

151890

AGREEMENT AMENDING CONTRACT No. 18769

This agreement is entered into between the City of Portland, Oregon and Metropolitan Family Services, Inc., Contractor.

The parties have previously executed a contract, providing for in-home services for the elderly in Portland/Multnomah County for the period July 1, 1980 through June 30, 1982 which contract is known as Contract No. 18769. The contract shall now be amended by the addition of a budget in the amount not to exceed \$485,289 and the addition of new objectives to continue in-home services during the period July 1, 1981 through June 30, 1982.

The parties therefore, agree that contract No. 18769 is amended as follows:

1. The budget is amended by the addition of funds as follows to be expended during the period July 1, 1981 through June 30, 1982 similar in form to Exhibit "A."

<u>Service Components</u>	<u>Funding Source</u>	<u>Amount</u>
Housekeeper Services	OPI	\$131,295
Homemaker Administration Services	OPI	9,035
	OPI	201,876
Personal Care Administration Services	OPI	9,405
	OPI	74,389
Case Management III Administration Services	OPI	202
	OPI	59,087
Match	\$53,724	Total City Support
		\$485,289

2. Objectives are amended under this agreement for the period July 1, 1981 through June 30, 1982 similar in form to Exhibit "A."
3. Terms and conditions are deleted, added and modified as shown in Appendix I.

4. The total compensation for the period July 1, 1981 through June 30, 1982 shall not exceed \$485,289. An advance shall be made to cover the cost of the Contractor's initial expenses for operation not to exceed the sum of \$80,881 upon receipt of a written request from the Contractor.
5. Required reporting forms as shown in Exhibit "A" shall be utilized for reporting services provided under this contract.
6. These changes are incorporated in Contract No. 18769, similar in form to Exhibit "A."

Dated this _____ day of _____, 1981.

Approved as to content:

METROPOLITAN FAMILY SERVICES, INC.

Emma E. Hupburn

Executive Director
Human Resources Bureau

Title: _____

Approved as to Form:

CITY OF PORTLAND

City Attorney

Commissioner of Public Utilities

Auditor

151890

MODIFIED TERMS AND CONDITIONS

as of

July 1, 1981

TERMS AND CONDITIONS

151890

The following terms and conditions are omitted:

Section IX: Special Conditions

- C. The Contractor shall assure that older persons shall not be discriminated against and that older persons shall be employed on a part-time and full-time basis in carrying out programs, to the degree feasible and subject to the provisions of approved personnel policies.
- D. The Contractor shall conform to the Client Representative Policy and the client confidentiality policy as set forth by the City.
- H. The Contractor shall employ City descriptions, policies, and procedures for the delivery, utilization, and coordination of information, referral, case management, escort, transportation, homemaker, housekeeper, legal, nutrition, and other contracted services provided as part of the Portland/Multnomah County Area Agency on Aging Service System.
- I. The Contractor shall complete the client tracking system forms for all clients accepted for case management services, which includes the client information form, the needs assessment form and the client service form, to be submitted to the City by 3 p.m., on the 5th working day of each month.

The following terms and conditions are modified to read, as follows:

Section IV. Agreed Contractor: Project Operation

- C. Contractor shall provide minimum 10% match against OPI fund \$53,724, as approved in the budget (refer to Exhibit "B"). Failure to meet this requirement shall result in a reduction of budget termination of contract.

Section VI: Agreed City

- G. City shall conduct on-site contract and facility reviews in accordance with a schedule developed by City.

Section VII.

- C. The additional amounts due after the initial advance shall be reimbursed upon receipt of the required ACCOUNTING REPORT FORMS (refer to Exhibit C), the original with supporting documentation attached. All supporting documentation shall be annotated with the check number, budget

line item number, service category, and funding source. Reimbursement requests shall be received by the fifteenth (15th) working day of each month. Reimbursement requests not received by the specified time shall be delayed and processed for payment the following month, or may result in suspension or in termination of contract. (Please note that suspension means that any expenses incurred during this period shall be sole responsibility of the Contractor.) Payments shall also be delayed, if the required program reports are not received by the specified time.

- F. All payments made pursuant to this contract are subject to post audit. The City shall perform spot audits at their discretion any time during the contract period. Contract costs disallowed by the City shall be the sole responsibility of the Contractor. If a contract cost is disallowed after reimbursement has occurred, the Contractor shall promptly repay the City. Retention of advances shall be predicated upon timely submission of reimbursement requests.
- J. All items with a purchase price in excess of two hundred dollars (\$200) per item, hereunder, shall be for cash and not include any credit terms, and shall be reported to the City within ten (10) days, tagged by the City, included in the City's Property Control, and shall be the property of the City. Contractor shall maintain a current log (refer to Exhibit C) and copies of these logs shall be submitted with the final reimbursement. All non-expendable items shall be returned to the City within ten (10) days after contract termination.
- K. Contractor shall also maintain a current log (refer to Exhibit C) of all non-consumable supplies purchased under this contract. Non-consumable means items with a minimum value of twenty-five dollars (\$25) per item and a maximum value of two hundred dollars (\$200) per item. Copies of these logs shall also be submitted with the final reimbursement. All such items shall be returned to the City within ten (10) days after contract termination.

In Place of Section M:

- F. Contractor shall enter into written agreements with the other Portland/Multnomah Area Agency on Aging Service providers to specify and clarify procedures of coordination.

Section VIII: General Conditions

B. 5

That the Contractor has qualified (a) as a direct responsibility employer under ORS 656.407 (Workers Compensation), or (b) as a contributing employer under ORS 656.411, or

- (c) if the contract is to be performed without the assistance of others, that Contractor has signed a joint declaration with the City that the services are rendered as an independent contractor.

Section IX: Special Conditions

- P. No employee of the Contractor or member of the Contractor's governing board or body or persons who exercise any responsibilities under this contract shall participate in any decision relating to this contract which affects his outside, personal pecuniary interests.
- Q. Contractor shall develop procedures cooperating with the City Basic Emergency Plan in serving the needs of the "at risk" elderly during a designated emergency and submit to the City for approval by August 3, 1981.
- R. Contractor shall notify the City of any change in operating hours or closure of the agency for any reason other than those holidays which are designated in the contract by 9 a.m. of the date of change or closure.
- S. Contractor agrees to cooperate with the Area Agency on Aging in the development of an agreement to provide case management and access to area-wide services for elderly individuals who reside in Housing Authority buildings in the census tracts covered under this contract and who are identified as eligible for such services by October 1, 1981.
- T. Contractor shall submit any corrections to monthly program reports and client tracking documents no later than 90 days after the end of the quarter during which the service occurred; with the exception of year end close out. Any corrections to fourth quarter program reports and client tracking documents must be submitted within 30 days from the end of the contract period.
- U. City shall provisionally accept Contractor's rate proposal, subject to a pre-award survey to be conducted by an authorized representative of the City.
- V. Contractor shall submit with the final reimbursement request, a report showing total expenditures by line item.
- W. Contractor shall submit copies of logs which list non-expendable (\$100 or more per item) and non-consumable (minimum value of \$25 to a maximum value of \$99.99 per item) items from your previous contracts by August 31, 1981.

MODIFIED
PROJECT
NARRATIVE

1. Project Title IN-HOME SUPPORT SERVICES

2. Type of Application (check one) New Continuing

3. Applicant Agency:

Name METROPOLITAN FAMILY SERVICE, INC.

Address 2281 N.W. Everett Street

Portland, OR 97210

Phone Number 228-7238

Project Director Mary Ellen Hammons, Associate Director

Official Authorized to Bind Agency Ronald Yoder, Executive Director

Financial Officer Joe Martin, Associate Director

4. Contract Period: From July 1, 1980 To June 30, 1982

5. Budget Period: From July 1, 1981 To June 30, 1982

6. City Support Requested \$485,289

PROJECT NARRATIVE1. Summary of Project

Describe in 300-400 words the project plan presented in this application. The summary should be able to stand by itself as a clear and complete description of the project.

Address:

- Statement of Problem (Provide a concise description of the conditions and problems to be addressed by the project. Use quantifiable, measurable terms.)
- Project Goals (State the intent of the project to change, reduce, or eliminate the problem(s) identified above.)
- Strategies for Delivering Services (Describe the general approach to meeting the goals stated above.)

The gradual decline of energy and physical and mental ability of older persons often result in their need for in-home support services for them to be able to remain in their homes. A study done in 1977, by the Government Accounting Office, estimated that 25% of older people were generally impaired. Northwest Oregon Health Systems has estimated that there are 24,771 persons 65+ who are experiencing limitations and are performing activities of daily living. Of these, 18.4% are low income. Those who have physical problems which require specialized attention and are low income are particularly at risk of premature institutionalization due to inaccessible services. The provision of personal care services requires training and medical supervision, and, therefore, is not a service that can be expected to be performed by the natural support system even if one exists. Margaret Blinkner, nationally recognized for her work in the field of protective services, estimates "7 - 8% of the urban population over 60" may be in need of some form of protective services due to problems related to emotional or behavioral functioning and lack of available and adequate relatives or friends to "protect" them. In addition, elderly who are physically, financially and/or psychologically abused, frequently require services for their protection. It is estimated that as many as 12% of nursing home patients could function in their own homes if these in-home support services were available.

The goals of this project is to enable eligible, frail elderly persons to remain in their own homes rather than to go into nursing homes or institutions, and to prevent and correct neglect and/or exploitation of persons who may not be able to act in their own best interest. This goal will be accomplished by the provision of 16,683 hours of housekeeper service; 23,940 hours of homemaker service; 8,490 hours of personal care services, and 2,736 hours of case management services. Service strategy will encompass such activities as assessment of client needs to assure correct level of service; coordination of services with referral source and community agencies; the continued assessment and monitoring of client needs through a case management system, and by using AAA and OPI tracking and assessment forms. Service also includes the acceptance of primary

Summary of Project, continued:

151890

case responsibility for those cases receiving homemaker and case management III type services. Full use will be made of other community resources for service to the client in order to provide the fullest service necessary with the least dependency possible. Family members will be included to the fullest extent possible. Service will be provided by trained homemakers and personal care aide. Case management will be provided by professional social workers.

2. Service Area, Target Population, and Eligibility Criteria for Service

Describe the service area to be covered by this project and the target population for each service to be provided. Explain how each target population will be identified. State the eligibility criteria to be utilized for each service provided and the method for appeal or exception.

Service Area: service under this contract will be provided in Multnomah County on a County-wide basis.

Target Population

Homemaker/Housekeeper/Personal Care: those eligible frail persons who need this service as part of a case plan to enable them to remain in their own homes rather than go into nursing homes or other care facilities. These persons may need this service on a long term or short term basis.

Case Management III: those eligible frail persons who appear to be or are in danger of neglect, exploitation and who may not be able to act in their own best interest and can benefit from immediate comprehensive social case work and social services.

Eligibility Criteria: those frail persons 60 years or more of age who are in need of the contracted services to sustain independent living; who are not eligible for the same service from another agency legally responsible for its provision; who do not have friends or relatives able and willing to provide the service and who do not exceed the income level established by OPI and Area Agency on Aging guidelines. Any exceptions must have the approval of the Area Agency on Aging.

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

2. To prevent or postpone institutionalization by maintaining a clean and safe environment for disabled or frail elderly individuals by accepting referrals for housekeeper service from AAA District Centers and by providing 16,683 hours of housekeeper service,* to 128 different individuals during Fiscal Year 1981-82.

- 2-a Number of referrals accepted by referral source
- 2-b Number of referrals denied by referral source and reason for denial
- 2-c Number of hours provided.
- 2-d Number of individuals served.

1. Provide intake services to assure proper and timely acceptance of appropriate housekeeper cases from the 8 senior centers.
.21 FTE intake worker
2. Inform senior centers of service available, program criteria, referral process-- ongoing as needed.
.08 FTE intake worker
3. Weekly staffings, supervision of housekeeper, case coordinator, and for assignment of cases and staff development.
.104 FTE social worker supervisor
.200 FTE housekeeper case coordinator
.034 FTE scheduler
4. Coordinate the housekeeper program with the services of the senior centers and the AAA, by attendance at required AAA meetings and 5A meetings.
.010 FTE social work supervisor
5. Provide 16,683 hours of housekeeper service.
9.03 housekeepers
6. Provide supervision to housekeepers on a weekly basis, maintain personnel files and provide yearly performance evaluations.
.148 FTE housekeeper personnel supervisor
.146 FTE housekeeper case coordinator
7. Provide a minimum of 12 hours of in-service training to housekeepers per year.
.02 FTE housekeeper personnel supervisor
8. Hire and maintain housekeepers to provide service and provide 8 hours class room and 8 hours supervised field experience to all new untrained housekeepers.
.01 FTE housekeeper personnel supervisor
9. Provide appropriate and efficient scheduling of housekeeper service, including substitution for absent or ill housekeepers. Maintain service records and files.
.124 FTE scheduler.

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

2. To prevent or postpone institutionalization by maintaining a clean and safe environment for disabled or frail elderly individuals by accepting referrals for housekeeper service from AAA District Centers and by providing 16,683 hours of housekeeper service,* to 128 different individuals during Fiscal Year 1981-82.

2-a Number of referrals accepted by referral source

2-b Number of referrals denied by referral source and reason for denial

2-c Number of hours provided.

2-d Number of individuals served.

10. Assure appropriate level of service by:

- a. initial assessment of client to determine service needed and to orient client to service;
- b. developing a written plan for providing housekeeper service;
- c. filling out appropriate OPI and AAA forms;
- d. holding preplacement conference with housekeeper;
- e. performing reassessment every 90 days to assure appropriateness of service. Refers to different levels of service if indicated;
- f. updating written housekeeper plan and submitting updated OPI and AAA forms;
- g. coordinating service with other agency service components.
 - .708 FTE housekeeper/case coordinator
 - .031 FTE homemaker personnel supervisor

11. Coordinate service of housekeeper with that service being provided by senior centers and other community agencies when appropriate by:

- a. providing notice to the centers when service is begun, changed in some manner, stopped, or a change in regular case worker or housekeeper is being made;
- b. providing either written or phone communication when there is information obtained regarding the client that the case manager in the center needs to know;
- c. attending staffings and case conferences requested by the senior centers regarding clients receiving housekeeping services.
- d. regular bi-monthly meetings with senior center supervisory and case management staff.
 - .052 FTE scheduler
 - .236 FTE housekeeper case coordinator
 - .044 FTE social work supervisor

A-6

151890

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

2. To prevent or postpone institutionalization by maintaining a clean and safe environment for disabled or frail elderly individuals by accepting referrals for housekeeper service from AAA District Centers and by providing 16,683 hours of housekeeper service,* to 128 different individuals during Fiscal Year 1981-82.

2-a Number of referrals accepted by referral source

2-b Number of referrals denied by referral source and reason for denial

2-c Number of hours provided.

2-d Number of individuals served.

12. Maintain records of and report monthly to the AAA:

- a. number of referrals accepted by referral source;
- b. number of referrals denied by referral source and reason for denial;
- c. number of hours of service provided: in increments of ½ hour as recorded on 103 forms or computer sheet equivalent;
- d. number of individuals served as recorded on 103 forms or computer sheet equivalent.
.095 FTE statistician

13. Maintain client service files and records.
.21 FTE housekeeper case coordinator.

14. Provide supervision for program management and supervisory staff.
.03 FTE associate director for program.

A-7

154890

EXHIBIT A

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

3. To prevent or postpone institutionalization by maintaining a clean, safe, and healthful environment for disabled or frail elderly individuals by accepting referrals for Homemaker service from AAA District Centers and by providing 23,940 hours of Homemaker service* to 115 during Fiscal Year 81/82.

3-a Number of referrals accepted by referral source

3-b Number of referrals denied by source of referral and reason denied.

3-c Number of hours of service provided

3-d Number of individuals served.

1. Provide intake services to assure proper and timely acceptance of appropriate homemaker cases from the 8 district centers.
.19 FTE intake worker

2. Inform senior centers of service available, program criteria, referral process--ongoing as needed.
.08 FTE intake worker

3. Weekly staffings, supervision of homemaker case managers, case assignments and staff development.
.19 FTE social work supervisor
.366 FTE homemaker case managers
.049 FTE scheduler

4. Coordinate the homemaker program with the service of the senior centers and the AAA by attendance at required AAA meetings and 5A meetings.
.019 FTE social work supervisor

5. Provide 23,940 hours of homemaker service.
13 FTE homemakers

6. Provide supervision to homemakers on a weekly basis, maintain personnel files and provide yearly performance evaluations.
.164 FTE homemaker personnel supervisor
.366 FTE homemaker case manager

7. Provide a minimum of 24 hours of in-service training per year.
.057 FTE homemaker personnel supervisor

8. Hire and maintain homemakers to provide service and provide 20 hours of classroom and 20 hours of supervised field experience to all new untrained homemakers.
.027 FTE homemaker personnel supervisor

A-8

151890

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

3. To prevent or postpone institutionalization by maintaining a clean, safe, and healthful environment for disabled or frail elderly individuals by accepting referrals for Homemaker service from AAA District Centers and by providing 23,940 hours of Homemaker service* to 115 during Fiscal Year 81/82.

3-a Number of referrals accepted by referral source

3-b Number of referrals denied by source of referral and reason denied.

3-c Number of hours of service provided

3-d Number of individuals served.

9. Provide appropriate and efficient scheduling of homemaker service, including substitution for absent or ill homemakers. Maintain scheduling, service and record files.

.177 FTE scheduler

10. Assure appropriate level of service by:
 a. initial in-home assessment of client to determine service needed and to orient client to service;
 b. performing in-home reassessment every 90 days to assure appropriateness of service.

.916 FTE homemaker case manager

11. Provide case management services to all homemaker clients by:

- a. developing a written case plan with goals and time line;
- b. monitor service through regular reassessments and update case plan as indicated;
- c. filling out AAA and OPI forms at initial and reassessment and as appropriate;
- d. holding preplacement conferences with homemakers;
- e. making appropriate referrals of the client to needed community services and follow-up to assure needed service was received;
- f. working with family members and other natural supports within the community to minimize dependence on agency service and maximize service to client.
- g. consulting with agency social work, psychiatric and nursing consultants as indicated;
- h. holding conference/staffing with service centers and other agencies involved with client when indicated;
- i. performing as advocate for client when indicated;
- j. consulting with client's physician when indicated;
- k. referring to different levels of service if indicated;
- l. assisting client with problem-solving by providing supportive counseling
- m. coordinating service with other agency service components;
- n. arranging for agency volunteer services when needed

.900 FTE homemaker case coordinator
 .045 FTE homemaker personnel supervisor
 .049 FTE social work supervisor

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

3. To prevent or postpone institutionalization by maintaining a clean, safe, and healthful environment for disabled or frail elderly individuals by accepting referrals for Homemaker service from AAA District Centers and by providing 23,940 hours of homemaker service* to 115 during Fiscal Year 81/82.

- 3-a Number of referrals accepted by referral source
- 3-b Number of referrals denied by source of referral and reason denied.
- 3-c Number of hours of service provided
- 3-d Number of individuals served.

- 12. Coordinate service of homemaker with that service being provided by senior centers and other community agencies when appropriate by:
 - a. providing written notice when service is begun, changed in some manner, stopped, or there is a change in regular case worker or homemaker;
 - b. providing either written or phone communication when there is information obtained regarding the client that the center or other community agency needs to know;
 - c. attending and/or requesting case staffings or conferences regarding the client receiving the homemaker service;
 - d. developing formal resources and linkages within the community through which service can be found for the client not available within the agency;
 - e. regular bi-monthly meetings with senior center supervisory and case management staff.
 - .074 FTE scheduler
 - .140 FTE homemaker case manager
 - .042 FTE social work supervisor
- 13. Maintain client and service files and records.
 - .412 FTE homemaker case manager
- 14. Provide supervision for program management/supervisory staff.
 - .03 FTE associate director of program
- 15. Maintain records of and report monthly to AAA:
 - a. number of referrals accepted by referral source;
 - b. number of referrals denied by referral source and reason for denial;
 - c. number of hours of service provided by 1/2 hour increments;
 - d. number of individuals served recorded on 103 forms or computer sheet equivalent.
 - .095 FTE statistician

A-10

151890

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

4. To prevent or postpone institutionalization by maintaining a clean, safe and healthful environment of disabled or frail elderly individuals by accepting referrals for personal care services from AAA District Centers and providing 8,490 hours of personal care services to 41 different individuals during Fiscal Year 81/82

4-a Number of referrals accepted by referral source.

4-b Number of referrals denied by source of referral and reason denied.

4-c Number of hours of service provided.

4-d Number of individuals served.

1. Provide intake services to assure proper and timely acceptance of appropriate personal care cases from the 8 senior centers.
.08 FTE intake worker
2. Inform senior centers of service available, program criteria, referral process--ongoing as needed.
.02 FTE intake worker
3. Weekly staffings, supervision of personal care nurse, case assignment and staff development.
.065 FTE social work supervisor
.12 FTE personal care supervisor
.018 FTE scheduler
.007 FTE homemaker supervisor
4. Coordinate the personal care program with service of the senior centers and AAA by attendance at required AAA meetings and 5A meetings.
.015 FTE social worker supervisor
5. Provide 23,940 hours of personal care service.
4.59 personal care aides.
6. Provide supervision to personal care aides on a weekly basis, maintain personnel files and provide yearly performance evaluations.
.073 FTE homemaker personnel supervisor
.10 FTE personal care aide supervisor
7. Provide a minimum of 24 hours of in-service training per year plus individual instruction in unfamiliar procedures needed for personal care.
.10 FTE personal care aide supervisor
.010 FTE homemaker personnel supervisor
8. Hire personal care aides who have completed the state 60 hr. nursing aide certificate.
.005 FTE homemaker personnel supervisor

A-11

EXHIBIT A
151890

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

4. To prevent or postpone institutionalization by maintaining a clean, safe and healthful environment of disabled or frail elderly individuals by accepting referrals for personal care services from AAA District Centers and providing 8,490 hours of personal care services to 41 different individuals during Fiscal Year 81/82

4-a Number of referrals accepted by referral source.

4-b Number of referrals denied by source of referral and reason denied.

4-c Number of hours of service provided.

4-d Number of individuals served.

9. Provide appropriate and efficient scheduling of personal care aides, including substitution for absent or ill personal care aides. Maintain scheduling, service files and records.

.065 FTE scheduler

10. Assure appropriate level and use of service by:

- a. initial in-home assessment of client to determine service needed and to orient client to service;
- b. performing in-home reassessments every 90 days to assure continued appropriateness of service;
- c. developing a written case plan for the provision of services and updating plan as need indicates;
- d. filling out appropriate OPI and AAA forms;
- e. holding pre-placement conferences with personal care aides before assignment;
- f. contact and receive written authorized plan of service from client's physician.

.29 FTE personal care aide supervisor

11. Coordinate personal care services with the homemaker and housekeeper service and case management services provided by the senior centers and MFS case management staff by:

- a. providing written notice to the center when service is begun, changed in some manner, stopped, or a change in regular personal care aide is made;
- b. providing either in writing or phone communication when there is information obtained regarding the client that the case manager in the center or MFS needs to know;
- c. attending or requesting staffings and case conferences regarding clients receiving service when indicated;
- d. regular bi-monthly meetings with senior center supervisors and case management staff
- e. assuming prime responsibility on those cases which require personal care services and which are not appropriate for and do not receive homemaker, housekeeper and case management III services.

.027 FTE scheduler

.31 FTE personal care supervisor

.007 FTE social work supervisor

.016 FTE homemaker supervisor

A-12

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OBJECTIVE	PERFORMANCE INDICATORS	PROGRAM ELEMENTS/STAFFING PATTERNS
<p>4. To prevent or postpone institutionalization by maintaining a clean, safe and healthful environment of disabled or frail elderly individuals by accepting referrals for personal care services from AAA District Centers and providing 8,490 hours of personal care services to 41 different individuals during Fiscal Year 81/82</p>	<p>4-a Number of referrals accepted by referral source.</p> <p>4-b Number of referrals denied by source of referral and reason denied.</p> <p>4-c Number of hours of service provided.</p> <p>4-d Number of individuals served.</p>	<p>12. Maintain records of and report monthly to AAA:</p> <ul style="list-style-type: none"> a. number of referrals accepted by referral source; b. number of referrals denied by referral source and reason for denial; c. number of hours of service recorded in increments of ½ hour on 103 forms or computer sheet equivalent; d. number of individuals served as recorded on 103 forms or computer sheet equivalent. .095 FTE statistician <p>13. Maintain client service files and records. .08 FTE personal care supervisor</p> <p>14. Provide supervision for program management and supervisory staff. .03 FTE associate director of program.</p>

A-13

151890

EXHIBIT A

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

5. To prevent or postpone institutionalization of endangered frail elderly individuals with complex social/emotional/physical problems by accepting referrals from AAA District Centers and other sources and by providing 2736 hours of case management III services* to different individuals who meet established needs criteria with an average of 65 individuals receiving service each month during FY 1981-82.

- 5-a Number of referrals accepted by source
- 5-b Number of referrals denied by source and reason for denial.
- 5-c Number of service hours produced.
- 5-d Number of individuals served.

- 1. Provide intake services to assure proper and timely acceptance of appropriate case management III case from: senior centers, hospitals, PAS team, AFS branch office, public guardian and other appropriate agencies.
.08 FTE intake worker
- 2. Inform community agencies of service available, program criteria, referral process--ongoing as needed.
.02 FTE intake worker
- 3. Coordinate case management III services with the 8 senior centers and AAA by attendance at required AAA meetings and 5A meetings.
.035 FTE social work supervisor
- 4. Provide 2,736 hours of case management services by:
 - 4-a. weekly staffings, supervision of case management III social workers, case assignment and staff development.
.124 FTE social work supervisor
.183 FTE social worker
 - 4-b. Assure appropriate level and need for service by:
 - 1) initial in-home assessment to client to determine client needs, social, psychological and physical functioning;
 - 2) performing reassessments of needs and functioning every 90 days to assure appropriate services
 - 3) completing AAA and OPI forms within 10 days of assessment;
 - 4) assuming prime responsibility for case management of those persons appropriate for case management III services.
 - 5) developing a case plan for the provision of case management services, updating plan at time of reassessment and when indicated. Plan to include demographic information needs and resources, goals, services, and completion date.
.336 FTE social worker.

A-14

151800

EXHIBIT A

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

5. To prevent or postpone institutionalization of endangered frail elderly individuals with complex social/emotional/physical problems by accepting referrals from AAA District Centers and other sources and by providing 2736 hours of case management III services* to different individuals who meet established needs criteria with an average of 65 individuals receiving service each month during FY 1981-82.

- 5-a Number of referrals accepted by source
- 5-b Number of referrals denied by source and reason for denial.
- 5-c Number of service hours produced.
- 5-d Number of individuals served.

- 4-c. Provide case management services and coordinate them with services provided by the community by:
- 1) obtaining, with client's consent, needed information concerning client from family members, physician and community resources;
 - 2) providing, with client's consent, either in writing or by phone, information regarding client to community resources that is required in order to provide needed services;
 - 3) attending or requesting staffings and case conferences when indicated;
 - 4) attending regular bi-monthly meetings with senior center supervisors and case management staff;
 - 5) making referrals to public guardian, private guardians and conservators, community services, MFS homemaker, housekeeper, personal care and volunteer services, and senior centers when appropriate for needed services;
 - 6) developing and maintaining working relationships with the court system, police, local hospitals, Adult and Family Services, etc. for emergency and evaluation services;
 - 7) providing written reports and letters necessary as documentation for legal or court action;
 - 8) providing counseling and problem-solving services to client, family, and collateral concerned with client;
 - 9) arranging and facilitating nursing home placements when indicated;
 - 10) serving as advocate for clients with service system and court when indicated.
 - 11) transferring prime responsibility for case management of client to senior centers or other appropriate agency when case management III services are no longer needed.
 - 12) maintaining client files and records.
 .091 FTE social work supervisor
 1.481 FTE social worker

A-15

151900

EXHIBIT A

OBJECTIVE

PERFORMANCE INDICATORS

PROGRAM ELEMENTS/STAFFING PATTERNS

5. To prevent or postpone institutionalization of endangered frail elderly individuals with complex social/emotional/physical problems by accepting referrals from AAA District Centers and other sources and by providing 2736 hours of case management III services* to different individuals who meet established needs criteria with an average of 65 individuals receiving service each month during FY 1981-82.

- 5-a Number of referrals accepted by source
- 5-b Number of referrals denied by source and reason for denial.
- 5-c Number of service hours produced.
- 5-d Number of individuals served.

- 5. Maintain records of and report monthly to AAA:
 - a. number of referrals accepted by referral source;
 - b. number of referrals denied by referral source and reason for denial;
 - c. number of hours of service recorded in increments of ½ hour on 102 forms or computer sheet equivalent;
 - d. number of individuals served as recorded on 103 forms or computer sheet equivalent.
.095 statistician

4. Center Organization (Briefly describe the staffing pattern, operating hours, and official holidays. Describe safety and accountability procedures regarding center coverage and emergencies.) 151890

Case Management III, Housekeeper, Homemaker and Personal Care Services are provided within the In-Home Services Unit of the larger agency. The associate director of program has overall responsibility for the programs of the Unit. The In-Home social work supervisor is directly responsible to the associate director and is responsible for the social work staff of the Unit, which include: housekeeper coordinator, homemaker case managers, personal care supervisor, and case management III social workers. These workers are in turn responsible for the direct case management and assessment services provided to the client. Housekeeper coordinator is responsible for the assessment and coordination of the housekeeper services, prime responsibility for case management is carried by the senior centers. Homemaker case manager carry case management responsibility for all cases receiving homemaker service. Personal care supervisor is responsible for supervision of all personal care provided to clients in homemaker and housekeeper and case management III cases, and only assumes prime responsibility for those cases needing personal care and none of the other services. Case management social workers are responsible for intensive case management services to case management III clients. The homemaker, housekeeper and personal care supervisors are also responsible for the instruction of the homemakers in each of their cases.

Responsibility for the general performance of the housekeepers, homemakers, and personal care aides lies with the homemaker supervisor. The homemaker supervisor is responsible for hiring and training, and ongoing monitoring of performance of this staff and is responsible, in turn, to the associate director. The scheduler is responsible for scheduling the service and for arranging for substitution when homemakers are absent or ill. She also coordinates messages and information. She is responsible to the homemaker supervisor.

Supervision is provided on approximately a weekly individual basis and through weekly Unit and supervisory group meetings and monthly staff meetings.

The agency is open Monday through Friday, 8:30 to 5:00. All staff receive eight holidays (Christmas, New Years, Labor Day, Memorial Day, 4th of July, Thanksgiving, and two days winter leave.)

All employees receive on-the-job training through close supervisory contact. Training is also provided to social work staff through regular scheduled consultation in the fields of psychiatry, law, medicine, public guardian, social work, and through participation in training seminars and workshops provided by the agency and community. Training for homemakers, housekeepers and personal care aides is provided in accordance with state requirements using staff professional consultants and community resources.

Staff are selected and hired in accordance with agency equal opportunity policies, by the executive director and personnel officer in consultation with the service supervisor. Recruitment is done throughout the service area using a wide variety of recruitment methods.

All staff used in this contract are, or will be in place July 1, 1981.

5. Contracting Agency Involvement (Describe support services to be provided for this project. Discuss the role of the contracting agency in the areas of fund-raising, advocacy, and provision of support services to the Center program.) 151890

The In-Home Services Unit as part of a larger social service agency receives both program and administrative support from that agency. In FY 80/81 the volunteer services provided 3,946.5 hours of direct service volunteer time to clients of the contracted services. With the expanded services in the FY 81/82 contract, we estimate that a total of 4,627 hours of direct volunteer service will be provided in the areas of friendly visiting, telephone reassurance, shopping, escort, transportation and personal business. Besides the direct services supplied by volunteers, approximately 1,000 hours of time at Christmas is spent preparing cookies as gifts for contract clients and help monthly preparing volunteer statistics.

The agency's advocacy program is heavily involved in providing support to contract clients by providing written and oral testimony at the legislature and its committees and by serving on community committee dealing with aging. Active support is provided by the agency's executive director by involvement in AAA committees and by the associate director through regular attendance at AAA and 5A meetings, and by involvement in community groups serving the elderly such as the Task Force for Elderly Abuse.

Further program support is offered by the agency's board of directors through its program review, contract review, and fund raising committees. The fund raising committee has been working to broaden the support base of the agency by an expanded membership campaign, including mailings and a phon-a-thon. The purpose of these events, as well as to raise funds, is to acquaint the community with the service we are able to provide through our city contract. Other fund raising events have included two garage sales. Funds obtained from these events allows the agency to maintain a fund that can be used to help elderly clients with small emergencies, such as medication, ambulance, fuel. It also allowed the agency to contribute \$250 to the emergency generator purchased for emergency use at the North West Service Center.

Because the In-Home Services is part of the larger agency, the agency is able to provide additional administrative support to the contract program in the form of statistical, payroll, bookkeeping, secretarial, record clerk and receptionist services.

6. Community Participation (Describe the citizen involvement in planning ¹⁵¹⁸⁰⁰ this project and the ways the community will be involved in the project's operation. Describe staff, Advisory Council, and Corporate Board relationships.)

The board of directors of Metropolitan Family Service is a policy board, composed of volunteers from throughout the service area of Multnomah, Washington and Clackamas Counties. Board members are not only selected for their interest in the agency and its services but also to provide a balance of diverse opinions, interest, professions and to provide representation from differing economic and ethnic backgrounds. The board is composed of from 25 to 30 members and currently represents four ethnic groups.

The responsibility of the board is to form general policy that guides the programs and services of the agency. This work is done through its committee structure. Each board member serves on at least two board committees. Besides board members, other experts or interested persons from the community are also asked to serve on board committees. The board has five management committees (executive, finance, fund raising, nominating, personnel) and six program committees (advocacy, program review, contract review, strategic planning, foster grandparent, volunteer). The committees receive staff support from the executive director, the associate directors and the volunteer and advocacy coordinators. The work of the committees go before the board for final approval.

In addition to its policy-making responsibilities, the board is responsible for the hiring of the executive director and works closely with him. The executive director is then responsible for the administration of the agency and for reporting at regular monthly meetings to the board. Other members of the staff work with board members on special committees and projects. During the last year, the agency has engaged in a long-range planning project which included three workshops attended by both board and staff.

A broader participation by the community is solicited by the agency by the use of non-board persons on standing and special committees, ad hoc groups and on hiring committees.

7. Coordination (Describe the coordination of this project with other community organizations and statutory agencies in the service area. Briefly discuss program and service exchanges that may occur. Identify staff positions responsible for these activities.)

151890

The agency participates fully in AAA efforts to coordinate services to the elderly and to establish linkages between AAA service providers. The agency's associate director attends all Area Agency on Aging's Advisory Board meetings and participates in AAA agency contractors' meetings which seek to provide and improve service understanding and coordination. Attendance is also maintained at 5A meetings and the associate director serves on that executive committee. Additional staff attend these meetings as appropriate.

The In-Home Services social work supervisor is responsible for maintaining appropriate linkage between Metropolitan Family Service and the AAA referring District Centers. This linkage will be accomplished by regular bi-monthly meetings between the In-Home Services social work supervisor and the center supervisory staff as well as by periodic in-person and phone conferences, staffings and consultation when indicated. Case service information, referral information and case planning information are shared at these meetings. Social work staff of the agency consult frequently with center counselors as necessary to facilitate the assessment of clients' needs and coordination of service.

Senior centers are also notified by printed form when changes are made in service, when service is started or terminated, or when regular homemakers are changed.

In the interest of serving this contract and the elderly of the Portland area, the agency has working agreements with the following agencies:

Office of Public Guardian - mutual referral system, coordination re: mutual clients, monthly case staffings, procedures and joint planning for clients' well-being.

Woodland Park Mental Health Center - mutual referral system, responsibilities, procedures criteria and follow-up, for the purpose of medical/psychiatric evaluations and client stabilization on emergency as well as non-emergency basis.

Probate Court - procedures for appointment of GSD social workers as court visitors in contested cases, close working relationship with Judge, referral system with Special Agent of Probate Court, District Attorney, etc.

House Calls, Inc. - referral system for home visits by doctors to GSD clients in specific situations such as medical emergencies and/or when client has no physician and/or refuses to go to a doctor's office or hospital.

Muck-Out Services - the literal shoveling-out messes in some GSD clients' homes to eliminate hazards of fire, vermin infestation, health, sanitation and safety. Done by MFS Janitorial Service.

Providence Hospital and Mental Health Centers - mutual referral system, responsibility procedures, criteria and follow-up. This is for medical/psychiatric evaluation and client stabilization on emergency as well as non-emergency basis.

Coordination, continued:

151890

Besides these working agreements, Metropolitan Family Service maintains a cooperative working relationship for the purpose of facilitating and coordinating services to the elderly with a wide variety of community services which include the Community Health Nurses, hospital social workers, attorneys, doctors, bank trust departments, Adult and Family Services, Veterans Administration, Social Security office, Visiting Nurse Association, Project Independence, police and fire departments.

Referrals are made to all agencies mentioned as client need indicates as well as to senior centers when this agency's services are no longer needed, or for services the centers can provide. Referrals are accepted for Housekeeper, Homemaker, and Personal Care services from the 8 district senior centers. Referrals for Case Management III are accepted from the 8 district centers, hospital discharge planners, PAS team, AFS branch offices, the public guardian and other appropriate agencies and individuals.

151890

EXHIBIT B
BUDGETS AND ATTACHMENTS

1. Funding Source (list all sources of funding by amount and source)

151890

a. City Support Requested

OPI	_____	\$485,289	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
	Subtotal	\$485,289	_____
Required Match (Cash and/or Inkind)		53,724	_____
Program Income		2,500	_____
	Subtotal	\$541,513	_____

Other Resources:

Cash In-Kind

Source of revenue: Agency funds	_____	<input checked="" type="checkbox"/>	<input type="checkbox"/>	(one only)
Funding source: OPI	_____			
Service category: Housekeeper	_____			
Administration: \$17,986	_____			
Service:	_____			
Total				\$ 17,986
Source of revenue: Volunteers	_____	<input type="checkbox"/>	<input checked="" type="checkbox"/>	
Funding source: OPI	_____			
Service category: Housekeeper	_____			
Administration:	_____			
Service: \$3,260	_____			
Total				\$ 3,260

151000

Cash In-Kind

Source of revenue: Agency funds

Funding source: OPI

Service category: Homemaker

Administration: \$19,867

Service: _____

Total \$ 19,867

Source of revenue: Volunteer

Funding source: OPI

Service category: Homemaker

Administration: _____

Service: \$ 8,480

Total \$ 8,480

Source of revenue: Agency funds

Funding source: OPI

Service category: Personal Care

Administration: \$ 8,410

Service: _____

Total \$ 8,410

Source of revenue: Volunteer

Funding source: OPI

Service category: Personal Care

Administration: _____

Service: \$ 4,568

Total: \$ 4,568

Cash In-Kind

151890

Source of revenue: Agency funds

Funding source: OPI

Service category: Case Management III

Administration: \$14,728

Service: _____

Total: \$ 14,728

Source of revenue: Volunteer

Funding source: OPI

Service category: Case Management III

Administration: _____

Service: \$ 2,200

Total: \$ 2,200

Source of revenue: _____

Funding source: _____

Service category: _____

Administration: _____

Service: _____

Total: \$ _____

Source of revenue: _____

Funding source: _____

Service category: _____

Administration: _____

Service: _____

Total: \$ _____

Subtotal: \$ 79,499

TOTAL \$ 621,012

- b. FUNDING STATEMENT: (Briefly describe the duration of funding from each source of match and other resources listed above)

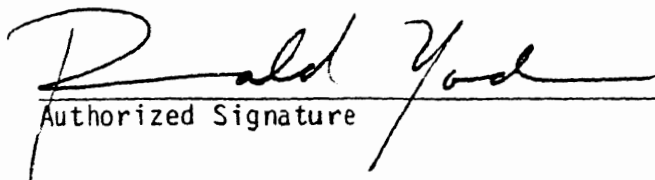
Discretionary funds available to the agency: These are comprised of United Way Funds, contributions from the membership of the agency and funds raised by the Board of Directors of the agency from fund raising events.

All of these funds are generated annually.

Volunteer services: The agency actively recruits volunteers from the community who donate their time on behalf of clients. Their services are valued at \$4.00/hr.

Statement of Certification

The information provided herein is, to the best of my knowledge, certifiable and correct.


Authorized Signature

Date 5/15/85

Code	Object Title	OPI Housekeeper Services	OPI Housekeeper Admin.	OPI Homemaker Services	OPI Homemaker Admin.	OPI Personal Care Services
110	Full-Time Employees					
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits					
190	Less-Labor Turnover					
100	Total Personal Services					
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services	\$131,295	-0-	\$201,876	\$9,035	\$74,389
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities—External					
410	Education					
420	Local Travel					
430	Out-of-Town Travel					
440	Space Rental					
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services					
580	Intra-Fund Services					
590	Other Services—Internal					
200-500	Total Materials & Services	\$131,295	-0-	\$201,876	\$9,035	\$74,389
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	\$131,295	-0-	\$201,876	\$9,035	\$74,389

Code	Object Title	OPI Personal Care Admin.	OPI Case Management III Services	OPI Case Management III Admin.	Total City Support	Cash Match Housekeeper Services
110	Full Time Employees					
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits					
190	Less-Labor Turnover					
100	Total Personal Services					
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services	\$9,405	\$59,087	\$202	\$485,289	\$9,176
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel					
430	Out-of-Town Travel					
440	Space Rental					
450	Interest					
460	Refunds					
470	Retirement System Payments					
480	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services					
580	Intra-Fund Services					
590	Other Services-Internal					
200-500	Total Materials & Services	\$9,405	\$59,087	\$202	\$485,289	\$9,176
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	\$9,405	\$59,087	\$202	\$485,289	\$9,176

Code	Object Title	Cash Match Housekeeper Admin.	Cash Match Homemaker Admin.	Cash Match Case Manage- ment III Admin.	Total Match	Program Income Housekeeper
110	Full Time Employees					
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits					
190	Less-Labor Turnover					
100	Total Personal Services					
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services	\$20,520	\$19,870	\$4,158	\$53,724	\$625
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel					
430	Out-of-Town Travel					
440	Space Rental					
450	Interest					
460	Refunds					
470	Retirement System Payments					
480	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services					
580	Intra-Fund Services					
590	Other Services- Internal					
200- 500	Total Materials & Services	\$20,520	\$19,870	\$4,158	\$53,724	\$625
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	\$20,520	\$19,870	\$4,158	\$53,724	\$625

Code	Object Title	Program Income Homemaker	Program Income Personal Care	Program Income Case Management III	Total Program Income	Other Resources Housekeeper Admin.
110	Full Time Employees					
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits					
190	Less-Labor Turnover					
100	Total Personal Services					
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services	\$625	\$625	\$625	\$2,500	\$17,986
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel					
430	Out-of-Town Travel					
440	Space Rental					
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services					
580	Intra-Fund Services					
590	Other Services-Internal					
200-500	Total Materials & Services	\$625	\$625	\$625	\$2,500	\$17,986
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	\$625	\$625	\$625	\$2,500	\$17,986

Code	Object Title	Other Resources Housekeeper Services	Other Resources Homemaker Admin.	Other Resources Homemaker Services	Other Resources Personal Care Admin.	Other Resources Personal Care Services
110	Full-Time Employees					
120	Part-Time Employees					
130	Federal Program Enrollees					
140	Overtime					
150	Premium Pay					
170	Benefits					
190	Less-Labor Turnover					
100	Total Personal Services					
210	Professional Services					
220	Utilities					
230	Equipment Rental					
240	Repair & Maintenance					
260	Miscellaneous Services	\$3,260	\$19,867	\$8,480	\$8,410	\$4,568
310	Office Supplies					
320	Operating Supplies					
330	Repair & Maint. Supplies					
340	Minor Equipment & Tools					
350	Clothing & Uniforms					
380	Other Commodities-External					
410	Education					
420	Local Travel					
430	Out-of-Town Travel					
440	Space Rental					
450	Interest					
460	Refunds					
470	Retirement System Payments					
490	Miscellaneous					
510	Fleet Services					
520	Printing Services					
530	Distribution Services					
540	Electronic Services					
550	Data Processing Services					
560	Insurance					
570	Telephone Services					
580	Intra-Fund Services					
590	Other Services--Internal					
200-500	Total Materials & Services	\$3,260	\$19,867	\$8,480	\$8,410	\$4,568
610	Land					
620	Buildings					
630	Improvements					
640	Furniture & Equipment					
600	Total Capital Outlay					
700	Other					
	TOTAL	\$3,260	\$19,867	\$8,480	\$8,410	\$4,568

Code	Object Title	Other Resources Case Manag. II Admin.	Other Resources Case Manag. III-Admin.	Total Other Resources	Total Contract
110	Full-Time Employees				
120	Part-Time Employees				
130	Federal Program Enrollees				
140	Overtime				
150	Premium Pay				
170	Benefits				
190	Less-Labor Turnover				
100	Total Personal Services				
210	Professional Services				
220	Utilities				
230	Equipment Rental				
240	Repair & Maintenance				
260	Miscellaneous Services	\$14,728	\$2,200	\$79,499	\$621,012
310	Office Supplies				
320	Operating Supplies				
330	Repair & Maint. Supplies				
340	Minor Equipment & Tools				
350	Clothing & Uniforms				
380	Other Commodities-External				
410	Education				
420	Local Travel				
430	Out-of-Town Travel				
440	Space Rental				
450	Interest				
460	Refunds				
470	Retirement System Payments				
490	Miscellaneous				
510	Fleet Services				
520	Printing Services				
530	Distribution Services				
540	Electronic Services				
550	Data Processing Services				
560	Insurance				
570	Telephone Services				
580	Intra-Fund Services				
590	Other Services-Internal				
200-500	Total Materials & Services	\$14,728	\$2,200	\$79,499	\$621,012
610	Land				
620	Buildings				
630	Improvements				
640	Furniture & Equipment				
600	Total Capital Outlay				
700	Other				
	TOTAL	\$14,728	\$2,200	\$79,499	\$621,012

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

CONTRACT NO. 18769DATE 5/15/81PROJECT TITLE In-Home Support ServicesAGENCY METROPOLITAN FAMILY SERVICE

Service Category (if applicable)

FUNDING SOURCE OPI

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL																		
260	<p style="text-align: center;">CITY SUPPORT</p> <p><u>Housekeeper Service:</u> 16,683 hours @ \$7.87/hr.</p> <p style="text-align: center;">Cost Components Including the Required Match</p> <p>The total hourly cost of service is as follows:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Service Cost</td> <td style="text-align: right;">\$8.42</td> <td style="text-align: right;">87.3%</td> </tr> <tr> <td>Admin. Cost</td> <td style="text-align: right;">1.23</td> <td style="text-align: right;">12.7%</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black;">\$9.65</td> <td style="text-align: right; border-top: 1px solid black;">100.0%</td> </tr> </table> <p>Because discretionary funds of the contractor are being used to supplement the cost of service, OPI funds will be utilized only to the extent of \$7.87/hr., all of which will be used to purchase services.</p> <p><u>Homemaker Service:</u> 23,940 hours @ \$8.81</p> <p style="text-align: center;">Cost Components Including the Required Match</p> <p>The total hourly cost of service is as follows:</p> <table style="margin-left: auto; margin-right: auto;"> <tr> <td>Service Cost</td> <td style="text-align: right;">\$8.43</td> <td style="text-align: right;">87.4%</td> </tr> <tr> <td>Admin. Cost</td> <td style="text-align: right;">1.21</td> <td style="text-align: right;">12.6%</td> </tr> <tr> <td></td> <td style="text-align: right; border-top: 1px solid black;">\$9.64</td> <td style="text-align: right; border-top: 1px solid black;">100.0%</td> </tr> </table> <p>Because discretionary funds of the contractor are being used to supplement the cost of service, OPI funds will be utilized only to the extent of \$8.81/hr. Of the \$8.81 per hr. \$8.43 will be expended for services and \$.38 for administration.</p>	Service Cost	\$8.42	87.3%	Admin. Cost	1.23	12.7%		\$9.65	100.0%	Service Cost	\$8.43	87.4%	Admin. Cost	1.21	12.6%		\$9.64	100.0%	\$131,295	210,911
Service Cost	\$8.42	87.3%																			
Admin. Cost	1.23	12.7%																			
	\$9.65	100.0%																			
Service Cost	\$8.43	87.4%																			
Admin. Cost	1.21	12.6%																			
	\$9.64	100.0%																			

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Service Category (if applicable) _____

FUNDING SOURCE OPI

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL																		
260	<p align="center">CITY SUPPORT</p> <p><u>Personal Care:</u> 8,490 hours @ \$9.87/hr.</p> <p align="center">Cost Components Including the Required Match</p> <p>The total hourly cost of service is as follows:</p> <table border="0"> <tr> <td>Service cost</td> <td>\$ 8.76</td> <td>87.5%</td> </tr> <tr> <td>Admin. cost</td> <td>1.25</td> <td>12.5%</td> </tr> <tr> <td></td> <td><u>\$10.01</u></td> <td><u>100.0%</u></td> </tr> </table> <p>Because descretionary funds of the agency are being used to supplement the cost of service, OPI funds will be utilized only to the extent of \$9.87/hr. Of the total of \$9.87 per hour, \$8.76 will be expended for services and \$1.11 for administration.</p> <p><u>Case Management III:</u> 2,736 hours @ \$21.67</p> <p align="center">Cost Components Including the Required Match</p> <p>The total hourly cost of service is as follows:</p> <table border="0"> <tr> <td>Service cost</td> <td>\$21.60</td> <td>93%</td> </tr> <tr> <td>Admin. cost</td> <td>1.59</td> <td>7%</td> </tr> <tr> <td></td> <td><u>\$23.19</u></td> <td><u>100%</u></td> </tr> </table> <p>Because descretionary funds of the agency are being used to supplement the cost of service, OPI funds will be utilized only to the extent of \$21.67/hr. Of the total of \$21.67, \$21.60 will be expended for services and \$.07 for administration.</p>	Service cost	\$ 8.76	87.5%	Admin. cost	1.25	12.5%		<u>\$10.01</u>	<u>100.0%</u>	Service cost	\$21.60	93%	Admin. cost	1.59	7%		<u>\$23.19</u>	<u>100%</u>	\$83,794	59,289
Service cost	\$ 8.76	87.5%																			
Admin. cost	1.25	12.5%																			
	<u>\$10.01</u>	<u>100.0%</u>																			
Service cost	\$21.60	93%																			
Admin. cost	1.59	7%																			
	<u>\$23.19</u>	<u>100%</u>																			
			\$485,289																		

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

CONTRACT NO. 18769DATE 5/15/81PROJECT TITLE In-Home Support ServicesAGENCY METROPOLITAN FAMILY SERVICEFUNDING SOURCE MatchService Category (if applicable)

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
260	<p><u>Housekeeper Service</u> Service: Consists of discretionary funds available to contractor and used to supplement the service cost. Service cost \$8.42 City support 7.87 Match \$.55 (.55 x 16,683 hrs)</p> <p><u>Administration:</u> Consists of discretionary funds available to contractor and used to supplement the service cost. (\$1.23/hr. x 16,683 hrs) Administrative cost of housekeeper = \$1.23</p> <p><u>Homemaker Service</u> <u>Administration:</u> Consists of discretionary funds available to contractor and used to supplement the service cost. Total cost \$9.64 Less service cost 8.43 Admin. Cost \$1.21 Pd. w/city support .38 Pd. w/match \$.83 \$.83/hr. x 23,940 hrs. = \$20,074</p> <p><u>Case Management III</u> <u>Administration:</u> Consists of discretionary funds available to contractor and used to supplement the service cost. Total cost \$23.19 Less service cost 21.60 Admin. cost \$1.59 Pd. w/city support .07 Pd. w/match \$1.52 \$1.52/hr. x 2,736 hrs. = \$4,155</p>	<p>\$ 9,176</p> <p>\$20,520</p> <p>\$19,870</p> <p>\$4,158</p>	<p>\$53,724</p>

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Service Category (if applicable)

FUNDING SOURCE Program Income

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
260	<p><u>Program Income</u></p> <p><u>Housekeeper:</u> Estimated income from clients eligible to pay a fee supplies approx. 64.75 hrs. of service. (\$9.65 x 64.75)</p> <p><u>Homemaker:</u> Estimated income from clients eligible to pay a fee supplies approx. 64.8 hrs. of service. (\$9.64 x 64.8 hrs.)</p> <p><u>Personal Care:</u> Estimated income from clients eligible to pay a fee supplies approx. 62.4 hrs. of service. (\$10.01 x 62.4 hrs.)</p> <p><u>Case Management III</u> Estimated income from clients eligible to pay a fee supplies approx. 27 hrs. of service. (\$23.19 x 27 hrs.)</p> <p style="text-align: center;">TOTAL PROGRAM INCOME</p>	<p>\$625</p> <p>625</p> <p>625</p> <p>625</p>	<p>\$2,500</p>

CONTRACT BUDGET JUSTIFICATION

151890

PERSONNEL

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Housekeeper - Services
Service Category (if applicable)

FUNDING SOURCE _____

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Homemaker Supervisor	\$1,410.75	approx. 21%	12	\$ 3,492
1	In-Home Supervisor	1,833.33	15.8%	12	3,473
1	Case Coordinator	1,088.08	100%	12	13,057
1	Case Coordinator	1,086.33	50%	12	6,518
9.03	Housekeepers	603.67	100%	12	73,627
1	Homemaker Scheduler	998.50	approx. 21%	12	2,341
1	Central Intake Worker	1,483.33	29%	12	5,162
SUB-TOTAL, PERSONNEL					\$107,670
		23	* % FRINGE BENEFITS		24,979
TOTAL, PERSONNEL					\$132,649

* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

CONTRACT BUDGET JUSTIFICATION

PERSONNEL

151899

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Housekeeper - Administration

Service Category (if applicable)

FUNDING SOURCE _____

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Associate Director	\$2,229.17	12%	12	\$ 3,210
1	Statistician	772.67	7.6%	12	705
1	Payroll Clerk	827.42	7.6%	12	755
1	Bookkeeper	1,158.33	7.6%	12	1,056
1	Record Clerk	810.92	7.6%	12	740
1	Secretary	1,118.33	7.6%	12	1,020
1	Secretary	1,097.83	7.6%	12	1,001
1	Clerk	737.17	7.6%	12	672
1	Receptionist	707.75	7.6%	12	645
1	Finance/Accounting Supervisor	2,393.08	7.6%	12	2,181
1	Executive Director	3,600.00	7.6%	12	3,200
1	Public Info. Spec.	1,178.42	7.6%	12	1,075
SUB-TOTAL, PERSONNEL					\$16,260
23% * % FRINGE BENEFITS					3,740
TOTAL, PERSONNEL					\$20,000

* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

CONTRACT BUDGET JUSTIFICATION

PERSONNEL

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Homemaker - Services

FUNDING SOURCE _____

Service Category (if applicable)

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Homemaker Supervisor	\$1,410.75	Approx. 30%	12	\$ 4,988
1	In-Home Supervisor	1,833.33	31.5%	12	6,945
1	Homemaker Scheduler	998.50	Approx. 30%	12	3,770
1	Case Manager	1,086.33	50%	12	6,519
1	Case Manager	1,146.67	100%	12	13,760
1	Central Intake Worker	1,483.33	27%	12	4,806
1	Case Manager	1,087.83	100%	12	13,054
1	Case Manager	1,087.83	50%	12	6,532
13	Homemakers	603.67	100%	12	94,172
1	Associate Director	2,229.17	15%	12	4,012
SUB-TOTAL, PERSONNEL					\$158,558
approx. 23 * % FRINGE BENEFITS					36,253
TOTAL, PERSONNEL					\$194,811

* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

CONTRACT BUDGET JUSTIFICATION

PERSONNEL

CONTRACT NO. 18769

DATE 5/15/81 151890

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Homemaker - Administration
Service Category (if applicable)

FUNDING SOURCE _____

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Statistician	\$ 772.67	9.4%	12	\$ 907
1	Payroll Clerk	827.42	9.4%	12	933
1	Bookkeeper	1,158.33	9.4%	12	1,307
1	Record Clerk	810.92	9.4%	12	935
1	Secretary	1,118.33	9.4%	12	1,281
1	Secretary	1,097.83	9.4%	12	1,238
1	Clerk	737.17	9.4%	12	832
1	Receptionist	707.75	9.4%	12	798
1	Finance/Accounting Supervisor	2,393.08	9.4%	12	2,699
1	Executive Director	3,600.00	9.4%	12	4,061
1	Public Info. Spec.	1,178.42	9.4%	12	1,329
SUB-TOTAL, PERSONNEL					\$16,320
23 * % FRINGE BENEFITS					3,754
TOTAL, PERSONNEL					\$20,074

* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

CONTRACT BUDGET JUSTIFICATION

PERSONNEL

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Personal Care - Services
Service Category (if applicable)

FUNDING SOURCE _____

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Homemaker Supervisor	\$1,410.75	Approx. 11%	12	\$ 1,829
1	In-Home Supervisor	1,833.33	10.5%	12	2,315
1	Homemaker Scheduler	998.50	11%	12	1,318
1	Personal Care Supervisor	1,381.50	100%	12	16,578
1	Central Intake Worker	1,483.33	10%	12	1,780
4.59	Personal Care Aides	603.67	100%	12	33,250

SUB-TOTAL, PERSONNEL \$57,070

23 * % FRINGE BENEFITS 13,126

TOTAL, PERSONNEL \$70,196

* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

CONTRACT BUDGET JUSTIFICATION

PERSONNEL

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Personal Care - Administration
 Service Category (if applicable)

FUNDING SOURCE _____

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	Statistician	\$ 772.67	5.3%	12	\$ 410
1	Payroll Clerk	827.42	5.3%	12	439
1	Bookkeeper	1,158.33	5.3%	12	615
1	Finance/Accounting Supervisor	2,393.08	5.3%	12	1,270
1	Secretary	1,118.33	5.3%	12	594
1	Executive Director	3,600.00	5.3%	12	1,911
1	Secretary	1,097.83	5.3%	12	583
1	Record Clerk	810.92	5.3%	12	431
1	Clerk	737.14	5.3%	12	391
1	Receptionist	707.75	5.3%	12	376
1	Public Info. Spec.	1,178.42	5.3%	12	626
SUB-TOTAL, PERSONNEL					\$7,646
23 * % FRINGE BENEFITS					1,759
TOTAL, PERSONNEL					\$9,405

* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

CONTRACT BUDGET JUSTIFICATION

PERSONNEL

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Case Management III - Service
Service Category (if applicable)

FUNDING SOURCE _____

(A) Number of Persons	(B) Position or Title	(C) Monthly Salary Rate (Full-time equivalent)	(D) % of time on Project	(E) Number of Months on Project	(F) Cost (A x C x D x E)
1	In-Home Supervisor	\$1,833.33	25%	12	\$ 5,500
1	Social Worker	1,791.42	100%	12	21,497
1	Social Worker	1,503.50	100%	12	18,042
1	Central Intake Worker	1,483.33	10%	12	1,780
SUB-TOTAL, PERSONNEL					\$46,819
23 * % FRINGE BENEFITS					10,768
TOTAL, PERSONNEL					\$57,587

* Indicates fringe benefits as a percent of 'Sub-total, Personnel'

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Housekeeper - Services

Service Category (if applicable)

FUNDING SOURCE _____

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel: 10.5 FTE personnel @ \$750/yr. estimated cost.	\$7,875	\$7,875

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Housekeeper - Administration
Service Category (if applicable)

FUNDING SOURCE _____

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
350	Uniforms: Allocated based on housekeeper 9.03 FTE, estimated uniform expense for year-\$500 Housekeeper personnel represent 21% of total (500 x 21%)	\$105	
530	Distribution Services: Housekeeper services allocated 15% of estimated 81/82 management and general expense.	358	
	TOTAL Materials and Services		\$463

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Homemaker - Services
Service Category (if applicable)

FUNDING SOURCE _____

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel: 16 FTE personnel @ \$750/yr. estimated cost.	\$12,000	\$12,000

CONTRACT BUDGET JUSTIFICATION

151890

MATERIALS AND SERVICES

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Homemaker - Administration
Service Category (if applicable)

FUNDING SOURCE _____

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Professional Services: -- Physical examinations 13 FTE x 20% turnover x \$30/physical -- Allocated portion of total agency expense 10.2% of total estimated for FY 81/82 Total 210 Expense	\$ 468 1,327	 \$1,795
350	Uniforms: Allocated based on homemaker FTE. Homemakers represent 26% of total (26% x 500)	130	130
530	Distribution Services: Homemaker service allocated 15% of estimated 81/82 management and general expense.	437	437
570	Telephone: Homemaker service allocated 15% of estimated 81/82 management and general expense.	1,738	<u>1,738</u>
TOTAL Materials and Services			<u>\$4,100</u>

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Personal Care - Services
Service Category (if applicable)

FUNDING SOURCE _____

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel: 5.59 FTE personnel @ \$750/yr. estimated cost.	\$4,193	\$4,193

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Case Management III - Services
Service Category (if applicable)

FUNDING SOURCE _____

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
420	Local Travel: 2 FTE personnel @ \$750/yr. estimated expense.	\$1,500	\$1,500

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Case Management III - Administration
Service Category (if applicable)

FUNDING SOURCE _____

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
210	Professional Services: Allocated 6.3% of estimated M & G * expense for FY 81/82	\$561	
220	Utilities: Allocated approx. 6.3% of estimated M & G expenses for FY 81/82.	408	
240	Repairs & Maintenance: Allocated 6.3% of estimated M & G expense for FY 81/82	549	
260	Miscellaneous Services: Composed of allocated portion 6.3% of subscriptions and publications, national dues, and conference expense estimated for FY 81/82	582	
310	Office Supplies: Allocated 6.3% of estimated M & G expense for FY 81/82	967	
420	Local Travel: Allocated 6.3% of estimated M & G expense for FY 81/82.	140	
520	Printing: Allocated 6/3% of estimated M & G expense for FY 81/82.	160	
530	Distribution Services: Allocated 6.3% of estimated M & G expense for FY 81/82	185	

* Management and General expense is expense not attributable to any particular program but to the agency in general.

CONTRACT BUDGET JUSTIFICATION

MATERIALS AND SERVICES

151890

CONTRACT NO. 18769

DATE 5/15/81

PROJECT TITLE In-Home Support Services

AGENCY METROPOLITAN FAMILY SERVICE

Case Management III - Administration

Service Category (if applicable)

FUNDING SOURCE _____

CODE	DESCRIPTION OF ITEM AND BASIS FOR EVALUATION	ITEM TOTAL	CATEGORY TOTAL
550	Data Processing: Allocated 6.3% of estimated M & G expense for FY 81/82 and direct expense as anticipated to cover computerized payroll processing charges for 2 FTE.	\$ 72	
570	Telephone: Allocated 6/3% of estimated M & G expense for FY 81/82.	733	
	TOTAL Materials and Services Case Management - Administration		\$4,357

151890

Assurance of Compliance with
"Nondiscrimination on Basis of Handicap"
Section 504 of the Rehabilitation Act of 1973

METROPOLITAN FAMILY SERVICE(hereinafter called the "Contractor"), HEREBY AGREES THAT it will comply with "Nondiscrimination on Basis of Handicap" Section 504, of the Rehabilitation Act of 1973, dated June 3, 1977, (hereinafter referred to as Section 504) and procedures established by City of Portland, Human Resources Bureau, Aging Services Division (hereinafter referred to as the Area Agency on Aging - AAA). The regulation defines and forbids acts of discrimination against qualified handicapped persons in employment and in the operation of programs/activities receiving assistance from the Department of Health Education and Welfare. The Contractor hereby gives assurance that it will immediately take measures necessary to effectuate this agreement.

As an employer, the Contractor agrees to make reasonable accommodation to the handicaps of applicants and employees unless the accommodation would cause the employer undue hardship, as defined in Section 504. This extends to all phases of employment including recruitment, selection and placement, compensation, promotion and transfer, disciplinary measures, demotions, layoffs and terminations, testing and training, daily working conditions, awards and benefits, and all other terms and conditions of employment.

The Contractor shall submit to the AAA, for analysis and recommendations, copies of their affirmative action plan and personnel policies which include provisions that assure the following:

1. No qualified handicapped person shall, on the basis of handicap, be subjected to discrimination in employment by the Contractor.
2. The Contractor shall make all decisions concerning employment in a manner which ensures that discrimination on the basis of handicap does not occur and may not limit, segregate, or classify applicants or employees in any way that adversely effects their opportunities or status because of handicap.
3. The Contractor shall not participate in a contractual or other relationship that has the effect of subjecting qualified handicapped applicants or employees to discrimination.

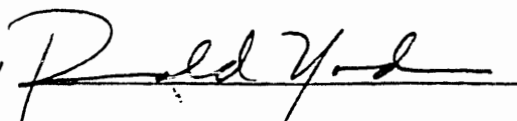
151990

- 4. The Contractor shall make reasonable accommodation to the known physical or mental limitations of an otherwise qualified handicapped applicant or employee.
- 5. The Contractor shall not deny any employment opportunity to a qualified handicapped employee or applicant if the basis for the denial is the need to make reasonable accommodation.

As a provider of community services, the Contractor shall take appropriate steps in accordance with the established procedures, to assure that no qualified handicapped person, because of the Contractor's facilities are inaccessible to or unable by handicapped persons, be denied the benefits of, be excluded from participation in, or otherwise be subjected to discrimination under any program or activity. The Contractor's programs and activities, when viewed in its entirety, will be readily accessible to handicapped persons.

The Contractor hereby recognizes and agrees that an Assurance of Compliance with Section 504 is given in consideration of and for the purpose of obtaining any and all AAA contracts or other financial assistance extended after the date hereof to the Contractor by the AAA, including installment payments after such date on account of applications for AAA financial assistance which were approved before such date. The Contractor recognizes and agrees that such AAA financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the AAA shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Contractor, its successors, transferees, and assignees, and the person whose signature appears below is authorized to sign this Assurance on behalf of the Contractor.

Dated this 15 day of May, 19 81.

By 

Title Executive Director

2281 N.W. Everett Street - Portland, OR 97210

Contractor's mailing address

ASSURANCE OF COMPLIANCE
WITH THE CITY OF PORTLAND
AFFIRMATIVE ACTION PLAN

151890

METROPOLITAN FAMILY SERVICE

(hereinafter called the "Contractor")

HEREBY AGREES THAT it will comply with the City of Portland Affirmative Action Plan as stated in City Ordinance 144724, dated November 10, 1977, and the Federal Guidelines contained in Revised Code 4 of the U. S. Department of Labor, to the end that no person who applies for employment shall, on the ground of race, color, religion, age, sex, national origin, or handicap, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Contractor receives City of Portland financial assistance; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

The "equal employment opportunity doctrine" is more than a directive prohibiting discriminatory practices; rather, it is a doctrine that requires positive measures to assure an equal opportunity for meaningful employment of those persons who have been victims of discrimination. This doctrine extends to all areas of employment and to all relations with employees, including recruitment, selection and placement, compensation, promotion and transfer, disciplinary measures, demotions, layoffs and terminations, testing and training, daily working conditions, awards and benefits, and all other terms and conditions of employment. The Affirmative Action Plan calls for:

1. An improvement of employment opportunities for minority group persons and women in all employee classifications.
2. An improvement of career opportunities for minority groups and women employees.
3. An increased awareness of "institutional" biases through education and training to achieve its eradication.
4. An explanation to minority group organizations of the programs, employment and training opportunities, and the qualifications required for positions in the Contractor's organization.
5. An active education program which will keep management, supervisors and employees informed of their social and civil rights and responsibilities.

The Contractor hereby recognizes and agrees that an Assurance of Compliance with the City of Portland's Affirmative Action Plan is given in consideration of and for the purpose of obtaining any and all City contracts or other financial assistance extended after the date hereof to the Contractor by the City, including installment payments after such date on account of applications for City financial assistance which were approved before such date. The Contractor recognizes and agrees that such City financial assistance will be extended in reliance on the representations and agreements made in this Assurance, and that the City of Portland shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the Contractor, its successors, transferees, and assignees, and the person whose signature appears below is authorized to sign this Assurance on behalf of the Contractor.

Dated May 15, 1981

By 

2281 N.W. Everett/Portland, OR 97210
(Contractor's mailing address)

Title Executive Director

151890

EXHIBIT C

Required Reporting Forms

and

Procedures

ONCE PRINTED, REVISED
CLIENT TRACKING SYSTEM
FORMS 101 - 102 - 103
WILL BE SENT TO CONTRACTOR

INFORMATION TALLY SHEET

AAA 211 (Revised 6/79)

Completed by: _____

Month _____

TYPE OF CONTACT

Phone:	Walk-in:	Other:	Total:
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TYPE OF SERVICE PROVIDED

Info/simple:	Info/complex:	Other:
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SOURCE OF CONTACT

Self:	Spouse:	Friend/Relative:	Agency:	Other:
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Disposition of Request

Subject of Request	Information Only	Center Service	Other Agency	Unable to Help	TOTAL
Housing Location					
Repair/Maint					
Yard Work					
Social Friendly V./TR					
Ed/Rec					
Vol Act.					
Info/SU Emergency					
Income Maint					
Case Mngt					
Tran. Special Trans					
Escort					
In-Home Live-in					
Housekeeper					
Homemaker					
Prot/L Protective Serv					
Legal Assist.					
Nut. Meal Prep/mow					
Shopping Asst.					
Health Medical Care					
Dental					
Other					
TOTAL					

REFERRAL LOG

Agency _____

Date _____
Month _____ Year _____

Date	Name	Referred For	Referred To	Follow-up date	Disposition	# of Contacts	Escort Required	Type of referral S or C

068121

AREA AGENCY ON AGING
CLIENT REPRESENTATIVE
RECEIPT

PART A

Describe task to be performed/items to be purchased/bill to be paid:

Store or place of business:

Amount of funds:

Check \$ _____

Cash \$ _____

Agreed, the above is correct information

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

(Client's Copy)

PART B

Describe items purchased, or bill paid:

Store or place of business:

Amount of funds returned to client:

\$ _____

Agreed the above is correct information.

Signature of Client Representative _____

Agency _____

Signature of Client _____

Date: _____

REQUEST FOR WAIVER

1. _____
Name of Agency requesting waiver

2. Type of request
 New
 Review

3. Criteria to be waived
Income OPI Guidelines
 AAA Guidelines
 Age Living Arrangement
 Other Agency Other _____
Specify

4. _____
Name of Client

5. _____
CTS Case Number

6. Briefly describe the situation.
(Attach a copy of the latest 101 & 102)

7. Resources Investigated

Services Requested

Outcome

8. _____
Signature of Counselor Date

9. _____
Signature of Signature Date

----- DO NOT WRITE BELOW THIS LINE -----

10. Request is: Approved AAA
 OPI

Temporarily AAA
Approved OPI _____ Date

Denied AAA
 OPI

11. Comments:

Signature of Reviewer Date

CONTRACTOR RECORD OF CAPITAL EQUIPMENT PURCHASED
 (Items with value in excess of \$200.00 per item)



DATE OF PURCHASE	NUMBER OF ITEMS	DESCRIPTION	VENDOR AND INVOICE NUMBER	UNIT COST	TOTAL COST

Authorized Signature _____

Date Signed _____

Title _____

Phone Number _____

2

CONTRACTOR RECORD OF NON-CONSUMABLE SUPPLIES PURCHASED
 (Items with a minimum value of \$25.00 per item and a maximum value of \$200.00 per item)



DATE OF PURCHASE	NUMBER OF ITEMS	DESCRIPTION	VENDOR AND INVOICE NUMBER	UNIT COST	TOTAL COST

Authorized Signature _____

Date Signed _____

Title _____

Phone Number _____

71
CITY OF PORTLAND/HUMAN RESOURCES BUREAU
SOCIAL SERVICES DIVISION
CONTRACT REIMBURSEMENT PROCEDURES

151890

1. Reports are due monthly on the fifteenth (15th) working day following the end of the month. Reimbursement request shall be mailed directly to the Accounting Unit:

Human Resources Bureau
Social Services Division
Accounting Unit
522 S.W. Fifth Ave., 8th Floor
Yeon Building
Portland, Oregon 97204

2. Reports not received by the deadline shall not be processed until the next month. This will result in a delay in payment.
3. City forms must be used. If additional forms are needed, please contact the Accounting Unit (248-4752).
4. Materials to be submitted each month are as follows:
 - a) A separate Reimbursement Request Form for each funding source and each service category requiring City reimbursement as included in the approved contract budget.
 - e.g. -- I & R -- III-B
 - Admin. -- OPI
 - Admin. -- General Fund
 - Meals -- III-C-1
 - General Fund
 - Other
 - b) A Reimbursement Request Form for Required Match, as included in the approved budget.
 - c) A Reimbursement Form showing Project Income/Contributions collected.
 - d) A Reimbursement Form showing total City reimbursement.
 - e) Supporting documentation showing proof of payment (attached to respective Reimbursement Request Forms). This may include:

copies of checks
copies of bills
payroll register
etc.

5. Supporting documentation is to be attached to each request form, including the Required Match (copies of documentation are not necessary for the Total City Reimbursement).

For each request form, documentation is to be grouped by line item. (Attach adding machine tape to each group of supporting documents.)

72
Please Note: For purposes of fiscal reporting, Match included in the contract requires the same documentation as City Support requested.

51890

6. If a piece of documentation is applicable to more than one funding source (or match), write on the supporting documentation how much is to be applied to each funding source/service category.
7. The "indirect cost" line item may be used to cover any costs incurred in support of the services included in the contract. Documentation/proof of payment must be submitted for each reimbursement requested.
8. Grant or Agency policy requires that expenditures be reported in dollars and cents. **DO NOT ROUND TO THE NEAREST DOLLAR!**
9. Reimbursement requests must be typed or written in ink.
10. Reimbursement Request Forms must be signed in ink by an authorized person designated by the Agency. Each agency must submit to the City the names of all persons authorized to sign these reports. The Agency is responsible for notifying the City in writing of any changes in authorized signatures.
11. The reimbursement request must be made against the current authorized contract. Each agency is responsible for notifying appropriate personnel of budget changes.
12. Incomplete or incorrect Reimbursement Request Forms will be returned to the Contractor for completion or correction.
13. Match expenditures will be analyzed quarterly as part of the monitoring procedures. Corrective action plans will be developed if necessary to assure contract compliance.

Corrective action may include: withholding of funds, suspension, or termination of the contract.

If match is not produced in accordance with the approved contract by the third (3rd) quarter of the budget year, the City will reduce its contribution to maintain the established ratio of shared costs. (For AAA District Centers, this ratio is a minimum of 90/10 City/Agency share for Discretionary Services. For other contracts, the level of required match has been negotiated.)

14. Upon receipt of completed reimbursement forms, the Accounting Unit staff reviews the request for accuracy and compliance with the approved budget, prepares payment authorization, and submits the reimbursement package to the Program staff.
15. Program Staff reviews the package and signs off, if request complies with regard to appropriate service delivery. Reimbursement request will be held until Program reports are received.
16. Principal Accountant reviews the package, approves payment, and forwards the package to Accounts Payable at City Hall.

- 17. Accounts Payable reviews the package, approves payment, and processes the package for the computer to fill out the warrant (check). Computer runs are made every Tuesday and Thursday evenings.
- 18. Checks are returned to Accounts Payable for verification of computer run.
- 19. The computer run is forwarded to the Auditor's Office for auditing and release (mailing) of the warrant.
- 20. Total estimated turnaround time is two weeks from the time a completed package leaves the Human Resources Bureau. HRB staff can usually complete its work within two days, if the requests are complete and correct, and program reports have been received.
- 21. In the event of an emergency or other unusual circumstances, as approved by the Principal Accountant, a manual warrant may be issued within 72 hours. A manual warrant process will not be utilized on a regular basis.

We hope that these procedures will clarify what is expected of Agency staff in the filling out and processing of these documents. If you have any questions or need further information, please feel free to call the Accounting Unit or Social Services Contract Management staff at 248-4752.

PROCEDURES FOR CONTRACT MODIFICATIONS

WHY?

Contract modifications are required in the following situations:

- change in total contract amount (increase or decrease)
- changes in staff salaries
- changes in staff positions to be supported through the contract
- changes in line item budget
- changes in number or type of services to be provided
- other substantial changes

HOW?

Contracts may be modified in 3 ways:

- ordinance-authorized by City Council
- contract change order-approval by Social Services Manager , Human Resources Bureau Executive Director, and Commissioner-in-Charge
- initial-by both parties

<u>Type of Change</u>	<u>Modification Procedure</u>
Total funds increase/decrease	Ordinance
Total same line item changes	Change Order
Staff salary	Change Order
Staff position	Change Order
Service Objectives	Change Order
General/special conditions	Ordinance/change order
Other substantial changes	Ordinance/change order
Clerical errors	Initial by both parties

PROCEDURE:

A. Initiated by City:

1. The City shall inform the Contractor in writing what and why changes are required, what information (if any) is needed from the Contractor to make such changes and what modification procedures will be utilized.

2. City staff shall be responsible for obtaining necessary materials from the Contractor or shall prepare revised materials (to include revised contract or project applications pages) and amendment form, as necessary.
 3. Contractor shall review material and indicate approval formally or informally.
 4. If an Ordinance is required:
 - City staff shall prepare and file Ordinance
 - City shall notify Contractor of action on Ordinance
 - If authorized by City Council, Contractor shall sign three (3) copies of amendment (if not already signed) and return to designated City office
 - City staff shall obtain necessary City signatures
 - Amendment goes into effect when both parties have signed and the changes are documented in the City Auditor's Office
 - Fully signed copy shall be returned to the Contractor
 5. If change order procedure is utilized:
 - City staff shall prepare change order
 - Program Staff, Accountant, Division Manager, HRB Executive Director, and Commissioner-in-Charge shall review and indicate approval
 - Contractor shall sign Amendment and return to City
 - Amendment goes into effect when City and Contractor signatures are obtained
- B. Initiated by Contractor:
1. Contractor shall submit a letter to the Unit Director requesting modification. This letter should contain the following information:
 - a. Specific changes desired (e.g. increase printing by \$500, decrease local travel by \$200 and decrease office supplies by \$300).
 - b. Reason or need for changes (e.g. the newsletter mailing list has doubled so more copies are printed; counselors are carpooling in an effort to save gasoline).
 - c. Statement regarding how these changes will affect the provision of services (e.g. line item changes are more consistent with actual spending patterns and services will continue to be delivered as specified in the contract).

- 76
2. The Contractor shall prepare revised project application pages as follows:

a. BUDGET CHANGES

(1) Budget Worksheet

The budget worksheet must include the following columns for each funding source to be modified:

current
+ or -
revised

If the contract includes a funding source which is not to be modified, a column must be included for this current breakdown.

If the contract includes more than one funding source, the budget worksheet must also include columns for the following:

current total
total + or - (omit if only 1 funding
revised total source changes)

The budget worksheet must include the name of the contract agency and the contract number in the upper left hand corner.

The budget worksheet must include the date of the revision in the lower right hand corner (this date should correspond with the date of the letter requesting the modification).

(SEE SAMPLE)

(2) Budget Justification Sheets

A full set of original budget justification sheets must be submitted, showing the total justification as revised. It is not necessary to show + or - on the justification sheets.

The budget justification forms should be consistent with the budget worksheet columns for the revised funding for each source and for the revised total.

Even if a budget justification sheet does not change, a new original must be prepared (e.g. pink sheet, typed original) to meet the contract requirements of the City Auditor's office.

Each budget justification sheet must be completed in full:

DATE - date of revision request (put this new date even if no changes were made on a particular page.

PROJECT NUMBER - contract number assigned by the City.

PROJECT TITLE - name of agency and service (if there are multiple contracts with the Human Resources Bureau e.g. PACT Senior Service Center).

(3) Miscellaneous Comments on Budget Changes

All changes shown on the budget worksheet or the budget justification pages should be addressed in the letter requesting the modification.

A modification is not required for any line item changes in materials and services in which that line will not be over-expended by 5% of the line item or \$1,000, whichever is less. Formal modification is not required for lines which will be underexpended.

e.g., if line 420 in the contract is \$1,000 and if there is an expected overspending of \$48, a contract modification is not required because \$48 is less than 5% of \$1,000.

If this \$48 will come from line 310 office supplies, no change is required because you will simply underspend line 310 by \$48.

Any changes in staff positions (increase in salary, change in % of time or number of months on project) requires a modification. A modification is not necessary if an individual is being paid at a lower rate of pay for a given position.

If an authorized position is to be filled by a different person, please notify the City accountant to assist in speedy processing of your invoices. A contract modification is not required.

b. SERVICE CHANGES

- (1) OBJECTIVES - (Project Narratives, Section 3)
A revised objective section should be submitted showing the revised number or type of services to be provided or the revised period in which services will be provided.

(The need for these changes and the impact should be discussed in the letter requesting the modification).

- (2) ACTIVITIES - (Project Narrative, Section 4)

Revised activities pages must be submitted only if changes are made. These activity pages will be used as a basis for monitoring the provision of services, so they should reflect current practices and procedures.

c. OTHER PROGRAM OR MANAGEMENT CHANGES

Other program or management changes will be handled on a case by case basis. Consult the City Staff responsible for contract development for specific requirements.

- 3. Contractor shall submit letter and revised pages as described above to Human Resources Bureau Unit Director.
- 4. Social Service Unit staff shall review the request for completeness and impact and shall make a determination about which modification procedure shall be utilized.
 - a. If Unit Staff supports the requested change and if an Ordinance is required, City Staff shall prepare the contract amendment prepare the ordinance and complete the regular Human Resources Bureau ordinance review process. If authorized by City Council, the Contractor shall sign 3 official copies and return to the City for City signatures and processing. A signed copy will be returned to the Contractor.
 - b. If unit staff supports the request and if a change order is to be used, City staff shall prepare the change order.

The contract change order along with the letter of request and modified pages shall be submitted for review and approval to our Accountant, Manager of Social Services, Human Resources Bureau Executive Director and the Commissioner-in-Charge.

If approved, the original change order shall be filed in the City Auditor's Office. Copies shall be provided to the Contractor, the Fiscal Unit and the responsible Program Unit.

The Contract change order becomes effective when all City signatures have been obtained.

- c. If Unit Staff does not support the request, the Contractor shall be notified. The request may be denied or additional information or documentation may be requested.

SCHEDULE OF MODIFICATIONS

Contract modifications will be accepted within 30 days of receipt of completed quarterly progress reports or at other times as directed or approved by the responsible Program Unit.

ORDINANCE No. 151890

An Ordinance authorizing an amendment to Contract No. 18769 with Metropolitan Family Services, Inc. to continue in-home services to seniors under the Human Resources Bureau, AU 380, Area Agency on Aging in the amount of \$485,289 for the budget period July 1, 1981, through June 30, 1982, revising budgets, modifying objectives, terms, and conditions, and declaring an emergency.

The City of Portland ordains:

Section 1. The Council finds:

1. Pursuant to Ordinance No. 151654 passed by Council the Annual Plan of Action was submitted to the State Office of Elderly Affairs to continue services for the elderly in Portland/Multnomah for the period July 1, 1981, through June 30, 1982.
2. Pursuant to a Request for Proposal process this contract was executed for two years with the understanding that budgets, objectives, terms and conditions would be negotiated after one year.
3. Pursuant to Ordinance No. 149829, passed by Council June 25, 1980, a contract with Metropolitan Family Services was executed for the period July 1, 1980, to June 30, 1982.
4. Funds have been budgeted in the Fiscal Year 1981-82 City Budget to continue these services for the period July 1, 1981, through June 30, 1982, subject to its adoption by Council.
5. It is, therefore, appropriate that the Commissioner of Public Utilities and the Auditor execute on behalf of the City, an amendment to Contract No. 18769 with Metropolitan Family Services, Inc. under the Human Resources Bureau, AU 380, Area Agency on Aging, in the amount not to exceed \$485,289 for the budget period July 1, 1981, through June 30, 1982; revising budgets; modifying objectives, terms, and conditions as set forth in Exhibit "A."

ORDINANCE No.

NOW, THEREFORE, the Council directs:

- a. The Commissioner of Public Utilities and the City Auditor are hereby authorized to execute on behalf of the City, an amendment to Contract No. 18769 with Metropolitan Family Services, Inc., under the Human Resources Bureau, AU 380, Area Agency on Aging in the amount of \$485,289 to continue services for the elderly for the period July 1, 1981, through June 30, 1982, by revising budgets, modifying objectives, terms, and conditions as set forth in Exhibit "A."

Section 2. The Council declares that an emergency exists because delay in the enactment of this Ordinance will result in disruption of services to the elderly; therefore this Ordinance shall be in force and effect from and after its passage by the Council.

Passed by the Council, **JUL 1 1981**
Commissioner Margaret Strachan
BP:lgj
6/12/81

Attest:


Auditor of the City of Portland

Calendar No. 2189

ORDINANCE No. 151890

Title

An Ordinance authorizing an amendment to Contract No. 18769 with Metropolitan Family Services, Inc. to continue in-home services to seniors under the Human Resources Bureau, AU 380, Area Agency on Aging in the amount of \$485,289 for the budget period July 1, 1981, through June 30, 1982, revising budgets, modifying objectives, terms, and conditions, and declaring an emergency.

THE COMMISSIONERS VOTED AS FOLLOWS:		
	Yeas	Nays
JORDAN		
LINDBERG	1	
SCHWAB	1	
STRACHAN	1	
IVANCIE	1	

FOUR-FIFTHS CALENDAR	
JORDAN	
LINDBERG	
SCHWAB	
STRACHAN	
IVANCIE	

Filed JUN 25 1981

GEORGE YERKOVICH
Auditor of the CITY OF PORTLAND

By *George Yerkovich*
Deputy

INTRODUCED BY	
COMMISSIONER STRACHAN	
NOTED BY THE COMMISSIONER	
Affairs	
Finance and Administration	
Safety	
Utilities	<i>Margaret A. Strachan</i>
Works	
BUREAU APPROVAL	
Bureau: Human Resources	
Prepared By: <i>BP</i>	Date: Barbara Patrick 6/12/81
Budget Impact Review: <input checked="" type="checkbox"/> Completed <input type="checkbox"/> Not required	
Bureau Head: <i>Erma E. Hepburn</i> Erma E. Hepburn	
CALENDAR	
Consent	Regular <input checked="" type="checkbox"/>
NOTED BY	
City Attorney	
City Auditor	
City Engineer	