



REQUEST FOR INFORMATION

FOR

**GENERAL RELIEF SUPPLEMENTAL SECURITY INCOME AND
MEDI-CAL ADVOCACY PROGRAM PILOT AT THE
DEPARTMENT OF PUBLIC SOCIAL SERVICES RANCHO PARK DISTRICT OFFICE**

COUNTY OF LOS ANGELES
DEPARTMENT OF PUBLIC SOCIAL SERVICES
CONTRACT MANAGEMENT DIVISION
12900 Crossroads Parkway South
City of Industry, CA 91746-3411

Issued: November 21, 2011

REQUEST FOR INFORMATION

General Relief Supplemental Security Income and Medi-Cal Advocacy Program Pilot at Rancho Park District Office located at 11110 W. Pico Blvd., Los Angeles, CA 90064

1.0 PURPOSE OF REQUEST FOR INFORMATION

- 1.1 The purpose of this Request for Information (RFI) is to determine the extent of interest from qualified agencies in providing the services listed in Section 3.0, SERVICES and to act as a market survey to identify potentially qualified agencies.
- 1.2 This RFI is issued for information and planning purposes. It does not constitute a competitive solicitation or a promise to issue a competitive solicitation in the future. This RFI does not commit the County of Los Angeles (County) to contract for any services whatsoever. The County will not pay for any information or administrative costs incurred in response to this RFI. However, the County reserves the right to select one or two agencies with demonstrated capability to provide the requested services as part of this RFI process.

2.0 BACKGROUND

- 2.1 On February 9, 2010, the County Board of Supervisors (Board) approved a comprehensive plan to restructure the General Relief (GR) Program. This plan will enhance programs to serve the County's indigent population with the collaboration of various County departments and with the community. This plan includes the development of a pilot for one Community-Based Organization (CBO) to provide GR Supplemental Security Income and Medi-Cal Advocacy Program (GR SSIMAP) services for disabled GR participants in the areas served by the Department of Public Social Services (DPSS) Rancho Park District Office.
- 2.2 The primary objective of the GR SSIMAP Pilot is to test whether providing SSI advocacy services to physically and mentally-disabled GR participants through a contracted CBO will increase the number of GR participants who are approved for SSI at the initial level of the SSI application process and increase the number of SSI approvals overall.
- 2.3 Rancho Park District SSI Advocacy Pilot
 - 2.3.1 On May 18, 2010, the Board approved the implementation plan for the Rancho Park District SSI Advocacy Pilot. This pilot may utilize a market survey process to identify one lead CBO for all new referrals to the GR SSIMAP within the service area for a two-year term. Currently, the Rancho Park District handles an average of 38 referrals per month for new, potential SSI applicants.
 - 2.3.2 This pilot will be funded by 50% Net County Cost through the GR Anti-Homelessness Services account, which was approved by the

Board as part of the GR Restructuring Plan. The remaining 50% will be federally-funded through the County Services Block Grant-Health Related (CSBG-HR).

3.0 SERVICES

DPSS is looking for one interested and qualified lead agency that can utilize different innovative strategies and services to provide SSI advocacy services that will increase the number of GR participants who are approved for SSI at the initial level of the SSI application process and increase the number of SSI approvals overall and that can provide some or all of the following services:

- 3.1 SSI advocacy services.
- 3.2 Case management services.
- 3.3 Medical/mental health assessments.
- 3.4 SSI appeals services at every appeal level.

Interested agencies are highly encouraged to collaborate with other qualified agencies and the County to perform GR SSIMAP services.

4.0 QUALIFIED AGENCIES

To qualify, at the time of response to the RFI, an agency must certify that they currently meet the following qualifications:

- 4.1 Agency must have at least three (3) years of experience within the last five years assisting individuals within the Rancho Park District Boundaries (Attachment A) to complete and file for SSI applications.
- 4.2 Agency must be a Homeless Outreach Project and Evaluation (HOPE) Grantee or have at least three (3) years of experience within the last five years directly providing at least two of the following services: health, mental health, money management, or housing.
- 4.3 Agency's SSI advocacy staff must have at least one (1) year of experience within the last five years assisting individuals in completing and filing SSI applications.
- 4.4 Agency must have had an office within the Rancho Park District boundaries for the last 12 months prior to the submission of their response to this RFI; however, if Agency does not indicate it will serve all the areas served by the Rancho Park District Office, Agency will identify which areas within the Rancho Park District Boundaries it will serve.
- 4.5 Agency's office must be within 60 minutes travel time each way by public transportation from the DPSS Rancho Park District Office.
- 4.6 Agency must be able to provide the services listed in Section 3.0, SERVICES and is expected to complete all the tasks listed in the draft Statement of Work (Attachment B).

5.0 INSURANCE REQUIREMENTS

- 5.1 Current compliance with the following qualifications is desired. However, interested agencies with demonstrated capability to provide the requested

services in Section 3.0, SERVICES, must be required to meet the following qualifications during the procurement and contracting process.

Agency must be required to procure, maintain and provide County evidence of Agency's insurance at the coverage levels required by County:

- General Liability:
 - General Aggregate: \$2 million
 - Products/Completed Operations Aggregate: \$1 million
 - Personal and Advertising Injury: \$1 million
 - Each Occurrence: \$1 million
- Automobile Liability insurance with a limit of liability of not less than \$1 million for each accident.
- Workers Compensation and Employer's Liability:
 - Each Accident: \$1 million
 - Disease-policy limit: \$1 million
 - Disease-each employee: \$1 million
- Crime Coverage:
 - Employee Dishonesty: \$25,000
 - Forgery, Alteration, Computer Fraud, Theft: \$25,000
 - Disappearance and Destruction: \$25,000
 - Burglary and Robbery: \$25,000
- Property Coverage (Personal and Real) as appropriate in the event of renting, leasing or using loaned County-owned equipment.
- Professional Liability:
 - Error, omission, negligent or wrongful act: \$1 million
 - Aggregate: \$3 million

5.2 Further, an agency will be required to indemnify, defend and hold harmless the County, its Special Districts, elected and appointed officers, employees, and agents from and against any and all liability, including but not limited to demands, claims, actions, fees, costs, and expenses (including attorney and expert witness fees), arising from or connected with Contractor's acts and/or omissions arising from and/or related to any contract entered into between Contractor and County.

6.0 REQUEST AND FORMAT FOR STATEMENTS OF INTEREST TO ENSURE FULL CONSIDERATION BY THE COUNTY

The County is requesting Statements of Interest (SOI) from qualified agencies to provide the services requested.

To ensure full consideration by the County, interested parties are required to submit a written SOI not to exceed five (5) pages (including all attachments) in

English, utilizing Arial font size 12, with one inch margins on all sides of the page and even spaces between the lines, e.g., double space in the following format:

6.1 Introduction Letter

The introduction letter should be on the Agency's Letterhead, brief, concise, and must be typed. The introduction letter must include: (1) Agency's Full Legal Name, (2) Type of Entity, (public/private non-profit organizations), (3) Name and Title of the person authorized to make representations for the firm, (4) Mailing Address and (5) Contact Person's Name, Phone and Fax Number, and E-mail Address.

6.2 Interested Party's Experience and Capabilities

Interested parties must provide: (1) their history of providing the services requested, (2) how they plan to provide and implement the services listed in Section 3.0, SERVICES and (3) how they meet the qualifications listed in Section 4.0, QUALIFIED AGENCIES.

6.3 Costs

Interested parties must provide the monthly cost per participant it will charge to provide all the services listed in Section 3.0, above and in Statement of Work, (Attachment B) herein.

False, misleading, incomplete, deceptively unresponsive statements and missing documents/exhibits in connection with an SOI will be sufficient causes for rejection of an Agency's SOI.

7.0 DEADLINE FOR SUBMISSION OF STATEMENT OF INTEREST

The County is interested in receiving written submissions from qualified agencies with the capability to offer the services requested by **December 12, 2011 AT 12:00 PM, MONDAYS THROUGH THURSDAYS (except Thursday, November 24, 2011) only**. Late Statements of Interest will not be accepted. Please send all Statements of Interest to the following address:

County of Los Angeles
Department of Public Social Services
Contract Management Division
12900 Crossroads Parkway South-2nd Floor
City of Industry, CA 91746-3411
Attention: Yolanda Mingo

The outside of the envelope should be labeled: "GR Supplemental Security Income and Medi-Cal Advocacy Program Pilot at DPSS Rancho Park District Office: Statement of Interest."

DISCLAIMER:

NOTHING IN THIS DOCUMENT MAY BE CONSTRUED AS OBLIGATING THE COUNTY TO ISSUE A REQUEST FOR PROPOSALS, INVITATION FOR BIDS, AND REQUEST FOR STATEMENT OF QUALIFICATION OR TO NEGOTIATE A CONTRACT FOR DPSS.

The RFI is issued solely for the purpose of collecting information and for planning purposes. It does not constitute a solicitation for contracting, and should not be construed as a Request for Proposals (RFP), Invitation for Bids (IFB) or a Request for Statement of Qualifications (RFSQ). All information received in response to this RFI must become the exclusive property of the County. The DPSS reserves the right to incorporate into any future solicitation or contract, information or ideas that are found in the responses to this RFI. However, the County reserves the right to select one or more agencies with demonstrated capability to provide the requested services as part of this RFI process. Moreover, all responses to this RFI must become matter of public record, and must be regarded as such. Exceptions will be those elements marked "trade secret," "confidential," or "proprietary" as described in the California Government Code, Section 6250 et seq. (Public Records Act). The County must not in any way be liable or responsible for the disclosure of such records, without limitation and including those so marked, if disclosure is required by law, or by an order of a court of competent jurisdiction.

**LOS ANGELES COUNTY
DEPARTMENT OF PUBLIC SOCIAL SERVICES**



STATEMENT OF WORK

**GENERAL RELIEF
SUPPLEMENTAL SECURITY INCOME AND
MEDI-CAL ADVOCACY PROGRAM (GR SSIMAP)
SERVICES FOR
GENERAL RELIEF APPLICANTS/PARTICIPANTS**

AT

RANCHO PARK DISTRICT

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STATEMENT OF WORK

1.0 OVERVIEW OF RANCHO PARK SSI ADVOCACY PROJECT

The Supplemental Security Income and Medi-Cal Advocacy Program (SSIMAP) provides physically and mentally-disabled General Relief (GR) participants with assistance through completion of the Supplemental Security Income (SSI) application process. The program focuses on obtaining an early SSI approval for GR participants who appear to meet SSI eligibility criteria. GR participants who are potentially SSI eligible are identified by medical and mental health professionals and referred to the GR SSIMAP for SSI advocacy services.

The County, in this Rancho Park SSI Advocacy Project (SSI Advocacy Project), will contract with one lead Community-Based Organization (CBO) who will assist physically and mentally-disabled GR participants with the SSI application process at the initial and reconsideration levels. The lead agency (Contractor) is highly encouraged to collaborate with other qualified agencies to perform these services. For the purposes of this project, the County's existing Rancho Park District SSI Advocate will remain at the County's Rancho Park District Office (District Office), continue to serve GR participants with pending SSI applications, take SSI applications for participants who live outside the Contractor's service area, and also assume the responsibilities of a County Liaison, providing assistance to the Contractor. The Contractor will provide SSI Advocacy services to new GR participants referred through the existing GR SSIMAP process at the District Office. Currently, the Rancho Park District handles an average of 38 referrals per month for new, potential SSI applicants.

SSI advocacy services help GR participants transition from the lower level of benefits received under GR (\$221/month) to the SSI benefit (\$845/month effective December 2009), once SSI is awarded. SSI recipients in California also receive Medi-Cal benefits. Unless the participant is aged (65 or older), he/she must prove that he/she has a permanent disability to qualify for Medi-Cal. The disability guidelines for Medi-Cal are the same as for SSI. The Disability Determination Service Division (DDSD) will not make a determination of Medi-Cal eligibility based on a disability if a SSI application for the same individual is pending a disability determination.

The workload, as described in this Statement of Work (SOW), is reflective of the current workload and is subject to change based on changes in federal, State or County policy, regulations and requirements.

RESTRUCTURING GENERAL RELIEF

On February 9, 2010, the Los Angeles County Board of Supervisors approved a comprehensive plan to restructure the General Relief Program. This comprehensive plan will enhance programs to serve the County's indigent population.

The Contractor will play an important role in assisting the County in identifying GR participants who may need or utilize the enhanced services that will be offered upon implementation of the GR Restructuring projects.

1.1 SCOPE OF WORK

1.1.1 The Contractor must provide SSI Advocacy Services to GR participants from the Rancho Park District Office or at an alternate location designated by the Contractor, within the Contractor's service area. SSI Advocacy Services is defined as all services described in this Statement of Work.

1.1.2 The Contractor is encouraged to refer any GR eligible clients they serve to the County to apply for GR benefits.

1.1.3 The Contractor must provide SSI Advocacy Services for the duration of the two-year pilot. Cases will be referred to the Contractor for the two-year period. All cases referred to the Contractor will remain with, and are the responsibility of the Contractor, until the end of the contract term. Thereafter, all cases are to be returned to the County.

1.1.4 The Contractor is encouraged to collaborate with other CBO's which offer case management, medical/mental health evaluation/treatment services, and/or SSI appeals services.

1.1.5 The Contractor is encouraged to utilize innovative strategies to provide SSI Advocacy Services.

1.2 RESEARCH & DEMONSTRATION PROJECTS – 1115 WAIVERS

Concurrent with the GR restructuring, but separate from that effort, the Los Angeles County Department of Health Services (DHS) is participating in a Medicaid Demonstration Project, authorized by the Centers for Medicare and Medicaid Services, and granted to the State of California.

- 1.2.1 The Demonstration Project, commonly known as "California's Bridge to Reform" is intended to permit Los Angeles County, and other participating, California counties, the opportunity to begin to re-structure their health care delivery systems, in anticipation of the implementation of the Affordable Care Act (also known as Health Care Reform) in 2014.
- 1.2.2 At this time, DHS estimates that 59,000 GR participants also receive health care services from DHS or from one of its contracted clinic providers. Much of this care is provided on an episodic, non-routine basis, complicating the ability of DHS to stabilize the care for these patients and their medical conditions.
- 1.2.3 The timing of GR restructuring with the arrival of the Demonstration Project allows the County of Los Angeles a unique opportunity to gauge how it might transition its GR population into on-going, stable medical care at DHS or at one of its contracted clinic sites. Under the Demonstration Project, qualified users of DHS services, which may include the GR population, are to be assigned "medical homes" which effectively will be responsible for managing and providing all aspects of a DHS client's outpatient medical care and for coordinating the provision of medically necessary inpatient care.
- 1.2.4 Like many recipients of DHS services, it is anticipated that the GR population will require intensive, outpatient medical care as well as extensive care coordination. Such coordination may require substance abuse treatment referrals and mental health evaluation and referral services, as well as linkages to employment programs and social services, including transitional or temporary housing and the federal SSI program. As such, providers of service to this population, and under this RFI, must be able to provide all services set forth in Section 5.0 and to meet all minimum qualifications set forth in Section 6.0, below.
- 1.2.5 Contractor must coordinate services it will provide in the Rancho Park GR SSIMAP Pilot with the County's efforts under the 1115 Waiver.

1.3 QUALITY CONTROL

The Contractor must establish and utilize a comprehensive Quality Control Plan to assure the County a consistently high level of service throughout the term of the contract. The Plan must be submitted to the County Contract Administrator (CCA) for review and approval by the County ten calendar days before the start date of the contract. The plan must include, but may not be limited to, the following:

- 1.3.1 Method of monitoring to ensure the SOW requirements are being met.
- 1.3.2 A record of monitoring conducted by the Contractor, any corrective action taken, the time a problem was first identified, a clear description of the problem, and the time elapsed between identification and completed corrective action, must be provided to the County upon request.
- 1.3.3 Contractor shall comply, at a minimum, with the requirements set forth in the Los Angeles County Auditor-Controller Contract Accounting and Administration Handbook which is incorporated herein by reference and available at: www.ladpss.org/dpss/contracts.

1.4 QUALITY ASSURANCE PLAN

The County will monitor and evaluate Contractor's performance on no less than an annual basis using the County's standard quality assurance procedures that shall be set forth in any contract between Contractor and County.

1.4.1 Monthly Meetings

Contract Manager is required to attend regularly scheduled meetings with the CCA.

1.4.2 Contract Discrepancy Report (Technical Exhibit 1)

Verbal notification of a discrepancy will be made to the Contract Manager as soon as possible whenever a contract discrepancy is identified. The problem must be resolved within ten workdays. The CCA has the discretion to extend the deadline for a resolution if there are extenuating circumstances.

The CCA will determine whether a formal Contract Discrepancy Report must be issued. Upon receipt of this document, the Contractor is required to respond in writing to the CCA within five workdays, acknowledging the reported discrepancies or presenting contrary evidence. A plan for correction of all deficiencies identified in the Contract Discrepancy Report must be submitted to the CCA within ten workdays.

1.5 COUNTY PERSONNEL

The County will designate the following personnel:

1.5.1 County Contract Administrator (CCA)

The County will designate one person and one back-up who will act as the CCA for the County to work together with the Contractor to administer the contract. Specific duties may include:

- a. Monitoring the Contractor's performance in the daily operation of SSI advocacy services.
- b. Providing direction to the Contractor in areas related to policy, performance, information and procedural requirements.
- c. Preparing Amendments in accordance with the Contract.
- d. Providing training on the Department of Public Social Services (DPSS) policies, regulations and procedures, and instructions in casework methodology.

1.5.2 County Liaison

The County will designate one person who will act as the County Liaison for SSI Advocacy to work in close collaboration with the Contractor County Liaison. Some of the County Liaison's duties will include, but are not limited to:

- a. Conducting GR SSIMAP Advocacy for participants who do not live within the area served by the Contractor.
- b. Updating all information on the DPSS Los Angeles Eligibility Automated Determination Evaluation and Reporting (LEADER) System;
- c. Assisting in obtaining/providing information to/from eligibility and GR Housing Case Management (GRHCM) staff;
- d. Acting as a liaison, as needed, between the Contractor and other County Departments;
- e. Retrieving medical records from Department of Mental Health (DMH), Department of Health Services (DHS), and/or Los Angeles Sheriff Department (LASD); and
- f. Acting as a troubleshooter on all GR SSIMAP-related matters.

1.5.3 County Observations

In addition to the County contracting staff, Deputy District Directors (DDD), staff from DPSS Management Information and Evaluation Section, and GR Program may observe Contractor activities and review documents relevant to SSI advocacy services at any time during normal business hours; however, these personnel may not unreasonably interfere with the Contractor's performance. The County Liaison will make arrangements to conduct any reviews and will notify the Contractor a week before any review takes place.

1.6 COUNTY PROVIDED ITEMS

1.6.1 Equipment

At the Contractor's expense, the County will provide the Contractor with equipment it currently provides to County SSI advocacy staff to perform SSI advocacy services should the Contractor decide to provide services at the Rancho Park District Office. This includes, but it is not limited to:

- a. The County will provide one data input/inquiry terminal (this is a system-specific terminal and not a personal computer), one keyboard, and access to a telephone, a system printer and fax machine.
- b. The County will monitor the Contractor's usage of multiple systems. If it is determined by County that additional equipment is necessary, the County will provide it at the Contractor's expense, depending on availability and cost.
- c. Access to LEADER may be provided to the Contractor via Citrix if there is a business need that cannot be fulfilled by the County Liaison.

1.6.2 Materials

The County will provide a supply of the following materials:

- a. Civil Rights Complaint forms, PA 607, for use by referred GR clients in reporting civil rights complaints.
- b. DPSS Operations Handbook, Section 21, Civil Rights Program; DPSS Policies.
- c. A list of the County-observed holidays.
- d. A supply of SSI-related forms.

1.6.3 Transportation/Ancillaries

Currently, the County provides GR participants motel vouchers, showers, clothing, round-trip bus tokens (and cash transfer, if necessary) in advance of any SSI-related appointments, to the extent that these services are available. The County Liaison has access to these ancillaries. The County must provide participants with all County available transportation/ancillary assistance services not already offered by the Contractor. The Contractor is responsible for informing the GR participant of available County transportation and/or ancillary assistance when they are needed. If a GR participant requests this assistance, the Contractor must complete and submit the Two-Way Gram, Technical Exhibit 2, to the County Liaison for processing. The County SSI Advocacy Liaison will expedite processing of the request and issue the request(s) the same day. All ancillary benefits are issued directly to the participant's EBT card.

1.6.4 Complaints

The County will provide procedures through which a GR participant must have the opportunity to present a complaint or grievance about the Contractor's services.

1.6.5 Security

The County will maintain security measures to ensure that the equipment is secure and confidentiality maintained.

1.6.6 Training

The County must provide training on child abuse prevention, elder abuse prevention, cultural awareness, and Civil Rights for the Contractor's SSI advocacy staff.

1.7 CONTRACTOR PERSONNEL

The Contractor will designate the following personnel:

1.7.1 Contract Manager and Designated Alternate

The Contractor must provide a Contract Manager and a designated alternate. The Contract Manager must be available during County business hours.

The Contract Manager must act as a central point of contact with the County.

The Contract Manager must have full authority to act for Contractor on all matters relating to the daily operation of the SSI Advocacy Project. Contract Manager/alternate must be able to effectively communicate, in English, both orally and in writing.

1.7.2 Contract Advocacy Staff

The Contractor must assign employee(s) to perform the required work on-site at the Rancho Park District Office or at an alternate location designated by the Contractor. The employee(s) must be authorized to act on behalf of the Contractor in every aspect of the SSI Advocacy process.

The Contractor must be required to conduct background checks on all its employees selected to participate in the pilot.

1.7.3 Independent Contractor Status

The Contractor shall be solely liable and responsible for all its employees, agents or subcontractors providing work as described in this Statement of Work. The County shall have no liability or responsibility for the payment of any salaries, wages, unemployment benefits, disability benefits, Federal, State, or local taxes, or other compensation, benefits, or taxes for any personnel provided by or on behalf of the Contractor.

The Contractor understands and agrees that all its employees or subcontractors performing work pursuant to this Statement of Work are, for purposes of Workers' Compensation liability, solely employees of the Contractor and not employees of the County. The Contractor shall be solely liable and responsible for furnishing any and all Workers' Compensation benefits to any person as a result of any injuries arising from or connected with any work performed by or on behalf of the Contractor pursuant to work described herein.

1.8 CONTRACTOR PROVIDED ITEMS

1.8.1 Equipment and Supplies

The Contractor must provide any additional equipment and supplies not provided by the County that the Contractor deems necessary to enhance the current SSI advocacy process. Contractor must maintain all records in a secure area (e.g., locked cabinets) to protect confidentiality.

The Contractor must provide its own Internet access at its location to access LEADER.

1.8.2 Contractor's Main Office

The Contractor must maintain a main business office located in the County of Los Angeles within the Rancho Park District boundaries, with a telephone in the company's/agency's name where Contractor conducts business.

1.8.3 Inquiries and Complaints

The Contractor must answer inquiries and/or complaints, which may be received from the County about the Contractor's performance under this SOW. Contractor must respond within one workday of receipt of the call, with the initial response, and within one week, with the final response.

1.8.4 Security

The Contractor must adhere to all security measures as required by the County. The County must approve any additional security measures developed by the Contractor.

1.8.5 Confidentiality

Contractor shall maintain the confidentiality of all records and information in accordance with all applicable Federal, State and local laws, rules, regulations, ordinances, and County policies. The Contractor must ensure that the Contractor Acknowledgment and Confidentiality Agreement, as illustrated in Technical Exhibit 3, is signed and a copy is on file prior to starting work under a Contract.

1.8.6 Identification Badges

The Contractor must ensure its employees are appropriately identified with badges.

1.9 SERVICE AREA

The Rancho Park SSI Advocacy Project will only assist participants who live in the Rancho Park service area within the boundaries of the Third Supervisorial District. The Contractor must propose that it will serve all of the Rancho Park service area or specify the regions within that area that the Contractor will serve.

1.10 BUSINESS HOURS

The County recognizes that Contractor may have different business hours than the Rancho Park District Office. Still, the Contractor is required to ensure that the Contractor's staff will be available to see all GR participants referred to them by the County. Business hours should accommodate both the Contractor and the participants. The Contractor is not required to provide services on County recognized holidays. The CCA will provide a list of the County holidays to the Contractor.

1.11 PRE-IMPLEMENTATION

Prior to implementation of a contract for services described herein, the Contractor must provide ten calendar days before the start date of the contract, the blocks of time designated for the various types of SSI advocacy activities, such as interviewing, outreach, responding to inquiries, etc. Thereafter, if there are any changes, the Contractor must submit to the County for approval, ten days before the start of each month, the minimum designated blocks of times available to provide SSI advocacy services.

1.12 REFERRALS

The Contractor is encouraged to refer to the County any clients it serves that may qualify for GR. The County will assist these participants to apply for GR. Their cases will be expedited, in order to allow for quick approvals for the applicants who qualify. Those participants who are approved will immediately be eligible for transportation and ancillary issuances discussed in section 1.6. The Contractor may refer potentially eligible GR participants to the County using the SSI Advocacy Pilot Referral Slip (Technical Exhibit 5); however, the County will accept a referral form or method that the Contractor finds most convenient. The Contractor's preferred referral form or method must be submitted to the CCA for review by the County ten calendar days before the start date of the contract.

The Contractor must receive referrals from the County for GR participants who have been assessed by medical/mental health professionals as being potentially eligible for SSI based on their disabilities. Contractor must accept all referrals from the County. GR participants must be referred to Contractor using the manual referral method via the SSI Advocacy Pilot Referral Slip, Technical Exhibit 4. Upon receipt of the referral, the Contractor must be able to provide services for English and non-English-speaking participants in the participant's primary language. The Contractor may utilize Rancho Park District's resources to provide interpretation to non-English-speaking GR participants. The languages most commonly used in the

Rancho Park District are English and Spanish. The breakdown of the primary languages is included in Technical Exhibit 5.

1.13 INTERVIEWS

LEADER automatically generates and mails an appointment letter to notify a GR participant of his/her initial interview appointment. The initial interview appointment letter, Exhibit 6, provides the time, date and location of the appointment, the GR SSIMAP Advocate's phone number, and a list of items/documents the participant should bring to the appointment. The participant is required to attend the appointment. Not doing so will result in termination the participant's GR case. Upon the participant's arrival to his/her appointment, the GR SSIMAP Advocate will commence the SSI Application process.

The Contractor may use the interview letter generated by LEADER, the Contractor's own preferred interview appointment notice, or collaborate with the County to create an interview appointment notice that meets the Contractor's requirements.

The Contractor must make every effort to interview the GR participant. If the Contractor is unsuccessful locating the participant, the Contractor will inform the County Liaison before closing the participants' SSI Advocacy case. Throughout the SSI application process, the Contractor must stress the importance of cooperating with DPSS and highlight the benefits of achieving self-sufficiency by way of SSI approval. It is important that the Contractor monitor and track both interviews successfully conducted and unsuccessful interview attempts.

The Contractor must notify DPSS within one workday from date of knowledge of those GR participants who choose other or self-representation. The Contractor will follow the manual notification process via the Two-Way Gram, Technical Exhibit 2. The County reserves the right to make changes throughout the participants' application process as necessary.

1.13.1 Initial Interview

The initial interview is the participant's first contact with the Contractor. The purpose of the interview is to initiate the steps necessary to apply for SSI. The GR participant's success in the SSI process is in large part dependent on the Contractor's role in securing the participant's trust and cooperation. At the initial interview, the Contractor must also explain to all participants the Authorization for Reimbursement for Interim Assistance

process; have them sign and date the Interim Assistance Initial Payment or Initial Post-Eligibility Payment Agreement, SSP 14 form, Technical Exhibit 7; and provide the County Liaison with a copy of the SSP 14.

1.13.2 Additional Appointments

The Contractor must schedule as many additional appointments as it deems necessary to compile all persuasive medical documentation, attend all medical/mental health evaluation appointments, and submit a complete SSI application. The Contractor will work closely with participants to encourage them to attend all scheduled appointments. The Contractor will collaborate closely with the County Liaison to help participants overcome any barriers that prevent them from attending their SSI related appointments.

1.14 SSI APPLICATION

The Contractor must complete a new SSI and Social Security Disability Insurance (SSDI) application for individuals screened as potentially eligible for SSI who have not had an SSI decision made by SSA in the last 90 days.

1.14.1 The Contractor must file the required SSA package with all necessary forms with the SSA in a timely manner according to SSA timelines.

1.14.2 The Contractor must participate in the e-filing project to submit SSI applications when implemented.

If the initial SSI application is denied, the first level of appeal is the reconsideration. However, the Rancho Park District is under the SSA Disability Redesign pilot (a step in the SSI application process that was designed to expedite the SSI application processing and to achieve an earlier SSI approval for qualified participants), which eliminates the reconsideration step. For the Rancho Park District cases, the only time a reconsideration is requested is when the original SSI application was not filed at an SSA Disability Redesign Office. In those instances, the Contractor may voluntarily choose to request a reconsideration, but the Contractor is not required to do so.

1.15 SSI HEARING

The Contractor may, but will not be obligated to, assist participants with their SSI hearings following a denial of their initial applications or a request for reconsideration. After the request for reconsideration is denied, unless the

participant chooses other/self-representation, the Contractor may appeal the denial at the hearing level with Social Security's Office of Hearings and Appeals. Case management would need to continue to the end of the hearing level, even if the GR case is later terminated. If the Contractor decides not to assist participants with their appeals, the Contractor will refer participants whose SSI Applications have been denied to the County Liaison. The County Liaison will subsequently refer these participants to the County Appeals Contractor for assistance.

1.16 SUPPORTIVE SERVICES

Supportive services are provided to participants to assist them with overcoming barriers in completing the SSI process. The Contractor must assess all participants for supportive services needs and provide them to participants as needed. For supportive services not offered by the Contractor, the Contractor must complete the Two-Way Gram (Technical Exhibit 2) and provide it to the County SSI Advocacy Liaison. The County SSI Advocacy Liaison will assist the Contractor by processing supportive services requests. The supportive services offered by the County are:

1. Ancillary Payments for clothes, a haircut, and a shower.
2. Transportation funds to attend a SSI related appointment.

1.17 CONTRACTOR'S ADDITIONAL RESPONSIBILITIES

Additional responsibilities of the Contract include, but are not limited to:

- Conducting comprehensive medical and mental health evaluations when appropriate;
- Conducting outreach (when necessary) by interviewing the participant via a home visit or field visit;
- Recommending changes to better keep participants engaged in the SSI application process; and
- Providing innovative approaches to processing SSI applications.

1.18 CASE RECORD AND RETENTION

The Contractor must create an individual folder for each participant referred by the County and for those the Contractor refers to the County. County GR SSIMAP Advocates maintain the same type of folder for each of their participants. The folder must include, but is not limited to:

- Applicant's name.

- Social Security Number (SSN).
- Copies of SSI application, request for reconsideration, etc.
- Copies of pertinent documents (medical records, hearing notices, referrals to medical providers, and additional evidence submitted to SSA, such as third-party questionnaires).
- Copies of contact letters.
- Correspondence to and from SSA.
- Any other pertinent information and documentation related to the GR participant.

All such records must be available to the County upon request, primarily for purposes of monitoring.

1.19 NON-COMPLIANCE

Contractor must notify the County Liaison when a GR participant refuses to participate in the SSI application process via e-mail (when feasible) or by completing the Two-Way Gram, Exhibit 2. County eligibility staff will proceed with the non-compliance process explained below.

Any occurrence of non-compliance results in a warning, then termination. The individual may reapply immediately without a penalty, if he/she cooperates with the failed requirement. The Contractor may not withdraw representation unless:

1. The participant is a resident alien who does not meet the criteria set forth by SSA for legal immigrants applying for SSI.
2. The participant refuses to follow through with the SSI advocacy process.
3. The participant elects to represent him/herself.
4. The participant has other representation.

1.20 REPORTING TASKS

The Contractor must submit written reports, as required by the County, concerning activities as they pertain to this SOW duties and purposes contained herein. The Contractor must complete a Monthly Management Report (MMR), Technical Exhibit 8, to be submitted with the monthly invoice (Technical Exhibit 9) to the CCA by the 10th calendar day of each succeeding month. The MMR must provide Statistical data regarding SSI advocacy activities processed during the report

month accompanied by a list of the participants the Contractor served. The Contractor must also include GR participants who were not referred to the Contractor by the County.

In addition to the MMR, the Contractor must provide the following:

- A list of GR participants contacted through outreach.
- An explanation for each SSI Advocacy case closure.
- A reasonable explanation as to why the Contractor was unable to continue to manage a case.
- Separate Ad Hoc reports as requested by the County.

TECHNICAL EXHIBITS

TECHNICAL EXHIBIT 1

CONTRACT DISCREPANCY REPORT

TO:

FROM:

DATES: Prepared: _____

Returned by Contractor: _____

Action Completed: _____

DISCREPANCY

PROBLEMS:

Signature of County Representative _____
Date

CONTRACTOR RESPONSE (Cause and Corrective Action):

Signature of Contractor Representative _____
Date

COUNTY EVALUATION OF CONTRACTOR RESPONSE:

Signature of County Representative _____
Date

COUNTY ACTIONS:

CONTRACTOR NOTIFIED OF ACTION:

County Representative's Signature and Date

Contractor Representative's Signature and Date

**TECHNICAL EXHIBIT 2
TWO-WAY GRAM**

**RANCHO PARK DISTRICT OFFICE
REFERRAL TO COUNTY SSI ADVOCACY LIAISON**

Contracted SSI Advocate: Complete Part A and B as appropriate, for the SSI participant who may be eligible to receive SSI ancillary, transportation benefits or the hotel voucher based on the initial interview.

County SSI Advocacy Liaison: Complete Part B and return the Referral document to the Contracted SSI Advocate.

PART A: CASE INFORMATION

DISTRICT OFFICE: _____ DATE: _____

SSI ADVOCATE: _____ TEL. #: _____

PARTICIPANT NAME: _____ CASE NO.: _____

PART B: PAYMENT REQUEST

| | |
|--|--|
| <p>FROM CONTRACTOR TO COUNTY</p> <p>REQUESTING UPDATE FOR:</p> <p><input type="checkbox"/> SPECIAL INDICATOR ON LEADER</p> <p>REQUESTING PAYMENT FOR:</p> <p><input type="checkbox"/> SHOES/CLOTHES</p> <p><input type="checkbox"/> HAIRCUT</p> <p><input type="checkbox"/> SHOWER</p> <p><input type="checkbox"/> TRANSPORTATION</p> <p>NOTE: EW must update LEADER with this information.</p> | <p>FROM COUNTY TO CONTRACTOR</p> <p>UPDATES COMPLETED FOR:</p> <p><input type="checkbox"/> SPECIAL INDICATOR ON LEADER</p> <p>PAYMENT HAS BEEN ISSUED FOR:</p> <p><input type="checkbox"/> SHOES/CLOTHES - Date _____</p> <p><input type="checkbox"/> HAIRCUT - Date _____</p> <p><input type="checkbox"/> SHOWER - Date _____</p> <p><input type="checkbox"/> TRANSPORTATION - Date _____</p> <p>REQUEST DENIED</p> <p>PAYMENT _____</p> <p>REASON: _____</p> |
|--|--|

County SSI Advocacy Liaison Signature

Date

Eligibility Supervisor Signature

Date

TECHNICAL EXHIBIT 3

CONTRACTOR ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

CONTRACTOR NAME _____

CONTRACT NO _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires the Corporation to sign this Contractor Acknowledgement and Confidentiality Agreement.

CONTRACTOR ACKNOWLEDGEMENT:

Contractor understands and agrees that the Contractor employees, consultants, Outsourced Vendors and independent contractors (Contractor's Staff) that will provide services in the above referenced agreement are Contractor's sole responsibility. Contractor understands and agrees that Contractor's Staff must rely exclusively upon Contractor for payment of salary and any and all other benefits payable by virtue of Contractor's Staff's performance of work under the above-referenced contract.

Contractor understands and agrees that Contractor's Staff are not employees of the County of Los Angeles for any purpose whatsoever and that Contractor's Staff do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. Contractor understands and agrees that Contractor's Staff will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

CONFIDENTIALITY AGREEMENT:

Contractor and Contractor's Staff may be involved with work pertaining to services provided by the County of Los Angeles and, if so, Contractor and Contractor's Staff may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, Contractor and Contractor's Staff may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. Contractor and Contractor's Staff understand that if they are involved in County work, the County must ensure that Contractor and Contractor's Staff, will protect the confidentiality of such data and information. Consequently, Contractor must sign this Confidentiality Agreement as a condition of work to be provided by Contractor's Staff for the County.

Contractor and Contractor's Staff hereby agrees that they will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between Contractor and the County of Los Angeles. Contractor and Contractor's Staff agree to forward all requests for the release of any data or information received to County's Project Manager.

Contractor and Contractor's Staff agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to Contractor and Contractor's Staff under the above-referenced contract. Contractor and Contractor's Staff agree to protect these confidential materials against disclosure to other than Contractor or County employees who have a need to know the information. Contractor and Contractor's Staff agree that if proprietary information supplied by other County vendors is provided to me during this employment, Contractor and Contractor's Staff must keep such information confidential.

Contractor and Contractor's Staff agree to report any and all violations of this agreement by Contractor and Contractor's Staff and/or by any other person of whom Contractor and Contractor's Staff become aware.

Contractor and Contractor's Staff acknowledge that violation of this agreement may subject Contractor and Contractor's Staff to civil and/or criminal action and that the County of Los Angeles may seek all possible legal redress.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

CONTRACTOR EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Contractor Name _____ Contract No. _____

Employee Name _____

GENERAL INFORMATION:

Your employer referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Employee Acknowledgement and Confidentiality Agreement.

EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above is my sole employer for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon my employer for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation must result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by my employer for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between my employer and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to my immediate supervisor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than my employer or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me during this employment, I must keep such information confidential.

I agree to report to my immediate supervisor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to my immediate supervisor upon completion of this contract or termination of my employment with my employer, whichever occurs first.

SIGNATURE: _____

DATE: ____/____/____

PRINTED NAME: _____

POSITION: _____

CONTRACTOR NON-EMPLOYEE ACKNOWLEDGEMENT AND CONFIDENTIALITY AGREEMENT

(Note: This certification is to be executed and returned to County with Contractor's executed Contract. Work cannot begin on the Contract until County receives this executed document.)

Contractor Name _____ Contract No _____

Non-Employee Name _____

GENERAL INFORMATION:

The Contractor referenced above has entered into a contract with the County of Los Angeles to provide certain services to the County. The County requires your signature on this Contractor Non-Employee Acknowledgement and Confidentiality Agreement.

NON-EMPLOYEE ACKNOWLEDGEMENT:

I understand and agree that the Contractor referenced above has exclusive control for purposes of the above-referenced contract. I understand and agree that I must rely exclusively upon the Contractor referenced above for payment of salary and any and all other benefits payable to me or on my behalf by virtue of my performance of work under the above-referenced contract.

I understand and agree that I am not an employee of the County of Los Angeles for any purpose whatsoever and that I do not have and will not acquire any rights or benefits of any kind from the County of Los Angeles by virtue of my performance of work under the above-referenced contract. I understand and agree that I do not have and will not acquire any rights or benefits from the County of Los Angeles pursuant to any agreement between any person or entity and the County of Los Angeles.

I understand and agree that I may be required to undergo a background and security investigation(s). I understand and agree that my continued performance of work under the above-referenced contract is contingent upon my passing, to the satisfaction of the County, any and all such investigations. I understand and agree that my failure to pass, to the satisfaction of the County, any such investigation must result in my immediate release from performance under this and/or any future contract.

CONFIDENTIALITY AGREEMENT:

I may be involved with work pertaining to services provided by the County of Los Angeles and, if so, I may have access to confidential data and information pertaining to persons and/or entities receiving services from the County. In addition, I may also have access to proprietary information supplied by other vendors doing business with the County of Los Angeles. The County has a legal obligation to protect all such confidential data and information in its possession, especially data and information concerning health, criminal, and welfare recipient records. I understand that if I am involved in County work, the County must ensure that I, too, will protect the confidentiality of such data and information. Consequently, I understand that I must sign this agreement as a condition of my work to be provided by the above-referenced Contractor for the County. I have read this agreement and have taken due time to consider it prior to signing.

I hereby agree that I will not divulge to any unauthorized person any data or information obtained while performing work pursuant to the above-referenced contract between the above-referenced Contractor and the County of Los Angeles. I agree to forward all requests for the release of any data or information received by me to the above-referenced Contractor.

I agree to keep confidential all health, criminal, and welfare recipient records and all data and information pertaining to persons and/or entities receiving services from the County, design concepts, algorithms, programs, formats, documentation, Contractor proprietary information, and all other original materials produced, created, or provided to or by me under the above-referenced contract. I agree to protect these confidential materials against disclosure to other than the above-referenced Contractor or County employees who have a need to know the information. I agree that if proprietary information supplied by other County vendors is provided to me, I must keep such information confidential.

I agree to report to the above-referenced Contractor any and all violations of this agreement by myself and/or by any other person of whom I become aware. I agree to return all confidential materials to the above-referenced Contractor upon completion of this contract or termination of my services hereunder, whichever occurs first.

SIGNATURE: _____
PRINTED NAME: _____
POSITION: _____

DATE: ____/____/____

**TECHNICAL EXHIBIT 4
GENERAL RELIEF
RANCHO PARK DISTRICT
SSI ADVOCACY REFERRAL SLIP**

Date: _____

Birth Date: _____

Social Security Number: _____

To:
Attention: _____

We are referring: _____
Address: _____

Participant is homeless: Yes___ No___
Participant's Telephone Number: _____
Message Number: _____
Purpose of Referral: _____

Contractor staff person: _____
Telephone Number: _____
Address: _____

TECHNICAL EXHIBIT 5

RANCHO PARK DISTRICT OFFICE

The Rancho Park District serves the West Los Angeles area. The district services an area that stretches from Mulholland Drive on the north to Florence Avenue on the south and from Crenshaw Boulevard on the east to the Pacific Ocean on the west.

Caseload Characteristics

As of January 2011, Rancho Park aided 7,179 persons in General Relief. Based on this caseload, 2,842 persons are designated employable and 3,983 unemployable. The number of aided persons by gender are 4,978 male and 2,230 are female. The average age of aided adults is 40 years. Below are other characteristics:

Caseload by Primary Languages

| Language | # | % | Language | # | % |
|----------|-------|------|----------|----|-----|
| English | 7,004 | 97.6 | Armenian | 5 | 0.1 |
| Spanish | 105 | 1.4 | Korean | 2 | 0.1 |
| Farsi | 29 | 0.4 | Other | 13 | 0.1 |
| Russian | 19 | 0.3 | | | |

Citizenship status of aided persons

| Citizenship Status | # |
|--------------------|------|
| Citizen | 6862 |
| Legal Immigrants | 344 |
| Other | 2 |

Ethnic Origin of Aided Persons

| Ethnic Origin | # |
|------------------------------------|-------|
| American Indian/ Alaskan Native | 51 |
| Asian | 99 |
| Black | 3,518 |
| Hispanic | 991 |
| White | 2,051 |
| Other | 498 |

Age of Aided Persons

| Age | # |
|---------|-------|
| 18 | 95 |
| 19 | 189 |
| 20 | 196 |
| 21-59 | 6,339 |
| 60-65 | 367 |
| Over 65 | 22 |

TECHNICAL EXHIBIT 6

SSI ADVOCACY INITIAL INTERVIEW APPOINTMENT LETTER

COUNTY OF LOS ANGELES

DEPARTMENT OF PUBLIC SOCIAL SERVICES

GENERAL RELIEF SSI ADVOCATE APPOINTMENT NOTICE

Please provide your correct address if not correct as listed above.

WE WOULD LIKE TO HELP YOU GET SUPPLEMENTAL SECURITY INCOME (SSI). SSI not only pays much more than you may get on GR, it also ENTITLES YOU TO THE FOLLOWING BENEFITS:

MEDICAL BENEFITS
ABILITY TO EARN INCOME AND CONTINUE TO RECEIVE SSI PAYMENTS AT A LOWER AMOUNT
(If earnings do not exceed maximum benefit level)
IN-HOME SUPPORTIVE SERVICES
PROTECTIVE SERVICES

Even if you were not approved for SSI before, you may qualify now. You have a scheduled appointment with a County SSI Advocate who knows the SSI process. The SSI Advocate will help you complete SSI forms and will submit them to the Social Security Administration (SSA) for you. **If you already have someone helping you with SSI, you may not need to keep this appointment. However, you must call the SSI Advocate at the telephone number bellow right away and give the person's name and phone number.**

THE SSI ADVOCATE WOULD LIKE TO MEET WITH YOU AS FOLLOWS:

| | |
|--------|----------------------------|
| Day: | Date: |
| Place: | Time: |
| | SSI Advocate Phone Number: |

When you come to the district office for this appointment, be sure to show this letter to the person at the door and to the Information Worker. The Information Worker will tell your SSI Advocate that you have arrived.

Also, please bring the following, if you have them:

- Your Social Security Card, drivers license/picture identification and verification of your legal residency in the United States (for example: birth certificate, immigration documents, etc.)
- Any papers from your doctors. If you don't have any, bring in information about where you have received medical care. Also, bring in any medications you are taking.
- Letters and documents from Social Security Administration (SSA) regarding your application for SSI and/or a list of your most recent (prior) employers.

IT IS IMPORTANT THAT YOU KEEP THIS APPOINTMENT. YOUR GENERAL RELIEF CHECKS MAY STOP IF YOU DO NOT KEEP THIS APPOINTMENT. IF YOU ALREADY HAVE SOMEONE HELPING YOU, CALL THE SSI ADVOCATE BEFORE THE APPOINTMENT DATE.

ABP SSI-3 (05/04)

TECHNICAL EXHIBIT 7

ATTACHMENT I

STATE OF CALIFORNIA - HEALTH AND HUMAN SERVICES AGENCY

CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

AUTHORIZATION FOR REIMBURSEMENT OF INTERIM ASSISTANCE INITIAL CLAIM OR POSTELIGIBILITY CASE

| | | |
|------------------|-----------|------------------------|
| NAME | | SOCIAL SECURITY NUMBER |
| ADDRESS | CITY/TOWN | ZIP CODE |
| COUNTY IA AGENCY | | GR CODE |

For the purpose of this Authorization Form:

The term "State" means the California county interim assistance (IA) agency (s) that the California Department of Social Services has an interim assistance reimbursement agreement with and that paid you public assistance.

The term "SSI/SSP benefits" means "Supplemental Security Income/State Supplementary Payment" benefits under Title XVI of the Social Security Act.

What actions am I authorizing when I sign this authorization and I check the "Initial Claim Only" block?

Initial Claim Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the State for some or all of the money the State gives you while SSA decides if you are eligible to receive SSI/SSP benefits. If you become eligible, SSA pays the State from the retroactive SSI/SSP benefits due you. The reimbursement covers the time from the first month you are eligible to receive SSI/SSP benefits through the first month your monthly SSI/SSP benefit begins.

If the State cannot stop the last payment made to you, SSA can reimburse the State for this additional payment amount.

What actions am I authorizing when I sign this authorization and I check the "Posteligibility Case Only" block?

Posteligibility Case Only

You are authorizing the Commissioner of the Social Security Administration (SSA) to reimburse the State for some or all of the money the State gives you while SSA decides if your SSI/SSP benefits can be reinstated after being terminated or suspended. If your SSI/SSP benefits resume, SSA pays the State from the retroactive SSI/SSP benefits due you. The reimbursement covers the time from the day of the month the reinstatement is effective through the first month your monthly SSI/SSP benefit resumes.

If the State cannot stop the last payment made to you, SSA can reimburse the State for this additional payment amount.

How can the State use this form when blocks for initial claims and posteligibility cases are part of the form?

The State can use this form for one case situation at a time, either an initial claim or a posteligibility case. If both blocks are checked the form is not valid. You and the State must sign and date a new form with only one block checked.

What kind of State payment qualifies for reimbursement by SSA?

SSA can reimburse a State for a payment that is paid only from State or local funds. The State cannot be reimbursed for payments made wholly or partially from Federal funds.

How does SSA determine how much of my SSI/SSP money to pay the State?

SSA decides the amount of payment based on two considerations. First, SSA looks at the amount of money claimed by the State, and second, SSA looks at the amount of your retroactive SSI/SSP money available to pay the State. SSA can reimburse the State for a payment made in a month only when you receive a State payment and an SSI/SSP payment for the same month. SSA will not pay the State more money than you have for the SSI/SSP retroactive period.

How long is this authorization effective for the State and me if I checked the "Initial Claims Only" block?

This authorization is in effect for you and the State for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the State and end 12 months later. However, for a State using an electronic system, the 12 months begin with the date the State notifies SSA through an electronic system that the State has received the authorization and end 12 months later. You and a State representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The State must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. For the State using an electronic system, SSA must receive the authorization information within 30 calendar days of the state matching your SSI record with your state record. If the information is late, SSA will not accept the information sent by the State. SSA will not pay any of your retroactive SSI/SSP benefits to the State. SSA will send you any SSI/SSP money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay effective longer than the 12-month period, if you

- apply for SSI/SSP benefits before the State has the authorization form, or
- apply within the 12-month period the authorization is effective, or
- file a valid appeal of SSA's determination on your initial claim.

The period of the authorization can end before the 12-month period ends, or end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI/SSP payment on your initial claim; or
- SSA makes a final determination on your claim; or
- the State and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

How long is this authorization effective for the State and me if I check the "Posteligibility Case Only" block?

This authorization is in effect for you and the State for twelve (12) months. The 12 months begin with the date SSA receives the authorization from the State and end 12 months later. However, for a State using an electronic system, the 12 months begin with the date the State notifies SSA through an electronic system that the State has received the authorization and end 12 months later. You and a State representative must sign and date the authorization for the authorization to be valid.

Exceptions apply to this rule. The State must send SSA the authorization within a certain time frame. SSA must receive the form within 30 calendar days of the date you signed the authorization. If the form is late, SSA will not accept the form as a valid authorization. For a State using an electronic system, SSA must receive the authorization information within 30 calendar days of the State matching your SSI record with your State record. If the information is late, SSA will not accept the information sent by the State. SSA will not pay any of your retroactive SSI/SSP benefits to the State. SSA will send you any SSI/SSP money that may be due you, based on SSA's regular payment rules.

Can the authorization stay effective longer than the 12-month period? Can the authorization end before or after the 12-month period ends?

The authorization can stay in effect longer than the 12-month period if you file a valid appeal. You must file your appeal within the time frame SSA requires.

The period of the authorization can end before the 12-month period ends, or can end after the 12-month period ends when any of these actions take place:

- SSA makes the first SSI/SSP payment on your posteligibility case after a period of suspension or termination; or
- SSA makes a final determination on your appeal; or
- the State and you agree to terminate this authorization.

The authorization period will end with the day of the month any of these actions take place.

Can SSA use this authorization form to protect my filing date for SSI/SSP benefits?

SSA can use this form to protect your filing date if you checked the "Initial Claims Only" block. When you sign this form, you are saying that you have the intention of filing for SSI/SSP benefits if you have not already applied for benefits.

You have sixty (60) days from the date the State receives this form to file for SSI/SSP benefits. Your eligibility to receive SSI/SSP benefits can be as early as the date you sign this authorization if you file within the 60-day time period. If you file for SSI/SSP benefits after the 60-day time period, this form will not protect your filing date. Your filing date will be later than the date you sign this form.

How do I appeal the State's decision if I do not agree with the decision?

You can disagree with a decision the State made during the reimbursement process. You will receive the State notice telling you how to appeal the decision. You cannot appeal to SSA if you disagree with any State decision.

Within 10 working days after the State receives the reimbursement money from SSA, the State must send you a notice. The notice will tell you three things: (1) the amount of the payments the State paid you; (2) that SSA will send you a letter explaining how SSA will pay the remaining SSI/SSP money (if any) due you, and (3) about your right to a hearing with the State, including how to request the State hearing.

| | |
|--|------|
| SIGNATURE OF INDIVIDUAL RECEIVING INTERIM ASSISTANCE | DATE |
| SIGNATURE OF STATE REPRESENTATIVE | DATE |

If the applicant signs this application with a mark, the signature must have two witnesses who provide their signatures, addresses, and the dates they signed below.

| | | | | | |
|----------------------|-------|-----|----------------------|-------|-----|
| WITNESSED BY: | | | WITNESSED BY: | | |
| ADDRESS (#, STREET): | | | ADDRESS (#, STREET): | | |
| CITY | STATE | ZIP | CITY | STATE | ZIP |

TECHNICAL EXHIBIT 8
GENERAL RELIEF SSI ADVOCACY PROGRAM
RANCHO PARK DISTRICT MONTHLY MANAGEMENT REPORT
Month/Year

CONTRACTOR's Signature

Date _____

1. Number of new referrals received this month _____
2. Number of pending cases from previous month's report
(#9 from previous month's report) _____
3. TOTAL CASES ON HAND (1+2) _____
4. Number of participants the Contractor was not able to
contact _____
5. Number of cases withdrawn for the month (a+b+c) _____
 - (a) Participant has other representation _____
 - (b) Participant declined services _____
 - (c) Other (explain: _____) _____
6. Number of dispositions at initial application level
received this month (a+d) _____
 - (a) Number of approvals _____
 - (b) Number of total denials _____
 - (c) Number of denials appealed
at reconsideration level _____
 - (d) Net denials (b-c) _____

GENERAL RELIEF SSI ADVOCACY PROGRAM
MONTHLY MANAGEMENT REPORT
RANCHO PARK DISTRICT
Month/Year

7. Number of dispositions at the reconsideration level received this month (a+b) _____
- (a) Number of approvals _____
- (b) Number of total denials _____
- (c) Number of denials appealed at the hearing level _____
- (b) Net denials (b-c) _____
8. TOTAL NUMBER OF DISPOSITIONS AS OF LAST DAY OF MONTH (4+5+6+7) _____
9. Number of cases pending (3-8) _____

**GENERAL RELIEF SSI ADVOCACY PROGRAM
MONTHLY MANAGEMENT REPORT
RANCHO PARK DISTRICT**

Month/Year

12. FINAL DISPOSITION OF CASES THIS MONTH (MUST EQUAL #8 ABOVE)

| PARTICIPANT'S NAME | SOCIAL SECURITY NUMBER | DPSS CASE NUMBER | DATE APPLICATION SUBMITTED | DISPOSITION (i.e., approval, denial, and disposition level withdrawal, other) Attach Explanations for Withdrawal and Other |
|-------------------------------|---------------------------------------|-----------------------------|---|---|
| 1. | | | | |
| 2. | | | | |
| 3. | | | | |
| 4. | | | | |
| 5. | | | | |
| 6. | | | | |
| 7. | | | | |
| 8. | | | | |
| 9. | | | | |
| 10. | | | | |
| 11. | | | | |
| 12. | | | | |
| 13. | | | | |
| 14. | | | | |

TECHNICAL EXHIBIT 9

**SAMPLE - GENERAL RELIEF SSI ADVOCACY PROGRAM
RANCHO PARK DISTRICT INVOICE**

Invoice Month/Year _____

Contractor: _____

Address: _____

Telephone: _____

Social Security Number or
Tax ID Number: _____

Contract Number: _____

TOTAL DUE CONTRACTOR \$ _____

Contractor's Authorizing Signature

Date _____

County Contract Administrator's Signature