

Appendix A - Services to be Provided

Self-Help for the Elderly

Congregate Nutrition Program for Adults with Disabilities

July 1, 2017 – December 31, 2020

I. Purpose

The purpose of this grant is to provide a congregate nutrition program for adults with disabilities living in the City and County of San Francisco. The program includes the provision of nutritious meals, nutrition education, and nutrition risk screening. The program supports independent community living by promoting better health through nutrition, encourages socialization by providing meals in a congregate setting, and serves as an access point for other home and community-based services.

II. Definitions

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| Grantee | Self-Help for the Elderly |
| Adult with a Disability | A person 18-59 years of age living with a disability |
| CA-GetCare | A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service units, run reports, etc. |
| CARBON | Contracts Administration, Reporting, and Billing On-line System |
| CDA | California Department of Aging |
| City | City and County of San Francisco, a municipal corporation. |
| Congregate Nutrition Program | A program that provides nutrition services in a group setting with an opportunity to socialize with other participants. Nutrition services include, but are not limited to, the provision of meals meeting nutritional standards, nutrition education, and nutrition risk screening. The program gives all participants the opportunity to contribute to the meal cost. |
| Congregate Meals | Meals that meet nutritional standards by incorporating the Dietary Guidelines for Americans (DGA) and providing a minimum of one-third of the Dietary Reference Intakes (DRIs). The procurement, preparation, service, and delivery of meals are included as part of the meal provision by the Grantee and must meet state and local food safety and sanitation requirements. |

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| CRFC | California Retail Food Code establishes uniform health and sanitation standards for retail food facilities for regulation by the State Department of Public Health, and requires local health agencies to enforce these provisions. |
| DAS | Department of Disability and Aging Services. (Formerly known as Department of Aging and Adult Services DAAS) |
| DETERMINE Your Nutritional Health Checklist / DETERMINE Checklist | A screening tool published by the Nutrition Screening Initiative used to identify individuals at nutritional risk. A consumer with a score of six or higher on the DETERMINE Checklist is considered at high nutritional risk. |
| Dietary Guidelines for Americans (DGA) | Evidence-based food and beverage recommendations for Americans ages 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). https://health.gov/dietaryguidelines/ |
| Dietary Reference Intakes (DRI) | Nutrient reference values published by the Institute of Medicine (IOM) that represent the most current scientific knowledge on nutrient needs of healthy populations. https://www.nal.usda.gov/fnic/dietary-reference-intakes |
| Disability | Mental, cognitive and/or physical impairments, including hearing and visual impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, and self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning, and emotional adjustment. |
| Frail | An individual determined to be functionally impaired in one or both of the following areas: (a) unable to perform two or more activities of daily living (such as bathing, toileting, dressing, eating, and transferring) without substantial human assistance, including verbal reminding, physical cueing or supervision; (b) due to a cognitive or other mental impairment, requires substantial supervision because the individual behaves in a manner that poses a serious health or safety hazard to the individuals or others. |

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| HACCP | Hazard Analysis of Critical Control Points. A prevention-based food safety system focusing on time and temperature control at different crucial food service system points, monitoring and documenting practices, and taking corrective actions when failure to meet critical limits is detected. |
| LGBTQ+ | 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. |
| 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/or participation is not means tested. Consumers self-report income status. |
| Menu Analysis | An evaluation conducted by an RD that includes a nutrient analysis of the meals offered through the congregate nutrition program. The purpose of the nutrient analysis is to determine if daily meals and weekly menus comply with the regulatory nutritional standards. The analysis will evaluate at least two weeks in a cycle menu and include, at minimum, the target nutrients outlined in OCP policy memorandum for congregate and home-delivered meal program nutrition standards. |
| Minority | An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130. |
| Nutrition Counseling | Provision of individualized advice and guidance to consumers who are at nutritional risk because of their health or nutritional history, dietary intake, medications use, or chronic illnesses, about options and methods for improving their nutritional status, performed by a Registered Dietitian in accordance with Sections 2585 and 2586, Business and Professions Code. |

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| Nutrition Education | Informing consumers about current nutrition facts and information, which will promote improved food selection, eating habits, nutrition, health promotion, and disease prevention practices. Dietetic students, interns, or technicians may provide nutrition education when an RD has provided input, reviewed, and approved the content of nutrition education. (Title 22 CCR, s 7638.11) |
| Nutrition Screening | A screening used to evaluate the nutritional risk status of individuals enrolled in congregate or home-delivered meal programs. The screening utilizes the DETERMINE Checklist and identifies individuals at moderate nutritional risk, at high nutritional risk, and those not at nutritional risk. (California Department of Aging Program Memo 13-08P) |
| OCP | Office of Community Partnerships. (Previously known as Office on the Aging, OOA) |
| OCM | Office of Contract Management, San Francisco Human Services Agency |
| Registered Dietitian (RD) Registered Dietitian Nutritionist (RDN) | Registered Dietitian or Registered Dietitian Nutritionist: An individual who shall be both: 1) Qualified as specified in Sections 2585 and 2586, Business and Professions Code, and 2) Registered by the Commission on Dietetic Registration. A Registered Dietitian shall be covered by professional liability insurance either individually (if a consultant) or through Grantee. |
| SF-HSA | Human Services Agency of the City and County of San Francisco. |
| SOGI | Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> 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 (<i>Chapter 104, Sections 104.1 through 104.9</i>). |
| Title 22 Regulations | Refers to Barclay's official California Code of Regulations. Title 22 Social Security, Division 1.8. California Department of Aging. Chapter 4 (1) Title III Programs – program and service provider requirements. Article 5. Title III C- Elderly Nutrition Program. |

III. Target Population

The target population is adults with disabilities living in the City and County of San Francisco.

Grantee shall additionally target services to members of one or more of the following groups identified as demonstrating the greatest economic and social need:

- Low income
- Limited or no English speaking proficiency
- Minority populations
- Frail
- LGBTQ+

IV. Eligibility for Services

- A person who is an adult with a disability
- A spouse or domestic partner accompanying an eligible adult with a disability at the meal program regardless of age. A spouse or domestic partner is as defined by law and/or as in chapter 12B of the San Francisco Administrative Code.

V. Location and Time of Services

The grantee will provide a congregate nutrition program in the City and County of San Francisco. The grantee determines the location(s) and service time(s) for the congregate nutrition program with prior approval from OCP.

VI. Description of Services and Program Requirements

1. Grantee will develop and maintain nutrition policies and procedures that are in compliance with and meet the nutrition and food service standards set forth by Title 22 Regulations, CDA, and OCP.
2. Grantee will provide a congregate nutrition program for adults with disabilities. The provision of the congregate nutrition program will include the following:
 - a. Enrolling the number of unduplicated consumers annually, as indicated in Table A below, and in the various neighborhoods and/or districts as indicated in the DAS-OCP approved site chart.
 - b. Providing the total number of congregate meals annually, as indicated in Table A below. The grantee will provide meals at each of the sites indicated on the DAS-OCP approved site chart.
 - c. Providing congregate meals that meet nutritional standards by adhering to the current DGA and offering a minimum of one-third of the DRIs if the grantee provides one meal per day. If the grantee provides two meals per day, the meals must contain at least two-thirds of the DRIs. If the grantee provides three meals per day, the meals must contain 100% of the DRIs. The grantee may not count fractions of meals or snacks cumulatively. Each meal must individually meet one-third of the DRIs. The procurement, preparation,

- service, and delivery of congregate meals must meet state and local food safety and sanitation requirements.
- d. Conducting a nutrition screening using the DETERMINE Checklist, a food security screening, and a well-being and social isolation screening annually for each consumer and documenting individual responses in CA-GetCare within one month of obtaining the responses. The grantee will refer clients screened at high nutritional risk to DAS-OCP funded nutrition counseling services through CA-GetCare.
 - e. Providing nutrition education to consumers participating in the congregate nutrition program at minimum on a quarterly basis. The total units of nutrition education will be, at minimum, as shown on the OCP approved site chart. The grantee will report in CA-GetCare the number of nutrition education units provided in the applicable month. One unit of nutrition education is one consumer observing the nutrition education presentation.
3. The grantee will post at each meal site a notice that informs consumers about the suggested voluntary contribution for a meal and a guest fee for individuals who are not eligible to enroll as a consumer in the congregate meal program. The grantee's board must approve the suggested contribution rate and guest fee per meal. The grantee will ensure its policy and procedures for the suggested meal contribution and guest fee complies with OCP policy memoranda.
 4. Grantee will ensure that the procurement, preparation, service, and delivery of meals at the central kitchen and/or caterer kitchen and all congregate meal sites meet the standards described in the most recent California Retail Food Code (CRFC).
 5. Grantee will provide in-service training, following the guidelines described in Title 22 Regulations and OCP policy memoranda, to both paid and volunteer nutrition program staff and at minimum, on a quarterly basis and as part of a new employee and/or volunteer orientation process. A registered dietitian must review and approve an annual in-service training plan and the training curriculum for nutrition program staff.
 6. Grantee will have a qualified manager on staff who conducts the day-to-day management and administrative functions of the nutrition program. The grantee will ensure the manager on staff possess a food safety manager certification and has the required qualifications as described in Title 22 Regulations and OCP policy memoranda.
 7. Grantee will ensure that a registered dietitian conducts and documents on-site HACCP safety and sanitation monitoring of the production kitchen and each congregate site at least once per quarter and a minimum of four times during the fiscal year. Grantee will send the HACCP monitoring reports of the production kitchen and congregate sites to OCP on a timely basis and no later than once per quarter.

8. Grantee will provide in-service training to address any HACCP monitoring findings and/or to reinforce best food safety and sanitation practices as needed. Grantee will document, schedule, and conduct in-service trainings in a timely manner when there are monitoring findings.
9. Grantee will submit for review and approval by DAS-OCP, at least one month in advance of use, a cycle menu with a corresponding nutrient analysis completed by their staff or consultant RD. Grantee will ensure that the staff or consultant RD reviews and approves menu substitutions in advance of their use and that staff documents the substitutions made.
10. Grantee will administer an annual consumer satisfaction survey using a survey tool approved by DAS-OCP. The survey results will be shared with DAS-OCP by March 15th each grant year or on a mutually agreed upon date between OCP and the grantee. At minimum, the completed number of surveys shall be the grantee's average number of meals served daily.
11. Grantee will ensure there is a sufficient number of qualified staff (paid and/or volunteer) with the appropriate education, experience, and cultural competency to carry out the requirements of the program and deliver quality services to meet the needs of the consumers.
12. Grantee will attend in-service trainings and nutrition meetings coordinated and provided by DAS-OCP, and share the information with their staff and volunteers.

VII. Service Objectives

1. On an annual basis, Grantee will enroll at minimum the number of unduplicated consumers and provide the units of service detailed in Table A below:

| Table A | FY 2017-18 | FY 2018-19 | FY 2019-20 | FY 2019-20 Modification | Revised FY 2019-20 | 7/1/2020 – 12/31/2020 | Total |
|----------------------------------|------------|------------|------------|----------------------------|-----------------------|--------------------------|--------|
| Number of Unduplicated Consumers | 14 | 14 | 14 | – | 14 | 7 | 49 |
| Number of Meals | 3,433 | 3,439 | 3,439 | +1201 | 4640 | 1719 | 13,321 |

2. Grantee will provide nutrition compliance units as indicated in Appendix B-1.

VIII. Outcome Objectives

1. At least 85% of consumers will report being satisfied with the meal quality as defined as “Excellent or Good” in the DAS annual consumer satisfaction survey,

with a minimum sample size of the grantee's average number of meals served daily.

2. At least 75% of the consumers will report that the meal service helps maintain their independence based on the DAS annual consumer satisfaction survey, with a minimum sample size of the grantee's average number of meals served daily.
3. At least 65% of consumers will report an increase in the consumption of fruits and vegetables as evidenced by a reported change from previous baseline data in the nutrition screening tool or other appropriate evaluation data.
4. At least 65% of consumers with a high nutrition risk score as defined by the DETERMINE checklist will be connected to additional and appropriate resources.
5. At least 65% of consumers that are identified as "lonely" as evidenced by the DAS adopted well-being and social isolation screening tool will be connected to additional and appropriate resources.

IX. Reporting and Other Requirements

1. Grantee will enroll eligible consumers into the program funded through this grant agreement by entering the consumer data obtained from consumers using the DAS approved congregate intake form, which includes the annual nutrition risk screening, the well-being and social isolation screening, and the food security screening into the CA-GetCare database in accordance to DAS policy and OCP policy memorandum.
2. Grantee will enter into the CA-GetCare Service Unit section all Service Objectives by the 5th working day of the month for the preceding month.
3. Grantee will enter monthly reports and metrics into the CARBON database system by the 15th of the following month that includes the following information:
 - Number of unduplicated consumers served
 - Number of meals prepared and served
 - Number nutrition compliance units provided
4. Grantee will enter the annual outcome objective metrics identified in Section VIII of the Appendix A in the CARBON database by the 15th of the month following the end of the program year.
5. Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 each grant year. This report must be submitted to the CARBON system.
6. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by DAS/HSA. The due date for submitting the annual summary report is July 10.

7. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.
8. Grantee program staff will complete the California Department of Aging (CDA) Security Awareness Training on an annual basis; Grantee will maintain evidence of staff completion of this training.
9. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable.
10. Grantee will develop a Grievance Policy consistent with OCP's policy memorandum #33 - Consumer Grievance Policy.
11. Grantee will assure that services delivered are consistent with professional standards for this service.
12. Pursuant to California Department of Aging Requirement, 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.
13. Through the Older Americans Act Area Plan development process, the City of San Francisco identifies "Focal Points" which are designed to help older adults connect to services throughout the City. These Focal Points are:

| Designated Community Focal Points | | |
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| Name | Address | Phone |
| Western Addition Senior Center | 1390 1/2 Turk St, San Francisco, 94115 | 415-921-7805 |
| Bayview Senior Connections | 5600 3rd St, San Francisco, 94124 | 415-647-5353 |
| OMI Senior Center (CCCYO) | 65 Beverly St, San Francisco, 94132 | 415-335-5558 |
| Richmond Senior Center (GGSS) | 6221 Geary Blvd, San Francisco, 94121 | 415-404-2938 |
| 30th Street Senior Center (On Lok) | 225 30th St, San Francisco, 94131 | 415-550-2221 |
| Openhouse | 1800 Market St, San Francisco, 94102 | 415-347-8509 |
| SF Senior Center (SFSC) | 481 O'Farrell St, San Francisco, 94102 | 415-202-2983 |
| Aquatic Park Senior Center (SFSC) | 890 Beach St, San Francisco, 94109 | 415-202-2983 |
| South Sunset Senior Center (SHE) | 2601 40th Ave , San Francisco, 94116 | 415-566-2845 |
| Self-Help for the Elderly | 601 Jackson St, San Francisco, 94133 | 415-677-7585 |
| Geen Mun Activity Center (SHE) | 777 Stockton St, San Francisco, 94108 | 415-438-9804 |
| Toolworks | 25 Kearny St, San Francisco, 94108 | 415-733-0990 |
| DAAS Benefits and Services Hub | 2 Gough St, San Francisco, 94103 | 415-355-6700 |

14. For assistance with reporting and contract requirements, please contact:

Tiffany Kearney. RD
 Nutritionist
 DAS OCP
 email: Tiffany.Kearney@sfgov.org

and

Tahir Shaikh
Contract Manager
HSA OCM
email: Tahir.Shaikh@sfgov.org

I. Monitoring Activities

1. **Nutrition Program Monitoring:** Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports on CA-GetCare, maintenance of service unit logs; agency and organization standards, which include current organizational chart, evidence of provision of training to staff regarding the Elder Abuse Reporting; evidence of provision of the California Department of Aging (CDA) Security Awareness training to staff; program operation, which includes a review of a written policies and procedures manual of all 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 are current according to the site chart; a board of directors list and whether services are provided appropriately according to Sections VI and VII, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool; translation and social services are based on staff hours.
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.