City and County of San Francisco



London Breed, Mayor

Human Services Agency

Department of Human Services
Department of Disability and Aging Services

Trent Rhorer, Executive Director Shireen McSpadden, Executive Director

MEMORANDUM

TO: DISABILITY and AGING SERVICES COMMISSION

THROUGH: SHIREEN McSPADDEN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR

ESPERANZA ZAPIEN, ACTING DIRECTOR OF CONTRACTS

EE

DATE: NOVEMBER 4, 2020

SUBJECT: NEW GRANT: LIGHTHOUSE FOR THE BLIND AND VISUALLY

IMPAIRED (NON-PROFIT) TO PROVIDE TRANSPORTATION

SERVICES

GRANT TERM: 1/1/2021 – 6/30/2024

 New GRANT AMOUNT:
 New \$\frac{\text{Contingency}}{\\$87,500}\$
 \$\frac{\text{Total}}{\\$87,500}\$

ANNUAL AMOUNT: FY 20/21 FY 21/22 FY 22/23 FY 23/24 \$12,500 \$25,000 \$25,000

PERCENTAGE: 100% 100%

The Department of Disability and Aging Services (DAS) requests authorization to enter into a new grant with LightHouse for the Blind and Visually Impaired for the period of January 1, 2021 to June 30, 2024 in an amount of \$87,500 plus a 10% contingency for a total amount not to exceed \$96,250. The purpose of this grant is to provide transportation services (by way of taxi vouchers) to seniors and adults with disabilities.

Background

Many older adults and adults with a disability experience a variety of barriers that prevent them from using public transportation including Paratransit Vans, MUNI buses, trains, etc. These barriers interfere with consumer access to medical appointments, community and legal services and benefits counseling, among other services. The use of existing taxi systems can assist these consumers when public transportation cannot.

Grantee LightHouse for the Blind and Visually Impaired has organizational roots in San Francisco dating back to 1902. Current service offerings are extensive with notable programs including Community Services, SF Connect computer lab, skills training, employment immersion, and counseling services. The Grantee has administered the taxi voucher grant since 2007.

Services to be Provided

The Grantee will provide taxi vouchers to seniors aged 60 and above and adults with disabilities who are not able to use public transportation to arrive at the following destinations: medical appointments, therapy appointments (physical and mental), rehabilitation services, legal services, benefit counseling, food pantries, congregate meals and community center programs. Grantee will handle client intake and eligibility as well as issuance of and processing/payment of taxi vouchers. The grantee will provide 570 one-way trips for 50 unduplicated consumers annually.

Selection

Grantee was selected through IB 869 which was competitively bid in February 2020.

Funding

Funding for these services will be provided through County General Funds.

ATTACHMENTS

Appendix A – Services to be Provided

APPENDIX A – SERVICES TO BE PROVIDED BY GRANIEE LightHouse for the Blind and Visually Impaired Effective January 1, 2021 to June 30, 2024

Transportation Services

I. Purpose

The purpose of this grant is to maintain or improve the well-being of older adults and adults with disabilities by providing access to taxi service through the use of vouchers. Some individuals with disabilities are not able to utilize existing transportation services including paratransit vans, MUNI buses, trains, etc., because of disability, mobility issues, and/or need for assistance. Lighthouse for the Blind and Visually Impaired transportation program offers vouchers to utilize existing San Francisco taxi services to eligible community members.

II. Definitions

| Adult with a Disability | Person 18-59 years of age living with a disability. |
|-------------------------|---|
| CARBON | Contracts Administration, Reporting and Billing On Line System. |
| City | City and County of San Francisco, a municipal corporation. |
| Controller | Controller of the City and County of San Francisco or designated agent. |
| DAS | Department of Disability and Aging Services. |
| Disability | A condition or combination of conditions that is attributable to a mental, cognitive or physical impairment, including hearing and visual impairments, that results in substantial functional limitations in one (1) or more of the following areas of major life activity: a) Self-care: activities of daily living (ADL), and instrumental activities of daily living (IADL); b) Capacity for independent living and self-direction; c) Cognitive functioning, and emotional adjustment. |
| Frail Grantee | An individual that is determined to be functionally impaired because the individual: (a) is unable to perform at least two activities of daily living, including bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, without substantial human assistance, including verbal reminding, physical cueing or supervision; and/or (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. Lighthouse for the Blind and Visually Impaired. |
| HSA | 5 1 |
| | Human Services Agency of the City and County of San Francisco. |
| LGBTQ+ | An acronym/term used to refer to persons who self-identify as non-heterosexual and/or whose gender identity does not correspond to their birth sex. This includes, but is not limited to, lesbian, gay, bisexual, transgender, genderqueer, and gender non-binary. |
| Low Income | Having income at or below 300% of the federal poverty line defined by the federal Bureau of the Census and published annually by the U.S. Department of Health and Human Services. This is only to be used by consumers to self-identify their income status, not to be used as a means test to qualify for the program. |

| Minority | An ethnic person of color who is any of the following: a) Black – a person having origins in any of the Black racial groups of Africa, b) Hispanic – a person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish or Portuguese culture or origin regardless of race, c) Asian/Pacific Islander – a person whose origins are from India, Pakistan or Bangladesh, Japan, China, Taiwan, Korea, Vietnam, Laos, Cambodia, the Philippines, Samoa, Guam, or the United States Territories of the Pacific including the Northern Marianas, d) American Indian/Alaskan Native – an American Indian, Eskimo, Aleut, or Native Hawaiian. Source: California Code of Regulation Sec. 7130. |
|-------------|--|
| Older Adult | Person who is 60 years or older, used interchangeably with senior. |
| OCP | Office of Community Partnerships. |
| Senior | Person who is 60 years or older, used interchangeably with older adult. |
| SOGI | Sexual Orientation and Gender Identity; <i>Ordinance No. 159-16</i> amended the San Francisco Administrative Code to require City departments and contractors that provide health care and social services to seek to collect and analyze data concerning the sexual orientation and gender identity of the clients they serve (<i>Chapter 104</i> , <i>Sections 104.1 through 104.9</i>). |

III. Target Population

Services must target those older adults and adults with disabilities (aged 18-59) who are members of one or more of the following groups that have been identified as demonstrating the greatest economic and social need.

- Low-income
- Non or limited English speaking
- Minority
- Frail
- LGBTQ+

IV. Eligibility for Transportation Services

- 1) A resident of San Francisco.
- 2) Aged 18 and above with a permanent disability and unable to use public transportation as certified by a physician.

V. Description of Services

Lighthouse will provide one-way taxi vouchers to individuals who are not able to use public transportation for a variety of reasons related to disability, mobility, and/or need for assistance. Taxi vouchers support transportation to the following types of destinations: medical appointments, physical therapy, occupational therapy or psychotherapy, other rehabilitation services, legal services, benefits counseling, food pantries, congregate meals and community center programs. Lighthouse will manage all aspects of the program including client intake, eligibility determination and issuance of and processing/payment of taxi vouchers. Lighthouse will also maintain relationships with taxi services that accept the vouchers as payment.

VI. Service Objectives

On an annual basis, Grantee will meet the following service objectives for the OCP Taxi Voucher Program:

- Grantee will serve **50** unduplicated consumers.
- Grantee will provide taxi vouchers to consumers to travel from one location to another for a total of 570 one-way trips.

VII. Outcome Objectives

(At least 35% of program participants will complete and return a satisfaction survey.)

A. At least 75% of surveyed participants will indicate that the Taxi Voucher Program helped them access services and resources that improved their health condition or quality of life.

VIII. Reporting and Other Requirements

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

- 1) Grantee will enter into CA GetCare, the consumer data including the Intake Form by the required due date as specified by the OCP.
- 2) The grantee will enter the CA Getcare Service Unit section all the units of service by the 5th working day of the month for the preceding month.
- 3) Monthly reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system regarding the Service Objectives.:
- 4) Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section VIII & IX Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee, and the destinations of the voucher users. Grantee will enter the annual metrics in the CARBON database by the 15th of the month following the end of the program year on an annual basis.
- 5) Grantee shall issue a Fiscal Closeout Report at the end of the fiscal year. The report is due to HSA no later than July 31 each grant year. This report must be submitted to the CARBON system.
- 6) Grantee will provide an annual consumer satisfaction survey report to OCP by March 15 each grant year. Response rate will be at least 35% of contracted unduplicated consumers.
- 7) Grantee will be compliant with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy and security rules. For specific compliance requirements, please refer to Appendices within the Grant Agreement.
- 8) Grantee shall enter into CA GetCare, SOGI data collected in the year as requested by HSA. The due date for submitting the annual summary report is July 10th.

- 9) Grantee shall develop and deliver ad hoc reports as requested by DAS and/or HSA.
- 10) Apart from reports requested to be sent via e-mail to the Program Analyst and/or Contract Manager, all other reports should be sent to the following addresses:

Rick Appleby
Program Analyst
DAS, Office of Community Partnerships
PO Box 7988
San Francisco, CA 94120-7988
rick.appleby@sfgov.org

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

IX. Monitoring Activities

- 1) 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; program operation, which includes a review of a written policies and procedures manual of all OCP funded programs, written project income policies if applicable, grievance procedure posted in the center/office, and also given to the consumers who are homebound, hours of operation are current according to the site chart; a board of director list and whether services are provided appropriately according to Sections VIII & IX, the log of service units which are based on the hours of scheduled activities; sign-in sheets of consumers who participated in each activity; documentation that shows reported units of service are based on scheduled activities at the site, not activities that are always available at the facility such as cards or pool, translation and social services are based on staff hours.
- 2) Fiscal Compliance and Contract Monitoring: Fiscal monitoring will include review of the Grantee's organizational budget, 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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| 1 | Appendix B, Page 1 | | | | | | | | | | | |
| 2 | 1 | | | | | | | | | | | |
| 3 | HUMAN SERVICES AGENCY BUDGET SUMMARY | | | | | | | | | | | |
| 4 | BY PROGRAM | | | | | | | | | | | |
| 5 | Name Term | | | | | | | | | | | |
| 6 | LightHouse for the Blind and Visually Impaired 1/1/21-6/30/24 | | | | | | | | | | | |
| 7 | | | | | | | | | | | | |
| 8 | If modification, Effective Date of Mod. | No. of Mod. | | | | | | | | | | |
| 9 | Program: Transportation Services | | | | | | | | | | | |
| 10 | Budget Reference Page No.(s) | | | | | Total | | | | | | |
| 11 | Program Term | 1/1/21-6/30/21 | 7/1/21-6/30/22 | 7/1/22-6/30/23 | 7/1/23-6/30/24 | 1/1/21-6/30/24 | | | | | | |
| 12 | Expenditures | | | | | | | | | | | |
| 13 | Salaries & Benefits | \$4,743 | \$9,487 | \$9,487 | \$9,487 | \$33,204 | | | | | | |
| 14 | Operating Expense | \$6,126 | \$12,252 | \$12,252 | \$12,252 | \$42,882 | | | | | | |
| | Subtotal | \$10,869 | \$21,739 | \$21,739 | \$21,739 | \$76,086 | | | | | | |
| 16 | Indirect Percentage (%) | 15% | 15% | 15% | 15% | | | | | | | |
| 17 | Indirect Cost (Line 16 X Line 15) | \$1,631 | \$3,261 | \$3,261 | \$3,261 | \$11,413 | | | | | | |
| 18 | Capital Expenditure | \$0 | \$0 | \$0 | \$0 | \$0 | | | | | | |
| 19 | Total Expenditures | \$12,500 | \$25,000 | \$25,000 | \$25,000 | \$87,500 | | | | | | |
| 20 | HSA Revenues | | | | · | | | | | | | |
| 21 | General Fund | \$12,500 | \$25,000 | \$25,000 | \$25,000 | \$87,500 | | | | | | |
| 22 | | | | • | | | | | | | | |
| 23 | | | | | | | | | | | | |
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| 26 | | | | | | | | | | | | |
| 27 | | | | | | | | | | | | |
| 28 | | | | | | | | | | | | |
| | TOTAL HSA REVENUES | \$12,500 | \$25,000 | \$25,000 | \$25,000 | \$87,500 | | | | | | |
| 30 | Other Revenues | | | | | | | | | | | |
| 31 | | | | | | | | | | | | |
| 32 | | | | | | | | | | | | |
| 33 34 | | | | | | | | | | | | |
| 35 | | | | | | | | | | | | |
| | Total Revenues | \$12,500 | \$25,000 | \$25,000 | \$25,000 | \$87,500 | | | | | | |
| 37 | Full Time Equivalent (FTE) | 0.10 | 0.20 | 0.20 | 0.20 | | | | | | | |
| 39 | Prepared by: Iris Feng, Controller Telephone No.: 415-694-7341 | | | | | | | | | | | |
| 40 | HSA-CO Review Signature: | | | | | | | | | | | |
| 41 | HSA #1 | | | | | 10/25/2016 | | | | | | |

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| 1 | | Appendix B, Page 2 | | | | | | | | | |
| 3 | | | | | | | | | | | |
| | Program Name: | | | | | | | | | | |
| 5 | (Same as Line 9 on HSA #1) | | | | | | | | | | |
| 6 | | | | | | | | | | | |
| 7 | Salaries & Benefits Detail | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 10 | | | | | | 1/1/21-6/30/21 | 7/1/21-6/30/22 | 7/1/22-6/30/23 | 7/1/23-6/30/24 | 1/1/21-6/30/24 | |
| 11 | | Agency T | otals | HSA Pr | ogram | DHS Program | DHS Program | DHS Program | DHS Program | TOTAL | |
| | | | | % FTE | | Ü | | Ü | | | |
| | | Annual Full TimeSalary | Total | funded by HSA | Adjusted | | | | | | |
| 12 | POSITION TITLE | for FTE | FTE | (Max 100%) | FTE | Budgeted Salary | |
| 13 | Receptionist Team Lead (CP) | \$39,859 | 0.67 | 30% | 0.20 | \$3,986 | \$7,972 | \$7,972 | \$7,972 | \$27,903 | |
| 14 | | | | | - | | | | | \$0 | |
| 15 | | | | | - | | | | | \$0 | |
| 16 | | | | | - | | | | | \$0 | |
| 17 | | | | | | | | | | \$0 | |
| 18 | | | | | - | | | | | \$0 | |
| 19 | | | | | - | | | | | \$0 | |
| 20 | | | | | - | | | | | \$0 | |
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| 23 | | | | | - | | | | | \$0 | |
| 24 | | | | | - | | | | | \$0 | |
| 25 | | | | | - | | | | | \$0 | |
| 26 | | | | | - | | | | | \$0 | |
| 27 | | | | | - | | | | | \$0 | |
| 28 | | | | | - | | | | | \$0 | |
| 29 | | | | | - | | | | | \$0 | |
| 30 | TOTALS | | 0.67 | 30% | 0.20 | \$3,986 | \$7,972 | \$7,972 | \$7,972 | \$27,903 | |
| 31 32 | FRINGE BENEFIT RATE | 19% | | | | | | | | | |
| 33 | EMPLOYEE FRINGE BENEFITS | | | | | \$757 | \$1,515 | \$1,515 | \$1,515 | \$5,301 | |
| 34 35 | | | | | | | | | | | |
| | TOTAL SALARIES & BENEFITS | \$0 | | | | \$4,743 | \$9,487 | \$9,487 | \$9,487 | \$33,204 | |
| 37 | HSA #2 | | | | | | | | | 10/25/2016 | |

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| 1 | | | | | | | | | Appendix B, Page | e 3 | |
| 3 | | | | | | | | | | | |
| | Program Nam | ٥. | | | | | | | | | |
| 5 | (Same as Line | |) | | | | | | | | |
| 6 | (Carrio do Line | 0 01111071111 | , | | | | | | | | |
| 7 | Operating Expense Detail | | | | | | | | | | |
| 8 | | | | | | | | | | | |
| 9 | | | | | | | | | | | |
| 11 | | | | | | | | | | | TOTAL |
| - | Expenditure C | ategory | | TERM | 1/1/21-6/30/ | 21 7 | 7/1/21-6/30/2 | 2 | 7/1/22-6/30/23 | 7/1/23-6/30/24 | 1/1/21-6/30/24 |
| 13 | Rental of Prop | erty | | | | | | | | - | \$0 |
| 14 | Utilities(Elec, ' | Water, Gas, P | hone, Garbage |) | | | | | | | \$0 |
| 15 | Office Supplie | s, Postage | | | | | | | | | \$0 |
| 16 | Building Maint | enance Suppl | ies and Repair | | | | | | | | \$0 |
| 17 | Printing and R | eproduction | | | | | | | | | \$0 |
| 18 | Insurance | | | | | | | | | | \$0 |
| 19 | Staff Training | | | | | | | | | | \$0 |
| 20 | Staff Travel-(L | ocal & Out of | Town) | | | | | | | | \$0 |
| 21 | Rental of Equi | pment | | | | | | | | | \$0 |
| - | CONSULTANT/S | UBCONTRACTOR | R DESCRIPTIVE T | TITLE | | | | | | | |
| 23 | | | | _ | | | | | | - | \$0 \$0 |
| 24 25 | | | | - | | | | | | - | \$0 \$0 |
| 26 | | | | _ | | | | | | | \$0 |
| 27 | | | | _ | | | | | | | \$0 |
| 28 | OTHER | _ | | _ | | | | | | | |
| 29 | J | | | | | | | | | | |
| - | Taxi costs | | | _ | \$6,0 | 76 | \$12,20 | 2 | \$12,202 | \$12,202 | \$42,682 |
| 31 | Survey incenti | ves | | - | | 50 | \$50 | | \$50 | \$50 | \$200 |
| 32 | | | | _ | | | | _ : | | | \$0 |
| 33 | | | | _ | | | | | | | \$0 |
| 34 | | | | | | | | | | | |
| 35 | TOTAL OPER | ATING EXPE | NSE | | \$6,1 | 26 | \$12,25 | 2 | \$12,252 | \$12,252 | \$42,882 |
| 36 | | | | | | | | | | | |
| 37 | HSA #3 | | | | | | | | | | 10/25/2016 |

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| 1 | | | | | Appendix B, Pag | ge 4 | | | | | |
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| 9 | 1 | | | | | TOTAL | | | | | |
| _ | FOUL | P M E N T TERM | 1/1/21-6/30/21 | 7/1/21-6/30/22 | 7/1/22-6/30/23 | | | | | | |
| | | | 1, 1, 2 1 3, 33, 21 | 77.772.7 6766722 | 77 1722 6766726 | 77.720 070072. | | | | | |
| 11 | No. | ITEM/DESCRIPTION | | | | | | | | | |
| 12 | | | | | | 0 | | | | | |
| 13 | | | | | | 0 | | | | | |
| 14 | | | | | | 0 | | | | | |
| 15 | | | | | | 0 | | | | | |
| 16 | | | | | | 0 | | | | | |
| 17 | | | | | | 0 | | | | | |
| 18 | | | | | | 0 | | | | | |
| 19 | | | | | | 0 | | | | | |
| 20 | TOTAL | EQUIPMENT COST | 0 | 0 | 0 | 0 | | | | | |
| 21 | | | | | | | | | | | |
| 22 | REM | ODELING | | | | | | | | | |
| 23 | Descrip | tion: | | | | 0 | | | | | |
| 24 | | | | | | 0 | | | | | |
| 25 | | | | | | 0 | | | | | |
| 26 | | | | | | 0 | | | | | |
| 27 | | | | | | 0 | | | | | |
| 28 | | | | | | 0 | | | | | |
| | TOTAL | REMODELING COST | 0 | 0 | 0 | 0 | | | | | |
| 30 | | | | | | | | | | | |
| 31 | TOTAL | CAPITAL EXPENDITURE | 0 | 0 | 0 | 0 | | | | | |
| 32 | (Equipm | nent and Remodeling Cost) | | | _ | | | | | | |
| 33 | HSA #4 | | | | | 10/25/2016 | | | | | |