



Edwin M. Lee, Mayor

Department of Human Services
Department of Aging and Adult Services

Trent Rhorer, Executive Director
Shireen McSpadden, Executive Director

MEMORANDUM

TO: AGING AND ADULT SERVICES COMMISSION

THROUGH: SHIREEN MCSPADDEN, EXECUTIVE DIRECTOR

FROM: CINDY KAUFFMAN, DEPUTY DIRECTOR
JOHN TSUTAKAWA, DIRECTOR OF CONTRACTS *JW*

DATE: JULY 5, 2017

SUBJECT: GRANT RENEWAL: FAMILY SERVICES AGENCY OF SAN FRANCISCO dba FELTON INSTITUTE (NON-PROFIT) FOR CASE MANAGEMENT

GRANT TERM:	<u>Current</u>	<u>Renewal</u>	<u>Contingency</u>	<u>Total</u>	
	7/1/14- 6/30/17	7/1/17- 6/30/18			
TOTAL AMOUNT:	\$254,386	\$87,956	\$8,796	\$96,752	
ANNUAL AMOUNT:	<u>FY17/18</u>				
	\$87,956				
Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$77,401		\$10,555	\$8,796	\$96,752
PERCENTAGE:	88%		12%		100%

The Department of Aging and Adult Services (DAAS) requests authorization to renew the existing grant with Felton Institute for the period from July 1, 2017 to June 30, 2018, in the amount of \$87,956 plus a 10% contingency for a total grant amount not to exceed \$96,752. The purpose of the grant is to provide funding for Case Management services.

Background

Grantee is an established provider of services to seniors and adults with disabilities. Grantee shall provide case management services to clients eligible for the service as described in the Office on the Aging (OOA) Case Management Standards, which include Agency Standards, Case Management Supervisor Standards, Case Manager Standards as well as Core Elements of Case Management.

Services to be Provided

Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates options and services required to meet an individual's health and human service needs. It is characterized by advocacy, communication, and resource management.

The case management process includes at a minimum the following: (See Description of Services section in Appendix A for more details)

1. The Intake/Screening process
2. Enrollment
3. Comprehensive assessment
4. Care-Planning
5. Reassessment
6. Monitoring and follow-up
7. Client Termination

Family Service Agency / Felton Institute Case Management program offices are located at 6221 Geary Blvd, 3rd floor, San Francisco, CA 94121 and open during regular business hours. Services are offered to clients City wide.

Selection

Grantee was selected through Request for Proposals (RFP) #582 for Case Management, Case Management and Medication Management Module Project Management, Citywide Case Management Clinical Supervision/Consultation Service, Linkages, Purchase of Service and Respite Purchase of Service competitively bid on February 7, 2014.

Grantee Performance

Fiscal Monitoring

A Citywide Fiscal and Compliance Monitoring site visit was conducted on 3/1/17. There were no significant findings.

Program Monitoring

Program monitoring occurred in March 2017 and resulted in a series of findings. Findings included limited documentation of ongoing service provision and insufficient documentation to establish client eligibility for services. Since the monitoring visit, Grantee and DAAS staff worked closely together to resolve findings and establish new program practices to prevent similar issues in the future. These include increased program supervision by Grantee and regular caseload reviews of clients participating in program services.

Funding

Funding for this grant agreement is provided by Federal (12%) and County (88%) funds.

ATTACHMENTS

Appendix A – Services to be Provided

Appendix B – Program Budget

APPENDIX A – SERVICES TO BE PROVIDED BY GRANTEE

Family Service Agency dba Felton Institute Case Management

Effective July 1, 2017 to June 30, 2018

I. Purpose

The purpose of this grant is to provide assistance in the form of access or care coordination in circumstances where the older person and adult with disabilities and/or caregivers are experiencing a diminished capacity to function including personal conditions or other characteristics which require the provision of services by formal and/or informal service providers. Activities of Case Management include assessing needs, developing care plans, authorizing services, arranging services, coordinating the provision of services among providers, follow-up monitoring and reassessment, discharge and termination.

II. Definitions

Adult with Disability	Person 18 years of age or older living with a disability.
DAAS	Department of Aging and Adult Services
Frail	An older individual is determined to be functionally impaired because the individual either: (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. (b) Due to a cognitive or other mental impairment, requires substantial supervision because the older individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.
Grantee	Family Service Agency of San Francisco / Felton Institute
HSA	Human Services Agency of the City and County of San Francisco
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.
Senior	Person who is 60 years or older.

SOGI Sexual Orientation and Gender Identity, a result of Ordinance No. 159-16 which 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

Individuals 60 years of age or older or individuals between 18 and 59 years of age that are living with disabilities. Services must target clients who are members of one or more of the following target groups that have been identified as demonstrating the greatest economic and social need. In particular:

- At an income level of 400% of poverty or less
- Non or limited –English speaking
- Minority
- Frail
- Lesbian/Gay/Bisexual/Transgender

IV. Eligibility for Case Management Services

In order to obtain case management services, an individual must meet the following criteria:

- A resident of San Francisco
- Aged 60 and above, or
- Aged 18 to 59 with a disability
- At an income level of 400% of poverty or less
- Not currently receiving duplicative Case Management services
- Has a need for Case Management and is willing to participate in the program.
- At risk of premature institutionalization
 - In order to be considered “at risk,” an individual must meet at least one of the following conditions:
 - 1) impairment in one or more areas of Activities of Daily Living (ADL); or
 - 2) two or more Instrumental Activities of Daily Living (IADL’ s); or
 - 3) unable to manage his/her own affairs due to emotional and/or cognitive impairment; or
 - 4) impaired by virtue of a significant event or circumstance that has occurred within the past 12 months.

V. Location and Time of Services

Case Management program offices are located at 6221 Geary Blvd, 3rd floor, San Francisco, CA 94121 and open during regular business hours. Services are offered to clients City wide.

VI. Description of Services

- A. The Grantee shall provide case management service to the clients eligible for the service as described in the OOA Case Management Standards (OOA Policy Memorandum #39), which include Agency Standards, Case Management Supervisor Standards, Case Manager Standards, and the Core Elements of Case Management:

The case management process includes at a minimum the following:

- The Intake/Screening process—Intake for Case Management services begins with the DAAS / OOA Centralized Intake process. The information collected during centralized intake helps determine presumptive eligibility of the potential client, is used to collect demographic and other information, and is a means to streamline the referral process.
 - Enrollment—Enrollment of the client into the program includes explanation of the range of services available, and clients' release authorizing the case manager to release information from/to individuals or agencies relating to health, mental health, medical benefits, income assistance, social or other services.
 - Comprehensive assessment—The case manager begins assisting the client by completing an in-depth assessment of each person's situation in the home. Based on that assessment, the client, the family, and the case manager decide what the client needs and make a plan to meet those needs.
 - Care-Planning—This plan may include linking the individuals and their families to existing community services, such as transportation, meals, in-home care, housing assistance and adult day care programs. The plan may also focus on obtaining adaptive devices, such as ramps, bath benches, medi-sets, and grab bars. Assistance, such as home repairs, counseling, or telephone reassurance, may be arranged to help the clients remain independent.
 - Reassessment—A formal reassessment must be conducted at least annually.
 - Monitoring and follow-up—At a minimum, a quarterly face-to-face contact with each client is required. Phone calls will be made to the client during the months that no face-to-face contact occurs.
 - Client Termination—Caseload turnover is an integral component of case management. Clients are subject to termination under the following circumstances: case management services completed, client's condition improved or stabilized, and the client is no longer eligible for case management; client requires higher level of service, such as Multi-Purpose Senior Services Program (MSSP), a federal funded program; client requires long-term institutionalization; client's needs exceed the case management provider's capacity; client no longer desires services; client moved out of area; client died; and other reasons.
- B. Client Caseload: The Grantee shall ensure that one full time equivalent case manager should target handling a monthly caseload of 50, with the flexibility of 20% plus or minus this number. This is relevant to clients that are served relatively long-term. For clients that require significant crisis intervention such as post hospitalization case management or elder/adult abuse, the caseload number can be considered at a level of 35 to 50 active cases.
- C. As the OOA Case Management Standards are the minimum standards, the Grantee must establish its own Agency's Policies and Procedures to meet the needs of the clientele that it is serving.
- D. The Grantee shall 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 G & H to the Grant Agreement.

VII. Contractor Responsibilities/Units of Service and Definitions

During the term of the grant, the Grantee will provide service to the indicated number of consumers

as well as the indicated number of units of service each year.

Total number of unduplicated consumers to be served each year: 65

Comprehensive Assessment

UNITS OF SERVICE

To collect information about a consumer with multiple needs (social, environmental, physical or mental) and determine the necessary supportive or other appropriate services to meet those needs. Time used in conducting the home-visit (including travel) and completion of all paper work are to be included.

UNIT: One Hour

UNITS: 150

Care Planning

To develop an individualized plan of care and services under a Case Management system based on a comprehensive assessment of the consumer's condition and/or resources. Time used in writing the care plan and related consultation will be included.

UNIT: One Hour

UNITS: 150

Service Authorization or Arrangement

To obtain services according to an individualized care plan by coordinating existing services, authorization for payment of services, or purchase of services. Time used in making phone calls in liaising with other service providers, and filling-out applications will be included.

UNIT: One Hour

UNITS: 285

Case Monitoring

To determine quality and effectiveness of services provided to a consumer according to an individualized care plan; to maintain periodic consumer contact to determine if change has occurred; and to take appropriate action as necessary. Time spent in calling the consumers/caregivers and in conducting home-visits will be included.

UNIT: One Hour

UNITS: 600

VIII. Service Objectives

- Grantee will provide case management services to a total of 65 unduplicated consumers.
- Grantee will provide a total of 150 hours of comprehensive assessment to the consumers.
- Grantee will provide a total of 150 hours of care planning for the consumers.
- Grantee will provide a total of 285 hours of service authorization or arrangement for the consumers.
- Grantee will provide a total of 600 hours of case monitoring for the consumers
- At least thirty five per cent (35%) of consumers will respond to the annual consumer satisfaction survey.

IX. Outcome Objectives

- At least seventy percent (70%) of consumers enrolled in the Case Management program will avoid institutionalization as evidenced by the annual report that documents this finding.
- At least seventy percent (70%) of consumers responding to the annual consumer satisfaction survey will be satisfied with the service and find it beneficial to them.
- At least seventy percent (70%) of consumers enrolled in the Case Management program will “agree” that the services they were connected to resulted in improvements in their physical and/or mental well-being.

X. Reporting and Other Requirements

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

- A. The grantee will enroll the clients into the CA GetCare database (<https://ca.getcare.com/caprovider/>), and enter all the required data in the Case Management Module, including medication list, assessment, progress notes, service plan etc.
- 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 reports must be entered into the Contracts Administration, Reporting, and Billing Online (CARBON) system regarding the following:
 - 1. Number of unduplicated consumers served during the month.
 - 2. Number of units of comprehensive assessment provided during the month
 - 3. Number of units of care planning provided during the month.
 - 4. Number of units of service authorization or arrangement provided during the month.
 - 5. Number of units of case monitoring provided during the month.
- D. 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. 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:
 - a) The percentages of consumers enrolled in the case management program have avoided institutionalization
 - b) The percentages of consumers responding to the annual consumer satisfaction survey have been satisfied with the service and find it beneficial to them.
- 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 10th day following the time study month and shall be entered on line to this website link: <https://calmaa.hfa3.org/signin>
- F. Grantee shall develop and deliver an annual summary report of SOGI data collected in the year as requested by HSA. The due date for submitting the annual summary report is July 10th.

- G. 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 will provide an annual consumer satisfaction survey report to OOA by March 15 each grant year.
- H. Grantee shall develop and deliver ad hoc reports as requested by HSA.
- I. Grantee is required to attend all mandatory case management training or meetings or other training as needed.
- J. 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:

Michael Zaugg, Program Analyst
 DAAS, Office on the Aging
 PO Box 7988
 San Francisco, CA 94120
 Email address: Michael.zaugg@sfgov.org

Rocio Duenas, Contracts Manager
 Human Services Agency
 PO Box 7988
 San Francisco, CA 94120
 Email address: Rocio.Duenas@sfgov.org

XI. Monitoring Activities

- A. Program Monitoring: Program monitoring will include review of the participants' record entered into the Case Management module, compliance with specific program standards or requirements as stated in the OOA Policy Memorandum #39, Case Management Standards; 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 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 directors list and whether services are provided appropriately according to Sections VI and VII.
- B. 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, the current board roster and selected board minutes for compliance with the Sunshine Ordinance, and HIPAA compliance.

	A	B	C	D	E
1	Appendix B, Page 1				
2	Date: 6/1/2017				
3	HUMAN SERVICES AGENCY CONTRACT BUDGET SUMMARY				
4	BY PROGRAM				
5	Contractor's Name				
6	FAMILY SERVICE AGENCY OF SAN FRANCISCO				
7	(Check One) New <input type="checkbox"/> Renewal <input checked="" type="checkbox"/> Modification <input type="checkbox"/>				
8	If modification, Effective Date of Mod.		No. of Mod.		
9	Program:	Case Management	Case Management	Case Management	TOTAL
10	Budget Reference Page No.(s)				
11	Program Term	7/1/17 - 6/30/18			7/1/17 - 6/30/18
12	OOA Expenditures				
13	Salaries & Benefits	\$ 68,594			\$ 68,594
14	Operating Expense	\$ 7,890			\$ 7,890
15	Capital Expenditure				
16	Subtotal	\$ 76,484			\$ 76,484
17	Indirect Percentage (%)	15.0%			15.0%
18	Indirect Cost (Line 17 X Line 18)	\$ 11,472			\$ 11,472
19	Total OOA Expenditures	\$ 87,956			\$ 87,956
20	Non OOA Expenditures				
21	Salaries & Benefits				
22	Operating Expense				
23	Capital Expenditure				
24	Total Non-OOA Expenditures	\$ -			
25					
26	Total OOA and Non-OOA Expenditures	\$ 87,956			\$ 87,956
27	OOA Revenues				
28					
29	Local General Fund (45ASGF)				
30	Federal Title III B (45ASSUPP2)	\$ 10,555			\$ 10,555
31	Federal Title VII-(A) (45ASSUPP2)				
32	Local Title III-b (45ASGFMATCH)				
33	Local Title VII-a (45ASGFMATCH)				
34	DAAS				
35	SNF QUALITY & Accountability				
36	Local General Fund (45ASCSBGHR)	\$ 77,401			\$ 77,401
37	DAAS				
38					
39					
40					
41		\$ 87,956			\$ 87,956
42	Other Revenues				
43					
44	In-Kind Salary from FSA				
45	Case Manager 23.5% FTE	\$ 15,357			\$ 15,357
46					
47	Director of Programs 2.3% FTE of \$75,000 FY 17-18	\$ 1,725			\$ 1,725
48					
49	Clinical Supervision 4% FTE of \$85,000 FY17-18	\$ 2,040			\$ 2,040
50					
51	Total Revenues	\$ 107,078			\$ 107,078
52	Full Time Equivalent (FTE)				
54	Prepared by: Marvin Davis, CFO	Telephone No.: 474-7310 ext. 418		6/1/2017	
55	HSA-CO Review Signature:	_____			
56	HSA #1				

Contractor's Name: FAMILY SERVICE AGENCY OF SAN FRANCISCO
(Same as Line 6 on HSA #1)

Salaries & Benefits Detail

	A	B	C	D	E	F	G	H	I	
1										
2										
3										
4	Contractor's Name: FAMILY SERVICE AGENCY OF SAN FRANCISCO									
5	(Same as Line 6 on HSA #1)									
6										
7										
8										
9										
10		Agency Totals		For HSA Program		7/1/17 - 6/30/18	Case Management	Case Management	Case Management	TOTAL
11	POSITION TITLE	Annual Full Time Salary for FTE	Total % FTE	% FTE	Adjusted FTE	Budgeted Salary	Budgeted Salary	Budgeted Salary	7/1/17 - 6/30/18	
12	Case Manager-Kham Lam	\$ 65,351	100%	76.5%	76.5%	\$ 49,994			\$ 49,994	
13	Director of Programs- Lynn O'Leary	\$ 75,000	100%	3.7%	3.7%	\$ 2,775			\$ 2,775	
14										
15										
16										
17										
18										
19										
20										
21										
22										
23	TOTALS	\$ 140,351	2.00	0.80	0.80	\$ 52,769			\$ 52,769	
24	FRINGE BENEFIT RATE	29.99%								
25										
26	EMPLOYEE FRINGE BENEFITS	\$ 42,091				\$ 15,825			\$ 15,825	
27										
28	TOTAL SALARIES & BENEFITS	\$ 182,442				\$ 68,594			\$ 68,594	
29										
30	NON-OOA POSITION TITLE									
31										
32										
33										
34										
35										
36										
37	TOTALS	\$ -	0.00	0.00	0.00					
38										
39	FRINGE BENEFIT RATE	29.99%								
40	EMPLOYEE FRINGE BENEFITS	\$ -								
41										
42	TOTAL Non-OOA SALARIES & BENEFITS	\$ -								
43										
44	TOTAL SALARIES & BENEFITS	\$ 182,442				\$ 68,594			\$ 68,594	
45	HSA #2									

