Appendix A-3: Services to be Provided

July 1, 2019 to June 30, 2023
Revised 3/19/2021

Institute on Aging
Community Living Fund - Case Management and Purchase of Services

I. Purpose of Grant

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

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

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

The purposes of the Community Living Fund are to:

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

II. Eligibility for Services under the CLF Program

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

- 18 years or older;
- Institutionalized or deemed, at assessment, to be at imminent risk of being institutionalized;
- A resident of San Francisco;
- Willing and able to live in the community with appropriate supports; and
- At an income level of 300% of federal poverty or less plus assets up to $6000.

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

DAS: Department of Disability and Aging 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.

<u>Grantee will provide different levels of case management, as follows</u>:

- 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.

Grantee: Institute on Aging. The Grantee will work in collaboration with other agencies or community-based organizations through sub-contracts or MOUs to provide the necessary variety of expertise and skills in order to: (1) provide case management services, staff, and organizational infrastructure; and (2) manage CLF program dollars to provide needed goods, services, equipment and other resources not available through other means.

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

- Social work and/or nurse case managers with sufficient education and experience to perform all levels of case management that may be required by CLF clients. For example, case managers will have either: (a) a master's degree in nursing, social work services, or related field, with a minimum of one-year case management experience with geriatric and younger disabled populations; or (b) a bachelor's degree in nursing, social work services, or related field, with a minimum of five years case management experience with the geriatric and younger disabled populations.
- Clinical supervision staffing with the education and experience necessary to supervise, direct and coordinate the work of the case managers. For example, clinical supervisors will have a master's degree in nursing or social work services, or a related field, with a minimum of five years combined supervisory and case management experience with the geriatric and younger disabled populations.
- Staffing and protocols for overseeing and verifying that the goods and services purchased for the clients by or through the Grantee comply with normal business practices, that all purchase(s) are reasonable in nature, that any and all request for the purchases of goods or services are not excessive in nature or cost, that the expenditure can be justified and verified, and that there is supporting documentation that can verify the expenditures.
- Unique expertise in a variety of areas including, but not limited to: older adults, younger adults with disabilities, mental health and substance abuse services, and housing.
- Strong relationships with other programs that can enhance the expertise required for this grant. These include the Department of Public Health (DPH) Targeted Case Management, Zuckerberg San Francisco General Hospital Social Services, Laguna Honda Hospital Social Services, other San Francisco acute care hospitals and skilled

nursing facilities, and the Department of Public Health (DPH) and the Department of Homelessness and Supportive Housing (HSH).

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

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

III. Target Population

The CLF program will serve people whose incomes are up to 300% of the federal poverty level and who are unable to live safely in the community without appropriate supports.

The following groups of people will be served:

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

IV. Description of Services

Program infrastructure must include, at a minimum:

- 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 consistently.

Purchase of Services Component

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

Housing and Disability Income Advocacy Program (Effective 7/1/2019 – 9/30/2020)

The Housing and Disability Income Advocacy Program (HDAP) under the Department of Human Services (DHS) assists individuals with disabilities who are experiencing homelessness and are at risk of institutionalization. HDAP helps participants apply for disability benefit programs while also providing housing assistance. Grantee will help approximately 30 HDAP participants annually to transition into housing and provide stabilization services using intensive case management and purchase of service when appropriate. All participants served through the HDAP program and referred to CLF must meet the CLF eligibility criteria.

Public Guardian Housing Fund

Under the Department of Aging and Adult Services, the Public Guardian (PG) Office functions as the court appointed conservator of person and estate for vulnerable individuals. Due to insufficient financial resources and declining health, individuals may be marginally housed for prolonged periods of time while waiting for appropriate housing options. The PG Housing Fund provides housing subsidies and limited purchases to assist PG conservatees who meet both CLF and PG criteria. Described in the PG program policy, PG prioritizes access for conservatees based on need and appropriateness including advancing dementia and similar issues that require a higher level of care such as assisted living or residential care facilities, but not yet appropriate for institutionalization. Subsidy amount will be set on a case-by-case basis due to case complexity, but will range from 30-50% subsidy depending on client income and up to full subsidy for those without resources. PG also makes every effort to exhaust housing options within San Francisco county before considering placements outside of the county. Grantee provides the administration of the housing funds while the PG provides program support including in-person visits, coordinated case management services, monthly approval of the housing subsidies, and other activities to ensure equitable access and appropriate use of the fund. Grantee may administer the housing funds to up to 10 conservatees annually or more depending on the availability of housing funds.

Allowable purchases through the PG Housing Fund include:

1. Supplement monthly subsidy (up to 100% as appropriate) for a licensed Assisted Living Facility (ALF), supportive housing, or similar; subsidies will be paid to vendors within the existing CLF vendor network, and when required, new vendor agreements will be established.
2. Move-related costs and purchases such as security deposits, moving boxes, transportation for move, care provider hours to pack and unpack belongings, furniture, and similar purchases.

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 DAS to strategize program direction and be responsive in addressing programmatic and contractual issues in an efficient and effective manner.
- Develop and maintain collaborations with both City departments and community-based organizations in order to reach a target population reflective of San Francisco's diverse population and eligible for the services supported by the CLF program.
- Support a CLF Advisory Council to provide a forum for consumer and community feedback. Members should include current and former program participants as well as representatives from community agencies.
- Mail out consumer satisfaction surveys annually (at a minimum) to gather additional input from participants regarding their direct experience in an anonymous format.
- Work closely with DAS Planning Unit to ensure appropriate and accurate collection of data for evaluation and program design analysis. In addition, Grantee will work with DAS in an ongoing evaluation of the program.
- Continue to utilize the CLF dedicated database--developed with RTZ Associates Inc. for the CLF program that tracks client information, assessments, care plans, progress notes, service authorizations and purchased services.
- Continue to explore potential opportunities from state and federal resources for revenue offsets to ensure that CLF is a payor of last resort.

V. Department Responsibilities (DAS)

DAS Intake and Screening Unit. All referrals to the CLF program come through the DAS Intake and Screening Unit, which is the initial entry point for accessing the fund. This Unit is the "Hub" of the "No Wrong Door" model of improved access to services. While community-based long-term care services can be accessed in many ways, CLF is the fund of last resort and any

request for support from the CLF program must come through this Unit. The DAS Intake and Screening Unit completes an initial screening and refers those presumed eligible for the fund to the Grantee for the CLF program.

DAS will access other funding. DAS will leverage CLF program funding by qualifying for state and federal funding available through programs such as the Community Services Block Grant (CSBG). The Grantee is required to provide time certifications for staff involved in service delivery and service support activities.

VI. Collaborative Responsibilities (DAS and Grantee)

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

The DAS Program Analyst, the DAS Intake and Screening Unit, and the Grantee will collaborate on undertaking outreach activities, as necessary, to ensure that the needs of the groups of people in the target population are identified and addressed. DAS and the Grantee will also work collaboratively with LHH to ensure referral pipeline for scattered site housing units is sufficient and ongoing.

The DAS Program Analyst, in collaboration with the DAS Director of Quality Management, will work with the CLF Director to develop a quality assurance plan and process that fulfills the needs of both parties and the clients.

VII. Service Objectives

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

- Objective 1. Number of unduplicated consumers receiving intensive case management and/or purchased services. Target = 425.
- Objective 2. Number of clients newly enrolled in CLF. Target = 175.

VIII. Outcome Objectives

DAS 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. Successfully support community living for a period of at least six months for at least 80% of CLF clients who are being discharged from LHH at the time of enrollment. Identify reasons for re-institutionalization when it occurs.

- Objective 2. At least 80% of care plan problems resolved, on average, after one year of enrollment in CLF (excluding clients with ongoing purchases).
- Objective 3. At least 80% of respondents believe that CLF services helped maintain or improve their ability for successful community living.

IX. Reporting Requirements

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

A. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section IV– Description of Services, VI- Service Objectives, and VII - Outcome Objectives. This report will also include accomplishments and challenges encountered by the Contractor. This report is due 45 days after the completion of the program year.

B. On an annual basis, Grantee will provide results of the Client and Provider Satisfaction Surveys. This may or may not be provided at the same time as the annual report.

C. On an annual basis, Grantee will provide results of the Client and Provider Impact Surveys which details the program impacts such as improvements in participant health outcomes and/or quality of life as a result of program participation. This may or may not be provided at the same time as the annual report.

D. Quarterly and Annual Reports will be entered into the Contracts Administration, Billing and Reporting Online (CARBON) system.

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

F. Reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager to the following addresses:

Fanny Lapitan, Program Manager
Office of Community Partnerships
Department of Aging and Adult Services
PO Box 7988
San Francisco, CA 94120
Fanny.Lapitan@sfgov.org

Patrick Garcia, Contract Manager
Office of Contracts Management
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Patrick.Garcia@sfgov.org

X. Monitoring Activities

A. 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, 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, 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 VII and VIII.

B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.