



**LOS ANGELES COUNTY
COMMUNITY AND SENIOR SERVICES**

**STATEMENT OF WORK:
APPENDIX B**

**SUPPORTIVE SERVICES PROGRAM
TITLE III B**

PREAMBLE

For over a decade, the County has collaborated with its community partners to enhance the capacity of the health and human services system to improve the lives of children and families. These efforts require, as a fundamental expectation, that the County's contracting partners share the County and community's commitment to provide health and human services that support achievement of the County's vision, goals, values, and adopted outcomes. Key to these efforts is the integration of service delivery systems and the adoption of the Customer Service and Satisfaction Standards.

The County of Los Angeles' Vision is to improve the quality of life in the County by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being, and prosperity of individuals, families, businesses and communities. This philosophy of teamwork and collaboration is anchored in the shared values of:

- Responsiveness
- Professionalism
- Accountability
- Compassion
- Integrity
- Commitment
- A Can-Do Attitude
- Respect for Diversity

These shared values are encompassed in the County Mission, to enrich lives through effective and caring service and the County Strategic Plan's eight goals: 1) Service Excellence; 2) Workforce Excellence; 3) Organizational Effectiveness; 4) Fiscal Responsibility; 5) Children and Families' Well-Being; 6) Community Services; 7) Health and Mental Health; and 8) Public Safety. Improving the well-being of children and families requires coordination, collaboration, and integration of services across functional and jurisdictional boundaries, by and between County departments/agencies, and community and contracting partners.

The basic conditions that represent the well-being we seek for all children and families in Los Angeles County are delineated in the following five outcomes, adopted by the Board of Supervisors in January 1993.

- Good Health;
- Economic Well-Being;
- Safety and Survival;
- Emotional and Social Well-Being; and
- Education and Workforce Readiness.

Recognizing no single strategy - in isolation - can achieve the County's outcomes of well-being for children and families, consensus has emerged among County and community leaders that making substantial improvements in integrating the County's health and human services system is necessary to significantly move toward achieving these

outcomes. The County has also established the following values and goals for guiding this effort to integrate the health and human services delivery system:

- Families are treated with respect in every encounter they have with the health, educational, and social services systems.
- Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- There is no “wrong door”; wherever a family enters the system is the right place.
- Families receive services tailored to their unique situations and needs.
- Service providers and advocates involve families in the process of determining service plans, and proactively provide families with coordinated and comprehensive information, services, and resources.
- The County service system is flexible, able to respond to service demands for both the Countywide population and specific population groups.
- The County service system acts to strengthen communities, recognizing that just as individuals live in families, families live in communities.
- In supporting families and communities, County agencies work seamlessly with public and private service providers, community based organizations, and other community partners.
- County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user friendly, responsive, cohesive, efficient, professional, and accountable.
- County agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families.
- County agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.
- County agencies and their partners create incentives to reinforce the direction toward service integration and a seamless service delivery system.
- The County human service system embraces a commitment to the disciplined pursuit of results accountability across systems. Specifically, any strategy designed

to improve the County human services system for children and families should ultimately be judged by whether it helps achieve the County's five outcomes for children and families: good health, economic well-being, safety and survival, emotional and social well-being, and education and workforce readiness.

- The County, its clients, contracting partners, and the community will continue to work together to develop ways to make County services more accessible, customer friendly, better integrated, and outcome-focused. Several departments have identified shared themes in their strategic plans for achieving these goals including: making an effort to become more customer/client focused; valuing community partnerships and collaborations; emphasizing values and integrity; and using a strengths-based and multidisciplinary team approach. County departments are also working to provide the Board of Supervisors and the community with a better understanding of how resources are being utilized, how well services are being provided, and what are the results of the services: is anyone better off?

The County of Los Angeles health and human service departments and their partners are working together to achieve the following ***Customer Service And Satisfaction Standards*** in support of improving outcomes for children and families.

Personal Service Delivery

The service delivery team - staff and volunteers - will treat customers and each other with courtesy, dignity, and respect.

- Introduce themselves by name
- Listen carefully and patiently to customers
- Be responsive to cultural and linguistic needs
- Explain procedures clearly
- Build on the strengths of families and communities

Service Access

Service providers will work proactively to facilitate customer access to services.

- Provide services as promptly as possible
- Provide clear directions and service information
- Outreach to the community and promote available services
- Involve families in service plan development
- Follow-up to ensure appropriate delivery of services

Service Environment

Service providers will deliver services in a clean, safe, and welcoming environment, which supports the effective delivery of services.

- Ensure a safe environment
- Ensure a professional atmosphere
- Display vision, mission, and values statements

- Provide a clean and comfortable waiting area
- Ensure privacy
- Post complaint and appeals procedures

The basis for all County health and human services contracts is the provision of the highest level of quality services that support improved outcomes for children and families. The County and its contracting partners must work together and share a commitment to achieve a common vision, goals, outcomes, and standards for providing services.

APPENDIX B
STATEMENT OF WORK
SUPPORTIVE SERVICES PROGRAM (SSP)
2010 - 2014
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APPENDIX B
STATEMENT OF WORK
SUPPORTIVE SERVICES PROGRAM (TITLE III B)
2010-2014

1.0 SCOPE OF WORK

- 1.1 The scope of work outlines the services required to operate the Supportive Services Program (SSP) and provide services to eligible Clients as mandated by the Older Americans Act (OAA) Title III, Part B, Section 321, as well as all applicable OAA requirements, California Department of Aging (CDA), and Los Angeles County Community and Senior Services (CSS) Program Memoranda/Directives. The CONTRACTOR shall provide the services described herein. The COUNTY has established a fixed rate of reimbursement for each unit of service provided by the CONTRACTOR.
- 1.2 The Supportive Services Program (SSP), as outlined in the Older Americans Act, Title III, Part B, Section 321 includes a variety of services to address functional limitations, maintain health and independence, promote socialization, and ensure access to the senior service system. These services shall include: (1) Case Management; (2) Homemaker; (3) Personal Care; (4) In-Home Respite; (5) Alzheimer's Day Care; (6) Outreach; and (7) Registry.

2.0 CLIENT ELIGIBILITY

- 2.1 The U.S. Department of Health and Human Services, Administration on Aging determines the criteria for the SSP. The criteria are based on the current guidelines of the Older Americans Act of 1965, as reauthorized in October, 2006. The guidelines may be enhanced based on California State regulations and Los Angeles County policies. Unless otherwise expressly indicated in the Contract or by Federal, State, or local law, CONTRACTOR shall only provide SSP Services to Clients, with emphasis on those in economic and social need, with particular attention to low income minority individuals.
- 2.2 A person is eligible to be a Client if he/she is an Older Individual. An Older Individual is defined as a person sixty (60) years of age or older.
 - 2.2.1 Clients who are frail, homebound by reason of illness or disability, or otherwise isolated, shall be given priority of services (OAA, Title III B, Sec. 1321.69).

2.2.1.1 "Frail" Older Individuals/Clients, as defined in Section 7119 of the Title 22 California Code of Regulations (22 CCR 7119) refers to an Older Individual who has been deemed to be functionally impaired because the Older Individual is either:

2.2.1.1.1 Unable to perform at least two Activities of Daily Living (ADL), including bathing, toileting, dressing, feeding, breathing, transferring, mobility, and associated tasks, without substantial human assistance, including verbal reminding, physical cueing or supervision; or

2.2.1.1.2 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 others.

3.0 SPECIFIC TASKS

3.1 Guidelines and General Requirements:

3.1.1 The following guidelines establish the definitions and standards for the provision of Services that are required by the SSP. The unit of service is defined as the benefit provided to the Client that meets the program guidelines. The unit of measurement is the quantitative representation of the service/benefit provided to the Client; this measurement forms the basis upon which reimbursement is made to the CONTRACTOR. The unit rate is the amount that is reimbursable by the Program for each unit of measurement of Service provided by the CONTRACTOR.

3.1.2 CONTRACTOR must collaborate with other SSP Contractors and other Area Agency on Aging funded Contractors/community organizations in order to ensure comprehensive and coordinated service delivery and to prevent duplication of Services.

3.2 Tasks

CONTRACTOR agrees to provide the Services in the form as described herein. CONTRACTOR shall provide the Services set forth in the Contract, including this Statement of Work, to Clients, and meet the minimum requirements for these Services as follows:

3.2.1 Case Management – Case Management Services include a comprehensive assessment of the Client (including physical, psychological, and social needs), development of a written Care Plan with measurable outcomes, arrangement and coordination of Services, and Client follow-up to monitor the effectiveness of the Services arranged, and assess the need for additional Services. Case Management Services provide for a Client intake (consultation, including use of the Universal Intake Form with potential Client, to help determine eligibility and identify Services) to be completed within fourteen (14) days of initial Client contact with CONTRACTOR and for all Clients to begin receiving Services within fourteen (14) days of completing the Client intake process. Monthly telephone contact shall be maintained with 100% of Clients to ensure the effectiveness of arranged Services and to modify those Services as needed. On a semi-annual basis, a face-to-face reassessment shall be conducted with 100% of ongoing Clients. Service shall be provided by CONTRACTOR's Case Manager who is trained and experienced in the skills that are required to coordinate and monitor the provision of formal Case Management related services in circumstances where Clients are experiencing diminished capacities due to mental impairment or temporary severe stress and/or depression.

- Unit of Measurement: One Hour
- Maximum Rate of Reimbursement: \$45.00/Hour for all components of Case Management which shall be billed as one Service

3.2.2 Homemaker – CONTRACTOR shall provide in-home assistance for the Client in the form of meal preparation, basic household tasks, light cleaning, etc. This Service is for the purpose of household support and applies to the performance of household tasks rather than to care for the Client. This Service is provided at the request of the Client who needs outside help to maintain independent living.

- Unit of Measurement: One Hour
- Maximum Rate of Reimbursement: \$16.00/Hour

3.2.3 Personal Care – CONTRACTOR shall provide assistance to frail Clients (as defined in Subsection 2.2.1.1 of this Statement of Work) to maintain bodily hygiene, personal safety, and Activities of Daily Living (ADLs). (See Subsection 2.2.1.1.1) This Service is provided at the request of the Client who needs outside help to maintain independent living.

- Unit of Measurement: One Hour
- Maximum Rate of Reimbursement: \$18.00/Hour

3.2.4 In-Home Respite – CONTRACTOR shall arrange for a Caregiver to provide temporary assistance to the Client in the absence of the current Caregiver. This Service is provided at the request of the Client who will receive the benefit of enhanced care when the current Caregiver is receiving rest from the duties of caring for the Client.

3.2.4.1 A Caregiver is defined in Title I, Section 102(18)(B) of the OAA as an individual who has the responsibility for the care of an Older Individual, either voluntarily, by contract, by receipt of payment of care, or as a result of the operation of law and means a family member or other individual who provides (on behalf of such individual or of a public or private agency, organization, or institutions) compensated or uncompensated care to an Older Individual.

- Unit of Measurement: One hour
- Maximum Rate of Reimbursement: \$16.00/Hour

3.2.5 Alzheimer's Day Care - CONTRACTOR shall coordinate with a licensed Adult Day Care and/or Adult Day Health Care facility to provide Alzheimer's Day Care for Clients with Alzheimer's disease and related disorders with neurological and organic brain dysfunction. CONTRACTOR shall ensure that the program and services offered meet the special care needs of, and address the behavioral problems of, Clients.

3.2.5.1 CONTRACTOR shall ensure that the minimum Services provided include:

3.2.5.1.1 A written individual care plan by staff person conducting assessment.

3.2.5.1.2 Dementia appropriate planned activities related to social, cognitive, and physical functioning.

3.2.5.1.3 Staff observation of Clients for daily signs of illness, changes in behavior, or other conditions.

3.2.5.1.4 Personal assistance and care for Clients in grooming, food spills on clothing, disarray of clothing, minor injuries, nail care, or other personal maintenance, when appropriate.

3.2.5.1.5 Toileting assistance to Clients whom do not initiate their own toilet breaks.

3.2.5.1.6 Providing or arranging for a nutritious meal for Clients.

3.2.5.1.7 Transportation of Clients by a family member or "Dial-a-Ride" or other transportation programs if an agreement is entered into with transportation agencies.

3.2.5.1.8 Medication management if the CONTRACTOR decides to take on this task. This decision on whether to manage medication should be made before the Program admits Clients. A nurse or comparable health professional, licensed by the state of California, shall manage and monitor the correct medication dosages.

3.2.5.1.9 Infection control and the prevention of HIV transmission in health care settings should be obtained from the local County health department.

- Unit of Measurement: One Hour
- Maximum Rate of Reimbursement: \$16.00/hour

3.2.6 Outreach – CONTRACTOR shall:

3.2.6.1 Identify potential Clients and encourage their use of existing Services and benefits of the Program. Primary Outreach shall be on a one-on-one basis, except when specifically targeted group presentations are deemed appropriate for a particular outreach need.

3.2.6.2 Provide information to Clients on the Services and the benefits of the Program.

- Unit of Measurement: One Client Served
- Maximum Rate of Reimbursement: \$45.00/Hour

3.2.7 Registry – CONTRACTOR shall compile and maintain a list of SSP providers offering Services that complement the care needed by the Client. CONTRACTOR shall recruit, screen, and connect providers with Clients and Clients with providers. CONTRACTOR shall provide follow-up, as necessary, to verify that Services were obtained by the Client and that the Services met the Client's needs.

- Unit of Measurement: One Hour
- Maximum Rate of Reimbursement: \$32.00/Hour

4.0 ADDITIONAL REQUIREMENTS

In addition to the specific tasks necessary to provide units of service to Clients, CONTRACTOR must also adhere to the minimum standards that are necessary to operate the Program. These standards ensure that CONTRACTOR maintains the appropriate level of care, performance, staffing, reporting and compliance with Los Angeles County, State of California, and Federal guidelines that govern the Program. The CONTRACTOR is responsible for ensuring that operations meet the standards delineated below in order to provide the optimal level of Services to Clients as prescribed by this Contract.

- 4.1 CONTRACTOR shall provide Community Outreach which markets the Program's Services to all ethnic groups in each Supervisorial District in which Services are being provided by CONTRACTOR.
- 4.1.1 CONTRACTOR shall ensure that information and assistance on Supportive Services Program Services are provided to all populations including homeless, veterans, and Lesbian-Gay-Bisexual-Transgender (LGBT) Clients.
- 4.1.1.1 Community Outreach in this Section is distinctive from the Outreach Service category in Section 3.0 in that Community Outreach focuses on reaching Clients in the Supervisorial District(s) served, as well as veterans, homeless, and Lesbian-Gay-Bisexual-Transgender (LGBT) Clients. The Outreach Service category does not have this focus.
- 4.2 CONTRACTOR must have detailed written procedures to protect the confidentiality and privacy of Client information collected for Program purposes in accordance with Title 22 CCR 7500(b).
- 4.3 CONTRACTOR must maintain a cash reserve equal to the amount it would cost to operate the Program for one month. Grant funds may not be included in cash reserve.
- 4.4 CONTRACTOR shall track all Contract funds and CONTRACTOR shall provide a tracking of Contract funds during audits as indicated in Part II, Section 66.0, Record Retention and Inspection/Audit Settlement, of Appendix A, Sample Contract.

5.0 CONTRACTOR PERSONNEL

- 5.1 General Requirements: CONTRACTOR shall have a sufficient number of qualified staff with the appropriate education and experience to carry out the requirements of the Supportive Services Program. The total number of staff shall be based on the method and level of Services provided, and the size of the area served.
- 5.1.1 CONTRACTOR shall operate continuously throughout the entire term of this Contract with at least the minimum number of staff set forth herein, as well as any other applicable staffing requirements established by COUNTY for CONTRACTOR as necessary to provide Services hereunder. Such personnel shall meet all qualifications in this Contract, as well as those provided by the COUNTY through Contract Amendments, Administrative Directives, and Program Policy Memorandums.
- 5.1.2 The CONTRACTOR shall ensure that site staff is available to the COUNTY, Clients, SSP Contractors and other individuals on a minimum five-day-a-week (Monday through Friday) basis. CONTRACTOR staff shall be available for personal telephone contact during CONTRACTOR's hours of operation. CONTRACTOR shall ensure that each CONTRACTOR site has a telephone answering machine or voice mail in place during off-business hours. CONTRACTOR's staff shall check and respond to all messages in a timely manner.
- 5.1.3 CONTRACTOR shall always have a staff member with authority to act on behalf of CONTRACTOR available during work hours.
- 5.2 PROJECT DIRECTOR - CONTRACTOR staff must include a Project Director.
- 5.2.1 Responsibilities: The Project Director will plan, organize and direct all administrative and program activities related to the Program and Contract. The Project Director will define lines of authority and will develop the roles and parameters of responsibility for CONTRACTOR staff consistent with established COUNTY requirements. Project Director shall have full authority to act on behalf of CONTRACTOR for all Contract matters relating to the daily operations of this Contract. Project Director may also serve as the Project Supervisor. Project Director, or their designee, shall be available to COUNTY during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday to oversee all the daily activities.

5.2.2 Minimum Education, Experience and Qualifications: Bachelor's degree with a minimum of two (2) years experience in Case Management or a related field. In addition, the individual must possess and demonstrate the following:

- Ability to speak, read, and understand English fluently;
- Ability to provide guidance on decisions requiring judgment, assistance with problem situations, and approval of care plans and discharge;
- Administrative ability to explain goals, policies, and procedures and assist staff in adjusting to changes that occur;
- Ability to encourage the development of professional growth and upgrading of skills through access to training and current literature;
- Ability to evaluate the performance of Case Manager based on established criteria;
- Expertise in the provision of Case Management Services; and
- Knowledgeable about the needs of Clients with Alzheimer's disease and related-dementia.

5.3 PROJECT SUPERVISOR (optional)

5.3.1 Responsibilities: Under the direction of the Project Director, the Project Supervisor is responsible for planning, organizing, and developing the principles and techniques for use under this Contract. The position's primary responsibilities are: (a) the ongoing supervision of CONTRACTOR's Supportive Services Program staff, including ensuring that all Supportive Services Program Services are delivered appropriately and within the established time frames; (b) the review and approval of all Client Care Plans; and (c) monitoring of Client outcomes. The Project Supervisor shall review ongoing cases with Case Managers at least quarterly to determine the appropriateness of Services and the need for ongoing Supportive Services Program Services. Project Supervisor may also serve as the Project Director if all qualifications of the Project Director are met by the Project Supervisor. If CONTRACTOR chooses not to have a Project Supervisor, the Project Director shall perform all the duties of the Project Supervisor.

5.3.2 Minimum Education, Experience and Qualifications: Bachelor's degree with a minimum of two years experience in Case Management or a related field. Persons with a Master's degree may substitute one year of experience required. In addition, the individual must demonstrate the following:

- Ability to speak, read, and understand English fluently;

- Ability to provide guidance on decisions requiring judgment, assistance with problem situations, and approval of care plans and discharge;
- Administrative ability to explain goals, policies, and procedures and assist staff in adjusting to changes that occur;
- Ability to encourage the development of professional growth and upgrading of skills through access to training and current literature;
- Ability to evaluate the performance of Case Manager based on established criteria;
- Expertise in the provision of Case Management Services; and
- Knowledgeable about the needs of Clients with Alzheimer's disease and related dementia.

5.4 CASE MANAGER

5.4.1 Responsibilities: Must evaluate the potential Client to assess their needs by completing Client intakes, developing care plans and coordinating provision of Services. In addition, Case Manager must ensure that the AAA Universal Intake Form, as provided by the COUNTY, is completed, that monthly telephone contact is made with Clients, and face-to-face reassessments are conducted with Clients on a semi-annual basis. The Case Manager is responsible for delivering all Case Management under the direction of the Project Supervisor.

5.4.2 Minimum Educational/Experience Qualifications: Bachelor's degree with a minimum of two years full-time paid or volunteer experience in Case Management, or a related field; may substitute one year of education beyond a Bachelor's degree for each year of experience required; or Bachelor's degree in human services, with less than two years of full-time paid or volunteer experience in Case Management or a related field. In addition, the individual must demonstrate the following:

- Ability to communicate effectively with Clients, family members, service providers, and co-workers;
- Ability to demonstrate interest in the well-being of Clients;
- Ability to serve Clients, family members, service providers and co-workers in a timely and efficient manner;
- Ability to be sensitive to the needs of Clients;
- Knowledge of community resources and available funding sources;
- Knowledge of the quality of services recommended; and
- Knowledgeable about the needs of Clients with Alzheimer's disease and related dementia.

5.5 NURSING STAFF (Required if CONTRACTOR coordinates with an Adult Day Care or Adult Day Health Care to provide Alzheimer's Day Care)

5.5.1 Minimum Educational, Experience and Qualifications: A nurse or comparable health professional, licensed by the state of California, shall be on staff, on call, or available for immediate consultation. Only Licensed Vocational Nurses (LVNs), Registered Nurses (RNs), Physician's Assistant's (PAs), and Public Health Nurses (PHNs) are considered comparable health professionals to meet the Alzheimer's Day Care Services nursing staff requirements.

5.5.2 Responsibilities: The nurse/health professional shall assist with medication and health needs of Alzheimer's Day Care Services Clients. The nurse/health professional shall prepare and conduct in-service training for other CONTRACTOR staff concerning Alzheimer's disease and dementia-related disorders with neurological and organic brain dysfunctions, health, and medical information.

5.6 USE OF VOLUNTEER SERVICES

Volunteers shall be recruited, trained and used by CONTRACTOR to expand the provision of SSP Services. Volunteers must be appropriately qualified. If possible, CONTRACTOR shall work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in a community service setting.

5.7 PROGRAM STAFF

The CONTRACTOR is responsible for ensuring its staff, including Volunteers, both existing and new, are properly trained in any and all areas the staff are providing Services. Staff must be qualified, sufficient in number to deliver the SSP Service(s) adequately, and capable of establishing effective communication with the Clients as well as other AAA network SSP providers.

5.8 GREEN INITIATIVES

5.8.1 CONTRACTOR shall use reasonable efforts to initiate "green" practices for environmental and energy conservation benefits.

5.8.2 CONTRACTOR shall notify COUNTY's Project Manager of CONTRACTOR's new green initiatives prior to the Contract commencement.

6.0 MULTILINGUAL AND MULTICULTURAL CAPABILITIES OF CONTRACTOR STAFF

The CONTRACTOR must be committed and sensitive to the delivery of Services that are culturally and linguistically appropriate. To that end, CONTRACTOR must seek to hire qualified staff that is multilingual and/or multicultural in order to better reflect the communities served. In addition, the CONTRACTOR and its staff are expected to develop cultural competency and cross-cultural clinical practice skills. The CONTRACTOR must also develop effective linkages with various ethnic, health and social service agencies for the benefit of the Clients.

7.0 QUALITY ASSURANCE

- 7.1 On an annual basis, the AAA will implement quality assurance measures. The CONTRACTOR shall convene a committee or task group that performs Continuous Quality Improvement (CQI) functions, including conducting customer satisfaction surveys and other specific studies related to the CQI processes. This committee will also set policies as well as review and approve recommendations.
- 7.2 CONTRACTOR shall immediately inform COUNTY of any issues that may prevent or hinder service performance.

8.0 TRAINING

- 8.1 CONTRACTOR shall develop and implement an internal staff training policy, including the provision of an orientation to all new staff (including volunteers).
- 8.2 CONTRACTOR is responsible for ensuring its staff, both existing and new, are properly oriented and trained to perform their assigned responsibilities and tasks in all areas related to providing SSP Services.
- 8.3 The CONTRACTOR's Project Director shall ensure, to the extent possible, that all appropriate CONTRACTOR staff attend relevant training sessions established by the AAA for CONTRACTOR's benefit, and that, at a minimum, a CONTRACTOR staff person represents the CONTRACTOR at each relevant training session. The AAA may establish, provide, and/or require mandatory training of CONTRACTOR staff at its discretion.

9.0 COLLABORATIONS

- 9.1 CONTRACTOR must form collaborations with other AAA Contractors, including other SSP Contractors, and other community organizations in order to ensure comprehensive and coordinated Service delivery and to prevent unnecessary duplication of Services. CONTRACTOR shall develop linkages with other community-based long-term care service providers,

particularly those that see the Client at home. CONTRACTOR is encouraged to share vital assessment information with other agencies providing Services to the Client in the home. However, in sharing information with other agencies, the CONTRACTOR must respect Client confidentiality rights, adhere to applicable confidentiality regulations, and follow appropriate protocols.

- 9.2 The CONTRACTOR shall establish procedures to protect all Client level information consistent with the terms of the Contract and all applicable laws and shall not disclose participant information outside of CSS and its partners without written consent from CSS and the Client.

10.0 PROGRAM PERFORMANCE/REALLOCATION OF FUNDS

- 10.1 The CONTRACTOR is required to provide 100% of Services contracted for and as stated in Exhibit C, Proposed Program Services (PPS). A New or updated PPS shall be completed and provided to the COUNTY prior to the beginning of each fiscal year.
- 10.2 The performance of CONTRACTOR will be evaluated during the fiscal year, and funds may be reallocated. If CONTRACTOR fails to provide 95% of the Services required under this Contract, as provided in the Appendix A, Exhibit C, PPS, funds may be reduced and reallocated to other SSP agencies that are performing at a higher level and qualify for grant increases. Additionally, the COUNTY, at its discretion, may reduce the CONTRACTOR's annual grant for the following fiscal year to more accurately reflect the CONTRACTOR's level of service.
- 10.3 The Contract includes Performance Requirements Standards that will measure the CONTRACTOR's performance related to Program and operational measures. The Contract includes a Performance Requirements Summary (PRS) Chart, Appendix C to the RFP, that summarizes the standards required and their corresponding Acceptable Quality Level. CONTRACTOR is responsible for meeting the Acceptable Quality Levels provided in the PRS Chart as well as the provision of Services outlined in Appendix A, Exhibit C, Proposed Program Services.

11.0 OUTCOME MEASURES

CONTRACTOR is required to conduct ongoing customer satisfaction surveys for Clients. The results of the surveys will be used by CONTRACTOR to make quality improvements in Services provided to Clients. The CONTRACTOR may be asked to comply with and develop other outcome measures. The AAA is committed to assist Clients and ensure that they are afforded the best opportunity for continued care from the Supportive Services Program. See Appendix C, PRS Chart for additional Program performance requirements.

12.0 REPORTS, DOCUMENTATION, AND DIRECT DATA ENTRY

- 12.1 The California Department of Aging requires CONTRACTOR to establish record procedures that ensure the accuracy and authenticity of the number of eligible Clients served each day. CONTRACTOR shall submit to COUNTY, on a monthly basis and no later than the 10th day of the month following the month of Service, the total number of Clients served by CONTRACTOR that month. If the 10th day of the month falls on a weekend or holiday, the due date shall be the next business day.
- 12.2 CONTRACTOR shall develop and maintain Client files to include the initial intake, Services being provided to the Client, and progress notes.
- 12.3 CONTRACTOR shall provide to COUNTY, in a timely manner, statistical and other information which the AAA requires in order to meet its planning, coordination, evaluation and reporting requirements.
- 12.4 CONTRACTOR shall verify and ensure the accuracy of data reported to COUNTY including, but not limited to the PPS.
- 12.5 CONTRACTOR shall maintain all records and reports, consistent with Appendix A, Sample Contract, Part II, Section 66.0, Record Retention and Inspection/Audit Settlement, and shall make them available for audit, assessment, retention, or inspection by authorized representatives of CSS.
- 12.6 CONTRACTOR shall adhere to Appendix A, Sample Contract, Part II, Section 66.0, Record Retention and Inspection/Audit Settlement.

13.0 INFORMATION TECHNOLOGY SYSTEM (ITS) REQUIREMENTS

- 13.1 CONTRACTOR is required to participate in the CSS automated Information Technology System (ITS) and to have a web-based compatible microcomputer system, a dedicated phone line, and to maintain equipment and the system in accordance with the configuration specifically approved by COUNTY. CONTRACTOR shall be responsible for its own data input of required information for monthly transmission to the current CSS approved automated ITS.
- 13.2 All computer hardware should be standard and common national brands to assure proper compatibility with other hardware and software. Hardware and software not meeting the specifications outlined in this Statement of Work may be acceptable only upon COUNTY approval.
- 13.3 Hardware – CONTRACTOR is required to have the hardware to support the software requirements listed in this Section 13.0.

13.4 CONTRACTOR must have a current industry standard laser printer with a minimum 600DPI.

13.5 CONTRACTOR must maintain a reliable high speed or broadband Internet connection at all sites.

13.6 CONTRACTOR is also required to have the following:

13.6.1 Industry standard internet security software with all current upgrades installed and operating.

13.6.2 The most current version of Microsoft Internet Explorer or equivalent.

13.6.3 CONTRACTOR shall have capability of sending and receiving documents in Microsoft Office 2003.

13.7 STAFFING

13.7.1 CONTRACTOR shall assign a staff person, other than the Project Director and not a volunteer, to have the primary responsibility for the Client data entry into the ITS system. This person will be the primary contact person for Client data issues and problems. The individual will be assigned a password to log-in and enter Client information. A back-up staff person (who is not a volunteer) must be designated to act on behalf of the primary ITS contact person in the event of his or her absence.

13.7.2 CONTRACTOR shall inform the COUNTY of the name of the CONTRACTOR ITS staff person and backup at the start of this Contract and within two weeks of any assignment or reassignment.

13.8 FACILITIES

CONTRACTOR shall provide the following:

- A table or desk for the computer, printer and scanner with adequate workspace.
- Appropriate electrical outlets.
- A direct (not rotary or PBX) analog telephone line at computer location.
- Additional telephone lines (as required/directed for Client Tracking).
- A secure, locked room or lock-down cables to secure all equipment.

13.9 MAINTENANCE

CONTRACTOR is responsible for all maintenance, repair, or replacement of hardware and software required for ITS, which must be done in a timely and

efficient manner. Equipment must be available for inspection by AAA staff during regular business hours.

13.10 SUPPLIES

CONTRACTOR is responsible for all necessary supplies, memory storage (e.g. flash drives, external hard drives and CDs), paper, ink cartridges and other media.

13.11 FUTURE CHANGES

Technology and computers are changing rapidly and the COUNTY may change its systems to utilize and explore these changes. These may include the acquisition of additional hardware, software and communication lines, as the COUNTY deems appropriate. CONTRACTOR must supply all equipment, peripherals, supplies, etc. that may be required by the COUNTY for future changes.

14.0 **LOCATION OF SERVICE AND HOURS OF OPERATION**

14.1 CONTRACTOR shall obtain:

- All required building inspection certificates (health, fire, etc.) for all CONTRACTOR places of business/site locations; and
- Prior written consent of the Director of Community and Senior Services, or authorized designee, and shall comply with Appendix A, Sample Contract, Part II, Section 22.0, Contract Modifications/Amendments, if applicable, before modifying or terminating Services, or revising hours of service delivery at a previously designated location(s) and/or before commencing such services at any other location.

14.2 CONTRACTOR shall ensure that all site locations/buildings and surrounding areas are maintained in a manner consistent with applicable local, state, and federal occupational safety and sanitation regulations. The premises shall be free of any accumulation of garbage, rubbish, stagnant water, or filthy or offensive matter of any kind to ensure that the premises are maintained in a clean and wholesome condition. The physical locations shall be acceptable and accessible to the public. The CONTRACTOR shall comply with the Americans with Disabilities Act of 1990.

14.2.1 CONTRACTOR shall publicly display at all CONTRACTOR locations/sites the days and hours of operation for the provision of contracted Services. The CONTRACTOR shall ensure that availability for Program Services is appropriate for the demographics associated with the service area (site location).

14.2.2 CONTRACTOR shall maintain an office in Los Angeles County.

14.2.3 CONTRACTOR's office shall be open a minimum 8 hours per day between the hours of 8:00 a.m. to 5:00 p.m.

14.2.4 CONTRACTOR shall inform the COUNTY in writing and receive a written COUNTY approval at least sixty (60) days prior to relocation of CONTRACTOR's office.

14.3 MULTIPURPOSE SENIOR CENTERS

If CONTRACTOR operates a Multipurpose Senior Center as defined under Title 42 USCS Section 3002, CONTRACTOR must adhere to all applicable Los Angeles County, State of California, and Federal guidelines and regulations, including, but not limited to, Title 22 CCR Sections 7550 – 7562.

14.3.1 If CONTRACTOR operates a Multipurpose Senior Center, CONTRACTOR shall also comply with the provisions contained in the following acts:

- Copeland "Anti-Kickback" Act (18 USCS 874, 500 SC 276c) (29 CFR, Part 3).
- Davis-Bacon Act (40 USCS 276a-7) (29 CFR, Part 5.0).
- Contract Work Hours and Safety Standard Act (40 USCS 327-330) (29 CFR, Part 5).
- Executive Order 11246 of September 14, 1965, entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, as supplemented in the Department of Labor Regulations (41 CFR, Part 60).

14.3.2 Authorized COUNTY, State or Federal representatives shall have the right to monitor CONTRACTOR'S performance relating to acquisition, alteration, renovation, or construction pursuant to this Contract; said monitoring to include, but not be limited to, inspections of premises (acquired, altered, renovated, or constructed) and interviews with Project Supervisor and staff during normal business hours.

14.3.3 CONTRACTOR assures that when an existing facility has been altered (with funds made available by this Contract) and is used as a Multipurpose Senior Center, the period of time in which such facility must be used as a Multipurpose Senior Center is as follows:

- Not less than three (3) years from the date the Contract terminates where the amount of the Contract or award of

funds including the non-federal share, does not exceed \$30,000.

- If the Contract amount or award of funds, including the non-federal share, exceeds \$30,000, the fixed period of time shall increase one (1) year for each additional \$10,000, or part thereof, to a maximum of \$75,000.
- For Contract amounts, or award of funds, including the non-federal share, that exceed \$75,000, the fixed period of time shall not be less than ten (10) years from the date Contract expires or terminates.

15.0 OTHER PROVISIONS

15.1 PROGRAM SUPERVISION, MONITORING AND REVIEW

Services hereunder shall be provided by CONTRACTOR under the general supervision of the Director of CSS or authorized designee. The CSS Director, or authorized designee, shall have the right to supervise, monitor and specify the kind, quality, appropriateness, timeliness and amount of the Services and the criteria for determining the persons to be served. CONTRACTOR agrees to extend to CSS Director, or authorized designee, to authorized State representatives, and to authorized Federal representatives the right to review and monitor CONTRACTOR'S facilities, programs, records, or procedures at the discretion of COUNTY, State and Federal representatives. Appropriate staff of CONTRACTOR, as requested by the CSS Director, or authorized designee, shall attend all training sessions and meetings called by CSS for the purposes of information sharing, policy orientation, and Program development and orientation. Additionally, CONTRACTOR staff is required to regularly attend meetings that offer ways to expand knowledge of and increase efficiency in the Services provided. These meetings may be called by the COUNTY and held at a COUNTY facility or another site, as determined by the COUNTY. The CONTRACTOR may also choose to attend meetings, outside of the COUNTY's jurisdiction, that the CONTRACTOR deems to be beneficial for the delivery of Client Services.

15.2 UNUSUAL OCCURANCES

Occurrences such as natural disasters (including earthquakes, floods, landslides, wildfires, extreme heat/cold), man-made emergencies, such as epidemic outbreaks, bio-terrorism, food-borne illness, fire, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of Clients, personnel or visitors shall be reported by the CONTRACTOR within twenty-four (24) hours by telephone (and confirmed in writing) to the local health

officer and CSS. Crime related occurrences, such as theft or vandalism, must be reported to the local police or sheriff and CSS within twenty-four (24) hours by telephone (and confirmed in writing). The CONTRACTOR shall prepare and retain an incident report on file. CONTRACTOR shall maintain all incident reports in a manner consistent with Contract, Part II, Section 66.0, Record Retention and Inspection/Audit Settlement. The CONTRACTOR shall furnish such other pertinent information related to such occurrence as the local authorities and/or CSS may require.

15.3 EMERGENCY AND DISASTER PREPAREDNESS

15.3.1 Notwithstanding CONTRACTOR'S and COUNTY'S contractual objective to provide Services to eligible persons, CONTRACTOR shall make Program Services available to any person impacted during the event of a State/nationally declared emergency, contingent upon the availability and commitment of Federal Emergency Management Agency (FEMA) or State Office of Emergency Services (OES) funds with which to reimburse CONTRACTOR for funds expended.

15.3.2 CONTRACTOR must have a written emergency plan on file describing how services will be maintained during the event of a disaster or emergency.

15.3.3 CONTRACTOR must maintain a registry of Program participants for emergency purposes.

16.0 CONTRACTOR MATCHING SHARE

16.1 CONTRACTOR shall provide at least 15% match (contribution) of its total Contract Sum/expenditures in accordance with the provisions of the Budget. Therefore, the Maximum Contract Sum funded by COUNTY provides a maximum 85% of the CONTRACTOR's total funding for Program costs and CONTRACTOR must match, at a minimum, 15% of its costs with other resources. The matching share may be cash or an in-kind contribution or a combination thereof. The criteria for establishing the value on non-cash items is the Fair Market Value. Volunteer's services may be used to meet the in-kind match. Additionally, in-kind contribution of the Fair Market Value of services performed by volunteers may not exceed fifty percent (50%) of the required 15% CONTRACTOR match.

16.2 In-kind contributions are property or services provided by CONTRACTOR which benefit a contract-supported project or program and which are contributed by non-federal entities without charge to the CONTRACTOR.

17.0 METHOD OF COMPENSATION

COUNTY, at its sole discretion, has the option of altering the method of payment from full reimbursement for units of service completed to an amount equal to one-twelfth (1/12) of the Maximum Annual Contract Sum amount per month if the CONTRACTOR is over-achieving, and it appears funds will be completely drawn down prior to the full term of this Contract.