

**Appendix A-1– Services to be Provided
Homebridge
In-Home Supportive Services - Contract Mode
Effective July 1, 2020 – June 30, 2025**

I. Purpose of Grant

The purpose of this grant is to provide In-Home Supportive Services (IHSS) to recipients who are at risk and who are unable to hire and supervise their own home care providers. The IHSS Program provides assistance to eligible older adults and adults with disabilities who are unable to remain safely in their own homes without this assistance. The City has approved this grant to maximize options and ensure alternatives to out-of-home care for eligible older people and adults with disabilities. This Grant is in accordance with Title XIX and Title XX, of the Social Security Act; California State Welfare and Institutions Code, Sections 12300 et seq., California State Department of Social Services (CDSS) Manual of Policy and Procedures (MPP), Divisions 10, 19, 21, 22, 23, 25, 30 and 46, et seq., Office of Management and Budget (OMB) Circulars. Grantee shall comply with all provisions specified in this Grant.

II. Definitions

City	City and County of San Francisco
CMIPS II	Case Management, Information and Payroll System II
DAS	Department of Disability and Aging Services of San Francisco
HSA	Human Services Agency of the City and County of San Francisco
Medi-Cal	Medi-Cal provides free or low-cost health insurance for eligible individuals that comes with a range of health benefits and services, including IHSS.
IHSS	In-Home Supportive Services
Home Care Provider (HCP)	The individual employed and supervised by the Contract Mode Provider who delivers the IHSS tasks authorized by the referring DAS Social Worker to the recipient.
Intensive Supervision	Frequent contact and support to both IHSS recipient and home care providers in order to overcome barriers to service delivery
OSHA	Refers to California Occupational Safety and Health Administrations
Recipient	Persons eligible for and receiving IHSS authorized services.

III. Target Population

- A. To be eligible for IHSS, recipients must reside either in their own homes, SRO hotels, shelters, public or senior housing within the boundaries of San Francisco County, and must meet the following conditions:
1. Be sixty-five years or older and/or a person with disabilities
 2. Currently receive Full-Scope Medi-Cal

3. Receive approval from a Licensed Health Care Professional to receive IHSS through IHSS Health Certification Form SOC 873, per Welfare and Institutions Code section 12309.1

B. Eligible IHSS clients must meet all of the following criteria to be considered for referral to Contract Mode:

1. Willing to accept Contract Mode Services after 3 good faith efforts to engage in services are made by Contract Mode provider;
2. Without stable home care services, is at risk for premature institutionalization, eviction and/or health and safety issues;
3. No other stable support system is in place to adequately provide home care needs or provide consistent assistance to successfully maintain an IP; and
4. Has not terminated from Contract Mode services in the past 6 months or less due to egregious behavior or lack of engagement.

C. IHSS clients must also meet at least one of the following criteria:

1. Moderate to severe mental health, cognitive impairment and/or substance use disorder that affects their ability to hire and manage an Independent Provider (IP); and/or
2. Physical condition(s) that prevents client from being able to coordinate a full care plan to meet domestic and personal care needs while supervising an IP; and/or
3. Recent or pending discharge from a hospital or skilled nursing facility (SNF) with no community or other support system; and/or
4. Requires heavy cleaning with or without on-going Contract mode Services; and/or
5. Adult Protective Services (APS)/IHSS Investigations confirmed abuse or neglect by a previous IP, family member and/or partner.

IV. Description of Services

A. Grantee shall be responsible for the following goals and requirements for the term of this contract:

1. Serve approximately 450,000 - 475,000 hours annually to approximately 850 clients at any given time. **In FY24/25 only, serve approximately 552,494 hours annually to approximately 1,000 clients at any given time.**
2. Seven-day a week availability of high quality and culturally/linguistically appropriate in-home care that is specifically provided to assist older people and adults with disabilities who have complex needs to remain safely in their own homes.

3. Skilled home care providers for recipients who are unable to hire or supervise their own IPs, or who have additional capacity and service issues; and
4. Intensive supervision and training to home care providers to ensure the delivery of safe and effective domestic, personal and paramedical services; and
5. Service coordination and barrier removal services to recipients to maximize recipients' engagement in IHSS services; and
6. Timely and quality IHSS services to recipients as authorized by Department of Disability and Aging Services (DAS) IHSS Social Workers; and
7. Provide staffing ratios that are appropriate to serve referred clients and that meet the established per hour rate established with DAS.

B. Grantee shall provide the following services for the term of this contract:

1. Accept and intake new recipient referrals from DAS Social Workers ensuring IHSS services begin within 5 business days of referral or within 24-hours when the referral is deemed "emergency";
2. Create regular schedules with recipients that meet their care needs (as authorized by IHSS), communicating changes to recipients in a timely manner and ensuring back-up coverage when requested and needed;
3. Coordinate with DAS Social Workers and staff to ensure authorized hours are accurate and to troubleshoot barriers to service;
4. Provide regular supervisory visits to recipients to ensure recipient safety and satisfaction with services;
5. Provide initial and on-going training to home care providers:
 - a. Basic Provider Training consists of courses aiming to help home care providers master key areas of domestic and personal care. Topics to be included must contain at least the following: emergency preparedness, infection and exposure control, food and medication interaction, food safety and sanitation, home safety, OSHA requirements, rights and responsibilities, CPR and First Aid, personal care and home care standards.
 - b. Advanced Provider Training consists of courses that focus on specific areas providers may need to learn more about such as fall prevention, using durable medical equipment, mental illness and substance abuse in recipients, and nutrition. This training may also occur in the field to assist home care providers to perform complex personal care (transfers, hoist lift, etc) and paramedical tasks.

- c. The Grantee shall maintain records of all HCPs' skill assessments and specific training provided to meet minimum standards of competency.
 6. Provide IHSS services to recipients in accordance with mutually developed schedules with recipient. IHSS services are limited to the following:
 1. Domestic services, which includes: Sweeping, vacuuming, washing and waxing the floor surfaces; Washing kitchen counters and sinks; Cleaning the bathroom; Storing food and supplies; Taking out garbage; Dusting and picking up; Cleaning oven and stove; Cleaning and defrosting refrigerator; Bringing in fuel for heating or cooking purposes from a fuel bin in the yard; Changing bed linen; and Miscellaneous domestic services such as changing light bulbs.
 2. Heavy cleaning that involves thorough cleaning of the home to remove hazardous debris or dirt. The City shall have the authority to authorize this service, only at the time IHSS is initially granted, to enable the provider to perform continuous maintenance, or, if a lapse in eligibility occurs, eligibility is reestablished and IHSS services have not been provided within the previous 12 months. The City shall have the authority to authorize this service should the recipient's living conditions result in a substantial threat to his/her health/safety. Such service may also be authorized when a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance.
 3. Related services limited to: Planning of meals; Preparation of meals includes such tasks as washing vegetables, trimming meat, cooking, setting the table, servicing the meal, cutting the food into bite-size pieces; Meal cleanup including washing drying, and putting away dishes, pots, utensils and culinary appliances; Routing mending, laundry, ironing, folding, and storing clothes on shelves or in drawers; Reasonable food shopping and other shopping/errands limited to the nearest available stores or other facilities consistent with the recipient's economy and needs;
 4. Non-medical personal services limited to:
 - a. Bowel and bladder care such as assistance with enemas, emptying of catheter or ostomy bags, assistance with bed pans, application of diapers, changing rubber sheets, assistance with getting on and off commode or toilet;
 - b. Respiration limited to nonmedical services such as assistance with self-administration of oxygen and cleaning of intermittent positive pressure breathing (IPPB) machines;
 - c. Consumption of food consisting of feeding or related assistance to recipients who cannot feed themselves or who require assistance with special devices in order to feed themselves;
 - d. Routine bed baths;
 - e. Bathing, oral hygiene, grooming;

- f. Dressing;
 - g. Rubbing of skin to promote circulation, turning in bed and other types of repositioning, assistance on and off the seats and wheelchairs, or into or out of vehicles, and range of motion exercises, which shall be limited to the following:
 - 1. General supervision of exercises, which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse or disease.
 - 2. Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient's capacity and tolerance. Such exercises shall include the carrying out of maintenance programs; i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
 - h. Moving into and out of bed;
 - i. Care of and assistance with prosthetic devices and assistance with self-administration of medications. Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up medi-sets;
 - j. Routine menstrual care limited to application of sanitary napkins and external cleaning;
 - k. Ambulation consisting of assisting the recipient with walking or moving the recipient from place to place.
5. Accompaniment services when the recipient's presence is required at the appointment and assistance is necessary to accomplish the appointment are limited to:
- a. Accompaniment to and from appointments with physicians, dentists and other health practitioners;
 - b. Accompaniment necessary for fitting health related appliances/devices and special clothing;
 - d. Accompaniment to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.
6. Yard hazard abatement, which is light work in the yard, may be authorized for:
- a. Removal of high grass or weeds and rubbish when this constitutes a fire hazard;
 - b. Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
7. Protective supervision consisting of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.
- a. This service is available for monitoring the behavior of non-self-directing, confused, mentally impaired, or mentally ill persons with the following exceptions:
 - 1) Protective supervision does not include friendly visiting or other social activities;

- 2) Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical;
 - 3) Supervision is not available in anticipation of a medical emergency;
 - 4) Supervision is not available to prevent or control antisocial or aggressive recipient behavior.
- b. Protective supervision is available under the following conditions:
- 1) County IHSS staff has determined that a 24-hour need exists for protective supervision and that the recipient can remain at home safely if protective supervision is provided; and
 - 2) Services staff determines that the entire 24-hour need for protective supervision can be met through any of the following or combination of the following:
 - a) In-Home Supportive Services; and
 - b) Alternative resources; and
 - c) A reassurance phone service when feasible and appropriate.

Feasibility and appropriateness will be determined exclusively by DASIHSS staff.

The proposed method of meeting protective supervision need **MUST** be approved by the City and County of San Francisco . Discretion of the Grantee is not allowed.

8. Teaching and demonstration services are provided by IHSS providers to enable recipients to perform for themselves, services which they currently receive from IHSS.

Teaching and demonstration services are limited to instruction in those tasks listed in CDSS MPP 30-757.11, .13, .14, and .16.

- a. This service shall be provided by persons who have successfully completed at least an appropriate number of hours of training, as approved by the grantee and as evidenced by a valid certificate;
- b. This service shall only be provided when the provider has the ability to do so effectively and safely.

9. Paramedical services are provided under the following conditions:

- a. The services shall have the following characteristics:
 - 1) The activities, which persons would normally perform for themselves but for their functional limitations;
 - 2) The activities, which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.
 - a. The services shall be provided when ordered by a licensed health care professional who is lawfully authorized to do so. The recipient shall select the licensed healthcare professional;
 - b. The services shall be provided under the direction of the licensed health care professional;

- c. The licensed health care professional shall indicate to social services staff the time necessary to perform the ordered services.

10. IHSS in the Workplace will be provided according to AB 925, which amended Welfare and Institutions Code (WIC) section 12300 and added WIC section 14132.955.

- a. IHSS recipients are allowed to transfer service hours authorized for use in the recipient's home to a workplace in order to enable the recipients to obtain, retain, or return to work. The IHSS recipients are not allowed additional service hours in the workplace beyond those authorized for the home.
- b. The COUNTY will designate which, if any, of the authorized services are to be provided in a recipient's workplace.

V. Service Objectives

On an annual basis, the Contractor will meet the following Service Objectives:

- 1. Grantee will provide an annual average of at least 65% of Total Authorized Hours of IHSS.
- 2. Grantee will provide an annual average of at least 99% of Authorized Hours of IHSS when recipients are available for and accept service.
- 3. Grantee will provide services to new recipients within the DAS-required 5-day period or 24-hour emergency period, as specified by DAS Social Worker.
- 4. Grantee will dispatch replacement workers to recipients needing non-personal care within four (4) hours of notification that the scheduled worker did not show up.
- 5. Grantee will dispatch replacement workers to recipients needing personal care within two (2) hours of notification that the scheduled worker did not show up.
- 6. Grantee will follow DAS protocols to notify IHSS of problems with service delivery 99% of the time.
- 7. Grantee will provide basic Skill Development Training to 100% of its staff providers.
- 8. Grantee will provide advanced Skill Development Training to 75% of its staff providers.
- 9. Grantee will administer an annual, comprehensive, anonymous written satisfaction survey to 100% of recipients (provided in the language spoken by the recipients). Grantee will work to build to 30% response rate by year 3 of the contract. Target response rates for year 1 will be 22%, for year 2 will be 26%.

VI. Outcome Objectives

On an annual basis, the Contractor will meet the following Outcome Objectives:

1. On the annual, comprehensive, anonymous written satisfaction survey of recipients (provided in the language spoken by the recipients), 95% of recipients will indicate the following:
 - a. the Grantee services helped them remain living independently at home
 - b. the Provider regularly arrived on time
 - c. the Provider provided the necessary authorized services
 - d. the Provider responded satisfactorily to recipient requests regarding preferred care methods
 - e. the recipient could communicate to Grantee staff in native language
 - f. the cultural and ethnic needs were met (e.g., food preparation)
 - g. the level of supervision and support to the recipient was adequate to meet recipient needs
 - h. the level of supervision and support to the Provider was adequate to meet recipient needs
 - i. if the recipient had encountered problems in service delivery, that the problems were resolved in a timely and satisfactory manner.

2. Using periodic client assessments conducted in the field, Homebridge will maintain an average score of 4 on a scale of 1 (Poor) to 5 (Excellent) where clients rate their providers in the areas of:
 - 1) quality of work
 - 2) ability to perform all authorized tasks
 - 3) relationship to recipient
 - 4) communication skills with recipient
 - 5) sensitivity to recipient's needs
 - 6) timeliness

3. Using Electronic Visit Verification as a means of tracking service delivery, 95% of scheduled visits will be served as scheduled.

I. Reporting and Other Requirements

In all respects, the grantee shall comply with Federal, State and City reporting requirements.

A. Annual Reporting Requirements:

1. A Contract Mode Quality Assurance Plan and Report that details annual findings from the ongoing comprehensive quality assurance activities designed to objectively and systematically monitor the quality of IHSS provided to recipients. The report must include proposals for addressing any areas in which Grantee/Contractor did not meet its own standards for the coming year.

2. A Recipient Satisfaction Survey report, including at least the measurements stated in Section VI, Outcome Objectives.

3. 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 10th.

B. Quarterly Reporting Requirements:

1. Quarterly reporting will include data on progress toward each service and outcome objective as required in Section VI, Outcome Objectives.
2. The Grantee shall submit within 30 (thirty) days following each three-month period a detailed accounting of the actual costs incurred in providing the IHSS services under this contract/grant. This accounting report shall tie to the year-end audited report.
3. Grantee/Contractor shall submit a Utilization Management (UM) quarterly report that includes analysis of service utilization trend, rationale of underutilization, and projection of future utilization.

C. Monthly Reporting Requirements:

Monthly reporting will include: 1) Total costs incurred for the provision of services, and 2) a wide range of program information. The following is a list of the information to be reported on a monthly basis. Reports must be submitted via both email and in a format provided by HSA.

1. Hours Authorized
2. Hours Served
3. Hours requested
4. Hours cancelled and/or locked out
5. % served of authorized
6. Number of recipients served
7. Additional service hours available for following month (capacity)
8. Home Care Provider: Total, serving and broken down by tiers
9. Overserved hours
10. Share of Cost
11. Identified items in CMIPS requiring joint corrective action.
12. Heavy Cleaning Referral Updates

Grantee will provide Ad Hoc reports as required by the Department. All required reports must be loaded into HSA's Contracts Administration, Reporting, and Billing Online (CARBON) system.

For assistance with reporting requirements or submission of reports, contact:

Tara.Alvarez@sfgov.org
Senior Administrative Analyst,
Office of Contract Management

or

Michael.Powell@sfgov.org

Program Support Analyst
DAS In-home Supportive Services Program
and/or
Shannon.Morgan@sfgov.org
Program Director
DAS In-home Supportive Services Program
Program Director
IHSS Program Director

D. Electronic Visit Verification

Grantee shall comply with the Electronic Visit Verification (EVV) federal statutory requirements pursuant to Subsection l of Section 1903 of the Social Security Act (42 U.S.C. 1396b) by ensuring the EVV system verifies for all providers: type of service performed; individual receiving the services; date of service; location of service delivery; individual providing services; and times the service begins and ends.

E. SF HSA Mandatory Training and Meeting Requirements

It is important for effective and efficient service delivery that the Grantee has a good understanding of State In-Home Supportive Services rules and regulations, as well as local IHSS program policies and procedures.

Grantee/Contractor must designate key management and supervisory staff to attend trainings annually with the HSA IHSS program and to demonstrate a clear understanding of IHSS regulations, the method by which services are authorized by the San Francisco IHSS program, as well as the HSA IHSS program's procedures for Contract Mode cases. Trained Grantee/Contractor staff will be responsible for training other staff on IHSS Program regulations and procedures.

HSA conducts case conferences on a weekly or as needed basis in its offices at 1650 Mission Street, San Francisco, with its IHSS Grantees. The purposes of these conferences are to discuss:

1. Service delivery issues about individual recipients; and
2. Other issues of concern of either SF HSA and/or the Grantee/Contractor.

Attendance of these meetings is mandatory and all appropriate information and minutes obtained from the meetings must be disseminated to all attendees. The Grantee/Contractor is responsible for maintaining information and minutes from these meetings in its recipient files.

F. Quality Assurance Requirements

1. Grantee must develop an annual written Quality Assurance Program with clearly defined goals, measurements, mechanisms and frequencies of monitoring each year. Grantee/Contractor will report on this plan

annually as stated above. The Quality Assurance Program must include at a minimum standards for the following service delivery elements:

- a. Rate of turnover of primary Home Care Provider for recipients
 - b. Home Care Provider qualifications
 - c. Number of Supervisory visits with recipients per year
 - d. Rate of ability to match language and cultural needs of recipients
2. Grantee must develop and implement a Policy and Procedures manual that includes selection protocol and oversight of home care providers to ensure that the home care providers selected are competent in performing IHSS tasks according to the State mandates. The manual should also include procedures for working with recipients who refuse services, are violent or threatening towards home care providers, and who live in dangerous environments. This manual is to be shared with the County annually. The Grantee must forward any changes in the Policy and Procedures manual to the County.
 3. Grantee must develop and implement a recruitment program that clearly defines short and long-term goals in recruiting qualified providers that will meet the needs of a diverse and at-risk population.
 4. Grantee must develop and implement a Grievance Policy and Procedure following HSA polices and listing required steps for a timely communication to HSA of all grievances filed, actions taken to resolve the grievances, the results, and the follow up plans, within a maximum of 30 days of grievances filed by recipients.
 5. Grantee must develop and implement a clearly defined Utilization Management (UM) structure and processes including data collection mechanism, data analysis, executive summary, follow up action plans, and responsible individuals for tracking service hours. The analysis must be conducted on a quarterly basis and, at a minimum, include the trend of service utilization, rationale of underutilization, and projection of future utilization.
 6. Grantee must develop and implement a written Confidentiality Program that complies with HIPPA and other SF City and HSA confidentiality requirements and describe in detail how the confidentiality of recipient information is maintained.
 7. Grantee will develop and implement a Recipient Satisfaction Survey instrument to measure the quality of care received by the recipients on an annual basis. The instrument must be provided in the language spoken by the recipients and include indicators described in Section VI, Outcome Objectives.

8. Grantee will develop and implement a Home Care Provider Evaluations instrument annually measure the performance of the providers.
9. Grantee will develop and implement student evaluations for all Skill Development Training courses. The results of these evaluations will be compiled and included in the annual Skill Development Training Report.
10. Grantee will develop Post Training Support Goals annually, and develop methods to monitor progress towards these goals on a regular basis. Progress towards these goals will be compiled and included in the annual Skill Development Training Report.

G. Personal Care Services Program and IHSS Plus Waiver Enrollment

1. The Grantee will become the enrolled provider in the contract mode for the Personal Care Service Program (PCSP) and IHSS Plus Waiver Enrollment (IPW). This will occur as soon as San Francisco County has a signed enrollment form from the Grantee in its possession. The Grantee shall, at a minimum, certify the following:
 2. All employees of the grantee are qualified to provide the care authorized;
 3. All claims submitted to the San Francisco County for services to recipients of IHSS and provided by the grant, will be provided as authorized for the recipient;
 4. That payment of the claims will be from federal and/or state funds and that any false statement, claim, or concealment of information may be prosecuted under federal, and/or state laws; and
 5. That services will be offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, sexual orientation, age, or physical or mental disability.

II. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of specific program standards or requirements as outlined above; back-up documentation for reporting progress towards meeting service and outcome objectives; internal policies and procedures; personnel files for homecare providers; training standards and requirements; and records maintenance.
- B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual,

Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.