60,038	\$180,114
23					
24					
25					
26					
27					
28					
29	<b>TOTAL HSA REVENUES</b>	\$500,320	\$500,320	\$500,320	\$1,500,960
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36	Total Revenues	\$500,320	\$500,320	\$500,320	\$1,500,960
37	Full Time Equivalent (FTE)				
39	Prepared by: Leny Nair	Telephone No.: (415) 677-7682		Date: 5/15/18	
40	HSA-CO Review Signature:	_____			
41	HSA #1	5/21/2018			



	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B, Page 3										
2											
3											
4	Program: CASE MANAGEMENT										
5	(Same as Line 9 on HSA #1)										
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11											
12	<u>Expenditure Category</u>			<u>TERM</u>	<u>7/1/18-6/30/19</u>	<u>7/1/19-6/30/20</u>	<u>7/1/20-6/30/21</u>				<u>TOTAL</u> <u>7/1/18-6/30/21</u>
13	Rental of Property				\$26,264	\$26,264	\$26,264				\$78,792
14	Utilities(Elec, Water, Gas, Phone, Garbage)				\$9,160	\$9,160	\$9,160				\$27,480
15	Office Supplies, Postage				\$750	\$750	\$750				\$2,250
16	Building Maintenance Supplies and Repair				\$8,000	\$8,000	\$8,000				\$24,000
17	Printing and Reproduction										\$0
18	Insurance				\$2,500	\$2,500	\$2,500				\$7,500
19	Staff Training				\$300	\$300	\$300				\$900
20	Staff Travel-(Local & Out of Town)				\$7,500	\$7,500	\$7,500				\$22,500
21	Rental of Equipment										
22											
23	<b>CONSULTANTS</b>										
24											
25											
26											
27	<b>OTHER</b>										
28											
29											
30											
31	<b>TOTAL OPERATING EXPENSE</b>				<b>\$54,474</b>	<b>\$54,474</b>	<b>\$54,474</b>				<b>\$163,422</b>
32											
33	<b>HSA #3</b>										<b>5/21/2018</b>

**APPENDIX A-1: SERVICES TO BE PROVIDED BY GRANTEE**

***INSTITUTE ON AGING***

**JULY 1, 2018 TO JUNE 30, 2021**

**Case Management: Clinical Collaborative Services**

**I. PURPOSE:**

The purpose of this grant is to improve the knowledge, skills, and performance of DAAS/OOA funded case managers working with seniors and adults with disabilities and to more broadly maintain agency level excellence in the provision of Case Management services.

Clinical supervision is an important component of the services offered. It provides clinical support for individual case managers to improve the services delivered to their clients, to provide professional growth for the individual case manager, and to help deter staff burnout. The clinical supervisor/consultant will provide such resources by bringing together community case managers from OOA-funded Case Management agencies for group and individual supervision meetings, clinical oversight, and consultation. The clinical supervision as part of the Collaborative is guided by Office on the Aging Program Memorandum #39 – “Case Management Program Standards.”

In addition to working with community based organizations and their Case Management staff, Clinical Collaborative Services’ staff will be asked to work with DAAS/OOA staff around program and project improvements as needed.

**II. DEFINITIONS:**

Adult with Disability	Person age 18 and above with a condition attributable to mental or physical impairment, or a combination of mental and physical impairments including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment.
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CA-GetCare	A web-based application that provides specific
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	functionalities for contracted agencies to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
Case Management Module	An on-line Case Management module, which includes comprehensive assessment, service plan, progress notes and other tools. It is part of the CA-GetCare web-based application.
DAAS	San Francisco Department of Adult and Aging Services
Grantee	Institute on Aging
HSA	Human Services Agency of the City and County of San Francisco
OCM	Office of Contract Management, San Francisco Human Services Agency
OOA	Office on the Aging
RTZ Associates	Vendor of CA-GetCare Case Management and Medication Management Module
Senior	Person who is 60 years or older.

**III. Eligibility for Clinical Collaborative Services:**

The intended recipients of the services provided by the Clinical Collaborative are OOA funded Case Management programs and their Case Managers.

**IV. Location And Time Of Services:**

Clinical Collaborative services are based at IOA's offices at 3575 Geary Blvd in San Francisco. The Group and individual supervision, clinical oversight, and consultation are delivered at a variety of locations including participating Agency sites, IOA offices, City offices, and other locations as agreed upon.

## V. Description of Services

### The goals of the Clinical Collaborative are:

- Improve Case Managers' knowledge, skills, and abilities.
- Emphasize core elements of Case Management – intake/enrollment, comprehensive assessment, service planning/implementation, monitoring, progress notes, re-assessment, discharge/disenrollment.
- Provide a support network for Case Managers to enhance professional growth.
- Maintain quality of Case Management services.
- Build networks among Case Management providers.

To meet these goals, the Grantee shall provide individual and group clinical consultation, clinical oversight, chart and documentation review (via the online Case Management Module), and an opportunity for professional networking/resource sharing.

The Clinical Collaborative includes at a minimum the following:

- **Monthly group supervision** meetings for the Clinical Collaborative. Group meetings provide case consultation, topic specific training, and review of core tasks and standards of Case Management. For group meetings, the Clinical Collaborative staff may also bring in outside experts and trainers to expand knowledge of resources, geriatric-related topics, behavioral health related issues, clinical skills and case management strategies with a focus on assessment, developing service plans, client relationship building, and managing challenging client issues. The Clinical Collaborative staff will encourage or enable participants' sharing of community resources, cross-agency referrals, peer review and guidance.
- **Weekly individual clinical consultation** to members of the Collaborative. Individual sessions emphasize specific Case Manager issues, challenging client issues, and offers guidance for maintaining quality services. In addition, individual consultation provides a forum to address and improve charting and documentation issues.
- **Monthly meetings with OOA Case Management Supervisors and Directors.** On a monthly basis, the Clinical Collaborative staff will meet with the agency supervisors and/or directors to ensure coordination between the Collaborative and the day to day Case Management supervisors, to

improve program effectiveness and avoid any problems of “dual supervision.”

- **Routine review of service plans developed by the Case Manager.** Reviews will look for thoroughness, relevance and client engagement upon admission or enrollment to the program.
- The Collaborative’s clinical supervisor will advise OOA staff on program improvements and projects as needed.

## VI. Objectives:

### *Service Objectives*

Grantee will be required to follow specific service objectives that measure the quantity of services provided:

- Grantee will provide Clinical Collaborative Services to a total of **30** Case Managers funded by OOA.
- Grantee will provide a minimum of **44** group consultation meetings per year.
- Grantee will provide a minimum of **550** individual consultation sessions to the Case Managers annually.
- Grantee will provide a total of **12** meetings with the agency supervisors or directors.

### *Outcome Objectives*

Grantee will be required to follow specific outcome objectives that measure the quality and other relevant aspects of the services provided:

- At least eighty-five percent (85%) of Case Managers in the Collaborative responding to an annual satisfaction survey will state the services were beneficial to them.
- At least eighty-five percent (85%) of Case Managers in the Collaborative responding to an annual satisfaction survey will state the services helped improve their skill level and performance.
- At least eighty-five percent (85%) of Case Managers in the Collaborative responding to an annual satisfaction survey will report that when they brought specific issues to the Collaborative, they were able to get training on that issue.



- At least eighty-five percent (85%) of Case Management Supervisors and Directors in the Collaborative responding to a satisfaction survey will state that the services were beneficial to their Case Manager staff.
- At least eighty-five percent (85%) of Case Management Supervisors and Directors in the Collaborative responding to an annual satisfaction survey will report that Collaborative services helped improve their Case Managers' skill levels and performance.
- At least eighty-five percent (85%) of Case Management Supervisors and Directors in the Collaborative responding to an annual satisfaction survey will report that if they brought an issue facing their Case Managers to the Collaborative, the Collaborative would be able to provide consultation or training to help the Case Managers.

## VII. REPORTING REQUIREMENTS:

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

- A. 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.
- B. Monthly reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system.
- C. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section VIII & IX - Service and Outcome Objectives.
- D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>
- E. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office on the Aging (OOA) with a minimum return rate of 85% of Case Managers and 85% of Supervisors and Directors participating in Collaborative services.
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- G. Grantee shall develop and deliver ad hoc reports as requested by HSA.
- H. Grantee is required to attend all mandatory Case Management Provider's Meetings and other meetings as needed.
- I. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
- J. Apart from reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager, all other reports should be sent to the following addresses:

Monte Cimino, MSW  
Program Manager  
DAAS, Office on the Aging  
PO Box 7988  
San Francisco, CA 94120  
Email address: monte.cimino@sfgov.org

David Kashani, Contract Manager  
Human Services Agency  
PO Box 7988  
San Francisco, CA 94120  
Email address: david.kashani@sfgov.org

## VIII. MONITORING ACTIVITIES:

- A. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements as stated in the OOA 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 OOA 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 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.

	A	B	C	D	E
1	Appendix B-1, Page 1				
2					
3	<b>HUMAN SERVICES AGENCY BUDGET SUMMARY</b>				
4	<b>BY PROGRAM</b>				
5	Name			Term	
6	Institute on Aging (IOA)			7/1/18-6/30/21	
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: Clinical Collaborative Services				
10	Budget Reference Page No.(s)				
11	Program Term	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	Total
12	<b>Expenditures</b>				
13	Salaries & Benefits	\$172,500	\$172,500	\$172,500	\$517,500
14	Operating Expenses	\$14,785	\$14,785	\$14,785	\$44,355
15	<b>Subtotal</b>	<b>\$187,285</b>	<b>\$187,285</b>	<b>\$187,285</b>	<b>\$561,855</b>
16	Indirect Percentage (%)	15%	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	\$28,093	\$28,093	\$28,093	\$84,279
18	Capital/Subcontractor Expenditures	\$0	\$0	\$0	\$0
19	Total Expenditures	\$215,378	\$215,378	\$215,378	\$646,134
20	<b>HSA Revenues</b>				
21	General Fund (88%)	\$189,533	\$189,533	\$189,533	\$568,599
22	CFDA 93.778 (12%)	\$25,845	\$25,845	\$25,845	\$77,535
23					
24					
25					
26					
27					
28					
29	TOTAL HSA REVENUES	\$215,378	\$215,378	\$215,378	\$646,134
30	<b>Other Revenues</b>				
31					
32					
33					
34					
35					
36	Total Revenues	\$215,378	\$215,378	\$215,378	\$646,134
37	Full Time Equivalent (FTE):1.80				
39	Prepared by:	Telephone No.:		Date: 5/10/18	
40	HSA-CO Review Signature: _____				
41	HSA #1				10/25/2016

	A	B	C	D	E	F	G	H	I
1	Appendix B-1, Page 2								
2									
3									
4	Program: Clinical Collaborative Services								
5	(Same as Line 9 on HSA #1)								
6									
7	<b>Salaries &amp; Benefits Detail</b>								
8									
9									
10									
11		Agency Totals		HSA Program		7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	7/1/18-6/30/21
12	POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	DAAS  Budgeted Salary	DAAS  Budgeted Salary	DAAS  Budgeted Salary	TOTAL  Budgeted Salary
13	Wendy Marlatt, Program Director	\$85,000	0.80	80%	0.80	\$68,000	\$68,000	\$68,000	\$204,000
14	Nancy Pedersen, Clinical Consultar	\$70,000	1.00	100%	1.00	\$70,000	\$70,000	\$70,000	\$210,000
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29	TOTALS	\$155,000	1.80	100%	1.80	\$138,000	\$138,000	\$138,000	\$414,000
30									
31	FRINGE BENEFIT RATE	25%							
32	EMPLOYEE FRINGE BENEFITS	\$38,750				\$34,500	\$34,500	\$34,500	\$103,500
33									
34									
35	TOTAL SALARIES & BENEFITS	\$193,750				\$172,500	\$172,500	\$172,500	\$517,500
36	HSA #2								

	A	B	C	D	E	F	G	H	I	J	K
1	Appendix B-1, Page 3										
2											
3											
4	Program: Clinical Collaborative Services										
5	(Same as Line 9 on HSA #1)										
6											
7	<b>Operating Expense Detail</b>										
8											
9											
10											
11											
12	Expenditure Category		TERM	7/1/18-6/30/19	7/1/19-6/30/20	7/1/20-6/30/21	TOTAL				7/1/18-6/30/21
13	Rental of Property			\$5,088	\$5,088	\$5,088	\$				15,264
14	Office Supplies, Postage			\$1,585	\$1,585	\$1,585	\$				4,755
15	Professional Training/Retreat			\$3,264	\$3,264	\$3,264	\$				9,792
16	Staff Travel-(Local & Out of Town)			\$1,500	\$1,500	\$1,500	\$				4,500
17	Equipment Data Plan			\$2,400	\$2,400	\$2,400	\$				7,200
18	Licensing Fees			\$948	\$948	\$948	\$				2,844
19											
20	<b>CONSULTANTS</b>										
21											
22											
23											
24	<b>OTHER</b>										
25											
26											
27											
28	<b>TOTAL OPERATING EXPENSE</b>			<b>\$ 14,785</b>	<b>\$ 14,785</b>	<b>\$ 14,785</b>	<b>\$</b>				<b>44,355</b>
29											
30	<b>HSA #3</b>										<b>10/25/2016</b>