



BOARD OF SUPERVISORS  
AGENDA LETTER

Agenda Number:

Clerk of the Board of Supervisors  
105 E. Anapamu Street, Suite 407  
Santa Barbara, CA 93101  
(805) 568-2240

Department Name: Social Services  
Department No.: 044  
For Agenda Of: June 5, 2007  
Placement: Administrative  
Estimated Tme:  
Continued Item: No  
If Yes, date from:  
Vote Required: Majority

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**TO:** Board of Supervisors

**FROM:** Department Kathy M. Gallagher, 346-7101  
Director(s)  
Contact Info: Adelaide Mostachetti, 681-4490

**SUBJECT:** Contract with Addus HealthCare Inc for the provision of In Home Supportive Services

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**County Counsel Concurrence**

As to form: Yes

**Auditor-Controller Concurrence**

As to form: Yes

**Other Concurrence:** Risk Management

As to form: Yes

**Recommended Actions:** That the Board of Supervisors:

1. Approve and authorize the Chair to execute a contract with Addus HealthCare, Inc., not a local vendor, for the purpose of purchasing In-Home Supportive Services for the period 7/1/07 through 6/30/08 at a cost not to exceed \$2,000,000.
2. Authorize the Director of the Department of Social Services, at her discretion, to exercise the County's renewal option provided for in the contract, for a period not to exceed one year and a cost not to exceed \$2,200,000. Including the renewal period, if exercised, the total term of the contract would be for a maximum of two years with a total contract cost not to exceed \$4,200,000.

**Summary Text:** The In-Home Supportive Services (IHSS) Program is a State-mandated program which provides assistance to those eligible aged, blind and disabled individuals who are unable to remain safely in their own homes without this assistance. Such services may include, but may not be limited to, housekeeping, meal preparation, hygiene, and dressing activities. State regulations permit contracting with an agency to provide IHSS through a competitive bid process.

On 2/14/07 the Department of Social Services released a Request for Proposals (RFP) for a contract to provide IHSS services. On 3/28/07 the Department of Social Services received one proposal in response to the RFP. After careful consideration, the Bid Evaluation Committee determined that Addus

HealthCare, Inc. was a responsive and responsible bidder. There is not a guarantee of the number of hours authorized by the County for these services, however, the amount of the contract, \$2,000,000, funds 104,493 hours of service at \$19.14 per hour. The contract and all exhibits are attached for the Board's review.

Social Services requests that your Board grant authorization for the Director of the Department of Social Services to exercise the renewal option contained within the contract for a period not to exceed one year. The amount for the extension period would be between \$2,000,000 and \$2,200,000. The highest figure is based on a ten percent increase in the annual contract cost. Should contract costs exceed this ceiling, Social Services would bring the matter before your Board before the renewal option could be exercised. The total contract amount for the initial contract period and the extension will not exceed \$4,200,000.

**Background:**

IHSS is mandated by CDSS MPP Sections 23-614 and 23-615; Federal Social Security Act, Title XIX and Title XX; California State Welfare and Institutions Code Sections 10553, 10554, 12300 et seq., and 14132 et seq.; CDSS MPP Division 10,19,21,22,23,30 and 46 et seq.; California Department of Health Regulations Sections 50000 et seq.; and OMB Circulars A-87 et seq., A-110 et seq., A-128 Public Law 98-502, and A-133 as applicable. The enactment of this contract will not have any impact on the level of services received by the current 'Contract Mode' IHSS Recipients.

**Performance Measure:**

#	Outcome/ Indicator	Plan	Contractor Reporting Requirement
1	After Business Hours and Emergencies	100% of IHSS Recipients having services provided through Addus Health Care Inc. will have access to on-call staff availability in the evenings and weekends. Offices will be open and staffed every business day. In addition, there will always be an on-call supervisor who will respond to consumer and Home Care Aide contacts. Emergencies are immediately referred to the On-Call Supervisor, 24 hours per day, and 7 days per week.	100% of consumers necessitating emergency response requiring after hour services and / or emergencies shall have their names, dates, times, and services reported to the Department of Social Services (DSS) Designated Representative on a monthly basis. The report is due by the 10 <sup>th</sup> of the following month.
2	Emergency Referrals	100% of emergency referrals shall be forwarded to the Contractor's Branch Manager who will immediately contact the consumer to arrange a time, within 24 hours that a Home Care Aide can be sent to the consumer's home to provide services.	100% of consumers served as a result of emergency referrals shall be reported to the DSS Designated Representative on a monthly basis. The report is due by the 10 <sup>th</sup> of the following month.

#	Outcome/ Indicator	Plan	Contractor Reporting Requirement
3	<b>Initial/Quarterly Visits</b>	100% of initial visits with consumers shall be conducted in the form of a face-to-face visit within five days of referral; subsequent face-to-face visits shall be made quarterly.	100% of initial visits conducted with IHSS consumers, and subsequent quarterly visits shall be reported to the DSS Designated Representative on a monthly basis. The report is due the 10 <sup>th</sup> of the following month.
4	<b>Home Care Aide Performance/ Customer Satisfaction</b>	Subsequent to the initial period of assignment, the Service Coordinator/ Supervisor will evaluate the Home Care Aide's performance, and consumer satisfaction through quarterly in-home visits and frequent telephone discussions with the consumer.	100% of Quarterly Reports shall be given to the Designated Representative on a monthly basis. The report is due by the 10 <sup>th</sup> of the following month.
5	<b>Random/ Annual QA Surveys</b>	100% of consumers will be eligible to receive QA Surveys; either the Annual Confidential Quality Assurance surveys mailed to randomly selected consumers by the Support Center in Palantine, or the Annual Quality Assurance survey conducted on all consumers by the local branch.	100% of consumers who have either a random quality assurance survey or an annual survey shall have a copy of their survey sent to the DSS Designated Representative on a monthly basis. The report is due by the 10 <sup>th</sup> of the following month.
6	<b>Monthly Project Activity Reports</b>	A Monthly Project Activity report shall be produced that details statistics including but not limited to: the number of consumers served and the total service hours billed.	100% of Monthly Project Activity Reports shall be sent to the DSS Designated Representative on a monthly basis. The report is due by the 10 <sup>th</sup> of the following month.
7	<b>Provider Orientation/ Skill Development Training</b>	100% of Newly Hired Home Care Aides will have at least a two-hour Orientation Training. Additionally, all Home Care Aides are required to attend four hours of training annually. The branch will provide no less than one two-hour training module every six months.	100% of Home Care Aides that have gone to either Orientation and/ or Skill Development Training shall have their names, and length of training sent to the DSS Designated Representative on a monthly basis. The report is due by the 10 <sup>th</sup> of the following month.

**Fiscal and Facilities Impacts:**

Budgeted: Yes

**Fiscal Analysis:**

<u>Funding Sources</u>	<u>Current FY Cost:</u>	<u>Annualized On-going Cost:</u>	<u>Total One-Time Project Cost</u>
General Fund			
State		\$ 1,050,000.00	
Federal		\$ 950,000.00	
Fees			
Other:			
Total	\$ -	\$ 2,000,000.00	\$ -

**Narrative:**

The Department has included \$2,000,000 in appropriations in the FY 2007-08 recommended budget for this contract. This contract is funded 47.5% (\$950,000) by the federal government, 35% (\$700,000) by the State and 17.5% (\$350,000) from realignment revenue. Both appropriations and the associated funding were included in the In Home Supportive Services cost center of the Social Programs Division. Appropriations and associated funding would be included in our requested FY 2008-09 budget if the contract is extended one year. This extension would be funded by the same funding sources.

**Staffing Impacts:**

**Legal Positions:** N/A

**FTEs:** N/A

**Special Instructions:** After execution by the Chair, please return one (1) original agreement for the contractor, the Department copy of the agreement, and one (1) copy of the minute order to the Department of Social Services, Attention: Diana Klopp.

**Attachments:**

Agreement of Services of an Independent Contractor

**Authored by:**

Adelaide Mostachetti

**cc:**