

**Appendix A– Services to be Provided**  
**Self Help for the Elderly**  
**Home-Delivered Nutrition Services for Older Adults**  
**July 1, 2025 - June 30, 2029**

**I. Purpose**

The purpose of this grant is to provide home-delivered nutrition services to older adults living in the City and County of San Francisco. Services include meals, nutrition education, and nutrition risk screening. Home-delivered nutrition services support individuals to live independently in their own homes and communities, help ensure health and well-being through improved nutrition and reduced isolation, and serve as an access point for other home and community-based services.

**II. Definitions**

Grantee	Self Help for the Elderly
Adult with a Disability	A person 18-59 years of age with a disability.
Assessment (Home-Delivered Nutrition Services)	An assessment conducted by a qualified staff member in the home of an individual within two weeks of beginning meal service and annually thereafter to document the participant’s need for service and determine the appropriate type of meal within their living environment. The assessment evaluates physiological, socioeconomic, and psychological factors, including acute or chronic disease, health conditions or syndromes, the presence and adequacy of family/support system, and the individual’s functional ability- specifically their capacity to perform activities of daily living (ADLs) and instrumental activities of daily living (IADLs)- which contribute to their need for nutrition and related supportive services. (22 CCR 7638.3)
At Risk of Institutionalization	To be considered at risk of institutionalization, a person must have, at a minimum, one of the following: 1) functional impairment in a minimum of two Activities of Daily Living (ADL): eating, dressing, transfer, bathing, toileting, and grooming; or 2) a medical condition to the extent requiring the level of care that would be provided in a nursing facility; or 3) be unable to manage his/her own affairs due to emotional and/or cognitive impairment, evidenced by functional impairment in a minimum of three Instrumental Activities of Daily Living (IADLs): preparing meals, managing money, shopping for groceries or personal items, performing housework, using a telephone.
CARBON	Contracts Administration, Reporting, and Billing On-line System.

CCR-Title 22	California Code of Regulations, Title 22, Social Security, Division 1.8. California Department of Aging.
CDA	California Department of Aging.
City	City and County of San Francisco, a municipal corporation.
Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism.
CRFC	California Retail Food Code, which is a uniform statewide health and sanitation standard for food facilities. (Sec. 113700 et seq., California Health and Safety Code)
DAS	Department of Disability and Aging Services.
DAS Benefits and Resources Hub	A unit within DAS that is equipped to receive calls from the community and provide information, referrals, and assistance for older adults and adults with disabilities, caregivers, and community-based organizations. <a href="https://www.sfhhsa.org/contact-us/locations/das-benefits-and-resources-hub">https://www.sfhhsa.org/contact-us/locations/das-benefits-and-resources-hub</a>
DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist	A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. All grantees must use the DETERMINE Checklist to evaluate the nutrition risk status of congregate, to-go, and home-delivered nutrition services program participants.
DGA/Dietary Guidelines for Americans	Evidence-based food and beverage recommendations for Americans ages two (2) and older that aim to promote health, prevent chronic disease, and help people reach and maintain a healthy weight. Published jointly every 5 years by the U.S. Department of Health and Human Services (HHS) and the U.S. Department of Agriculture (USDA).
DRI/ Dietary Reference Intakes	Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations.

Disability	A condition or combination of conditions that is attributable to a mental, cognitive or physical impairment, including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: a) Self-care: activities of daily living (ADL), and instrumental activities of daily living (IADL); b) Capacity for independent living and self-direction; c) Cognitive functioning, and emotional adjustment. (CCR Title 22 Sec. 7630)
Food Security Screening	A two-question validated screening tool designed to assess an individual's food security status.
HACCP	Hazard Analysis of Critical Control Point. A systematic approach to the identification, evaluation, and control of food safety hazards. (CCR Title 22 Sec. 7630)
Home-Delivered Nutrition Services	The delivery of meals by a qualified nutrition service provider to eligible individuals at their place of residence. Meals must comply with the Dietary Guidelines for Americans and meet the Dietary Reference Intakes (DRIs). In addition to meal delivery, services include an initial and annual assessment of each consumer's needs and eligibility; quarterly reassessment to determine continued eligibility; nutrition education; and nutrition risk screening.
LGBTQIA+	An acronym/term used to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary.
Limited English-Speaking Proficiency	Any person who does not speak English well or is otherwise unable to communicate effectively in English because English is not the person's primary language.
Low Income	Having income at or below 100% of the federal poverty line as defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. Eligibility for program enrollment and participation is not means tested. Consumers self-report income status.

Menu Planning and Nutrient Analysis	The development of a menu cycle that complies with the Department of Disability and Aging Services Office of Community Partnerships (DAS OCP) and California Department of Aging (CDA) menu standards, as well as the nutrition requirements of meals. A Registered Dietitian must conduct a nutrient analysis to verify that the menu meets these standards and requirements. (CDA Program Memo 12-17, as amended; California Code of Regulations, Title 22, Section 7638.5)
Nutrition Compliance and Quality Assurance (NCQA)	Nutrition Compliance and Quality Assurance are the required components of congregate, to-go, and home-delivered nutrition services that ensure program integrity and quality. These components include but are not limited to ensuring food safety; certifying menu compliance; providing nutrition education; confirming consumer eligibility; and assessing consumers' physiological, socioeconomic, and psychological well-being, as well as their need for nutrition and other supportive services. NCQA also includes nutrition counseling provided by a registered dietitian, when feasible and appropriate.
Nutrition Education Session	An intervention targeting participants and caregivers that involves the dissemination of information, instruction, or training to support food, nutrition, and physical activity choices and behaviors aimed at maintaining or improving health and addressing nutrition-related conditions. The content is consistent with the Dietary Guidelines for Americans (DGA), accurate, culturally sensitive, regionally appropriate, and takes personal preferences into account. Nutrition education sessions are overseen by a Registered Dietitian. Grantees are required to provide education sessions at least quarterly for program participants and to record the provision of each session, including an estimated number of participants reached, in SF DAS GetCare. (CDA Program Memo 21-23)
Nutrition Requirements of Meals	Each meal provided through congregate, to-go, and home-delivered nutrition services shall comply with the current Dietary Guidelines for Americans (DGA) and provide a minimum of one-third of the Dietary Reference Intakes (DRI), as specified in California Code of Regulations, Title 22, Section 7638.5
Nutrition Risk Screening	Completion of the DETERMINE Checklist to evaluate the nutrition risk status of congregate, to-go, and home-delivered nutrition services program participants.
OAA	Older Americans Act
OCP	Office of Community Partnerships.

Older Adult	A person who is 60 years or older, used interchangeably with “senior.”
Older Californians Nutrition Program Title III C1 and C2 (OCNP)	A program that provides nutrition services as authorized by the Older Americans Act of 1965, as amended, and is administered in accordance with the provisions of California Code of Regulations (CCR), Title 22, Chapter 4, Article 5, Section 7630, and was formerly known as the Elderly Nutrition Program (ENP).
Reassessment (Home-Delivered Nutrition Services)	A reassessment conducted quarterly by qualified staff that documents the need for service. Such reassessment shall be done in the home of the participant at least every six months. (CCR Title 22 Sec. 7638.3) Initial and annual assessments conducted in the program participant’s home count towards the quarterly reassessment requirement.
Registered Dietitian (RD)/ Registered Dietitian Nutritionist (RDN)	An individual who meets both of the following criteria: 1) Qualified as specified in Sections 2585 and 2586 of the Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration.
Senior	A person who is 60 years or older, used interchangeably with “older adult.”
SF DAS GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service objectives, run reports, etc.
SFHSA	San Francisco Human Services Agency
Socially Isolated	Having few social relationships and few people to interact with regularly.
SOGI	Sexual Orientation and Gender Identity; Ordinance No. 159-16 amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (Chapter 104, Sections 104.1 through 104.9.)
Supervisory District (District)	There are eleven supervisory districts in the City and County of San Francisco. A map of each district can be found at: <a href="https://www.sf.gov/maps">https://www.sf.gov/maps</a>

Volunteer	A volunteer is an individual who offers their time and services willingly and without compensation to assist the grantee in various activities to support nutrition services.
Unduplicated Consumer (UDC)	An eligible individual who receives meals through the home-delivered nutrition services program and whose participation is documented in SF DAS GetCare by the grantee.
Unit of Service (UOS)	A meal provided to an eligible individual. Each meal shall provide one-third (1/3) of the DRI and comply with the most current Dietary Guidelines for Americans. (22 CCR 7638.5, 22 CCR 7638.7)

### **III. Target Populations**

This program is designed to serve all people who can benefit from the services outlined in this Appendix, and particularly those demonstrating the greatest economic and social need. To ensure that the most vulnerable people are aware of and can benefit from this program, grantee shall ensure that program services are accessible to:

1. Persons with low to moderate income
2. Persons who are socially isolated
3. Persons with limited English-speaking proficiency
4. Persons from communities of color or communities that have historically been under-served
5. Members of the LGBTQIA+ community
6. Persons at risk of institutionalization

### **IV. Eligibility for Services**

To be eligible for home-delivered nutrition services, an individual must be:

1. A person who is sixty (60) years of age or older (older adult), and
2. A resident of San Francisco, and
3. In need of home-delivered nutrition services as determined by initial and annual assessments and quarterly reassessments conducted by the grantee.
4. A spouse or domestic partner of an eligible individual may participate in services if a grantee-conducted assessment determines that such participation is in the best interest of the eligible individual.
5. An individual with a disability who resides at home with an eligible individual may participate in services if an assessment conducted by the grantee determines that such participation is in the best interest of the eligible individual.

### **V. Description of Services and Program Requirements**

1. Grantee will develop and maintain nutrition policies and procedures that comply with the nutrition and food service standards set forth by the California Retail Food Code (CRFC), California Code of Regulations (CCR) Title 22, the California Department of Aging (CDA), the Department of Disability and Aging Services Office of

Community Partnerships (DAS OCP), and the requirements described in this Appendix A.

2. Grantee will provide and deliver meals to eligible consumers at their place of residence. Meal delivery must occur within designated geographic areas in the City and County of San Francisco, which must be submitted to and pre-approved by DAS OCP. The grantee's home-delivered nutrition services program must provide consumers with five (5) meals per week. The grantee may offer more than five (5) meals per week—such as seven (7) meals per week or two (2) meals per day—when there is a demonstrated need and the grantee's program model has been reviewed and approved by DAS OCP. The grantee is entitled to invoice for all meals delivered, even if a consumer receives fewer than five (5) meals in a given week due to a missed delivery or because services were temporarily placed on hold.
3. Grantee shall provide meals that comply with the California Department of Aging's (CDA) Older Californians Nutrition Program (OCNP) Menu Planning Guidance. Each meal must provide a minimum of one-third of the Dietary Reference Intakes (DRIs) and align with the current Dietary Guidelines for Americans. Meals shall be culturally appropriate for the target population(s) served. Meals may be provided in hot, chilled, or frozen form. In determining the appropriate meal format, the grantee will consider each consumer's ability to safely store and reheat food, as well as their overall nutrition support needs. Texture-modified meals, such as dental-soft options, may also be provided for consumers with chewing difficulties.
4. Grantee will serve meals in environmentally friendly containers that are reusable, biodegradable, compostable, and/or recyclable. The grantee will comply with the City's Food Service Waste Reduction Ordinance (2007) and the Single-Use Food Ware Plastics Toxics and Litter Reduction Ordinance (2019).
5. Grantee will employ a qualified manager to oversee the daily management and administrative functions of the home-delivered nutrition services program. The grantee will ensure there is sufficient staff (paid or volunteer) with the necessary education, experience, and cultural competency designated to support the daily operations of the program.
6. Grantee will manage all aspects of food service, including the procurement, preparation, transportation, and delivery of food and meals. The grantee will ensure compliance with the standards established by the California Retail Food Code (CRFC), California Code of Regulations (CCR) Title 22, and the San Francisco Department of Public Health (SFPDH) Environmental Health Branch. This includes but is not limited to the following:
  - a. A food facility permit, also known as a health permit, is required for each facility involved in the preparation, handling, and/or serving of food to the public. In addition, the facility must provide a current health inspection report with a "pass" facility rating status, as issued by the Environmental Health Branch of the San Francisco Department of Public Health.
  - b. A certified food safety manager must be on staff to oversee and manage the day-to-day operations of food service.
  - c. All staff involved in the preparation, storage, serving, or handling of food and/or meals must engage in approved food safety training.

7. Grantee will ensure all program staff are oriented and trained to perform their assigned responsibilities and tasks. Training at minimum will include:
  - a. Food safety, prevention of foodborne illness, and HACCP principles.
  - b. Instructions on accident prevention, fire safety, first aid, choking, earthquake preparedness, and additional emergency procedures as relevant.
8. Grantee will provide a minimum of four (4) hours of annual training for paid and volunteer food service staff, including congregate and home-delivered meal staff. The grantee must develop, implement, and maintain a yearly training plan on file. The plan should include the individuals to be trained, the trainer(s), the training content, and the schedule. The content of the training must be reviewed and approved by a Registered Dietitian Nutritionist (RD/RDN). Training sessions will be evaluated by staff, and documentation, including evaluations and attendance records, must be kept on file by the grantee.
9. Grantee will provide the following NCQA activities:
  - a. Menu planning and meal analysis shall be conducted twice per year and in accordance with CDA's OCNP Menu Planning Guidance. The grantee must submit the menu cycle with the nutrient analysis for review and approval by DAS OCP at least thirty (30) days in advance of use. The grantee will ensure that food substitutions to originally planned meals are documented and approved by Registered Dietitian Nutritionist (RD/RDN).
  - b. HACCP central kitchen and food service monitoring will be conducted at least once per quarter, with a minimum of four (4) monitoring visits during the fiscal year. The monitoring must be conducted and documented by a Registered Dietitian Nutritionist (RD/RDN). Food service monitoring must include the review of end-of-route temperature checks, which should be performed every other week for each route to ensure meals are maintained at safe temperatures throughout delivery.
  - c. Home-Delivered Meal (HDM) route monitoring will include, but is not limited to, observation of the packing, transport, and delivery of meals. HDM route monitoring may be conducted and documented by a qualified staff member who has been trained by a certified food safety manager or a Registered Dietitian Nutritionist (RD/RDN). Documentation of the monitoring must be completed within two (2) weeks of the observation. Each of the grantee's HDM routes must be monitored at least two (2) times per fiscal year.
  - d. Nutrition education sessions at least once per quarter and a minimum of four (4) times during the fiscal year for consumers participating in services. The grantee will record the delivery of nutrition education sessions in SF DAS GetCare and include the estimated number of participants.
10. Grantee will utilize the DAS OCP centralized waiting list on SF DAS GetCare to identify and enroll eligible consumers. Initial eligibility will be determined by the DAS Benefits and Resources Hub through a telephone screening process. The grantee will prioritize selection and enrollment of consumers from the waiting list based on the following criteria:
  - a. Cuisine preference: Matching the consumer's preferred cuisine with the options the grantee is funded to provide.



- b. Grantee delivery capacity: Availability of delivery in the designated service area, which may include a supervisorial district, specific zip code, or established delivery route.
  - c. Once the cuisine and delivery capacity are met, the grantee will select the consumer with the highest numeric priority score for enrollment from the waiting list.
- 11. Grantee will establish and maintain a consumer enrollment process that includes conducting a home-delivered nutrition services assessment within two weeks of the consumer receiving their first home-delivered meal and annually thereafter. The grantee may begin meal service based on DAS Benefits and Resources Hub's initial determination of eligibility; however, the in-home assessment must be completed within two weeks of the consumer receiving their first meal. Grantees also have the option to conduct the in-home assessment prior to the start of meal services. The grantee will document the home-delivered nutrition services assessment and consumer information in SF DAS GetCare within one month of collecting the data, ensuring that all information is accurately recorded. The assessment will:
  - a. Verify the consumer's need for home-delivered nutrition services.
  - b. Screen functional ability through a series of required questions related to activities of daily living (ADL) and instrumental activities of daily living (IADL).
  - c. Confirm the appropriateness of the type of meal being provided.
  - d. Evaluate the consumer's need for additional nutrition-related or other supportive services.
  - e. Obtain consumer demographic and other information as required by federal, state, and local government.
  - f. Include completion of a nutrition risk screening using the DETERMINE checklist and a two-question food security screening.
- 12. Grantee, at minimum, will provide consumers with the following information during the enrollment process:
  - a. Delivery schedule for meals.
  - b. Copy of the current monthly menu.
  - c. Safe food handling instructions for the meal(s) including reheating instructions if applicable.
  - d. Voluntary contribution policy.
  - e. Grievance policy.
  - f. Information on how to request assistance from the grantee when needed.
- 13. Grantee will conduct and document nutrition service reassessments for program participants on a quarterly basis to confirm continued eligibility for services. Reassessments may be conducted in person or over the phone, however consumers must be assessed in person every other quarter. Reassessments may be conducted by delivery staff or volunteers who have been trained by qualified staff. Initial and annual assessments count towards the quarterly reassessment requirement. The grantee will also establish a disenrollment process for consumers who are no longer eligible or who choose to discontinue services.
- 14. Grantee will offer consumers who receive a meal the opportunity to contribute to the cost of the meal, in accordance with DAS OCP Policy Memorandum No. 5. The Grantee will develop a suggested contribution amount based on the average income

- range of consumers accessing the home-delivered meal program, as well as the grantee's other funding sources. During the enrollment process, the grantee will provide consumers with written information explaining voluntary contributions and how to make them if they choose to do so. This notification must clearly state that contributions are voluntary, there is no obligation to contribute, and services will be provided regardless of whether a contribution is made. The contribution process must ensure confidentiality, and the grantee must have written procedures in place to safeguard contributions and fees from loss, mishandling, or theft.
15. Grantee will have procedures in place to obtain the views of program participants about services received. At minimum, the grantee will develop and administer an annual consumer satisfaction survey to capture feedback on program outcomes and service quality. Both the survey tool and the administration plan must be reviewed and approved by DAS OCP prior to implementation. Feedback must be collected in a manner that ensures participant anonymity. The results will be shared with DAS OCP by March 15<sup>th</sup> of each grant year, or on a mutually agreed upon date.
  16. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training annually, in accordance with the DAS OCP Policy Memorandum No. 45. Within 30 days of their start date, any new employee, subcontractor, or volunteer must also complete this training. The grantee will maintain records of completion. The grantee shall comply with the applicable privacy and security rules of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).
  17. Grantee will ensure that all program staff, regardless of position, receive initial training on elder abuse and mandated reporting. Program staff who interact with consumers must complete this training annually, in accordance with the DAS OCP Policy Memorandum No. 35.
  18. Grantee shall develop a written grievance process for reviewing and resolving service concerns raised by consumers or their authorized representatives regarding DAS-funded programs and their employees or volunteers, in accordance with DAS OCP Policy Memorandum No. 33. This process must ensure that consumers have clearly established rights and due process for timely resolution of their concerns.
  19. Grantee will ensure that DAS funding information is prominently displayed on its websites and publications related to the DAS-funded nutrition program, in accordance with DAS OCP Policy Memorandum No.47.
  20. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS OCP and share the information with their staff and volunteers as needed.
  21. Grantee will arrange for the availability of food to participants during a major disaster where feasible and appropriate.

## **VI. Location and Time of Services**

The grantee will provide home-delivered nutrition services in the City and County of San Francisco. The grantee, with approval from DAS OCP, will determine the location(s) and time(s) for the provision of home-delivered nutrition services.

## **VII. Service Objectives**

On an annual basis, the grantee shall meet the following service objectives:

<b>Table A</b>	<b>FY 25/26</b>	<b>FY 26/27</b>	<b>FY 27/28</b>	<b>FY 28/29</b>
Number of Unduplicated Consumers (UDC)	<b>860</b>	<b>860</b>	<b>860</b>	<b>860</b>
Number of Meals	<b>194,126</b>	<b>194,126</b>	<b>194,126</b>	<b>194,126</b>

## **VIII. Outcome Objectives**

Measured via a consumer survey with a sample size equal to or greater than forty percent (40%) of the consumer enrollment at the time of distribution.

1. At least 75% of consumers report an increased consumption of fruits, vegetables, and/or whole grains.
2. At least 85% of consumers report feeling less worried about getting enough food to meet their needs.
3. At least 85% of consumers rate the quality of meals they receive as excellent or good.
4. At least 85% of consumers report that the food support they receive helps them live stably in the community.

## **IX. Data Collection and Reporting Requirements**

1. Grantee will provide a monthly report of activities, referencing the tasks described in Section VII & VIII- Service and Outcome Objectives. Grantee will enter the monthly metrics in the CARBON database by the 15<sup>th</sup> of the following month. The report will include, at a minimum: the number of consumers served, number of meals prepared and served, number of consumers denied services, and the amount of voluntary consumer contributions received.
2. Grantee will submit a quarterly report, along with supporting documentation, to DAS OCP detailing the HACCP activities conducted. Reports are due on the following dates: October 15<sup>th</sup>, January 15<sup>th</sup>, April 15<sup>th</sup>, and June 15<sup>th</sup>.
3. Grantee will provide an annual report summarizing the contract activities, referencing the tasks described in Section VII & VIII- Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. Grantee will enter the annual metrics in the CARBON database by the 15<sup>th</sup> day of the month following the end of the program year.
4. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to SFHSA no later than July 31<sup>st</sup> each year. The grantee must submit the report in the CARBON system.
5. Grantee will provide Ad Hoc reports as required by the Departments.
6. Pursuant to California Department of Aging requirements, Grantor reserves the right to reduce funding available for this contract in the event that actual costs are below funding levels initially budgeted for the delivery of services.
7. Through the Older Americans Act Area Plan development process, the City of San Francisco identifies “Focal Points” which are designed to help older adults and adults with disabilities connect to services throughout the City. These Focal Points are:

Name	Address	Phone
30th Street Senior Center	225 30th St, San Francisco, 94131	415-550-2225
Aquatic Park Senior Center	890 Beach St, San Francisco, 94109	415-202-2982
Bayview Senior Connections	1753 Carroll Ave, San Francisco, 94124	415-822-1444 x1200
Canon Kip Senior Center	705 Natoma, St San Francisco, 94103	415-487-3300
Chi Sing Community Center	3133 Taraval St, San Francisco, 94116	415-533-6859
DAS Benefits and Resource Hub	2 Gough St, San Francisco, 94103	415-355-6700
Downtown SF Senior Center	481 O'Farrell St, San Francisco, 94102	415-202-2982
Geen Mun Activity Center	777 Stockton St, San Francisco, 94108	415-438-9804
Geneva Community Center	5050 Mission St., Suite C, San Francisco 94112	
Mission Neighborhood Centers	362 Capp St, San Francisco, 94110	415-653-5750
Openhouse Bob Ross LGBT Senior Center	65 Laguna St, San Francisco, 94102	415-347-8509
Richmond Senior Center	6221 Geary Blvd, San Francisco, 94121	415-405-4672
Self-Help for the Elderly Social Services Department	829 Kearney St, San Francisco, 94133	415-677-7585
Toolworks	22 Battery St. Suite 300, San Francisco, 94111	415-733-0990
Western Addition Senior Center	1390 1/2 Turk St, San Francisco, 94115	415-921-7805
West Portal Clubhouse	131 Lenox Way, San Francisco, 94127	628-502-0828

For assistance with reporting and contract requirements, please contact:

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or  
Tiffany.Kearney@sfgov.org  
Program Analyst, DAS OCP

## **X. Monitoring Activities**

1. **Program Monitoring:** Program monitoring will include review of consumer eligibility, and back-up documentation for reporting progress towards meeting service and outcome objectives; compliance with specific program standards and requirements; participant record collection and maintenance; reporting performance including monthly service unit reports on SF DAS GetCare; maintenance of service unit logs; agency and organization standards, including current organizational chart; evidence of annual Elder Abuse Reporting training provided to staff and volunteers; evidence of annual California Department of Aging (CDA) Security Awareness training provided to staff and volunteers; program operations, which includes a review of a written policies and procedures manual of all DAS OCP-funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation current and consistent with the site chart; a board of directors list and whether services are provided appropriately according to Sections III through VIII.

2. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, 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 the Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, MOUs, the current board roster, and selected board minutes for compliance with the Sunshine Ordinance.