# **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 & A                                | DULT SERVIC                                   | CES COMMIS                               | SION                                      | • .                                    |
|-------------------------|--|---|--|---|--|
| THROUGH:                | SHIREEN M                                | ICSPADDEN, I                                  | EXECUTIVE I                              | DIRECTOR                                  |  |
| FROM:                   |  | JFFMAN, DEP<br>ʿAKAWA, DIR                    |  | OR<br>ONTRACTS J                          | $\overline{n}$                         |
| DATE:                   | MAY 1, 201                               | 9   |  |   |  |
| SUBJECT:                | below) FOR<br>RESOURCI                   | THE PROVIS                                    | SION OF ALZ<br>ADCRC) FOR                | GRANTEES (so<br>HEIMER'S DA<br>OLDER PEOP | Y CARE                                 |
| GRANT TERM:             | <u>Current</u><br>7/1/2016-<br>6/30/2019 | <u>Modification</u><br>7/1/2018-<br>6/30/2020 | <u>Revised</u><br>7/1/2016-<br>6/30/2020 | <u>Contingency</u>                        | <u>Total</u><br>7/1/2016-<br>6/30/2020 |
| GRANT AMOUNT:           | \$845,345                                | \$481,935                                     | \$1,327,280                              | \$132,728                                 | \$1,460,008                            |
| ANNUAL AMOUNT:          | <u>FY 18/19</u><br>\$200,000             | <u>FY 19/20</u><br>\$281,935                  |  |   | -<br>-                                 |
| FUNDING SOURCE          | <u>County</u>                            | State   | Federal                                  | Contingency                               | Total                                  |
| MODIFICATION            | \$481,935                                |   |  | \$48,193                                  | \$530,128                              |
| FUNDING:<br>PERCENTAGE: | 100%                                     |   | · · ·                                    |   | 100%                                   |
|                         |  |   |  |   |  |

The Department of Aging & Adult Services (DAAS) requests authorization to modify the current grant agreements with multiple non-profit agencies as listed below for the period of July 1, 2018 to June 30, 2020, in an amount of \$481,935 plus a 10% contingency for a total amount not to exceed \$1,460,008. The purpose of these grant modifications is to provide continued support for community based Alzheimer's Day Care Resource Centers (ADCRC) that provide day program support for individuals, and counseling and respite for caregivers.

P.O. Box 7988, San Francisco, CA 94120-7988 = (415) 557-5000 = www.sfhsa.org/

| GRANTEE                   | <u>FY</u>    | <u>FY</u>     | FY            | <u>Total</u>    | <u>Contingency</u> | Total Grant     |
|---------------------------|--------------|---------------|---------------|-----------------|--------------------|-----------------|
|                           | <u>16/19</u> | <u>18/19</u>  | <u>19/20</u>  | Amount          |                    | <u>Amount</u>   |
|                           | Amount       | Annual        | <u>Annual</u> | <u>FY 16/20</u> |                    | <u>FY 16-20</u> |
|                           |              | <u>Amount</u> | <u>Amount</u> |                 |                    |                 |
| Catholic Charities        | \$285,117    |               | \$93,979      | \$379,096       | \$37,910           | \$417,006       |
|                           |              |               |               |                 |                    |                 |
| Institute on Aging        | \$285,114    | \$200,000     | \$93,978      | \$579,092       | \$57,909           | \$637,001       |
| Self-Help for the Elderly | \$275,114    |               | \$93,978      | \$369,092       | \$36,909           | \$406,001       |
| TOTAL                     | \$845,345    | \$200,000     | \$281,935     | \$1,327,280     | \$132,728          | \$1,460,008     |

#### Background

Alzheimer's Day Care Resource Centers (ADCRC's) are community-based programs that serve persons with Alzheimer's disease or dementia disorders, whose care needs make it difficult for them to participate in other community-based programs. The operation of an ADCRC takes place within the existing structure and licensure of an Adult Day Health Center or Adult Day Program. ADCRC's help individuals with dementia related disorders remain part of the community by providing trained staff and guided opportunities for social, physical and emotional engagement. ADCRC's also provide counseling, training and support for families and caregivers. ADCRC's rely on trained volunteers to support program staff in their endeavors.

### Services to be Provided

Grantees will continue to develop a program and maintain a physical environment suitable to caring for participants with conditions associated with dementia. Services are divided into four service sections 1) Day program hours, 2) Caregiver counseling and support 3) Volunteer services, 4) Education. Grantees will develop, organize and provide training for staff and volunteers and other persons caring for these individuals, be a resource to family and caregivers, and craft meaningful volunteer opportunities to support program operation.

Day program hours are usually Monday through Friday, with a staffing ratio of one participant to a five-member care-team. ADCRC's offer clients enriching activities, and socialization opportunities and help with individuals' engagement. Program staff offers supportive counseling as well as resources and referrals to families, caregivers and the general public. Trained volunteers will be a part of care-teams and will be included in ongoing ADCRC in-service trainings. The ADCRC's provide client engagement, caregiver respite, trainings and volunteer opportunities to create strong and supportive community based programs.

#### Institute on Aging Modification for 18/19 for \$200,000

Institute on Aging's (IOA) current ADCRC site, at California Pacific Medical Center (CPMC), requires seismic retrofitting which makes the site unusable for the next few years. To ensure continuance of needed services, this modification is to help cover the expenses of establishing a new permanent location for the ADCRC site. This modification will cover the facility rental expense, furnishings, moving costs, marketing costs, license transfer fees, and other administration costs associated with the permanent ADCRC site relocation to the San Francisco Presidio.

## Selection

Grantees were selected through RFP # 706, issued in May 16, 2016.

#### Performance

All Grantees are in compliance with fiscal and programmatic requirements for FY 18/19.

#### Funding

The funding is 100% County General Fund.

## Attachments

Appendix A1- Services to be Provided by Grantee – Catholic Charities

Appendix B1 - Calculation of Charges - Catholic Charities

Appendix F1 – Site Chart - Catholic Charities

Appendix A1(a)- Services to be Provided by Grantee – Institute on Aging

Appendix B1(a) – Calculation of Charges - Institute on Aging

Appendix H1 – Site Chart - Institute on Aging

Appendix A4- Services to be Provided by Grantee – Self Help for the Elderly

Appendix B6- Calculation of Charges - Self Help for the Elderly

Appendix F1 – Site Chart – Self-Help for the Elderly

## APPENDIX A1- SERVICES TO BE PROVIDED BY GRANTEE CATHOLIC CHARITIES of SAN FRANCISCO July 1, 2019 – June 30, 2020 ALZHEIMER'S DAY CARE RESOURCE CENTER (ADCRC)

#### I. Purpose

The purpose of this grant is to assist individuals with Alzheimer's disease and other dementia related disorders by providing them with opportunities for social, physical and emotional engagement; to provide respite care for families and caregivers; to provide supportive counseling and education to families, caregivers and the community at large; to provide trainings and volunteer opportunities to support those with Alzheimer disease and other dementia related disorders. The ADCRC will provide client engagement, caregiver respite, trainings and volunteer opportunities to create strong and supportive programs.

#### II. Definitions

Alzheimer's Day Care Resource

Center (ADCRC) Alzheimer's Day Care Resource Centers (ADCRC) are communitybased programs that serve persons with Alzheimer's disease or other dementia related disorders, particularly those in the middle to late stages, whose care needs and behavior make it difficult for them to participate in other day programs. The operation of an ADCRC shall take place within the framework of a licensed Adult Day Health Center or Adult Day Program.

DAAS

Frail

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) Selfcare: Activities of Daily Living (ADL), and Instrumental Activities of Daily Living (IADL); b) Capacity for independent living and selfdirection; c) Cognitive functioning, and emotional adjustment.

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 others.

Grantee

Catholic Charities of San Francisco

Department of Aging and Adult Services

Appendix A1 – ADCRC Catholic Charities FY 2019-2020

|     | HSA         | Human Services Agency of City and County of San Francisco   |
|-----|-------------|---|
| • . | LGBTQ+      | An acronym/term used to refer to persons who self-identify as non -<br>heterosexual and/or whose gender identity does not correspond to<br>their birth sex. This includes, but is not limited to, lesbian, gay,<br>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<br>are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea,<br>Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the<br>United States Territories of the Pacific including the Northern<br>Marianas, d) American Indian/Alaskan Native – an American Indian,<br>Eskimo, Aleut, or Native Hawaiian. Source: California Code of<br>Regulation Sec. 7130. |
|     | Older Adult | Person who is 60 years or older, used interchangeably with senior   |
|     | OOA         | Office on the Aging   |
|     | Senior      | Person who is 60 years or older, used interchangeably with older adult  |
|     | SOGI        | Sexual Orientation and Gender Identity; Ordinance No. 159-16<br>amended the San Francisco Administrative Code to require City<br>departments and contractors that provide health care and social<br>services to seek to collect and analyze data concerning the sexual<br>orientation and gender identity of the clients they serve (Chapter 104,<br>Sections 104.1 through 104.9)  |

### **III.** Target Population

Services must target clients who are members of one or more of the following target groups that have been identified as demonstrating the greatest social need. In particular:

- Non or limited –English speaking
- Minority
- Frail
- Lesbian/Gay/Bisexual/Transgender

## IV. Eligibility for ADCRC Services

1) A resident of San Francisco and

2) An individual aged 18 and older with Alzheimer's disease or other dementia related disorder, particularly in the middle to late stages, whose care needs and behavior may make it difficult to participate in community programs or other social settings.

Appendix A1 – ADCRC Catholic Charities FY 2019-2020

## V. Location and Time of Services

The details of the sites and operation hours will be attached in the Site Chart (Appendix F1) of the certified grant.

## VI. Description of Services

The ADCRC will provide the services necessary to meet the needs of participants with Alzheimer's disease or other dementia related disorders, participant families and/or caregivers. Services are comprised of four categories: 1) day program services, 2) caregiver support, 3) volunteer services, 4) education. Day program hours are usually Monday through Friday, with an optimum staffing ratio of one participant to a five-member care-team. Programs will provide clients with enriching activities and socialization opportunities and encourage participant engagement. Program staff will also provide supportive counseling as well as resources and referrals to families, caregivers and the general public. The ADCRC will provide community education on resources, services and respite for families and caregivers. Trained volunteers will be a part of care-teams and will be included in ongoing ADCRC in-service trainings.

## VII. Units of Service and Definitions:

During the term of the grant, the Grantee will provide the units of service below:

#### **Unduplicated Consumers:**

A unique individual receiving services within the fiscal year. When initially served each year, Grantee's program intake process will be completed for each consumer.

UNIT: One (1) unduplicated consumer

## 1) Day Program Services

#### Day Program Services:

To provide specialized dementia-specific services by trained staff and volunteers in an environment designed to accommodate and engage participants with middle to late stage Alzheimer's disease or other dementia related disorders.

UNIT: One (1) Hour

## 2) Caregiver Support

#### **Caregiver Support:**

Provision of information on Alzheimer's disease or other dementias. Referrals to support groups and/or other provider resources and entities. Supportive counseling assistance for individuals to enable them to resolve problems and make informed decisions about memory care options. Assistance may include home visits to provide advice and assistance, and emotional support by phone or in person.

UNIT: One (1) contact

#### 3) Education

### **Training Sessions:**

To provide training sessions (minimum six per year) to staff and volunteers. Trainings can also include caregivers as well as the general public. Training will be provided by experienced staff, subject matter experts, and/or medical/clinical professionals. Trainings for staff and volunteers are to include care issues surrounding Alzheimer's disease and other dementias, common behaviors associated with dementia and how to work with them. Trainings for staff, volunteers, caregivers and/or the general public may also include workshops on caregiving, team building, client-centered approaches to care and health related issues.

UNIT: One Session

#### 4) Volunteer Services

#### Volunteers:

To provide trained volunteers to help with the provision of services.

UNIT: One Volunteer

#### Volunteer Time:

To provide opportunities for trained volunteers to support staff at the ADCRC.

UNIT: One Hour

#### VIII. Service Objectives

On an annual basis:

Grantee will provide ADCRC service to  $\underline{20}$  unduplicated clients Grantee will provide  $\underline{6000}$  hours of day program services Grantee will provide  $\underline{300}$  caregiver support contacts Grantee will provide  $\underline{18}$  education sessions Grantee will provide  $\underline{35}$  number of volunteers Grantee will provide  $\underline{650}$  volunteer hours

### IX. Outcome Objectives

At least 65 % of responsible party and/or caregivers will complete the annual consumer satisfaction survey.

- At least 85% of caregivers who participate in trainings will indicate they are more aware of Alzheimer's and dementia related services and resources.
- 85% of responsible parties and/or caregivers surveyed report feeling less exhausted and isolated by the chronic stress of caregiving, and better able to attend to their own personal needs.
- At least 85% of surveyed responsible party and/or caregivers will indicate the ADCRC has helped their consumer remain safely in their current living/housing situation.
- At least 70% of consumers enrolled in the adult day program will avoid institutionalization as evidenced by participating in the ADCRC for at least 6 months from their date of enrollment.

Appendix A1 – ADCRC Catholic Charities FY 2019-2020

## X. Reporting and Other Requirements

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

- A. The Grantee will enter consumers' data into the CA GetCare Community Services module.
- 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 DAAS and Contracts Department staff.
- D. Grantee will submit response rates and aggregated data from Annual Consumer Satisfaction survey to Office on the Aging staff by March 15<sup>th</sup> of each grant year.
- E. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month.
- F. 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.
- G. Grantee shall develop and deliver ad hoc reports as requested by HSA/DAAS/OOA.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- I. Grantee will develop and maintain with OOA's approval, an updated Site Chart (using OOA's format) with details about the program.
- J. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable and to take all reasonable efforts to implement HIPAA requirements.
- K. Apart from reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager, all other reports and communications should be sent to the following addresses:

Esperanza Zapien Contracts Manager/HSA P.O. Box 7988 San Francisco, CA 94120 Esperanza.Zapien@sfgov.org Linda Murley DAAS, Office on the Aging P.O. Box 7988 San Francisco, CA 94120 linda.murley@sfgov.org

Appendix A1 – ADCRC Catholic Charities FY 2019-2020

### XI. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports 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; review of program operation, which includes a review of a written policies and procedures manual of all OOA 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, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool, translation and social services are based on staff hours.
- 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.

| APPENDIX |  |
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| SITE     |  |
| ECHART   |  |
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Page \_\_\_\_\_ of \_\_\_\_

AGENCY: Catholic Charities

HSA/DAAS/OFFICE ON THE AGING

Program: Alzheimer's Day Care Resource Center (ADCRC) FY 2019 - 20

| Handicapped Accessible | Days closed  | Total number of service days in FY | Average number of meals per day | Annual number of meals at site | Hours of meal service | Hours of <u>scheduled</u> programming | Hours Open        | Days Open                                 | Programs Offered |                 | Neighborhood<br>Person in Charge<br>Site Manager        | Phone Number<br>Fax Number   | Address and Zip                            | Name of Site                            | home-delivered meal, food distribution, etc.) | <u>SITES</u> : (includes congregate nutrition, community/social services, | DIRECTOR: Patty Clement | CONTRACT MAILING ADDRESS 990 Eddy Street, San Francisco, CA 94109 |
|------------------------|--|------------------------------------|---------------------------------|--------------------------------|-----------------------|---------------------------------------|-------------------|---|------------------|-----------------|---|------------------------------|--|---|---|---|-------------------------|---|
| XYesNo                 | All Holidays listed to the<br>right  | 247                                | N/A                             | N/A                            | 12:00 Noon – 1:00 PM  | 9:30 AM – 3:00 PM                     | 8:00 AM - 4:30 PM | X Mon X Tues<br>X Wed X Thur<br>X Fri Sat | activities       | ADCRC Scheduled | City of San Francisco<br>Patty Clement<br>Alison Reeves | 415-452-3500<br>415-452-3505 | 50 Broad Street<br>San Francisco, CA 94112 | Day Services – San<br>Francisco & ADCRC | Catholic Charities Adult                      |   |                         | ddy Street, San Francisco, C.                                     |
| Yes No                 | All Holidays listed to the right.  |                                    |                                 |                                |                       |                                       | -<br>-            | MonTues<br>WedThur<br>FriSat<br>Sun       |                  |                 |   |                              |  |   |   |   |                         | A 94109   |
| Yes No                 | New Years Day, Martin<br>Luther King Day,<br>President's Day, Good<br>Friday, Memorial Day,  |                                    |                                 |                                |                       |                                       |                   | MonTues<br>WedThur<br>FriSat<br>Sun       |                  |                 |   |                              |  |   |   |   |                         |   |
| Yes No                 | Independence Day, Labor Day,<br>Thanksgiving Day, Day after<br>Thanksgiving, Christmas Eve,<br>Christmas Day, 1-2 Training<br>Days |                                    |                                 |                                |                       |                                       |                   | WonTues<br>WedThur<br>FriSat<br>Sun       |                  |                 |   |                              |  |   |   |   | PHONE NO.: 415-452-3504 |   |
| Yes No                 | · · · · ·  |                                    |                                 |                                |                       |                                       |                   | Mon Tues<br>Wed Thur<br>Fri Sat           |                  |                 |   |                              |  |   |   |   |                         |   |

| 4          | :          | 40                          | 39   | 37                            | 36                | 35 | 34 | မ္မ | 32                                     | 31             | 29                    | 28 | 27 | ß | 22<br>27 | 23 | 12 | 2            | 20           | 19                 | 18                  |                                   | 16                      | 5         | 4                    | τ <u>ι</u>          | 3 -            |                  | 10                            | 9  | ω                                       | 7                         | თ                  | ნ    | ω 4  | ∾   |    |
|------------|------------|-----------------------------|--|-------------------------------|-------------------|----|----|-----|--|----------------|-----------------------|----|----|---|----------|----|----|--------------|--------------|--------------------|---------------------|-----------------------------------|-------------------------|-----------|----------------------|---------------------|----------------|------------------|-------------------------------|--|---|---------------------------|--------------------|------|--|---|----|
| 41  HSA #1 |            | 40 HSA-CO Review Signature: | 39 Prepared by: Colleen McCarthy / Patty Clement-Cihak | 37 Full Time Equivalent (FTE) | 36 Total Revenues |    |    |     | Foundations, Grants, Fees, & Donations | Other Revenues | 29 TOTAL HSA REVENUES |    |    |   |          |    |    | General Fund | HSA Revenues | Total Expenditures | Capital Expenditure | Indirect Cost (Line 16 X Line 15) | Indirect Percentage (%) | Subtotal  | 14 Operating Expense | Salaries & Benefits | Frieddan ienn  |                  | Burdnet Reference Page No.(s) | Program: Alzheimers Day Care Resource Center | If modification, Effective Date of Mod. | (Check One) New 🗌 Renewal | Catholic Charities | Name | HUMAN SERVICES AGENCY BUDGET SUMMARY<br>BY PROGRAM |   | A  |
|            |            |                             | ment-Cihak   |                               | \$169,386         |    |    |     | \$79,936                               |                | \$89,450              |    |    |   |          |    |    | \$89,450     |              | \$89,450           | \$0                 | \$10,150                          | 12.80%                  | \$79,300  | \$9,813              | \$69,487            | 11100-00100111 | 711/16_06/20/17  |                               | Center                                       | No. of Mod.                             | Modification x            |                    |      | NCY BUDGET SUM                                     |   | в  |
|            |            |                             |  |                               | \$171,623         |    |    |     | \$79,936                               |                | \$91,687              |    |    |   |          |    |    | \$91,687     |              | \$91,687           | 0\$                 | \$10,613                          | 13.09%                  | \$81,074  | \$11,587             | \$69,487            |                | 81/05/3-71/17    | Budget                        |  |   | ſ                         |                    |      | JMMARY<br>AM                                       |   | E  |
|            |            |                             |  |                               | \$183,916         |    |    | -   | \$79,936                               |                | \$103,980             |    |    |   |          | *  |    | \$103,980    |              | \$103,980          | 0\$                 | \$13,563                          | 15.00%                  | \$90,417  | \$13,613             | \$76,804            |                | 29<br>19         | Budget                        |  |   |                           |                    |      |  |   | L. |
|            |            |                             |  |                               | \$173,915         |    |    |     | \$79,936                               |                | \$93,979              |    |    |   |          |    |    | \$93,979     |              | \$93,979           | \$0                 | \$12,258                          | 15.00%                  | \$81,721  | \$13,613             | \$68,108            |                | 7/1/19-6/30/20   | Budget                        | Modification                                 |   |                           | 7/1/16 - 6/30/20   | Term |  | Appendix B1, Page 1 o<br>Document Date: 4/11/19 |    |
| 1 10 101   | 44/45/2007 |                             | Date 4/11/19   |                               | \$698,840         |    |    |     | \$319,744                              |                | \$379,096             |    |    |   |          |    |    | \$3/9,096    |              | \$379,096          | \$0                 | \$46,584                          |                         | \$332,512 | \$48,626             | \$283,886           |                | 7/1/16 - 6/30/20 | Total                         |  |   |                           |                    |      |  | 1/19  | N  |

| Image: 1   Note: 1   <  | 36<br>37                                  | 34<br>35 |                          | 32  | 30        | 29 | 28 | 27 | 26 | ß | 24 | 23                                    | 2 | 21 | 20 | 18                                | 17                                |                                       | 15                                 | 1<br>4                           |                            | 12                          | 1               | ျဖ                           | » 7 u     |   | <u>ω Ν</u>                              |   |     |   |
|---|---|----------|--------------------------|---|-----------|----|----|----|----|---|----|---------------------------------------|---|----|----|-----------------------------------|-----------------------------------|---------------------------------------|------------------------------------|----------------------------------|----------------------------|-----------------------------|-----------------|------------------------------|-----------|---|---|---|-----|---|
| B   C   D   E   F   I   P   O   Apparatic BL Page     State State Page     State State State Page </td <td>36 TOTAL SALARIES &amp; BENEFITS<br/>37 HSA #2</td> <td></td> <td>EMPLOYEE FRINGE BENEFITS</td> <td>FRINGE BENEFIT RATE</td> <td>TOTALS</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td></td> <td>Prog/Activity Asst-TBD #3/Patrick</td> <td>Prog/Activity Asst-Lau/Valadez #2</td> <td>Prog/Activity Asst-Reeves/Espinosa #1</td> <td>Activity Coordinator - Jacob/Prell</td> <td>Program Manager - Tassone/Reeves</td> <td>Program Director - Clement</td> <td>POSITION TITLE</td> <td></td> <td></td> <td></td> <td>Program Name: Catholic Charities<br/>Alzheimers Day Care Resource Center</td> <td></td> <td>A</td> <td>· .</td> <td></td> | 36 TOTAL SALARIES & BENEFITS<br>37 HSA #2 |          | EMPLOYEE FRINGE BENEFITS | FRINGE BENEFIT RATE   | TOTALS    |    |    |    |    |   |    | · · · · · · · · · · · · · · · · · · · |   |    |    | Prog/Activity Asst-TBD #3/Patrick | Prog/Activity Asst-Lau/Valadez #2 | Prog/Activity Asst-Reeves/Espinosa #1 | Activity Coordinator - Jacob/Prell | Program Manager - Tassone/Reeves | Program Director - Clement | POSITION TITLE              |                 |                              |           | Program Name: Catholic Charities<br>Alzheimers Day Care Resource Center |   | A | · . |   |
| N   D   E   F   I   P   Appendic B1     Appendic B1     Intrine S Benefits Detail     Iaries & Benefits Detail   FY19117   FY17118   FY18119   FY18119   FY18119   TY1715-630018   FY18119   FY1819   FY1819   FY18190   Sy15150   Sy1514   | \$373,265                                 | 8        | \$84,584                 | 29%   | \$288,681 |    |    |    |    |   |    |                                       |   |    | -  | \$32,219                          | \$32,219                          | \$32,219                              | \$41,662                           | \$61,900                         | \$88,462                   |                             |                 |                              |           |   |   | В |     |   |
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| Q<br>Appendix B1, Pag<br>Document Date: 4<br>\$11/13-6/330/20<br>\$11,500<br>\$19,514<br>\$5,685<br>\$6,685<br>\$14,975<br>\$14,975<br>\$15,433<br>\$15,433   | \$76,804                                  |          | \$17,405                 | 1   |           |    |    |    |    |   |    |                                       |   |    |    |                                   |                                   |                                       |                                    |                                  | \$11,500                   | Budget Salary               |                 | FY18/19<br>FY 7/1/18-6/30/19 |           |   |   | q |     |   |
|   | \$68,108                                  |          | \$15,433                 |   |           |    |    |    |    |   |    |                                       |   |    |    |                                   |                                   |                                       |                                    |                                  |                            | Budget Salary               |                 | FY19/20<br>7/1/19-6/30/20    |           |   | Appendix bit, rage<br>Document Date: 4/ |   |     |   |

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|            |    | \$9,813                 |    |    |    |    |    |         |    |    |    |    |  |                     |                                    |                | \$1,682   |                           |  |                          | \$1,165                                       | \$6,966            | 7/1/16-6/30/17             |              | FY16/17                 | <b>Operating Expense Detail</b> |   | m       |     |
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|            |    | \$11                    |    |    |    |    |    |         |    |    |    |    |  |                     |                                    |                | e.        |                           |  |                          | \$1   | \$8                | Budget<br>7/1/17-6/30/2018 |              | FY17/18                 | E                               |   | ~       |     |
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|            |    |                         |    |    |    |    |    |         |    |    |    |    |  |                     |                                    |                |           |                           |  |                          |   |                    | Budget<br>7/1/18-6/30/19   |              | FY18/19                 |                                 |   |         |     |
|            |    | \$13,613                |    |    |    |    |    |         |    |    |    |    |  |                     |                                    |                | \$1,682   |                           |  |                          | \$3,191                                       | \$8,740            | Budget<br>8-6/30/19        |              | ¥19                     |                                 |   | ×       |     |
|            |    |                         |    |    |    |    |    |         |    |    |    |    |  |                     |                                    |                |           |                           |  |                          |   |                    | 7/1/                       |              |                         |                                 | Doc   | ×       |     |
|            |    | \$13,613                | -  |    |    |    |    |         |    |    |    |    |  |                     |                                    |                | \$1,682   |                           |  |                          | \$3,191                                       | \$8,740            | Budget<br>7/1/19-6/30/20   |              | Modification<br>FY19/20 |                                 | endix B1,<br>Jiment Da  | $\prec$ |     |
|            | ·  |                         |    |    |    |    |    |         |    |    |    |    |  |                     |                                    |                |           |                           |  |                          |   |                    |                            |              | 7                       |                                 | Appendix B1, Page 3 to 3<br>Document Date: 2/19/2019                    | ΙzΙ     |     |
| 11/15/2007 |    | \$48,626                |    |    |    |    |    | •       |    |    |    |    |  |                     |                                    |                | \$6,728   |                           |  |                          | \$8,712                                       | \$33,186           | TOTAL<br>7/1/16-6/30/20    | . <u>.</u> . |                         |                                 | 2019  | A       | ·   |
| 007        |    | 26                      |    |    |    |    |    |         |    |    |    |    |  |                     |                                    |                | 28        |                           |  |                          | 12  | 8                  | /20                        |              | · ·                     |                                 |   |         | · · |

## APPENDIX A1(a) - SERVICES TO BE PROVIDED BY GRANTEE INSTITUTE ON AGING July 1, 2019 – June 30, 2020 ALZHEIMER'S DAY CARE RESOURCE CENTER (ADCRC)

## I. Purpose

The purpose of this grant is to assist individuals with Alzheimer's disease and other dementia related disorders by providing them with opportunities for social, physical and emotional engagement; to provide respite care for families and caregivers; to provide supportive counseling and education to families, caregivers and the community at large; to provide trainings and volunteer opportunities to support those with Alzheimer disease and other dementia related disorders. The ADCRC will provide client engagement, caregiver respite, trainings and volunteer opportunities to create strong and supportive programs.

#### **II.** Definitions

Alzheimer's Day Care Resource

Center (ADCRC) Alzheimer's Day Care Resource Centers (ADCRC) are communitybased programs that serve persons with Alzheimer's disease or other dementia related disorders, particularly those in the middle to late stages, whose care needs and behavior make it difficult for them to participate in other day programs. The operation of an ADCRC shall take place within the framework of a licensed Adult Day Health Center or Adult Day Program.

DAAS

Department of Aging and Adult 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) Selfcare: Activities of Daily Living (ADL), and Instrumental Activities of Daily Living (IADL); b) Capacity for independent living and selfdirection; 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 others.

Grantee

Institute on Aging

|   | HSA         | Human Services Agency of City and County of San Francisco  |
|---|-------------|--|
|   | LGBTQ+      | An acronym/term used to refer to persons who self-identify as non -<br>heterosexual and/or whose gender identity does not correspond to<br>their birth sex. This includes, but is not limited to, lesbian, gay,<br>bisexual, transgender, genderqueer, and gender non-binary.  |
|   | Minority    | An ethnic person of color who is any of the following: a) Black – a<br>person having origins in any of the Black racial groups of Africa, b)<br>Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or<br>South American, or other Spanish or Portuguese culture or origin<br>regardless of race, c) Asian/Pacific Islander – a person whose origins<br>are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea,<br>Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the<br>United States Territories of the Pacific including the Northern<br>Marianas, d) American Indian/Alaskan Native – an American Indian,<br>Eskimo, Aleut, or Native Hawaiian. Source: California Code of<br>Regulation Sec. 7130. |
|   | Older Adult | Person who is 60 years or older, used interchangeably with senior  |
| • | OOA         | Office on the Aging  |
|   | Senior      | Person who is 60 years or older, used interchangeably with older adult   |
|   | SOGI        | Sexual Orientation and Gender Identity; Ordinance No. 159-16<br>amended the San Francisco Administrative Code to require City<br>departments and contractors that provide health care and social<br>services to seek to collect and analyze data concerning the sexual<br>orientation and gender identity of the clients they serve (Chapter 104,<br>Sections 104.1 through 104.9).  |

## **III.** Target Population

Services must target clients who are members of one or more of the following target groups that have been identified as demonstrating the greatest social need. In particular:

- Non or limited –English speaking
- Minority
- Frail
- Lesbian/Gay/Bisexual/Transgender

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

1) A resident of San Francisco and

2) An individual aged 18 and older with Alzheimer's disease or other dementia related disorder, particularly in the middle to late stages, whose care needs and behavior may make it difficult to participate in community programs or other social settings.

## V. Location and Time of Services

The details of the sites and operation hours will be attached in the Site Chart (Appendix H1) of the certified grant.

#### VI. Description of Services

The ADCRC will provide the services necessary to meet the needs of participants with Alzheimer's disease or other dementia related disorders, participant families and/or caregivers. Services are comprised of four categories: 1) day program services, 2) caregiver support, 3) volunteer services, 4) education. Day program hours are usually Monday through Friday, with an optimum staffing ratio of one participant to a five-member care-team. Programs will provide clients with enriching activities and socialization opportunities and encourage participant engagement. Program staff will also provide supportive counseling as well as resources and referrals to families, caregivers and the general public. The ADCRC will provide community education on resources, services and respite for families and caregivers. Trained volunteers will be a part of care-teams and will be included in ongoing ADCRC in-service trainings.

#### VII. Units of Service and Definitions:

During the term of the grant, the Grantee will provide the units of service below:

#### **Unduplicated Consumers:**

A unique individual receiving services within the fiscal year. When initially served each year, Grantee's program intake process will be completed for each consumer.

UNIT: One (1) unduplicated consumer

## 1) Day Program Services

#### **Day Program Services:**

To provide specialized dementia-specific services by trained staff and volunteers in an environment designed to accommodate and engage participants with middle to late stage Alzheimer's disease or other dementia related disorders.

UNIT: One (1) Hour

#### 2) Caregiver Support

#### **Caregiver Support:**

Provision of information on Alzheimer's disease or other dementias. Referrals to support groups and/or other provider resources and entities. Supportive counseling assistance for individuals to enable them to resolve problems and make informed decisions about memory care options. Assistance may include home visits to provide advice and assistance, and emotional support by phone or in person.

UNIT: One (1) contact

#### 3) Education

#### **Training Sessions**:

To provide training sessions (minimum six per year) to staff and volunteers. Trainings can also include caregivers as well as the general public. Training will be provided by experienced staff, subject matter experts, and/or medical/clinical professionals. Trainings for staff and volunteers are to include care issues surrounding Alzheimer's disease and other dementias, common behaviors associated with dementia and how to work with them. Trainings for staff, volunteers, caregivers and/or the general public may also include workshops on caregiving, team building, client-centered approaches to care and health related issues.

UNIT: One Session

#### 4) Volunteer Services

#### Volunteers:

To provide trained volunteers to help with the provision of services.

UNIT: One Volunteer

#### Volunteer Time:

To provide opportunities for trained volunteers to support staff at the ADCRC.

UNIT: One Hour

#### VIII. Service Objectives

On an annual basis:

Grantee will provide ADCRC service to \_\_65\_unduplicated clients Grantee will provide \_\_24,700\_hours of day program services Grantee will provide \_\_185\_ caregiver support contacts Grantee will provide \_\_6\_\_ education sessions Grantee will provide \_100\_number of volunteers Grantee will provide \_\_1400\_volunteer hours

## IX. Outcome Objectives

At least 65 % of responsible party and/or caregivers will complete the annual consumer satisfaction survey.

- At least 85% of caregivers who participate in trainings will indicate they are more aware of Alzheimer's and dementia related services and resources.
- 85% of responsible parties and/or caregivers surveyed report feeling less exhausted and isolated by the chronic stress of caregiving, and better able to attend to their own personal needs.
- At least 85% of surveyed responsible party and/or caregivers will indicate the ADCRC has helped their consumer remain safely in their current living/housing situation.

• At least 70% of consumers enrolled in the ADCRC will avoid institutionalization as evidenced by participating in the adult day program for at least 6 months from their date of enrollment.

## X. Reporting and Other Requirements

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

- A. The Grantee will enter consumers' data into the CA GetCare Community Services module.
- 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 DAAS and Contracts Department staff.
- D. Grantee will submit response rates and aggregated data from Annual Consumer Satisfaction survey to Office on the Aging staff by March 15<sup>th</sup> of each grant year.
- E. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month.
- F. 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.
- G. Grantee shall develop and deliver ad hoc reports as requested by HSA/DAAS/OOA.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- I. Grantee will develop and maintain with OOA's approval, an updated Site Chart (using OOA's format) with details about the program.
- J. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable and to take all reasonable efforts to implement HIPAA requirements.
- K. Apart from reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager, all other reports and communications should be sent to the following addresses:

David Kashani Contracts Manager/HSA P.O. Box 7988 San Francisco, CA 94120 David.Kashani@sfgov.org Monte Cimino, MSW DAAS, Office on the Aging P.O. Box 7988 San Francisco, CA 94120 monte.cimino@sfgov.org

## **Monitoring Activities**

A. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives: how participant records are collected and maintained; reporting performance including monthly service unit reports 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; review of program operation, which includes a review of a written policies and procedures manual of all OOA 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, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool, translation and social services are based on staff hours.

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.

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Page <u>1</u> of <u>1</u>

AGENCY: Institute on Aging

HSA/DAAS/OFFICE ON THE AGING

Program: Alzheimer's Day Care Resource Center (ADCRC) FY 2019 - 20

| CONTRACT MAILING ADDRESS: 357  | 3575 GEARY Blvd., San Francisco, CA 94118                            | o, CA 94118 |           |                            |    |
|--|--|-------------|-----------|----------------------------|----|
|  |  |             |           | PHONE NO .: (415) 600-2691 | 11 |
| <u>SITES</u> : (includes congregate<br>nutrition, community/social services, | Main Office  |             |           |                            |    |
| distribution, etc.)  |  |             |           |                            |    |
| Name of Site:  | ADULT DAY SERVICES   |             |           |                            |    |
| Address and Zip  | 386 Arguello Blvd<br>SAN FRANCISCO, CA                               |             |           |                            |    |
| Phone Number   | 94129<br>415-750-4111  |             |           |                            |    |
|  | 415-750-5341   |             |           |                            |    |
| Person in Charge<br>Site Manager   | Alison Moritz  |             | -         |                            |    |
| Programs Offered   | ADCRC<br>Scheduled activities,                                       |             |           |                            |    |
| Days Open  | x_Mon_x_Tues<br>x_Wed_x_Thurs<br>x_Frix_Sat<br>                      |             | · · · · · |                            |    |
| Hours Open   | 9:00 AM - 3:00 PM  |             |           |                            |    |
| Hours of scheduled programming   | 1512 /year   |             |           |                            |    |
| Hours of meal service  | N/A  |             |           |                            |    |
| Annual number of meals at site   | N/A  |             |           |                            |    |
| Annual # nutrition education units   | N/A  | -           |           |                            |    |
| Average number of meals per day  | 60   |             |           |                            |    |
| Total number of service days in FY   | 300  |             |           |                            |    |
| Days closed  | New Year's Day Jan 1<br>MLK Birthday Jan 20<br>Presidents Day Feb 17 |             |           |                            |    |
|  | Memorial Day<br>July 4<br>Labor Day                                  |             |           |                            |    |
|  | Labor Day<br>Thanksgiving-Friday after<br>Christmas 12/25            |             |           |                            |    |
| Handicapped Accessible   | <u>x_YesNo</u>   |             |           |                            |    |

| HSA #1 | HSA-CO Re                       |                      | Full Time Ea               | Total Revenues | IOA Subsidy | Fund-Raising<br>Contributions/Grants | In-Kind | Project Incor        | TOTAL HSA          |  | OTO       | General Fur  | Total Expenditures | Capital Expe        | Indirect Cost         | Indirect Percentane (%) | Operating E            | Expe<br>Salaries & Benefits | Program Term       | Budget Refe                  | Program: AL   | If modificatic                          | (Check One)    | Institute on Aging      |                   |   |   |   |   | - |
|--------|---------------------------------|----------------------|----------------------------|----------------|-------------|--------------------------------------|---------|----------------------|--------------------|--|-----------|--------------|--------------------|---------------------|-----------------------|-------------------------|------------------------|-----------------------------|--------------------|------------------------------|---|---|----------------|-------------------------|-------------------|---|---|---|---|---|
|        | HSA-CO Review Signature:        |                      | Full Time Equivalent (FTE) | ues            |             | g<br>s/Grants                        |         | Other Revenues<br>me | TOTAL HSA REVENUES |  |           | HSA Revenues | ditures            | Capital Expenditure | t (Line 16 X Line 17) | entane (%)              | xpense                 | Expenditures<br>enefits     | m                  | Budget Reference Page No.(s) | Program: Atzheimer's Day Care Resource Center (ADCRC) | If modification, Effective Date of Mod. | ) New Renewal  | Aging                   | Contractor's Name | HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY<br>BY PROGRAM |   | - |   |   |
|        |                                 | . r                  | 0.95                       | \$89,450       |             |                                      |         |                      | \$89,450           |  |           | \$89,450     | \$89,450           | 0\$                 | \$11.667              | \$11,100<br>4E0/        | \$0                    | \$77,783                    | 7/1/16-6/30/17     |                              | Irce Center (ADCRC)                                   | No. of Mod. 1                           | Modification X |                         |                   | SENCY CONTRACT BU   |   |   |   |   |
|        | 1 elephone No.: (415) / 30-4133 | Talashana Na 144EY J |                            | \$91,686       |             |                                      |         |                      | \$91,686           |  |           | \$91,686     | \$91,686           | 0\$                 | \$11,959              | 450/                    | \$0                    | \$79,727                    | 7/1/17-6/30/18     |                              |   |   |                |                         |                   | BUDGET SUMMAR   |   | - | • |   |
|        | -4 I 3 3                        |                      |                            | \$103,978      |             |                                      |         |                      | \$103,978          |  | \$10,000  | \$93,978     | \$103,978          | \$0                 | \$13,562              | 4 50/                   | \$8,696                | \$81,720                    | 7/1/18-6/30/19     | Original                     |   |   |                |                         |                   | X   |   |   |   |   |
|        |                                 |                      |                            | \$200,000      |             |                                      |         |                      | \$200,000          |  | \$200,000 |              | \$200,000          | 0\$                 | \$26,087              | 41.0,010                | \$173,913              | SS<br>SO                    | 2/1/19-6/30/19     | Modification                 |   |   |                |                         |                   |   |   |   |   |   |
|        |                                 |                      |                            | \$303,978      |             |                                      |         |                      | \$303,978          |  | \$210,000 | \$93,978     | \$303,978          |                     | \$39,649              |                         |                        | \$81,720                    | 7/1/18-6/30/19     | Revised                      |   |   |                | 70                      |                   |   |   |   |   |   |
|        |                                 |                      |                            | \$93,978       |             |                                      |         |                      | \$93,978           |  |           | \$93,978     | \$93,978           | 0\$                 | \$12,258              | 401,140                 | \$5,9/4                | \$75,746                    | 7/1/19-6/30/20     | New                          |   |   | -              | 07/01/2016 - 06/30/2020 | Contract Term     |   | App<br>Docume                                       | : | · |   |
|        |                                 | -                    |                            | \$579,092      |             |                                      |         |                      | \$579,092          |  | \$210,000 | \$369,092    | \$579,092          | \$0                 | \$75,533              | 4.50/                   | \$188,583<br>\$503 550 | \$314,976                   | 7/1/2016-6/30/2019 | Total                        |   |   |                | 0                       |                   |   | Appendix B1(a), Page 1<br>Document Date: 07/18/2016 |   |   |   |

| Andress   Frank Berger   Budgered Salary  | σ,            | \$75,746        | \$81,720       |                 | \$81,720        | \$79,727        | \$77,783        |             |            | \$241,940                    | \$241,5                         | <b>TOTAL SALARIES &amp; BENEFITS</b> |
|--|---------------|-----------------|----------------|-----------------|-----------------|-----------------|-----------------|-------------|------------|------------------------------|---------------------------------|--------------------------------------|
| Ammalgeney Totals   Frank Regram   DAAS   DAAS   DAAS   DAAS   Modification   Frank Regram   Trifle-B30/16   Trifle-B30/16   Trifle-B30/16   Revised     TimeSlam   FTE   FTE   AFIE   Budgened Salary   S0   |               |                 |                |                 |                 |                 |                 |             | 8 <b>2</b> |                              |                                 |                                      |
| Trine-Goorfie   Solofie     553.500   1.00   0.91   0.91   0.91   0.91 </th <th>୍ୱ</th> <th></th> <th>\$16,344</th> <th></th> <th>\$16,344</th> <th>\$15,945</th> <th>\$15,557</th> <th></th> <th></th> <th>388</th> <th></th> <th>EMPLOYEE FRINGE BENEFITS</th> | ୍ୱ            |                 | \$16,344       |                 | \$16,344        | \$15,945        | \$15,557        |             |            | 388                          |                                 | EMPLOYEE FRINGE BENEFITS             |
| Numerical intervention   For HSA lengthm   DAS   S0.010   S0.010   | ്ട            |                 | 25%            |                 | 25%             | 25%             | 25%             |             |            | 5%                           | 2                               | FRINGE BENEFIT RATE                  |
|  | 77            |                 | \$65,376       |                 | \$65,376        |                 | \$62,226        |             |            |                              | \$193,:                         | TOTALS                               |
| Introduction   For HSA Program   DAAS   DA   |               |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$  |               |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| Ngenor Totals   For HSA Program   DAS   DAS   DAS   DAS   DAS   Modeled Salary   Trill-650/19   2///19-650/19   7//19-650/19   7//19-650/19   7//19-650/19   7//19-650/19   7//19-650/19   7//19-650/19   7//19-650/19   Revised   Salary   Budgeted Salary  |               |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| Introduction   Triffe-630/13   Triffe-630/19   Revised     Annual Full   Triffe   1:00   5%   FTE   FTE   Budgeted Salary   Budgeted Salary   Budgeted Salary   Budgeted Salary   Budgeted Salary   Budgeted Salary   S30.004   S  | - 333         |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| ITION TITLE   Agency Totals   For HSA Program   DAAS   DAAS   DAAS   DAAS   DAAS   DAAS   DAAS   Modification   Revised     tion   for FTE   FTE   Sin FTE   FTE   Adjusted   Budgeted Salary   S0.004   | 1953          |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| $ \begin{array}{ c c c c c c c c c c c c c c c c c c c$  |               |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| Agency Totals   For HSA Program   DAAS   Modification   Revised     tar   \$57.90   0.81   0.95   \$1.4912   \$36.756   \$35.372   \$30.04   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   \$35.372   |               |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| Agency Totals   For HSX Program   DAAS   T/176-6/30/13   T/176-6/30/13 </td <td></td>                              |               |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
|  | 104 H<br>3711 |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| Agency: Totals   For HSA Program   DAAS   T1/16-6/30/13   T1/18-6/30/19   Revised     Annual Full   TimeSalary   FTE   % FTE   Adjusted   Budgeted Salary   S30.004   S30.004   S30.004   S30.004   S30.004   S30.304  |               |                 |                |                 |                 |                 |                 | -           |            |                              |                                 |                                      |
|  |               |                 |                |                 |                 | -               |                 |             |            |                              |                                 |                                      |
| Agency Totals   For HSA Program   DAAS   71/16-6/30/19   71/16-6/30/19   21/16-6/30/19   71/16-6/30/19   Revised     Annual Full   Total %   FTE   FTE   Budgeted Salary   Salary   Budgeted Salary   Budgeted Salary   Salary   Budgeted Salary  |               |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| Agency Totals   ForHSA Program   DAAS   DIAS   DI   |               |                 |                |                 |                 |                 |                 |             |            |                              |                                 |                                      |
| Agency Totals   For HSA Program   DAAS   7/1/16-6/30/19   7/1/18-6/30/19   2/1/19-6/30/19   7/1/18-6/30/19     Annual Full   Annual Full   Total %   Adjusted   DAAS   DAAS   DAAS   Modification   Revised     ITION TITLE   FTE   % FTE   Adjusted   Budgeted Salary   S0.004   S30.004  | 0             |                 | 0\$            |                 | \$0             | \$9,854         | \$9,854         |             |            |                              | \$31.2                          | Center Worker                        |
| Agency Totats   Fire HSA Program   T/1/16-6/30/17   T/1/17-6/30/18   T/1/18-6/30/19   Z/1/19-6/30/19   Z/1/19-6/30/19   T/1/18-6/30/19   T/1/18   | <b>7</b> 8    | \$2             | \$35,372       |                 | \$35,372        | \$36,756        | \$20,912        |             |            |                              | \$56,9                          | Site Manager                         |
| Agency Totals For HSA Program DAAS 7/1/18-6/30/18 7/1/18-6/30/19 2/1/19-6/30/19 7/1/18-6/30/19   Annual Full TimeSalary Total % DAAS DAAS DAAS DAAS Modification Revised   N TITLE for FTE FTE % FTE FTE Budgeted Salary S0.004 \$30.004  | 0             |                 | 0\$            |                 | \$0             | \$17,172        | \$16,548        |             |            |                              | \$35,3                          | Recreation Aide                      |
| Agency Totals For HSA Program 7/1/16-6/30/17 7/1/17-6/30/18 7/1/18-6/30/19 7/1/1   | ×             |                 | \$30.004       |                 | \$30,004        | \$0             | \$14,912        |             |            | 100 1.0                      | \$70,0                          | Program Director                     |
| 7/1/16-6/30/17 7/1/17-6/30/18 7/1/18-6/30/19 2/1/19-6/30/19 7/1/18-6/30/19 7/1/18-6/30/19 7/1/18-6/30/19 7/1/18-6/30/19 7/1/18-6/30/19   | 7/01/16       | Budgeted Salary |                | Budgeted Salary | Budgeted Salary | Budgeted Salary | Budgeted Salary |             | h          | =ull<br>ary Total 9<br>= FTE | Annual F<br>TimeSala<br>for FTE | POSITION TITLE                       |
| 7/1/16-6/30/17 7/1/17-6/30/18 7/1/18-6/30/19 2/1/19-6/30/19 7/1/18-6/30/19   |               | New             | Revised        | Modification    | DAAS            | DAAS            | DAAS            | A Program   | For HS     | icy Totals                   | Ager                            |                                      |
|  | 7/1/2016      | 7/1/19-6/30/20  | 7/1/18-6/30/19 | 2/1/19-6/30/19  | 7/1/18-6/30/19  | 7/1/17-6/30/18  | 7/1/16-6/30/17  |             |            |                              |                                 |                                      |
| Salaries & Benefits Detail   |               |                 |                |                 |                 |                 | 1Û              | nefits Deta | ıries & Be | Sala                         |                                 |                                      |

Program: Alzheimer's Day Care Resource Center (ADCRC) (Same as Line 9 on DHS #1)

OTHER CONTRACT SERVICES (ONE TIME) Rental of Equipment TOTAL OPERATING EXPENSE Client transportation Legal Fees (License Transfer Fees and Lease Negotiations) Move costs for Ricoh copier Moving Expense (packing, delivery, set-up, etc) Staff Travel-(Local & Out of Town) Staff Training Expenditure Category Marketing (Bing, Google, YouTube, Yelp!) Furniture & Appliances (One-time) Office Supplies, Postage Utilities(Elec, Water, Gas, Phone, Scavenger) Rental of Property Insurance Original 7/1/16-6/30/17 0 Original 7/1/17-6/30/18 8 7/1/18-6/30/19 Original \$8,696 \$7,630 \$432 \$634 Modification 2/1/19-6/30/19 \$173,913 \$13,913 \$17,500 \$49,833 \$1,000 \$2,100 \$89,567 7/1/18- 6/30/19 Revised \$182,609 \$89,567 \$17,500 \$13,913 \$49,833 \$7,630 \$1,000 \$2,100 \$432 \$634 New 7/1/19-6/30/20 \$5,974 \$4,908 \$432 \$634 S188,583 Total \$12,538 \$17,500 \$13,913 \$89,567 \$49,833 **\$1,000** \$1,268 S2,100 \$864

Appendix B1(a), Page 3 Document Date:

## APPENDIX A4 - SERVICES TO BE PROVIDED BY GRANTEE Self-Help for the Elderly July 1, 2019 – June 30, 2020 ALZHEIMER'S DAY CARE RESOURCE CENTER (ADCRC)

## I. Purpose

The purpose of this grant is to assist individuals with Alzheimer's disease and other dementia related disorders by providing them with opportunities for social, physical and emotional engagement; to provide respite care for families and caregivers; to provide supportive counseling and education to families, caregivers and the community at large; to provide trainings and volunteer opportunities to support those with Alzheimer disease and other dementia related disorders. The ADCRC will provide client engagement, caregiver respite, trainings and volunteer opportunities to create strong and supportive programs.

Department of Aging and Adult Services

#### II. Definitions

Alzheimer's Day Care Resource

Center (ADCRC) Alzheimer's Day Care Resource Centers (ADCRC) are communitybased programs that serve persons with Alzheimer's disease or other dementia related disorders, particularly those in the middle to late stages, whose care needs and behavior make it difficult for them to participate in other day programs. The operation of an ADCRC shall take place within the framework of a licensed Adult Day Health Center or Adult Day Program.

DAAS

Frail

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) Selfcare: Activities of Daily Living (ADL), and Instrumental Activities of Daily Living (IADL); b) Capacity for independent living and selfdirection; c) Cognitive functioning, and emotional adjustment.

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 others.

Self Help for the Elderly

Self-Help for the Elderly Appendix A4 – ADCRC FY 2019-2020

Grantee

| HSA         | Human Services Agency of City and County of San Francisco  |
|-------------|--|
| LGBTQ+      | An acronym/term used to refer to persons who self-identify as non -<br>heterosexual and/or whose gender identity does not correspond to<br>their birth sex. This includes, but is not limited to, lesbian, gay,<br>bisexual, transgender, genderqueer, and gender non-binary.  |
| Minority    | An ethnic person of color who is any of the following: a) Black – a<br>person having origins in any of the Black racial groups of Africa, b)<br>Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or<br>South American, or other Spanish or Portuguese culture or origin<br>regardless of race, c) Asian/Pacific Islander – a person whose origins<br>are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea,<br>Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the<br>United States Territories of the Pacific including the Northern<br>Marianas, d) American Indian/Alaskan Native – an American Indian,<br>Eskimo, Aleut, or Native Hawaiian. Source: California Code of<br>Regulation Sec. 7130. |
| Older Adult | Person who is 60 years or older, used interchangeably with senior  |
| OOA         | Office on the Aging  |
| Senior      | Person who is 60 years or older, used interchangeably with older adult   |
| SOGI        | Sexual Orientation and Gender Identity; Ordinance No. 159-16<br>amended the San Francisco Administrative Code to require City<br>departments and contractors that provide health care and social<br>services to seek to collect and analyze data concerning the sexual<br>orientation and gender identity of the clients they serve (Chapter 104,<br>Sections 104.1 through 104.9).  |

## III. Target Population

Services must target clients who are members of one or more of the following target groups that have been identified as demonstrating the greatest social need. In particular:

- Non or limited –English speaking
- Minority
- Frail
- Lesbian/Gay/Bisexual/Transgender

## IV. Eligibility for ADCRC Services

Self-Help for the Elderly Appendix A4 – ADCRC FY 2019-2020

## 1) A resident of San Francisco and

2) An individual aged 18 and older with Alzheimer's disease or other dementia related disorder, particularly in the middle to late stages, whose care needs and behavior may make it difficult to participate in community programs or other social settings.

#### V. Location and Time of Services

The details of the sites and operation hours will be attached in the Site Chart (Appendix F1) of the certified grant.

#### VI. Description of Services

The ADCRC will provide the services necessary to meet the needs of participants with Alzheimer's disease or other dementia related disorders, participant families and/or caregivers. Services are comprised of four categories: 1) day program services, 2) caregiver support, 3) volunteer services, 4) education. Day program hours are usually Monday through Friday, with an optimum staffing ratio of one participant to a five-member care-team. Programs will provide clients with enriching activities and socialization opportunities and encourage participant engagement. Program staff will also provide supportive counseling as well as resources and referrals to families, caregivers and the general public. The ADCRC will provide community education on resources, services and respite for families and caregivers. Trained volunteers will be a part of care-teams and will be included in ongoing ADCRC in-service trainings.

### VII. Units of Service and Definitions:

During the term of the grant, the Grantee will provide the units of service below:

#### **Unduplicated Consumers:**

A unique individual receiving services within the fiscal year. When initially served each year, Grantee's program intake process will be completed for each consumer.

UNIT: One (1) unduplicated consumer

## 1) Day Program Services

#### **Day Program Services:**

To provide specialized dementia-specific services by trained staff and volunteers in an environment designed to accommodate and engage participants with middle to late stage Alzheimer's disease or other dementia related disorders.

UNIT: One (1) Hour

#### 2) Caregiver Support

#### **Caregiver Support:**

Provision of information on Alzheimer's disease or other dementias. Referrals to support groups and/or other provider resources and entities. Supportive counseling assistance for individuals to enable them to resolve problems and make informed

Self-Help for the Elderly Appendix A4 – ADCRC FY 2019-2020

decisions about memory care options. Assistance may include home visits to provide advice and assistance, and emotional support by phone or in person.

#### UNIT: One (1) contact

### 3) Education

## **Training Sessions:**

To provide training sessions (minimum six per year) to staff and volunteers. Trainings can also include caregivers as well as the general public. Training will be provided by experienced staff, subject matter experts, and/or medical/clinical professionals. Trainings for staff and volunteers are to include care issues surrounding Alzheimer's disease and other dementias, common behaviors associated with dementia and how to work with them. Trainings for staff, volunteers, caregivers and/or the general public may also include workshops on caregiving, team building, client-centered approaches to care and health related issues.

UNIT: One Session

#### 4) Volunteer Services

#### Volunteers:

To provide trained volunteers to help with the provision of services.

UNIT: One Volunteer

### Volunteer Time:

To provide opportunities for trained volunteers to support staff at the ADCRC.

UNIT: One Hour

#### VIII. Service Objectives

On an annual basis:

Grantee will provide ADCRC service to <u>25</u> unduplicated clients Grantee will provide <u>14152</u> hours of day program services Grantee will provide <u>12</u> caregiver support contacts Grantee will provide <u>1</u> education sessions Grantee will provide <u>100</u> volunteers Grantee will provide <u>1000</u> volunteer hours

## IX. Outcome Objectives

At least 65 % of responsible party and/or caregivers will complete the annual consumer satisfaction survey.

• At least 85% of caregivers who participate in trainings will indicate they are more aware of Alzheimer's and dementia related services and resources.

Self-Help for the Elderly Appendix A4 – ADCRC FY 2019-2020

- 85% of responsible parties and/or caregivers surveyed report feeling less exhausted and isolated by the chronic stress of caregiving, and better able to attend to their own personal needs.
- At least 85% of surveyed responsible party and/or caregivers will indicate the ADCRC has helped their consumer remain safely in their current living/housing situation.
- At least 70% of consumers enrolled in the adult day program will avoid institutionalization as evidenced by participating in the ADCRC for at least 6 months from their date of enrollment.

## X. Reporting and Other Requirements

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

- A. The Grantee will enter consumers' data into the CA GetCare Community Services module.
- 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 DAAS and Contracts Department staff.
- D. Grantee will submit response rates and aggregated data from Annual Consumer Satisfaction survey to Office on the Aging staff by March 15<sup>th</sup> of each grant year.
- E. Grantee shall submit Community Services Block Grant (CSBG) time study to HSA/DAAS for the months of February, May, August and November. The time study is due on the 10<sup>th</sup> day following the time study month.
- F. 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.
- G. Grantee shall develop and deliver ad hoc reports as requested by HSA/DAAS/OOA.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as required by state and local law. The due date for submitting the annual summary report is July 10<sup>th</sup>.
- I. Grantee will develop and maintain with OOA's approval, an updated Site Chart (using OOA's format) with details about the program.
- J. Grantee shall be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules to the extent applicable and to take all reasonable efforts to implement HIPAA requirements.

Self-Help for the Elderly Appendix A4 – ADCRC FY 2019-2020

K. Apart from reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager, all other reports and communications should be sent to the following addresses:

Tahir Shaikh Contracts Manager/HSA P.O. Box 7988 San Francisco, CA 94120 Tahir.Shaikh@sfgov.org Rick Appleby DAAS, Office on the Aging P.O. Box 7988 San Francisco, CA 94120 Rick.appleby@sfgov.org

#### **Monitoring Activities**

- A. Program Monitoring: Program monitoring will include review of compliance to specific program standards or requirements; client eligibility and targeted mandates, back up documentation for the units of service and all reporting, and progress of service and outcome objectives; how participant records are collected and maintained; reporting performance including monthly service unit reports 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; review of program operation, which includes a review of a written policies and procedures manual of all OOA 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, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool, translation and social services are based on staff hours.
- 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.

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AGENCY: Self Help for the Elderly Alzheimer's Day Care Resource HSA/DAAS/OFFICE ON THE AGING

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FY 2019-20

Neighborhood Person in Charge Site Manager Phone Number Fax Number Days closed Programs Offered <u>SITES</u>: (includes congregate nutrition, community/social services, home-delivered meal, food distribution, etc.) DIRECTOR: Sandra Perumal (Acting) CONTRACT MAILING ADDRESS: 408 22rd Ave. San Francisco Days Open Address and Zip Annual number of meals at site Annual # nutrition education units Hours of scheduled programming Hours Open Name of Site: Average number of meals per day Hours of meal service 415-677-7556 415-666-1899 408 22<sup>nd</sup> Ave, CA 94121 NA Main Office x\_Mon\_x\_Tues x\_Wed\_x\_Thurs x\_Fri\_\_\_\_Sat 9:15 AM - 2:30 PM Š 9:15 AM and 12:15 PM 8:00 AM - 5:00 PM Scheduled Day care services , personal care, meals, Caregiver support group, counseling services Professional training, community education Sandra Perumal, Acting Director Sandra Perumal, Acting Director **Richmond District** Self Help For the Elderly Adult Day Program President day Chinese New year NA NA Alzheimer's Day Care and resource center: Columbus Day Memorial Day Independent Day New Year \_abor Day Sun PHONE NO.: 415-6777565

Page 1

Handicapped Accessible

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Yes

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Veteran's Day Thanksgiving-Friday Christmas Day

|  |                      |             |                  | Appendix B6, Page 1<br>Document Date: 4/11/19 | le 1<br>//11/19      |
|--|----------------------|-------------|------------------|---|----------------------|
| HUMAN SERVICES AGENCY BUDGET SUMMARY<br>BY PROGRAM | ENCY BUDGET SUM      | IMMARY<br>M | ·                |   | • .<br>•             |
| Name   |                      |             |                  |   |                      |
| SELF-HELP FOR THE ELDERLY                          |                      |             |                  |   |                      |
| (Check One) New Renewal                            | ModificationX        | ł           |                  |   |                      |
| If modification, Effective Date of Mod. 7          | 7/1/19 No. of Mod. 2 |             |                  |   | - 14<br>- 14<br>- 14 |
| Program: ADCRC                                     |                      | DDD         | BIDOCT           |   | Total                |
| Program Term                                       | 7/1/16-6/30/17       | œ           |                  | 7/1/19-6/30/20                                | 7/1/16-6/30/20       |
| Expenditures                                       |                      |             |                  |   |                      |
| Salaries & Benefits                                | \$80,601             | \$80,633    | \$82,416         | \$81,629                                      | \$325,279            |
| Operating Expense                                  | \$81,318             | \$81,318    | 007¢<br>\$83,166 | \$81,720                                      | \$327,522            |
| Indirect Percentage (%)                            | 10%                  | 13%         | 13%              |   |                      |
| Indirect Cost (Line 16 X Line 15)                  | \$8,132              | \$10,368    | \$10,812         | \$12,258                                      |                      |
| Capital Expenditure                                | \$89.450             | \$91 686    | 826 26S          | \$93.978                                      | 260 695\$            |
| HSA Revenues                                       |                      |             |                  |   |                      |
| General rund                                       | \$09,40U             | 000,1 60    | 016'06¢          | 016,060                                       | 2000                 |
|  |                      |             |                  |   |                      |
|  | ····                 |             |                  |   |                      |
|  |                      |             |                  |   |                      |
|  |                      |             |                  |   |                      |
| Other Revenues                                     | 409,400              | 99 I,000    | 010,000          | ψου,υ r υ                                     |                      |
|  |                      |             |                  |   |                      |
|  |                      |             |                  |   |                      |
| Total Revenues                                     | \$89 450             | \$91.686    | \$93.978         | \$93.978                                      | \$369.092            |
| Full Time Equivalent (FTE)                         |                      |             |                  |   |                      |
| Prepared by: Leny Nair                             |                      |             |                  |   | Date 4/17/19         |
| HSA-CO Review Signature:                           |                      |             |                  |   |                      |
| HSA #1   |                      |             |                  |   | 11/15/2007           |

|                |                 |   |                | ·                 |                            |          |         |   |   |
|----------------|-----------------|---|----------------|-------------------|----------------------------|----------|---------|---|---|
| 11/15/2007     |                 |   |                |                   |                            |          |         |   | HSA #2  |
| \$325,279      | \$81,629        | \$82,416  | \$80,633       | \$80,601          |                            |          |         | \$131,239   | TOTAL SALARIES & BENEFITS                         |
|                |                 |   |                | -                 |                            |          |         |   |   |
| \$74,528       | \$21,164        | \$16,896  | \$17,868       | \$18,600          |                            |          |         | 35%<br>\$25 159   | FRINGE BENEFIT RATE                               |
| \$250,751      | \$60,465        | \$65,520  | \$62,765       | \$62,001          | 1.71                       | 1.71     | 3.00    | \$106,080   | TOTALS  |
|                |                 |   |                |                   |                            |          |         |   |   |
|                |                 |   |                |                   |                            |          |         |   |   |
|                |                 |   | -              |                   |                            |          |         |   |   |
|                | -               |   |                |                   |                            |          |         |   |   |
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|                |                 |   |                |                   |                            |          |         |   | -   |
|                |                 |   |                |                   |                            |          |         |   | -   |
|                |                 |   | -              | -                 |                            |          |         |   | -   |
|                |                 |   |                | -                 |                            |          |         |   |   |
| \$79,079       | \$20,155        | \$23,400  | \$18,451       | \$17,073          |                            |          |         | \$35,360  | Program Aide 3                                    |
| \$88,223       | \$20,155        | \$23,400  | \$22,204       | \$22,464          | 57%                        |          |         | \$35,360  | Program Aide 2                                    |
| \$83,449       | \$20,155        | \$18,720  | \$22,110       | \$22,464          | 57%                        | 57%      | 100%    | \$35,360  | Program Aide 1                                    |
|                | Budgeted Salary | Adjusted   Budgeted Salary   REVISED BUDGE REVISED BUDGET   Budgeted Salary | REVISED BUDGET | Budgeted Salary F | Adjusted<br>FTE            |          | Total % | Annual Fult<br>Annual Fult<br>TimeSatary Total %<br>for FTE FTE | POSITION TITLE                                    |
| 7/1/16-6/30/20 | 7/1/19-6/30/20  | 7/1/16-6/30/17 7/1/17-6/30/18 7/1/18-6/30/19 7/1/19-6/30/20                 | 7/1/17-6/30/18 | 7/1/16-6/30/17    |                            | 211      |         | •   |   |
|                |                 | ·   |                | -                 | Salaries & Benefits Detail | ies & Be | Salar   |   |   |
|                |                 |   |                |                   | ·                          |          |         | ·   | Program Name: ADCRC<br>(Same as Line 9 on HSA #1) |
|                | 2<br>11/19      | Appendix B6, Page 2<br>Document Date: 4/11/19                               |                |                   |                            |          |         |   |   |
|                |                 |   |                |                   |                            | -        |         |   |   |
|                |                 |   |                |                   |                            |          |         |   |   |
|                |                 |   |                |                   |                            |          |         |   |   |

|                          |   | Appendix B6, Page 3<br>Document Date: 4/11/19 |   |
|--------------------------|---|---|---|
|                          |   |   |   |
| <b>Operating Expense</b> | Detail  |   |   |
| BUDGET                   | REVISED<br>BUDGET   | REVISED<br>BUDGET Budget                      | TOTAL   |
|                          |   |   |   |
| Jer) \$67                | \$35  | \$100   | \$202   |
|                          |   |   | \$0   |
|                          |   | -   | \$0   |
|                          |   | -   | \$0   |
| \$650                    | \$650   | \$650 \$91                                    | \$2,041   |
|                          |   |   |   |
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| \$717                    | \$685   | \$750 \$91                                    | \$2,243   |
|                          |   |   | 11/15/2007  |
|                          | Program Name: ADCRC   (Same as Line 9 on HSA #1)   Operating Expense   Expenditure Category TERM   Rental of Property Utilities(Elec, Water, Gas, Phone, Scavenger)   Office Supplies, Postage BUDGET   Building Maintenance Supplies and Repair Maintenance Supplies and Repair   Printing and Reproduction S67   Nsurance S650   Staff Training S650   Staff Travel-(Local & Out of Town) S650   Rental of Equipment S650   Consult TANTISUBCONTRACTOR DESCRIPTIVE TITLE S650   COTHER S650   HSA #3 S717 | second   second     S717   S717               | Appendix B6, Page 3<br>Document Date: 4/11/19     BUDGET<br>7/1/16-6/30/17   REVISED<br>BUDGET<br>7/1/16-6/30/17   REVISED<br>BUDGET<br>7/1/19-6/3     S650   \$355   \$100     \$650   \$650   \$650     \$650   \$650   \$650     \$650   \$650   \$650     \$717   \$685   \$750 |