

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 22, 2010

Board of Supervisors Meeting

Date _____

Cmte Board

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| <input type="checkbox"/> | <input type="checkbox"/> | Legislative Digest |
| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Budget Analyst Report |
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| <input checked="" type="checkbox"/> | <input type="checkbox"/> | Ethics Form 126 |
| <input type="checkbox"/> | <input type="checkbox"/> | Introduction Form (for hearings) |
| <input type="checkbox"/> | <input type="checkbox"/> | Department/Agency Cover Letter and/or Report |
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OTHER

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Completed by: Victor Young

Date: September 17, 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 the Institute on Aging for the Provision of Case Management, Community Living
2 Fund and Linkages Program Services - Not to Exceed \$16,144,866]

3 **Resolution retroactively approving the grant agreement between the City and County of**
4 **San 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, 2015, for a total not to exceed**
7 **amount of \$16,144,866.**

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
13 RESOLVED, That the Board of Supervisors hereby retroactively approves the grant
14 agreement between the City and County of San Francisco and Institute on Aging to provide
15 Case Management, Community Living Fund and Linkages Program services to seniors and
16 adults with disabilities during the period of July 1, 2010, to June 30, 2015, for a total
17 not to exceed amount of \$16,144,866.
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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 16, 2010

TO: Budget and Finance Committee
FROM: Budget and Legislative Analyst
SUBJECT: September 22, 2010 Budget and Finance Committee Meeting

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Item 1
File 10-0832 (continued
from September 15, 2010)

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.

TABLE 2: Proposed IOA Grant Agreement Funding Sources and Amounts: FY 2010-11		
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 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 Werdegar	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: Not to exceed - \$16,144,866	
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

S:\ALL FORMS\2008\Form SFEC-126 Contractors doing business with the City 11.08.doc

**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

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

- 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.

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.



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.

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

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:

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 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.

- 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.



MEMORANDUM

TO: DEPARTMENT OF AGING & ADULT SERVICES COMMISSION

THROUGH: ANNE HINTON, EXECUTIVE DIRECTOR

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

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

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.

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.

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

	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).	

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		

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.

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

Contractor's Name		Contract Term		
Institute on Aging		7/1/10-6/30/13		
(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>				
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)

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					\$ -
<u>CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE</u>					
Contracted Services - Professionals		\$0	\$0	\$0	\$ -
(e.g. interpreters)					\$ -
					\$ -
					\$ -
					\$ -
<u>OTHER</u>					
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

- 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:

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 in 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:

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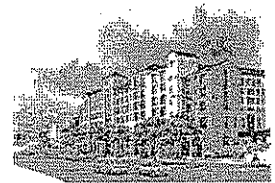
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IOA Fact Sheet



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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