



**SAN FRANCISCO
HUMAN SERVICES AGENCY**

MEMORANDUM

TO: DISABILITY AND AGING SERVICES COMMISSION

THROUGH: KELLY DEARMAN, EXECUTIVE DIRECTOR

FROM: JILL NIELSEN, DEPUTY DIRECTOR
ESPERANZA ZAPIEN, DIRECTOR OF CONTRACTS

DATE: MARCH 5, 2025 DS
EE

SUBJECT: NEW GRANT: **HOMEBRIDGE (NONPROFIT)** FOR PROVISION OF IN-HOME SUPPORTIVE SERVICES (IHSS) CONTRACT MODE

GRANT TERM: 7/1/25-
6/30/29

GRANT AMOUNT:	New	Contingency	Total	
	\$144,000,000	\$14,400,000	\$158,400,000	

ANNUAL AMOUNT:	FY 25-26	FY 26-27	FY 27-28	FY 28-29
	\$36,000,000	\$36,000,000	\$36,000,000	\$36,000,000

FUNDING SOURCE:	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
	\$40,320,000	\$30,240,000	\$73,440,000	\$14,400,000	\$158,400,000

Percentage:	28%	21%	51%	100%
-------------	-----	-----	-----	------

The San Francisco Department of Disability and Aging Services (DAS) requests authorization to enter into a new grant agreement with Homebridge for the period of July 1, 2025 to June 30, 2029, in the amount of \$144,000,000 plus a 10% contingency for a total amount not to exceed \$158,400,000. The purpose of this grant is to provide in-home supportive services to eligible IHSS recipients who have difficulty with managing their in-home care, including the hiring and supervision of an in-home care provider.

Background

The In-Home Supportive Services (IHSS) Program is a Federal/State/County funded, county administered Medi-Cal program that provides an alternative to out-of-home care such as nursing homes and board and care facilities. The Program assists eligible individuals who have functional needs and require support with personal care and/or to carry out household activities



so that they may reside in their own homes - including SRO hotels, permanent supportive housing, or shelters - rather than to be placed in out-of-home care. The IHSS program is designed pursuant to the California Department of Social Services (CDSS) MPP Section 30-700, as an alternative to out-of-home care and/or institutional placement.

The IHSS program compensates providers to carry out a wide variety of services including household chores and personal care. These services are intended to facilitate safe community living while encouraging independence and rehabilitation wherever possible. IHSS is provided through either an independent provider (IP) or an agency provider (Contract Mode IHSS). Recipients who utilize independent providers directly manage the oversight of their IHSS services and their IP, while the Department contracts with an agency to provide Contract Mode IHSS. The purpose of Contract Mode is to assist recipients who are unable to identify and/or supervise their own IP, typically because of cognitive impairment and/or serious mental illness. In San Francisco, Contract Mode IHSS provides a critical safety net service for some of the city's most vulnerable residents.

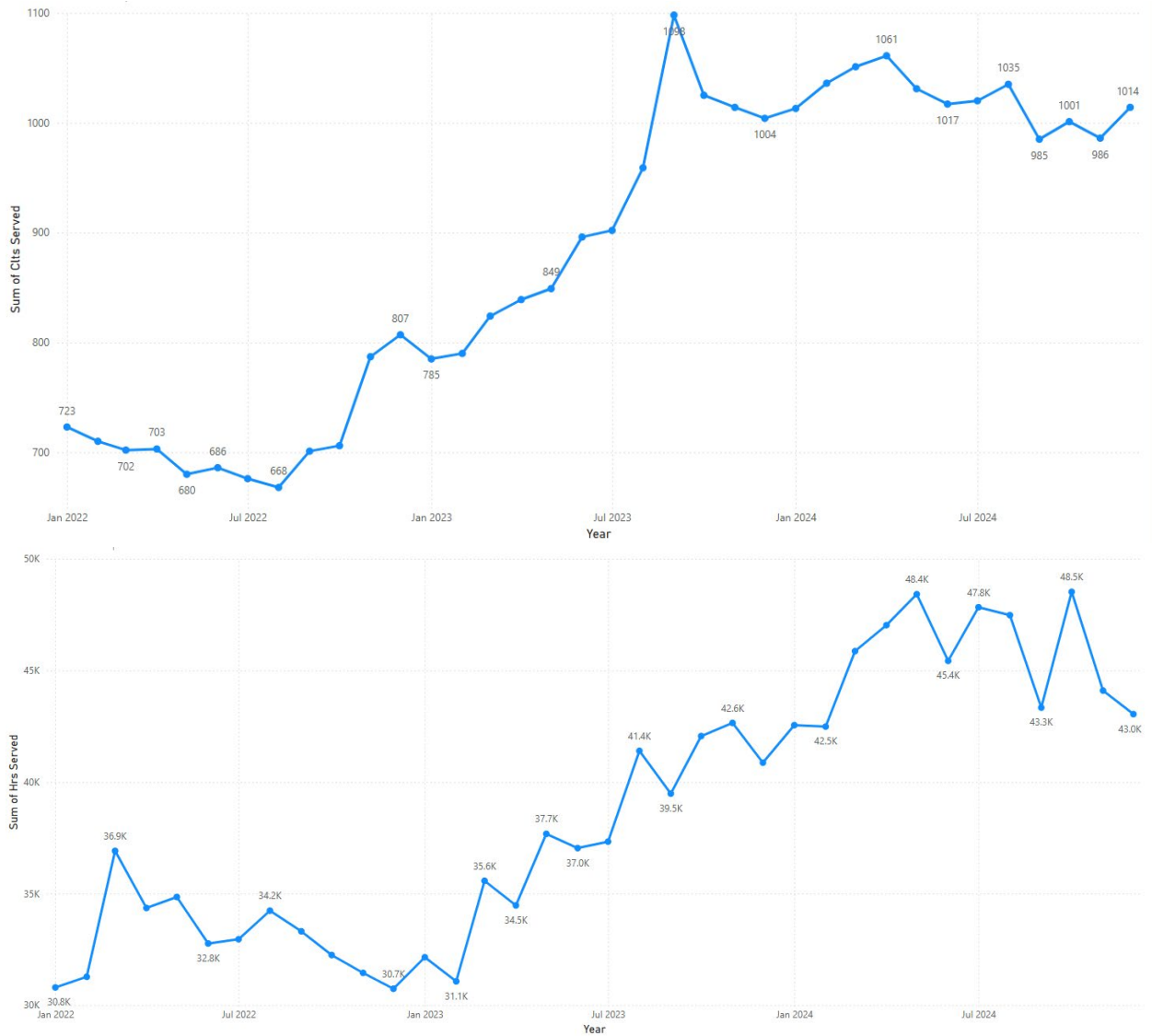
Services to be Provided

The grantee shall provide an estimated 625,000 hours of supervised Contract Mode IHSS services annually. The grantee will provide timely intakes and service delivery to recipients who receive an average of 45 hours of service per month. The grantee will monitor services through quarterly face-to-face quality assurance home visits and through caregivers equipped with mobile technology. The grantee will coordinate the need for wrap-around case management services and/or referrals for recipients determined to need additional support outside of IHSS. All caregivers will receive initial classroom training, intensive field-based training and regular supervision, support and advanced skills development.

Grant monitoring activities include monthly, quarterly, and annual reports that the grantee is required to submit to the Department and regular meetings with Department staff to discuss and evaluate performance. The grantee will conduct client satisfaction surveys and solicit feedback from Department staff to measure performance.

With sustained growth in IHSS recipient eligibility and the growing need for services coming out of the Pandemic, the IHSS Program, with the services provided by the grantee, has been able to meet the needs of the growing IHSS recipient population. The grantee served an average of 777 contract mode recipients and 33,577 contract mode hours per month in FY 22/23. These numbers have increased to 1,007 contract mode recipients and 45,719 contract mode hours per month in the current fiscal year. Additionally, the grantee follows a comprehensive policy and procedure regarding grievances, including the communication of all grievances to the DAS IHSS Program. Only two grievances have been reported in the current fiscal year and one in FY 23/24.

83% or more of clients were satisfied with the grantee’s services in all areas of the annual Client Satisfaction Survey.



Selection

The grantee was selected through RFP 1151, issued in January 2025.

Funding

Funding for this grant is provided through Federal, State, and County General Funds. The local share of cost in the IHSS program is paid through a Maintenance Of Effort (MOE) framework which serves to apportion the non-Federal share of IHSS expenditure between Counties and the State. Accordingly, in San Francisco, local costs related to IHSS Contract Mode services are

budgeted and paid through the MOE annually. Despite the increased cost – vis-à-vis its predecessor – of the contract presented herewith, the local share of augmented expenditure is already budgeted as part of the City's IHSS MOE payment/obligation.

ATTACHMENTS

Appendix A, Scope of Services

Appendix B, Budget

**Appendix A– Services to be Provided
Homebridge
In-Home Supportive Services - Contract Mode
Effective July 1, 2025 – June 30, 2029**

I. Purpose of Grant

The purpose of this grant is to provide In-Home Supportive Services (IHSS) to recipients who are at risk and who are unable to hire and supervise their own home care providers. The IHSS Program provides assistance to eligible older adults and adults with disabilities who are unable to remain safely in their own homes without this assistance. The City has approved this grant to maximize options and ensure alternatives to out-of-home care for eligible older people and adults with disabilities. This grant is in accordance with Title XIX and Title XX, of the Social Security Act; California State Welfare and Institutions Code, Sections 12300 et seq., California State Department of Social Services (CDSS) Manual of Policy and Procedures (MPP), Divisions 10, 19, 21, 22, 23, 25, 30 and 46, et seq., Office of Management and Budget (OMB) Circulars. Grantee shall comply with all provisions specified in this grant.

II. Definitions

BFS	Department of Benefits and Family Support
DAS	Department of Disability and Aging Services
SFHSA	San Francisco Human Services Agency
City	City and County of San Francisco
CMIPS II	Case Management, Information and Payrolling System II
HSA	Human Services Agency of the City and County of San Francisco
Medi-Cal	Medi-Cal provides free or low-cost health insurance for eligible individuals and comes with a range of health benefits and services, including IHSS.
IHSS	In-home Supportive Services
Independent Provider/IP	The eligible and approved individual who delivers the IHSS tasks authorized by the referring DAS Social Worker to the recipient.
Home Care Provider	The individual employed and supervised by the Contract Mode Provider who delivers the IHSS tasks authorized by the referring DAS Social Worker to the recipient.
Intensive Supervision	Frequent contact and support to both IHSS recipient and home care providers in order to overcome barriers to service delivery
OSHA	California Occupational Safety and Health Administrations
Recipient	A person determined eligible, by DAS, for IHSS. To be eligible, recipients must be living in their own homes within the boundaries of the City and must meet one of the following conditions: a. Currently receive Full-Scope Medi-Cal

	b. Receive approval from a Licensed Health Care Professional to receive IHSS through IHSS Health Certification Form SOC 873, per Welfare and Institutions Code section 12309.1
Registry IP	An Independent Provider who is listed in the Registry database.
Public Authority	The agency that helps recipients find providers, investigates the background of providers and serves as the employer of record for collective bargaining. The SF IHSS Public Authority also provides Back-up Provider Services (BUPS) for IHSS recipients.

III. Target Population

- A. This program is designed to serve all ethnicities and populations, with focused expertise to promote the unique cultural needs which have been identified as demonstrating the greatest economic and social need:
 - 1. Persons with low income
 - 2. Persons who are socially isolated
 - 3. Persons with limited English-speaking proficiency
 - 4. Persons from communities of color
 - 5. Persons who identify as LGBTQ+
 - 6. Persons at risk of institutionalization

IV. Eligibility for Services

- A. To be eligible for IHSS, recipients must reside either in their own homes, SRO hotels, shelters, public or senior housing within the boundaries of San Francisco County, and must meet the following conditions:
 - 1. Currently receive Full-Scope Medi-Cal
 - 2. Receive approval from a Licensed Health Care Professional to receive IHSS through IHSS Health Certification Form SOC 873, per Welfare and Institutions Code section 12309.1
- B. Eligible IHSS clients must meet all of the following criteria to be considered for referral to Contract Mode:
 - 1. Willing to accept Contract Mode Services after 3 good faith efforts to engage in services are made by Contract Mode;
 - 2. Without stable home care services, is at risk for premature institutionalization, eviction and/or health and safety issues;
 - 3. No other stable support system is in place to adequately provide home care needs or provide consistent assistance to successfully maintain an IP; and
 - 4. Has not terminated from Contract Mode services in the past 6 months or less due to egregious behavior or lack of engagement.
- C. IHSS clients must also meet at least one of the following criteria:
 - 1. Moderate to severe mental health, cognitive impairment and/or substance use disorder that affects their ability to hire and manage an Independent Provider (IP); and/or

2. Physical condition(s) that prevents client from being able to coordinate a full care plan to meet domestic and personal care needs while supervising an IP; and/or
3. Recent or pending discharge from a hospital or skilled nursing facility (SNF) with no community or other support system; and/or
4. Requires heavy cleaning with or without on-going Homebridge Services; and/or
5. Adult Protective Services (APS)/IHSS Investigations confirmed abuse or neglect by a previous IP, family member and/or partner.

V. Description of Services

A. Grantee shall be responsible for the following goals and requirements for the term of this grant:

1. Serve approximately 625,000 hours annually to approximately 1,100 clients at any given time.
2. Ensure a minimum availability of shifts, 7am to 7pm, 7-days a week including holidays, of quality, trauma-informed and culturally and linguistically appropriate in-home care for complexly diagnosed eligible older adults and adults with disabilities to remain safely in their own homes; and
3. Provide and schedule skilled home care providers for recipients who are unable to hire or supervise their own IPs, or who have additional capacity and service issues; and
4. Provide intensive supervision and training to home care providers to ensure the delivery of safe, person-centered and effective domestic, personal, paramedical, and protective supervision services; and
5. Provide service coordination and barrier removal services to recipients to maximize recipients' engagement in IHSS services; and
6. Troubleshoot barriers to service and/or recipient-specific challenges that could result in termination of services; and
7. Coordinate/communicate the need for wrap-around case management services and/or referrals for recipients determined to need additional supports outside of IHSS; and
8. Collaborate with DAS to develop effective and timely resolutions to problems that arise in the delivery of IHSS to recipients; and

9. Ensure accessibility of all recipient care plans to all staff providing service to that recipient; and
10. Communicate updates related to recipient care plans to IHSS Social Workers; and
11. Provide timely and quality IHSS to recipients as authorized by DAS IHSS Social Workers; and
12. Provide staffing ratios that are appropriate to serve referred clients and that meet the established per hour rate established with DAS.

B. Grantee shall provide the following services for the term of this grant:

1. Accept and process new recipient referrals from DAS Social Workers ensuring IHSS services begin within 5 business days of referral or within 24-hours when the referral is deemed “emergency”;
2. Possess a streamlined process to create regular schedules with recipients that meet their care needs (as authorized by IHSS), communicating changes to recipients in a timely manner and ensuring back-up coverage when requested and needed.
3. Coordinate with DAS Social Workers and staff to ensure authorized hours are accurate and to troubleshoot barriers to service.
4. Provide regular supervisory visits to recipients to ensure recipient safety and satisfaction with services and to effectively trouble-shoot provider issues;
5. Provide initial and on-going training to home care providers:
 - a) Basic Provider Training consists of courses aiming to help home care providers master key areas of domestic and personal care. Topics to be included must contain at least the following: emergency preparedness, infection and exposure control, food and medication interaction, food safety and sanitation, home safety, OSHA requirements, rights and responsibilities, CPR and First Aid, personal care and home care standards.
 - b) Advanced Provider Training consists of courses that focus on specific areas providers may need to learn more about such as nutrition, fall prevention, using durable medical equipment, mental illness and substance abuse in recipients, de-escalation, and addressing managing recipient-specific challenges that could result in termination of services. This training may also occur in the field to assist home care providers to perform complex personal care (transfers, hooyer lift, etc.) and paramedical tasks.

- c) The Grantee shall maintain records of all home care provider’s skill assessments and specific training provided to meet minimum standards of competency.
6. Provide IHSS services to recipients in accordance with mutually developed schedules with recipients. IHSS services are limited to the following:
- a) Domestic services, which includes: Sweeping, vacuuming, washing and waxing the floor surfaces; Washing kitchen counters and sinks; Cleaning the bathroom; Storing food and supplies; Taking out garbage; Dusting and tidying up; Cleaning oven and stove; Cleaning and defrosting refrigerator; Bringing in fuel for heating or cooking purposes from a fuel bin in the yard; Changing bed linen; and Miscellaneous domestic services such as changing light bulbs.
 - b) Heavy cleaning which involves thorough cleaning of the home to remove hazardous debris or dirt. The City shall have the authority to authorize this service, only at the time IHSS is initially granted, to enable the provider to perform continuous maintenance, or, if a lapse in eligibility occurs, eligibility is reestablished and IHSS services have not been provided within the previous 12 months. The City shall have the authority to authorize this service should the recipient's living conditions result in a substantial threat to his/her health/safety. Such service may also be authorized when a recipient is at risk of eviction for failure to prepare his/her home or abode for fumigation as required by statute or ordinance.
 - c) Related services include: Planning of meals; Preparation of meals includes such tasks as washing vegetables, trimming meat, cooking, setting the table, servicing the meal, cutting the food into bite-size pieces; Meal cleanup including washing, drying, and putting away dishes, pots, utensils and culinary appliances; Routine mending, laundry, ironing, folding, and storing clothes on shelves or in drawers; Reasonable food shopping and other shopping/errands limited to the nearest available stores or other facilities consistent with the recipient’s economy and needs;
 - d) Non-medical personal services limited to:
 - i. Bowel and bladder care such as assistance with enemas, emptying of catheter or ostomy bags, assistance with bed pans, application of diapers, changing rubber sheets, assistance with getting on and off commode or toilet;
 - ii. Respiration limited to nonmedical services such as assistance with self-administration of oxygen and cleaning of intermittent positive pressure breathing (IPPB) machines;
 - iii. Consumption of nutrition consisting of feeding or related assistance to recipients who cannot feed themselves or who require assistance with special devices in order to feed themselves;

- iv. Routine bed baths;
 - v. Bathing, oral hygiene, grooming;
 - vi. Dressing;
 - vii. Rubbing of skin to promote circulation, turning in bed and other types of repositioning, assistance on and off the seats and wheelchairs, or into or out of vehicles, and range of motion exercises, which shall be limited to the following:
 - 1) General supervision of exercises, which have been taught to the recipient by a licensed therapist or other health care professional to restore mobility restricted because of injury, disuse or disease.
 - 2) Maintenance therapy when the specialized knowledge and judgment of a qualified therapist is not required and the exercises are consistent with the patient's capacity and tolerance. Such exercises shall include the carrying out of maintenance programs; i.e., the performance of the repetitive exercises required to maintain function, improve gait, maintain strength, or endurance; passive exercises to maintain range of motion in paralyzed extremities; and assistive walking.
 - viii. Moving into and out of bed;
 - ix. Care of and assistance with prosthetic devices and assistance with self-administration of medications. Assistance with self-administration of medications consists of reminding the recipient to take prescribed and/or over-the-counter medications when they are to be taken and setting up medication sets;
 - x. Routine menstrual care limited to application of sanitary napkins and external cleaning;
 - xi. Ambulation consisting of assisting the recipient with walking or moving the recipient from place to place.
- e) Accompaniment services when the recipient's presence is required at the appointment and assistance is necessary to accomplish the appointment are limited to:
- i. Accompaniment to and from appointments with physicians, dentists and other health practitioners;
 - ii. Accompaniment necessary for fitting health related appliances/devices and special clothing;
 - iii. Accompaniment to the site where alternative resources provide in-home supportive services to the recipient in lieu of IHSS.
- f) Yard hazard abatement, which is light work in the yard, may be authorized for:
- i. Removal of high grass or weeds and rubbish when this constitutes a fire hazard;

- ii. Removal of ice, snow or other hazardous substances from entrances and essential walkways when access to the home is hazardous.
- g) Protective supervision consisting of observing recipient behavior in order to safeguard the recipient against injury, hazard, or accident.
 - i. This service is available for monitoring the behavior of non-self-directing, confused, mentally impaired, or mentally ill persons with the following exceptions:
 - 1) Protective supervision does not include friendly visiting or other social activities;
 - 2) Supervision is not available when the need is caused by a medical condition and the form of the supervision required is medical;
 - 3) Supervision is not available in anticipation of a medical emergency;
 - 4) Supervision is not available to prevent or control antisocial or aggressive recipient behavior.
 - ii. Protective supervision is available under the following conditions:
 - 1) County IHSS staff has determined that a 24-hour need exists for protective supervision and that the recipient can remain at home safely if protective supervision is provided; and
 - 2) Services staff determines that the entire 24-hour need for protective supervision can be met through any of the following or combination of the following:
 - a. In-Home Supportive Services; and
 - b. Alternative resources; and
 - c. A reassurance phone service when feasible and appropriate.
 - iii. Feasibility and appropriateness will be determined exclusively by the County IHSS staff.
Eligibility for protective supervision **MUST** be approved by San Francisco County.
Discretion of the Grantee is not allowed.
- h) Teaching and demonstration services are provided by IHSS providers to enable recipients to perform for themselves, services which they currently receive from IHSS. Teaching and demonstration services are limited to instruction in those tasks listed in CDSS MPP 30-757.11, .13, .14, and .16.

- i. This service shall be provided by persons who have successfully completed at least an appropriate number of hours of training, as approved by the Agency and as evidenced by a valid certificate;
 - ii. This service shall only be provided when the provider has the ability to do so effectively and safely.
- i) Paramedical services are provided under the following conditions and shall have the following characteristics:
 - i. The activities, which persons would normally perform for themselves but for their functional limitations;
 - ii. The activities, which, due to the recipient's physical or mental condition, are necessary to maintain the recipient's health.
 - 1) The services shall be provided when ordered by a licensed health care professional who is lawfully authorized to do so. The recipient shall select the licensed healthcare professional;
 - 2) The services shall be provided under the direction of the licensed health care professional;
 - 3) The licensed health care professional shall indicate to social services staff the time necessary to perform the ordered services.
- j) IHSS in the Workplace will be provided according to AB 925, which amended Welfare and Institutions Code (WIC) section 12300 and added WIC section 14132.955.
 - i. IHSS recipients are allowed to transfer service hours authorized for use in the recipient's home to a workplace in order to enable the recipients to obtain, retain, or return to work. The IHSS recipients are not allowed additional service hours in the workplace beyond those authorized for the home.
 - ii. The COUNTY will designate which, if any, of the authorized services are to be provided in a recipient's workplace.

VI. Outcome Objectives

A. On an annual basis, the Grantee will meet the following Outcome Objectives:

1. On the annual, comprehensive, anonymous satisfaction survey of recipients (provided in the language spoken by the recipients), 95% of recipients will indicate the following:

- a) the Grantee services helped them remain living independently at home
 - b) the Provider regularly arrived on time
 - c) the Provider provided the necessary authorized services
 - d) the Provider responded satisfactorily to recipient requests regarding preferred care methods
 - e) the recipient could communicate to Grantee staff in native language
 - f) the cultural and ethnic needs were met (e.g., food preparation)
 - g) the level of provider supervision and support to recipient was adequate to meet recipient needs
 - h) if the recipient had encountered problems in service delivery, that the problems were resolved in a timely and satisfactory manner.
2. In the annual home care provider evaluations conducted by the Field Supervisors, 95% of recipients rate their Providers quality of work as “good” or “excellent” in the areas of:
 - a) quality of work
 - b) ability to perform all authorized tasks
 - c) relationship to recipient
 - d) communication skills with recipient
 - e) sensitivity to recipient’s needs
 - f) timeliness
 3. Using Electronic Visit Verification as a means of tracking service delivery, 95% of scheduled visits will be served as scheduled.

VII. Reporting and Other Requirements

In all respects, the grantee shall comply with Federal, State and City reporting requirements.

A. Annual Reporting Requirements:

1. A Contract Mode Quality Assurance Plan and Report that details annual findings from the ongoing comprehensive quality assurance activities designed to objectively and systematically monitor the quality of IHSS provided to recipients. The report must include proposals for addressing any areas in which Grantee/or did not meet its own standards for the coming year.
2. A Recipient Satisfaction Survey report, including at least the measurements stated in Section V, Outcome Objectives.
3. A Skill Development Training Plan including curriculum and training goals.
4. A Skill Development Training Annual Report that describes training provided and results of identified goals.
5. 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 10th.

B. Quarterly Reporting Requirements:

1. Quarterly reporting will include data on progress toward each service and outcome objective as required in Section V, Outcome Objectives.
2. The Grantee shall submit within 30 (thirty) days following each three-month period a detailed accounting of the actual costs incurred in providing the IHSS services under this grant. This accounting report shall tie to the year-end audited report.
3. Grantee shall submit a Utilization Management (UM) quarterly report that includes analysis of service utilization trend, rationale of underutilization, and projection of future utilization.

C. Monthly Reporting Requirements:

1. Monthly reporting will include: 1) Total costs incurred for the provision of services, and 2) a wide range of program information. The following is a list of the information to be reported on a monthly basis. Reports must be submitted via both email and in a format provided by HSA.
 - a) Hours Authorized
 - b) Hours Served
 - c) Client Requested Hours
 - d) Hours cancelled and/or locked out (client no show or refusal)
 - e) Percentage of authorized hours served
 - f) Number of recipients served
 - g) Heavy Cleanings Performed / Heavy Cleaning Referral Updates
 - h) Overserved hours
 - i) Additional service hours available for following month (capacity)
 - j) Home Care Provider: Total, serving and broken down by tiers
 - k) Share of Cost
 - l) Identified items in CMIPS requiring joint corrective action.
2. Grantee will provide Ad Hoc reports as required by the Department. All required reports must be loaded into HSA's Contracts Administration, Reporting, and Billing Online (CARBON) system.

*For assistance with reporting requirements or submission of reports, contact:

Tara.Alvarez@sfgov.org

Senior Administrative Analyst,
Office of Contract Management

or

Michael.Powell@sfgov.org

Program Support Analyst

DAS In-home Supportive Services Program
and/or
Shannon.Morgan@sfgov.org
Program Director
DAS In-home Supportive Services Program

D. Electronic Visit Verification:

Grantee shall comply with the Electronic Visit Verification (EVV) federal statutory requirements pursuant to Subsection l of Section 1903 of the Social Security Act (42 U.S.C. 1396b) by ensuring the EVV system verifies for all providers: type of service performed; individual receiving the services; date of service; location of service delivery; individual providing services; and times the service begins and ends.

E. SF HAS Mandatory Training and Meeting Requirements:

DAS conducts case conferences on a weekly or as needed basis either virtually or in its offices at 1650 Mission Street, San Francisco, with its IHSS Grantees. The purposes of these conferences are to discuss:

1. Service delivery issues about individual recipients; and
2. Other issues of concern of either SF DAS and/or the Grantee.

Attendance of these meetings is mandatory, and all appropriate information and minutes obtained from the meetings must be disseminated to all attendees. The Grantee is responsible for maintaining information and minutes from these meetings in its recipient files.

It is important for effective and efficient service delivery that the Grantee has a good understanding of State In-Home Supportive Services rules and regulations, as well as local IHSS program policies and procedures. Grantee must designate key management and supervisory staff to attend designated trainings with the DAS IHSS program and to demonstrate a clear understanding of IHSS regulations, the method by which services are authorized by the San Francisco IHSS program, as well as the DAS IHSS program's procedures for Contract Mode cases. Trained Grantee staff will be responsible for training other agency staff on IHSS Program regulations and procedures.

DAS may also require ad hoc, monthly and/or quarterly meetings to discuss on-going operations. Key staff with operational and budget authority must attend and participate in these meetings.

F. Quality Assurance Requirements:

1. Grantee must develop an annual written Quality Assurance Program with clearly defined goals, measurements, mechanisms and frequencies of monitoring each year. Grantee will report on this plan annually as stated

above. The Quality Assurance Program must include at a minimum, standards for the following service delivery elements:

- a) Rate of turnover of primary Home Care Provider for recipients
 - b) Home Care Provider training
 - c) Number of Supervisory visits with recipients per year
 - d) Rate of ability to match language and cultural needs of recipients
 - e) Number of monthly/annual terminated services and reasons for the discontinuations
 - f) Number of monthly/annual service holds due to recipient refusal of service and lock-outs.
2. Grantee must develop and implement a Policy and Procedures manual that includes selection protocol and oversight of home care providers to ensure that the home care providers selected are competent in performing IHSS tasks according to the State mandates. The manual must also include procedures for working with recipients who refuse services, are violent, verbally aggressive, or threatening towards home care providers/leadership staff, lack impulse control, and who live in dangerous environments. The manual must include the procedure and steps to be taken prior to the termination of an IHSS recipient for any reason, This must include the process of collaborating with community partners and DAS IHSS to resolve potential service barriers prior to a decision to suspend or terminate services (e.g., case conference, multi-disciplinary team meeting). The manual must also include clear procedures for communication between the Grantee and DAS IHSS regarding any pause in recipient services. This manual is to be shared with the County annually. The Grantee must forward any changes in the Policy and Procedures manual to the County.
 3. Grantee must develop and implement a recruitment program that clearly defines short and long term goals in recruiting qualified providers that will meet the needs of a diverse and at-risk population.
 4. Grantee must develop and implement a Grievance Policy and Procedure following HSA polices and listing required steps for a timely communication to HSA of all grievances filed, actions taken to resolve the grievances, the results, and the follow up plans, within a maximum of 30 days of grievances filed by recipients.
 5. Grantee must develop and implement a clearly defined Utilization Management (UM) structure and processes including data collection mechanism, data analysis, executive summary, follow up action plans, and responsible individuals for tracking service hours. The analysis must be conducted on a quarterly basis and, at a minimum, include the trend of service utilization, rationale of underutilization, and projection of future utilization.
 6. Grantee must develop and implement a written Confidentiality Program that complies with HIPAA and other SF City and HSA confidentiality

requirements and describe in detail how the confidentiality of recipient information is maintained.

7. Grantee will develop and implement a Recipient Satisfaction Survey instrument to measure the quality of care received by the recipients on an annual basis. The instrument must be provided in the language spoken by the recipients and include indicators described in Section VI, Outcome Objectives.
8. Grantee will develop and implement a Home Care Provider Evaluations instrument to annually measure the performance of the providers.
9. Grantee will develop and implement student evaluations for all Skill Development Training courses. The results of these evaluations will be compiled and included in the annual Skill Development Training Report.
10. Grantee will develop Post Training Support Goals annually, and develop methods to monitor progress towards these goals on a regular basis. Progress towards these goals will be compiled and included in the annual Skill Development Training Report.

G. Personal Care Services Program and IHSS Plus Waiver Enrollment:

1. The Grantee will become the enrolled provider in the contract mode for the Personal Care Service Program (PCSP) and IHSS Plus Waiver Enrollment (IPW). This will occur as soon as San Francisco County has a signed enrollment form from the Grantee in its possession. The Grantee shall, at a minimum, certify the following:
 - a) All employees of the grantee are qualified to provide the care authorized;
 - b) All claims submitted to San Francisco County for services to recipients of IHSS and provided by the grant, will be provided as authorized for the recipient;
 - c) That payment of the claims will be from federal and/or state funds and that any false statement, claim, or concealment of information may be prosecuted under federal, and/or state laws; and
 - d) That services will be offered and provided without discrimination based on race, religion, color, national or ethnic origin, sex, sexual orientation, age, or physical or mental disability.

VIII. Monitoring Activities

A. Program Monitoring:

Program monitoring will include review of specific program standards or requirements as outlined above; back-up documentation for reporting progress

towards meeting service and outcome objectives; internal policies and procedures; personnel files for homecare providers; training standards and requirements; and records maintenance.

B. Fiscal Compliance and Grant 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.

**HUMAN SERVICES AGENCY BUDGET SUMMARY
BY PROGRAM**

Grantee: Homebridge, Inc				Full Term:	7/1/25 - 6/30/29
Program: IHSS Contract Mode				Effective Date:	
New <input checked="" type="checkbox"/> Modification <input type="checkbox"/> Revision <input type="checkbox"/> (Check One)				Modification #	
	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	7/1/25 - 6/30/29
Expenses	Original	Original	Original	Original	Total
Salaries & Benefits	\$28,955,230	\$28,955,230	\$28,955,230	\$28,955,230	\$115,820,920
Operating-Direct	\$1,712,160	\$1,712,160	\$1,712,160	\$1,712,160	\$6,848,640
Subtotal	\$30,667,390	\$30,667,390	\$30,667,390	\$30,667,390	\$122,669,560
Indirect Percentage (%)	15%	15%	15%	15%	15%
Indirect Costs (Line 16 X Line 15)	\$4,600,109	\$4,600,109	\$4,600,109	\$4,600,109	\$18,400,436
Consultant/Subcontractor (\$25,000+)	\$732,501	\$732,501	\$732,501	\$732,501	\$2,930,004
Direct Client Pass-Through					
Capital Expenses					
Total Expenses	\$36,000,000	\$36,000,000	\$36,000,000	\$36,000,000	\$144,000,000
HSA / DAS Revenues					
Federal Funding (51%)	\$18,360,000	\$18,360,000	\$18,360,000	\$18,360,000	\$73,440,000
State Funding (21%)	\$7,560,000	\$7,560,000	\$7,560,000	\$7,560,000	\$30,240,000
Local Funding (28%)	\$10,080,000	\$10,080,000	\$10,080,000	\$10,080,000	\$40,320,000
Total HSA / DAS Revenues	\$36,000,000	\$36,000,000	\$36,000,000	\$36,000,000	\$144,000,000
Grantee Revenues					
Total Grantee Revenues					
Total Revenues	\$36,000,000	\$36,000,000	\$36,000,000	\$36,000,000	\$144,000,000
Prepared by and Date: Shantel Weingand (CFO) on January 10, 2025					
Telephone No. & Email: 415-314-5274, sweingand@homebridgeca.org					
HSA Budget Form (3/24)					

Homebridge, Inc

Section 7. Fiscal Capacity

IHSS Contract Mode (RFP #1151), FY26-FY29

January 2025

Grantee: Homebridge, Inc
Program: IHSS Contract Mode

Operating Expenses Detail

Expenditure Category	7/1/25 - 6/30/26	7/1/26 - 6/30/27	7/1/27 - 6/30/28	7/1/28 - 6/30/29	7/1/25 - 6/30/29
	Original	Original	Original	Original	Total
Rental of Property	\$340,827	\$340,827	\$340,827	\$340,827	\$1,363,308
Utilities(Elec, Water, Gas, Phone, Garbage)	\$32,216	\$32,216	\$32,216	\$32,216	\$128,864
Office Supplies, Postage	\$17,237	\$17,237	\$17,237	\$17,237	\$68,948
Building Maintenance Supplies and Repair	\$25,024	\$25,024	\$25,024	\$25,024	\$100,096
Printing and Reproduction	\$4,692	\$4,692	\$4,692	\$4,692	\$18,768
Insurance	\$63,403	\$63,403	\$63,403	\$63,403	\$253,612
Staff Training	\$5,364	\$5,364	\$5,364	\$5,364	\$21,456
Staff Travel-(Local & Out of Town)					
Rental of Equipment					
Consulting/Professional Services					
Consultant A (first \$25k; anything over on next tab)					
Subcontractor A (first \$25k; anything over on next tab)					
Other					
Technology Equip and Peripherals	\$38,994	\$38,994	\$38,994	\$38,994	\$155,976
Software	\$11,598	\$11,598	\$11,598	\$11,598	\$46,392
Licenses & Subscriptions	\$54,055	\$54,055	\$54,055	\$54,055	\$216,220
Payroll & HR System	\$79,657	\$79,657	\$79,657	\$79,657	\$318,628
Hiring Expenses	\$24,634	\$24,634	\$24,634	\$24,634	\$98,536
Recruiting Expenses	\$5,200	\$5,200	\$5,200	\$5,200	\$20,800
Staff Events	\$6,452	\$6,452	\$6,452	\$6,452	\$25,808
Training	\$1,694	\$1,694	\$1,694	\$1,694	\$6,776
Staff Meetings	\$15,221	\$15,221	\$15,221	\$15,221	\$60,884
Caregiver Travel	\$150,122	\$150,122	\$150,122	\$150,122	\$600,488
Postage	\$1,532	\$1,532	\$1,532	\$1,532	\$6,128
Printing	\$2,671	\$2,671	\$2,671	\$2,671	\$10,684
Supplies	\$3,164	\$3,164	\$3,164	\$3,164	\$12,656
Caregiver Supplies	\$274,328	\$274,328	\$274,328	\$274,328	\$1,097,312
Technology Equip and Peripherals	\$22,500	\$22,500	\$22,500	\$22,500	\$90,000
Software	\$208,724	\$208,724	\$208,724	\$208,724	\$834,896
Telephone/Field Technology	\$322,851	\$322,851	\$322,851	\$322,851	\$1,291,404
Total Operating Expense	\$1,712,160	\$1,712,160	\$1,712,160	\$1,712,160	\$6,848,640

HSA Budget Form (3/24)

