ALLEGHENY COUNTY

DEPARTMENT OF HUMAN SERVICES

OFFICE OF COMMUNITY SERVICES (OCS)

# CONTRACT MANUAL

# HUMAN SERVICES DEVELOPMENT FUND (HSDF)

Revised April 24, 2013

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# CHAPTER 1

## INTRODUCTION

The Human Services Development Fund (HSDF) is a state grant administered by the Pennsylvania Department of Public Welfare (DPW) whose purpose is to encourage county governments to provide locally identified services that will meet the needs of citizens. The HSDF is appropriated by DPW annually to Pennsylvania counties based on it's inclusion in the state budget. The HSDF grant appropriated to Allegheny County is administered by Allegheny County Department of Human Services (DHS) to provide and administer county-based human services and service coordination.

The HSDF in Allegheny County is now a part of the Human Services Block Grant, a grant instituted by the PA Department of Public Welfare, which includes various categorical human services funding streams.

HSDF may be used to provide a range of human services for specific population groups that include low-income adults, homeless persons, aging and aged persons, persons with drug and/or alcohol dependency issues, persons with mental health problems, persons with mental retardation, and for children considered dependent and/or delinquent. In addition, HSDF may also be used for services coordination that is intended to improve the effectiveness of human service, and specialized services which are new services or a combination of services designed to meet the unique needs of a client population that are unmet by categorical services.

Allegheny County Department of Human Services develops a program and expenditure plan each year for HSDF as a part of the Human Services Block Grant that requires DPW approval.

The HSDF Contract Manual contains the requirements for compliance with specific provisions, terms and conditions applicable to the service or services funded by HSDF that are to be provided through an Agreement between the Allegheny County Department of Human Services and a contracted Service Provider. The terms, conditions, forms and procedures in this manual are subject to change from time to time as required by law or by administrative decision, and shall be amended or modified by written notification from the County to the Service Provider.

Persons wishing to obtain further information about the HSDF or who have any questions about HSDF or the Contract Manual are encouraged to contact Allegheny County Department of Human Services, Office of Community Services, One Smithfield Street, Pittsburgh, PA 15222.

## Chapter 2

## HSDF CONTRACT REQUIREMENTS

In addition to the contract requirements contained in the AGREEMENT between DHS and the SERVICE PROVIDER, the SERVICE PROVIDER shall adhere to the following requirements as set forth below.

### 1) GLOSSARY OF TERMS

The following terms within the Contract Manual have the following definitions:

A. COUNTY refers to the County of Allegheny.

B. DHS refers to the Department of Human Services.

C. OCS refers to the Office of Community Services, a program office of DHS.

D. SERVICE PROVIDER refers to the agency contracted to provide services under the Agreement with DHS.

E. DPW refers to the Pennsylvania Department of Public Welfare.

F. HSDF refers to the Human Services Development Fund.

G. WORK STATEMENT refers to the scope of work to be performed by the SERVICE PROVIDER under one or more service categories.

H. SERVICE PROFILE refers to the service template contained in the CONTRACT MANUAL for HSDF that is completed by the SERVICE PROVIDER and is approved by DHS.

### 2) GENERAL PROVISIONS

A. SERVICE PROVIDER insures that it will abide by the terms and conditions as stipulated in the AGREEMENT between COUNTY and SERVICE PROVIDER and insures that services will be provided only to individuals who meet the eligibility criteria established under the HSDF as specified in the Contract Manual and manuals issued by DPW.

### 3) AUDIT REQUIREMENT

SERVICE PROVIDER must comply with the audit requirements as stipulated in the AGREEMENT between COUNTY and SERVICE PROVIDER and with the Allegheny County Provider Audit Guidelines available via the DHS web site (http://www.alleghenycounty.us/dhs/provideraudit.aspx) or by request to Office of Administration, Bureau of Budgets & Contract Compliance, One Smithfield Street, Pittsburgh, PA 15222.

4) CHILD ABUSE CLEARANCE

A. Applicability.-This section applies to SERVICE PROVIDERS that receive HSDF for services that fall under laws that govern child abuse clearances to include all prospective employees of child-care services, prospective foster parents, prospective adoptive parents, prospective self- employed family day-care providers and other persons seeking to provide child-care services under contract with a child-care facility or program. This section does not apply to administrative or other support personnel unless their duties will involve direct contact with children**.**

B. Information submitted by prospective employees. - Administrators of child care services shall require applicants to submit with their applications the following information obtained within the preceding one-year period**:**

- Pursuant to 18 Pa.C.S. Ch. 91 (relating to criminal history record information), a report of criminal history record information from the Pennsylvania State Police or a statement from the Pennsylvania State Police that the State Police central repository contains no such information relating to that person. The criminal history record information shall be limited to that which is disseminated pursuant to 18 Pa.C.S. § 9121(b) (2) (relating to general regulations).

- A certification from the DPW as to whether the applicant is named in the central register as the perpetrator of a founded report of child abuse, indicated report of child abuse, founded report for school employee or indicated report for school employee.

- Where the applicant is not a resident of this Commonwealth, administrators shall require the applicant to submit with the application for employment a report of federal criminal history record information. The applicant shall submit a full set of fingerprints to the DPW. The DPW shall submit the fingerprints to the Federal Bureau of Investigation in order to obtain a report of Federal criminal history record information and serve as intermediary for the purposes of this section.

For the purposes of this subsection, an applicant may submit a copy of the required information with an application for employment. **Administrators shall maintain a copy of the required information and shall require applicants to produce the original document prior to employment.**

C. **Grounds for denying employment.**

1. In no case shall an administrator hire an applicant where the DPW has verified that the applicant is named in the central register as the perpetrator of a founded report of child abuse committed within the five-year period immediately preceding verification pursuant to this section.
2. In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of one or more of the following offenses under Title 18 (relating to crimes and offenses) or an equivalent

crime under Federal law or the law of another state:

- Chapter 25 (relating to criminal homicide).
- Section 2702 (relating to aggravated assault).
- Section 2709 (relating to harassment and stalking).
- Section 2901 (relating to kidnapping).
- Section 2902 (relating to unlawful restraint).
- Section 3121 (relating to rape).
- Section 3122.1 (relating to statutory sexual assault).
- Section 3123 (relating to involuntary deviate sexual intercourse).
- Section 3124.1 (relating to sexual assault).
- Section 3125 (relating to aggravated indecent assault).
- Section 3126 (relating to indecent assault).
- Section 3127 (relating to indecent exposure).
- Section 4302 (relating to incest).
- Section 4303 (relating to concealing death of child).
- Section 4304 (relating to endangering welfare of children).
- Section 4305 (relating to dealing in infant children).
- A felony offense under section 5902 (b) (relating to prostitution and related offenses).
- Section 5903(c) or (d) (relating to obscene and other sexual materials and Performances).
- Section 6301 (relating to corruption of minors).
- Section 6312 (relating to sexual abuse of children).
- The attempt, solicitation or conspiracy to commit any of the offenses set forth in this paragraph.

3. In no case shall an administrator hire an applicant if the applicant's criminal history record information indicates the applicant has been convicted of a felony offense under the act of April 14, 1972 (P.L.233, No. 64), known as the Controlled Substance, Drug, Device and Cosmetic Act, committed within the five- year period immediately preceding verification under this section.

D. Prospective adoptive or foster parents.--With regard to prospective adoptive or prospective foster parents, the following shall apply:

1. In the course of causing an investigation to be made pursuant to section 2535(a) (relating to investigation), an agency or person designated by the court to conduct

the investigation shall require prospective adoptive parents to submit the information set forth in subsection (b) (1) and (2) for review in accordance with this section.

2. In the course of approving a prospective foster parent, a foster family care agency shall require prospective foster parents to submit the information set forth in subsection (b) (1) and (2) for review by the foster family care agency in accordance with this section.

5. MANDATED REPORTER

**Chapter 63, Child Protective Services, Subchapter B, Provisions and Responsibilities for Reporting Suspected Child Abuse § 6311. Persons required to report suspected child abuse.**

A. General rule.--Persons who, in the course of their employment, occupation or practice of their profession, come into contact with children shall report or cause a report to be made in accordance with section 6313 (relating to reporting procedure) when they have reasonable cause to suspect, on the basis of their medical, professional or other training and experience, that a child coming before them in their professional or official capacity is an abused child. Except with respect to confidential communications made to an ordained member of the clergy which are protected under 42 Pa.C.S. § 5943 (relating to confidential communications to clergymen), the privileged communication between any professional person required to report and the patient or client of that person shall not apply to situations involving child abuse and shall not constitute grounds for failure to report as required by this chapter.

B. Enumeration of persons required to report.--Persons required to report under subsection (a) include, but are not limited to, any licensed physician, osteopath, medical examiner, coroner, funeral director, dentist, optometrist, chiropractor, podiatrist, intern, registered nurse, licensed practical nurse, hospital personnel engaged in the admission, examination, care or treatment of persons, Christian Science practitioner, member of the clergy, school administrator, school teacher, school nurse, social services worker, day-care center worker or any other child-care or foster-care worker, mental health professional, peace officer or law enforcement official.

C. Staff members of institutions, etc.--Whenever a person is required to report under subsection (b) in the capacity as a member of the staff of a medical or other public or private institution, school, facility or agency, that person shall immediately notify the person in charge of the institution, school, facility or agency or the designated agent of the person in charge. Upon notification, the person in charge or the designated agent, if any, shall assume the responsibility and have the legal obligation to report or cause a report to be made in accordance with section 6313. This chapter does not require more than one report from any such institution, school, facility or agency.

D. Civil action for discrimination against person filing report.--Any person who, under this section, is required to report or cause a report of suspected child abuse to be made

and who, in good faith, makes or causes the report to be made and, as a result thereof, is discharged from his employment or in any other manner is discriminated against with respect to compensation, hire, tenure, terms, conditions or privileges of employment, may commence an action in the court of common pleas of the county in which the alleged unlawful discharge or discrimination occurred for appropriate relief. If the court finds that the person is an individual who, under this section, is required to report or cause a report of suspected child abuse to be made and who, in good faith, made or caused to be made a report of suspected child abuse and, as a result thereof, was discharged or discriminated against with respect to compensation, hire, tenure, terms, conditions or privileges of employment, it may issue an order granting appropriate relief, including, but not limited to, reinstatement with back pay. The DPW may intervene in any action commenced under this subsection.

**§ 6312. Persons permitted to report suspected child abuse.**

In addition to those persons and officials required to report suspected child abuse, any person may make such a report if that person has reasonable cause to suspect that a child is an abused child.

**§ 6313. Reporting procedure.**

(A) General Rule.--Reports from persons required to report under section 6311 (relating to persons required to report suspected child abuse) shall be made immediately by telephone and in writing within 48 hours after the oral report.

(B) Oral reports.--Oral reports shall be made to the DPW pursuant to Subchapter C (relating to powers and duties of department) and may be made to the appropriate county agency. When oral reports of suspected child abuse are initially received at the county agency, the protective services staff shall, after seeing to the immediate safety of the child and other children in the home, immediately notify the DPW of the receipt of the report, which is to be held in the pending complaint file as provided in Subchapter C. The initial child abuse report summary shall be supplemented with a written report when a determination is made as to whether a report of suspected child abuse is a founded report, an unfounded report or an indicated report.

(C) Written reports.--Written reports from persons required to report under section 6311 shall be made to the appropriate county agency in a manner and on forms the DPW prescribes by regulation. The written reports shall include the following information if available:

- The names and addresses of the child and the parents or other person responsible for the care of the child if known.
- Where the suspected abuse occurred.
- The age and sex of the subjects of the report.
- The nature and extent of the suspected child abuse, including any evidence of prior abuse to the child or siblings of the child.

- The name and relationship of the person or persons responsible for causing the suspected abuse, if known, and any evidence of prior abuse by that person or persons.
- Family composition.
- The source of the report.
- The person making the report and where that person can be reached.
- The actions taken by the reporting source, including the taking of photographs and X-rays, removal or keeping of the child or notifying the medical examiner or coroner.
- Any other information which the department may require by regulation.

Failure to confirm oral report.--The failure of a person reporting cases of suspected child abuse to confirm an oral report in writing within 48 hours shall not relieve the county agency from any duties prescribed by this chapter. In such event, the county agency shall proceed as if a written report were actually made

6) RECORD RETENTION

In addition to the record retention requirements contained in the AGREEMENT between DHS and SERVICE PROVIDER, the SERVICE PROVIDER shall retain all client files, rejected application forms, information and referral logs, and books, records, and other fiscal and administrative documents pertaining to expenditures which are reimbursed through the HSDF. These documents shall be retained for one of the following time periods, whichever occurs last:

A. For a period of seven (7) years from the end of the fiscal year in which all HSDF activities are terminated.
B. Until an audit for compliance with HSDF requirements which was begun, but not completed, at the end of the seven (7) year period.
C. Until audit findings not resolved at the end of the seven (7) year period have been resolved.

7) CONFIDENTIALITY

In addition to the confidentiality requirements contained in the AGREEMENT between DHS and SERVICE PROVIDER, the SERVICE PROVIDER agrees to maintain the confidentially of any information regarding applicants, project participants or their immediate families which may be obtained through application forms, interviews, tests, reports from public agencies, or counselors, or any other sources, consistent with applicable State and Federal laws. Without the permission of the applicant or participant, such information shall be divulged only as necessary for purposes related to the performance or evaluation of the contract and to persons having responsibilities under the contract.

SERVICE PROVIDER shall not disclose any information about a recipient of the services to be

provided for any purpose not directly connected to HSDF.

SERVICE PROVIDERS operating computer terminals, electronic data transfer equipment or telephones to obtain information from DPW's database shall comply with the following conditions:

A. Any information contained in DPW's database regarding persons who have applied for, have received, or who are receiving Public Assistance or Social Services shall only be disclosed to specifically authorized persons.
B. The operator may use the terminal, electronic data transfer equipment or telephones for those specific functions for which he/she has been specifically authorized.

Staff employed under this Agreement shall be trained in the requirements of confidentiality and in procedures for ensuring such confidentiality.

8) OWNERSHIP OF EQUIPMENT

Any furnishings and equipment purchased by SERVICE PROVIDER with funds provided hereunder for use in the performance of this Agreement shall be the property of COUNTY and at the request of COUNTY shall be delivered to COUNTY upon the termination or conclusion of this Agreement.

A. SERVICE PROVIDER shall maintain and administer in accordance with sound business practice a program for the maintenance, repair, protection, preservation and insurance of all furnishings and equipment belonging to COUNTY and used by SERVICE PROVIDER in the performance of this Agreement.
B. An up-to-date inventory of furnishings and equipment purchased during present and previous fiscal years must be maintained by SERVICE PROVIDER.
C. Any furnishings and equipment belonging to COUNTY and used by SERVICE PROVIDER in the performance of this Agreement, unless otherwise provided herein or approved in writing by the COUNTY Director of Human Services, shall be used only in the performance of this Contract.
D. In the event that SERVICE PROVIDER is indemnified, reimbursed or otherwise compensated for any loss or destruction of, or damage to, any furnishings or equipment belonging to COUNTY and used by SERVICE PROVIDER in the performance of this Agreement, it shall use the proceeds to repair, renovate or replace COUNTY property involved, or shall credit such proceeds against the cost of the work covered by the contract or shall otherwise reimburse COUNTY as directed by the Deputy Director of OCS.

9) SERVICE COORDINATION

SERVICE PROVIDER will coordinate with other appropriate HSDF funded agencies to ensure the most comprehensive and efficient delivery of services. SERVICE PROVIDER will also coordinate with other agencies, as appropriate, to avoid duplication of services.

10) RIGHT TO APPEAL

It is understood that DPW Office of Hearings and Appeals has an established Appeal Procedure available to all service applicants and recipients. SERVICE PROVIDER agrees to inform service applicants / recipients of their rights under said Appeal Procedure as contained in the Contract Manual.

11) REPORTING REQUIREMENTS

SERVICE PROVIDER is responsible for the timely completion and submission of certain forms to OCS. Said forms are required to document the services provided by SERVICE PROVIDER and to establish the basis for SERVICE PROVIDER compensation.

A. Fiscal: SERVICE PROVIDER will be reimbursed in accordance with the requirements of Exhibit "B" Budget / Payment Provisions of this Agreement and the submission of a Monthly Invoice. The Monthly Invoice serves as both a fiscal and programmatic document for recording the services provided by SERVICE PROVIDER.

   SERVICE PROVIDER shall submit an electronic invoice or other invoice as directed by the Fiscal Department of DHS by the tenth (10th) of each month following the month in which service was provided to the Fiscal Department and an electronic copy of the invoice to the OCS Services Coordinator/Monitor.

   SERVICE PROVIDER shall maintain books, records, documents and other evidence pertaining to program costs and expenses to the extent and in such detail and format as will properly reflect all costs of personnel, fringe benefits, materials, equipment, supplies, services, and other costs and expenses of whatever nature for which HSDF funds are expended.

   A copy of the Monthly Invoice / Instructions is incorporated in this Agreement by reference and is contained in the **Contract Specifications Manual on Payment Provisions and Budget. This manual is located on the DHS web-site under the link for Contracted Providers.**

B. Programmatic: SERVICE PROVIDER must submit a **Monthly Performance Report** and must adhere to the Monthly Performance Report Schedule.

   The Monthly Performance Report summarizes program activities by service category including clients served and units of service provided both monthly and year to date, new

clients, terminations, waiting lists.

SERVICE PROVIDER must submit a **Semi-Annual Outcomes Performance Report**. This report summarizes progress toward performance goals.

As needed, SERVICE PROVIDER may be required to submit other narrative, statistical, fiscal and / or programmatic data to OCS.

Specific care must be taken to ensure the completeness, accuracy and timeliness of all forms, records, reports and documents.

Monthly Performance Reports and Semi-Annual Outcomes Performance Report must be submitted to the OCS Service Coordinator/Monitor.

Copies of the Monthly Performance Report, Semi-Annual Outcomes Performance Report, and HSDF Client Data Collection Form are incorporated in this Agreement by reference and are contained in the **Contract Manual, Chapter 3: HSDF Program and Reporting Requirements.**

12) CLIENT FILES

SERVICE PROVIDER must maintain a separate client file for each client receiving service under this Agreement. SERVICE PROVIDER is to establish a Client File Review Committee and use a File Document Checklist. The client file must contain the following documents at a minimum:

A. **Application for Adult / Generic Services**

The Application for Adult / Generic Services is a DPW - designed, pre - printed form used for both initial and subsequent determinations of client eligibility.

B. **Written Notice Form**

The Written Notice Form is a DPW - designed, pre - printed form used to advise clients of service reductions or terminations and for advising applicants of their ineligibility for service.

C. **Written Service Plan and Progress Notes**

The Written Service Plan may be designed by SERVICE PROVIDER but must at a minimum include an assessment of client problems / needs; client strengths; identification of the service(s) required to address client problems / needs; and service frequency and duration. Progress notes must also be recorded and maintained in the client file.

D. **Record of Services Provided**

The Record of Services Provided may be designed by SERVICE PROVIDER but must at

a minimum include a record of the dates of service and units of service provided; a brief summary of service(s) provided; and a periodic assessment of the client's condition and progress during the course of the service.

Copies of the Application for Adult / Generic Services and the Written Notice Form are incorporated in this Agreement by reference and are contained in the **Contract Manual, Chapter 3: HSDF Program and Reporting Requirements**.

SERVICE PROVIDER warrants that it shall complete all forms and documents with care, diligence and accuracy.

## 13) MONITORING AND EVALUATION

The OCS Service Coordinator/Monitor or any DHS/OCS assigned staff shall monitor the terms of this Agreement and evaluate the services provided by SERVICE PROVIDER. Monitoring and evaluation shall include, but not be limited to, reviews of Monthly Performance Report, Semi-Annual Outcomes Performance Report, and HSDF Client Data Collection Forms; Monthly Invoices submitted for payment; on - site review of SERVICE PROVIDER files including client files; assessment of service quality; program observations; client interviews; and inspection of financial records.

SERVICE PROVIDER agrees that it will permit representatives of DPW and DHS to review and examine at all times the quality of work being carried on by SERVICE PROVIDER under this Agreement.

## 14) CONTRACT MODIFICATIONS

This is an effort to distinguish the levels at which contract modification, budget line item modification and amendments are required.

**A.** **Multiple Projects/Programs within one or through many agreements** – If DHS funds multiple programs/projects with the same provider, either within one agreement or through multiple agreements, the provider ***MAY NOT*** move funds from one program/project to another program/project without prior, written approval from DHS and an amendment to the agreement, regardless of the amount proposed to be moved. Each program/project is to have its own unique budget and funds are not to be shifted between projects.

**B.** **Legal modification or amendment to the agreement** – Requires approval via the County's Executive Action process and a signed, legally binding modification/amendment to the agreement. These items include, but may not be limited to:

1. Additional Funding (increasing the overall agreement amount).
2. Altering the period of time of the agreement.
3. Significant changes to the scope of services (Work Statement).

**C.** **<u>Budget Revisions</u> –** Budget revisions which do not increase the total contract amount require a letter of agreement between the DHS Director and Service Provider/Vendor. Conditions which may necessitate budget revisions include, but are not limited to:

1. Reductions in total contract amount which will result in COUNTY Contracts Unit issuing a letter of modification for the SERVICE PROVIDER/VENDOR'S signature.
2. Line item budget changes exceeding 10% of the total budget per program or the total amount of the change exceeds $30,000 whichever is less based upon the originally approved budget; said revisions should be initialed by a letter from SERVICE PROVIDER/VENDOR to DHS Director.
3. Moving any amount of funding from program/service line items to administrative lines.

**D**. **Minor Budget Revisions** which do not increase the total contract amount and meet the following criteria, only require written notification from SERVICE PROVIDER/VENDOR to DHS Director:

1. Line item budget changes that are less than 10% of the total budget per program or an aggregate amount less than $30,000 provided the shift in funds does not apply to any administrative line.
2. Minor changes or error corrections to the budget.

## Chapter 3

## HSDF PROGRAM and REPORTING REQUIREMENTS

SERVICE PROVIDER is required to adhere to HSDF program requirements and to complete and/or submit certain reports and forms. The requirements, forms and instructions follow.

### SERVICE PROFILE

The SERVICE PROFILE is a document that contains specific information about the service being funded under HSDF that is completed by the SERVICE PROVIDER according to the SERVICE PROFILE template. Each item addressed in the SERVICE PROFILE must be in complete sentences. The SERVICE PROFILE is submitted to OCS Service Coordinator/Monitor for review and approval.

### ELIGIBILITY for SERVICES FUNDED UNDER HSDF

HSDF may be used to provide a range of human services for specific population groups that include low-income adults, homeless persons, aging and aged persons, persons with drug and/or alcohol dependency issues, persons with mental health problems, persons with mental retardation, and for children considered dependent and/or delinquent. A low-income adult is a person who meets HSDF income eligibility guidelines, who is at least 18 years of age and under the age of 60, or a person under 18 years of age who is head of an independent household. HSDF may also be used to fund specialized services for a client group that is not served by a categorical service.

### ELIGIBLE SERVICE CATEGORIES

The following list defines and describes the service categories that are eligible to be funded under HSDF. Services provided by SERVICE PROVIDERS must align to one or more of the service categories. The eligible service categories and descriptions where applicable are used to pre-populate the WORK STATEMENT.

<u>Chore Service</u>
Chore Service provides for the performance of unskilled or semi-skilled home maintenance tasks normally done by family members and needed to enable a person to remain in his/her own home, if unable to personally perform such tasks and if there is no other responsible person available or capable of providing the service. The service may include buying necessary materials. Chore Service is provided to maintain the person's health and safety in the home, not purely for aesthetic improvements to the home or yard. Chore Service does not include any major housing repairs such as house rewiring, extensive painting, or activities specifically covered by other services such as Homemaker Service. Specific activities provided vary according to individual needs and are described in the person's written service plan. Tasks representative of the general nature of the activities performed include but are not limited to replacing window panes, fuses, electric plugs and switches, unsafe cords, door locks, window

catches, faucet washers or faucets and other minor plumbing repairs, handrail installation, safety rails for tugs and toilets, patching walls, caulking windows, weather stripping around doors and windows, shades and curtain rods, cleaning and tacking down carpeting, minor painting, moving trash to collection bins, cutting grass, clearing walks.

Persons eligible for Chore Services must meet the eligibility requirements of the Human Services Development Fund (HSDF). Services must be provided in accordance with the rules for the service as contained within the HSDF Instructions and Requirements, Chapter 2050 of the Adult Services Manual, and the HSDF Contract Specifications Manual.

Counseling Service

Counseling Service consists of non-medical, supportive or therapeutic activities based upon a service plan developed with the person, or the person and his/her family, to assist in problem solving and coping skills, intra or inter-personal relationships, development, and functioning. Service methods, undertaken in either an agency setting or in the client's own home, include: individual counseling, couple counseling, family counseling, and group counseling. Counseling is provided to alleviate such problems as inappropriate social and physical environment, marital, couple, and/or individual stress, family problems including situations of abuse and neglect, intergenerational stress and loss of a family member, a-social behavior, maladjustment of permanently or temporarily disabled persons and their families, adjustment difficulties.

Persons eligible for Counseling Services must meet the eligibility requirements of the Human Services Development Fund (HSDF). Services must be provided in accordance with the rules for the service as contained within the HSDF Instructions and Requirements, Chapter 2050 of the Adult Services Manual and the HSDF Contract Specifications Manual.

Homemaker Service

Homemaker Service consists of activities provided in the person's own home by a trained, supervised homemaker if there is no family member or other responsible persons available and willing to provide such service or to provide occasional relief to the person regularly providing such service. Homemaker Service includes instructional care if the person is functionally capable but lacks the knowledge and also includes home help and non-medical personal care if the individual is functionally unable to perform life-essential tasks of daily living. Areas in which activities are provided include basic care and management of the home in order to ensure safe and sanitary conditions, non-medical personal care services, and instructions to individual or family members in home management, the care of dependent members of the household, and in self-care.

Persons eligible for Homemaker Services must meet the eligibility requirements of the Human Services Development Fund (HSDF). Services must be provided in accordance with the rules for the service as contained within the HSDF Instructions and Requirements, Chapter 2050 of the Adult Services Manual and the HSDF Contract Specifications Manual.

Life Skills Education Service

Life Skills Education Service provides to persons the practical education and training in skills needed to perform safely the activities of daily living. The service is provided in formal classes, informal classes, or, if needed and indicated by an individual's written service plan, in his/her

own home. The service does not include job readiness training, instruction in a language, remedial education directed toward the attainment of a high school diploma, or socialization/recreation. Instruction is provided in such areas as nutrition and food preparation, maintenance and care of home, care of newborn infant and child rearing, health maintenance and personal hygiene, consumer education and management of household finances, mobility techniques for handicapped persons, adaptive techniques to help handicapped persons perform daily living activities, provision and training in the use of special devises for the handicapped, adaptive communicative techniques for handicapped persons.

Persons eligible for Life Skills Education Services must meet the eligibility requirements of the Human Services Development Fund (HSDF). Services must be provided in accordance with the rules for the service as contained within the HSDF Instructions and Requirements, Chapter 2050 of the Adult Services Manual and the HSDF Contract Specifications Manual.

Service Planning/Case Management Service

Service Planning/Case Management Service is a series of coordinative staff activities to determine with the client what services are needed and to coordinate their timely provision by the provider and other resources in the community. Service activities included a thorough exploration of service needs and a discussion with the client of available and acceptable service options; arrangement for the provision of needed medical, functional, psychological, psychiatric, social, or vocational diagnostic assessments; preparation of a written service plan developed in cooperation with and agreed to by the client; prompt arrangement for the delivery of the requested services, taking into account the client's choice of service provider if possible; liaison with all providers serving the client; personal advocacy, if needed, to ensure the satisfactory delivery of services; monitoring of the continuity and continued appropriateness of services; follow-up to ensure client satisfaction and to offer additional services as needed.

Persons eligible for Service Planning/Case Management Services must meet the eligibility requirements of the Human Services Development Fund (HSDF). Services must be provided in accordance with the rules for the service as contained within the HSDF Instructions and Requirements, Chapter 2050 of the Adult Services Manual and the HSDF Contract Specifications Manual.

Transportation Service

Transportation Service consists of activities which enable individuals to travel to and from community facilities to receive social and medical services. Transportation service is provided only if there is no other appropriate person or resource available to transport the individual. Service activities include recruitment, training and support of volunteers to provide transportation; provision of special modes of transportation when needed; provision of personnel to accompany and assist persons who are unable to use conventional means of transportation to reach needed services; reimbursement of client travel expenses incurred in securing needed and authorized services. Transportation Service funded under HSDF cannot be a substitute for transportation by the Medical Assistance Transportation Program (MATP) if the person being provided service is eligible for MATP.

Persons eligible for Transportation Services must meet the eligibility requirements of the Human Services Development Fund (HSDF). Services must be provided in accordance with the rules for

the service as contained within the HSDF Instructions and Requirements, Chapter 2050 of the Adult Services Manual and the HSDF Contract Specifications Manual.

Specialized Services

Specialized Service consists of new services or a combination of services designed to meet the unique needs of a client population that are unmet by the current categorical programs. Services funded under HSDF that do not fit under an existing categorical service definition may be considered a Specialized Service. To be considered a Specialized Service a service must be able to identify a client population in need of a service that are not covered by an existing categorical service.

Persons eligible for Specialized Services must meet the eligibility requirements of the Human Services Development Fund (HSDF). Services must be provided in accordance with the rules for the service as contained within the HSDF Instructions and Requirements, Chapter 2050 of the Adult Services Manual and the HSDF Contract Specifications Manual.

## MONTHLY PERFORMANCE REPORTS

1. Service Statistics
2. List of Unduplicated Clients served year to date
3. New Client Summary
4. Termination Summary
5. Waiting List

## SEMI-ANNUAL OUTCOMES REPORT

1. Summary of Performance Outcomes
2. Semi-Annual Outcome Client List

Monthly reports are due by the 10th of each month. Reports are submitted electronically.

Performance Outcomes Data to be submitted with Monthly Report for December and June.
Semi-Annual Outcomes Data to cover period July – December and January - June.

All client lists (i.e., Year-to-Date, New Client, Termination and Waiting List) must be enumerated.

All reports must be submitted to the OCS Service Coordinator/Monitor by e-mail.

ALLEGHENY COUNTY DEPARTMENT OF HUMAN SERVICES
Office of Community Services

## 2013-14 Service Profile

Service Provider shall prepare and submit to DHS/OCS a Service Profile for each service funded by DHS/OCS according to the format listed below.

1. Name of service provider, address, telephone number, fax number, web site address.
2. List the service(s) that are receiving funding. Service(s) listed are identified in the service provider MPER account and in the 2012-13 Work Statement.
3. Name of program (if applicable). List NA if not applicable.
4. Name and contact information (telephone number and e-mail) for agency director, service/program person and fiscal person.
5. List address where service is located. If service is provided at more than one address, list applicable addresses and service available at each address.
6. Identify days and hours of operation of service. Identify days throughout the year that services will not be provided (if applicable).
7. Identify communities where clients reside that utilize service. If service is available to residents of Allegheny County regardless of community of residence this information is to be included.
8. Identify funding source and funding amount for service. Include funding provided by DHS and other funding where applicable.
9. Identify the number of persons (unduplicated) to be served by service. Identify the estimated number of carry-over persons from 2012-13 that will receive services and the number of new persons to be enrolled and served in 2013-14. The sum of the carry-over persons and new persons will equal the number of unduplicated persons to be served in 2013-14.
10. Describe the target population to be served.
11. List direct service positions that are supported under DHS funding. Include position title, minimum qualifications by position, position status as either full-time or part-time, and the number of positions that receive DHS support. Include number of hours of work per week for full-time positions. Include number of hours of work per week by position for part-time positions.
12. List supervisor and/or management positions that are supported under DHS funding. Include position title, minimum qualifications by position, position status as either full-time or part-time, and the number of positions that receive DHS support. Include number of hours of work per week for full-time positions. Include number of hours of work per week by position for part-time positions.
13. List referral sources to your service and provide a description of your outreach strategies for recruitment of participants.
14. Provide a description of the service that participants will be provided. The description should be of sufficient detail so that the participant and DHS will clearly understand what will be provided. Information included shall include intake process, service delivery, and service closure.

15. Identify the number of units of service to be delivered to participants by service. One unit of service is defined as one (1) hour of service, recorded in client files in no less than ¼ hour increments.
16. List the measurable outcomes for the services that are funded under HSDF that will be tracked and reported to the Department of Human Services**.** For services funded under HSDF, outcome measures are reported semi-annually using the report templates posted to the DHS web-site, contract manual section. Contractors are to identify applicable outcome measures for services funded under HSDF.

**HUMAN SERVICES DEVELOPMENT FUND (HSDF)**
**MONTHLY PERFORMANCE REPORT FORMS INSTRUCTIONS**

## 1. SERVICE STATISTICS

| | ***This Month*** | ***Year To Date**** |
|---|---|---|
| 1. Total Clients Served: (Attach List of Unduplicated Clients Served Year to Date) | The number served this month only; new to your agency and received service + existing who received service this month | The number served from 7-1-** thru the end of report's month (year-to date for previous month + clients for this month). This number never gets smaller. |
| 2. Total Units of Service Provided: | The number of units of service for this month only: one unit is equal to one hour of service per person (e.g. 6 clients in a 1 hour class equals 6 units of service. | The number of total units of service from 7-1-** thru the end of report's month (year to-date for previous month + units for this month). This number never gets smaller. |
| 3. Total New Clients: (Attach New Client Summary +Client Data Collection Forms) | The number of clients NEW this month; leave no blanks; enter a "0", if no new clients. | |
| 4. Total Client Terminations: (Attach Termination Summary) | The number of clients who were terminated from your program this month; leave no blanks, enter a "0", if no terminated clients. | |
| 5. Total Applicants Waiting For Service: (Attach Waiting List Summary) | The number of clients who are eligible and waiting for service/these are NOT billable clients; leave no blanks, enter a "0", if no new clients. | |

*** This figure should be a cumulative, unduplicated count.**

## 2. LIST OF UNDUPLICATED CLIENTS SERVED YEAR-TO-DATE

This is a list of **all** of the clients served, **new to your agency and received service plus existing clients who received service**, from July 1 of the current contract year through the end of the month on which you are reporting. Use the list from the month before, just adding any clients served during the month who have NOT previously received service during the current contract year, from July 1 through the end of the current month.

Once a client's name goes on the list, it does not come off the list for the entire contract year. If a client is terminated, the name does NOT come off the list. Therefore, this list gets larger each month as more clients are served.

A client's name is only put on the list one time for the year; hence it is an "unduplicated client list."

Please number the clients consecutively.

## 3. NEW CLIENT SUMMARY

This is a list of clients NEW to your agency who received service during the current month.

If a person was a client during a previous contract year and terminated for some reason and during the current contract becomes a client again, s/he would be considered a "new" client.

This list is NOT cumulative.

A Client Data Collection Form is to be completed for each new person.

Please number the clients consecutively

## 4. TERMINATION SUMMARY

This is a list of clients who were TERMINATED from your agency during the current month.

This list is NOT cumulative.

Please number the clients consecutively

## 5. WAITING LIST

This is a list of clients who are waiting to receive service from your agency.

These clients are NOT billable clients.

This list is cumulative – include all whom are waiting.

Please number the clients consecutively.

**HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

**MONTHLY PERFORMANCE REPORT**

SERVICE PROVIDER: _____

MONTH AND YEAR: _____

SERVICE: _____

Service Statistics

| | This Month | Year to Date* |
|---|---|---|
| 1. Total Clients Served: (Attach List of Unduplicated Clients Served Year-to-Date form) | | |
| 2. Total Units of Service Provided: | | |
| 3. Total New Clients: (Attach New Client Summary form) | | |
| 4. Total Client Terminations: (Attach Termination Summary form) | | |
| 5. Total Applicants Waiting for Service (Attach Waiting List Summary form) | | |

*This figure is a cumulative, unduplicated count.

| | |
|---|---|
| Report Prepared By: | |
| Date: | |
| **FOR DHS USE ONLY** | |
| Date Received: | |
| Date Reviewed: | |
| Reviewed By: | |

**HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

**MONTHLY PERFORMANCE REPORT**

SERVICE PROVIDER: _____

MONTH AND YEAR: _____

SERVICE: _____

**LIST OF UNDUPLICATED CLIENTS SERVED YEAR-TO-DATE**
(number consecutively; use additional sheets, if necessary)

| | Client Name | Date Service Began |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| 6 | | |
| 7 | | |
| 8 | | |
| 9 | | |
| 10 | | |
| 11 | | |
| 12 | | |
| 13 | | |
| 14 | | |
| 15 | | |
| 16 | | |
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| 20 | | |
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| 24 | | |
| 25 | | |
| 26 | | |
| 27 | | |
| 28 | | |
| 29 | | |
| 30 | | |

**HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

**MONTHLY PERFORMANCE REPORT**

SERVICE PROVIDER: _____

MONTH AND YEAR: _____

SERVICE: _____

**NEW CLIENT SUMMARY**

(number consecutively; use additional sheets, if necessary)

| | **Client Name** | **Date Service Began** |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
| 12. | | |
| 13. | | |
| 14. | | |
| 15. | | |
| 16. | | |
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| 25. | | |
| 26. | | |
| 27. | | |
| 28. | | |
| 29. | | |
| 30. | | |

**HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

**MONTHLY PERFORMANCE REPORT**

SERVICE PROVIDER: _____

MONTH AND YEAR: _____

SERVICE: _____

TERMINATION SUMMARY
(number consecutively; use additional sheets, if necessary)

| | **Client Name** | **Date of Termination** | **Reason for Termination** |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |
| 6. | | | |
| 7. | | | |
| 8. | | | |
| 9. | | | |
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| 27. | | | |
| 28. | | | |
| 29. | | | |
| 30. | | | |

**HUMAN SERVICES DEVELOPMENT FUND (HSDF)**

**MONTHLY PERFORMANCE REPORT**

SERVICE PROVIDER: _____

MONTH AND YEAR: _____

SERVICE _____

WAITING LIST
(number consecutively; use additional sheets, if necessary)

| | **Client Name** | **Date Placed on Waiting List** |
|---|---|---|
| 1. | | |
| 2. | | |
| 3. | | |
| 4. | | |
| 5. | | |
| 6. | | |
| 7. | | |
| 8. | | |
| 9. | | |
| 10. | | |
| 11. | | |
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| 30. | | |

# HUMAN SERVICES DEVELOPMENT FUND (HSDF)

## Semi-Annual Performance Report

## Summary of Performance Outcomes
## (Instructions)

**For each Performance Outcome**, indicate the number of clients to whom the specified Outcome applies in Column A; indicate the number of clients who met the specified Outcome in Column B; and indicate the percentage of clients who met the specified Outcome(s) in Column C by dividing the number in Column B by the number in Column A.

**Example**: (Performance Outcomes)

- 85% of the clients will achieve one or more personal goals.
- 75% of the clients who participate in Parenting Skills seminars will demonstrate improved parenting skills.

| Outcome | A. #of Clients To Whom Outcome Applies | B. # of Clients Who Achieved Outcomes | C. Percentage (B / A) |
|---|---|---|---|
| 8. By program end, 85% of clients will achieve one (1) or more personal goals specified in their Written Service Plan. | 60 | 51* | 85% |
| 9. By program end, 75% of clients who participate in Parenting Skills seminars will demonstrate improved parenting skills. | 40 | 25* | 63% |

***A list of clients who met the target must accompany this report.**

## HUMAN SERVICES DEVELOPMENT FUND (HSDF)

## SEMI-ANNUAL PERFORMANCE REPORT

## SUMMARY OF PERFORMANCE OUTCOMES

**SERVICE PROVIDER:** _____

**SERVICE: REPORT PERIOD:**
☐ July 1 – December 31
☐ July 1 – June 30

| | A.<br># of Clients to Whom target Applies | B.<br># of Clients Who Met Target | C.<br>Percentage (B÷A) |
|---|---|---|---|
| **PERFORMANCE OUTCOMES**<br>**(These were written by your Agency in your Service Profile. Please type them in the space(s) below.)** | | | |
| **1.** | | | |
| **2.** | | | |
| **3.** | | | |
| **4.** | | | |
| **5.** | | | |
| **6.** | | | |
| **7.** | | | |

**HUMAN SERVICES DEVELOPMENT FUND (HSDF)**
**SEMI-ANNUAL OUTCOME CLIENT LIST**
**July – December _____ July – June _____**

**SERVICE PROVIDER** _____

**SERVICE** _____

**PERFORMANCE OUTCOME (specify)**

| Client Who Met Target | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 1 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 8 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 9 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 10 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 11 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 12 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 13 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

**PERFORMANCE OUTCOME**

| Client Who Met Target | July | Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | Apr | May | June |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 21 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 26 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 27 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 28 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 29 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 31 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 32 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 33 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 34 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 35 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 36 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 37 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 38 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 39 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 40 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 41 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 42 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 43 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 44 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 45 | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## HUMAN SERVICES DEVELOPMENT FUND (HSDF)

## CLIENT FILE DOCUMENTATION

The SERVICE PROVIDER must maintain a file for each client served containing the following documentation at a minimum. To ensure that SERVICE PROVIDER is establishing and maintaining Client Files that are in compliance with the CLIENT FILE requirements, SERVICE PROVIDER is required to have a Client File Review Committee.

**1. HSDF Application**

The **HSDF Application** is a DPW - designed, pre - printed form used for both initial and subsequent determinations of client eligibility.

**2. Written Service Plan**

The **Written Service Plan** may be designed by the SERVICE PROVIDER but must at a minimum include an assessment of client problems / needs; client strengths; identification of the service(s) provided to address client problems / needs; service frequency and duration; and progress notes.

**3. Record of Services Provided**

The **Record of Services Provided** may be designed by the SERVICE PROVIDER but must at a minimum include a record of the dates of service, units of service provided when applicable; a brief summary of service(s) provided; and a periodic assessment of the client's condition and progress during the course of the service.

**4. Written Notice Form**

The **Written Notice Form** is a DPW - designed, pre - printed form used to advise clients of service reductions or terminations and for advising applicants of their ineligibility for service

UNIT OF SERVICE

A unit of service is defined as one (1) hour of service - recorded in no less than 15 minute or 1/4 hour increments - during which service provider staff interacts with the client or significant other(s) in the provision of service.

## CLIENT FILE REVIEW COMMITTEE

A Client File Review Committee:

- is composed of direct service staff with a supervisor to keep the Committee focused.
- conducts periodic reviews of client files to make certain that client files have all of the documents, and that they are complete, to meet the requirements of the funding source.
- designs a check list for reviewing the file documents which shows the results of the review, the corrective action needed to bring it into compliance, and when the action was taken to bring the file into compliance; the check list is attached to the file jacket.

The OCS Services Coordinator/Monitor will expect to see that each client file has been reviewed by the Client File Review Committee and that any corrective actions on the cases were made. If done properly, there should be total case record compliance meeting all federal, state, county, and agency regulations **BEFORE** the monitoring by OCS. The expectation of OCS is that ALL client files will be in excellent order BEFORE the monitor examines and, therefore, will have no findings!

Following is a sample Check List for reviewing cases:

**HUMAN SERVICES DEVELOPMENT FUND (HSDF)**
**CLIENT FILE DOCUMENT CHECK LIST**

Agency Name/Program

Client Name

Social Security Number

| Document | Date Case Opened | Date of File review | Results of Review | Corrective Action Steps Needed | Date corrections Made | County Monitor Review |
|---|---|---|---|---|---|---|
| HSDF Eligibility Application Completed | | | | | | |
| Written Service Plan | | | | | | |
| ▪ Assessment of client problems/needs | | | | | | |
| ▪ Detailed Services to address client problems/needs | | | | | | |
| ▪ Service frequency/ duration | | | | | | |
| Written Record of Services | | | | | | |
| ▪ Dates of Services Provided | | | | | | |
| ▪ Summary of Services Provided | | | | | | |
| ▪ Units of Service provided | | | | | | |
| ▪ Periodic assessment of client's condition/progress | | | | | | |
| Written notice Form (if applicable) | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

## HUMAN SERVICES DEVELOPMENT FUND (HSDF)

## INSTRUCTIONS FOR
## THE
## ADULT SERVICE ELIGIBILITY FORM
## HSDF APPLICATION

An HSDF Application must be completed for each applicant / client served by HSDF - funded programs.

Section I - Identifying Information

Complete:

1. Name of Applicant

   Telephone Number

   If the applicant does not have a telephone, indicate No Telephone.

   Address Street, Road, Avenue, etc.; City or Town; State; and ZIP Code.

   County In all cases, Allegheny.

2. Family Composition Record name, date of birth, and sex of the applicant and other family members living in the same household.

   Note that for purposes of determining family size and composition, only the following persons - if they are living in the same household, are included as family members:

   - A single adult, or an adult and spouse, including those in common law marriage.
   - Children (under age 18) for whom the adult or couple is providing care, except children placed in the household for foster care or group care.

All other persons living in the household, whether they are related or unrelated to the adult or couple, will not be counted as family members when determining family size and composition.

Section II - Eligibility Information

Complete:

1. Age Requirement

Check 'YES' or 'NO'

If 'NO', the applicant is ineligible for HSDF funded services.

2. County Residence
   Check 'YES' or 'NO'. If 'NO', the applicant is ineligible for HSDF funded services.

3. Income

   a. Does applicant possess a Pennsylvania ACCESS (Medical Assistance) Card? REFER TO ATTACHMENT 1 - PENNSYLVANIA ACCESS CARD Check 'YES' or 'NO' If 'NO', proceed to 3-b Income Eligibility Criteria. If 'YES' -Record the applicant's ten (10) digit Medical Assistance Number and two (2) digit Card Issue Number from the Pennsylvania ACCESS Card in the column identified as Determination A.

   The Pennsylvania Department of Public Welfare has implemented an on - line recipient Eligibility Verification System (EVS). EVS provides the most current eligibility status information for Medical Assistance recipients in the Commonwealth of Pennsylvania, twenty-two (22) hours a day, seven (7) days a week.

   EVS is accessed using a touch tone telephone by dialing:

   1 - 800 - 766 - 5387

   REFER TO ATTACHMENT 2 - WALK - THROUGH OF THE EVS TELEPHONE APPLICATION

   b. Identify specific sources of Monthly Gross Income and amounts; total family Monthly Gross Income; and family size.

   REFER TO ATTACHMENT 3 - INCOME INCLUSIONS / EXCLUSIONS

   REFER TO ATTACHMENT 4 - MONTHLY GROSS INCOME LEVELS

   Income Eligible?

   Check 'YES' or 'NO'

4. Need for Service: Does the applicant meet all applicable need criteria?

   Check 'YES' or 'NO'

Note that each service provider must make a determination of applicant need on a case by case basis depending upon the need criteria each provider establishes for its program.

Section III - Service Information

Identify the service(s) the applicant has requested (e.g. Counseling, Life Skills, Service Planning / Case Management, etc.) and record the date of service request.

Section IV - Affirmation Information

To be valid, the HSDF Adult Services Eligibility Form must be signed and dated by both the applicant and the interviewer (i.e. service provider staff).

If someone other than the applicant signs the HSDF Application on behalf of the applicant, the reason must be specified in the appropriate section.

The Service Provider Name and Address must be recorded in the appropriate section.

Section V - Eligibility Determination / Redetermination Decision

Record the date of eligibility determination; the name of the person who determined eligibility; Eligibility Status (check either 'ELIGIBLE' or 'INELIGIBLE'); the date the applicant was notified of the determination; and the redetermination date.

Note that client eligibility for HSDF funded services must be conducted every six (6) months, thus redetermination due dates should be calculated six (6) months from the date of determination. Any redetermination date that falls on a weekend should be specified as the last weekday prior.

THE ORIGINAL, LIVE SIGNATURE HSDF ADULT SERVICES ELIGIBILITY FORM MUST BE MAINTAINED IN THE CLIENT FILE.

Should you have any questions regarding the HSDF Application, please contact:

OCS Services Coordinator/Monitor
Department of Human Services
Office of Community Services
One Smithfield Street – Second Floor
Pittsburgh, Pennsylvania 15222

WALK - THROUGH OF THE EVS TELEPHONE APPLICATION

1. When calling the EVS, the system answers and speaks the following welcome message:

   "Welcome to the Pennsylvania Medical Assistance Eligibility Verification System, which will be referred to as EVS. This system can verify eligibility for up to 365 days prior to today's date."

   At this time, the system expects you to enter your provider number:

   "Please enter your eight - digit provider number, followed by the pound sign."

   ENTER 0995000020001

   If the provider number fails this edit, the system prompts you that your provider number is invalid with the following message:

   "Invalid provider number _____".

   You are then re-prompted to enter your provider number.

2. After correctly entering your provider number, the system issues the following prompt to determine the inquiry method:

   "Please select one of the following options for recipient identification: If using a Recipient Number, press 1. If using Social Security Number, press 2."

   If you select "1", the system expects you to enter a 10 - digit Recipient Number and a two - digit Card Issue Number. First the system prompts you for the Recipient Number:

   "Please enter the recipient's ten-digit Recipient Number, followed by the pound sign."

   If the Recipient Number does not pass formal edits, the system replies:

   "Invalid Recipient Number _____".

3. If you enter the Recipient Number correctly, the system prompts you for the Card Issue Number using the following message:

   "Please enter the recipient's two - digit Card Issue Number, followed by the pound sign."

   If you enter the data in an invalid format, the system replies:

   Invalid Card Issue Number _____".

4. If you enter a valid Card Issue Number, the system prompts you for the date of service:
"For today's date of service, press the pound sign."

After a valid date of service is entered, the system responds with the following prompt:

Please wait, your requested information is being retrieved."
If you select "2", the system expects you to enter a nine - digit Social Security Number with the following prompt:

"Please enter the recipient's nine-digit Social Security Number, followed by the pound sign."

If you enter a Social Security Number in an invalid format, the system replies:

"Invalid Social Security Number _____."

If you correctly enter the Social Security Number, the system prompts you for the recipient's date of birth in the MMDDYYYY format.
"Please enter the recipient's eight - digit date of birth in a month, day, century, year format, followed by the pound sign."

If you enter the date of birth in an invalid format, the system replies:

Invalid recipient date of birth _____."

Once a date of birth has been entered in the correct format, the system prompts you for the date of service:

"For today's date of service, press the pound sign."

After a valid date of service is entered, the system responds with the following prompt:

"Please wait, your requested information is being retrieved."

5. If the recipient is not eligible for Medical Assistance, the system responds with the following message depending on which type of recipient selection was selected:

"Recipient Number _____ is not eligible for Medical Assistance." or "Social Security Number _____ is not eligible for Medical Assistance."

6. If the recipient is eligible for Medical Assistance, the system responds with the following message depending on which type of recipient selection was selected:

"Recipient Number _____, for date of service _____ is eligible for Medical Assistance."

Or

"Social Security Number _____, for date of service _____ is eligible for Medical Assistance."

If you use the recipient's Social Security Number to verify eligibility, the system speaks the Recipient Number:

"Please note that Social Security Number _____ refers to Recipient Number_____."

7. The system gives further recipient identification information with the following messages:

"The recipient's date of birth is _____." "The recipient's sex is MALE or FEMALE." "The

HealthCare Benefits Package code is _____." "The Category of Assistance is

_____." "The Program Status Code is _____."

THIS INFORMATION MUST BE RECORDED IN THE APPROPRIATE SECTION OF THE ADULT SERVICES ELIGIBILITY FORM.

SERVICE PROVIDER staff operating computer terminals, electronic data transfer equipment or telephones to obtain information from the Department of Public Welfare's database - the Eligibility Verification System (EVS) - shall comply with the following conditions:

(i) Any information obtained in the Department of Public Welfare's database regarding persons who have applied, have received or who are receiving Public Assistance or Social Services shall only be disclosed to specifically authorized persons.

(ii) The operator may use the terminal, electronic data transfer equipment or telephone only for those specific functions for which he / she has been specifically authorized.

**FISCAL YEAR 2012 -2013 FAMILY MONTHLY GROSS INCOME LEVELS***
TO BE USED
BETWEEN **JULY 1, 2012** AND **JUNE 30, 2013**

The following Family Monthly Gross Income Levels must be used for Adult Services in accordance with PA Code, Chapter 2050, and for Generic and Specialized HSDF Services which require the use of Adult Services Eligibility Criteria.

These income levels are to be used in conjunction with the financial eligibility criteria established in Section 2050.22 of the Eligibility requirements for Adult Services Funded through the Human Services Development Fund. The income levels are in effect between July 1, 2012 and June 30, 2013.

| **FAMILY MONTHLY GROSS INCOME LEVELS** | |
|---|---|
| FAMILY SIZE | 125% of Poverty |
| 1 | $1,164 |
| 2 | $1,576 |
| 3 | $1,989 |
| 4 | $2,401 |
| 5 | $2,814 |
| 6 | $3,226 |
| **For each additional family member add**: | $413 |

*These income levels are based on Federal Poverty Income Guidelines which are revised annually.

## INCOME EXCLUSIONS

Sources of income not counted in determining family monthly gross income are:

1. Earnings of a child under 16 years of age.
2. Voluntary or court - ordered support paid out by the applicant or client, or by a family member to a present or former spouse not residing in the same household.
3. Voluntary or court - ordered child support paid out by the applicant or client, or by a family member for a child who is not residing in the same household.
4. Proceeds from the sale of property, such as a house or a car, unless the person was engaged in the business of selling the property, in which case the net proceeds would be counted as income from self - employment.
5. Withdrawals of bank deposits.
6. Borrowed money.
7. Tax refunds or rent rebates from any source.
8. Gifts.
9. The value of the coupon allotment under the Food Stamp Act of 1977 in excess of the amount paid for the coupons.
10. The value of donated food.
11. The value of supplemental food assistance under the Child Nutrition Act of 1966 and the special food service programs for children under the National School Lunch Act.
12. Loans and grants, such as scholarships, obtained and used under conditions that preclude their use for current living costs.
13. Grants or loans to an undergraduate student for educational purposes.
14. Payments received under the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970.
15. Home produce used for household consumption.
16. The value of rent - free quarters.
17. Foster care payments by a State agency.

## FAMILY MONTHLY GROSS INCOME

Sources of family monthly gross income include but are not limited to:

1. Money, wages or salary earned by individuals 16 years of age or older before deductions for taxes, Social Security, bonds, pensions, union dues, health insurance, and similar purposes for work performed as an employee including commissions, tips, piece - rate payments, and cash bonuses.
2. Armed Forces pay which includes base pay plus cash housing and subsistence allowances but does not include the value of rent - free quarters.
3. Voluntary or court - ordered support received by a present or former spouse.
4. Net income from self - employment, farm or nonfarm.
5. Voluntary or court - ordered child support.
6. Net income from rental of real property.
7. Social Security pensions, survivors' benefits, permanent disability insurance payments, and special benefit payments made by the Social Security Administration before deductions of health insurance premiums.
8. Railroad retirement, disability, and survivors' benefits payments made by the United States Government under the Railroad Retirement Act of 1974 before deductions of health insurance premiums.
9. Private pensions and annuities, including retirement benefits paid to a retired person or his survivors by a former employer or by a union, either directly or through an insurance company.
10. Government employee pension payments received from retirement pensions paid by Federal, State, county, or other governmental agencies to former employees including members of the Armed Forces or their survivors.
11. Unemployment compensation received from government unemployment insurance agencies or private companies during periods of unemployment and strike benefits received from union funds.
12. Worker's compensation received from private or public insurance companies for injuries incurred at work. The cost of this insurance must have been paid by the employer and not by the worker.
13. Payments made by the Veterans Administration to veterans and their families.
14. Dividends, including dividends from stockholdings or membership in associations.
15. Interest on savings or checking accounts and bonds.
16. Income from estates and trust funds.
17. Net income from royalties.
18. Net income from room and board payments.

# HUMAN SERVICES DEVELOPMENT FUND
# ADULT SERVICES ELIGIBILITY FORM

## SECTION I – IDENTIFYING INFORMATION

1. NAME OF APPLICANT (Last, First, Middle Initial) | TELEPHONE NUMBER

ADDRESS (Street, Road, Avenue - City or Town, State) | ZIP CODE | COUNTY

2. FAMILY COMPOSITION (If the space below is insufficient, list additional Family Members on a separate sheet of paper.)

| LINE NO. | NAME – (Last, First, Initial) (Include Applicant) | RELATIONSHIP TO APPLICANT | BIRTHDATE Mo. | Day | Yr. | SEX | MED. SVCS. ELIG. CARD LINE NO. (If Applicable) |
|---|---|---|---|---|---|---|---|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |
| 5 | | | | | | | |
| 6 | | | | | | | |

## SECTION II – ELIGIBILITY INFORMATION

| | DETERMINATION A | DETERMINATION B | DETERMINATION C |
|---|---|---|---|
| 1. APPLICANT MEETS AGE REQUIREMENTS? | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |
| 2. IS APPLICANT A COUNTY RESIDENT? | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |
| 3-a. INCOME: Does applicant possess an ACCESS (Medical Assistance) Card? Document Card Nos. & Call EVS to Confirm Eligibility: 1-800-766-5387. | ☐ YES ☐ NO; RECIP. NO.: CARD ISSUE NO.: DATE: | ☐ YES ☐ NO; RECIP. NO.: CARD ISSUE NO.: DATE: | ☐ YES ☐ NO; RECIP. NO.: CARD ISSUE NO.: DATE: |
| Specify: Verification Date You Entered & EVS Responses of Birth date (BD), Gender (G), & MA Codes: Health Care Benefits (HCB), Category (C), & Program Status (PS). | MO. DAY YR.; BD: G: ☐ M ☐ F; HCB: CAT: PS: | MO. DAY YR.; BD: G: ☐ M ☐ F; HCB: CAT: PS: | MO. DAY YR.; BD: G: ☐ M ☐ F; HCB: CAT: PS: |
| igible for HSDF Service per EVS? (If no, use 3b.) | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |

*IF NO - COMPLETE THE FOLLOWING TO DETERMINE IF APPLICANT MEETS INCOME ELIGIBILITY CRITERIA.*

| 3-b. | Line No. (Sec. 1 Item 2) | SPECIFIC SOURCE INCOME | MONTHLY GROSS AMOUNT | EXPLANATION |
|---|---|---|---|---|
| A | | | | |
| | | | | |
| | | | | |
| | | TOTAL FAMILY MONTHLY GROSS INCOME ▶ | | TOTAL FAMILY SIZE ▶ |
| | | LESS MEDICAL EXPENSE EXCLUSION (See §2050.73) ▶ | | INCOME ELIGIBLE? |
| | | TOTAL FAMILY ADJ. MONTHLY GROSS INCOME ▶ | | ☐ YES ☐ NO |
| B | | | | |
| | | | | |
| | | | | |
| | | TOTAL FAMILY MONTHLY GROSS INCOME ▶ | | TOTAL FAMILY SIZE ▶ |
| | | LESS MEDICAL EXPENSE EXCLUSION (See §2050.73) ▶ | | INCOME ELIGIBLE? |
| | | TOTAL FAMILY ADJ. MONTHLY GROSS INCOME ▶ | | ☐ YES ☐ NO |
| C | | | | |
| | | | | |
| | | | | |
| | | TOTAL FAMILY MONTHLY GROSS INCOME ▶ | | TOTAL FAMILY SIZE ▶ |
| | | LESS MEDICAL EXPENSE EXCLUSION (See §2050.73) ▶ | | INCOME ELIGIBLE? |

| 4. NEED FOR SERVICE | | A | B | C |
|---|---|---|---|---|
| | DOES THE APPLICANT MEET ALL APPLICABLE NEED CRITERIA? | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | IS THE APPLICANT'S SERVICE NEED DOCUMENTED IN THE CLIENT RECORD? | ☐ YES ☐ NO | ☐ YES ☐ NO | ☐ YES ☐ NO |
| | *Written documentation must be maintained in the Client Record to establish that the client needs the service, and that all applicable criteria, categories or conditions of need are met.* | | | |

## SECTION III – SERVICE INFORMATION

| LINE NO. | SERVICE REQUESTED | DATE REQUESTED | LINE NO. | SERVICE REQUESTED | DATE REQUESTED |
|---|---|---|---|---|---|
| | | | | | |

## SECTION IV – AFFIRMATION INFORMATION

I HEREBY CERTIFY THAT, TO THE BEST OF MY KNOWLEDGE, THE INFORMATION CONTAINED HEREIN IS TRUE, CORRECT AND COMPLETE. I AGREE TO REPORT ANY CHANGES IN CIRCUMSTANCES IMMEDIATELY TO THIS SERVICE PROVIDER. I UNDERSTAND THAT DOCUMENTATION OF ALL ELIGIBILITY FACTORS MAY BE REQUIRED TO DETERMINE ELIGIBILITY CORRECTLY OR FOR AUDITING PURPOSES. I UNDERSTAND THAT IF HAVE A RIGHT TO REQUEST A DEPARTMENT OF PUBLIC WELFARE FAIR HEARING. THIS AFFIRMATION STATEMENT COVERS ALL ATTACHMENTS REQUIRED FOR THE DETERMINATION OF ELIGIBILITY UNDER THE HUMAN SERVICES DEVELOPMENT FUND.

| | SIGNATURE OF APPLICANT OR PERSON ACTING ON APPLICANTS BEHALF | SIGNATURE OF INTERVIEWER |
|---|---|---|
| A | SIGNATURE / DATE* | SIGNATURE / DATE* |
| B | SIGNATURE / DATE* | SIGNATURE / DATE* |
| C | SIGNATURE / DATE* | SIGNATURE / DATE* |

| REASON FOR SIGNATURE IF OTHER THAN APPLICANT. | PROVIDER AGENCY NAME |
|---|---|
| | ADDRESS |
| *Date Signed - must be entered or application is not valid. | |

## SECTION V – ELIGIBILITY DETERMINATION/REDETERMINATION DECISION

| | | | | |
|---|---|---|---|---|
| A | DATE ELIGIBILITY DETERMINED ▶ | DETERMINED BY ▶ | | |
| | ELIGIBILITY STATUS ▶ ☐ ELIGIBLE ☐ INELIGIBLE | APPLICANT NOTIFIED ▶ DATE | REDETERMINATION DUE ▶ DATE | |
| | ELIGIBILITY (EXPLAIN) | | | |
| B | DATE ELIGIBILITY DETERMINED ▶ | DETERMINED BY ▶ | | |
| | ELIGIBILITY STATUS ▶ ☐ ELIGIBLE ☐ INELIGIBLE | APPLICANT NOTIFIED ▶ DATE | REDETERMINATION DUE ▶ DATE | |
| | ELIGIBILITY (EXPLAIN) | | | |
| C | DATE ELIGIBILITY DETERMINED ▶ | DETERMINED BY ▶ | | |
| | ELIGIBILITY STATUS ▶ ☐ ELIGIBLE ☐ INELIGIBLE | APPLICANT NOTIFIED ▶ DATE | REDETERMINATION DUE ▶ DATE | |
| | ELIGIBILITY (EXPLAIN) | | | |

045778

PW 1311 · 4/96

# WRITTEN NOTICE FORM
## HUMAN SERVICES PROGRAMS

| DATE THIS NOTICE IS MAILED OR HAND-DELIVERED TO YOU |
|---|
| |

**S ON I**

This is to notify you that _____ service(s)

☐ Will not begin ☐ Will be reduced ☐ Will be terminated For reason(s) shown below:

_____

_____

_____

_____

The regulatory citation upon which this decision is based is:

_____

_____

**SECTION II**

The effective date of this action is:

☐ Immediately — For applicants found ineligible upon initial determination of eligibility, and clients being terminated from service for failure to provide valid eligibility information, this action will take place immediately.

☐ _____ (mo. - day - yr.) — For clients found ineligible upon redetermination of eligibility, this action shall take place on the fifteenth calendar day following the date this notice is mailed or hand delivered to the client. If the fifteenth calendar day falls on a weekend or state holiday, the effective date shall be the next working day.

**SECTION III**

If disagree with the decision listed above, you have the right to appeal and request a fair hearing through the Department of Public W e's Office of Hearings and Appeals. However, you do not have the right to appeal a decision which is based on changes in federal or state law or regulations simply because these changes now exclude you from service or reduce the amount of service (See Section V - Instructions on reverse).

In order for your appeal to be heard, it must be postmarked on or before _____ (mo. - day - yr.) which is 30 calendar days following the date this notice is mailed or hand-delivered to you. After this date, the Office of Hearings and Appeals reserves the right, by regulation, to dismiss the appeal without a hearing.

If you are currently receiving service, and your appeal is postmarked on or before _____ (mo. - day - yr.) (the tenth calendar day following the date this notice is mailed or hand-delivered to you), you will continue to receive service pending the outcome of the hearing. If, however, your appeal is postmarked after this date, service will be discontinued or reduced on the effective date as listed in Section II above.

This form is sent to you in triplicate. If you wish to appeal and request a Fair Hearing, you must complete the reverse side of this form and return the original and one copy to this agency at the address listed below. If you do not understand this decision or would like to meet with a representative of our agency, please contact the agency representative who is named in Section IV below:

**SECTION IV**

AGENCY NAME

AGENCY ADDRESS (Street, City, State, Zip Code)

_____
AGENCY REPRESENTATIVE

_____
TELEPHONE NUMBER

PA 689 - 10/89