

Department of Benefits and Family Support		ME	MO	RAND	UM		
Department of Disability and Aging Services	TO:	DISABILI	TY AN	ID AGIN	G SERV	VICES C	OMMISSION
Office of Early Care	THROUGH:	KELLY D	EARM	AN, EXI	ECUTIV	E DIRE	CTOR
and Education	FROM:	CINDY KAUFFMAN, DEPUTY DIRE ESPERANZA ZAPIEN, DIRECTOR O					
	DATE:	SEPTEMB	SER 7,	2022			
P.O. Box 7988 San Francisco, CA 94120-7988 www.SFHSA.org	SUBJECT:	NEW GRANT: INSTITUTE ON AGING (NON- PROFIT) FOR THE PROVISION OF TEMPORARY RESPITE CAREGIVER SUPPORT PROGRAM					
	GRANT TERM:	09/01/2022	2-06/3	30/2026			
	GRANT AMOUNT:	<u>New</u> \$3,137,948	3	<u>Conting</u> \$313,79		<u>Total</u> \$3,451	,743
	ANNUAL AMOUNT:	<u>FY22/23</u> \$702,362	<u>FY23</u> \$811,		<u>¥24/25</u> 311,862	<u>FY25//</u> \$811,8	
D COUNTRY	Funding Source:	<u>County</u>	<u>State</u>	Federal	Conting	ency_	Total
	FUNDING: PERCENTAGE	\$3,137,948 100%	3		\$313,7	95	\$3,451,743 100%
London Breed Mayor	The Department of authorization to en (IOA) for provisio	iter into a ne	ew gra	nt agree	ment wi	th Instit	tute on Aging

Trent Rhorer Executive Director authorization to enter into a new grant agreement with Institute on Aging (IOA) for provision of Temporary Respite Caregiver Support Program during the period of September 1, 2022 through June 30, 2026, in an amount of \$3,137,948 plus a 10% contingency for a total amount not to exceed \$3,451,743. The purpose of this grant is to provide support to respite caregivers with temporary in-home or out of home relief from caregiving responsibilities.

Background

Respite care is designed to reduce caregiver burden and intended to support quality home care that is instrumental in enabling the care receiver to live independently and prevent or delay the need for a higher level of care. Respite care assists unpaid caregivers of older adults and adults with disabilities in maintaining quality home care that is instrumental in



P.O. Box 7988 San Francisco, CA 94120-7988 www.SFHSA.org enabling the care receiver to live at home. Unpaid caregivers must be 18 years of age or older to be eligible for the respite care.

Services to be Provided

Institute on Aging (IOA) will provide respite care through private in-home care or out-of-home care such as attendance at an adult day center. Respite grants can be used by a caregiver to hire someone to provide care in their own home, respite can also be provided directly by the grantee through IOA's Adult Day Center, or through another respite provider. Both the caregiver and care receiver must live in the City and County of San Francisco. Respite care shall be provided in a manner that responds to the individual needs and preferences of the caregiver and care receiver.

In FY22/23 the grantee will provide respite grants to a minimum of 125 unduplicated consumers with a minimum of 9,600 hours of respite care. In FY23/24 through FY25/26 grantee will annually provide respite care to 175 unduplicated consumers and a minimum of 16,570 hours of respite care.

IOA will conduct a caregiver assessment and a home visit to determine the type and amount of respite care. Grantee will update care plans annually and at change of condition. Grantee will also provide caregiver counseling and education services, one on one and family support, as well as weekly virtual group education sessions and weekly remote support groups.

Location

Respite services will be provided in the care recipient's home, an adult day center, or other respite locations throughout San Francisco.

Selection

Grantee was selected through RFP #992 issued in March 2022.

Funding

Funding for this grant is provided by the Dignity Fund.

Attachments

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

APPENDIX A - SERVICES TO BE PROVIDED INSTITUTE ON AGING TEMPORARY RESPITE CAREGIVER SUPPORT September 1, 2022 – June 30, 2026

I. Purpose

The purpose of this grant is to assist San Francisco residents who are unpaid caregivers of older adults and/or adults with disabilities by providing respite care and to expand caregiver support services for unpaid caregivers, particularly those with limited or no English-speaking proficiency living in the City and County of San Francisco.

II. Definitions

ADL	Activities of Daily Living: the basic tasks of everyday life
	including eating, bathing, dressing, toileting, and transferring
	(i.e., getting in and out of a bed or chair).
Adult Day Center	An ADC program is a community-based program providing
	non-medical care to persons 18 years of age or older in need of
	personal care services, supervision or the assistance essential
	for sustaining the activities of daily living or for the protection
	of the individual on less than a 24-hour basis. The State
	Department of Social Services (DSS) licenses these centers as
	community care facilities. This program is not eligible for
	Medi-Cal reimbursement.
Adult with	A person 18-59 years of age living with a disability
Disabilities	r a final again a gain a sain g
At Risk of	To be considered at risk of institutionalization, a person must
Institutionalization	have, at a minimum, one of the following:
	1) functional impairment in a minimum of two Activities of
	Daily Living (ADL): eating, dressing, transfer, bathing,
	toileting, and grooming; or
	2) or a medical condition to the extent requiring the level of
	care that would be provided in a nursing facility; or
	3) be unable to manage his/her own affairs due to emotional
	and/or cognitive impairment, evidenced by functional
	impairment in a minimum of three Instrumental Activities of
	Daily Living (IADLs): preparing meals, managing money,
	shopping for groceries or personal items, performing
	housework, using a telephone.
Caregiver	An adult, 18 years of age or older, who provides unpaid in-
	home care to an older adult/s, 60 years of age or older and/or an
	adult with disabilities, 18 years of age or older living with one
	or more disabilities
Caregiver	An assessment conducted by persons trained and experienced in
Assessment	the skills required to deliver the service that should result in a
	plan that includes emergency back-up provisions and is
	periodically updated; and will explore options and courses of
	periodically apaaled, and will explore options and courses of

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	action for caregivers by identifying their, (A) willingness to provide care; (B) duration and care frequency preferences; (C) caregiving abilities; (D) physical health, psychological, social support, and training needs; (E) financial resources relative for caregiving; (F) strengths and weaknesses within the immediate caregiving environment and caregiver's extended informal support system.
Caregiver Counseling	Counseling provided to a caregiver individually or jointly to the caregiver, care recipient, and other involved family members by a qualified professional appropriately trained and experienced in the skills required to deliver the type of counseling and level of support needed. 1 hour = 1 unit of service
Care Recipient/Receiver	An older adult, 60 years of age or older and/or adult with disabilities, 18 years of age or older, who receives daily unpaid in-home care from a caregiver
CA.GetCare	A web-based application that provides specific functionalities for contracted agencies to use to perform consumer intake/assessment/enrollment, record service objectives, run reports, etc.
CARBON	Contracts Administration, Reporting and Billing On Line System
City	City and County of San Francisco
Communities of Color	An inclusive term and unifying term for persons who do not identify as White, who have been historically and systemically disadvantaged by institutionalized and interpersonal racism
DAS	Department of Disability and Aging Services
Dignity Fund	The City and County of San Francisco, City Charter, Sections 16.128-1 through 16.128-12. Monies in the Fund shall be used to expend by DAS solely to help seniors and adults with disabilities secure and utilize the services and support necessary to age with dignity in their own homes and communities.
Dignity Fund Community Needs Assessment (DFCNA)	A Community Needs Assessment report required by the Dignity Fund Charter Amendment and completed in FY21/22.
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
Fund	Dignity Fund
Grantee	Institute on Aging (IOA)
IADL	Instrumental Activities of Daily Living: Activities related to independent living and include preparing meals, managing

	money, shopping for groceries or personal items, performing
	light or heavy housework, and using a telephone.
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.
Limited English-	Any person who does not speak English well or is otherwise
Speaking Proficiency	unable to communicate effectively in English because English
	is not the person's primary language.
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.
OCP	Office of Community Partnerships, a unit in Department of
	Disability and Aging Services of the Human Services Agency
Older Adult	Person who is 60 years or older; used interchangeably with
	senior
Respite Care	A brief period of relief or rest from caregiving responsibilities
Senior	Person who is 60 years or older, used interchangeably with
	older adult.
SF-HSA	Human Services Agency of the City and County of San
	Francisco
Socially Isolated	Having few social relationships and few people to interact with
	regularly.
SOGI	Sexual Orientation and Gender Identity; Ordinance No. 159-16
	amended the San Francisco Administrative Code to require City
	departments and contractors that provide health care and social
	services to seek to collect and analyze data concerning the
	sexual orientation and gender identity of the clients they serve
	(Chapter 104, Sections 104.1 through 104.9.)

III. Target Population

Services shall be designed to engage one or more of the following target populations, which have been identified as demonstrating the greatest economic and social need:

- Persons with low income
- Persons who are socially isolated
- Persons with limited English speaking proficiency
- Persons from communities of color
- Persons who identify as LGBTQ+
- Persons at risk of institutionalization

Client Eligibility

This grant will serve unpaid caregivers, 18 years of age or older, residing in San Francisco who are caregivers of older adults and/or adults with disabilities living in the City and County of San Francisco having two or more activities of daily living limitations or a cognitive impairment.

IV. Description of Services

- A. Grantee will provide respite care through private in-home care and out-of-home care such as attendance at an adult day program.
- B. Grantee will offer participants the option of short-term respite for home care or adult day center services or overnight in a residential facility.
- C. Grantee will determine the type, amount of respite care when conducting the caregiver assessment, and further explain the purpose and program parameters during the home visit. The caregiver shall have the option to secure respite care as defined in this grant agreement, in the manner that best suits their needs and the needs of the care recipient.
- D. Grantee will update care plans annually and at change of condition. Grantee will assess and reassess caregiver needs and satisfaction of life measures including but not limited to physical health, psychological, social support, and training needs.
- E. Grantee will also re-assess caregiver respite needs should an emergency use for temporary respite services present itself.
- F. Grantee will track duration of enrollment, frequency of service, and type of respite care including in-home, through IOA's Adult Day Center, other adult day centers, or other respite options.
- G. Grantee will provide 100% of care receivers who are participating in their Adult Day Center activities with access to door-through-door transportation service
- H. Grantee will remain in compliance with San Francisco Department of Disability and Aging Services policies and procedures. The Adult Day Center will also adhere to Title 22 regulations for Adult Day Center.
- I. Grantee will provide caregiver counseling and education services including:
 - 1. Caregiver Assessments. Conducted by trained and experienced grantee staff that should result in a plan that includes emergency back-up provisions and is periodically updated; and will explore options and courses of action for caregivers by identifying their, (A) willingness to provide care; (B) duration and care frequency preferences; (C) caregiving abilities; (D) physical health, psychological, social support, and training needs; (E) financial resources relative to caregiving; and (F) strengths and weaknesses within the immediate caregiving environment and (caregiver's) extended informal support system. Unit= Number of Assessments

- Facilitation of family meetings as requested by the caregiver. This service (A) may be 1:1 (B) may involve their informal support system; (C) may be individual direct sessions or group consultations. Unit= 1 meeting
- 3. Education to caregivers, care receivers, and families, and caregivers. Unit= 1 Activity
- J. Grantee will offer weekly virtual group education sessions and weekly remote support groups. Unit= 1 Attendee
- K. Grantee will provide caregivers with information and referral resources designed to provide information on available caregiver support services, other caregiver support resources, and services available to support caregivers and care receivers. Unit = 1
 Activity
- L. Grantee to offer referrals to caregivers for IOA's Care coaches for caregivers who want additional support from staff for specific concerns related to caregiving responsibilities. Care coaches offer individualized support, wellness checks, and skill building in order to respond to caregiving challenges. **Unit= 1 hour**
- M. Grantee to use caregiver satisfaction surveys and data for quality improvement. Grantee will also provide caregivers and care receivers with contact information to share feedback at any time during their enrollment in program.
- N. Grantee will have policy and procedures that are compliant with local/city, state, and federal regulatory agencies, including the DAS-OCP policy memoranda manual.

V. Location and Time of Services

Respite will be provided at various locations and times either in home, at adult day centers, other respite providers or at IOA's Adult Day Center located at 386 Moraga Avenue, San Francisco, 94129. Other caregiver services will be provided virtually or at IOA main office location: 3575 Geary Boulevard San Francisco CA 94118 location.

VI. Service Objectives

On an annual basis, Grantee will meet the following service objectives:

Service Objective Summary Table	FY22/23	FY23/24	FY24/25	FY25/26	Total
Number of Unduplicated Consumers	125	175	175	175	650
Number of Respite Hours	9600	16750	16750	16750	59850

Caregiver Counseling and Education	FY22/23	FY23/24	FY24/25	FY25/26	Total
Caregiver Assessments	125	175	175	175	625
Facilitation of family meetings (# of meetings)	5	10	10	10	35
One on one support caregiver strategies/education/ caregiver counseling (hours)	10	20	20	20	70
Support Groups (Virtual)- number of attendees	30	45	45	45	165
Group Education (Virtual)- number of attendees	30	45	45	45	165
Caregiver Respite and Referrals:					
Care Coaches	10	20	20	20	70
Information and referral resources	100	150	150	150	550
Total Support Service Units	285	465	465	465	1680

VII. Outcome Objectives

Grantee's Quality Improvement Department will facilitate an annual client satisfaction survey to caregivers. Questionnaires, administered by telephone and mail, will include questions developed by the Home Care program, the Quality Improvement Department and in consultation with DAS. Statistical analysis will be conducted on the results and shared with the following goals.

On an annual basis, the Grantee will meet the following outcome objectives:

- A. Grantee will provide annual caregiver satisfaction survey results to OCP each grant year, with at least 50% of caregiver participants responding.
- B. At least 85% of the surveyed caregivers will report they are satisfied with the respite services provided.
- C. At least 75% of the surveyed caregivers will report that respite services supported their general well-being.
- D. At least 75% of the surveyed caregivers will report that the respite care enabled them to provide quality care that suited the needs of the care receiver.
- E. At least 75% of the surveyed caregivers will report that the respite care allowed them to take care of other responsibilities.

- F. At least 75% of the surveyed caregivers will report that the respite care helped avoid mental exhaustion.
- G. At least 75% of the surveyed caregivers will report that the respite care helped minimize physical exhaustion.

VIII. Reporting Requirements

- A. Grantee will provide a monthly report of activities as described in Section IV and VI. Grantee will enter the monthly metrics in the CARBON database by the 15th of the following month.
- B. Grantee will enroll consumers into the program funded through this grant agreement by entering the consumer data obtained from consumers using the DAS provided or DAS approved intake form into the CA.GetCare database in accordance to DAS policy.
- C. 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.
- D. Grantee will enter monthly reports into the CARBON database system that includes the following information:
 - Number of unduplicated consumers served during the month.
 - Number of Respite Care units/hours during the month
- E. Grantee will provide an annual report summarizing the contract activities, referencing the tasks as described in Section VI & VII- Service and Outcome Objectives. This report will also include accomplishments and challenges encountered by the Grantee. Grantee will enter the annual metrics in the CARBON database by the 15th of the month following the end of the program year.
- 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 in the CARBON system. Additional reports may be requested and required at other points during the fiscal year.
- G. Grantee will provide an annual caregiver satisfaction survey report to DAS by March 15 each grant year or a mutually agreed upon date between DAS and the Grantee.
- H. Grantee shall develop and deliver an annual summary report of SOGI data collected in each grant year as requested by HSA. The due date for submitting the annual summary report is no later than July 10 each grant year.

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

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

Or

<u>Steve.Kim@sfgov.org</u> Contract Manager Human Services Agency Office of Contract Management Erica.Maybaum@sfgov.org Program Analyst Human Services Agency Department of Disability and Aging Services

IX. Monitoring Activities

- A. <u>Program Monitoring:</u> Program monitoring will include review of compliance to specific program standards or requirements; consumer eligibility and any targeted mandates, back up documentation for the units of service and all reporting including the log of service units which is based on the service provision hours; sign-in sheets of consumers who participated in services if applicable, and progress of service and outcome objectives; how consumer 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 security awareness training; program operation, which includes a review of a written policies and procedures manual of all DAS 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; a board of director list and whether services are provided appropriately according to Sections IV, VI and VII.
- 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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1	5	3	D		ppendix B, Page 1
2					
3 HUMAN SERVICES AGE	ENCY BUDGET S	UMMARY			
4	BY PROGR	AM			
5 Name		Term			
6 Institute on Aging					
7 (Check One) New⊡ Renewal	Modification				
8 If modification, Effective Date of Mod.	No. of Mod.				
9 Program: Temporary Respite Caregive	r Support				
10 Budget Reference Page No.(s)					
11 Program Term	9/1/22-6/30/23	7/1/23-6/30/24	7/1/24-6/30/25	7/1/25-6/30/26	Total
12 Expenditures					
13 Salaries & Benefits	\$125,467	\$125,467	\$125,467	\$125,467	\$501,86
14 Operating Expenses	\$430,500	\$580,500	\$580,500	\$580,500	\$2,172,00
15 Subtotal	\$555,967	\$705,967	\$705,967	\$705,967	\$2,673,86
16 Indirect Percentage (%)	15%	15%	15%	15%	15
17 Indirect Cost (Line 16 X Line 15)	\$83,395	\$105,895	\$105,895	\$105,895	\$401,08
18 Subcontractor/Capital Expenditures	\$63,000	\$0	\$0	\$0	\$63,00
19 Total Expenditures	\$702,362	\$811,862	\$811,862	\$811,862	\$3,137,94
20 HSA Revenues					
21 General Fund	\$702,362	\$811,862	\$811,862	\$811,862	\$3,137,94
22					
23 24					
25					
26					
27					
28					
29 TOTAL HSA REVENUES	\$702,362	\$811,862	\$811,862	\$811,862	\$3,137,94
30 Other Revenues					
31 32					
33					
34					
35					
36 Total Revenues	\$702,362	\$811,862	\$811,862	\$811,862	\$3,137,94
37 Full Time Equivalent (FTE)	0.9	0.9	0.9	0.9	
39 Prepared by:	Telephone No.:				
40 HSA-CO Review Signature:					
41 HSA #1					9/7/202
					5/1/20

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	Institute on Aging Program: Temporary Respite Caregiver	Support								
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6										
6 7 8 9 10			Salarie	es & Ber	nefits De	tail				
8										
9										
10 11		A	- 4 - 1 -			9/1/22-6/30/23	7/1/23-6/30/24 DAS	7/1/24-6/30/25	7/1/25-6/30/26	TOTAL
11		Agency T	otais	HSA P % FTE	rogram	DAS	DAS	DAS	DAS	TOTAL
				funded						
		Annual Full TimeSalary	Total	by HSA (Max	Adjusted					
12	POSITION TITLE	for FTE	FTE	100%)	FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary	Budgeted Salary
13	Sr. Dir. Companioa (Dementia Services)	\$156,919	1.00	20%	0.20	\$31,384	\$31,384	\$31,384	\$31,384	\$125,536
14	Sr. Dir. Home Care Services	\$127,992	1.00	20%	0.20	\$25,598	\$25,598	\$25,598	\$25,598	\$102,392
15	Grant Administrator	\$86,783	1.00	50%	0.50	\$43,391	\$43,391	\$43,391	\$43,391	\$173,564
16										
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29										
30	TOTALS	\$ 371,694	3.00	90%	0.90	\$100,373	\$100,373	\$100,373	\$100,373	\$401,492
31 32	FRINGE BENEFIT RATE	25%								
33	EMPLOYEE FRINGE BENEFITS					\$25,094	\$25,094	\$25,094	\$25,094	\$100,376
34 35										
	TOTAL SALARIES & BENEFITS					\$125,467	\$125,467	\$125,467	\$125,467	\$501,868
	HSA #2									9/7/2022

	А	В	С	D	E	F	G	H I	J	К	L	М
1										Ap	pendix	B, Page 3
2	Institute on A	ging										
4	Program: Te		pite Caregive	r Suppo	rt							
5 6												
7				Ope	rating Ex	pense	Detail					
8					U U							
9 10												
10												TOTAL
12	Expenditure C	ategory		TERM	9/1/22-6/3	0/23	7/1/23-6/30/24	7/1/24-6/30/25	7/	1/25-6/30/26		
13	Cost of Home	Care Service	s		\$307,	500	\$420,000	\$420,000		\$420,000	\$	1,567,500
14	Cost of Adult [Day Services			\$75	000	\$112,500	\$112,500		\$112,500	\$	412,500
15	Office Supplie	s, Postage				<u> </u>						
16	Building Maint	enance Suppl	lies and Repai	r		<u> </u>						
17	Printing and R	eproduction				<u> </u>						
18	Marketing				\$48,	000	\$48,000	\$48,000		\$48,000	\$	192,000
19	Staff Training											
20	Staff Travel-(L	ocal & Out of	Town)									
21	Rental of Equi	pment						<u> </u>				
22	Insurance											
23	CONSULTAN	тѕ										
24				_		<u> </u>						
25				_				<u> </u>				
26	OTHER											
27 28	UTER											
29				_				<u> </u>			·	
30				_								
31	TOTAL OPER	ATING EXPE	INSE	_	\$ 430	500	\$ 580,500	\$ 580,500	\$	580,500	\$	2,172,000
32												
33	HSA #3											9/7/2022

	А	В	С	D	E	F
1					Apper	ndix B, Page 4
2 3	Institute	e on Aging				
4	Program	n: Temporary Respite Caregiver Support				
5						
6 7						
8		Subcontractor/Capital E	Expenditures			
9						
10	SUBCO	NTRACTORS	9/1/22-6/30/23	7/1/23-6/30/24	7/1/24-6/30/25	7/1/25-6/30/26
11						
12						
13						
14						
15						
16	TOTAL	SUBCONTRACTOR COST				
17					•	
18						
	EQUI	P M E N T TERM	9/1/22-6/30/23			
20	Units	ITEM/DESCRIPTION				
21		Implement Alaycare, (Homecare scheduling software)	\$63,000	\$0	\$0	\$0
22				·		
23						
24						
	TOTAL	EQUIPMENT COST	\$63,000	\$0	\$0	\$0
26					· · · · ·	
	OTHER		9/1/22-6/30/23			
			5/1/22-0/50/25			
	Descript	1011:				
29						
30						
31	τοται	REMODELING COST				
	IOTAL				l	
33	TOTAL		A00.000		••	••
34 35	IOTAL	SUBCONTRACTOR/CAPITAL EXPENDITURE	\$63,000	\$0	\$0	\$0
	UCA #4					0/7/0000
30	HSA #4					9/7/2022