

File No. 100832

Committee Item No. 1

Board Item No. _____

COMMITTEE/BOARD OF SUPERVISORS

AGENDA PACKET CONTENTS LIST

Committee: Budget and Finance Committee

Date: September 15, 2010

Board of Supervisors Meeting

Date _____

Cmte Board

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OTHER

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Completed by: Victor Young

Date: September 10, 2010

Completed by: Victor Young

Date: _____

An asterisked item represents the cover sheet to a document that exceeds 25 pages. The complete document is in the file.

1 [Contract with Institute on Aging for the Provision of Case Management, Community Living
2 Fund and Linkages Program Services - Not to Exceed \$13,191,544]

3 **Resolution approving the grant agreement between the City and County of San**
4 **Francisco and the non-profit Institute on Aging to provide Case Management,**
5 **Community Living Fund and Linkages Program services to seniors and adults with**
6 **disabilities during the period of July 1, 2010, to June 30, 2014, for a total not to exceed**
7 **amount of \$13,191,544.**

8
9 WHEREAS, The City and County of San Francisco wishes to continue providing Case
10 Management, Community Living Fund and Linkages Program services to seniors and adults
11 with disabilities within the City and County of San Francisco, now therefore, be it

12 RESOLVED, That the Board of Supervisors hereby approves the grant agreement
13 between the City and County of San Francisco and Institute on Aging to provide Case
14 Management, Community Living Fund and Linkages Program services to seniors and adults
15 with disabilities during the period of July 1, 2010, to June 30, 2014, for a total not to exceed
16 amount of \$13,191,544.

CITY AND COUNTY OF SAN FRANCISCO
BOARD OF SUPERVISORS
BUDGET AND LEGISLATIVE ANALYST

1390 Market Street, Suite 1150, San Francisco, CA 94102 (415) 552-9292
FAX (415) 252-0461

September 9, 2010

TO: Budget and Finance Committee
FROM: Budget and Legislative Analyst
SUBJECT: September 15, 2010 Budget and Finance Committee Meeting

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Item 1
File 10-0832

Department(s):
Human Services Agency (HSA)

EXECUTIVE SUMMARY

Legislative Objective

- The proposed resolution would authorize the Human Services Agency (HSA) to enter into three new grant agreements between the City and County of San Francisco and the non-profit Institute on Aging (IOA) to provide (a) Case Management, (b) Community Living Fund (CLF), and (c) Linkages Program services to seniors and adults with disabilities in the total not-to-exceed amount of \$16,144,866. The CLF grant agreement is for a term of four years, with a one-year option to extend, for a maximum not-to-exceed term of five years, from July 1, 2010 to June 30, 2015. The Case Management and Linkages Program agreements are for terms of three years, each with a one-year option to extend, for maximum not-to-exceed four years, from July 1, 2010 to June 30, 2014.

Key Points

- Under the proposed Case Management grant agreement, the IOA will provide access or care coordination for older persons, adults with disabilities, and/or caregivers experiencing a diminished capacity to function.
- The proposed CLF grant agreement will allow the IOA to provide options for older persons and adults with disabilities to receive assistance, care and support through case management and purchase of services.
- Under the proposed Linkages Program grant agreement, the IOA will provide comprehensive case management to frail elderly adults and adults with disabilities by coordinating and facilitating access to a variety of services, and using designated funds to buy medical equipment and other items.

Fiscal Impact

- The proposed agreement with the IOA for Case Management is \$189,098 per year, or \$756,392 for the four-year term of the proposed grant agreement, including the one-year option to extend the agreement. A comparison of the previous and proposed agreements reflects no changes in the average expenditures.
- The proposed agreement with the IOA for CLF is \$2,830,886 per year, or \$14,154,430 for the five-year term of the proposed grant agreement, including the one-year option to extend the agreement. A comparison of the previous and the proposed CLF agreements reflects increases of \$817,784, or 41 percent, between the average previous expenditures and proposed CLF expenditures, due to significant fluctuations in spending during the first three years of the CLF Program.
- The proposed agreement with the IOA for the Linkages Program is \$308,511 per year, or \$1,234,045 for the four-year term of the proposed grant agreement, including the one-year option to extend the agreement. A comparison of the previous and proposed Linkages Program agreements reflects a minor increase of \$11,565, or four percent, between average annual expenditures and proposed expenditures.
- All three grant agreement programs are funded with a combination of local General Funds and Federal Community Service Block Grant Human Health Related (CSBG-HR) funds. The FY 2010-11 funding allocation of \$3,328,495 for the proposed grant agreements was previously approved by the Board of Supervisors in the HSA's FY 2010-11 budget.

Recommendations

- Given the July 1, 2010 effective date of the proposed grant agreement, amend the proposed resolution to provide retroactive authorization, and approve the proposed resolution, as amended.

MANDATE STATEMENT/ BACKGROUND**Mandate Statement**

In accordance with Charter Section 9.118(b), any contracts or agreements with a term of ten years or more and/or over \$10,000,000 is subject to Board of Supervisors approval.

Background

In April 2010, the Human Services Agency (HSA) issued two Request for Proposals (RFPs) (#452 and #453) for the continued provision of services to seniors and adults with disabilities, which included funding for (a) Case Management services (RFP #453), (b) the Community Living Fund (CLF) Program (RFP #452), and (c) the Linkages Program (RFP #453). These services were previously provided under grant agreements between the HSA and various contract service providers, including the Institute on Aging (IOA), a non-profit organization, which ended on June 30, 2010. The previous Case Management and Linkages Program grant agreements extended for three years, from July 1, 2007 through June 30, 2010. The previous CLF grant agreement extended for four years, from July 1, 2006 through June 30, 2010.

According to Mr. David Flores, Senior Contracts Manager at the HSA, advertising for these RFPs was consistent with customary HSA policy and practice. The RFPs were advertised on the City of San Francisco website, through newspaper advertisements managed by the California Newspaper Service, and through e-mail notices to all current San Francisco Department of Aging and Adult Services (DAAS), a department within the HSA, vendors and employee labor organizations.

Case Management

The previous Case Management services grant agreement between the HSA and IOA extended for three years, from July 1, 2007 through June 30, 2010, for a not-to-exceed amount of \$567,294. Because the previous grant agreement was procured separately and did not exceed \$10,000,000, the previous Case Management grant agreement did not require approval from the Board of Supervisors. However, the proposed Case Management grant agreement for \$756,392 is being collectively considered with \$14,154,430 under the proposed agreement with the IOA for CLF services and \$1,234,045 under the proposed agreement with the IOA for the Linkages Program, for a total of \$16,144,866 under the proposed resolution, such that collectively all three grant agreements are subject to Board of Supervisors approval.

On April 16, 2010, the HSA issued a RFP (#453) for a new grant agreement for the continuation of Case Management services to seniors and adults with disabilities for a period of four years, from July 1, 2010 through June 30, 2014, including a one-year option to extend the agreement. According to a June 30, 2010 Memorandum issued by Ms. Anne Hinton, Executive Director of DAAS, the purpose of the RFP was to award grant agreements to service providers that would provide access or care coordination for older persons and adults with disabilities and/or caregivers who are experiencing diminished capacity to function. Case Management services include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up monitoring and reassessment, discharge and termination.

HSA received 14 proposals from respondents to the Case Management services RFP. On June 13, 2010, 12 grantees were selected, including the IOA. According to Mr. Flores, the proposed resolution does not include the grant agreements with the other 11 grantees for Case Management services, which were also selected by HSA on June 13, 2010 and approved by the DAAS Commission on August 4, 2010 because the proposed resolution only includes grants awarded to the IOA. The total amount of all 12 Case Management grant agreements is \$2,055,680 for FY 2010-11, or \$8,222,720 for all 12 Case Management grant agreements for the four year period from July 1, 2010 through June 30, 2014, which includes a one-year option to extend each agreement. The grant agreements associated with the other 11 grantees are not subject to Board of Supervisor approval because each of the 11 individual grant agreements has a term of less than ten years and is for a total amount of less than \$10,000,000.

The Mayor's proposed FY 2010-11 budget included \$167,000 for Case Management Services with IOA, or an estimated \$668,000 for the not-to-exceed four-year term of the proposed grant agreement, which includes the one-year option period. On August 4, 2010 the DAAS Commission approved a revised grant agreement amount of \$756,392 for IOA Case Management services that included the original estimated \$668,000 and an additional \$88,392 made available through the Board of Supervisors' budget addbacks. Table 1 at the bottom of this section shows the original as compared to the revised, final amount of the Case Management grant agreement, which includes addbacks approved by the Board of Supervisors.

Community Living Fund (CLF)

The previous Community Living Fund (CLF) grant agreement between the HSA and IOA extended for four years, from July 1, 2006 through June 30, 2010, for a not-to-exceed \$8,309,790. Because the previous grant agreement did not exceed \$10,000,000, the previous CLF grant agreement did not require approval from the Board of Supervisors.

On April 14, 2010, HSA issued RFP #452 for the provision of the CLF. According to the Memorandum issued by Ms. Hinton, in July 2006 the City launched the CLF so that older adults and adults with disabilities could access the services necessary to allow them to continue living independently in their homes. The CLF is intended to reduce unnecessary institutionalization by providing options for older adults and adults with disabilities to receive assistance, care and support through (1) coordinated case management, and (2) purchase of services. The IOA has been the only contractor providing CLF services since its inception in 2006.

IOA was the only respondent to RFP #452 for the Community Living Fund. According to Mr. Flores, DAAS staff determined that the IOA was fully responsive to all RFP requirements. DAAS staff also determined that because IOA was the incumbent vendor, had shown no significant performance deficiencies, and had clearly demonstrated its qualifications to perform the services solicited, the IOA's proposal response did not require a review panel evaluation. Instead, DAAS staff made a recommendation of the CLF grantee award to IOA to the DAAS Executive Director, Ms. Hinton, who subsequently confirmed the recommendation.

The proposed grant agreement for IOA to provide the CLF is budgeted at \$2,830,876 per year, or a total of \$14,154,430 for the not-to-exceed five year term of the grant agreement, including the

one-year option period. On June 15, 2010, the DAAS Commission approved the CLF program budget.

Linkages Program

The previous Linkages Program grant agreement between the HSA and IOA extended for three years, from July 1, 2007 through June 30, 2010, for a not-to-exceed amount of \$755,924. Because the previous agreement did not exceed \$10,000,000, the previous Linkages Program agreement did not require approval from the Board of Supervisors.

On April 16, 2010, HSA issued RFP #453, which included the Linkages Program. According to the Memorandum issued by Ms. Hinton, the Linkages Program provides comprehensive case management services to frail elderly adults and adults with disabilities. Under the Linkages Program, case managers are responsible for locating, coordinating, and monitoring services through a designated organization and using designated funds to buy medical equipment and other specialized items for clients.

The IOA was the only respondent to RFP #453 for the Linkages Program. According to Mr. Flores, DAAS staff determined that the IOA was fully responsive to all RFP requirements. DAAS staff also determined that because the IOA was the incumbent vendor, had shown no significant performance deficiencies, and had clearly demonstrated its qualifications to perform the services solicited, the IOA's proposal did not require a review panel evaluation. DAAS staff made a recommendation of the Linkages Program award to IOA to the DAAS Executive Director, Ms. Hinton, who subsequently confirmed the recommendation.

The Mayor's proposed FY 2010-11 budget included \$300,000 for the Linkages Program with IOA, or an estimated \$1,200,000 for the not-to-exceed four-year term of the proposed grant agreement, which includes the one-year option period. On August 4, 2010 the DAAS Commission approved a revised grant agreement amount of \$1,234,044 for the IOA Linkages Program that includes the original estimated \$1,200,000 and an additional \$34,044 made available through the Board of Supervisors' budget addbacks.

Table 1 below shows the grant term periods, the original grant agreement amounts, the additional budget addbacks previously approved by the Board of Supervisors and the revised, final grant agreements that are included in the proposed resolution.

TABLE 1: Proposed Grant Agreements with the Institute on Aging (IOA)				
Service	Grant Term	Not to Exceed Amount, before Addbacks	Addback Amount	Not to Exceed Amount, including Addbacks
Case Management	7/1/10 – 6/30/13, including option to extend through 6/30/14	\$668,000	\$88,392	\$756,392
Community Living Fund (CLF)	7/1/10 – 6/30/14, including option to extend through 6/30/15	\$14,154,430	\$0	\$14,154,430
Linkages Program	7/1/10 – 6/30/13, including option to extend through 6/30/14	\$1,200,000	\$34,044	\$1,234,044
TOTAL		\$16,022,430	\$122,436	\$16,144,866
Source: Human Services Agency				

DETAILS OF PROPOSED LEGISLATION

The proposed resolution would authorize the Human Services Agency (HSA) to enter into three new grant agreements between the City and County of San Francisco and the non-profit Institute on Aging (IOA) to provide (a) Case Management, (b) Community Living Fund (CLF), and (c) Linkages Program services to seniors and adults with disabilities in the total not-to-exceed amount of \$16,144,866. The CLF grant agreement is for a term of four years, with a one-year option to extend, for a maximum not-to-exceed five years, from July 1, 2010 through June 30, 2015. The Case Management and Linkages Program grant agreements are each for terms of three years, each with a one-year option to extend, for a maximum not-to-exceed four years, from July 1, 2010 through June 30, 2014. The different grant agreements terms reflect HSA's decision to maintain the same term periods as in the previous grant agreements.

FISCAL ANALYSIS

The proposed resolution would authorize the HSA to enter into three new grant agreements to provide (a) Case Management, (b) Community Living Fund (CLF), and (c) Linkages Program services in the total amount of \$16,144,866, as shown in Table 1 above.

Of the total \$16,144,866 for the three subject grant agreement amounts, \$3,328,495 was previously approved by the Board of Supervisors in the HSA's FY 2010-11 budget.

According to Mr. Flores, all three grant agreement programs are funded with a combination of General Funds and Federal Community Service Block Grant- Human Health Related (CSBG-HR) funds.¹ The FY 2010-2011 allocation of funding sources is shown below in Table 2.

Case Management	Amount	Percentage of Funding
General Fund	\$165,461	87.5%
CSBG-HR*	\$23,637	12.5%
Subtotal	\$189,098	100%
CLF		
General Fund	\$1,655,662	59%
CSBG-HR	\$1,175,224	41%
Subtotal	\$2,830,886	100%
Linkages Program		
General Fund	\$269,947	87.5%
CSBG-HR	\$38,564	12.5%
Subtotal	\$308,511	100%
TOTAL	\$3,328,495	
*Community Services Block Grant – Health Related (CSBG-HR)		
Source: Human Services Agency		

Table 3 below shows annual budgets from FY 2010-11 through FY 2014-15 associated with each of the three proposed grant agreement budgets. According to Mr. Flores, annual funding amounts for all three grant agreements will remain flat throughout the term of the contract, such that no COLA adjustments are anticipated.

¹ CSBGs allow county welfare agencies to draw down Federal funding for the cost of staff that assist clients to qualify for Medi-Cal. Activities are categorized as Community Service Block Grant (CSBG). Health Related Block Community Service Block Grants (CSBG-HR) provide a Federal match of 50 percent and may include activities such as informing clients of the benefit of Medi-Cal, assisting clients in completing application materials, and collecting past medical records that are necessary to submit with the application materials. According to Mr. Flores, in order to receive this federal funding, the IOA staff submit time study documentation to CSBG to obtain additional federal revenues to offset the General Fund subsidy. The time study is the State approved process for allocating administrative costs across programs. For one month in each quarter, case management staff record daily activities in 15 minute increments to the program(s) served. Administrative costs are then allocated based on the aggregate time spent on each program. This methodology is approved by the Federal government and mandated by the State. DAAS program staff also coordinate the quarterly time study submissions and relay the information to the HSA Finance Department staff, who submit this information in the County Expense Claim, which is the State mandated mechanism for reporting administrative costs. The time study data, along with costs data, is entered into the County Expense Claim on a quarterly basis. The State aggregates the County Expense Claim data from the 58 counties to report to the Federal government. The State uses the County Expense Claim to reimburse counties for the Federal and State share of revenues for the various programs that counties administer.

	FY 10-11	FY 11-12	FY 12-13	FY 13-14	FY 14-15*	TOTAL
Case Management	\$189,098	\$189,098	\$189,098	\$189,098	n/a	\$756,392
CLF	\$2,830,886	\$2,830,886	\$2,830,886	\$2,830,886	\$2,830,886	\$14,154,430
Linkages	\$308,511	\$308,511	\$308,511	\$308,511	n/a	\$1,234,045
Total	\$3,328,495	\$3,328,495	\$3,328,495	\$3,328,495	\$2,830,886	\$16,144,866

*Only the proposed CLF agreement includes an option to extend the grant agreement through FY 2014-15.
Source: Human Services Agency

Table 4 below compares the costs of the previous IOA grant agreement with the proposed IOA grant agreement.

	Previous Agreements' Average Actual Annual Expenditures* (A)	Proposed Agreements' Annual Budgets (B)	Increased Amount (B-A) = C	Percent Difference (C)/(A)
Case Management	\$189,098	\$189,098	\$0	0
CLF	\$2,013,102	\$2,830,886	\$817,784	41%
Linkages	\$296,946	\$308,511	\$11,565	4%
Total	\$2,499,146	\$3,328,495	\$829,349	

*The Budget Analyst calculated the average annual actual expenditures over the terms of the previous contracts: FY 2007-08 through FY 2009-10 for the Case Management and Linkages Program, and FY 2006-07 through FY 2009-10 for CLF.
Source: Human Services Agency

As shown in Table 4 above, the annual cost comparisons between the previous agreement and the proposed agreement reflect (a) no change between the actual average expenditures and proposed annual Case Management budget, (b) increases of \$817,784, or 41 percent, between the actual average expenditures and proposed annual CLF budget, and (c) increases of \$11,565, or four percent, between the actual average expenditures and proposed annual Linkages Program budget.

According to Mr. Flores, the increases of \$817,784 between the actual average expenditures over the four-year duration of the previous grant agreement and the proposed annual CLF budget is the result of increases in programmatic spending over the past four years. Initially when the CLF program began in FY 2006-07, the Mayor and Board of Supervisors decided to make an annual investment of \$3,000,000 in the CLF program, and \$2,400,000 of this amount was contracted to IOA. However, as a result of under spending associated with delays in programmatic start-up, the IOA's spending in CLF didn't fully expand until FY 2009-10. The IOA CLF actual expenditures were \$168,000 in FY 2006-07, \$1,600,000 in FY 2007-08, \$2,800,000 in FY 2008-09, and \$3,800,000 in FY 2009-10.

POLICY CONSIDERATION

According to Mr. Flores, the IOA has continued to provide Case Management, CLF, and Linkages Program services since the June 30, 2010 end date of the previous three grant agreements. The delay in requesting approval for the proposed resolution is the result of delays associated with finalizing the 2010-11 HSA budget. Upon approval of the proposed resolution, HSA will pay for all services rendered since the July 1, 2010 commencement date of all three grant agreements.

Given the July 1, 2010 effective date of the proposed grant agreements and that IOA has been providing services associated with all three grant agreements since July 1, 2010, the Budget and Legislative Analyst recommends amending the proposed resolution to provide retroactive approval of the proposed resolution.

RECOMMENDATIONS

- Given the July 1, 2010 effective date of the three proposed grant agreements, amend the proposed resolution to provide retroactive approval of the proposed resolution.
- Approve the proposed resolution, as amended.

**FORM SFEC-126:
NOTIFICATION OF CONTRACT APPROVAL
(S.F. Campaign and Governmental Conduct Code § 1.126)**

City Elective Officer Information <i>(Please print clearly.)</i>	
Name of City elective officer(s):	City elective office(s) held:

Contractor Information <i>(Please print clearly.)</i>				
Name of contractor: Institute on Aging				
Board of Directors				
Margery D. Anson	Irwin Gibbs	Donald Seitas	Lawrence Feigenbaum	Irene Dietz
Meryl Brod	Anne Halsted	Bing Shen	Allen Feder	C. Seth Landefeld
Boone Callaway	Ruth Kasle	Robert Sockolov	Kay Parekh	Diana Whitehead
Belva Davis	Richard Kuchen	Victoria Stone	Barbara Schraeger	Amy W. Zellerbach
Libby Denebeim	Joan Levison	Neal Tandowsky	Sandra D. Yuen	Anthony G. Wagner
Staff Leadership				
President:	Exec VP:	VP Operations	Director of HR	CFO:
David Werdegear	Ken Donnelly	Cindy Kauffman	Suzanne Harris	John Sedlander
No person has ownership in the Institute on Aging. It is a non-profit corporation.				
Subcontractors for Community Living Fund Contract listed on a separate page.				
No political committee is sponsored or controlled by the Institute on Aging.				
Contractor address: 3330 Geary Boulevard, 2 West, San Francisco, California 94118				
Date that contract was approved:			Amount of contract: \$13,191,544	
Describe the nature of the contract that was approved: Grant agreement for the term of 7/1/10 – 6/30/14 for services to seniors and adults with disabilities specifically for the Community Living Fund, Case Management and Linkages programs.				
Comments:				

This contract was approved by (check applicable):

- the City elective officer(s) identified on this form
 a board on which the City elective officer(s) serves _____

Print Name of Board

- the board of a state agency (Health Authority, Housing Authority Commission, Industrial Development Authority Board, Parking Authority, Redevelopment Agency Commission, Relocation Appeals Board, Treasure Island Development Authority) on which an appointee of the City elective officer(s) identified on this form sits

Print Name of Board

Filer Information <i>(Please print clearly.)</i>	
Name of filer:	Contact telephone number: ()
Address:	E-mail:

Signature of City Elective Officer (if submitted by City elective officer)

Date Signed

Signature of Board Secretary or Clerk (if submitted by Board Secretary or Clerk)

Date Signed

**Subcontractors of the Institute on Aging
Community Living Fund**

Catholic Charities

Curry Senior Center

Conard House

In Home Supportive Services Consortium

Progress Foundation

Lighthouse for the Blind



MEMORANDUM

TO: DEPARTMENT OF AGING & ADULT SERVICES COMMISSION

THROUGH: ANNE HINTON, EXECUTIVE DIRECTOR

FROM: SHIREEN MCSPADDEN, DEPUTY DIRECTOR
DAVID FLORES, JR., SENIOR CONTRACTS MANAGER

DATE: JUNE 30, 2010

SUBJECT: NEW GRANT AGREEMENTS: VARIOUS AGENCIES (NON-PROFIT) FOR CASE MANAGEMENT & CITY-WIDE CASE MANAGEMENT CLINICAL SUPERVISION COLLABORATIVE SERVICES

Case
Management
& City-Wide
Case
Management
Clinical
Supervision
Collaborative

GRANT TERM: 7/1/10-6/30/13

GRANT AMOUNT: \$5,314,437

ANNUAL AMOUNT: FY 10/11
\$1,771,479

<u>FUNDING SOURCE</u>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
FUNDING:	\$4,650,132	\$0	\$664,305	\$5,314,437
PERCENTAGE:	87.5%	0%	12.5%	100%

The Department of Aging & Adult Services requests authorization to enter into a new grant agreements for Case Management and Citywide Case Management Clinical Supervision Collaborative Services

with the proposed grantees listed below. The grant is for the term of July 1, 2010 to June 30, 2013, in an amount not to exceed \$5,314,437.

Grantee	Annual Amount
Bernal Heights Neighborhood Center	\$154,000
On Lok Day Services	\$173,000
Kimochi	\$50,000
Institute on Aging	\$167,000
Self Help for the Elderly	\$330,000
Network for Elders	\$165,000
Catholic Charities	\$125,000
Jewish Family & Children's Services	\$35,000
Family Service Agency of San Francisco	\$70,000
Episcopal Community Services	\$140,000
San Francisco Senior Center	\$140,000
Curry Senior Center	\$222,479
Total	\$1,771,479

Background

All proposed grantees are established providers of services to seniors and adults with disabilities. Each grantee shall provide case management services to the clients eligible for the service as described in the OOA Case Management Standards, which include Agency Standards, Case Management Supervisor Standards, and Case Manager Standards.

The core elements of case management services provided are to include intake/screening, enrollment, comprehensive assessment, care planning, reassessment/follow-up and termination. See attached scope of services for the units of service.

Grantee Selection

Grantees were selected through Request for Proposals (RFP) #453 for:

- Case Management and Citywide Case Management Clinical Supervision Collaborative
- Linkages and Respite Purchase of Service (RPOS)
- Information and Assistance Program for Monolingual Chinese-Speaking Seniors and Adults with Disabilities

RFP #453 was released April 2010. There were fourteen (14) respondents for Case Management and Citywide Case Management Clinical Supervision Collaborative services and the twelve (12) grantees were selected as the best qualified agencies to provide these services.

Funding

Funding for this grant agreement is provided by 12.5% Federal and 87.5% County funds.

Attachments

Appendix A – Services to be Provided by Grantees

APPENDIX A –SERVICES TO BE PROVIDED BY GRANTEE

Effective July 1, 2010 to June 30, 2013

CASE MANAGEMENT

I. Purpose

The purpose of this grant is to provide assistance in the form of access or care coordination in circumstances where the older person and adult with disabilities and/or caregivers are experiencing a diminished capacity to function including personal conditions or other characteristics which require the provision of services by formal and/or informal service providers. Activities of Case management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up monitoring and reassessment, discharge and termination.

II. Definitions

HSA	Human Services Agency of City and County of San Francisco
DAAS	Department of Aging and Adult Services
Frail	An older individual is determined to be functionally impaired because the individual either: (a) Is unable to perform at least two activities of daily living, including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, 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 older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
Grantee	
Senior	Person who is 60 years or older.
Adult with Disability	Person 18 years of age or older living with a disability.
Long-term services	Ongoing case management services designed to prevent consumer from placement in an institution
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.

Short-term services	Case management services provided for 1-4 months to assist consumers with a specific situation or crisis
Transitional services	Short-term case management services focused on consumers being discharged from a hospital or RCF
RCF	Residential Care Facility

III. Target Population

Individuals 60 years of age or older or individuals between 18 and 59 years of age that are living with disabilities. Services must target clients 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:

- ~~At an income level of 400% of poverty or less~~
- Non or limited –English speaking
- Minority
- Frail
- Lesbian/Gay/Bisexual/Transgender

IV. Eligibility for Case Management Services

In order to obtain case management services, an individual must meet the following criteria:

- A resident in San Francisco
- Aged 60 and above, or
- Aged 18 to 59 with a disability
- ~~At an income level of 400% of poverty or less~~
- Not currently receiving duplicative Case management services
- Has a need for Case Management and is willing to participate in the program.
- At risk of premature institutionalization
 - In order to be considered “at risk,” an individual must meet at least one of the following conditions:
 - 1) impairment in one or more areas of Activities of Daily Living (ADL); or
 - 2) two or more Instrumental Activities of Daily Living (IADL’s); or
 - 3) unable to manage his/her own affairs due to emotional and/or cognitive impairment; or
 - 4) impaired by virtue of a significant event or circumstance that has occurred within the past 12 months.

V. Location and Time of Services

The details of the sites and operation hours are as attached in the Site Chart (Appendix F).

VI. Description of Services

- A. The Grantee shall provide case management service to the clients eligible for the service as described in the OOA Case Management Standards (OOA Policy Memorandum #39), which include Agency Standards, Case Management Supervisor Standards, Case manager Standards, and the Core Elements of case management:

The case management process includes at a minimum the following:

- The Intake/Screening process—Intake begins with an individual calling the case management provider to request assistance. The information completed by the case manager helps determine presumptive eligibility of the potential client and is used to collect demographic and other information.
 - Enrollment---Enrollment of the client into the program includes explanation of the range of services available, and clients' release authorizing the case manager to release information from/to individuals or agencies relating to health, mental health, medical benefits, income assistance, social or other services.
 - Comprehensive assessment---The case manager begins assisting the client by completing an in-depth assessment of each person's situation in the home. Based on that assessment, the client, the family, and the case manager decide what the client needs and make a plan to meet those needs.
 - Care-Planning---This plan may include linking the individuals and their families to existing community services, such as transportation, meals, in-home care, housing assistance and adult day care programs. The plan may also focus on obtaining adaptive devices, such as ramps, bath benches, medi-sets, and grab bars. Assistance, such as home repairs, counseling, or telephone reassurance, may be arranged to help the clients remain independent.
 - Reassessment---A formal reassessment must be conducted at least annually.
 - Monitoring and follow-up--- 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.
 - Client Termination---Caseload turnover is an integral component of case management. Clients are subject to termination under the following circumstances: case management services completed, client's condition improved or stabilized, and the client is no longer eligible for case management; client requires higher level of service, such as Multi-Purpose Senior Services Program (MSSP), a federal funded program; client requires long-term institutionalization; client's needs exceed the case management provider's capacity; client no longer desires services; client moved out of area; client died; and other reasons.
- B. Client Caseload: The Grantee shall ensure that one full time equivalent case manager should target to handle a monthly caseload of 50, with the flexibility of 20% plus or minus this number. This is relevant to clients that are served relatively long-term. For clients that require lots of crisis intervention such as post hospitalization case management or elder/adult abuse, the caseload number can be considered at a level of 35 to 50 active cases.
- C. As the OOA Case management Standards are the minimum standards, the Grantee must establish its own Agency's Policies and Procedures to meet the needs of the clientele that it is serving.
- D. ~~The Grantee will have to be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.~~ For specific compliance requirements, please refer to Appendices F & G to the Grant Agreement.

VII. Contractor Responsibilities/Units of Service and Definitions

During the term of the grant, the Grantee will provide service to the indicated number of consumers with the indicated number of units of service.

of unduplicated consumers to be served: __

Comprehensive Assessment

UNITS OF SERVICE

To collect information about a consumer with multiple needs (social, environmental, physical or mental) and determine the necessary supportive or other appropriate services to meet those needs. Time used in conducting the home-visit (including travel) and completion of all paper work are to be included.

UNIT: One Hour

UNIT: __

Care Planning

To develop an individualized plan of care and services under a Case management system based on a comprehensive assessment of the consumer's condition and/or resources. Time used in writing the care plan and related consultation will be included.

UNIT: One Hour

UNIT: __

Service Authorization or Arrangement

To obtain services according to an individualized care plan by coordinating existing services, authorization for payment of services, or purchase of services. Time used in making phone calls in liaising with other service providers, and filling-out applications will be included.

UNIT: One Hour

UNIT: __

Case Monitoring

To determine quality and effectiveness of services provided to a consumer according to an individualized care plan; to maintain periodic consumer contact to determine if change has occurred; and to take appropriate action as necessary. Time spent in calling the consumers/caregivers and in conducting home-visits will be included.

UNIT: One Hour

UNIT: _

VIII. Service Objectives

- Provide case management services to ____ unduplicated consumers that enable them to continue to remain living in their home and avoid institutionalization.
- Each case manager funded by OOA will carry a caseload of 40 to 60 consumers a month (for long term cares), or from 35 to 50 consumers (for short-term, or post hospitalization or elder abuse cares).
- Consumers receiving case management will be satisfied with the services received and find services beneficial.

IX. Outcome Objectives

- At least seventy percent of consumers enrolled in the case management program will avoid institutionalization as evidenced by the annual report that documents this finding
- For 11 of the 12 months of the fiscal year each case manager will carry the appropriate caseload, as evidenced in the monthly report submitted to OOA.
- At least seventy per cent of consumers responding to the annual consumer satisfaction survey will be satisfied with the service and find it beneficial to them.

X. 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; 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.

XI. Reporting and Other Requirements

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

- A. The grantee will enter into the CA Getcare Consumer Management section consumer data from the Intake Form.
- 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. 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 10th day following the time study month and shall be sent via email to csbgtimestudies@sfgov.org
- D. 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.
- E. Grantee will provide an annual consumer satisfaction survey report to OOA by March 15 each grant year.
- F. Grantee shall develop and deliver ad hoc reports as requested by HSA.

G. Grantee is required to attend all mandatory case management training or other training as needed.

H. 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:

, Program Analyst (Worker #)
DAAS, Office on the Aging
PO Box 7988
San Francisco, CA 94120

Email address

Contract Manager (Worker #)
Human Services Agency
PO Box 7988
San Francisco, CA 94120

Email address



Gavin Newsom, Mayor

Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director

MEMORANDUM

TO: DEPARTMENT OF AGING & ADULT SERVICES COMMISSION

THROUGH: ANNE HINTON, EXECUTIVE DIRECTOR

FROM: SHIREEN McSPADDEN, DEPUTY DIRECTOR
DAVID FLORES, JR., SENIOR CONTRACTS MANAGER

DATE: JUNE 15, 2010

SUBJECT: NEW CONTRACT: INSTITUTE ON AGING - COMMUNITY LIVING FUND - CASE MANAGEMENT AND PURCHASE OF SERVICES

CONTRACT TERM: New
7/1/10-
6/30/14

CONTRACT AMOUNT: \$11,323,544

ANNUAL AMOUNT: Estimated
\$2,830,886

<u>FUNDING SOURCE</u>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
FUNDING:	\$ 6,622,648		\$4,700,896	\$11,323,544
PERCENTAGE:	58%		42%	100%

The Department of Aging & Adult Services requests authorization to enter into a contract with The Institute on Aging of San Francisco (IOA), for the period of July 1, 2010 to June 30, 2014, in an amount not to exceed \$11,323,544. The purpose of the contract is to provide case management and purchases of services for seniors and younger adults with disabilities.

Background

In July 2006, the City of San Francisco launched the **Community Living Fund (CLF)** so that older adults and younger adults with disabilities could access the services necessary to allow them to continue living independently in their homes.

The CLF is intended to reduce unnecessary institutionalization by providing older adults and younger adults with disabilities with options for how they receive assistance, care and support.

The size and scope of the Community Living Fund grant will also require approval from the Board of Supervisors.

Services to be Provided

The CLF Program will be used to fund services, or combination of goods and services, that will help individuals who are currently in or at risk of being institutionalized. The CLF Program will use a two-pronged approach: (1) coordinated case management, and (2) purchase of services. The CLF Program will provide the resources and services, not available through any other mechanisms, to vulnerable older adults and younger adults with disabilities.

Institute on Aging, as the single contractor, and its sub-contractors, will collaborate to provide culturally diverse staff, including social work and nurse case managers, and unique expertise in a variety of areas including, the elderly, younger adults with disabilities, and mental health and substance abuse services. The sub-contractors include: Catholic Charities CYO, Conard House, Lighthouse for the Blind and Visually Impaired, and Progress Foundation.

Contractor Selection

Grantee was selected through Request for Proposals #452, which was competitively bid in April 2010. The Grantee was the only respondent. The Institute on Aging (IOA) has received the grant for CLF since the program's inception. The organization has developed the CLF into a dynamic program that consistently responds to shifts in service priorities and emerging client needs. The IOA is an important collaborative partner in the City's approach to long-term services and supports to seniors and disabled adults in the community.

Performance

A monitoring site visit was conducted by the Human Services Agency in February 2010. While some deficiencies in the areas of fiscal controls, invoicing practice, record keeping and documentation of cost allocation practice were noted, staff has accepted the Grantee's plan of correction for these deficiencies and is sufficiently satisfied with the Grantee's efforts to date to cure them to recommend grant award. Additionally, staff has verified that all applicable performance outcomes are being met by the Grantee under its current grant agreement.

Funding

Funding for this service will be provided through County General Fund and leveraging Federal Community Services Block Grant (CSBG) Health Related and Skilled Professional Medical Personnel funds.

Budget

The budget for the program is not to exceed \$11,323,544 for the total period of performance (July 1, 2010 through June 30, 2014). The approximate breakdown for the allocation of funds is as follows:

Purchase of Services	49%
Case Management	33%
Administrative	18%

Attachments

Appendix A – Budget

Appendix B – Scope for Services

Appendix A – Services to be Provided
Effective July 1, 2010 to June 30, 2014

Community Living Fund - Case Management and Purchase of Services

I. Purpose of Contract

The purpose of this contract is to provide case management and other services as part of the Community Living Fund (CLF) Program that is being administered by the Department of Aging and Adult Services. The CLF Program is used to fund services, or a combination of goods and services, that help individuals who are currently in or at imminent risk of being institutionalized.

The CLF Program is intended to reduce unnecessary institutionalization by providing older adults and younger adults with disabilities with options for where and how they receive assistance, care and support. The design of the CLF Program includes a two-pronged approach: (1) coordinated case management; and (2) purchase of services.

The CLF Program will provide the resources and services not available by other means, to vulnerable older adults and younger adults with disabilities.

The purposes of the Community Living Fund are to:

- Enable older adults and adults with disabilities who are eligible for this Fund to remain living safely in their own homes and communities as long as possible.
- Provide financial support for home and community-based long-term care and supportive services beyond what is currently available.
- Offer flexible funding to create “wrap-around” services that provide essential community-based assistance, care and support.
- Facilitate the development of service delivery models that strengthen the community-based long-term care work force.
- Expand, not supplant, existing funding, in order to fill funding gaps until new sources of financial support for community-based long-term care services can be secured through federal Medicaid waivers and other means.

II. Eligibility for Services under the CLF Program

In order to obtain services, an individual must, at a minimum, be:

- 18 years or older;
- Institutionalized or deemed, at assessment, to be at imminent risk of being institutionalized;
- A resident of San Francisco;
- Willing and able to live in the community with appropriate supports; and
- At an income level of 300% of poverty or less.
- Having a demonstrated need for a service and/or a resource that will serve to prevent institutionalization.

Further, an individual must have a demonstrated need for a service and/or resource that will serve to prevent institutionalization or enable community living.

Specific conditions or situations such as substance abuse or chronic mental illness shall not be a deterrent to services if the eligibility criteria are met.

III. Definitions

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

DAAS: Department of Aging and Adult Services

Case Management: Case management is a formal strategy that coordinates and facilitates access to a variety of services in a timely manner for people who need assistance in organizing and managing their care and/or supportive services. It includes a standardized process of client intake, assessment, care planning, care plan implementation, monitoring, reassessment and discharge/termination. Case management is an integral component of long term care service delivery and is central to accessing additional services through the CLF.

While some people can organize assistance, care and support for themselves, others need case management services to do this. Case managers assist the individual, family, and friends to identify the client's needs and options to meet them. Case managers arrange for services, when necessary, and provide assistance, as client's needs change. Case managers, through the CLF program, will be the conduits to the CLF dollars set aside for the purchase of goods and services for clients.

Contractor will provide different levels of case management, as follows:

- Intensive (for unstable clients) case management (15 to 25 clients per case load) will be provided for persons with complex medical, cognitive, behavioral, and psychological needs who require a maximum amount of care and supervision and access to ongoing resources and services. Intensive case management for persons with chronic and acute complex needs will require extensive coordination of and access to a full range of social, behavioral, mental health, and medical services.
- Case management will be provided for persons who require moderate to minimal assistance and support as well as access to one-time resources and services. This level of case management ensures stabilization and avoidance of hospitalization and nursing home placement.

Contractor: The contractor will be one Agency working in collaboration with other agencies or community-based organizations through sub-contracts or MOUs to provide the necessary variety of expertise and skills in order to: (1) provide case management services, staff, and organizational infrastructure; and (2) manage CLF Program dollars to provide needed goods, services, equipment and other resources not available through other means.

Expertise required. Participating agencies or community-based organizations must have staffing and expertise in the following areas:

- Social work and/or nurse case managers with sufficient education and experience to perform all levels of case management that may be required by CLF clients. For example, case managers will have either: (a) a master's degree in nursing, social work services, or related field, with geriatric/younger disabled case management experience; or (b) a bachelor's degree in nursing, social work services, or related field, with a minimum of five years case management experience with the geriatric/younger disabled populations.
- Clinical supervision staffing with the education and experience necessary to supervise, direct and coordinate the work of the case managers. For example, clinical supervisors will have a master's degree in nursing or social work services, or a related field, with supervisory experience as well as experience in case management with geriatric and younger disabled populations.
- Staffing and protocols for overseeing and verifying that the goods and services purchased for the clients by or through the Contractor comply with normal business practices, that all purchase(s) are reasonable in nature, that any and all request for the purchases of goods or services are not excessive in nature or cost, that the expenditure can be justified and verified, and that there is supporting documentation that can verify the expenditures.
- Unique expertise in a variety of areas including, but not limited to: The elderly, Younger adults with disabilities, mental health and substance abuse services and Housing.

Strong relationships with other programs (including DPH Targeted Case Management, Laguna Honda Hospital Social Services, and DPH and HSA housing programs) can enhance the expertise required for this contract.

Imminent Risk of Institutionalization: In order to be considered "at imminent risk of institutionalization", an individual must have, at a minimum, one of the following:

- functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; **or**
- a medical condition to the extent requiring the level of care that would be provided in a nursing facility; **or**
- be unable to manage his/her own affairs due to emotional and/or cognitive impairment.

III. Target Population

The CLF Program will serve people whose incomes are up to 300% of the federal poverty level who are unable to live safely in the community with existing supports and funding sources.

The following groups of people will be served:

- Top priority. Patients of Laguna Honda Hospital (LHH) and San Francisco General Hospital (SFGH) who are willing and able to be discharged to community living.
- Nursing home eligible individuals on the LHH waiting list (some of whom are at SFGH and other hospitals) who are willing and able to remain living in the community.
- Individuals who are at imminent risk for nursing home or institutional placement, willing and able to remain living in the community with appropriate support.

IV. Description of Services

Program infrastructure:

- Administrative assistance, data entry, database maintenance, processing invoices, and making payments to vendors.
- Purchased service vendor contracts and procurement policies.
- Clinical supervision across all sub-contracted agencies.
- All accounting procedures and reporting functions
- A dedicated database to capture care planning, case management, client information tracking, purchased services and dollars spent to help older adults and younger adults with disabilities remain living in the community. Documentation is coordinated between all sub-contracted agencies to ensure that necessary data is reported. The CLF database communicates with the DAAS DCIP database, which accesses data from multiple City programs and departments.

Purchase of Services Component

The grant includes funds with which the Grantee and their sub-contractors can purchase goods and services for their clients. The CLF will support a menu of services options and level of assistance, care, and support, and a range of housing, and supportive services. These services must be deemed necessary by a CLF case manager and the funds are only used as a last resort, when all other payment options for that service have been exhausted. Purchased services will supplement other available resources to ensure that each client receives the comprehensive array of appropriate services that are necessary to allow for community living.

The Grantee will:

- Coordinate all case management services through clinical supervision; including collaboration between multidisciplinary staff, across all sub-contracted organizations, through weekly scheduled case conferencing. There must be strong collaboration to share expertise.
- Work collaboratively with other community organizations presently working with the client and additional ones who can provide specific expertise.
- Ensure that the purchase of all proposed goods and services is reasonable, prudent and properly procured.
- Work collaboratively with DAAS Long Term Care Director to strategize program direction.
- Develop and maintain collaborations with both City departments and community programs in order to reach the target population that is be eligible for the services supported by the CLF program
- CLF is part of the Diversion and Community Integration Program (DCIP), a long-term-care collaboration of DAAS, DPH and community partners. CLF provides the community intensive case management for DCIP enrolled individuals and is an integral part of the Team. Grantee must attend bi-weekly DCIP meetings.
- A CLF Advisory Council is currently in place to provide a forum for consumer and community feedback. Members include current and former program participants as well as representatives from community agencies.
- Mail out consumer satisfaction surveys annually (at a minimum) to gather additional input from participants regarding their direct experience in an anonymous format.

- Work closely with DAAS Planning Unit staff to ensure appropriate and accurate collection of data for evaluation and program design analysis. In addition, Contractor will work with DAAS in an ongoing evaluation of the program.
- Continue to utilize the CLF dedicated database--developed with RTZ Associates Inc for the CLF program that tracks client information, assessments, care plans, progress notes, service authorizations and purchased services.

V. Department Responsibilities (DAAS)

DAAS Long Term Care (LTC) Intake and Screening Unit. All referrals to the CLF Program come through the DAAS LTC Intake and Screening Unit, which is the initial entry point for accessing the fund. This Unit is the “central door” of the “No Wrong Door” model of improved access to services. While community-based long-term care services can be accessed in many ways, CLF is the Fund of last resort and any request for support from the CLF Program must come through this Unit. The LTC Intake and Screening Unit complete an initial screening and refer those presumed eligible for the fund to the CLF Contractor.

DAAS will access other funding. DAAS will leverage CLF Program funding by qualifying for state and federal funding available through programs such as: (1) the Targeted Case Management (TCM) Program; (2) Medicaid Administrative Activities (MAA) Program; & (3) the Community Services Block Grant (CSBG) Program. The Contractor is required to provide time certifications for staff involved in service delivery and service support activities.

VI. Collaborative Responsibilities (DAAS and Contractor)

Management of the CLF wait list is an important consideration for the CLF Grantee and DAAS. Financial considerations, prioritizations and trends will be taken into consideration when pertaining to strategies and decisions for caseload and wait list management.

The DAAS Long Term Care Director, the DAAS Long Term Care Intake and Screening Unit, and the selected Contractor will collaborate on undertaking outreach activities, as necessary, to ensure that the needs of the groups of people in the target population are identified and addressed.

DAAS Director of Quality Management and CLF Director will collaborate to develop a QA plan and process that fulfills the needs of both parties and the clients.

Service Objectives

On an annual basis, Grantee will meet the following service objectives:

- Objective 1. Provide intensive case management services appropriate to the assessed needs of clients, as demonstrated through assessment, appropriate staffing levels, and caseloads.
 - Intensive case managers will carry an average caseload of 15-25 clients.
 - Case managers will also provide services for persons who require minimal assistance and support as well as access to one-time resources and services, ensuring stabilization and avoidance of hospitalization and nursing home placement.

- Objective 2. Provide access to purchased services appropriate to the needs of clients when necessary services are unavailable through any other funding source.

Outcome Objectives

DAAS is committed to measuring the impact of its investments in community services.

On an annual basis and as needed, Grantee will report progress towards meeting the following outcome Objectives:

- Objective 1. Improved and streamlined CLF program design, population targeting, and data collection mechanisms. This will be achieved via participation in the DAAS program evaluation process, which will provide a feedback mechanism to identify barriers to implementation and provision of services.
- Objective 2. Clients served through the program will be satisfied with the services received and find that they are beneficial and improve quality of life, as measured by a satisfaction survey or assessment tool.
- Objective 3. Successfully support community living for a period of at least six months for at least 75% of CLF clients who are being discharged from LHH at the time of enrollment. Identify reasons for re-institutionalization when it occurs.
- Objective 4. Successfully support community living for a period of at least six months for at least 75% of CLF clients who were at imminent risk of institutionalization at the time of enrollment. Identify reasons for institutionalization when it occurs.

	A	B	C	D	E	F
1						Appendix B, Page 1
2						Document Date: 6/4/2010
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY					
4	BY PROGRAM					
5	Contractor's Name			Contract Term		
6	Institute on Aging			July 1, 2010-June 30, 2014		
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: Community Living Fund					
10	Budget Reference Page No.(s)					
11	Program Term					
12	Expenditures					
13	Salaries & Benefits	\$935,235	\$1,025,015	\$1,073,129	\$1,123,075	\$4,157,054
14	Operating Expense	\$100,140	\$101,524	\$102,949	\$104,418	\$409,031
15	Capital Expenditure					\$0
16	Subtotal	\$1,035,375	\$1,127,139	\$1,176,078	\$1,227,493	\$4,566,085
17	Indirect Percentage (%)	15%	15%	15%	15%	15%
18	Indirect Cost (Line 16 X Line 17)	\$155,306	\$169,071	\$176,412	\$184,124	\$684,913
19	Total Expenditures	\$1,190,681	\$1,296,210	\$1,352,490	\$1,411,616	\$5,250,997
20						
21	Sub-Contractor Expenditures	\$346,680	\$346,945	\$352,713	\$358,476	\$1,404,814
22	Global Purchase of Services	\$1,383,525	\$1,297,731	\$1,250,683	\$1,185,794	\$5,117,733
23						
24						
25						
26	CCT/HO Waiver Reimbursement	(\$90,000)	(\$110,000)	(\$125,000)	(\$125,000)	(\$450,000)
27						
28	TOTAL HSA REVENUES	\$2,830,886	\$2,830,886	\$2,830,886	\$2,830,886	\$11,323,544
29	Other Revenues					
30						
31	Total	\$2,830,886	\$2,830,886	\$2,830,886	\$2,830,886	\$11,323,544
32						
33						
35	Prepared by: Cindy Kauffman		Telephone No.: 415-750-4180 ext 219		Date 06/04/10	Date 06/04/10
36	HSA-CO Review Signature: _____					
37	HSA #1				1/0/1800	6/4/2010

	A	B	C	D	E	F	G	H	I	J	K	L	M
1													
2													
3													
4	Program Name:												
5	(Same as Line 9 on HSA #1)												
6													
7													
8													
9													
10													
11													TOTAL
12	<u>Expenditure Category</u>				<u>TERM</u>	<u>FY 10-11</u>	<u>FY 11-12</u>	<u>FY 12-13</u>	<u>FY 13-14</u>				\$ -
13	Rentals					\$54,000	\$54,000	\$54,000	\$54,000				\$216,000
14	Utilities(Elec, Water, Gas, Phone, Scavenger)												\$0
15	Office Supplies, Postage					\$7,400	\$7,622	\$7,850	\$8,086				\$30,958
16	Building Maintenance Supplies and Repair												\$0
17	Printing and Reproduction												\$0
18	Insurance												\$0
19	Staff Training and Travel					\$12,400	\$12,772	\$13,155	\$13,550				\$51,877
20	Staff Travel (Local & Out-of-Town)												\$0
21	Rental of Equipment												\$0
22	CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE												\$0
23	Summary of Subcontractor budgets listed												\$0
24	on Budget Summary page. Detailed budgets												\$0
25	included as separate attachments.												\$0
26													\$0
27													\$0
28	OTHER												
29	Web Hosting and User Fee					\$26,340	\$27,130	\$27,944	\$28,782				\$110,196
30													\$0
31													\$0
32													\$0
33													\$0
34													
35	TOTAL OPERATING EXPENSE					\$100,140	\$101,524	\$102,949	\$104,418				\$409,031
36													
37	HSA #3												6/4/2010

City and County of San Francisco



Gavin Newsom, Mayor

Human Services Agency

Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director

MEMORANDUM

TO: DEPARTMENT OF AGING & ADULT SERVICES COMMISSION

THROUGH: ANNE HINTON, EXECUTIVE DIRECTOR

FROM: SHIREEN MCSPADDEN, DEPUTY DIRECTOR
DAVID FLORES, JR., SENIOR CONTRACTS MANAGER *KS*

DATE: JUNE 30, 2010

SUBJECT: NEW GRANT AGREEMENT: INSTITUTE ON AGING (NON-PROFIT) FOR LINKAGES PROGRAM

GRANT TERM: Linkages
7/1/10-
6/30/13

GRANT AMOUNT: \$900,000

ANNUAL AMOUNT: FY 10/11
\$300,000

<u>FUNDING SOURCE</u>	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Total</u>
FUNDING:	\$787,500	\$0	\$112,500	\$900,000
PERCENTAGE:	87.5%	0%	12.5%	100%

The Department of Aging & Adult Services requests authorization to enter into a new grant agreement with the Institute on Aging for the Linkages program. The grant is for the term of July 1, 2010 to June 30, 2013, in an amount not to exceed \$900,000.

Background

Institute on Aging is a citywide provider of services to seniors and adults with disabilities. They provide a wide scope of services ranging from social services and advocacy for the senior community to Elder Abuse Prevention.

The Linkages program provides comprehensive case management to frail elderly adults and adults with disabilities. Case management is a system under which responsibility for locating, coordinating, and monitoring

a group of service rests with a designated person or organization. Case management involves a formal strategy, which coordinates and facilitates access to a variety of services in a timely manner for people who need assistance in organizing and managing their care. Through the Linkages program, case managers are able to use designated funds (Purchase of Services) to buy medical equipment and other essential items for consumers in the Linkages Program.

Grantee Selection

The Grantee was selected through Request for Proposals (RFP) #453 for:

- Case Management and Citywide Case Management Clinical Supervision Collaborative
- Linkages and Respite Purchase of Service (RPOS)
- Information and Assistance Program for Monolingual Chinese-Speaking Seniors and Adults with Disabilities

RFP #453 was released April 2010. The Grantee was the only respondent for the Linkages service category. The Institute on Aging (IOA) is the current Grantee for the Linkages program. The organization has developed Linkages into a dynamic program that consistently responds to shifts in service priorities and emerging client needs. The IOA is an important collaborative partner in the City's approach to long-term services and supports to seniors and disabled adults in the community.

Performance

A monitoring site visit was conducted by the Human Services Agency in February 2010. While some deficiencies in the areas of fiscal controls, invoicing practice, record keeping and documentation of cost allocation practice were noted, staff has accepted the Grantee's plan of correction for these deficiencies and is sufficiently satisfied with the Grantee's efforts to date to cure them to recommend grant award. Additionally, staff has verified that all applicable performance outcomes are being met by the Grantee under its current grant agreement.

Funding

Funding for this grant agreement is provided by 12.5% Federal and 87.5% County funds.

Attachments

Appendix A – Services to be Provided by Grantee

Appendix B – Program Budget

Appendix A--Services to be Provided by Grantee

Effective July 1, 2010 to June 30, 2013

Linkages Program

I. Purpose

The purpose of the Linkages Program is to help frail elderly adults and adults with disabilities, age 18 years and older, remain in their homes, maximize their independence, and reduce the need for more costly out-of-home care.

II. Program Definitions

Linkages Program

The Linkages Program is a state funded program. Grantee has to meet the program standards set forth in the Linkages Program Manual, revised June 2000, and in any other subsequent program memos, provider bulletins, or similar instructions issued by California Department of Aging.

Respite Purchase of Services (RPOS)

The RPOS is a state funded program that meets the program standards set forth in the Linkages Program manual, revised June 2000, and in any other subsequent program memos, provider bulletins, or similar instructions issued by California Department of Aging. The Linkages site has a mandate to administer the Respite Purchase of Service (RPOS) Program. RPOS funds are to purchase respite services for primary, unpaid caregivers of consumers. An amount of \$9,449 is to be allocated from the Linkages fund for RPOS, which has to be under separate line item in the total budget. It maintains a \$450 maximum allocation per family per year in order to ensure that the maximum number of families will be served.

Program Income

Revenue generated by the Contractor or subcontractor from contract-supported activities. Program income is:

- a) Voluntary contributions received from a participant or responsible party as a result of services.
- b) Income from usage or rental fees of real or personal property acquired with grant funds or funds provided under this Agreement.
- c) Royalties received on patents and copyrights from contract-supported activities.
- d) Proceeds from sale of items fabricated under a contract agreement.

Program income is to be used to increase the service level or facilitate access to service.

Eligible Service Population	For Linkages: The frail elderly and disabled adult age 18 and older without regard to financial eligibility; live in a geographic area of a state-funded case management (Linkages) program; the ability to be maintained in the community with case management; be willing to participate in the program; and be at risk of being placed in an institution.
Purchase of Services	Purchase of Services (POS) for client services or equipment. A minimum of \$7,214 is allocated to the POS from the Linkages budget.
Arranged Services	Arranged services are those services that are referred, at no cost to the Program.

III Eligibility for Case Management Services in the Linkages Program

In order to obtain case management services in the Linkages Program, an individual must meet the following criteria:

- 1) be 18 years of age or older;
- 2) not currently receiving case management services from the Department of Developmental Disabilities; Department of Mental Health; Department of Rehabilitation; or Multipurpose Senior Services Program (MSSP);
- 3) be at risk of institutionalization;
- 4) be a resident of San Francisco;
- 5) be able to be maintained in the community through the use of Linkages services;
- 6) have a need for case management and be willing to participate in the Program.

In order to be considered "at risk," an individual must meet at least one of the following conditions:

- 1) impairment in one or more areas of Activities of Daily Living (ADL)—eating, dressing, transfer, bathing, toileting, and grooming; or
- 2) two or more Instrumental Activities of Daily Living (IADL's)—taking medications, stair climbing, mobility indoor, mobility outdoor, housework, laundry, shopping and errands, meal preparation and cleanup, transportation, telephone and money management; or
- 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment; or
- 4) be impaired by virtue of a significant event or circumstance that has occurred within the past 12 months.

Specific conditions or situations such as substance abuse or chronic mental illness shall not be a deterrent to Linkages services if the eligibility criteria can be met. Prospective clients must be given the opportunity to demonstrate their capability to use case management.

The applicant's income level shall not be a criterion for eligibility in the Linkages Program, and applicants shall not be subject to providing financial verification. "Financial verification" is defined as a review of the applicant's financial records, requiring the applicant to produce checks or records of income/assets, contacting the applicant's income sources, or by any means beyond the applicant's statement.

IV. Description of Services

The intent of the Linkages Program is to prevent premature or inappropriate institutionalization of frail, at risk elderly and functionally impaired adults, aged 18 and older, by providing case management as well as comprehensive information and assistance services. There are no income criteria for the program, although consumers who can afford to pay are requested to contribute a share of cost for case management services and/or purchased services. However, no eligible individuals will be turned away solely because of inability or unwillingness to pay.

The case management process of the Linkages Program includes at a minimum the following:

- The Intake/Screening process—Intake begins with an individual calling the Linkages provider to request assistance. The information completed by the case manager helps determine presumptive eligibility of the potential client and is used to collect demographic and other information.
- Enrollment—Enrollment of the client into the program includes explanation of the range of services available, and clients' release authorizing Linkages staff to release information from/to individuals or agencies relating to health, mental health, medical benefits, income assistance, social or other services.
- Comprehensive assessment—The Linkages case manager begins assisting the client by completing an in-depth assessment of each person's situation in the home. Based on that assessment, the client, the family, and the case manager decide what the client needs and make a plan to meet those needs.
- Care-Planning—This plan may include linking the individuals and their families to existing community services, such as transportation, meals, in-home care, housing assistance and adult day care programs. The plan may also focus on obtaining adaptive devices, such as ramps, bath benches, medi-sets, and grab bars. Assistance, such as home repairs, counseling, or telephone reassurance, may be arranged to help Linkages clients remain independent.
- Reassessment—A formal reassessment must be conducted at least annually.
- Monitoring and follow-up—Case managers must follow up on the plan with the client on at least a monthly basis. This follow-up is provided to make sure the client is satisfied with the assistance received and to identify new needs. The case manager should also visit each client at least every three months.
- Arranged Services—The case manager must coordinate services in the community for which the client is eligible, such as Medicare, Medi-Cal, In-Home Supportive Services (IHSS), Older Americans Act programs such as Home-Delivered Meals, and other publicly funded programs. The case manager should also coordinate with other referral agencies to provide services.

- **Purchased Services**---If other resources are unavailable to pay for services, Linkages has a minimal amount of funds to pay for needed services. A minimum of \$7,500 from the total Linkages funding has to be allocated to the Purchase of Service (POS). There are two types of purchases: 1) Client services, such as choreworker, transportation, meals etc; 2) equipment, such as grab bars, emergency response systems, ramps etc.
- **Respite Purchase of Services**--- The Linkages site also has a mandate to administer the Respite Purchase of Service (RPOS) Program. RPOS funds are to purchase respite services for primary, unpaid caregivers of consumers. An amount of \$9,449 is to be allocated from the Linkages fund for RPOS, which has to be under separate line item in the total budget. (There will be no Respite Purchase of Services attached to Linkages in the absence of funding).
- **Client Termination**---Caseload turnover is an integral component of case management. Clients are subject to termination under the following circumstances: case management services completed, client's condition improved or stabilized, and the client is no longer eligible for case management; client requires higher level of service, such as Multi-Purpose Senior Services Program (MSSP), a federal funded program; client requires long-term institutionalization; client's needs exceed Linkages capacity; client no longer desires services; client moved out of area; client died; and other reasons.

The Grantee will have to be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules. For specific compliance requirements, please refer to Appendices F & G to the Grant Agreement.

V. **Units of Service and Definitions**

During the term of the grant, the Grantee will provide services to 180 – 220 unduplicated consumers annually by 3.9 FTE Care Managers (including Citywide Care Manager).

The total active monthly minimum caseload of the three Care Managers shall be 120:

The caseload levels reflect the three different levels of care:

- **Intensive Case Management**---The discharged cases from Laguna Honda Hospital or other long term institutions are primarily clients that suffer from mental health or substance abuse problems. The acceptance of these cases into the Linkages program is in support of the City Human Services Network's planning effort which is working towards a policy of moving from a reliance on institutional care to community-based system of services. These clients are at the highest risk of institutionalization and are the most vulnerable in the community.
- **Intermediate Case Management**---These are the cases eligible for the Linkages program as stated in Section III above, also of high risk of institutionalization.
- **Case Management for clients with a lower risk of institutionalization**, perhaps due to a network of support services or other factors.

Respite Purchase of Services

The Grantee shall arrange or purchase the following service category of services, as set forth in Appendix 4 of the Linkages Program Manual, Revised 2000. There will be no Respite Purchase of Services in the absence of funding.

CALIFORNIA DEPARTMENT OF AGING

LINKAGES (LNK)

SERVICE CATEGORY DESIGNATIONS AND DEFINITIONS

The following codes must be used to denote individual services in the Service Category field:

NUMERIC CODE	SERVICE CATEGORY DESCRIPTION	UNIT OF MEASURE
31	Adult Day Care - Community-based centers that provide non-medical care to functionally impaired adults requiring a variety of social, psychosocial, and related support services, and for adults in need of personal care services, supervision, or assistance essential for sustaining the activities of daily living services are provided in a protective setting on less than a 24-hour basis.	# of Hours
32	Alzheimer's Day Care Resource Center - Community-based centers that provide day care for persons in the moderate to severe stages of Alzheimer's disease or other related dementias, and provide various resource services for family caregivers and the community-at-large.	# of Days
33	Adult Day Health Care - Provides personal care, nutrition, therapy, health care, socialization, and recreation in a licensed facility. Fee base on a sliding fee scale.	# of Hours
34	Respite - Provides supervision and care of clients while the person(s), who normally provides full-time care, takes short-term relief or respite.	# of Hours
35	Transportation - Provides client transportation services, including bus, dial-a-ride and cab, to various health appointments and social resources. Transportation provider must have appropriate valid vehicle insurance.	# of One Way Trips

NUMERIC CODE	SERVICE CATEGORY DESCRIPTION	UNIT OF MEASURE
36	Housing Assistance - Provides assistance to, or arranges for client to secure living arrangements in a multi-family rental unit that includes facilities and common spaces and which is occupied by elderly and functionally impaired adults. Provides minor home repairs or modifications, such as ramps, grab bars and smoke detectors, necessary to accommodate physical limitations; minor renovation, installation, or maintenance for accessibility, safety, or security; includes pest control services; home finding services, and non-emergency moving costs. Provides for the purchase and repair of home equipment, appliances, and supplies necessary to assure client's independence. Provides for rent or house payments, deposits for new rental, and home insurance payments; provides for emergency, unusual, or ongoing utility costs, including installation and monthly telephone service charges (If more than one-time-only, requires prior authorization from the AAA or	# of Single Occurrences

	CDA). Provides for temporary housing or relocation of client. Activities may include equipment and labor necessary for the move.	
37	Congregate Nutrition – Provides meals to clients who are able to secure meals at a congregate nutrition site.	# of Meals
38	Home-Delivered Nutrition - Provides home-delivered meals for homebound clients who are unable to prepare their own meals or do not have someone who can prepare their meals.	# of Meals
39	Assistive Devices – Provides for rental or purchase and monthly fee service of electronic communication devices, emergency response equipment, and similar equipment to provide client access to meet emergency needs (does not include regular telephones but adaptive phone equipment which is provided to the disabled is included). Provides for purchase of items such as body braces, orthopedic shoes, walkers, wheelchairs, and installation of safety devices in the home.	# of Single Occurrences
40	Assisted Transportation – Provides one-to-one client escort transportation services to a person(s) who has physical and/or cognitive difficulty using regular vehicular transportation. Client may be transported to various health appointments and social resources. Transportation provider must have appropriate valid vehicle insurance.	# of One Way Trips

NUMERIC CODE	SERVICE CATEGORY DESCRIPTION	UNIT OF MEASURE
41	Legal Assistance – Provides for legal or paralegal assistance with legal forms and documents, consumer projections, consultation, mediation, and advice. Provides for legal representation and/or advocacy. May include costs associated with obtaining a conservatorship. May include assistance with durable power of attorney for health care or other advance directives.	# of Hours
42	Special Needs – Provides for the purchase of food staples during emergency situations; restaurant purchased meals when special circumstances necessitate the purchase; and, food stamps for eligible clients under emergency situations. Provides for interpreter/translator services. Provides for purchase of essential clothing in emergencies, and for toiletries and similar personal care items for use in the home.	# of Single Occurrences
43	Employment/Recreation Education – Provides for expenses for employment development, recreational, and education activities, and supplies for participation in job training, work activity, rehabilitation, and self-improvement. Provides for specialized training including training in Braille, sign language, driver education, etc., in addition to in-home and community skills training.	# of Single Occurrences
44	Medical Services – Provides nursing care, therapy, health aide services, and social services. Provides, on short notice, a visit to the client's home to assess an emergency medical situation and to provide medical transportation if	# of Single Occurrences

	needed. Private health professionals should be licensed or certified. Provides for the purchase of commercially prepared nutritional formulas that are needed to ensure client is consuming a balanced nutritional diet. Provides for purchase of services covered by Medi-Cal. Such purchases are limited to Medi-Cal rates. Provides for medical services to non-Medi-Cal clients. Provides for prescriptions and medications prescribed by a physician that are not covered by Medi-Cal. Also includes medi-sets and over-the-counter items such as vitamins, aspirin, etc., essential to the client's well being.	
NUMERIC CODE	SERVICE CATEGORY DESCRIPTION	UNIT OF MEASURE
45	Protective Services – Provides supervision or protection for clients who are unable to protect their own interests or who are exploited of their income or resources; who are harmed, threatened with harm, neglected or maltreated by other, or caused physical or mental injury as a result of an action or an inaction by another person or by their own actions due to ignorance, illiteracy, incompetence, or poor health; who are lacking in adequate food, shelter, or clothing; and who are deprived of entitlement due them. Provides information about money management and financial resources such as financial counseling and assistance, and legal and medical assistance related to establishing a conservatorship. Services may be provided by private, profit, or non-profit agencies, and a substitute payee may be full-time or provide services on a periodic basis.	# of Single Occurrences
46	Social and Reassurance – Provides telephone contact, friendly visitors, and other reassurance services.	# of Single Occurrences
47	Personal Care – Provides assistance with non-medical personal services such as bathing, hair care, etc.	# of Hours
48	Homemaker – Provides household support such as cleaning, laundry (including commercial laundry or dry cleaning firm), shopping, food preparation, light household maintenance (changing light bulbs, furnace filters, etc.).	# of Hours
49	Chore – Provides periodic maintenance for chores such as heavy cleaning, washing windows, trimming trees, mowing lawns, etc., and removal of rubbish and other substances to assure hazard free surroundings. Site should arrange for continuation of services to maintain the home.	# of Hours
50	Counseling – Group and/or individual counseling that may include biofeedback, substance abuse, etc., or therapeutic counseling.	# of Sessions
52	Other – Allows for purchases of a specialized nature that are not included in the above codes (note: Before a purchase is made using this code, approval of purchase must be secured from the AAA or CDA regardless of the dollar value).	

VI. Service Objectives and Outcome Measures

1. Service Objective

Provide case management services to consumers that enable them to continue to remain living in their home and avoid institutionalization.

Outcome Measure

- At least eighty (80) percent of consumers enrolled in a case management program will avoid institutionalization as evidenced by being in the case management program from their date of enrollment to the end of the fiscal year.

2. Service Objective

3.9 FTE Case Managers funded by OOA will each carry a minimum caseload of 40 consumers a month with the exception of the DAAS citywide case management position. The Citywide Case Manager will carry a minimum caseload of 36 consumers.

Outcome Measure

- For 11 of the 12 months of the fiscal year each case manager will carry the appropriate caseload.

3. Service Objective

Consumers receiving case management will be satisfied with the services received and find services beneficial.

Outcome Measure

- At least 90% of consumers responding to the survey will be satisfied with the service and find it beneficial to them.
- Results based on annual consumer satisfaction survey.

VII. Human Services Agency (HSA) Monitoring Responsibilities

A. Program Monitoring: Program monitoring will include review of compliance specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on OOA Net, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; program operation, which includes a review of a written policies and procedures manual of all 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, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

In addition, the Linkages monitoring visit typically includes a minimum of the following activities:

- OOA Program Analyst will attend the care plan meeting where the case managers will present at least one case each;
- OOA Program Analyst will accompany a case manager on a home visit;
- OOA Program Analyst will review a sample of clients' records—at least one disabled client under 60, and one client over 60, one client receiving Medi-Cal and one client not receiving Medi-Cal, at least one case from each case manager;
- An exit meeting will be conducted by the OOA Program analyst with the Linkages staff to summarize recommendations and findings, if any.

VIII. Reporting

- A. The grantee will enter into GetCare the consumers' data for the Summary Client Profile Data File (LNK) 102A to be reported to the State annually.
- B. The grantee will enter into OOA Net all the units of service in the Service Recording Tool by the 5th working day of the month for the preceding month as indicated below:

Program Name Linkages			
Program Code 35			
Unit Name	Units	Senior Units Provided	Non-Senior Units Provided
Arranged - Adult Day Care	hours		
Arranged - Adult Day Health Care	hours		
Arranged - Alz. Day Care Resource Center	days		
Arranged - Assisted Transportation	one way trips		
Arranged - Assistive Devices	single occurrences		
Arranged - Chore	hours		
Arranged - Congregate Nutrition	meals		
Arranged - Counseling	sessions		
Arranged - Employment/Recreation Education	single occurrences		

Arranged - Home-delivered Nutrition	meals		
Arranged - Homemaker	hours		
Arranged - Housing Assistance	single occurrences		
Arranged - Information and Assistance	contacts		
Arranged - Legal Assistance	hours		
Arranged - Medical Services	single		
Unit Name	Units	Senior Units Provided	Non-Senior Units Provided
Arranged - Personal Care	hours		
Arranged - Protective Services	single occurrences		
Arranged - Respite	hours		
Arranged - Social and Reassurance	single occurrences		
Arranged - Special Needs	single occurrences		
Arranged - Transportation	one way trips		
Purchased - Adult Day Care	hours		
Purchased - Adult Day Health Care	hours		
Purchased - Alz. Day Care Resource Center	days		
Purchased - Assisted Transportation	one way trips		
Purchased - Assistive Devices	single occurrences		
Purchased - Chore	hours		
Purchased - Congregate Nutrition	meals		

Purchased - Counseling	sessions		
Purchased - Employment/Recreation Education	single occurrences		
Purchased - Home-delivered Nutrition	meals		
Purchased - Homemaker	hours		
Purchased - Housing Assistance	single occurrences		
Purchased - Information and Assistance	contacts		
Purchased - Legal Assistance	hours		
Purchased - Medical Services	single occurrences		
Unit Name	Units	Senior Units Provided	Non-Senior Units Provided
Purchased - Personal Care	hours		
Purchased - Protective Services	single occurrences		
Purchased - Respite	hours		
Purchased - Social and Reassurance	single occurrences		
Purchased - Special Needs	Single occurrences		
Purchased - Transportation	one way trips		

C. 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.

E. Grantee shall provide a 9-month and an annual report of activities, referencing the tasks as described in Section V through Section VIII. Reports are due 30 days after the close of the reporting period. The 9-month report is due April 30th and the annual report July 30th. The annual report shall include fiscal and program closeout information. This report will include a brief narrative of accomplishments and challenges encountered during the year.

D. Grantee shall provide an annual consumer satisfaction survey report to OOA by March 15.

- E. Grantee shall develop and deliver ad hoc reports as requested by HSA.
- F. 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:

Karen Rosen, Program Analyst/OOA
875 Stevenson, 3rd Floor
San Francisco, CA 94103

Karen.Rosen@sfgov.org

David Flores, Jr., Senior Contracts Manager/HSA, (Worker No. G700)
Human Services Agency
P.O. Box 7988
San Francisco, CA 94120

David.Flores@sfgov.org

**HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY
 BY PROGRAM**

Contractor's Name Institute on Aging	Contract Term 7/1/10-6/30/13
---	---------------------------------

(Check One) New Renewal Modification _____
 If modification, Effective Date of Mod. _____ No. of Mod. _____

Program: Linkages				
Budget Reference Page No.(s)				
Program Term	FY10/11	FY 11/12	FY 12/13	Total
Expenditures				
Salaries & Benefits	\$231,775	\$231,775	\$238,728	\$702,278
Operating Expense	\$29,094	\$29,095	\$22,141	\$80,330
Subtotal	\$260,869	\$260,870	\$260,869	\$782,609
Indirect Percentage (%)	15%	15%	15%	
Indirect Cost (Line 16 X Line 17)	\$39,130	\$39,130	\$39,130	\$117,391
Capital Expenditure	\$0	\$0	\$0	\$0
Total Expenditures	\$300,000	\$300,000	\$300,000	\$900,000
HSA Revenues				
General Fund	\$300,000	\$300,000	\$300,000	\$900,000
State				\$0
TOTAL HSA REVENUES	\$300,000	\$300,000	\$300,000	\$900,000
Other Revenues				
Project Income				
In-Kind				
Fund-Raising				
Contributions/Grants				
IOA Subsidy				\$0
Total Revenues	\$300,000	\$300,000	\$300,000	\$900,000
Full Time Equivalent (FTE)	3.35	3.35	3.35	

Prepared by: Xanthe Wong/John Sedlander Telephone No.: 415-750-4180 Date 6/21/10
 HSA-CO Review Signature: _____
 HSA #1 5/12/2010

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

Salaries & Benefits Detail

POSITION TITLE	Agency Totals		For HSA Program		FY10/11	FY 11/12	FY 12/13	TOTAL 07/01/10 to 06/30/13
	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	For DHS Program	For DHS Program	For DHS Program	
					Budgeted Salary	Budgeted Salary	Budgeted Salary	
Care Manager - Wilkins	\$68,528	100%	100%	100%	\$68,528	\$68,528	\$70,584	\$207,640
Care Manager - Yasuda	\$45,414	100%	100%	100%	\$45,414	\$45,414	\$46,778	\$137,604
Care Manager - Huey	\$45,414	100%	100%	100%	\$45,414	\$45,414	\$46,778	\$137,604
Clinical Supervisor - Alarcon	\$70,284	100%	35%	35%	\$24,592	\$24,592	\$25,330	\$74,515
				0%				\$0
				0%				\$0
				0%				\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
								\$0
TOTALS				3.35	\$183,948	\$183,948	\$189,467	\$557,364
FRINGE BENEFIT RATE	26%							
EMPLOYEE FRINGE BENEFITS	\$0				\$47,827	\$47,827	\$49,261	\$144,915
TOTAL SALARIES & BENEFITS	\$0				\$231,775	\$231,775	\$238,728	\$702,278
HSA #2	5/12/2010							

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

Operating Expense Detail

<u>Expenditure Category</u>	<u>TERM</u>	<u>FY10/11</u>	<u>FY 11/12</u>	<u>FY 12/13</u>	<u>TOTAL</u>
					\$ -
Rental of Property (incl. Utilities)		\$9,027	\$9,027	\$9,027	\$ 27,081
Utilities(Phone)		\$1,100	\$1,100	\$1,100	\$ 3,300
Office Supplies, Postage		\$1,200	\$1,200	\$1,200	\$ 3,600
Building Maintenance Supplies and Repair					\$ -
Printing and Reproduction					\$ -
Insurance					\$ -
Staff Training		\$200	\$600	\$600	\$ 1,400
Staff Travel-(Local & Out of Town)		\$3,000	\$3,000	\$3,000	\$ 9,000
Rental of Equipment					\$ -
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE					
Contracted Services - Professionals		\$0	\$0	\$0	\$ -
(e.g: interpreters)					\$ -
					\$ -
					\$ -
					\$ -
OTHER					
Purchase of Service		\$14,567	\$14,168	\$7,214	\$ 35,949
					\$ -
Respite Fund		\$0	\$0	\$0	\$ -
					\$ -
					\$ -
					\$ -
TOTAL OPERATING EXPENSE		\$29,094	\$29,095	\$22,141	\$ 80,330

Linkages
Budget Narrative

Salaries

Staffing for the period 2010-11 through 2012-13 is made up of three Care Managers and a Clinical Supervisor who divides her time between four different programs. 35% of her time goes to Linkages.

For the year 2010-11 and 2011-12 no salary increases are planned. Supervisory and support staff receive a 3% salary increase in 2012-13. Care Managers also receive 3% increases beginning in 2012-13, in line with step increases in their union contract.

Salary expense, shown on page 2 of the budget document, breaks down as follows:

<u>Supervisory & Support</u>	<u>FTE</u>	<u>Monthly</u>	<u>FY 10-11</u>	<u>FY 11-12</u>	<u>FY 12-13</u>
Percent Salary Increase			0%	0%	3%
Clinical Supervisor	0.35	\$ 2,049	\$24,592	\$24,592	\$25,330
<u>Care Managers</u>					
Percent Salary Increase			0%	0%	3%
Care Manager 1	1.00	\$ 3,785	\$68,528	\$68,528	\$70,584
Care Manager 2	1.00	3,785	45,414	45,414	46,776
Care Manager 3	1.00	<u>5,711</u>	<u>45,414</u>	<u>45,414</u>	<u>46,776</u>
	3.00	\$13,281	\$ 159,356	\$ 159,356	\$ 164,137
TOTALS	3.35	<u>\$ 15,329</u>	<u>\$ 183,948</u>	<u>\$ 183,948</u>	<u>\$ 189,467</u>

Job functions break down as follows:

The Supervisor provides clinical supervision, training, and evaluation for the Care Management staff. She establishes systems to assure high quality care is consistently provided, and makes sure client documentation is clear and complete.

Care Managers conduct comprehensive assessments and on-going re-assessments of clients, including their psychosocial, health, mental health, and environmental needs. The Care Managers develop and initiate Individual Service Plans; they facilitate the purchases of goods and services for their clients; they educate and assist clients to access services available in the community.

Payroll Taxes and Fringe Benefits

Payroll Taxes and fringe benefits are made up of the following elements:

- FICA and MediCare are at standard rates of 6.2% and 1.45% respectively.
- Unemployment insurance is provided through a private insurance carrier and amounts to 1.2% of payroll.
- Workers Compensation insurance costs \$1.08 per \$100 of payroll for support staff and \$1.29 for Care Managers who work in the field. The weighted average rate for Linkages employees works out to \$1.26.

- Institute on Aging provides health insurance (at the Kaiser rate; employees pay a differential for other plans and the full premium for family members), dental and vision care, life insurance, disability insurance, and an employee assistance program. The annual cost computes out to \$6,660 per full time equivalent employee. Kaiser has proposed a 16.7% increase beginning in July 2010, bringing the new total per employee to \$7,772. All Linkages employees will receive health benefits, but the supervisor oversees more than one program, so we allocate her 35% of her benefit, for an equivalent employee count of 3.35. Multiplying \$7,772 times 3.35 and dividing it by total Linkages salaries yields a benefit percentage rate of 13.95% of salaries.
- IOA provides a defined benefit pension plan. Contributions by IOA are a combination of pension credit earned in the current year as well as a "catch-up" for the decline in value of pension fund investments in 2008 and 2009. IOA's pension plan is part of a much larger Hospital Employees Retirement Plan. Our portion is 87% funded. Pension contributions for IOA in 2009-10 totaled \$360,126. This is equal to 2.55% of IOA salaries.

Adding it all up ...

FICA	6.20%
MediCare	1.45%
Unemployment	1.20%
Workers Comp	1.26%
Health Insurance	13.95%
Pension	<u>2.55%</u>
	26.61%

The percentage for the Linkages budget was rounded down to 26%, because of an early indication from retirement plan actuaries that pension contributions may be lower because of favorable investment performance.

Occupancy

Institute on Aging is in the final stages of the construction of a building that will be complete in the fall of 2010. The new facility will house both day programs and office space for IOA staff. The budgeted amount for occupancy costs is calculated for the 455 square feet needed for shared Linkages offices, at a rate of \$4.00 per square foot per month. This includes implied rental costs, utilities, janitorial, building maintenance, and a portion of common area maintenance costs. Planned expenses in the New Building include:

	annual costs
janitorial services	\$ 138,600
rental of off-site parking spaces	42,000
property insurance	53,000
PG&E	112,200
telephone	69,434
water	18,694
garbage	46,735
repairs	62,762
building management - Bridge	12,000
depreciation	<u>1,365,141</u>
total operating expenses	\$1,920,567

Not included is debt service on the bonds that were issued for acquisition of the property and construction of the building.

These costs are allocated to individual programs at \$4.00 per square foot per month, approximating rent for other commercial space in the neighborhood.

	office & program space	\$4 per sq ft per month
Administration	6,290	\$ 301,920
Adult Day Health Center	5,029	241,392
Art	753	36,144
Assessment	268	12,864
Psychology	268	12,864
Elder Abuse Prevention	156	7,488
SSE (shared office)	42	2,016
Linkages/Case Mgmt/Meals	376	18,055
MSSP	1,442	69,209
Friendship Line	758	36,384
Healing Center	573	27,504
CLF (\$3/sq. ft.)	1,500	54,000
Senior Health Program	8,977	430,896
Older Adults Care Mgmt	242	11,616
Geriatric Clinic	<u>2,596</u>	<u>124,608</u>
	29,270	\$1,386,960
balance born by IOA overall		\$ 488,607

The unallocated occupancy cost will be covered by investment income from endowment funds and by surpluses in fee-for-service programs of the IOA.

The Linkages space is actually shared space of six people for three different programs: Linkages itself, Case Management, and Home Delivered Meals, so the charge is further subdivided based on headcount. Linkages has three dedicated employees, so it bears 3 divided by 6, or 50% of \$18,055, equaling \$9,027.

Utilities

Since electricity, gas, water are included in the occupancy cost, the only separate utility is telephone. This is a \$25 per month allowance to each Care Manager for the use of his or her personal cell phone, plus a pro rata share of the IOA telephone cost based on headcount.

Office Supplies and Postage

These expenses are based on what IOA has experienced while operating the Linkages program over the past three years.

Staff Training and Travel

Most of this expense is reimbursement to Care Managers for mileage and parking while visiting Linkages clients. It is based on IOA's actual experience is operating this program.

Indirect Expense

The indirect expense allowance is 15% of salaries, wages, and operating expenses. These indirect expenses include Human Resources support, IT support, general Facilities expense not included in the Occupancy expense above, payroll processing, and paying of Linkages invoices.

For accounting purposes, IOA allocates Indirect Expenses based on the procedure which directly follows this section. It is entitled "Shared Costs and Indirect Expenses."

A study done in May 2010 looked more closely at a method of allocating Indirect Expenses that approximated the actual effort involved. It used data from the first nine months of fiscal year 2009-10. For example, Human Resources expense was allocated based on headcount in each program. Accounting was broken down into payroll based on headcount, accounts payable based on expense dollars, invoicing based on the effort required (some programs submit their own invoices, while invoicing for other programs is done by Accounting.) Development was allocated only to programs that received grants from non-governmental sources. Using this model, allocation of Indirect Expenses to Linkages runs 15.4%, with details as follows:

<u>Department</u>	<u>Annual Indirect</u>
General Administration	4.8%
Human Resources	1.9%
Fund-raising	0.0%
IT Support	1.4%
Communications	1.8%
Facilities	0.7%
Accounting	3.9%
Intake and Referral	0.9%
absorbed by IOA	<u>-0.4%</u>
Linkages Budget	15.0%

Purchase of Services

Over the past three years, purchases on behalf of Linkages clients have averaged \$3,939 per case manager. This proposal increases that figure to \$4,855 per case manager, or \$400 per month. The amount decreases in year three, due more to the constraints of the budget than to the needs of the clients.

IOA has spent an average of \$6,000 per year on Respite Care over the past three years. Respite Care has been eliminated from the Linkages contract.

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IOA Fact Sheet



IOA's Senior Campus

Affordable housing, affordable health care and community programs to help older adults live independently. IOA's state-of-the-art Senior Campus is scheduled to open Fall 2010.

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