City and County of San Francisco



London Breed, Mayor

Human Services Agency

Department of Human Services Department of Aging and Adult Services Office of Early Care and Education

Trent Rhorer, Executive Director

MEMORANDUM

TO:	AGING & ADU	JLT SERVICI	ES COMM	ISSION	
THROUGH:	SHIREEN McS	PADDEN, EX	ECUTIVE	DIRECTOR	
FROM:	CINDY KAUFI JOHN TSUTAR	FMAN, DEPU KAWA, DIRE	TY DIREC	TOR CONTRACTS ゴ	ic (
DATE:	NOVEMBER 1	4, 2018			
SUBJECT:		MULTI-PURI	OSE SENI	G (NON-PROFI OR SERVICES I	,
GRANT TERM:	7/1/2018-6/30/2	2019			
GRANT AMOUNT:	<u>New</u> \$300,000		<u>Continge</u> \$30,000	ncy	<u>Total</u> \$300,000
ANNUAL AMOUNT	<u>FY 18/19</u> \$300,000				
FUNDING SOURCE	County	State	<u>Federal</u>	Contingency	Total
FUNDING: PERCENTAGE:	\$300,000 100%			\$30,000	\$330,000 100%

The Department of Aging and Adult Services (DAAS) requests authorization to enter into a new grant with Institute on Aging (IOA) for the period beginning July 1, 2018 and ending June 30, 2019, in an amount of \$300,000 plus a 10% contingency for a total amount not to exceed \$330,000. The purpose of the grant is to help maintain a Multi-Purpose Senior Services Program (MSSP) site in San Francisco.

Background

Institute on Aging has operated a Multi-Purpose Senior Services Program (MSSP) site in San Francisco through grants provided by the California Department of Aging (CDA) since 1980. The MSSP site provides case management and tangible purchases in an effort to avoid the premature placement of older persons in nursing facilities, and to promote stable independent community living. Unfortunately, the MSSP reimbursement rate has not increased since 2006, and many MSSP sites have begun to close due to insufficient funding. Most recently, the MSSP sites in Napa/Solano closed earlier in 2018. The San Francisco Department of Aging and Adult Services values and supports MSSP site services as part of the options for long term care supports and services to avoid premature institutionalization. Over time, through inflation and increasing costs, the program's overall expenditures have increased to approximately \$2.28 million per year, while the CDA only contributes \$1.91 million per year. As the program's deficit has increased, IOA has had to cut into administrative costs as well the available funds for the purchases of service. This grant will provide \$300,000 in supplemental funding allowing IOA to maintain the required Staff to Client ratio (1 to 47) and an adequate level of purchases of service to support stable independent community living. IOA will cover the remaining difference of approximately \$70,000 (See Appendix B for breakdown).

Services to be Provided

The MSSP site provides long term case management services and tangible purchases to individuals who meet eligibility criteria with the goal of promoting stable community living and preventing premature institutionalization. This includes intake, enrollment, assessment, care planning, care plan implementation, monitoring (person and telephonic client contacts), progress notes, reassessments, and disenrollment. Services will be provided at 3575 Geary Boulevard, San Francisco, CA and will be able to serve clients whose primary language is Spanish, Cantonese, Mandarin, Russian, Farsi, and English.

Reimbursement Structure

The CDA is the primary funder of the MSSP site and reimburses IOA on a per member per month (PMPM) rate. Due to CDA's per member per month funding structure, DAAS will similarly supplement this grant on a PMPM rate. The CDA reimburses IOA at a flat rate of \$337 PMPM while the actual cost of the MSSP is approximately \$397 PMPM. Through this grant, DAAS will help supplement the difference at a reimbursement rate of \$56 PMPM with IOA covering the remaining amount.

Selection

Institute on Aging was selected through Sole Source as they are the only MSSP site in San Francisco.

Funding

This grant will be funded entirely through City and County funds. HSA reimbursement to Institute on Aging for services provided through the MSSP grant will be on a per member per month rate of \$56.

ATTACHMENTS

Appendix A Appendix B

APPENDIX A

AGREEMENT BETWEEN THE SAN FRANCISCO DEPARTMENT OF AGING AND ADULT SERVICES AND INSTITUTE ON AGING MULTI-PURPOSE SENIOR SERVICES PROGRAM (MSSP)

Grant Term – July 1, 2018 through June 30, 2019

I. Purpose of Grant

The Multi-Purpose Senior Services Program (MSSP) is a long term, medium intensity case management model for low income, medically complex older adults who are 65 years and older. The goal of MSSP is to avoid premature placement of persons in nursing facilities, while fostering independent living in the community. In an application process with California Department of Aging (CDA) in 1980, Institute on Aging (IOA) was selected to be an MSSP provider and has continued to operate the only MSSP in San Francisco for over 30 years. IOA was the 6th site to be established across California with funding from the CDA. As the MSSP reimbursement rate has not increased since 2006, many MSSP programs statewide have closed due to insufficient funding. Most recently, the MSSP in Napa/Solano closed in 2018. The San Francisco Department of Aging and Adult Services values and supports MSSP services as part of the options for long term care supports and services to avoid premature institutionalization. As such, the purpose of the grant is to provide supplemental funding needed to sustain MSSP services for eligible older adults living in San Francisco.

II. Definitions

CARBON	Human Services Agency's Contracts Administration Reporting and Billing Online system
CDA	California Department of Aging
DAAS	San Francisco Department of Aging and Adult Services
Grantee	Institute on Aging (IOA)
MSSP	Multi-Purpose Senior Services Program
Older Adults	Person who is 65 years of age and older
PMPM	Per Member, Per Month; monthly program funding/reimbursement rate per member served

III. Target Population

MSSP targets older adults who meet the following criteria:

- Resident of San Francisco
- Age 65 years or older
- Low income based on Medi-Cal criteria
- Active Medi-Cal with acceptable Aid Code as defined by CDA
- Certified eligible for skilled nursing home placement (2 or more deficits in Activities of Daily Living)

IV. Description of Services

MSSP provides long term case management services and tangible purchases to individuals who meet eligibility criteria with the goal of promoting stable community living and preventing premature institutionalization. This includes intake, enrollment, assessment, care planning, care plan implementation, monitoring (person and telephonic client contacts), progress notes, reassessments, and disenrollment. There is no time limitation for services as long as individuals continue to meet eligibility criteria and have service needs.

Program staffing consist of care managers that are trained in social work (degree) or nursing (Registered Nurse). Multi-lingual staff currently have capacity to serve clients whose primary language is Spanish, Cantonese, Mandarin, Russian, and Farsi. The average MSSP caseload is between 40 to 47 clients per month, with program capacity of up to 446 clients served each month.

Intake and Enrollment

The IOA's Connect Department (415-750-4111) receives referrals from individuals, hospitals, community-based organizations, City agencies, friends and family of prospective MSSP clients, and other sources. The IOA Connect team determines presumptive eligibility, which includes verifying Medi-Cal eligibility with acceptable Medi-Cal Aid Codes. The Intake Specialists on the Connect team manage the waitlist.

Comprehensive Assessment

An in-home comprehensive assessment is conducted at the time of initial enrollment by a nurse and social worker to verify that client meets the skilled nursing level of care requirement for the program. Also at assessment, mutually agreed upon goals for a care plan are identified to address unmet needs.

Care Planning

A care plan, that includes client's choice and functional needs, is developed linking medical and social service needs, including In-Home Supportive Services, home-

delivered meals, transportation, and other appropriate services. Needed items and services not available through other programs can also be obtained through a small purchase of service budget to ensure the basic health and safety of clients (i.e. emergency response system, durable medical equipment, incontinence supplies, taxi vouchers, etc.). Purchases are completed as payer of last resort when clinically justified and approved by CDA.

Care Plan Implementation

Using an interdisciplinary model, the MSSP team meets weekly for Care Plan Conference with the IOA Psychology Department to discuss assessments and develop client-centered care plans for each enrolled or re-assessed client. The social worker and nurse act as the link between the client and needed services, helping to ensure the most appropriate, timely, and cost effective delivery of service to the client. Services coordinated include: transportation/escort, mental health services, food delivery, health care coordination, medication review and coordination, home repairs/modifications, durable medical equipment/adaptive equipment, translation, health information and education, monitoring of personal care and chore needs/back up care, and general advocacy/ navigation of social service systems.

Monitoring

All clients receive a minimum of quarterly home visits and monthly phone calls for monitoring, which entails review of each care plan problem statement and evaluation of the effectiveness of the care plan. The health, safety, and social components of clients and their living arrangements are addressed through comprehensive monitoring.

Progress Notes

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

Reassessment

All MSSP clients require an annual, comprehensive, in-home assessment conducted by the nurse and social worker.

Disenrollment

MSSP disenrolls clients for various reasons that may include moving out of the area, Medi-Cal ineligibility, long term institutionalization, voluntary disenrollment, inability to follow care plan, and other (e.g. when a client's needs are being met without MSSP services).

V. Location and Time of Services

MSSP offices are located at the Institute on Aging on 3575 Geary Boulevard, San Francisco. Services are offered during regular business hours, Monday through Friday, 9 a.m. to 5 p.m., excluding holidays.

VI. Grantee Responsibilities

- Grantee is a mandated reporter for witnessed or suspected child and elder abuse/neglect. Mandated reporter training for elder abuse is required annually for all program staff.
- Grantee will be compliant with laws related to confidentiality and privacy, including the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules. For specific compliance requirements, please refer to the Grant Agreement and Business Associate Agreement.
- Grantee will resolve grievances related to services at the program level and adhere to the DAAS Grievance Policy and Procedure.
- Grantee will provide training and ongoing supervision and oversight of all staff.
- Grantee is responsible for program language capacity reflective of the population served to best provide culturally appropriate services.
- Grantee will conduct an annual survey measuring program outcomes and whether clients felt services effectively made an impact.
- Grantee will communicate and collaborate regularly with DAAS to help support the program.
- Grantee will attend DAAS Commission and other meetings as needed.
- Grantee will maintain accurate, up-to-date, confidential case files on all clients, including documentation of demographic information, assessments, care plans, progress notes, and services provided.
- Grantee will submit Sexual Orientation and Gender Identity (SOGI) data annually in CARBON.
- Grantee will comply with State and Federal regulations related to the operation of the program.

VII. Service Objectives

• Grantee will provide case management services to a total of 480 unduplicated clients annually (444 clients annually + 8% turn over = 480 clients).

VIII. Outcome Objectives

- MSSP clients will avoid premature institutionalization. At least 85% of clients enrolled annually will avoid premature institutionalization.
- MSSP clients will be satisfied with the program. At least 80% of clients surveyed will rate their satisfaction with the program as good or greater.

• MSSP will help clients maintain or improve their quality of life. At least 80% of clients surveyed will report "yes" or "to some extent" when asked if the services they received helped them maintain or improve their quality of life.

IX. Reporting Requirements

- A. Grantee will provide a **monthly** report of activities, referencing the tasks as described in Section VII Service Objectives. Grantee will enter the following monthly metrics in the CARBON database by the 15th of the following month.
 - Number of unduplicated clients receiving case management services monthly.
- B. Grantee will provide an **annual** report summarizing the contract activities, referencing the tasks as described in Section VIII Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. Grantee will enter the following annual metrics in the CARBON database by the 15th of the month following the end of the program year.
 - Number and percentage of unduplicated clients that avoided premature institutionalization annually.
 - Number and percentage of unduplicated clients that rate their satisfaction with the program as good or greater.
 - Number and percentage of unduplicated clients that report "yes" or "to some extent" when asked if the services they received helped them maintain or improve their quality of life.
- C. Grantee will provide Ad Hoc reports as required by DAAS.
- D. For assistance with reporting requirements or submission of reports, contact:

David Kashani Contract Manager, Office of Contract Management Human Services Agency david.kashani@sfgov.org

or

Fanny Lapitan Program Analyst, Long Term Care Operations Department of Aging and Adult Services <u>fanny.lapitan@sfgov.org</u>

X. Monitoring Activities

- A. <u>Program Monitoring</u>: Program monitoring will include review of participant eligibility, back-up documentation for reporting progress towards meeting service and outcome objectives, QA reports, satisfaction survey results, and onsite monitoring.
- B. <u>Fiscal Compliance and Contract Monitoring</u>: Fiscal monitoring will include review of the Grantee's organizational budget, the general ledger, quarterly balance sheet, cost allocation procedures and plan, State and Federal tax forms, audited financial statement, fiscal policy manual, supporting documentation for selected invoices, cash receipts and disbursement journals. The compliance monitoring will include review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and MOUs, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

Α	В	C
	Appendix B, Page	
2	Document Date:	9/18/2018
3 HUMAN SERVICES AGENCY GR	ANT BUDGET	SUMMARY
4 BY PROGRAM		
5 Name		
6 Institute on Aging	July 1, 2018-J	
7 (Check One) New X Renewal _	Modification	
8 If modification, Effective Date of Mod.	No. of Mod.	
9 Program: Multipurpose Senior Service	s Program	
10 Budget Reference Page No.(s)		Total
11 Program Term	FY 18-19	7/1/18-6/30/19
12 Expenditures		
13 Salaries & Benefits	\$1,694,944	\$1,694,944
14 Operating Expense	\$186,859	\$186,859
15 Subtotal	\$1,881,803	\$1,881,803
16 Indirect Percentage (%)	15%	15%
17 Indirect Cost (Line 16 X Line 15)	\$282,269	\$282,269
18 Capital Expenditure	\$0	\$0
19 Total Expenditures	\$2,164,072	\$2,164,072
20		
21 Purchase of Services	\$115,554	\$115,554
22 TOTAL EXPENDITURES	\$2,279,626	\$2,279,626
23		
24 HSA-DAAS Revenue		
25 General Fund	\$300,000	\$300,000
26		
27 Non-DAAS Revenue	<u> </u>	<u> </u>
28 DHCS Revenue	\$1,911,111 \$2,500	\$1,911,111 \$2,500
29 Wells Fargo 30 Indirect cost picked up by IOA	\$28,029	\$28,029
31 IOA additional contribution	\$37,986	\$37,986
32 TOTAL Non-DAAS Revenue	\$1,979,626	\$1,979,626
33		
34 Total Revenues (All Sources)	\$2,279,626	\$2,279,626
35 Full Time Equivalent (FTE)	18.90	18.90
37 Prepared by: Institute on Aging		9/18/2018
38 HSA-CO Review Signature:		
20 46 4 #1		11/15/2007
39 HSA #1		11/10/20

6	. ,							
7			Salaries & Be	nefits D	etail			
8 9								
10								70741
11			Agency Tota Annual 18-19 Full		For HSA	A Program	FY 18-19	TOTAL
12	POSITION TITLE	Last Name	TimeSalary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	7/1/18-6/30/19
13	Care Management						na da en reginit. En apental e da est	
	Senior Social Work Care Manager	Smith Diaz	\$83,197	100%	100%	1.00	\$83,197	\$83,197
	Social Work Care Manager	Mayorga	\$77,799	100%	100%	1.00	\$77,799	\$77,799
	Social Work Care Manager	Wan	\$69,083	100%	100%	1.00	\$69,083	\$69,083
	Social Work Care Manager	Lui	\$66,932	100%	100%	1.00	\$66,932	\$66,932
	Social Work Care Manager	Karpovich	\$66,932	100%	100%	1.00	\$66,932	\$66,932
	Social Work Care Manager	Ho	\$66,932	100%	100%	1.00	\$66,932	\$66,932
	Social Work Care Manager	Stepanova	\$64,333	100%	100%	1.00	\$64,333	\$64,333
	Social Work Care Manager	Uribe	\$66,401	100%	100%	1.00	\$66,401	\$66,401
	Social Work Care Manager	Samayoa	\$66,401	100%	100%	1.00	\$66,401	\$66,401
	Social Work Care Manager	Gordon	\$64,773	50%	100%	0.50	\$32,386	\$32,386
	Nurse Care Manager	Schultz	\$122,504	100%	100%	1.00	\$122,504	\$122,504
	Nurse Care Manager	Xu	\$104,556	100%	100%	1.00	\$104,556	\$104,556
	Subtotal Care Management Salaries		\$919,841	1150%	1200%	11.50	\$887,456	\$887,456
27			·					
	Care Management Support (CMS)		000.000		4000		604.000	#04.000
	Program Director		\$90,000	90%	100%	0.90	\$81,000	\$81,000
	Fiscal Manager		\$66,108	100%	100%	1.00		\$66,108
	Office Manager		\$75,706	100%	100%	1.00	\$75,706	\$75,706
	Accounts Payable Specialist		\$50,721	100%	100% 100%	1.00	\$50,721 \$64,486	\$60,721
	Data Support/IT	· · · · · · · · · · · · · · · · · · ·	\$64,486 \$47,241	100% 100%		1.00 1.00	\$04,480 \$47,241	\$64,486 \$47,241
	Receptionist		\$47,241	100%	100%	1.00	\$59,987	\$59,987
	Intake Specialist Administrative Assistant		\$59,987 \$46,499	100%	50%	0.50	\$39,987	\$23,250
	IOA on-staff (temp)		\$40,499 \$0	100%	0%	0.00	Berthers and the	\$25,250
	Subtotal Care Management Support (CMS)		\$500,750	890%		7.40	ang tang tip tanèn kabupatèn ka	\$468,499
38 39			\$500,750	030 %	10070	7.40	\$700,900	\$400,400
<u>39</u> 40		i	\$1,420,590	2040%	1950%	18.90	\$1,355,955	\$1,355,955
41			L					
42			25%	<u> </u>			6000 000 I	6336 000
	EMPLOYEE FRINGE BENEFITS		\$355,148	L	L		\$338,989	\$338,989
44								
45 46							\$1,694,944	\$1,694,944
47		a t	-		•			11/15/2007

D E F	9/18/2018		ense Detail	TOTAL FY 18-19 7/1/18-6/30/19	\$11,880 \$11,880	\$8,928 \$8,928	\$4,000 \$4,000	\$4,000 \$4,000	\$77,689 \$77,689	\$21,462 \$21,462	\$10,000 \$10,000	\$40,000 \$40,000	\$8,900 \$8,900	\$186,859 \$186,859	11/15/2007	
A B C		Program: Multipurpose Senior Services Program (Same as Line 9 on HSA #1)	Operating Expense Detail	Σο	sstage, Internet	sional Services	Equipment Cost equal to or greater than \$500 per Unit	Equipment, Maintenance & Rental Costs, Office Supplies				Computer/Application Subscriptions, Membership Dues, Library Purchases		G EXPENSE		
	2 2 4	-1	0 1 0	9 10 11 12 Expenditure Category	13 Communications, Postage, Internet	14 Consultation, Professional Services	15 Equipment Cost eq	16 Equipment, Mainter	17 Occupancy	18 Utilities	19 Insurance	Computer/Application Su 20 Dues, Library Purchases	21 Travel	22 23 TOTAL OPERATING EXPENSE 24	25 HSA #3	

Program: Multipurpose Senior Services Program	n		
Same as Line 9 on HSA #1)			
	Purchase of Se	rvice De	etail
Purchase of Service Category	TERM FY 18-19		TOTAL
Global Purchase of Services	\$115,554		\$115,554
TOTAL PURCHASE OF SERVICE EXPENSE	\$115,554	. <u> </u>	\$115,554
HSA #4			5/23/2013

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