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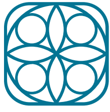

SAN FRANCISCO
HUMAN SERVICES AGENCY

Department of Benefits and Family Support

Department of Disability and Aging Services

Office of Early Care and Education

P.O. Box 7988
San Francisco, CA
94120-7988
www.SFHSA.org

London Breed
Mayor

Trent Rhorer
Executive Director

MEMORANDUM

TO:	DISABILITY AND AGING SERVICES COMMISSION
THROUGH:	SHIREEN McSPADDEN, EXECUTIVE DIRECTOR
FROM:	CINDY KAUFFMAN, DEPUTY DIRECTOR ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS (DS EZ)
DATE:	MAY 5, 2021
SUBJECT:	NEW GRANTS: MULTIPLE GRANTEES for CASE MANAGEMENT AND CLINICAL COLLABORATIVE SERVICES for OLDER ADULTS AND ADULTS WITH DISABILITIES (see table on the next page)
GRANT TERM:	7/01/2021 – 6/30/2023
GRANT AMOUNTS	See Table Below

FUNDING SOURCE	County	State	Federal	Contingency	Total
GRANT AMOUNT	$5,876,261		$956,601	$683,282	$7,516,144
PERCENTAGE	86%		14%		100%

The Department of Disability and Aging Services (DAS) requests authorization to enter into new grant agreements with multiple providers for the provision of case management services and a Clinical Collaborative program to older adults and adults with disabilities for the time period beginning July 1, 2021 and ending June 30, 2023 in the combined amount of $6,832,862, plus a 10% contingency for a total not to exceed amount of $7,516,144. The funding amounts are detailed in the table below.

Grantee	FY 21/22	FY 22/23	Grant Total	10% Contingency	Total Not to Exceed
Case Management					
Bayview Hunter's Point Multipurpose Senior Services	$250,783	$250,783	$501,566	$50,156	$551,722
Catholic Charities	$246,638	$246,638	$493,276	$49,327	$542,603
Curry Senior Center	$350,430	$350,430	$700,860	$70,086	$770,946
Episcopal Community Services	$300,535	$300,535	$601,070	$60,107	$661,177
Felton Institute	$117,073	$117,073	$234,146	$23,414	$257,560
Homebridge	$112,812	$112,812	$225,624	$22,562	$248,186
Institute on Aging	$531,545	$531,545	$1,063,090	$106,309	$1,169,399
Jewish Family and Children's Services	$103,000	$103,000	$206,000	$20,600	$226,600
Kimochi, Inc	$132,574	$132,574	$265,148	$26,514	$291,662
On Lok Day Services / 30th Street Senior Center	$337,487	$337,487	$674,974	$67,497	$742,471
Openhouse	$113,589	$113,589	$227,178	$22,717	$249,895
Self Help for the Elderly	$515,330	$515,330	$1,030,660	$103,066	$1,133,726
Total	**$3,111,796**	**$3,111,796**	**$6,223,592**	**$622,355**	**$6,845,947**
Clinical Collaborative Services					
Institute on Aging	$304,635	$304,635	$609,270	$60,927	$670,197
Grand Total	**$3,416,431**	**$3,416,431**	**$6,832,862**	**$683,282**	**$7,516,144**

Background

Case management facilitates service connections for older adults and adults with disabilities. These services promote and maintain the optimum level of functioning in the most independent setting possible. Examples of service connections in which a case manager might assist include: connection to health services, money management, or stabilization of a living situation. All grantees are established providers of services to seniors and adults with disabilities. In addition, all Grantees are current providers of OCP funded case management services.

Recognizing the need for additional support to contractors' case management staff, the Clinical Collaborative program was established to provide consultation and

support in order to improve services delivered to the clients they serve and to promote professional growth opportunities among the case managers. Case managers meet with LCSW and MFT certified clinicians for both individual and group supervision at various locations throughout San Francisco.

Services to be Provided

Case Management

The case management services contain core elements to ensure standardized and effective delivery of services. These core elements include a centralized waitlist, introduced in May of 2017, and an on-line module that allows case managers to document and track client progress. Upon completion of service plan goals, clients can be re-assessed, and if it is determined that case management services are no longer required, then clients are dis-enrolled and referred to other community-based services as needed. Depending on the client's needs, case managers meet with clients at least monthly to ensure consistent delivery of services. Services provided under OCP funded case management include:

1. Intake/Enrollment
2. Comprehensive Assessment
3. Service Planning
4. Service Plan Implementation
5. Monitoring
6. Progress Notes
7. Reassessment
8. Discharge/Disenrollment

Clinical Collaborative Services

The program provides clinical support for all OCP funded case management agencies and their staff. Services provided by the Clinical Collaborative include individual and group supervision, monthly meetings with agency managers and directors, and trainings on topics brought to the Clinical Collaborative by case managers or recognized as a need that would help to improve professional development. For additional service descriptions, please see enclosed Appendix A.

Performance

Grantees identified in the funding table are current DAS funded case management service contractors and the Clinical Collaborative program contractor. All Grantees were determined to be in compliance with fiscal and programmatic requirements for FY 19-20. All case management Grantees received fiscal monitoring in 2019. Program monitoring visits occurred as follows:

1. Bayview Hunters Point Multipurpose Senior Services: monitored in August 2020
2. Catholic Charities: monitored in August 2020
3. Curry Senior Center: monitored in October 2020

4. Episcopal Community Services: monitored in August 2020
5. Felton Institute: monitored in August 2020
6. Homebridge: monitored in August 2020
7. Institute on Aging: monitored in August 2020
8. Kimochi, Inc: monitored in August 2020
9. On-Lok Day Services: monitored in August 2020
10. Open House: monitored in September 2020
11. Jewish Family and Children's Services: monitored in January 2020
12. Self-Help for the Elderly: monitored in August 2020

Selection
Grantees were selected through RFP #780 issued in March 2018.

Funding
Case management services and the Clinical Collaborative grants will be funded through a combination of Federal and Dignity Funds.

ATTACHMENTS

Case Management
Bayview Hunter's Point Multipurpose Senior Services
Appendix A-Services to be Provided
Appendix B- Program Budget

Catholic Charities of San Francisco
Appendix A-Services to be Provided
Appendix B- Program Budget

Curry Senior Center
Appendix A-Services to be Provided
Appendix B- Program Budget

Episcopal Community Services
Appendix A-Services to be Provided
Appendix B- Program Budget

Felton Institute
Appendix A-Services to be Provided
Appendix B- Program Budget

Homebridge
Appendix A-Services to be Provided
Appendix B- Program Budget

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Institute on Aging
Appendix A-Services to be Provided
Appendix B- Program Budget

Jewish Family and Children's Services
Appendix A-Services to be Provided
Appendix B- Program Budget

Kimochi, Inc.
Appendix A-Services to be Provided
Appendix B- Program Budget

On Lok Day Services / 30th Street Senior Center
Appendix A-Services to be Provided
Appendix B- Program Budget

Openhouse
Appendix A-Services to be Provided
Appendix B- Program Budget

Self Help for the Elderly
Appendix A-Services to be Provided
Appendix B- Program Budget

Clinical Collaborative Services
Institute on Aging
Appendix A-Services to be Provided
Appendix B- Program Budget

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

Bayview Hunters Point Multipurpose Senior Services, Inc.

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Servicers.

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
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 individual or to others.
Grantee	Bayview Hunters Point Multipurpose Senior Services, Inc. (Bayview Senior Services)
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
    - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
    - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

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V. Location and Time of Services:

Bayview Case Management services are located at 1390 ½ Turk St., 1753 Carroll St. and 1111 Buchannan St in San Francisco. Services are available Monday through Friday from 9:00 a.m. to 4:00 p.m.

VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 "OCP Case Management Program Standards" (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment

All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment

Comprehensive assessment is the process of collecting in-depth information about a client's situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning

The information collected through the comprehensive assessment will allow a case manager to identify the client's needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation

The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

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e. Monitoring

Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client's health or personal situation may change, which would require an alteration to the care plan. 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.

f. Progress Notes

Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment

Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment

Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.

- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **_110_** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete **__90___**% of comprehensive assessments due each contract year.*
- Grantee will complete **__90___**% of service plans due each contact year.*
- Grantee will complete **__100__**% of monthly contacts during each contract year.*
- Grantee will complete **__100__**% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: *(https://ca.getcare.com/caprovider/),* and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Ofelia Trevino
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Ofelia.Trevino@sfgov.org

Steve Kim
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Steve.Kim@sfgov.org

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IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness Training 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.

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.

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HUMAN SERVICES AGENCY BUDGET SUMMARY BY PROGRAM

	A	B	C	D
5	Name		Term	
6	**Bayview Senior Services**		7/1/21-6/30/23	
7	(Check One) New ☑ Renewal ____ Modification ____			
8	If modification, Effective Date of Mod.	No. of Mod.		
9	**Program: Case Management**			
10	Budget Reference Page No.(s)			7/1/21-6/30/23
11	Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
12	**Expenditures**			
13	Salaries & Benefits	$177,048	$177,048	$354,096
14	Operating Expenses	$46,864	$46,864	$93,728
15	**Subtotal**	$223,912	$223,912	$447,824
16	Indirect Percentage (%)	12%	12%	12%
17	Indirect Cost (Line 16 X Line 15)	$26,871	$26,871	$53,742
18	Subcontractor/Capital Expenditures	$0	$0	$0
19	Total Expenditures	$250,783	$250,783	$501,566
20	**HSA Revenues**			
21	General Fund (86%)	$215,673	$215,673	$431,346
22	CFDA 93.778 (14%)	$35,110	$35,110	$70,220
23				
24				
25				
26	TOTAL HSA REVENUES	$250,783	$250,783	$501,566
27	**Other Revenues**			
28				
29				
30				
31				
32				
33	Total Revenues	$250,783	$250,783	$501,566
34	Full Time Equivalent (FTE)	2.3	2.3	2.3
36	Prepared by:	Telephone No.:		
37	**HSA #1**			**5/5/2021**

Appendix B, Page 2

Bayview Senior Services
Program: Case Management
(Same as Line 9 on HSA #1)

Salaries & Benefits Detail

	Agency Totals		HSA Program		7/1/21-6/30/22 DAAS	7/1/22-6/30/23 DAAS	7/1/21-6/30/23 TOTAL
POSITION TITLE	Annual Full TimeSalary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
Case Manager	$58,240	100%	100%	1.00	$58,240	$58,240	$116,480
Case Manager	$58,240	100%	100%	1.00	$58,240	$58,240	$116,480
Case Management Supervisor	$72,800	100%	30%	0.30	$21,840	$21,840	$43,680
TOTALS		3.00	230%	2.30	$138,320	$138,320	$276,640
FRINGE BENEFIT RATE	28%						
EMPLOYEE FRINGE BENEFITS	$0				$38,728	$38,728	$77,456
TOTAL SALARIES & BENEFITS	$0				$177,048	$177,048	$354,096

HSA #2 **5/5/2021**

Bayview Senior Services
Program: Case Management
(Same as Line 9 on HSA #1)

Operating Expense Detail

Expenditure Category	TERM	7/1/21-6/30/22	7/1/22-6/30/23	TOTAL 7/1/21-6/30/23
Rental of Property				
Utilities(Elec, Water, Gas, Phone, Garbage)		$ 6,500	$ 6,500	$ 13,000
Office Supplies, Postage		$ 5,000	$ 5,000	$ 10,000
Building Maintenance Supplies and Repair				
Printing and Reproduction		$ 5,000	$ 5,000	$ 10,000
Insurance		$ 6,030	$ 6,030	$ 12,060
Staff Training		$ 5,000	$ 5,000	$ 10,000
Staff Travel-(Local & Out of Town)		$ 1,200	$ 1,200	$ 2,400
Rental of Equipment		$ 4,500	$ 4,500	$ 9,000
CONSULTANTS				
Computer/phone/interrnet technical assistance		$ 2,400	$ 2,400	$ 4,800
OTHER				
Cllient support supplies		$ 11,234	$ 11,234	$ 22,468
TOTAL OPERATING EXPENSE		**$ 46,864**	**$ 46,864**	**$ 93,728**

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

CATHOLIC CHARITIES

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

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Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Servicers.

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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
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 individual or to others.
Grantee	Catholic Charities
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

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OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
  - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
  - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

Catholic Charities’ Case Management services are housed at 65 Beverly St. and available from 9:00 a.m. to 5:00 p.m. Monday through Friday.

VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 “OCP Case Management Program Standards” (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment
All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment
Comprehensive assessment is the process of collecting in-depth information about a client’s situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning
The information collected through the comprehensive assessment will allow a case manager to identify the client’s needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation
The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring
Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client’s health or personal situation may change, which would require an alteration to the care plan. At a minimum,

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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.

f. Progress Notes
Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment
Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment
Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **_132_** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete **__90___**% of comprehensive assessments due each contract year.*
- Grantee will complete **__90___**% of service plans due each contact year.*
- Grantee will complete **__100__**% of monthly contacts during each contract year.*
- Grantee will complete **__100__**% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: *(https://ca.getcare.com/caprovider/),* and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Ofelia Trevino
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Ofelia.Trevino@sfgov.org

Patrick Garcia
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Patrick.Garcia@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness

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Training 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.

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.

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	A	B	C	D
1				Appendix B, Page 1
2				
3	**HUMAN SERVICES AGENCY BUDGET SUMMARY**			
4	**BY PROGRAM**			
5	Name		Term	
6	**Catholic Charities**		7/1/21-6/30/23	
7	(Check One) New __X__ Renewal Modification			
8	If modification, Effective Date of Mod. No. of Mod.			
9	**Program: Case Management**			
10	Budget Reference Page No.(s)			7/1/21-6/30/23
11	Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
12	**Expenditures**			
13	Salaries & Benefits	$199,941	$199,941	$399,881
14	Operating Expenses	$14,527	$14,527	$29,054
15	**Subtotal**	$214,468	$214,468	$428,935
16	Indirect Percentage (%)	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	$32,170	$32,170	$64,340
18	Subcontractor/Capital Expenditures	$0	$0	$0
19	**Total Expenditures**	**$246,638**	**$246,638**	**$493,275**
20	**HSA Revenues**			
21	General Fund - 86%	$212,108	$212,108	$424,217
22	Federal Funds (CFDA 93.778)	$34,529	$34,529	$69,059
23				
24				
25				
26				
27				
28				
29	**TOTAL HSA REVENUES**	**$246,638**	**$246,638**	**$493,275**
30	**Other Revenues**			
31				
32				
33				
34				
35				
36	**Total Revenues**	**$246,638**	**$246,638**	**$493,275**
37	Full Time Equivalent (FTE)			
39	Prepared by:	Telephone No.:		
40	HSA-CO Review Signature:			
41	**HSA #1**			**5/5/2021**

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Catholic Charities
Program: Case Management

Salaries & Benefits Detail

	Agency Totals		HSA Program		7/1/21-6/30/22 DAS	7/1/22-6/30/23 DAS	7/1/21-6/30/23 TOTAL
POSITION TITLE	Annual Full TimeSalary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
Program Director	$80,759	1.00	30%	0.30	$ 24,228	$ 24,228	$ 48,456
Social Worker 1: TC	$57,714	1.00	75%	0.75	$ 43,286	$ 43,286	$ 86,572
Social Worker 1: SE	$57,714	1.00	75%	0.75	$ 43,286	$ 43,286	$ 86,572
Social Worker 1: SK	$57,714	0.50	100%	0.50	$ 28,857	$ 28,857	$ 57,714
Director of Client Services	$134,985	1.00	10%	0.10	$ 13,499	$ 13,499	$ 26,998
TOTALS	$388,886	4.50	290%	2.40	$153,156	$153,156	$306,312
FRINGE BENEFIT RATE	31%						
EMPLOYEE FRINGE BENEFITS	$118,793				$46,785	$46,785	$93,569
TOTAL SALARIES & BENEFITS	$507,680				$199,941	$199,941	$399,881

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Catholic Charities
Program: Case Management

Operating Expense Detail

Expenditure Category	TERM	7/1/21-6/30/22	7/1/22-6/30/23	TOTAL 7/1/21-6/30/23
Rental of Property		$ 4,266	$ 4,266	$ 8,532
Utilities(Elec, Water, Gas, Phone, Garbage)		$ 4,073	$ 4,073	$ 8,146
Office Supplies, Postage		$ 300	$ 300	$ 600
Building Maintenance Supplies and Repair		$ 150	$ 150	$ 300
Printing and Reproduction		$ 100	$ 100	$ 200
Insurance		$ 4,256	$ 4,256	$ 8,512
Staff Training		$ 165	$ 165	$ 330
Staff Travel-(Local & Out of Town)		$ 867	$ 867	$ 1,734
Rental of Equipment		$ 150	$ 150	$ 300
CONSULTANTS				
Computer related		$ 200	$ 200	$ 400
OTHER				
TOTAL OPERATING EXPENSE		**$ 14,527**	**$ 14,527**	**$ 29,054**

HSA #3 **5/5/2021**

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

CURRY SENIOR CENTER

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Servicers.

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Term	Definition
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
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 individual or to others.
Grantee	Curry Senior Center
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
    - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
    - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

Curry Senior Center Case Management services are provided at 333 Turk Street, San Francisco, CA, 94102. Hours of operation are Monday through Friday, 8:00am to 4:30pm.

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VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 "OCP Case Management Program Standards" (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment
All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment
Comprehensive assessment is the process of collecting in-depth information about a client's situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning
The information collected through the comprehensive assessment will allow a case manager to identify the client's needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation
The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring
Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client's health or personal situation may change, which would require an alteration to the care plan. 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.

f. Progress Notes
Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment
Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment
Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **180** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete __**90**___% of comprehensive assessments due each contract year.*
- Grantee will complete __**90**___% of service plans due each contact year.*
- Grantee will complete __**100**__% of monthly contacts during each contract year.*
- Grantee will complete __**100**__% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: (*https://ca.getcare.com/caprovider/),* and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

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E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Reanna Albert
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Reanna.Albert@sfgov.org

Ella Lee
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Ella.Lee@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness

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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.

Appendix B, Page 1

HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

Name			Term
Curry Senior Center			7/1/21-6/30/23
(Check One) New __X__ Renewal ____ Modification ____			
If modification, Effective Date of Mod.	No. of Mod.		
Program: Case Management			
Budget Reference Page No.(s)			
Program Term	7/1/21 -6/30/22	7/1/22 -6/30/23	Total
Expenditures			
Salaries & Benefits	$283,322	$283,322	$566,644
Operating Expense	$21,400	$21,400	$42,800
Subtotal	$304,722	$304,722	$609,444
Indirect Percentage (%)	15%	15%	
Indirect Cost (Line 16 X Line 15)	$45,708	$45,708	$91,416
Capital Expenditure	$0	$0	$0
Total Expenditures	**$350,430**	**$350,430**	**$700,860**
HSA Revenues			
General Fund	$301,370	$301,370	$602,740
CFDA #93.778 (14%)	$49,060	$49,060	$98,120
TOTAL HSA REVENUES	**$350,430**	**$350,430**	**$700,860**
Other Revenues			
Leverage-Medical Supervisor	$194,545	$194,545	$389,090
Leverage-Translation	$7,500	$7,500	$15,000
Cash Match-Client Assistance Fund	$25,000	$25,000	$50,000
Total Revenues	**$577,475**	**$577,475**	**$1,154,950**
Full Time Equivalent (FTE)	3.43	3.43	
Prepared by:		Telephone No.:	Date
HSA-CO Review Signature:			
HSA #1			**5/5/2021**

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

Appendix B, Page 2

Salaries & Benefits Detail

	Agency Totals		HSA Program		7/1/21 -6/30/22 DHS Program	7/1/22 -6/30/23 DHS Program	Total DHS Program
POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
Case Manager	$68,250	1.00	95.00%	0.95	$64,838	$64,838	$129,676
Case Manager	$68,250	1.00	95.00%	0.95	$64,838	$64,838	$129,676
Case Manager	$64,350	1.00	95.00%	0.95	$61,133	$61,133	$122,266
Director of Clinical Programs	$96,057	0.85	7.96%	0.07	$6,522	$6,522	$13,044
Program Assistant-Chinese	$56,550	1.00	7.07%	0.07	$3,998	$3,998	$7,996
Program Assistant-Lao	$40,112	0.53	18.70%	0.10	$4,000	$4,000	$8,000
Program Assistant-Russian	$40,112	0.67	14.96%	0.10	$4,001	$4,001	$8,002
Program Assistant-Vietnamese	$39,000	0.80	12.82%	0.10	$4,000	$4,000	$8,000
Eligibility Clerk	$58,013	1.00	6.90%	0.07	$4,003	$4,003	$8,006
Receptionist	$56,063	1.00	7.14%	0.07	$4,003	$4,003	$8,006
TOTALS	$518,507	8.85	360.55%	3.43	$221,336	$221,336	$442,672
FRINGE BENEFIT RATE	28%						
EMPLOYEE FRINGE BENEFITS	$145,182				$61,986	$61,986	$123,972
TOTAL SALARIES & BENEFITS	$663,689				$283,322	$283,322	$566,644

HSA #2 **5/5/2021**

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

Appendix B, Page 3

Operating Expense Detail

EXPENDITURE CATEGORY :RM	7/1/21 -6/30/22	7/1/22 -6/30/23	Total
Rental of Property			
Utilities(Elec, Water, Gas, Phone, Garbage)	$6,000	$6,000	$12,000
Office Supplies, Postage	$4,000	$4,000	$8,000
Building Maintenance Supplies and Repair	$5,000	$5,000	$10,000
Printing and Reproduction			
Insurance	$4,500	$4,500	$9,000
Staff Training	$500	$500	$1,000
Staff Travel-(Local & Out of Town)	$300	$300	$600
Rental of Equipment			
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE			
OTHER			
Program supplies	$300	$300	$600
Payroll fees	$500	$500	$1,000
Recruitment	$300	$300	$600
TOTAL OPERATING EXPENSE	$21,400	$21,400	$42,800

HSA #3 **5/5/2021**

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

EPISCOPAL COMMUNITY SERVICES

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Servicers.

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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
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 individual or to others.
Grantee	Episcopal Community Services (ECS)
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

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OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
  - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
  - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

The Episcopal Community Services Case Management program is housed at 705 Natoma St. The program provides services Monday through Friday 8:30 a.m. to 5:00 p.m.

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VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 “OCP Case Management Program Standards” (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment

All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment

Comprehensive assessment is the process of collecting in-depth information about a client’s situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning

The information collected through the comprehensive assessment will allow a case manager to identify the client’s needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation

The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring
Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client's health or personal situation may change, which would require an alteration to the care plan. 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.

f. Progress Notes
Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment
Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment
Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.

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- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **_125_** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete **__90___**% of comprehensive assessments due each contract year.*
- Grantee will complete **__90___**% of service plans due each contact year.*
- Grantee will complete **__100__**% of monthly contacts during each contract year.*
- Grantee will complete **__100__**% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: (*https://ca.getcare.com/caprovider/*), and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Ofelia Trevino
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Ofelia.Trevino@sfgov.org

Rocio Duenas
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Rocio.Duenas@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness Training 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.

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.

Appendix B, Page 1

HUMAN SERVICES AGENCY BUDGET SUMMARY BY PROGRAM

Name	Term
EPISCOPAL COMMUNITY SERVICES OF SAN FRANCISCO	7/1/2021-6/30/2023

(Check One) New __x__ Renewal ____ Modification ____

If modification, Effective Date of Mod. No. of Mod.

Program: **CASE MANAGEMENT**			
Budget Reference Page No.(s)			
Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
Expenditures			
Salaries & Benefits	$241,463	$241,463	$482,926
Operating Expenses	$19,871	$19,871	$39,742
Subtotal	$261,334	$261,334	$522,668
Indirect Percentage (%)	15%	15%	15%
Indirect Cost	$39,201	$39,201	$78,402
Subcontractor/Capital Expenditure			
Total Expenditures	$300,535	$300,535	$601,070
HSA Revenues			
General Fund (86%)	$258,460	$258,460	$516,920
CFDA #93.778 (14%)	$42,075	$42,075	$84,150
Total HSA Revenue	$300,535	$300,535	$601,070
Other Revenues			
TOTAL DAS AND NON DAS REVENUE	$300,535	$300,535	$601,070
Full Time Equivalent (FTE)	2.75	2.75	

Prepared by: Lisa Liu Telephone No.: 415-487-3300 X 1215 Date: 4/14/2021

HSA-CO Review Signature: ______________________

HSA #1 **5/5/2021**

Program: CASE MANAGEMENT
(Same as Line 11 on HSA #1)

Salaries & Benefits Detail

	Agency Totals		HSA Program		DAS budgeted salary		
Position	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max	Adjusted FTE	7/1/21-6/30/22	7/1/22-6/30/23	Total
Director of Healthy Aging	$128,518	1.00	25.00%	0.25	$32,130	$32,130	$64,260
CKSC Program Manager	$90,844	1.00	50.00%	0.50	$45,422	$45,422	$90,844
CKSC Case Manager III - Bilingual	$58,240	1.00	100.00%	1.00	$58,240	$58,240	$116,480
CKSC Case Manager III - Homeless/Non Homeless	$47,840	1.00	100.00%	1.00	$47,840	$47,840	$95,680
Totals	$325,442	4.00	275.00%	2.75	$183,632	$183,632	$367,264
Fringe Benefits Rate	31.49%						
Employee Fringe Benefits	$102,491				$57,831	$57,831	$115,662
Total Salaries and Benefits	$427,933				$241,463	$241,463	$482,926

HSA #2 **5/5/2021**

Program: CASE MANAGEMENT (Same as Line 11 on HSA #1)

Document Date:

Appendix B, Page 3

Operating Expense Detail

	7/1/21-6/30/22	7/1/22-6/30/23	Total
Expenditure Category			
Rental of Property			
Utilities (Elec, Water, Gas, Phone, Garbage)			
Program:			
Building Maintenance Supplies and Repair	$8,791	$8,791	$17,582
Printing and Reproduction	$1,100	$1,100	$2,200
Insurance	$2,850	$2,850	$5,700
Staff Training	$530	$530	$1,060
Staff Travel-(Local & Out of Town)	$1,000	$1,000	$2,000
Equipment			
Consultant			
Other			
Staff Recruitment	$200	$200	$400
Program/Client Supplies	$900	$900	$1,800
Telecommunications	$4,500	$4,500	$9,000
Total Operating Expenses	$19,871	$19,871	$39,742

HSA #3 **5/5/2021**

APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

Felton Institute

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Services

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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
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 individual or to others.
Grantee	Felton Institute
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
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III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
    - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
    - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

Felton Institute Case Management Services are available at 6221 Geary Boulevard, 3rd Floor, San Francisco, Ca, 94121, Monday through Friday, 9:30am to 5:30pm.

VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 “OCP Case Management Program Standards” (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

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All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment

Comprehensive assessment is the process of collecting in-depth information about a client’s situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

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The information collected through the comprehensive assessment will allow a case manager to identify the client’s needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

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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.

f. Progress Notes
Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment
Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment
Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **55** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete __**90**___% of comprehensive assessments due each contract year.*
- Grantee will complete __**90**___% of service plans due each contact year.*
- Grantee will complete __**100**__% of monthly contacts during each contract year.*
- Grantee will complete __**100**__% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: (*https://ca.getcare.com/caprovider/*), and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

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E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Paulo Salta
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Paulo.Salta@@sfgov.org

Rocio Duenas
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Rocio.Duenas@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness

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Training 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.

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.

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HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

Name	Term
Felton Institute	7/1/21-6/30/23

(Check One) New __x__ Renewal ____ Modification ____

If modification, Effective Date of Mod. No. of Mod.

Program: Case Management			
Budget Reference Page No.(s)			
Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
Expenditures			
Salaries & Benefits	$93,268	$93,268	$186,536
Operating Expenses	$8,534	$8,534	$17,068
Subtotal	$101,802	$101,802	$203,604
Indirect Percentage (%)	15.00%	15.00%	15.00%
Indirect Cost	$15,271	$15,271	$30,542
Subcontractor/Capital Expenditure			
Total Expenditures	$117,073	$117,073	$234,146
HSA Revenues			
General Fund (86%)	$100,683	$100,683	$201,366
CFDA #93.778 (14%)	$16,390	$16,390	$32,780
Total HSA Revenue	$117,073	$117,073	$234,146
Other Revenues			
TOTAL DAS AND NON DAS REVENUE	$117,073	$117,073	$234,146
Full Time Equivalent (FTE)			

Prepared by: Ray Mallett Telephone No.: Date: 4/19/21

HSA-CO Review Signature: ______________________________

HSA #1 **5/5/2021**

Program: Case Management
(Same as Line 11 on HSA #1)

Appendix B, Page 2

Salaries & Benefits Detail

	Agency Totals		HSA Program		DAS budgeted salary		
Position	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	7/1/21-6/30/22	7/1/22-6/30/23	Total
Director of Programs	$125,000	1.00	5.00%	0.03	$3,750	$3,750	$7,500
Case Manager	$68,000	1.00	100.00%	1.00	$68,000	$68,000	$136,000
Totals	$193,000	2.00	105.00%	1.03	$71,750	$71,750	$143,500
Fringe Benefits Rate	29.99%						
Employee Fringe Benefits	$57,881				$21,518	$21,518	$43,036
Total Salaries and Benefits	$250,881				$93,268	$93,268	$186,536

HSA #2 **5/5/2021**

Program: Case Management
(Same as Line 11 on HSA #1)

Appendix B, Page 3

Operating Expense Detail

	7/1/21-6/30/22	7/1/22-6/30/23	Total
Expenditure Category			
Rental of Property	$3,900	$3,900	$7,800
Utilities (Elec, Water, Gas, Phone, Garbage)	$950	$950	$1,900
Program:			
Building Maintenance Supplies and Repair			
Printing and Reproduction	$100	$100	$200
Insurance	$600	$600	$1,200
Staff Training			
Staff Travel-(Local & Out of Town)	$1,808	$1,808	$3,616
Rental of Equipment	$117	$117	$234
Consultant			
Other			
Program related expenses	$1,059	$1,059	$2,118
Total Operating Expenses	$8,534	$8,534	$17,068

HSA #3 **5/5/2021**

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

Homebridge

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Services.

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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
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 individual or to others.
Grantee	Homebridge
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

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OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
  - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
  - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

Homebridge Case Management services are based at their main office located at 1035 Market Street, Suite L-1, in San Francisco. Program hours are Monday through Friday 8:00 a.m. to 5:15 p.m.

VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 “OCP Case Management Program Standards” (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment
All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment
Comprehensive assessment is the process of collecting in-depth information about a client’s situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning
The information collected through the comprehensive assessment will allow a case manager to identify the client’s needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation
The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring
Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client’s health or personal situation may change, which would require an alteration to the care plan. 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.

f. Progress Notes

Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment

Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment

Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

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- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **32** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete __**90**___% of comprehensive assessments due each contract year.*
- Grantee will complete __**90**___% of service plans due each contact year.*
- Grantee will complete __**100**__% of monthly contacts during each contract year.*
- Grantee will complete __**100**__% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: (*https://ca.getcare.com/caprovider/),* and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

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F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Paulo Salta
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Paulo.Salta@@sfgov.org

Steve Kim
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Steve.Kim@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness

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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.

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Appendix B, Page 1

HUMAN SERVICES AGENCY BUDGET SUMMARY BY PROGRAM

	A	B	C	D
5	Name		Term	
6	**Homebridge**		7/1/21-6/30/23	
7	(Check One) New ☑ Renewal ____ Modification ____			
8	If modification, Effective Date of Mod.	No. of Mod.		
9	**Program: Case Management**			
10	Budget Reference Page No.(s)			7/1/21-6/30/23
11	Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
12	**Expenditures**			
13	Salaries & Benefits	$79,936	$79,936	$159,872
14	Operating Expenses	$18,162	$18,162	$36,324
15	**Subtotal**	$98,098	$98,098	$196,196
16	Indirect Percentage (%)	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	$14,714	$14,714	$29,428
18	Subcontractor/Capital Expenditures	$0	$0	$0
19	Total Expenditures	$112,812	$112,812	$225,624
20	**HSA Revenues**			
21	General Fund (86%)	$97,018	$97,018	$194,036
22	CFDA 93.778 (14%)	$15,794	$15,794	$31,588
23				
24				
25				
26				
27				
28				
29	TOTAL HSA REVENUES	$112,812	$112,812	$225,624
30	**Other Revenues**			
31				
32				
33				
34				
35				
36	Total Revenues	$112,812	$112,812	$225,624
37	Full Time Equivalent (FTE)	0.99	0.99	0.99
39	Prepared by: Shantel Weingand	Telephone No.:	415-659-5345	
40	HSA-CO Review Signature:	____________		
41	**HSA #1**			**5/5/2021**

Appendix B, Page 2

Homebridge
Program: Case Management
(Same as Line 9 on HSA #1)

Salaries & Benefits Detail

	Agency Totals		HSA Program		7/1/21-6/30/22 DAAS	7/1/22-6/30/23 DAAS	7/1/21-6/30/23 TOTAL
POSITION TITLE	Annual Full TimeSalary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
Client Service Manager	$62,087	1.00	10%	0.10	$6,209	$6,209	$12,418
Case Manager	$77,200	1.00	75%	0.75	$57,740	$57,740	$115,480
TOTALS		2.00	85%	0.85	$63,949	$63,949	$127,898
FRINGE BENEFIT RATE	25%						
EMPLOYEE FRINGE BENEFITS					$15,987	$15,987	$31,974
TOTAL SALARIES & BENEFITS	$0				$79,936	$79,936	$159,872

HSA #2 **5/5/2021**

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Homebridge
Program: Case Management
(Same as Line 9 on HSA #1)

Operating Expense Detail

Expenditure Category	TERM	7/1/21-6/30/22	7/1/22-6/30/23	TOTAL 7/1/21-6/30/23
Premsises Expenses/Rental of Property		$ 9,697	$ 9,697	$ 19,395
Utilities(Elec, Water, Gas, Phone, Garbage)		$ 1,507	$ 1,507	$ 3,014
Office Supplies, Postage		$ 739	$ 739	$ 1,477
Building Maintenance Supplies and Repair		$ 238	$ 238	$ 476
Printing and Reproduction		$ 424	$ 424	$ 848
Insurance		$ 1,182	$ 1,182	$ 2,364
Staff Training		$ 81	$ 81	$ 162
Staff Travel-(Local & Out of Town)				
Rental of Equipment				
CONSULTANTS				
OTHER				
Shared Costs - Payroll		$ 1,054	$ 1,054	$ 2,108
Shared Costs - Technology		$ 3,240	$ 3,240	$ 6,480
TOTAL OPERATING EXPENSE		**$ 18,162**	**$ 18,162**	**$ 36,324**

HSA #3 **5/5/2021**

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

INSTITUTE ON AGING

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

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Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Servicers.

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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
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 individual or to others.
Grantee	Institute on Aging (IOA)
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

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OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
  - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
  - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

Institute on Aging Case Management services are located at 3575 Geary Boulevard in San Francisco. Services are available Monday through Friday from 9:00 a.m. to 5:00 p.m.

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VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 “OCP Case Management Program Standards” (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment
All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment
Comprehensive assessment is the process of collecting in-depth information about a client’s situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning
The information collected through the comprehensive assessment will allow a case manager to identify the client’s needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation
The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring
Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need

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for case management services. Monitoring is necessary as the client's health or personal situation may change, which would require an alteration to the care plan. 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.

f. Progress Notes

Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment

Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment

Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.

- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least _**220**_ unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete __**90**___% of comprehensive assessments due each contract year.*
- Grantee will complete __**90**___% of service plans due each contact year.*
- Grantee will complete __**100**__% of monthly contacts during each contract year.*
- Grantee will complete __**100**__% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of “improved” or “no longer needed services.”*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: *(https://ca.getcare.com/caprovider/),* and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

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D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Ofelia Trevino
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Ofelia.Trevino@sfgov.org

Patrick Garcia
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Patrick.Garcia@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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

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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 that program staff have completed the California Department of Aging (CDA) Security Awareness Training 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.

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.

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	A	B	C	D
1				Appendix B, Page 1
2				
3	**HUMAN SERVICES AGENCY BUDGET SUMMARY**			
4	**BY PROGRAM**			
5	Name		Term	
6	**Institute on Aging**		7/1/21-6/30/23	
7	(Check One) New X Renewal ☐ Modification			
8	If modification, Effective Date of Mod.	No. of Mod.		
9	**Program: Case Management**			
10	Budget Reference Page No.(s)			7/1/21-6/30/23
11	Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
12	**Expenditures**			
13	Salaries & Benefits	$405,760	$405,760	$811,520
14	Operating Expenses	$56,454	$56,454	$112,908
15	**Subtotal**	$462,214	$462,214	$924,428
16	Indirect Percentage (%)	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	$69,331	$69,331	$138,662
18	Subcontractor/Capital Expenditures	$0	$0	$0
19	**Total Expenditures**	**$531,545**	**$531,545**	**$1,063,090**
20	**HSA Revenues**			
21	General Fund	$457,130	$457,130	$914,260
22	Federal Funds (CFDA 93.778)	$74,415	$74,415	$148,830
23				
24				
25				
26				
27				
28				
29	**TOTAL HSA REVENUES**	**$531,545**	**$531,545**	**$1,063,090**
30	**Other Revenues**			
31				
32				
33				
34				
35				
36	**Total Revenues**	**$531,545**	**$531,545**	**$1,063,090**
37	Full Time Equivalent (FTE)			
39	Prepared by: Matthew Mouille	Telephone No.: 415-750-8760		
40	HSA-CO Review Signature:	______________________		
41	**HSA #1**			**5/5/2021**

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Institute on Aging
Program: Case Management

Salaries & Benefits Detail

	A	B	C	D	E	F	G	H
10						7/1/21-6/30/22	7/1/22-6/30/23	7/1/21-6/30/23
11		Agency Totals		HSA Program		DAS	DAS	TOTAL
12	POSITION TITLE	Annual Full TimeSalary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
13	Care Manager (1)	68,597.50	1.00	100%	100%	$ 68,598	$ 68,598	$ 137,196
14	Care Manager (2)	57,420.22	1.00	100%	100%	$ 57,420	$ 57,420	$ 114,840
15	Care Manager (3) Bilingual C/M	56,294.16	1.00	100%	100%	$ 56,294	$ 56,294	$ 112,588
16	Care Manager (4) Bilingual S	74,887.00	1.00	100%	100%	$ 74,887	$ 74,887	$ 149,774
17	Project Manager	84,000.00	1.00	10%	10%	$ 8,400	$ 8,400	$ 16,800
18	Manager, NorCal CM	110,700.20	1.00	15%	15%	$ 16,605	$ 16,605	$ 33,210
19	Sr. Director, Care Management	144,083.68	1.00	5%	5%	$ 7,204	$ 7,204	$ 14,408
20	Clinical Supervisor	$88,000	1.00	40%	40%	$ 35,200	$ 35,200	$ 70,400
21								
22								
23								
24								
25								
26								
27								
28	TOTALS	$ 683,982.76	8.00	470%	4.70	$324,608	$324,608	$649,216
29								
30	FRINGE BENEFIT RATE	25%						
31	EMPLOYEE FRINGE BENEFITS	$170,996				$81,152	$81,152	$162,304
32								
33								
34	TOTAL SALARIES & BENEFITS	$854,978				$405,760	$405,760	$811,520
35	**HSA #2**							**5/5/2021**

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Institute on Aging
Program: Case Management

Operating Expense Detail

Expenditure Category	TERM	7/1/21-6/30/22	7/1/22-6/30/23	TOTAL 7/1/21-6/30/23
Occupancy		$14,200	$14,200	$ 28,400
Utilities (Elec, Water, Gas, Scavenger)		$4,500	$4,500	$ 9,000
Wireless fees		$4,154	$4,154	$ 8,308
Office Supplies, Postage		$3,200	$3,200	$ 6,400
Insurance		$2,000	$2,000	$ 4,000
Staff Training/retreat		$2,000	$2,000	$ 4,000
Staff Travel (Local & Out of Town)		$2,700	$2,700	$ 5,400
Purchase Small Equipiment (Technology)		$8,400	$8,400	$ 16,800
Liscenses and Fees		$3,800	$3,800	$ 7,600
Recruitment fee		$500	$500	$ 1,000
Purchase of Service		$7,200	$7,200	$ 14,400
Respite Fund		$3,500	$3,500	$ 7,000
Translation		$300	$300	$ 600
OTHER				
TOTAL OPERATING EXPENSE		**$ 56,454**	**$ 56,454**	**$ 112,908**

HSA #3 **5/5/2021**

APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

Jewish Family and Children Services

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Services

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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
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 individual or to others.
Grantee	Jewish Family and Children Services
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
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III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
    - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
    - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

Jewish Family and Children’s Services Case Management services are offered out of the JFCS offices at 2534 Judah Street, San Francisco, CA, 94122, Monday through Friday, 8:30am to 5:00pm.

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VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 “OCP Case Management Program Standards” (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

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c. Service Planning
The information collected through the comprehensive assessment will allow a case manager to identify the client’s needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

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The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring
Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client’s health or personal situation may change, which would require an alteration to the care plan. At a minimum,

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  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

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The outcome objectives to be measured annually are:

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- **25**% of cases closed with status of "improved" or "no longer needed services."*

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J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Paulo Salta
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Paulo.Salta@@sfgov.org

Ella Lee
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Ella.Lee@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness

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Training 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.

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.

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HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

Name			Term
Jewish Family and Children's Services			7/1/21-6/30/23
(Check One) New __X__ Renewal ____ Modification ____			
If modification, Effective Date of Mod.	No. of Mod.		
Program: Case Management			
Budget Reference Page No.(s)			
Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
Expenditures			
Salaries & Benefits	$96,585	$96,585	$193,170
Operating Expense	$3,415	$3,415	$6,830
Subtotal	$100,000	$100,000	$200,000
Indirect Percentage (%)	3%	3%	
Indirect Cost (Line 16 X Line 15)	$3,000	$3,000	$6,000
Capital Expenditure	$0	$0	$0
Total Expenditures	$103,000	$103,000	$206,000
HSA Revenues			
General Fund	$88,580	$88,580	$177,160
CFDA #93.778 (14%)	$14,420	$14,420	$28,840
TOTAL HSA REVENUES	$103,000	$103,000	$206,000
Other Revenues			
Total Revenues	$103,000	$103,000	$206,000
Full Time Equivalent (FTE)			
Prepared by: Norman Santos		415-449-1274	4/7/2021
HSA-CO Review Signature:	______________________		
HSA #1			**5/5/2021**

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

Appendix B, Page 2

Salaries & Benefits Detail

	Agency Totals		HSA Program		7/1/21-6/30/22 DHS Program	7/1/22-6/30/23 DHS Program	Total DHS Program
POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
				-	$0	$0	$0
Bi-Lingual Care Manager (B. Jacoby	*$69,362*	*1.00*	*100%*	1.00	$69,362	$69,362	$138,724
Program Supervision (Traci D.)	*$130,320*	*1.00*	*11%*	0.11	$13,901	$13,901	$27,802
				-	$0	$0	$0
				-	$0	$0	$0
				-	$0	$0	$0
				-	$0	$0	$0
				-	$0	$0	$0
				-	$0	$0	$0
				-	$0	$0	$0
				-	$0	$0	$0
TOTALS	$199,682	2.00	111%	1.11	$83,263	$83,263	$166,526
FRINGE BENEFIT RATE	16%						
EMPLOYEE FRINGE BENEFITS	$31,949				$13,322	$13,322	$26,644
TOTAL SALARIES & BENEFITS	$231,631				$96,585	$96,585	$193,170

HSA #2 **5/5/2021**

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

Appendix B, Page 3

Operating Expense Detail

EXPENDITURE CATEGORY	TERM	7/1/21-6/30/22	7/1/22-6/30/23	Total
Rental of Property		$850	$850	$1,700
Utilities(Elec, Water, Gas, Phone, Garbage)		$50	$50	$100
Office Supplies, Postage		$326	$326	$652
Building Maintenance Supplies and Repair		$1,431	$1,431	$2,862
Printing and Reproduction		$150	$150	$300
Insurance		$458	$458	$916
Staff Training				
Staff Travel-(Local & Out of Town)		$150	$150	$300
Rental of Equipment				
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE				
OTHER				
TOTAL OPERATING EXPENSE		$3,415	$3,415	$6,830

HSA #3 **5/5/2021**

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

Kimochi Inc.

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Services

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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
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 individual or to others.
Grantee	Kimochi Inc.
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
    - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
    - Needs limited to only 'case monitoring' (i.e., no active service plan needs) or 'finding housing' are not a demonstrable need for OCP case management services

V. Location and Time of Services:

The Kimochi Inc, Case Management program is housed at 1715 Buchanan Street in San Francisco. The hours of operation are Monday through Friday 9:00 a.m. to 5:00 p.m.

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VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 "OCP Case Management Program Standards" (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment

All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment

Comprehensive assessment is the process of collecting in-depth information about a client's situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning

The information collected through the comprehensive assessment will allow a case manager to identify the client's needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation

The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring

Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client's health or personal situation may change, which would require an alteration to the care plan. 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.

f. Progress Notes

Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment

Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment

Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **68** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete __**90**___% of comprehensive assessments due each contract year.*
- Grantee will complete __**90**___% of service plans due each contact year.*
- Grantee will complete __**100**__% of monthly contacts during each contract year.*
- Grantee will complete __**100**__% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: (*https://ca.getcare.com/caprovider/*), and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Paulo Salta
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Paulo.Salta@@sfgov.org

Ella Lee
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Ella.Lee@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness

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Training 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.

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.

Appendix B, Page 1

HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

Name			Term
Kimochi, Inc.			7/1/21 -6/30/23
(Check One) New __X__ Renewal ____ Modification ____			
If modification, Effective Date of Mod.	No. of Mod.		
Program: Case Management			
Budget Reference Page No.(s)			
Program Term	7/1/21 -6/30/22	7/1/21 -6/30/22	Total
Expenditures			
Salaries & Benefits	$89,250	$89,250	$178,500
Operating Expense	$28,253	$28,253	$56,506
Subtotal	$117,503	$117,503	$235,006
Indirect Percentage (%)	10%	10%	
Indirect Cost (Line 16 X Line 15)	$11,750	$11,750	$23,500
Capital Expenditure	$3,321	$3,321	$6,642
Total Expenditures	**$132,574**	**$132,574**	**$265,148**
HSA Revenues			
General Fund	$114,014	$114,014	$228,028
CFDA #93.778 (14%)	$18,560	$18,560	$37,120
TOTAL HSA REVENUES	**$132,574**	**$132,574**	**$265,148**
Other Revenues			
Total Revenues	$132,574	$132,574	$265,148
Full Time Equivalent (FTE)			
Prepared by: Shawne O'Connell		Telephone No.: 41	Date 04/20/21
HSA-CO Review Signature:			
HSA #1			**5/5/2021**

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

Appendix B, Page 2

Salaries & Benefits Detail

	Agency Totals		HSA Program		7/1/21 -6/30/22 DHS Program	7/1/21 -6/30/22 DHS Program	Total DHS Program
POSITION TITLE	Annual Full Time Salary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
Social Services Coordinator	$62,000	1.00	55%	0.55	$34,100	$34,100	$68,200
Case Manager, Japanese	$51,000	1.00	70%	0.70	$35,700	$35,700	$71,400
Case Manager, Korean	$51,000	1.00	70%	0.70	$35,700	$35,700	$71,400
TOTALS	$102,000	3.00	195%	1.95	$71,400	$71,400	$142,800
FRINGE BENEFIT RATE	25%						
EMPLOYEE FRINGE BENEFITS	$25,500				$17,850	$17,850	$35,700
TOTAL SALARIES & BENEFITS	$127,500				$89,250	$89,250	$178,500

HSA #2 **5/5/2021**

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Operating Expense Detail

EXPENDITURE CATEGORY	TERM	7/1/21 -6/30/22	7/1/21 -6/30/22	Total
Computer/IT/Website		$4,000	$4,000	$8,000
Utilities(Elec, Water, Gas, Phone, Garbage)		$5,000	$5,000	$10,000
Prof Services - Accounting		$4,000	$4,000	$8,000
Telephone		$5,000	$5,000	$10,000
Insurance D&O		$3,000	$3,000	$6,000
Insurance General		$4,253	$4,253	$8,506
Dues/Subscriptions		$3,000	$3,000	$6,000
Staff Travel-(Local & Out of Town)				
Rental of Equipment				
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE				
OTHER				
TOTAL OPERATING EXPENSE		$28,253	$28,253	$56,506

HSA #3 **5/5/2021**

Program: Case Management Appendix B, Page 4
(Same as Line 9 on HSA #1)

Program Expenditure Detail

EQUIPMENT		7/1/21 -6/30/22	7/1/21 -6/30/22	Total
No.	ITEM/DESCRIPTION			
2	Desktop Computers	$3,321		$3,321
2	Desktop Computers		$3,321	$3,321
TOTAL EQUIPMENT COST		$3,321	$3,321	$6,642

REMODELING			
Description			
TOTAL REMODELING COST			

TOTAL CAPITAL EXPENDITURE (Equipment and Remodeling Cost)	$3,321	$3,321	$6,642

HSA #4 **5/5/2021**

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

ON-LOK / 30TH STREET SENIOR CENTER

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Servicers.

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
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 individual or to others.
Grantee	On-Lok/ 30th Street Senior Center
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

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OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
  - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
  - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

30th Street Senior Center Case Management services are located at 225 30th Street 3rd floor in San Francisco. Services are available Monday through Friday 8:30 a.m. to 5:00 p.m.

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VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 "OCP Case Management Program Standards" (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment

All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment

Comprehensive assessment is the process of collecting in-depth information about a client's situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning

The information collected through the comprehensive assessment will allow a case manager to identify the client's needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation

The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring

Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client's health or personal situation may change, which would require an alteration to the care plan. At a minimum,

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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.

f. Progress Notes
Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment
Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment
Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **_132_** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete **__90___**% of comprehensive assessments due each contract year.*
- Grantee will complete **__90___**% of service plans due each contact year.*
- Grantee will complete **__100__**% of monthly contacts during each contract year.*
- Grantee will complete **__100__**% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: *(https://ca.getcare.com/caprovider/),* and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

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E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Ofelia Trevino
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Ofelia.Trevino@sfgov.org

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

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program

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staff have completed the California Department of Aging (CDA) Security Awareness Training 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.

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.

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HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM

	A	B	C	D
5	Name		Term	
6	**On-Lok Day Services**		7/1/21-6/30/23	
7	(Check One) New __X__ Renewal Modification			
8	If modification, Effective Date of Mod.	No. of Mod.		
9	**Program: Case Management**			
10	Budget Reference Page No.(s)			7/1/21-6/30/23
11	Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
12	**Expenditures**			
13	Salaries & Benefits	$265,909	$265,909	$531,818
14	Operating Expenses	$27,558	$27,558	$55,116
15	**Subtotal**	$293,467	$293,467	$586,934
16	Indirect Percentage (%)	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	$44,020	$44,020	$88,040
18	Subcontractor/Capital Expenditures	$0	$0	$0
19	**Total Expenditures**	**$337,487**	**$337,487**	**$674,974**
20	**HSA Revenues**			
21	General Fund	$290,239	$290,239	$580,478
22	Federal Funds (CFDA 93.778)	$47,248	$47,248	$94,496
23				
24				
25				
26				
27				
28				
29	**TOTAL HSA REVENUES**	**$337,487**	**$337,487**	**$674,974**
30	**Other Revenues**			
31	Agency Cash - Fundraising	$22,937	$22,937	$45,875
32				
33				
34				
35				
36	**Total Revenues**	**$360,424**	**$360,424**	**$720,849**
37	Full Time Equivalent (FTE)	3.32	3.32	
39	Prepared by: Meko Ma	Telephone No.:	628-208-8546	
40	HSA-CO Review Signature:	________________		
41	**HSA #1**			**5/5/2021**

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On-Lok Day Services
Program: Case Management

Salaries & Benefits Detail

	Agency Totals		HSA Program		7/1/21-6/30/22	7/1/22-6/30/23	7/1/21-6/30/23
H.S.A-DAS					**DAS**	**DAS**	**DAS TOTAL**
POSITION TITLE	Annual Full TimeSalary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
Geriatrics Support Services Manage	$84,843	1.00	75%	75%	$ 63,632	$ 63,632	$ 127,264
Case Manager 1	$62,504	1.00	93%	93%	$ 58,129	$ 58,129	$ 116,258
Case Manager 2	$56,451	1.00	93%	93%	$ 52,500	$ 52,500	$ 105,000
Hospitality Coordinator	$49,878	1.00	7%	7%	$ 3,491	$ 3,491	$ 6,982
Administrative Secretary	$60,778	1.00	20%	20%	$ 12,156	$ 12,156	$ 24,312
Assistant Director	$97,344	1.00	20%	20%	$ 19,469	$ 19,469	$ 38,938
TOTALS	$411,798	6.00	308%	3.08	$209,377	$209,377	$418,754
FRINGE BENEFIT RATE	27%						
EMPLOYEE FRINGE BENEFITS	$111,186				$56,532	$56,532	$113,064
TOTAL DAS SALARIES & BENEFITS	$522,984				**$265,909**	**$265,909**	**$531,818**

	Agency Totals		HSA Program		7/1/21-6/30/22	7/1/22-6/30/23	7/1/21-6/30/23
Non-DAS					**Non-DAS**	**Non-DAS**	**Non-DAS TOTAL**
POSITION TITLE	Annual Full TimeSalary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary
Case Manager 1	$62,504	1.00	7%	7%	$ 4,375	$ 4,375	$ 8,750
Case Manager 2	$56,451	1.00	7%	7%	$ 3,952	$ 3,952	$ 7,904
Assistant Director	$97,344	1.00	10%	10%	$ 9,734	$ 9,734	$ 19,468
					$ -	$ -	$ -
					$ -	$ -	$ -
					$ -	$ -	$ -
					$ -	$ -	$ -
TOTALS	$411,798	6.00	24%	0.24	$18,061	$18,061	$36,122
FRINGE BENEFIT RATE	27%						
EMPLOYEE FRINGE BENEFITS	$111,186				$4,876	$4,876	$9,753
TOTAL NON-DAS SALARIES & BENEFITS	$522,984				**$22,937**	**$22,937**	**$45,875**
TOTAL DAS & NON-DAS SALARIES & BENEFITS	$522,984				$288,846	$288,846	$577,693

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On-Lok Day Services
Program: Case Management

Operating Expense Detail

Expenditure Category	TERM 7/1/21-6/30/22	7/1/22-6/30/23	TOTAL 7/1/21-6/30/23
Rental of Property			
Utilities(Elec, Water, Gas, Phone, Garbage)	$ 3,308	$ 3,308	$ 6,616
Office Supplies, Postage	$ 500	$ 500	$ 1,000
Building Maintenance Supplies and Repair	$ 8,500	$ 8,500	$ 17,000
Printing and Reproduction	$ 400	$ 400	$ 800
Insurance	$ 1,650	$ 1,650	$ 3,300
Staff Training	$ 750	$ 750	$ 1,500
Staff Travel-(Local & Out of Town)	$ 3,000	$ 3,000	$ 6,000
Rental of Equipment	$ 450	$ 450	$ 900
CONSULTANTS			
OTHER			
Payroll Processing	$ 400	$ 400	$ 800
Data Plan	$ 2,000	$ 2,000	$ 4,000
Purchased Services - client assistance	$ 3,400	$ 3,400	$ 6,800
Social Worker Intern stipend	$ 3,200	$ 3,200	$ 6,400
TOTAL OPERATING EXPENSE	**$ 27,558**	**$ 27,558**	**$ 55,116**

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

OPENHOUSE

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Servicers.

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
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 individual or to others.
Grantee	Openhouse
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

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OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
    - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
    - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

Openhouse Case Management services are offered out of the Bob Ross LGBT Senior Center, 65 Laguna Street, San Francisco, CA, 94102. Hours of operation are Monday through Friday, 9:30am to 5:30pm.

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VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 "OCP Case Management Program Standards" (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

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All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

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Comprehensive assessment is the process of collecting in-depth information about a client's situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning
The information collected through the comprehensive assessment will allow a case manager to identify the client's needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

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The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

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Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

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The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

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- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

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  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete __**90**___% of comprehensive assessments due each contract year.*
- Grantee will complete __**90**___% of service plans due each contact year.*
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Outcome Objectives
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- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

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

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H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Reanna Albert
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Reanna.Albert@sfgov.org

Steve Kim
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Steve.Kim@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness

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Training 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.

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.

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	A	B	C	D
1				Appendix B, Page 1
2				
3	**HUMAN SERVICES AGENCY BUDGET SUMMARY**			
4	**BY PROGRAM**			
5	Name	**Openhouse**		**Term**
6				**7/1/21 - 6/30/23**
7	(Check One) New ☑ Renewal ____ Modification ☐			
8	If modification, Effective Date of Mod.			
9	**Program: Case Management**			
10	Budget Reference Page No.(s)			
11	Program Term	7/1/21-6/30/22	7/1/22-6/30/23	Total
12	**Expenditures**			
13	Salaries & Benefits	$98,773	$98,773	$197,546
14	Operating Expense	$0	$0	$0
15	**Subtotal**	$98,773	$98,773	$197,546
16	Indirect Percentage (%)	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	$14,816	$14,816	$29,632
18	Capital Expenditure	$0	$0	$0
19	Total Expenditures	$113,589	$113,589	$227,178
20	**HSA Revenues**			
21	General Fund (86%)	$97,687	$97,687	$195,374
22	CFDA #93.778 (14%)	$15,902	$15,902	$31,804
23				
24				
25				
26				
27				
28				
29	TOTAL HSA REVENUES	$113,589	$113,589	$227,178
30	**Other Revenues**			
31				
32				
33				
34				
35				
36	Total Revenues	$113,589	$113,589	$227,178
37	Full Time Equivalent (FTE)	1.15	1.15	1.15
39	Prepared by: Matthew Cimino	Telephone No.: (415) 530-2783		4/13/2021
40	**HSA #1**			**5/5/2021**

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Openhouse
Program Name:
Case Management

Salaries & Benefits Detail

	Agency Totals		For HSA Program		7/1/21-6/30/22 For DHS Program	7/1/22-6/30/23 For DHS Program	TOTAL
POSITION TITLE	Annual Full TimeSalary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	**7/1/21 - 6/30/23**
Case Manager	$63,669	100%	100.00%	100.00%	$63,669	$63,669	$127,338
Director of Community Support Serv	$95,000	100%	10.53%	10.53%	$10,000	$10,000	$20,000
Excutive Director	$175,000	100%	4.94%	4.94%	$8,642	$8,642	$17,284
TOTALS	$ 333,669	3.00	1.15	1.15	$82,311	$82,311	$164,622
FRINGE BENEFIT RATE	20%						
EMPLOYEE FRINGE BENEFITS	$66,734				$16,462	$16,462	$32,924
TOTAL SALARIES & BENEFITS	$400,403				$98,773	$98,773	$197,546

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

SELF-HELP FOR THE ELDERLY

Effective July 1, 2021 to June 30, 2023

CASE MANAGEMENT

I. Purpose:

Office of Community Partnerships funds case management programs to help facilitate connections for older adults and adults with disabilities to services that promote and maintain the optimum level of functioning in the most independent setting. Activities of case management services include intake/enrollment, assessment, service planning and implementation, monitoring, reassessment, and ultimately discharge/disenrollment from services.

II. Definitions

Adult with a Disability	Person 18 years of age or older living with a disability.
Case Management	Case management is a process to plan, seek, advocate for, and monitor services from different social service or health care organizations and staff on behalf of a client. The process enables social workers in an organization, or in different organizations, to coordinate their efforts to serve a given client through professional teamwork, thus expanding the range of needed services offered. Case management limits problems arising from fragmentation of services, staff turnover, and inadequate coordination among providers. Case management can occur within a single, large organization or within a community program that coordinates services among settings. (National Association of Social Workers Standards for Social Work Case Management, 2013.)
City	City and County of San Francisco, a municipal corporation.
Controller	Controller of the City and County of San Francisco or designated agent.
CARBON	Contracts Administration, Reporting, and Billing On Line System
DAS	Department of Disability and Aging Servicers.

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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
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 individual or to others.
Grantee	Self-Help for the Elderly (SHE)
HSA	San Francisco Human Services Agency
Low Income	Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services.
LGBT	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
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.

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OCP	Office of Community Partnerships
Older Adult	Person who is 60 years or older, used interchangeably with senior
Senior	Person who is 60 years or older, used interchangeably with older adult
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.).

III. Target Population

Services must target those older adults and adults with disabilities who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need. In particular:

- Low income
- Non or limited English speaking
- Minority
- Frail
- Member of LGBT community

IV. Eligibility for Services

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 and above with a disability
- At an income level of 400% of federal poverty or less
- Not currently receiving duplicative case management services
- Has a demonstrable need for case management and is willing to participate in the program.
  - Demonstrable need includes: inability to coordinate needed services, identifiable service needs such as connection to health services, money management, or stabilization of living situation
  - Needs limited to only ‘case monitoring’ (i.e., no active service plan needs) or ‘finding housing’ are not a demonstrable need for OCP case management services

V. Location and Time of Services:

The Self-Help for the Elderly Case Management program is housed at 601 Jackson Street in San Francisco. It is open Monday through Friday from 9:00 a.m. to 5:00 p.m.

VI. Description of Services

Grantee shall provide case management services to eligible clients consistent with OCP Policy Memorandum #39 “OCP Case Management Program Standards” (as revised March 5, 2018). The OCP Case Management Program Standards include core elements described below. Performance of core elements are recorded in the CA GetCare database which all OCP funded case management providers are required to utilize.

***Grantee shall continue to follow guidance in or instructions from health care providers, the Centers for Disease Control and Prevention (CDC), California Department of Public Health (CDPH), and local health departments relating to COVID-19. If there are contradictory requirements between the most current CDC, CDPH, and local health department guidance or health orders, providers should follow the strictest requirements. These requirements shall be followed with the intent to maximize the health and safety of Grantee staff and clients receiving services.

1) The Case Management process includes at a minimum the following:

a. Intake/Enrollment
All clients seeking to newly enroll in case management services must go through the Centralized Intake and Waitlist (CIW) process. Referrals for OCP funded case management can come from City agencies, hospitals, community based organizations, friends and family of potential clients, and self-referrals from clients themselves. The CIW process helps determine presumptive eligibility of the potential client, track unmet need, and streamline the referral process. OCP funded case management providers will select clients from the CIW for enrollment in services.

b. Comprehensive Assessment
Comprehensive assessment is the process of collecting in-depth information about a client’s situation and level of functioning. The comprehensive assessment identifies specific problems to be addressed in a service plan to coordinate services.

c. Service Planning
The information collected through the comprehensive assessment will allow a case manager to identify the client’s needs and goals. The service plan is a systematic means of addressing each of the problems identified in the assessment.

d. Service Plan Implementation
The implementation of the service plan is the process of putting the plan into action. The case manager acts as a link between the client and the needed services, helping to assure the most appropriate, timely, and cost effective delivery of service to the client.

e. Monitoring
Regular monitoring activities are conducted by the case manager to determine whether the goals and objectives of the care plan are being achieved and to assess ongoing need for case management services. Monitoring is necessary as the client’s health or personal situation may change, which would require an alteration to the care plan. At a minimum,

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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.

f. Progress Notes
Progress notes are the ongoing chronology of the client's record and case management activities. They should address the provision of services as planned; whether services continue to be necessary and appropriate and are being delivered as anticipated. Progress notes also indicate changes in client situation such as health, living situation, and functional ability.

g. Reassessment
Case management requires a comprehensive reassessment of each client on an annual basis and upon significant changes.

h. Discharge/Disenrollment
Discharge (also called termination of services or case closure) is the process whereby the case manager ends case management services to the client. case management services will be ended when the client: (1) moves out of San Francisco, (2) no longer wishes to use case management, (3) improves or stabilizes to the point that services are no longer necessary, (4) dies, (5) exhibits threatening or dangerous behavior toward case management staff, or (6) is receiving duplicative services.

2) Client Caseload

The Grantee shall ensure that one full time equivalent case manager should handle a monthly caseload of 40 clients. For case managers serving a caseload that requires frequent or urgent service needs, the monthly caseload requirement may be reduced to 32 active cases but this requires notification of the assigned OCP program analyst at the time of caseload reduction. This notification must include documentation to justify the reduction. Reduced caseloads will also be checked for supporting documentation during the annual program monitoring process.

3) Additional Requirements

- Grantee will participate in the DAS funded Case Management City Wide Clinical Collaborative program.
- OCP Case Management Program Standards provide the framework for case management services, however the Grantee must establish its own policies and procedures to operationalize the standards within their own agency to best meet client needs.
- Case managers and case management supervisors will attend case management provider's meetings as scheduled.
- Case managers will be provided with adequate case management training as-needed. DAS/OCP funded case management training purchased or provided by Grantee must be approved by DAS/OCP staff.

VII. Objectives:

Service Objectives
For each Fiscal Year:

- Grantee will provide case management services to at least **_280_** unduplicated consumers.

  (Note: Unduplicated consumers to be served on an annual basis shall be at a minimum 55 unduplicated consumers per 1.0 FTE Case Manager staff.)

- Grantee will complete __**90**___% of comprehensive assessments due each contract year.*
- Grantee will complete __**90**___% of service plans due each contact year.*
- Grantee will complete __**100**__% of monthly contacts during each contract year.*
- Grantee will complete __**100**__% of face-to-face contacts each contract year.*

* Tracked via documentation in the CA GetCare database

Outcome Objectives
The outcome objectives to be measured annually are:

- **70%** of identified service goals will be met.
- **25**% of cases closed with status of "improved" or "no longer needed services."*

* Tracked via documentation in the CA GetCare database

VIII. Reporting Requirements

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

A. The grantee will enroll the clients into the CA GetCare database: (*https://ca.getcare.com/caprovider/*), and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.

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. Monthly, quarterly, and annual reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system as required by DAS and contracts department staff.

D. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAS 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 entered on line to this website link: *https://calmaa.hfa3.org/signin*

E. 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.

F. Grantee will participate in an annual consumer survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 35% of contracted annual unduplicated consumers to be served.

G. Grantee shall develop and deliver biannual summary reports of SOGI data collected in the year as requested by DAS/HSA. The due dates for submitting the annual summary report is January 10th and July 10th.

H. Grantee shall develop and deliver ad hoc reports as requested by DAS/HSA.

I. Grantee is required to attend all mandatory case management trainings, Quarterly Provider's Meetings, or other meetings as scheduled by DAS.

J. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.

K. Apart from reports with specific instructions above, all other reports and communications should be sent to the following addresses:

Ofelia Trevino
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Ofelia.Trevino@sfgov.org

Tahir Shaikh
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Tahir.Shaikh@sfgov.org

IX. MONITORING ACTIVITIES:

A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management Module, compliance with specific program standards or requirements as stated in the OCP 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness

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Training 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.

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.

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	A	B	C	D
1				Appendix B, Page 1
2				
3	**HUMAN SERVICES AGENCY BUDGET SUMMARY**			
4	**BY PROGRAM**			
5	Name			7/1/21-6/30/23
6	**SELF-HELP FOR THE ELDERLY**			
7	(Check One) New __X__ Renewal ____ Modification ____			
8	If modification, Effective Date of Mod. No. of Mod.			
9	Program: Case Management			
10	Budget Reference Page No.(s)			Total
11	Program Term	7/1/21-6/30/22	7/1/22-6/30/23	7/1/21-6/30/23
12	**Expenditures**			
13	Salaries & Benefits	$397,530	$397,530	$795,060
14	Operating Expense	$50,583	$50,583	$101,166
15	**Subtotal**	$448,113	$448,113	$896,226
16	Indirect Percentage (%)	15%	15%	15%
17	Indirect Cost (Line 16 X Line 15)	$67,217	$67,217	$134,434
18	Capital Expenditure	$0	$0	$0
19	Total Expenditures	$515,330	$515,330	$1,030,660
20	**HSA Revenues**			
21	General Fund (86%)	$443,184	$443,184	$886,368
22	CFDA #93.778 (14%)	$72,146	$72,146	$144,292
23				
24				
25				
26				
27				
28				
29	TOTAL HSA REVENUES	$515,330	$515,330	$1,030,660
30	**Other Revenues**			
31				
32				
33				
34				
35				
36	Total Revenues	$515,330	$515,330	$1,030,660
37	Full Time Equivalent (FTE)			
39	Prepared by: Leny Nair		Telephone No.:	Date 4/20/21
40	HSA-CO Review Signature:	____________________		
41	**HSA #1**			**5/5/2021**

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SELF-HELP FOR THE ELDERLY
Program: Case Management
(Same as Line 9 on HSA #1)

Salaries & Benefits Detail

	Agency Totals		For HSA Program		7/1/21-6/30/22 For DAS Program	7/1/22-6/30/23 For DAS Program	7/1/21-6/30/23 For DAS Program
POSITION TITLE	Annual Full TimeSalary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	TOTAL
Case Management Supervisor	$76,000	100%	95%	95%	$72,200	$72,200	$144,400
Case Manager	$56,784	100%	100%	100%	$56,784	$56,784	$113,568
Case Manager	$56,160	100%	100%	100%	$56,160	$56,160	$112,320
Case Manager	$57,876	100%	100%	100%	$57,876	$57,876	$115,752
Case Manager	$49,920	100%	100%	100%	$49,920	$49,920	$99,840
Director of Social Service	$94,000	100%	100%	24%	$22,560	$22,560	$45,120
TOTALS	$390,740	6.00	5.95	5.19	$315,500	$315,500	$631,000
FRINGE BENEFIT RATE	26%						
EMPLOYEE FRINGE BENEFITS	$99,934				$82,030	$82,030	$164,060
TOTAL SALARIES & BENEFITS	$490,674				$397,530	$397,530	$795,060

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SELF-HELP FOR THE ELDERLY

Program: Case Management

(Same as Line 9 on HSA #1)

Operating Expense Detail

Expenditure Category	TERM 7/1/21-6/30/22	7/1/22-6/30/23	TOTAL 7/1/21-6/30/23
Rental of Property	$ 22,264	$ 22,264	$ 44,528
Utilities(Elec, Water, Gas, Phone, Scavenger)	$ 12,000	$ 12,000	$ 24,000
Office Supplies, Postage	$ 2,000	$ 2,000	$ 4,000
Building Maintenance Supplies and Repair	$ 8,319	$ 8,319	$ 16,638
Printing and Reproduction			
Insurance	$ 2,500	$ 2,500	$ 5,000
Staff Training	$ 200	$ 200	$ 400
Staff Travel-(Local & Out of Town)	$ 3,000	$ 3,000	$ 6,000
Rental of Equipment			
CONSULTANT/SUBCONTRACTOR DESCRIPTIVE TITLE			
OTHER			
Recruitment Expenses	$ 300	$ 300	$ 600
TOTAL OPERATING EXPENSE	$ 50,583	$ 50,583	$ 101,166

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APPENDIX A: SERVICES TO BE PROVIDED BY GRANTEE

INSTITUTE ON AGING

JULY 1, 2021 TO JUNE 30, 2023
Case Management: Clinical Collaborative Services

I. Purpose:

The purpose of this grant is to improve the knowledge, skills, and performance of DAS/OCP funded case managers working with older adults and adults with disabilities and to more broadly maintain agency level excellence in the provision of services.

Clinical supervision is an important component of the services offered. It provides clinical support for individual case managers to improve the services delivered to their clients, to provide professional growth for the individual case manager, and to help deter staff burnout. The clinical supervisor/consultant will provide such resources by bringing together community case managers from OCP-funded case management agencies, for group and individual supervision meetings, clinical oversight, and consultation. The case management clinical supervision as part of the collaborative is guided by Office on the Aging Program Memorandum #39 – "Case Management Program Standards." The program will also provide group trainings and Clinical Collaborative services for non-case management staff, with a focus on Aging and Disability Resources Center (ADRC) staff.

In addition to working with community-based organizations and their case management staff, Clinical Collaborative services' staff is asked to work with DAS/OCP staff around program and project improvements as needed.

II. Definitions:

ADRC	Aging and Disability Resource Centers (ADRC) provide a broad spectrum of information including options for long-term services and supports (LTSS) and referrals between a wide array of organizations. ADRCs are located throughout San Francisco and serve people of all ages, disabilities, and income levels.
Adult with Disability	A person, 18 years of age or older living with one or more disabilities.

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CA-GetCare	A web-based application that provides specific functionalities for contracted agencies to perform consumer intake/assessment/enrollment, record service units, run reports, etc.
Case Management Module	An on-line case management module, which includes comprehensive assessment, service plan, progress notes and other tools. It is part of the CA-GetCare web-based application.
DAS	Department of Disability and Aging Services.
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.
Grantee	Institute on Aging.
HSA	Human Services Agency of the City and County of San Francisco.
OCM	Office of Contract Management, San Francisco Human Services Agency.
Older Adult	Person who is 60 years of age or older, used interchangeably with Senior.
OCP	Office of Community Partnerships
RTZ Associates	Vendor of CA-GetCare Case Management Module.
Senior	Person who is 60 years of age or older, used interchangeably with older adult

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III. Eligibility for Clinical Collaborative Services:

The intended recipients of the services provided by the Clinical Collaborative are OCP funded case management programs and their case managers. Enhanced services will include capacity for ADRC staff and other community based organization staff (based on availability).

IV. Location and Time of Services:

Clinical Collaborative services are based at IOA's offices at 3575 Geary Blvd in San Francisco. The group and individual supervision, clinical oversight, and consultation are delivered at a variety of locations including participating agency sites, IOA offices, City offices, and other locations as agreed upon.

V. Description of Services

The goals of the Clinical Collaborative are:

- Improve case manager and ADRC staffs' knowledge, skills, and abilities.
- Emphasize core elements of case management – intake/enrollment, comprehensive assessment, service planning/implementation, monitoring, progress notes, re-assessment, discharge/disenrollment.
- Provide a support network for case managers and ADRC staff to enhance professional growth.
- Maintain quality of case management and ADRC services.
- Build networks among case management and ADRC providers.

To meet these goals, the Grantee shall provide individual and group clinical consultation, multi-disciplinary team meetings, clinical oversight, chart and documentation review (via the online Case Management Module), and an opportunity for professional networking/resource sharing.

<u>Clinical Collaborative services includes at a minimum the following:</u>

- **Monthly group supervision meetings for the Clinical Collaborative.** Group meetings provide case consultation, topic specific training, and review of core tasks and standards of case management. For group meetings, the Clinical Collaborative staff may also bring in outside experts and trainers to expand knowledge of resources, geriatric-related topics, behavioral health related issues, clinical skills and case management strategies with a focus on assessment, developing service plans, client relationship building, and managing challenging client issues. The Clinical Collaborative staff will encourage or enable participants' sharing of community resources, cross-agency referrals, peer review and guidance.

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- **Bi-Weekly individual clinical consultation to members of the Collaborative.** Individual sessions emphasize specific case manager issues, challenging client issues, and offers guidance for maintaining quality services. In addition, individual consultation provides a forum to address and improve charting and documentation issues.

- **Monthly meetings with OCP case management supervisors and directors.** On a monthly basis, the Clinical Collaborative staff will meet with the agency supervisors and/or directors to ensure coordination between the Collaborative and the day to day case management supervisors, to improve program effectiveness and avoid any problems of "dual supervision."

- **Routine review of assessments and service plans developed by case managers.** Reviews will look for thoroughness, relevance and client engagement upon admission or enrollment to the program**.**

- The Collaborative's staff will advise OCP staff on program improvements and projects as needed.

Enhanced Services shall include at a minimum the following:

- **ADRC Clinical Group Consultation**. Collaborative staff will meet at various on-site locations with ADRC staff to discuss challenging client issues, and offer guidance for maintaining quality services while receiving feedback not only from the clinical staff, but from peers as well. The Clinical Collaborative staff will encourage or enable participants' sharing of community resources, cross-agency referrals, and guidance.

- **Quarterly Community Trainings**. Building on the clinical consult and supervision content, the Clinical Collaborative staff identifies topics that providers have expressed interest in having more intensive training around and provide those trainings to the community providers; with an emphasis on case management and ADRC staff. Trainings will be held in a venue that can comfortably accommodate 30 or more community members. Trainings will be a minimum of two hours in length to appropriately cover the content of the topics being covered as well as allow time for questions from those in attendance.

- **Multi-Disciplinary Team (MDT) Meetings.** The MDT meeting is an additional consultation format that an agency already participating in the Collaborative can request if they believe their agency's DAS funded staff would benefit from a targeted training from the Clinical Collaborative staff. Staff from different disciplines bring cases to the MDT meeting to problem solve at an agency level on how to best serve difficult clients, or clients with unique needs and/or issues. Staff who could benefit from an agency MDT meeting could include case managers,

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ADRC staff, community staff, meal staff, and other potential DAS funded staff as needed.

VI. Objectives:

Service Objectives

Grantee will be required to follow specific service objectives that measure the quantity of services provided:

- Grantee will provide Clinical Collaborative services to a total of **30** case managers working in Office of Community Partnerships (OCP) funded case management programs.
- Grantee will provide a minimum of **44** case management clinical group consultation meetings per year.
- Grantee will provide a minimum of **550** individual consultation sessions to the case managers annually.
- Grantee will provide a total of **12** meetings with participating case management agency supervisors or directors.

Service Objectives (for Clinical Collaborative Contract Enhancement)

Grantee will be required to follow specific service objectives in response to the program expansion that measure the quantity of services provided:

- Grantee will provide a minimum of **6** ADRC clinical group consultation meetings per fiscal year.
- Grantee will provide clinical collaborative services to a minimum of **14** ADRC staff.
- Grantee will provide a minimum of **4** community based trainings per fiscal year to case management and ADRC staff.
- Grantee will provide a minimum of **4** multi-disciplinary (MDT) consultations to participating Collaborative agencies (this service would be limited to those agencies already engaged in consultation services for case management and ADRC).

Outcome Objectives

Grantee will be required to follow specific outcome objectives that measure the quality and other relevant aspects of the services provided:

- At least eighty-five percent (85%) of case managers receiving services through the Collaborative and responding to an annual satisfaction survey will state the services were beneficial to them.

- At least eighty-five percent (85%) of case managers receiving services through the Collaborative and responding to an annual satisfaction survey will state the services helped improve their skill level and performance.
- At least eighty-five percent (85%) of case managers receiving services through the Collaborative and responding to an annual satisfaction survey will report that when they brought specific issues to the Collaborative, they were able to get training on that issue.
- At least eighty-five percent (85%) of case management Supervisors and Directors receiving services through the Collaborative and responding to a satisfaction survey will state that the services were beneficial to their Case Manager staff.
- At least eighty-five percent (85%) of case management Supervisors and Directors receiving services through the Collaborative and responding to an annual satisfaction survey will report that Collaborative services helped improve their case managers' skill levels and performance.
- At least eighty-five percent (85%) of case management supervisors and directors receiving services through the Collaborative and responding to an annual satisfaction survey will report that if they brought an issue facing their case managers to the Collaborative, the Collaborative would be able to provide consultation or training to help the case managers.

Outcome Objectives (for Dignity Fund Contract Enhancement)

Grantee will be required to follow specific outcome objectives that measure the quality and other relevant aspects of the services provided:

- At least eighty-five percent (85%) of ADRC staff receiving services through the Collaborative and responding to an annual satisfaction survey will state the services were beneficial to them.
- At least eighty-five percent (85%) of ADRC staff receiving services through the Collaborative and responding to an annual satisfaction survey will report that when they brought specific issues to the Collaborative, they were able to get training on that issue.
- At least eighty-five percent (85%) of ADRC staff will report that the community-based trainings were relevant to their daily work.
- At least eighty-five percent (85%) of ADRC staff will report they were able to better help the clients they serve using new interventions learned from the community-based trainings they received.
- At least eighty-five percent (85%) of ADRC supervisors and directors in the Collaborative responding to a satisfaction survey will state that the community-based trainings were beneficial to their ADRC staff.
- At least eighty-five percent (85%) of providers who attend the community-based trainings will report the topics presented were relevant and needed.
- At least eighty-five percent (85%) of providers who attend the community-based trainings will report the topics presented were helpful to them in their work.

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VII. REPORTING REQUIREMENTS:

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

A. 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.
B. Monthly reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system.
C. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section VIII & IX - Service and Outcome Objectives.
D. Grantee will participate in annual Consumer Satisfaction Survey in cooperation with Office of Community Partnerships (OCP) with a minimum return rate of 85% of case managers and ADRC staff and 85% of Supervisors and Directors participating in Collaborative services. Grantee will also survey attendees at the end of each community training provided.
E. Grantee shall develop and deliver ad hoc reports as requested by HSA.
F. Grantee is required to attend all mandatory Case Management Provider's meetings and other meetings as needed.
G. The Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules.
H. Apart from reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager, all other reports should be sent to the following addresses:

Ofelia Trevino
Program Analyst
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120
Email address: Ofelia.Trevino@sfgov.org

Elizabeth Leone, Contract Manager
Human Services Agency
PO Box 7988
San Francisco, CA 94120
Email address: Elizabeth.Leone@sfgov.org

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VIII. 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; evidence that program staff have completed the California Department of Aging (CDA) Security Awareness Training; 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 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.

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	A	B	C	D
1				Appendix B, Page 1
2				
3	**HUMAN SERVICES AGENCY BUDGET SUMMARY**			
4				
5	Name		Term	
6	**Institute on Aging (IOA)**		**7/1/2021 - 6/30/2023**	
7	(Check One) New ☑ Renewal ____ Modification ___			
8	If modification, Effective Date of Mod. No. of Mod.			
9	Program: **Clinical Collaborative Services 21-23**			
10	Budget Reference Page No.(s)	Original	Original	**Total**
11	Program Term	**7/1/21 - 6/30/22**	**7/1/22 - 6/30/23**	**7/1/21 - 6/30/23**
12	**Expenditures**			
13	Salaries & Benefits	$247,633	$247,633	$495,266
14	Operating Expenses	$17,267	$17,267	$34,534
15	Subtotal	$264,900	$264,900	$529,800
16	Indirect Percentage (%)	15%	15%	
17	Indirect Cost (Line 16 X Line 15)	$39,735	$39,735	$79,470
18	**Total Expenditures**	**$304,635**	**$304,635**	**$609,270**
19	**HSA Revenues**			
20	General Fund (86%)	$261,986	$261,986	$523,972
21	CFDA 93.778 (14%)	$42,649	$42,649	$85,298
22				
23				
24				
25				
26				
27				
28	**TOTAL HSA REVENUES**	**$304,635**	**$304,635**	**$609,270**
29	**Other Revenues**			
30				
31				
32				
33				
34				
35	Total Revenues	**$304,635**	**$304,635**	**$609,270**
36				
38	Prepared by:			Date: 4/6/2021
39	HSA-CO Review Signature:			
40	**HSA #1**			**5/5/2021**

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Institute on Aging (IOA)
Program: Clinical Collaborative Services 21-23
(Same as Line 9 on HSA #1)

Salaries & Benefits Detail

7/1/2021 - 6/30/2023

	Agency Totals		HSA Program		7/1/21 - 6/30/22	7/1/22 - 6/30/23	TOTAL
POSITION TITLE	Annual Full TimeSalary for FTE	Total FTE	% FTE funded by HSA (Max 100%)	Adjusted FTE	Original Budgeted Salary	Original Budgeted Salary	Budgeted Salary
Clinical Collaborative Lead	$86,233	1.00	100%	0.90	$77,610	$77,610	$155,220
Clinical Consultant	$77,000	1.00	100%	1.00	$77,000	$77,000	$154,000
Addl. Clinical Consultant .5	$76,960	0.50	45%	0.45	$34,632	$34,632	$69,264
Education Specialist	$69,672	1.00	5%	0.05	$3,484	$3,484	$6,968
Mngr Community Programs	$107,625	1.00	5%	0.05	$5,381	$5,381	$10,762
TOTALS	$417,490	4.50	100%	2.45	$198,107	$198,107	$396,214
FRINGE BENEFIT RATE	25%						
EMPLOYEE FRINGE BENEFITS	$104,373				$49,526	$49,526	$99,052
TOTAL SALARIES & BENEFITS	**$521,863**				**$247,633**	**$247,633**	**$495,266**

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Institute on Aging (IOA)
Program: Clinical Collaborative Services 21-23
(Same as Line 9 on HSA #1)

Operating Expense Detail

Expenditure Category	TERM	Original 7/1/21 - 6/30/22	Original 7/1/22 - 6/30/23	TOTAL 7/1/2021 - 6/30/2023
Occupancy		$ 6,560	$ 6,560	$ 13,120
Office Supplies, Postage		$ 1,672	$ 1,672	$ 3,344
Professional Training/Retreat		$ 200	$ 200	$ 400
Staff Travel-(Local & Out of Town)		$ 2,000	$ 2,000	$ 4,000
Technology		$ 2,000	$ 2,000	$ 4,000
Equipment Data Plan		$ 653	$ 653	$ 1,306
Licensing Fees		$ 2,782	$ 2,782	$ 5,564
Recruiting		$ 600	$ 600	$ 1,200
Other				
OTHER				
Insurance		$ 800	$ 800	$ 1,600
TOTAL OPERATING EXPENSE		**$ 17,267**	**$ 17,267**	**$ 34,534**