


City and County of San Francisco*London Breed, Mayor***Human Services Agency**
 Department of Human Services
 Department of Disability and Aging Services
 Office of Early Care and Education
*Trent Rhorer, 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 

DATE: NOVEMBER 4, 2020

SUBJECT: NEW GRANT: **INSTITUTE ON AGING (NON-PROFIT)** FOR THE PROVISION OF THE SUPPORT AT HOME PROGRAM FOR OLDER ADULTS AND ADULTS WITH DISABILITIES

GRANT TERM: 1/1/2021-6/30/2025

GRANT AMOUNT:	<u>New</u>	<u>Contingency</u>	<u>Total</u>
	\$8,105,707	\$810,570	\$8,916,277

ANNUAL AMOUNT	<u>FY20/21</u>	<u>FY21/22</u>	<u>FY22/23</u>	<u>FY23/24</u>	<u>FY24/25</u>
	\$900,635	\$1,801,268	\$1,801,268	\$1,801,268	\$1,801,268

Funding Source	<u>County</u>	<u>State</u>	<u>Federal</u>	<u>Contingency</u>	<u>Total</u>
FUNDING:	\$8,105,707			\$810,570	\$8,916,277
PERCENTAGE:	100%				100%

The Department of Disability and Aging Services (DAS) requests authorization to enter into a new grant agreement with Institute on Aging for the period of January 1, 2021 through June 30, 2025, in an amount of \$8,105,707, plus a 10% contingency for a total amount not to exceed \$8,916,277. The purpose of the grant is to provide a home care voucher administration program, the Support at Home Program, to eligible older adults and adults with disabilities in San Francisco.

Background

The Support at Home program was first piloted in fiscal year 16/17 in response to a February 2016 policy report to the Board of Supervisors titled "In Home Care for Seniors". The report indicated that due to ineligibility for most government-administered assistance programs and increases to the minimum wage in San Francisco, affordability of sufficient in-home care had become increasingly difficult for individuals defined as having "upper poor income," who need some degree of in-home care or are at risk of institutionalization. In response to this identified need, DAS solicited proposals to administer a home care voucher program which was awarded to Institute on Aging (IOA).

During the past three years, Institute on Aging (IOA) has administered the Support at Home program and worked with a project team consisting of DAS program staff and the University of California, San Francisco in creating evaluation tools, developing administration strategies, and building a robust approach to data analysis. Institute on Aging has successfully administered this program and during the last program monitoring had met their contracted level of unduplicated older adult consumers and exceeded the contracted level of service units by 23%.

Services to be Provided

Grantee shall be responsible for activities and services related to the administration of home care vouchers for San Francisco older adults and adults with disabilities. Services include screening applicants, conducting standardized assessments, determining eligibility, administering vouchers, assisting with the selection of home care providers when needed, facilitating orientation and training for both consumers and providers, on-going monitoring and program oversight, and addressing issues as needed to support the program's success.

Activities and services related to the program shall include, but are not limited to, the following:

Outreach and Waitlist

Grantee shall utilize a targeted outreach strategy to identify eligible and interested individuals, and will maintain a waitlist that ensures both an ideal case mix and fair access to services.

Intake/Screening

Grantee shall utilize a standardized intake process for referrals through IOA Connect, an information and referral service offered by the Institute on Aging, which refers callers to the most appropriate programs within IOA or other resources in San Francisco, to determine initial program eligibility.

Enrollment Process

Grantee shall utilize a standardized, consumer-friendly enrollment process. The enrollment process, consists of a face-to-face home visit, needs assessment, verification of eligibility, consent for services, and program orientation.

In-Home Assessment

Grantee shall utilize standardized assessments for both home care and financial needs in a person-centered manner. Applicants shall receive an in-home assessment, including an evaluation of total met and unmet home care needs, unmet financial needs, projection of subsidized home care needs, and person-centered goals and how the home care voucher program helps to achieve those goals.

Care Plan and Monitoring

Grantee shall utilize a person-centered care plan that describes the grantee and client's agreement and responsibilities, and may include clients' family and/or support systems. As defined by program policies and procedures, Grantee shall conduct telephonic check-ins to review status of home care services including provider mode, authorized hours, client co-pay, and issues including recent hospitalizations, falls, and medical and medication compliance

Re-Assessments

Re-assessments shall be conducted annually, and when there is a significant change in circumstances. Changes in overall care plan are adjusted accordingly.

Voucher Administration

Grantee shall be responsible for the effective management of home care vouchers based on the following parameters:

- a standardized sliding scale based on client home care need and ability to pay for care,
- a voucher cap of 15 hours per week per client, and
- administration of both independent and agency provider modes.

Provider Modes

Grantee shall allow clients the choice of either independent provider or agency mode. The independent provider mode shall allow clients to choose their provider and more flexibility to direct their own care including hiring, scheduling, and dismissing their own workers. The agency mode shall allow clients to work with an agency that provides support, training, and manages the home care workers.

Program Discharge

Grantee shall utilize a standardized discharge process and assists with transitioning out of the program, including referrals and resources.

Data and Evaluation

Grantee shall standardize and maintain secure program documentation. Documentation shall support the scope of services and includes signed consent and release of information forms. Demographic information shall include age, race, ethnicity, gender, sexual orientation, and primary language. Grantee shall also manage data in a way that can be extractable for the purposes of quality assurance and program evaluation. Grantee shall monitor quality and performance on an ongoing basis, including internal quality assurance activities, using surveys that include Quality of Life and/or satisfaction surveys administered by telephone and/or mail.

Selection

Grantee was selected through RFP (Request for Proposals) #854, which was issued in November 2019.

Funding

This grant is funded through a combination of local funding, specifically, County Local General Funds and the Dignity Fund.

ATTACHMENTS

Appendix A - Services to be Provided

Appendix B – Budget

APPENDIX A – SERVICES TO BE PROVIDED
INSTITUTE ON AGING
Support at Home Program
January 1, 2021 to June 30, 2025

I. Purpose

The purpose of this grant is to administer a home care voucher program for older adults and adults with disabilities with unmet home care needs due to affordability challenges within the City and County of San Francisco. The target population consists of older adults and adults with disabilities who are typically described as individuals with “upper poor income,” up to 100% of the area median income (AMI), who cannot afford home care services. This population may forego needed home care services or sacrifice quality of life due to lack of informal support systems and/or inability to afford private pay options, particularly as the cost of living continues to rise in San Francisco. With partial home care subsidization, this program aims to improve health, safety, and quality of life outcomes and to promote aging in place for individuals who are in need of in-home support but are ineligible for In-Home Supportive Services (IHSS) or other publicly-supported home care services due to income/resource limits or other program requirements. The Support at Home Program is not an extension of IHSS nor a Medi-Cal Share of Cost program.

II. Definitions

ADL	Activities of Daily Living; Essential and routine aspects of self-care including eating, bathing, getting dressed, toileting, transferring, and continence.
Adult with a Disability	A person who is 18-59 years old and living with a disability.
AMI	Area Median Income
CARBON	Contracts Administration, Billing, and Reporting Online; A database system used by contracted agencies to submit budgets, invoices, program reports, etc.
DAS	Department of Disability and Aging Services (formerly known as the Department of Aging and Adult Services / DAAS)
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.
Grantee	Institute on Aging (IOA)
HSA	Human Services Agency of the City and County of San Francisco

IADL	Instrumental Activities of Daily Living; Activities related to independent living including managing medicines, shopping, meal preparation, using a telephone, transportation, housework, managing money, and laundry.
IHSS	In-Home Supportive Services; California's statewide program that provides in-home care services to eligible participants to help them remain safely at home.
IOA Connect	Information and referral service offered by the Institute on Aging that refers callers to the most appropriate programs within IOA or other resources in San Francisco that serve older adults and adults with disabilities.
MCO	San Francisco Minimum Compensation Ordinance; A law prescribing the minimum level of compensation for workers in San Francisco.
OCP	Office of Community Partnerships (formerly known as Office on the Aging / OOA)
Older Adult	A person who is 60 years or older.
Person-Centered Goals	Identified and agreed upon goals indicated by the client's unique preferences, values, and needs.
S@H	Support at Home Program
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 and Program Eligibility

To be eligible for the Support at Home Program, an individual must meet all of the following criteria:

- A resident of San Francisco;
- An older adult aged 60 and older or an adult with a disability aged 18 to 59;
- Require assistance with a minimum of two (2) Activities of Daily Living (ADL) and/or Instrumental Activities of Daily Living (IADL);
- Income up to 100% of the Area Median Income (AMI);
- Asset limit of \$40,000 (excluding one house and one car);
- Able to demonstrate both financial and functional need for subsidized home care;
- Willing to contribute, on a sliding scale, to supplement home care cost;
- Willing to participate with program requirements and evaluations; and

- Be ineligible for other subsidized home care through programs such as Medi-Cal In-Home Supportive Services, In-Home Operations, and/or other state waiver programs.

IV. Description of Services

Overview

Grantee is responsible for activities and services related to the administration of home care vouchers for the target population. This includes, but is not limited to, screening applicants for target population criteria, conducting a standardized assessment, determining program eligibility, administering vouchers, assisting with the selection of home care providers when needed, facilitating orientation and training for both consumers and providers, on-going monitoring and program oversight, and addressing issues as needed to support program success.

Outreach and Waitlist

Grantee shall conduct a targeted outreach strategy across diverse populations to identify eligible and interested individuals. Program outreach strategies shall be developed with input from community advocates and stakeholder meetings. Marketing materials in threshold languages include city-wide marketing and mass media strategies with target populations. Ongoing outreach is dependent upon the demand for services and waitlist expansion. Grantee shall maintain a waitlist that ensures fair access to the pilot as space is available while being mindful of the case mix to achieve service and objective outcomes. An ideal case mix is one that has a range of individuals across a broad spectrum of functional and income needs, so that no one particular group is over- or under- represented. At a minimum, 20% of the clients are younger adults with disabilities.

Intake and Screening Process

Grantee shall utilize a standardized intake process for referrals through IOA Connect which shall determine initial program eligibility. If an individual is ineligible, IOA Connect Client Service Specialists shall offer alternative community resources when applicable. Initially eligible referrals shall be reviewed by a Program Lead and are either assigned for assessment or placed on a waitlist.

Enrollment

Grantee shall utilize a standardized, consumer-friendly enrollment process. Grantee shall gather supporting documents and verify eligibility based on program criteria. Financial verification shall include consideration of the individual's income, assets, household size, and expenses (including, but not limited to, rent/mortgage, insurance, utilities, transportation, food, health care, medications, and caregiver costs). The enrollment process, at a minimum, shall consist of a face-to-face home visit, needs assessment, verification of eligibility, consent for services, and program orientation. Program orientation shall include an explanation of program structure, provider options (independent provider or agency mode), voucher administration, program and client responsibilities, re-assessments, client-centered outcomes, and the evaluation components which may include surveys and telephonic check-ins. Applicants who have completed the enrollment process, consented to services, and started home care under this program are considered clients.

In-Home Assessment

Grantee shall utilize a standardized assessment for both home care and financial needs in a person-centered manner. Applicants shall receive an in-home assessment, including an evaluation of total met and unmet home care needs, unmet financial needs, projection of subsidized home care needs, and person-centered goals and how the home care voucher program helps to achieve those goals. To mitigate the spread of COVID19, in-home assessments shall be temporarily completed by phone or other virtual methods. The request for an in-person meeting with an Assessment Specialist shall be reviewed on a case by case basis.

Detailed caregiver information shall include both formal and informal supports to determine need. The number of hours for unmet functional need shall be based on a balance of client self-report and reasonableness to close gap for unmet need. Functional ability shall be assessed according to the ADL and/or IADL scales.

This includes:

- **Domestic services** such as grocery shopping, meal preparation, cleaning, dusting, laundry, and general house work.
- **Non-medical personal services** such as bowel and bladder care, bathing, oral hygiene, grooming, dressing, and transfers.
- **Accompaniment services** such as to and from appointments with physicians, dentists and other health practitioners.

Standardized Re-assessment: A re-assessment shall be conducted annually and when there is a significant change in circumstances. Adjustments to home care hours, voucher administration, and/or overall care plan shall be made accordingly. If the client no longer meets program criteria, alternative resources shall be provided to ensure client's stability.

Care Plan and Monitoring

Grantee shall utilize a person-centered care plan that describes the grantee and client agreement and responsibilities, and may include clients' family and/or support systems. As defined by program policies and procedures, Grantee shall conduct telephonic check-ins to review status of home care services including provider mode, authorized hours, client co-pay, and issues including recent hospitalizations, falls, and medical and medication compliance. Similarly, quality assurance reviews shall be conducted, and shall address issues such as voucher administration and provider modes.

Voucher Administration

Grantee shall be responsible for the effective management of the home care vouchers based on the following parameters:

- **Standardized Sliding Scale:** Grantee shall implement a sliding scale system that is based on clients' overall home care needs and ability to pay for this care. All clients must pay a share of their home care costs. The Grantee shall maintain a balanced case mix across a broad spectrum of functional and income needs while maximizing the number of clients served annually.

- **Voucher Cap:** Grantee shall ensure that vouchers are capped at fifteen (15) hours per week per client to support equitable management of funds. A client may receive maximum hours if both high level of care and financial need are apparent.
- **Voucher Administration:** Grantee shall ensure effective management of the home care voucher in both independent provider and agency modes. This includes having the organizational and technological infrastructure that ensures that the client contribution is paid prior to voucher payment on a monthly basis. Grantee shall have a responsive and proactive approach for early problem identification and resolution.

Provider Modes

Grantee shall allow clients the choice of either independent provider or agency mode. The independent provider mode shall allow clients to choose their provider and more flexibility to direct their own care including hiring, scheduling, and dismissing their own workers. The agency mode shall allow clients to work with an agency that provides support, training, and manages the home care workers. Grantee shall use discretion to prevent fraud or abuse, and has final authority to approve or deny either provider modes.

- **Provider Wage:** In either independent provider or agency mode, grantee shall ensure compliance with the San Francisco Minimum Compensation Ordinance (MCO) for all home care providers.
- **Training Modules:** Grantee shall provide paid trainings for both provider modes focused on common caregiving issues such as communication, nutrition, safety, and hazards. Grantee shall standardize mandatory and optional training modules for home care workers with opt out options, at the discretion of Grantee. At a minimum, all home care providers participate in an orientation about the Support at Home model and shall receive information on the responsibilities of clients, providers, and Grantee. Additionally, providers shall receive education on labor laws through a partnership with an organization representing domestic worker rights.

Program Discharge

Program discharge shall be initiated either by Grantee or by client. Reasons for discharge shall include: client's condition has improved or stabilized and no longer requires caregiver support, client requires a higher level of care, client requires long-term institutionalization, client no longer desires services, client has moved out of area, client is deceased, or client has become unwilling or unable to follow a care plan, including payment of monthly cost sharing amount. Grantee shall utilize a standardized discharge process and assists with the transition, including referrals and resources.

Data and Evaluation

Grantee shall standardize and maintain documentation in a secure manner both electronically and with hardcopies as necessary. Documentation shall support the scope of services and includes signed consent and release of information forms. Demographic information shall include age, race, ethnicity, gender, sexual orientation, and primary language. Grantee shall also manage data in a way that can be extractable for the purposes of quality assurance and program

evaluation. Grantee shall monitor quality and performance on an ongoing basis, including internal quality assurance activities, using surveys that include Quality of Life and/or satisfaction surveys administered by telephone and/or mail.

V. Grantee Responsibilities

Grantee shall work collaboratively with DAS on an ongoing basis with regards to program model, implementation, and evaluation. Grantee shall manage ongoing quality assurance and improvement efforts, including monthly and ad hoc reports and regular meetings with DAS.

Grantee shall develop policies and procedures, including a grievance procedure consistent with DAS guidelines. The program design and policies shall be consistent with the underlying goal of this program – to ensure the quality and availability of home care services in order to improve physical and mental health, and quality of life outcomes for the target population.

Grantee shall support staff development efforts and competencies with trainings and mentoring, always with sensitivity to the needs of diverse populations, including culture, language, gender, and sexual orientation.

Grantee shall ensure that the database(s) effectively track and export program and voucher data such as demographics, assessment, service authorization, voucher amount, client co-pay, reason for disenrollment, and client outcomes. This includes both client and provider level data for the purpose of program evaluation and data analysis.

Grantee shall work in partnership with community advocates and other stakeholders on an ongoing basis to gather feedback on program design, implementation, and outcomes. Grantee may form an advisory committee or other governance structures to assist with this goal.

VI. Service Objectives

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

- **Service Units** include:
 - **175-190 unduplicated clients** of which at least 20% are under age 60.
 - **40,000 hours** of subsidized care hours provided annually.
- **Service Objectives** include:
 - At least eighty-five percent (85%) of clients receive orientation/training within thirty (30) days of enrollment.
 - At least eighty-five percent (85%) of clients receive subsidized home care within thirty (30) days of enrollment.

VII. Outcome Objectives

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

Objective 1: Clients are able to remain safe at home as a result of the home care services received through the program. Target: 85%

Objective 2: Clients report that their quality of life has improved as a result of the home care services received through the program. Target: 85%

Objective 3: Clients are satisfied or very satisfied with the voucher administration services received from the program. Target: 85%

Data for these objectives are collected through the Client Satisfaction Survey that is administered on an annual basis.

VIII. Reporting Requirements

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

- A. Grantee shall provide an annual report summarizing the contract activities, referencing the tasks as described in Section IV - Description of Services, VI - Service Objectives, and VII - Outcome Objectives. This report is due forty-five (45) days after the completion of the program year.
- B. On an annual basis, Grantee shall provide results of the client satisfaction surveys. This may or may not be provided at the same time as the annual report.
- C. Monthly, Quarterly, and Annual Reports shall be entered into the CARBON system.
- D. Grantee shall develop and deliver ad hoc reports as requested by HSA/DAS/OCP.
- E. Grantee shall submit an annual summary report of SOGI data collected for each grant year as required by state and local law. The due date for submitting the annual summary report in CARBON is July 10th.

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

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IX. Monitoring Activities

- A. Program Monitoring: Program monitoring includes 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, 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 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 according to the site chart; a board of director list and whether services are provided appropriately according to Sections VI and VII.

B. Fiscal Compliance and Contract Monitoring: Fiscal monitoring includes 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 includes review of Personnel Manual, Emergency Operations Plan, Compliance with the Americans with Disabilities Act, subcontracts, and Memorandum of Understandings, and the current board roster and selected board minutes for compliance with the Sunshine Ordinance.

	A	B	C	D	E	F	G
1	Appendix B, Page 1						
2							
3	HUMAN SERVICES AGENCY BUDGET SUMMARY						
4							
5	Name		Term				
6	Institute on Aging		1/1/21-6/30/25				
7	(Check One) New <input checked="" type="checkbox"/> Renewal <input type="checkbox"/> Modification <input type="checkbox"/>						
8	If modification, Effective Date of Mod.		No. of Mod.				
9	Program: Support at Home						
10	Program Term	1/1/21-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23	7/1/2023-6/30/24	7/1/2024-6/30/25	Total
11	Expenditures						
12	Salaries & Benefits	\$239,728	\$479,458	\$486,651	\$486,651	\$486,651	\$2,179,139
13	Operating Expenses	\$61,285	\$122,566	\$115,373	\$115,373	\$115,373	\$529,970
14	Subtotal	\$301,013	\$602,024	\$602,024	\$602,024	\$602,024	\$2,709,109
15	Indirect Percentage (%) (insert Indirect %)	15%	15%	15%	15%	15%	\$0
16	Indirect Cost (Line 16 X Line 15)	\$45,152	\$90,304	\$90,304	\$90,304	\$90,304	\$406,368
17	Capital/Subcontractor Expenditures	\$554,470	\$1,108,940	\$1,108,940	\$1,108,940	\$1,108,940	\$4,990,230
18	Total Expenditures	\$900,635	\$1,801,268	\$1,801,268	\$1,801,268	\$1,801,268	\$8,105,707
19	HSA Revenues						
20							
21	General Fund	\$900,635	\$1,801,268	\$1,801,268	\$1,801,268	\$1,801,268	\$8,105,707
22							
23							
24	TOTAL HSA REVENUES	\$900,635	\$1,801,268	\$1,801,268	\$1,801,268	\$1,801,268	\$8,105,707
25	Other Revenues						
26							
27							
28							
29							
30	Total Revenues	\$900,635	\$1,801,268	\$1,801,268	\$1,801,268	\$1,801,268	\$8,105,707
31	Full Time Equivalent (FTE)						
33	Prepared by:	Telephone No.:				Date: 10/1/20	
34	HSA-CO Review Signature:						
35	HSA #1						

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	
1	Appendix B, Page 3															
2																
3	Program: Support at Home															
4	(Same as Line 9 on HSA #1)															
5																
6	Operating Expense Detail															
7																
8																
9	<u>Expenditure Category</u>	<u>TERM</u>	<u>1/1/21-6/30/21</u>	<u>7/1/21-6/30/22</u>	<u>7/1/22-6/30/23</u>	<u>7/1/2023-6/30/24</u>	<u>7/1/2024-6/30/25</u>								<u>TOTAL</u>	
															<u>1/1/21-6/30/25</u>	
10	Occupancy		\$12,181	\$24,362	\$24,362	\$24,362	\$24,362	\$24,362								\$109,629
11	Office Supplies, Postage		\$400	\$800	\$800	\$800	\$800	\$800								\$3,600
12	Insurance		\$1,110	\$2,478	\$2,478	\$2,478	\$2,478	\$2,478								\$11,022
13	Staff Travel-(Local & Out of Town)		\$956	\$3,912	\$3,912	\$3,915	\$3,912	\$3,912								\$16,607
14	Licensing Fees		\$3,439	\$6,878	\$7,124	\$7,124	\$7,124	\$7,124								\$31,689
15	Recruiting		\$400	\$800	\$800	\$800	\$800	\$800								\$3,600
16	Wireless Fees		\$3,120	\$6,240	\$6,240	\$6,240	\$6,240	\$6,240								\$28,080
17	Technology Equipment		\$1,314	\$2,626	\$1,733	\$1,733	\$1,733	\$1,733								\$9,139
18	Translation		\$2,531	\$5,062	\$5,254	\$5,251	\$5,254	\$5,254								\$23,352
19	Training/Retreat		\$750	\$1,250	\$1,250	\$1,250	\$1,250	\$1,250								\$5,750
20																
21	CONSULTANTS															
22	Independent Provider Orientation and Training		\$2,000	\$2,000	\$2,000	\$2,000	\$2,000	\$2,000								\$10,000
23	Payroll Processing Organization		\$28,210	\$56,420	\$56,420	\$56,420	\$56,420	\$56,420								\$253,890
24	Salo Solutions, Inc.		\$1,500	\$3,000	\$3,000	\$3,000	\$3,000	\$3,000								\$13,500
25																
26	OTHER															
27	Temp Contractor		\$3,374	\$6,738											\$10,112	
28																
29	TOTAL OPERATING EXPENSE		\$61,285	\$122,566	\$115,373	\$115,373	\$115,373	\$115,373								\$529,970
30																

	A	B	C	D	E	F	G	H
1	Appendix B, Page 4							
2								
3								
4	Program: Support at Home							
5	(Same as Line 9 on HSA #1)							
6	Program Expenditure Detail							
7	SUBCONTRACTORS		1/1/21-6/30/21	7/1/21-6/30/22	7/1/22-6/30/23	7/1/2023-6/30/24	7/1/2024-6/30/25	1/1/21-6/30/25
8		Home Care Vouchers	\$554,470	\$1,108,940	\$1,108,940	\$1,108,940	\$1,108,940	\$4,990,230
9								\$0
10								\$0
11								
12	TOTAL SUBCONTRACTOR COST		\$554,470	\$1,108,940	\$1,108,940	\$1,108,940	\$1,108,940	\$4,990,230
13								
14								
15	EQUIPMENT							1/1/21-6/30/25
16	No.	ITEM/DESCRIPTION						
17								
18								
19								
20	TOTAL EQUIPMENT COST							\$0
21								
22	R E M O D E L I N G							
23	Description:							1/1/21-6/30/25
24								
25								
26								
27	TOTAL REMODELING COST							\$0
28								
29	TOTAL CAPITAL/SUBCONTRACTOR EXPEN		\$554,470	\$1,108,940	\$1,108,940	\$1,108,940	\$1,108,940	\$4,990,230
30								
31	HSA #4							