**Request for Proposal**

**For Community-Based Services for Older Adults**

**Program Year(s):**

**2019-2022**

**(July 1, 2019 Start Date)**

Funds Available:

Older Americans Act

Nutrition Services Incentive Program

Ohio Housing Trust Funds

Senior Community Services State Subsidy

State Alzheimer’s Funds

Title XX Social Services Block Grant (Lucas County Only)

Lucas County Senior Services Levy (Lucas County Only)

**Administered By:**

**Area Office on Aging of Northwestern Ohio, Inc.**

**2155 Arlington Ave.**

**Toledo, Ohio 43609-1997**

**Phone: (419) 382-0624**

**Fax: (419) 382-4560**



Proposals due at:

Area Office on Aging of Northwestern Ohio, Inc.

Attention: Planning and Program Development

2155 Arlington Ave.

Toledo, Ohio 43609-1997

No later than 5:00 PM EDT, Wednesday, April 10, 2019

(1 Original and 7 copies)

Bidder’s Workshop is scheduled for

Wednesday, March 13, 2019, at 2:00 pm at the AOoA

It is highly encouraged all potential bidders attend the bidder’s workshop.

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**Introduction and General Guidelines**

**Purpose of RFP:**

As the official planning and service development agency for senior services covering 10 counties in Northwestern Ohio, the Area Office on Aging of Northwestern Ohio, Inc. (AOoA), is seeking proposals from qualified respondents for the provision of home and community based services to be provided to older adults (individuals aged 60+) within the geographic area of: Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties. Services will be rendered under Title IIIB (Supportive Services and Senior Centers), Title IIIC (Nutrition Service), Title IIID (Evidence-Based Disease Prevention and Health Promotion Services), Title IIIE (National Family Caregiver Support Program) and Title VII (Elder Abuse and Ombusdman) of the Older Americans Act (OAA) for Program Year 2019-2022 with services starting on July 1, 2019. In addition, the AOoA is making available, through this Request for Proposals (RFP), Nutrition Services Incentive Program (NSIP), Ohio Housing Trust (OHTF), Senior Community Services (SCS) and State Alzheimer’s Respite funds (ALZ). Finally, this RFP also includes funds for programs and services provided in Lucas County; Lucas County Senior Services Levy (LCSS) and Title XX Social Services Block Grant (TXX).

The awarded respondents will be required to provide services in accordance with *AOoA Service Provider Policies and Procedures Manual*, *AOoA Policy and Procedures for Nutrition and Wellness Services* and published rules from the Ohio Department of Aging (https://aging.ohio.gov/Rules). Compliance with requirements will be the responsibility of the awarded respondent.

In order to provide the best service with the highest quality and most cost-effectiveness, respondents will have the opportunity to apply for as much of or as little of the request for proposal services, depending on capability and capacity. Not being able to provide all services or not being able to provide services to all of our service area will not disqualify an applicant.

**Background Information:**

This RFP is separated into 2 major bidder-type sections:

* Family Caregiver Support Program (FCSP) and Plan4Home (P4H) Application
  + The AOoA Family Caregiver Support Program provides information, referral and assistance, as well as, case management to caregivers of older adults.
  + The AOoA Plan4Home Program provides case management to older adults.
  + Both of these programs contract with providers for home and community based services, which help older adults remain independent in the home.
  + For both of these programs, the AOoA staff administer the program, including data entry into WellSky Aging and Disability (formerly SAMS), the state designated database, and collection of program income/cost share. In addition, staff authorize services based on consumer demand and preference.
  + The services that will be purchased under this RFP for these programs include Personal Care (both programs), Homemaker (both programs), PERS (Plan4Home), Home Delivered Meals (Plan4Home), Home Maintenance (both programs), Grocery Ordering and Delivery (Plan4Home), Home Safety Assessment (Plan4Home), Transportation: One-Way Trip (both programs), Socialization/Telephoning (Plan4Home) and Socialization/Visiting (Plan4Home), FCSP Home Medical Equipment, FCSP Health Screening/Medical Assessment, FCSP Adult Day Service, FCSP Institutional Care, FCSP Education/Training, FCSP Counseling (Support Groups included) FCSP Benefits Counseling.
  + Potential funding sources include Alzheimer’s Respite Funds; OAA Titles IIIB, IIIC2 and IIIE, Lucas County Senior Services Levy, Senior Community Services State Subsidy, and Title XX Social Services Block Grant.
* OAA Home and Community Based Services (HCBS) Proposal
  + For these programs, the provider is responsible for the program administration to include data entry into WellSky Aging and Disability (formerly SAMS), the state designated database.
  + The service provider submits, thru this proposal, a plan for services, which includes a budget.
  + The AOoA then contracts with providers for a set amount of units of service, based upon anticipated available funding.
  + Eligible Services include Adult Day, Alzheimer’s Respite Services, Benefits Counseling, Care Coordination, Chore, Congregate Meals, Consumer Finding/Outreach, Elder Abuse, Grocery Shopping Assistance, Grocery Shopping Ordering and Delivery, Health Education, Health Screening/Medical Assessment, Health Treatment/Medical Treatment, Home Delivered Meals, Home Delivered Meal Assessment, Home Injury Control/Assessment, Home Maintenance/Repairs, Legal Assistance, Long Term Care Ombudsman, Nutrition Counseling, Nutrition Education, Socialization/Recreation, Supportive Services, Transportation: One-Way Trip, Assisted Transportation: One-Way Trip.
  + Potential funding sources include Alzheimer’s Respite Funds, OAA Titles IIIB, IIIC, IIID and Title VII; NSIP and Senior Community Services State Subsidy. In addition, Lucas County Senior Services Levy is available in Lucas County only.

**Targeting Services**

Per the Older Americans Act, services will be targeted to adults, age sixty or over with the greatest socio-economic needs with particular attention to:

* Low-income older individuals
* Low-income minority older individuals
* Older individuals with limited English proficiency
* Older individuals residing in rural areas, and
* Older individuals at risk for institutional placement.

The Older Americans Act provides the following definitions for greatest socio-economic needs:

* The term “at risk for institutional placement” means with respect to an older individual, that such individual is unable to perform at least 2 activities of daily living without substantial assistance (including verbal reminding, physical cuing, or supervision) and is determined by the State involved to be in need of placement in a long-term care facility.
* The term “disability” means (except when such term is used in the phrase “severe disability”, “developmental disabilities”, “physical or mental disabilities”) a disability attributable to mental or physical impairment, or a combination of mental and physical impartments that results in substantial functional limitations in 1 or more of the following areas of major life activity: self-care, receptive and expressive language, learning, mobility, self-direction, capacity for independent living, economic self-sufficiency, cognitive functioning and emotional adjustment.
* The term “greatest economic need” means the need resulting from an income level at or below the poverty line.
* The term “greatest social need” means the need caused by noneconomic factors, which include physical and mental disabilities; language barriers; and cultural, social and geographical isolation, including isolation caused by racial and ethnic status that restricts the ability of an individual to perform normal daily tasks or threatens the capacity of the individual to live independently.

The Ohio Department of Aging (ODA) further identifies specific target populations at risk of greatest social need, secondary to social, cultural or geographical isolation. These include:

* Older individuals with behavioral health concerns
* Older individuals with Dementia
* Older individuals who are Holocaust survivors
* Older individuals in the LGBT community, and
* Caregivers
  + Caregivers who are older individuals with greatest economic need
  + Caregivers of older individuals with Dementia
  + Grandparents or older individuals who are relative caregivers providing care for children of addicted parents, and
  + Caregivers and/or grandparents who provide care to individuals with disabilities, including children with disabilities.

The Area Office on Aging also identifies veterans who have served in the armed forces as a target population with greatest social need at risk for social isolation.

**Anticipated Contract Term**:

This RFP is for the fiscal period beginning July 1, 2019 and ending December 31, 2022. The AOoA may terminate the agreement, rather than fulfill all years of the multi-year term, under any one or more of the following circumstances:

* The provider does not demonstrate satisfactory performance
* The provider does not meet the match requirements
* The AOoA does not have funds to pay for the goods or services for a subsequent year
* A situation arises that was unforeseen at the time the AOoA and the provider entered into the agreement. Examples of unforeseen situations are changes in the market conditions or changes in the law regulating the goods or services the agreement covers.

**Availability of Funding:**

The agreement is a purchase of service, which means a provider is paid, wholly or in part, a pre-determined “unit of service” reimbursement rate for goods and services actually delivered in accordance with federal, state and AOoA policies and procedures. All costs to provide the service should be included in the unit of service rate.

The funds allocated each contract year are subject to limitations of funds allocated to the AOoA from federal, state and local sources.  Situations for which the AOoA may increase the unit rate include, documented increased costs associated with implementing more person-centered services, improved quality and incentive payments for performance outcomes, documented increase in service costs (i.e. increase in gasoline cost). For OAA Home and Community Based Services, the AOoA will negotiate the cost of services on an annual basis with the provider.

Payment will be made by the 15th of the month for services provided the month prior, providing accurate fiscal and designated data base reports (i.e. WellSky Aging and Disability (formerly SAMS) database for OAA HCBS providers) were submitted by the 5th working day of the month.

For Family Caregiver Support Program and Plan4Home contracts, the provider is only reimbursed for pre-authorized services as specified in the signed agreement.

For OAA Home and Community Based Services, if, by September 30 of each year, the AOoA determines that a service provider is not earning a proportionate share of the funds specified in the contract between the service provider and the AOoA, the AOoA may reallocate funds that it estimates a service provider will not earn to other service providers.

To be eligible to receive funding under this RFP, applicants must be a formally organized service agency or organization in existence and providing services for at least three years prior to the date of application. Applicants must be able to demonstrate that they have sufficient funds for start-up and operations for at least 60 days for all services requested under this application. Any provider the System for Award Management database lists as excluded or disqualified from agreements involving federal funds is ineligible.

For OAA HCBS, federal funds of the Older Americans Act will be allocated based on the funding formula (**Appendix A-Funding Formula**), provider capacity, and provider's funding request in their proposal; additionally, proposals must meet Request for Proposal guidelines, the rating criterion and AOoA board approval. AOoA reserves the right to allocate funds from county to county or program to program based on demonstrated need.

For Family Caregiver Support Program and Plan4Home, funds are allocated based on service authorization and participant demand and direction. Please note for FCSP supplemental services (home maintenance, home medical equipment and FCSP Health Screening/Medical Assessment) there will be a required three bid comparison done annually as services are requested before authorizing services.

Estimated funds for 6-months (July 1, 2019-December 31, 2019) provider services include about $452,000 in Title IIIB OAA, $256,000 in Title IIIC1 OAA, $559,000 in Title IIIC2 OAA, $17,000 in Title IIID OAA, $75,000 in Title IIIE, $8,100 in Title VII Elder Abuse OAA, $148,000 in Senior Community Services, $1,700,000 in Lucas County Senior Services Levy, $389,00 in Nutrition Services Incentive funds (NSIP), $80,150 in Senior Community Services State Subsidy, and $107,000 in Ohio Housing Trust Funds to be allocated. These dollar amounts are estimates *only* and based on 2018 funding allocations and first half 2019 funding awards. AOoA reserves the right to accept or reject any proposal submitted.

**Quality Improvement/Performance Measurement:**

The AOoA wants to ensure the highest quality services are provided to older adults. In an effort to improve quality, one of the objectives in our 2019-2022 Strategic Area Plan is to incentivize service providers to deliver higher quality services. Our strategy to achieve this objective is to establish continuous quality incentive payments for providers after developing outcomes measurements and a baseline. During this RFP cycle, the AOoA will explore the development of performance metrics because we want to establish effective, appropriate, measureable standards to assess quality. If performance measures are developed a baseline will be determined, as well. Then, the AOoA will explore linking payments/incentives to performance measures in subsequent program years based on available funding source, rules and regulations. This may result in additional reporting/data entry.

In addition, the AOoA may consider discontinuing funding those existing providers that have chronic low participation so those resources can be used to fill the identified service gaps.

**Qualifications of the Bidder**

This RFP is a competitive process open to non-profit, for-profit, private or public bidders who have been an established business for a minimum of three years and in good standing with the Ohio Secretary of State and the Office of the Ohio Attorney General. Any provider the System for Award Management database lists as excluded or disqualified from agreements involving federal funds is ineligible.

Bidders will be required to provide services in accordance with Older Americans Act found at: https://legcounsel.house.gov/Comps/Older%20Americans%20Act%20Of%201965.pdf and published rules and policies of the Ohio Department of Aging found at: https://aging.ohio.gov/Rules#930161-rules-in-effect. Compliance with requirements is the responsibility of the awarded bidder.

* Bidder must possess the ability to perform successfully under the terms and conditions of the contract.
* Bidder must meet the Conditions of Participation as specified in the Acknowledgements, Assurances and Certifications section of this proposal.
* Bidder must provide proof of current registration with the Secretary of State as a non-profit organization, a cooperative, or a for-profit business, limited liability company, limited partnership, or a partnership having limited liability.
* Bidder must be in good standing with the local health department and/or state or federal Department(s) of Agriculture, as documented by attaching a copy of the most recent Ohio Department of Agriculture/Ohio Department of Health Standard Inspection Report for each preparation site and a copy of current Food Service Establishment License for preparation site. “Good standing” is defined as the food service establishment license has not been nor is in the process of being denied, suspended or revoked.
* Bids are encouraged from small businesses, women-owned businesses and minority-owned businesses.
* Bidder is required to demonstrate financial solvency.
* Bidder may bid on the entire geographic area of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties or portions thereof.
  + Bids will be accepted for as small as one congregate meal site program/senior center, or one neighborhood of services.

This is a competitive process open to all entities: non-profit, for-profit, faith-based, private and public. Applicants, whose existing contracts with AOoA are not in good standing, will not be considered for a contract. Applicants must meet minimum requirements to be considered for a contract as specified in the rating section of this proposal for the service provided.

AOoA is specifically interested in receiving proposals from organizations with previous or current experience in providing these services. Providers who are certified through Ohio's Medicaid Waiver program, PASSPORT, or other programs for related services are strongly encouraged to apply.

**Right to Reject Proposal**:

AOoA reserves the right to reject and/or accept any or all proposals and/or applications if it is deemed in the best interest of the Agency, even those submitted after the submission deadline.

**RFP and Submission Information:**

Proposal deadline and submittal procedures:

Date: Wednesday, April 10, 2019

Time: 5:00 PM EDT

Location: Proposals must be submitted to:

Area Office on Aging of Northwestern Ohio, Inc.

Attention: Program and Planning Department

2155 Arlington Ave

Toledo, OH 43609

Proposals and applications will be accepted prior to the due date, from 8:00 a.m. to 5:00 p.m. Monday – Friday at the same location. All proposals must be complete. Incomplete proposals may not be reviewed. Faxed proposals will not be accepted. The AOoA reserves the right to accept proposals after the deadline, if it is deemed in the best interest of the Agency.

Proposals must be submitted in a sealed envelope or package. The outside of the envelope or package must clearly indicate “AOoA Proposal for Community Based Services for Older Adults” The name and address of the respondent must also be clearly printed on the outside of the envelope or package.

**Bidder’s Conference:**

Previous bidders will note there are significant changes in this RFP. Therefore, all potential bidders are highly encouraged to attend the Bidder’s Conference, which will be held on:

Wednesday March 13, 2019 at 2:00 p.m. at:

Area Office on Aging of Northwestern Ohio, Inc.

2155 Arlington Ave

Toledo, OH 43609

To attend remotely, dial 1-866-528-2256. Then, enter code 6015222.

The purpose of the Bidder’s Conference is to clarify the RFP process and the scope of the required services. A question and answer session will follow the presentation. The AOoA strongly encourages all prospective respondents to attend the conference. No information stated at the meeting or in conversation with the AOoA staff is legally binding on the AOoA unless it is contained in a written addendum to the RFP.

**Contact Person:**

Please note any questions submitted outside of the bidder’s conference must be in writing and received before March 22, 2019.

Please direct any questions to the following:

Planning and Program Development

[Contracts2019@areaofficeonaging.com](mailto:Contracts2019@areaofficeonaging.com)

**Timeline:**

Release Date of this Request for Proposals: March 6, 2019

Bidder’s Conference: March 13, 2019

Final Date to Submit Bidder’s Questions: March 22, 2019

Application Due: April 10, 2019

Proposal Review Committee and

AOoA Board of Directors Approval: April/May 2019

Release of Contracts: NLT June 7, 2019

Anticipated Contract Services Effective Date: July 1, 2019

Note: Renewed annually for up to 3 1/2 years. AOoA reserves the right to adjust the contract effective dates as circumstances dictate.

**Format of the Proposal:**

All Proposals must be prepared on 8 ½” x 11” letter size paper, typed, with page numbers, 1” margins, minimum 12 pt. font, double-spaced, program narrative should be no more than 30 pages. Proposals must be securely bound to ensure that the entire contents remain complete and intact. Submit one (1) complete original signature set (clearly marked) “originals” and seven (7) copies of all RFP documents.

**Detailed Application Review:**

Applications from existing providers will each be reviewed individually and judged on their own merit. AOoA may compare all narrative, statistical and financial information for previous full contract years, current mid-year, and current year/twelve month projection performance data from information available to AOoA; similar past performance information will be requested of any new applicants. Application review may also use aggregate data such as from the WellSky Aging and Disability (formerly SAMS) or NAPIS reporting systems and various internal data related to service provisions. For OAA HCBS proposals, all final decisions will be made by the PRC Committee and the AOoA Board of Directors.

For Family Caregiver Support Program and Plan4Home, applications will be reviewed by AOoA staff rather than the PRC Committee. Final decisions will be made by the AOoA Board of Directors.

**Primary Considerations for OAA HCBS proposals:**

1. Complete, accurate, and timely submittal of the application;
2. Indicators of quality, contract compliance and capacity, such as past performance and Budget Narrative (It is expected performance that is not ideal will be adjusted to meet performance metrics);
3. Clientele to be served (higher percentages of individuals in target populations identified on pages 5-6 will increase the score);
4. Number of units and resulting unit rates for a service;
5. Amounts of matching funds, client contributions, and other cash (higher amounts are more favorable; more matching dollars, client contributions or cash from other sources will increase the score); and
6. For nutrition services: Amount of person direction incorporated into nutrition services (more instances of person direction is more favorable).

**Instructions for All Applicants**

**General Instructions:**

1. Prior to completing the application, please review the service provider conditions to contract awards-purchase of service & grant award policy (Appendix D) service taxonomy (Appendix E), OAC Chapter 173, in part (Appendix F), service provider consumer contributions (Appendix G), nutrition menu, meal and records documentation procedures (Appendix H), Wellsky Aging and Disability (formerly SAMS) data collection procedures (Appendix I) and average unit rates for the region (Appendix J).

2. Read all instructions and become familiar with the application forms prior to their completion.

3. The application will be provided electronically in Microsoft Word and Excel format on-line at [www.areaofficeonaging.com](http://www.areaofficeonaging.com). **Applicants must submit one (1) original and seven (7) copies of the completed application,** otherwise, the application will be considered **incomplete**, and will not be eligible for further consideration. Please **submit proposals in binder clips**. (Do **NOT** submit in notebooks, stapled or any other bindings.)

4. Applicants must meet the Conditions of Participation as specified in the Acknowledgements, Assurances and Certifications section of this proposal.

5. To be considered for a contract, the applicant must provide proof of current registration with the Secretary of State as a non-profit organization, a public agency, a co-operative, or a for-profit business/corporation, limited liability company, limited partnership, or a partnership having limited liability.

6. Applicants must meet minimum requirements to be considered for a contract as specified in the rating section of this proposal for the service provided.

7. All applicants should complete the following portions of the application:

Request for Area Office on Aging Contract/Agreement: All Funds 2019-2022 (page 16)

Checklist (page 18)

Program Description Narrative for Specific Program Area

Family Caregiver Support Program and Plan4Home-See Page 42

OAA Home and Community Based Services -See Page 33

Budget Documents-Only Applicants Submitting a Proposal for OAA Home and Community Based Services-Appendix B/Separate MS Excel File

Acknowledgements, Assurances and Certificates-See Separate File

Appendices-Please see Checklist for Specific Program Area

**Instructions for Completing *Request for Area Office on Aging Contract/Agreement All Funds 2019-2022:***

**ITEM** **COMMENTS**

Purpose of Request Please be sure to check everything that applies. More than one category may apply in your request.

Applicant Agency: Place the legal name of the sponsoring

(Sponsor) Organization in this area.

Date: Self-explanatory

dba Project Name: Place the name of the project in this block (if different from the legal name of the sponsor).

Federal Tax I.D.: Place the nine-digit Employer Identification Number assigned to the sponsoring organization by the Internal Revenue Service in this area.

Business Address: Place the primary address where the Applicant Agency is located in this area.

Mailing Address: Place the address where correspondence should be sent if different from the business address given.

Executive Director/Director/CEO: Place the name of the Executive Director/Director/CEO to be contacted in the event questions arise regarding this application.

Phone Number: Self-explanatory.

Services to be Provided: Family Caregiver Support and Plan4Home Applicants-Provide the services to be provided, the unit rate and the counties you intend to serve.

Total Amount Requested: OAA Home and Community Based Services Program Applicants- Provide Total Funding Requested and % Overall Agency Budget for July 1, 2019-December 31, 2019 and January 1, 2020-December 31, 2020, respectively. Please indicate the counties you intend to serve.

Total Additional Amount: Lucas County Senior Services Levy Providers-Start-Up Service Cost.- Provide Total Additional Program Start-Up Funds Requested for July 1, 2019-December 31, 2019 or January 1, 2020-December 31, 2020, respectively. This funding should not be included in your unit rate. Pilot Program start-up costs should be included in the total pilot program cost.

Total Amount Pilot Program: OAA Home and Community Based Services Program Applicants- Provide Total Funding Requested for Pilot Program for July 1, 2019-December 31, 2019. If the pilot program will not be implemented until January 1, 2020 or later, please indicate the timeframe for pilot program and total amount requested. Please indicate the counties you intend to serve.

Names, Signatures & Titles: Place the names, title and dates in the areas provided. The person signing in this section must have the legal authority to contract on behalf of the agency.

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| --- | --- | --- | --- | --- |
| **Request** **for Area Office on Aging Contract/Agreement**  **All Funds 2019-2022**  **Page 1 of 2** | | | | |
| **Purpose of Request** (check any that apply):  ( ) First time applicant ( ) Current or Previous AOoA Provider  ( ) Family Caregiver Support Plan4Home Program Applicant  ( ) Older Americans Act Home and Community Based Services Applicant | | | | |
| **Applicant Agency (sponsor):** | | | **Date:** | |
| **dba Project Name:** | | | **Federal Tax ID:** | |
|  | **Business Address:** | | **Mailing Address (if different):** | |
| Street: |  | |  | |
| City, State, Zip |  | |  | |
| Attention: |  | |  | |
| Phone #: |  | |  | |
| Fax #: |  | |  | |
| Executive Director/Director/CEO: Phone #: | | | | |
| **Family Caregiver Support Program and Plan4Home Program Applicants** | | | | |
| **Services to be provided:**  **1.**  **2.**  **3.**  **4.**  **5.** | | **Unit Rate:**  **1.**  **2.**  **3.**  4.  5. | | **Counties to be Served** |
| **OAA Home and Community Based Services Program Applicants** | | | | |
| **For July 1, 2019-Dec 31, 2019:**  **Total Amount Requested:**  **% of Overall Agency Operating Budget:** | | **For Jan 1, 2020-Dec 31, 2020:**  **Total Amount Requested:**  **% of Overall Agency Operating Budget:** | | **Counties to be Served** |
| **Lucas County Senior Services Levy Providers-Start-Up Service Cost (excluding Pilot Programs)**  **Total Additional Amount Requested for New Programs- 2019: 2020:** | | | | |
| **Request** **for Area Office on Aging Contract/Agreement**  **All Funds 2019-2022**  **Page 2 of 2** | | | | |
| **OAA Home and Community Based Services Program Applicants-Pilot Program** | | | | |
| **For July 1, 2019-Dec 31, 2019:**  **Total Amount Requested:** | | **For (specify timeframe):**  **Total Amount Requested:** | | **Counties to be Served** |
| **Names, Signatures, and Titles of Persons Authorized to Commit Applicant Organization to this agreement (Board President (if applicable) & Executive Director/Director/CEO Signatures Required)** | | | | |
| Board President Name (Type or Print): | | | | |
| Board President Signature and Date: | | | | |
| Executive Director/Director/CEO Name (Type or Print): | | | | |
| Executive Director/Director/CEO Signature and Date: | | | | |

**Checklist**

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**(Items to be submitted with Application in this order)**

|  |  |  |  |
| --- | --- | --- | --- |
| **Item** | **Applicable Programs** | **Page** | **Check if Included in Proposal** |
| Request for Area Office on Aging Contract/Agreement All Funds 2019-2022 | All | 16 |  |
| Checklist (This Form) | All | 18 |  |
| Program Description Narrative | All | varies |  |
| Total Budget By Service (MS Excel) | OAA HCBS | MS Excel  File |  |
| Personnel Budget-Individual Unit Rate and Match (MS Excel) | OAA HCBS |  |
| Proposed Contract Summary (MS Excel) | OAA HCBS |  |
| Matching Funds/Resources (MS Excel) | OAA HCBS |  |
| Budget Narrative | OAA HCBS | 36 |  |
| **Acknowledgements, Assurances and Certifications required by State and Federal law** | Separate File | |  |
| Conditions of Participation | All | 2 |  |
| Acknowledgement of Terms and Conditions of Funding Award | All | 7 |  |
| Agency Authorization to Submit Certification | All | 8 |  |
| General Assurances of Compliance with Quality Assurance Standards and Requirements | All | 9 |  |
| Assurance of compliance with the Department of Health and Human Services Regulations under Title VI of Civil Rights Act of 1964 | All | 10 |  |
| Assurance of Compliance Department of Health and Human Services Regulation under Section 504 of the Rehabilitative Act of 1973 | All | 11 |  |
| Certificate Regarding Debarment, Suspension, and other Responsibility Matters | All | 12 |  |
| Certification Regarding Lobbying | All | 13 |  |
| Certification of Compliance with Federal, State and Local Laws and Regulations | All | 14 |  |
| Minority Agency Certification | All | 15 |  |

**Checklist**

**Page 2 of 3**

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| **Item** | **Applicable Programs** | **Page** | **Check if Included in Proposal** |
| Proof that applicant is currently registered with the secretary of state a non-profit organization, a public agency, association, trust, a co-operative, or a for-profit business/corporation, limited liability company, limited partnership, or a partnership having limited liability. | All | N/A |  |
| A written statement of agreement to comply with nondiscrimination laws, federal wage and hour laws, and workers compensation laws in the recruitment and employment of individuals. | All | N/A |  |
| Ohio Department of Public Safety Homeland Security-No Assistance to Terrorist | All | 16 |  |
| **Appendices** | Separate File | |  |
| Proof that applicant is currently registered with the secretary of state a non-profit organization, a public agency, association, trust, a co-operative, or a for-profit business/corporation, limited liability company, limited partnership, or a partnership having limited liability. | All | N/A |  |
| A written statement of agreement to comply with nondiscrimination laws, federal wage and hour laws, and workers compensation laws in the recruitment and employment of individuals. | All | N/A |  |
| Organizational Chart | All | N/A |  |
| Evidence of at least one million dollars of commercial liability insurance coverage and insurance coverage for participant loss due to theft or property damage and the written procedure describing the step-by-step instructions a participant may follow to file a claim. | All | N/A |  |
| Copies of Licensures for LSWs, RNs, RDNs, if required for provision of service | All | N/A |  |
| Resume of Key Staff (Half page bio accepted) | All | N/A |  |

**Checklist**

**Page 3 of 3**

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| --- | --- | --- | --- |
| **Item** | **Applicable Programs** | **Page** | **Check if Included in Proposal** |
| New Provider Submit last three years of audited Financial Statements and last three years of IRS tax return | New Providers only | N/A |  |
| Copy of any proposed subcontract(s) or Memorandum of Understanding(s) that will be entered into with funds from this RFP | All | N/A |  |
| Certificates of Insurance (Minimum $1 million liability) | All | N/A |  |
| Job Descriptions | All | N/A |  |
| Copy of the most recent Health Department Certificate of Inspection for the facility or facilities where the food will be served, prepared, packaged, and/or stored. If citations were issued, signed statements of completed corrective action must also be included. | Plan4Home and OAA HCBS-Congregate and/or Home-Delivered Meal Providers, as well as, Adult Day | N/A |  |
| Applicant’s food service and any other food production license. | Plan4Home and OAA HCBS-Congregate and/or HDM service providers | N/A |  |
| For new providers, a minimum of three verifiable business references regarding your organization’s performance and description of the work, which was done. These references should be on letterhead with contact information included. | All new providers | N/A |  |

Older Americans Act Home and Community Based Services

**Area Office on Aging of Northwestern Ohio**

**Older Americans Act Home and Community Based Services**

**2019-2022**

**Background Information/Scope of Work:**

*Unmet Needs and Gaps in Service*

In 2018, the AOoA completed our Strategic Planning Process for 2019-2022. As part of this planning process, the Center for Community Solutions assisted with the completion of detailed infographic profiles of older adults in the region. Some of the unmet needs and gaps in services identified during this process include:

* Need for data to drive funding decisions that are made regarding service providers, especially with senior centers. Historically, the AOoA has invested more in senior centers than many other Ohio Area Agencies on Aging. However, there are gaps in service areas, for example western Lucas County, and quality of services among senior centers. Two studies conducted by Scripps Center for Gerontology at Miami University demonstrated all senior centers in our region had high participant satisfaction rates and made an impact in the lives of older adults. Still, there were statistically significant differences between satisfaction and impact between senior centers within Lucas County and between rural counties.
* Participation at senior centers and nutrition dining sites have been declining. The success of both the senior center and dining program are interconnected. It is integral both of these entities work together on innovative service delivery to meet the changing needs of the older adult population we serve. Currently, outside of Lucas County the same provider, who operates a senior center also operates the meal program at the senior center. However, in Lucas County the majority of meals are prepared by a provider, who does not operate any of the senior centers.
* Need for effective client finding, as well as, culturally competent service delivery for underserved special populations to include non-English speakers, people from different religious backgrounds and individuals who identify as LGBT.
* Need to expand training in highly successful evidence-based practices related to chronic disease prevention and management. Evidence-based arthritis management is particularly important, since it is the most common chronic disease. Also, HomeMeds Medication Safety and pain management programs are important tools in the battle against the opioid crisis.
* Need for coordinated, impactful service delivery. For example, transportation services range from county-wide coordinated public transportation to no viable public transportation options outside of OAA contracted providers. Specifically in Lucas County, there is currently one provider of medical transportation and several senior centers contracted to provide non-medical transportation. Often times, transportation services are disrupted secondary to vehicle maintenance or driver availability issues. Unfortunately, there are usually no back-up transportation plans in place.
* In addition, there is a need for transportation across county and state lines.
* Another example, is the need for various professions to be involved with home repair. Occupational therapists could help assess and plan home modifications to allow the client remain in his/her home. Social workers or nurses could assess individuals on the long home repair waiting list for other needs.
* Services are needed to combat social isolation among homebound older adults.
* Need for intergenerational dining services, especially for Kinship families.
* Need for benefits counseling.
* Need for services to better support individuals with Alzheimer’s disease and related dementias and their caregivers.

*Strategies to Meet Unmet Needs*

The AOoA Strategic Area Plan Goals, Objectives and Strategies may be found in Appendix C of this proposal. With this request for proposal process, the AOoA would like to procure services to help address the unmet needs listed above. The AOoA realizes we will not be able to provide funding for all proposed innovative programs. However, we intend to maintain a list of potential unfunded programs, for which, we will actively seek external grant funding and partnerships to implement them.

Below are areas of interest:

*Region wide*

* Innovative programs to address social isolation.
* Expand benefits counseling and evidence-based wellness programs.
* Culturally competent services for underserved populations.
* Ensure home delivered meal drivers have sufficient time, 3-5 minutes per participant undistracted by cell phone, to conduct wellness check and combat social isolation.
* Expanded service hours to include evenings for all programs.
* Educational recreation classes; such as foreign languages, music and arts instruction, art museum, continuing education, etc.
* Intergenerational dining site.
* Grocery Shopping Ordering and Delivery Service.
* Option for transportation providers to include 2 different unit rates in their proposal; one for transportation within county lines and one for long distant transport across county and state lines. Many rural providers are already providing long-distance transportation using one blended unit rate, which is acceptable, also.

*Lucas County Only*

* Expand service delivery in western Lucas County.
* Implement HomeMeds Medication Safety evidence-based program.
* County-wide back-up transportation provider for senior centers that can be quickly activated to mitigate disruption in transportation services.
* Home Injury Control/Assessment by Occupational Therapist for home modification program.
* Expansion of direct services for individuals with Alzheimer’s disease and dementia.
* Caregiver Refresh Center or Caregiver Respite Center to provide a physical location family caregivers can go in order to receive and be connected with adult day care, counseling, caregiver support groups, volunteer respite, as well as, socialization and recreation services and possibly massage therapy.
* Bilingual Outreach Coordination and services for eastern Lucas County to better serve the Spanish-speaking community.

*Lucas County Senior Center Unique Needs*

The Area Office on Aging has been focusing on working with senior centers to strengthen senior centers so they are well-positioned for increased relevance and growth in participation over the next 5-10 years.  The Area Office on Aging has conducted eight focus groups at senior centers with both current senior center participants as well as non-participants to try to better understand how best to strengthen senior centers.  Based on this and other data, the Area Office on Aging believes that for a senior center to be setup for success in increased relevance and growth in participation, senior centers should focus on making significant changes in the following four areas:

1. Outreach – Getting the word out to those individuals who are not currently participating in senior center programming about why it would be beneficial for them to do so in a compelling way is critical to growing participation in senior center programming.  A few thoughts that are important to keep in mind when focusing outreach efforts are as follows
   1. Branding – In the eight senior center focus groups the Area Office on Aging has done with a consultant, as a general rule of thumb, the feedback from the age 60 and better population can be broken down into two groups:
      1. Age 60 – 74 – These individuals tended to not self-identify with the term “senior.”  They also tended to think the term “senior” had a negative connotation associated with it.  These individuals also tended to have a hard time thinking of themselves walking through the doors of a building with the name “senior center” on it.
      2. Age 75+ - These individuals tended to self-identify with the term “senior.”  They also tended to be fine with the term “senior” and didn’t think there was a negative connotation associated with it.  These individuals tended to have no problem walking through the doors of a building with the name “senior center” on it.
   2. Messaging – Develop and use messaging that is clear, concise and compelling on why someone who is not participating in senior center programming should check out a center for the first time.  One sample example is attached to this e-mail that could be embedded in the RFP.
   3. Visuals – With the outreach that is being conducted, having pictures and visuals that are attractive and help the potential center participant target demographic see themselves in the image being used is important.  Bernard Baruch said, “To me, old age is always fifteen years older than I am.”  If this saying is viewed from a different perspective, someone who is age 75 may very well view himself/herself as actually looking like someone age 60.  Therefore, if the center is trying to attract this person who is age 75 to come participate in the programming, it may be a good idea to use a picture of someone who looks like they are age 60 in order for the person who is age 75 to self-identify with the image/see himself or herself in the image.
   4. Media formats – Many senior centers have relied heavily on print media, including print newsletters for their outreach.  Shifting some more of that outreach funding and focus to social media and other forms of digital media formats may be wise to attract more center participants in a more cost efficient way.
   5. Target Demographics – When looking at the average age of Lucas County senior center participants, there is a spike that naturally is occurring with the 65-69 age group.
2. Services – Some have a perception/stereotype that much of what a senior center offers is bingo and playing cards.  Finding ways to diversify, elevate and highlight programming and services the senior center offers could include docent-led visual literacy experiences at the museum/in-center art classes, book clubs, technology-related educational presentations/one-on-one expert assistance (on topics like cyber security, how to stream video on TV/devices, how to use an Amazon Echo or similar smart speaker, etc.), Metropark-provided tours and in-center classes.
3. Operational – extended hours of operation, good process for welcoming and on-boarding new participant who comes to the center for the first time.
4. Physical Space – Having the physical space of the center be attractive, welcoming, accessible, etc.

*Pilot Programs*

We realize this RFP is for 3 ½ years and some providers may have ideas for new services/expansion of current services to meet unmet needs, which are not quite ready for implementation on July 1, 2019. In addition, new programs may not prove successful/impactful. Therefore, we are accepting proposals for pilot programs, for which the implementation date may be delayed until a later date within the three and a half year funding cycle, i.e. January 1, 2020. In addition, outcomes/evaluation criteria will be established for these funding opportunities. Providers will be expected to provide monthly updates related to the outcomes/evaluation criteria. The funding for pilot programs will be for 12 months with the possibility of renewing based on funding and outcomes. While the program will be reviewed monthly, the final determination for renewing funding will occur the ninth month of the pilot project. Please refer to special instructions in the program narrative for requesting this funding.

*Aging and Disability (formerly SAMS) Data Entry*

For all OAA HCBS services, data entry is required in WellSky Aging and Disability (formerly SAMS) database. The AOoA pays for 1 user license per service provider for this database. Additional license may be purchased at the service provider expense. Currently, the cost of an additional license is $367.20/year. This is subject to change.

Wellsky Aging and Disability data is to be collected and reported as an integral part of the Service Provider’s day-to-day operations. At a minimum, providers are required to report all contracted service units plus the units provided with required matching funds. In addition, all congregate and home delivered meal providers are required to report all NSIP eligible meals served, even those provided by local funds. NSIP funding is based on the total number of meals served. An Aging and Disability Agency Summary Report shall be submitted with the monthly request for payment.

Currently, information required to be captured in the Aging and Disability database varies by service. Currently, some services are reported by individual and others are reported as an aggregate number of consumers in a group. Depending on the service, providers are responsible for collecting and reporting information, such as participant name, date of birth, gender with which the individual identifies, address, in poverty (yes/no), lives alone (yes/no), nutrition risk based on DETERMINE checklist score, rural (yes/no), number ADL/IADL, ethnicity and ethnic race, disabled (yes/no), NSIP eligible (yes/no) , NSIP eligible type, service type, service units, and funding source.

The AOoA desires to further substantiate efficient and impactful utilization of Lucas County Senior Services levy funds and better understand the average daily number of participants served by a provider and the average number of services participants receive in a day. To this end contracted providers of services in Lucas County are invited to indicate whether or not they are willing to pilot entering additional data into the WellSky Aging and Disability (formerly known as SAMS) database. For example, the AOoA may pilot the entering of contracted units be by individual participant by day rather than in a consumer group. If a provider is interested in piloting this, please indicate the additional funding, software, hardware and technical assistance needed from the AOoA to pilot this for a year.

Data entry and reporting requirements may change during the contract period based on reporting required by the Administration on Community Living or the Ohio Department of Aging. In addition, the AOoA may request additional data to track outcomes/outputs or changes in participant status.

*Service Delivery*

Please see the Appendices for service taxonomy, significant Ohio Adminstrative rules, and AOoA policies and procedures.

*Requirements for all Nutrition Providers*

*Person Direction/Person Centeredness*

Per Ohio Administrative Code (OAC) 173-4-04, the AOoA is procuring for person-directed nutrition services. Person-direction allows a consumer to decide what is best for himself/herself from a range of viable options. The AOoA defines person-direction to include:

* Allowing Congregate meal participants to decide when they would like to eat lunch rather than a set meal time. For example, an individual may eat lunch anytime between 11:30 am and 1 pm.
* Offering breakfast (morning) and/or dinner (evening) meals for Congregate meal participants, in addition to the lunch meal.
* Allowing Congregate meal participants to receive a meal without an advance reservation, and/or accommodating “walk-ins.”
* Serving traditional, hot meal on Thanksgiving and Christmas Days.
* Offering culturally appropriate meals at the J. Frank Troy Senior Center, which is predominately African-American, the Asian Resource Center and the Mayores Senior Center, which serves some Hispanic/Latino older adults.
* Offering a choice of food items within a meal, which could include choice of sides and/or entrée.
* Offering the choice of vegan/vegetarian option, lower-fat and lower sodium food alternatives for high fat and high sodium items, as well as, the choice of a lower carbohydrate dessert.
* Providing key nutrient information (i.e. calories, fat, sodium, carbohydrate) on a HDM menu or dining site menu board, which allows participants to make informed choices.
* Incorporating locally-grown fresh fruits and vegetables as an alternate to canned and frozen items.
* Offering a choice of dining formats. This includes serving meals on plates rather than trays; using wait staff to serve participants; and offering a delicatessen/café type dining service.
* Offering home delivered meal participants the choice of hot or frozen meals, choice of delivery time (morning or afternoon) and delivery frequency (daily or periodic).

Providers may incorporate other types of person-directed service into the nutrition program. However, provider is required to incorporate into nutrition services all of the person-direction included in their proposal.

*Home Delivered Meal Assessment*

Each potential HDM participant shall be assessed in his/her home to determine eligibility to receive HDMs and assess needs. Assessment shall be made within 10 working days after the request for service has been made and annually thereafter. An AOoA-approved assessment tool shall be used to assess potential HDM participants. The in-home assessment shall be done under the supervision of a Licensed Social Worker, Registered Nurse, Licensed-Registered Dietitian, or a professional approved by AOoA. Nutrition Providers may include this service in their home delivered meal unit rate or contract for a separate service, home delivered meal assessment.

*Additional Responsibilities of Home Delivered Meal Provider*

All meal providers are responsible for the following:

* Hiring, training and supervising dining site managers. Currently, some senior center staff are paid by the meal provider to serve as dining site managers but are not employees of the meal provider.
* Collection and reporting program income (participant donations)
* Completing monthly, quarterly and annual reports required by the AOoA.
* Service delivery data entry to include the collection and reporting of NAPIS information required by the Administration for Community Living.

*Therapeutic Meals*

A provider may offer therapeutic meals, medical food or food for special dietary use. The provider shall comply with OAC 173-4-06 if providing therapeutic meals.

*Food Safety*

The Ohio Department of Agriculture and/or the local health department has jurisdiction to monitor the provider’s compliance with food-safety laws, including sanitation, food temperatures, thermometers, food-borne illnesses, packaging and dating meals. The provider will be responsible for maintaining the appropriate food service license.

*Lucas County Congregate and/or Home-Delivered Meal Providers*

Currently, congregate meals are being served at 18 dining sites within Lucas County. The AOoA is responsible for approving the opening and closing of all dining sites in Lucas County at which contracted congregate meals are served. The AOoA may open new sites during the contract period giving preference to persons with disabilities and veterans. Three dining sites are operated by three independent providers. The remaining dining sites and the majority of home delivered meals are provided by another provider, who rents the central kitchen located at 2121 Garden Lake Parkway, Toledo, Ohio 43614. Below is pertinent information related to contracting for this large program:

*Equipment Rental*

The central kitchen located at 2121 Garden Lake Parkway, Toledo, Ohio 43614 is where the vast majority of meals are prepared. Rent is in the amount of $6,207/month.

Current Congregate Meal Sites, Serving Days, Participants Served thru the Central Kitchen

|  |  |  |  |
| --- | --- | --- | --- |
| **Meal Site** | **Location** | **Serving Days** | **Average Number Participants/Day** |
| Alpha Towers Apartments | 525 E. Woodruff Ave.  Toledo, Ohio 43604 | Tuesday | 20 |
| Chester Zablocki Senior Center | 3015 LaGrange  Toledo, Ohio 43608 | Monday-Friday | 21 |
| Spencer Township Community Center | 330 Oak Terrace Blvd Holland, OH  43528 | Monday-Friday | 14 |
| Eleanor Kahle Senior Center | 1315 Hillcrest Drive Toledo, OH   43612 | Monday-Friday | 12 |
| J. Frank Troy Senior Center | 545 Indiana Ave. Toledo, OH   43604 | Monday-Friday | 36 |
| Friendship Park Senior Center | 2930 131st Street Toledo, OH   43611 | Monday-Friday | 9 |
| James Hancock Senior Center | 5760 Bayshore Road Oregon, OH   43616 | Monday-Friday | 28 |
| Margaret Hunt Senior Center | 2121 Garden Lake Parkway Toledo, OH   43614 | Monday-Friday | 18 |
| Mayores Senior Center | One Aurora Gonzalez Road Toledo, OH   43609 | Monday-Friday | 15 |
| Pilgrim Port Senior Housing | 4545 Angola Rd. Toledo, OH   43615 | Wed. and Friday | 10 |
| Pinewood Place Apartments | 1210 Collingwood Blvd.  Toledo, Ohio 43604 | Wednesday Evening | 14 |
| Renaissance Apartments | 419 N. St. Clair St. Toledo, OH   43604 | Monday-Friday | 18 |
| Senior Centers Inc. | 2308 Jefferson Ave. Toledo, OH   43604 | Monday-Friday | 28 |
| Sylvania Senior Center | 7140 Sylvania Ave. Sylvania, OH   43560 | Monday-Friday | 11 |
| The Commons at Garden Lake Veterans Apartments | 1065 Garden Lake Parkway  Toledo, Ohio 43614 | Saturday Brunch | 20 |

Meals Currently Not Provided Thru the Central Kitchen

|  |  |  |  |
| --- | --- | --- | --- |
| **Meal Site** | **Location** | **Serving Days** | **Average Number Participants/Day** |
| Asian Resource Center | Highland Park Shelter  1865 Finch St.  Toledo, Ohio 43609 | Monday, Wednesday, and Thursday | 35 |
| East Toledo Senior Center | 1001 White St.  Toledo, Ohio 43605 | Monday-Friday | 18 |
| Maumee Senior Center | 2430 S. Detroit Ave.  Maumee, Ohio 43537 | Monday-Friday | 24 |

Current Home Delivered Meal Participation

|  |  |  |
| --- | --- | --- |
| **Zip Code** | **Approximate Number Hot Meals Served Per Month** | **Approximate Number Cold or Frozen Meals Served Per Month** |
| 43412 | 0 | 90 |
| 43445 | 0 | 35 |
| 43449 | 0 | 22 |
| 43528 | 122 | 260 |
| 43537 | 212 | 105 |
| 43542 | 22 | 20 |
| 43457 | 0 | 25 |
| 43551 | 44 | 0 |
| 43558 | 75 | 20 |
| 43560 | 215 | 135 |
| 43566 | 66 | 50 |
| 43571 | 105 | 30 |
| 43601 | 0 | 25 |
| 43603 | 22 | 0 |
| 43604 | 914 | 1,355 |
| 43605 | 1,056 | 1,785 |
| 43606 | 629 | 675 |
| 43607 | 1,528 | 1,545 |
| 43608 | 713 | 900 |
| 43609 | 536 | 1,135 |
| 43610 | 295 | 265 |
| 43611 | 537 | 410 |
| 43612 | 724 | 690 |
| 43613 | 984 | 750 |
| 43614 | 1,135 | 620 |
| 43615 | 1,365 | 860 |
| 43616 | 482 | 355 |
| 43617 | 108 | 25 |
| 43618 | 7 | 0 |
| 43619 | 21 | 0 |
| 43620 | 430 | 620 |
| 43623 | 641 | 300 |
| Total | 12,988 | 13,107 |

**Program Narrative:**

The program narrative should not exceed twenty-five (25) typed pages, double spaced, 12-point font, Times New Roman or Arial. Pages should be single-sided.

The proposal should consist of the items below in the order listed. Typical scoring may include the following:

1. **Organizational Capacity** (10 points):

Please provide the following information regarding your organization’s ability regarding the following:

* + Brief Background/history of the applying organization, including when and how the organization was established along with its mission/purpose.
  + Experience providing the services you are proposing to provide including a listing of current programs and services, as well as, the number of years your organization has provided these services.
  + Staff with sufficient work experience in this area and with this population.
  + Suitable administrative, accounting, and management information systems in place.
  + Description of current and anticipated measures your agency employs to ensure that the maximum amount of funding possible is dedicated to direct service for those seniors identified in your targeting summary.

1. **Service Delivery** (20 points):

Please describe the services you propose to provide by addressing the following:

* Please describe which county (ies) you intend to serve. The AOoA service area is comprised of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties in Ohio. If you are operating in multiple counties, please indicate which services are available in each county.
* Please describe the experience and qualifications of the staff, which will be involved in each service for which you are applying, and their qualifications. Please attach copies of certifications and licenses, where appropriate.
* How this service is delivered. Identify major components of the service delivery.
* Please describe your capacity to deliver services (e.g., how many individuals you can serve per month, how many units of service you can provide).
* List your agency’s hours of operation and scheduled closings (holidays, weekends, evenings, etc.) Are services available more than 5 days per week or evenings and weekends?
* What is your agency’s plan for delivering services to seniors during weather-related emergencies, natural disasters, etc.?
* Please provide your organization’s policy for addressing problems and complaints.
* Please describe your quality assurance plan.
* Please describe staff and volunteer training program that includes orientation and ensures continuing development of staff expertise in services for which you are applying.
* Describe how you plan to incorporate cultural competency into your services to include serving LGBT individuals, in addition to serving individuals from diverse race/ethnic and religious backgrounds.
* Please describe any intergenerational programs.

For applicants bidding on **health education** and **socialization/recreation services**, please:

* Provide a list of the evidence-based wellness programs you intend to provide.
* Please provide a list of individuals, who are currently certified instructors for evidence-based wellness programs or indicate plan to train instructors.
* Please provide a list of all types of socialization/recreation activities (i.e. book club, knitting, tai chi, etc.).

For applicants bidding on **transportation services,** please describe the following:

* The qualifications of individuals, who would directly provide transportation services (e.g. escort, drivers, trainers, etc.)
* Ability to provide value-added services (e.g. evening, weekend, and on-demand transportation services)
* Detail the number and type of vehicles you have available; also include the days and hours that transportation will be available. Please include the type of reservation system you would use (e.g. how much advance notice is required to provide services)
* Ability to provide direct dispatch services, and collect and report consumer data including any special technology or systems you have in place.
* Identify any consultants or subcontractors you may have. Please describe their services and costs related to the services. (A copy of your contract with any consultant or subcontractor paid for from this contract will be submitted within 60 days of the effective date of this contract.)
* If you are applying to provide **county-wide medical transportation** and/or **county-wide emergency/back-up transportation for Lucas County**, please indicate this in your proposal and describe how continuity of service will be maintained.

For applicants bidding on **congregate and/or home delivered meals service(s),** please describe the following: Please provide a sample menu.

* Please describe the equipment that will be used for food preparation, storage, transportation, etc. Specify inventory quantities of equipment available to service this contract, and physical condition of the equipment.
* Please describe the person-directed services, which will be offered. Please refer to page 27 of this document for description of person-directed/person centered services.
* Copy of most recent inspection report conducted by Ohio Department of Agriculture and/or Ohio Department of Health for the facility or facilities where the food will be served, prepared, packaged, and/or stored. If citations were issued, signed statements of completed corrective action must also be included.
* Applicant’s food service and any other food production license, i.e. Ohio Department of Agriculture Registration.
* Identify any consultants or subcontractors you may have. Please describe their services and costs related to the services. (A copy of your contract with any consultant or subcontractor paid for from this contract will be submitted within 60 days of the effective date of this contract.)
* Please describe your organization's ability to deliver meals during weather emergencies, such as excessive snow or extreme heat. Indicate what alternative plans you have during times of employee absence, power failures, machinery or delivery truck break downs.
* For **Lucas County applicants**, some dining sites remain open as heating and cooling stations, during extreme weather. In addition, some dining sites are open on certain holidays, such as Martin Luther King, Jr. , President’s Day, Veterans’ Day, etc, In addition, the AOoA requests at least one dining site be open for meal service on Thanksgiving and Christmas Day. Historically, the dining site open for Thanksgiving and Christmas Day service has been the M. Hunt Senior Center, which is co-located with the Central Production Kitchen. Please describe how the provider will ensure food is available on these days.

1. **Targeting Services and Unmet Needs** (10 points)

* Please describe how you will target and satisfy the need for services by individuals with the greatest economic and social needs with particular attention to those groups of individuals listed on pages 5-6, who are identified in the OAA and by ODA and AOoA as target populations.
  + Please describe how services will address unmet needs identified in the Background/Scope of Work section of this RFP.
  + For **Lucas County Senior Center applicants**, please describe how you will meet the unique needs of Lucas County Senior Centers listed on pages 24-25 of this document, specifically what changes have you implemented/plan to implement to address outreach, services, operational and physical space.

1. **Collaboration** (10 points)

The AOoA values partnerships and collaboration, which are critical to providing quality services.

* Please describe any collaborative efforts your agency has make or will make to improve services to seniors. Describe any subcontractors you may have or other providers or Memorandum of Understandings (MOUs) you may have to improve services.
* Describe any programmatic, financial and/or customer satisfaction improvements expected because of this collaboration.

1. **Person-Directed Services** (15 points-more points will be provided for more person-direction)
   * Describe the person-directed services, which will be offered.
   * For nutrition providers, please include any person-directed services desired by the AOoA, which are listed on page 27 of this document.
2. **Outcomes and Evaluation** (15 points)

As described in the quality improvement/performance management section of this RFP, page 8, the AOoA will be establishing performance metrics. However, this should not replace existing outcomes and evaluation measurements by providers.

* Describe what customer satisfaction tools you have in place and how you use them. (e.g., satisfaction surveys completed by participants, evaluation forms after educational services, etc.)
* Please describe outputs collected; i.e. average number of attendance/completers, number of unduplicated participants served, etc.
* Please describe outcomes measured; i.e. annual DETERMINE nutrition risk score improved, fewer hospitalizations, reduced incidence of falls, individual feels services have helped him/her remain in the home, etc.)
* Describe benchmarks and performance standards.

1. **Budget and narrative** (20 points)

The Budget Narrative should not exceed two (2) typed pages, double-spaced, 12-point font, Times New Roman or Arial; pages should be single-sided. These pages are separate from the Program Narrative page limit. In addition, please complete the MS Excel Spreadsheets; Total Budget By Service, Personnel Budget, Proposed Contract Summary, Matching Funds/Resources and Budget Narrative. These forms may be found in Appendix B, as well as, in the separate MS Excel budget file. Please complete a 6-month budget for July 1, 2019-December 31, 2019, as well as, a 12-month budget for January 1, 2020-December 31, 2020. Do not include costs associated with pilot programs.

Match requirements: Match includes provider contributions toward the cost of services and can be either *In-Kind* (volunteers, rent-free space, etc.) and *Cash*. Volunteer time should be valued at the current minimum wage. If the volunteer is filling a professional/licensed position, then time should be comparable to job responsibilities. Donated space may be valued at fair market value. For nutrition providers, a 15% match is required. For non-nutrition providers, match requirements are typically 25% new provider, 40% 2nd year provider and 100% 3+ year providers.

Program income is income earned from activities funded wholly, or in part, by the AOoA-allocated funds. Program income includes voluntary contributions, cost-sharing, fees for services, proceeds from sale of tangible personal or real property, interest earned on state pass-thru monies, usage or rental fees and patent or copyright royalties.

Please describe the budget including the following:

* + Any costs not clearly defined in the spreadsheet. For example, meal providers describe equipment costs, i.e. delivery vehicles, kitchen equipment.
  + Identify any consultants or subcontractors you may have. Please describe their services and costs related to the services. (A signed copy of your contract with any consultant or subcontractor paid for from this contract will be submitted within 60 days of the effective date of the contract.)
  + Describe any significant differences between AOoA funds requested for July 1, 2019-December 31, 2019 and January 1, 2020 and December 31, 2020.
  + If you are currently a contracted provider requesting a new unit rate, please describe any significant increases/decreases in proposed unit rate.
  + For Lucas County Providers, please describe start-up costs for services, if requesting separate funding for this. Please do not include pilot programs.
  + Describe how you plan to comply with OAC 173-3-07 *Older Americans Act: Consumer Contributions.*

1. **Pilot Program** (Optional-Recommend “yes” or “no” dependent on available funding at the time of the pilot program implementation)

Please describe the following for 12-month pilot program:

* Anticipated start date for program.
* Please list county (ies) in which the pilot program will be offered.
* Please describe unmet needs the pilot program will address.
* Please describe service delivery in as much detail as possible.
* Please describe any anticipated outcomes/outputs measurement.
* Please describe anticipated costs for the program in as much detail as possible, understanding the program may not be fully developed, yet.

**Rating Criterion of Proposals** All proposals submitted will be evaluated on a point system. Points will be awarded based on the following table of criterion:

|  |  |  |
| --- | --- | --- |
| **CRITERION** | **CORRESPONDING SECTION(S) OF RFP** | **Maximum**  **POINTS** |
| Previous successful experience in operating similar programs. Qualifications of bidder's personnel who will be providing the activity. Ability to leverage other funding | **Organizational Capabilities** | 10 |
| Completeness and quality of planned program’s activities and services for older adults. Extent to which the proposed program’s design incorporates services, including service gaps, to allow older adults to remain in their homes. Essential Services will be weighted more heavily. | **Service Delivery** | 20 |
| Extent to which the proposed program reaches target populations and addresses identified unmet needs. | **Targeting Services** | 10 |
| Organizations demonstrated efforts to reduce costs (unit rates) and/or create efficiencies through partnerships, MOUs, or subcontracting. | **Collaboration** | 10 |
| Extent to which the service delivery incorporates person direction. More points will be awarded for more person direction. | **Person Direction/Person Centeredness** | 15 |
| Bidder's plan to achieve goals, track consumers and meet performance standards. | **Outcome and Program Evaluation** | 15 |
| Reasonableness and necessity of proposed costs; efficiency and effectiveness of proposed use of funds. Bidder's administrative environment and fiscal responsibility. Competitive unit rate and required matching funds. | **Budget** | 20 |
| **TOTAL POINTS** |  | **100** |
| **Pilot Program (Optional)-Recommend Supporting if Funding is available (Yes or No)** |  | |

1. Total of 100 Points Possible - Must Score 70 or More Points to Qualify. Proposals receiving less than a score of 70 points will not be considered.

Family Caregiver Support and Plan4Home Programs

**Area Office on Aging of Northwestern Ohio**

**Application Family Caregiver Support and Plan4Home Programs**

**2019-2022**

**Background Information/Scope of Work:**

*Family Caregiver Support Program*

Outside of nursing homes, unpaid caregivers provide most long term services and supports. In fact, 87% of caregiving is provided by unpaid family caregivers. The average family caregiver spends 24 hours per week on unpaid caregiving activities and spends over $5,000 per year on out of pocket caregiving expenses for their aging loved one. In addition, 34% of caregivers are 65 years of age or over, and upwards of 75% of all caregivers are female. Research has shown that caregiving exacts a heavy emotional, physical and financial toll. The AOoA Family Caregiver Support Program provides information, referral and assistance, as well as, case management to caregivers of older adults. In addition, they contract with providers for additional services as needed.

The following specific populations of family caregivers are eligible to receive services:

* Adult family members or other informal caregivers age 18 and older providing care to individuals 60 years of age or older;
* Adult family members or other informal caregivers age 18 or older providing care to individuals of any age with Alzheimer’s disease and related disorders;
* Older relatives (not parents) age 55 and older providing care to children under the age of 18; and
* Older relatives (not parents) age 55 and older providing care to adults age 18-59 with disabilities.

*Plan4Home*

The AOoA Plan4Home Program provides case management to older adults throughout our service area, who are not enrolled in a Medicaid Waiver program. In addition, they contract with providers for additional services as needed.

To be eligible for enrollment in the Plan4Home program, an individual must meet the following requirements:

* Be 60 years of age or older
* Permanently reside in a non-institutional setting
* Participate in an initial eligibility assessment to determine if the individual’s care needs can be met through the Plan 4 Home program.
* Must need ongoing or episodic case management for coordination of services delivered by community-based provider and/or information for caregivers.
* Individuals receiving services funded through Title XX, must also meet income eligibility guidelines (household gross monthly income below 150% FPL).
* Priority enrollment is given to those older adults identified at most risk. At risk criteria may include the following:
  + Indications of or reported/suspected cases of self-neglect
  + Individuals who exhibit the greatest social need

*(I.e. physical and mental disabilities; language barriers; or cultural, social, racial/ethnic or geographical isolation that restrict ability to perform daily tasks or threaten capacity for independent living)*

* + Low income individuals
  + Minority Individuals
  + An increased risk for nursing home placement
  + Reside in rural areas
  + The person lacks another case management, personal care, and/or homemaking services in the home or community.
* Be determined to need assistance with personal care, homemaking or both based on the following criteria:
  + Hands on assistance with at least 1 activity of daily living (ADLs) **OR**
  + Hands on assistance with at least 3 instrumental activities of daily living (IADLs) **OR**
  + Hands on assistance with one ADL and one IADL
* Sign an agreement confirming consumer’s desire to participate in Plan 4 Home and approval of the established plan of care
* Have needs that can be safely met through Plan 4 Home in a home-based setting as determined by Plan 4 Home staff or designee
  + Require 6 hours per week or less for personal care, homemaking, or both. No more than 24 hours of services per month

*Special Populations*

As mentioned on pages 5-6 of this document, the OAA, ODA and AOoA target specific populations. Thru our strategic planning process the AOoA has identified the need for services that meet the unique needs of our older adults’ priority populations (e.g. rural, low-income, minority, limited English proficiency, Holocaust survivors, LGBT, disabled) to include culturally competent home care services. Research suggests older adults, who identify as Lesbian, Gay, Bisexual, Transgender (LGBT), may be less likely than heterosexual elders to access aging network services and providers because they feel discrimination or harassment. In addition, 20% of LGBT individuals and 44% of older transgender individuals feel their relationship with their healthcare provider would be adversely affected if their health provider knew their sexual orientation/gender. LGBT older adults are twice as likely to be single as an older adult, twice as likely to reside alone and three to four times less likely to have children.

**Program Narrative:**

The Program Narrative should not exceed five (5) typed pages, double spaced, 12-point font, Times New Roman or Arial; pages should be single-sided.

1. **Organizational Capacity-20 points**

Please provide the following information regarding your organization's ability regarding the following:

* + Brief Background/history of the applying organization, including when and how the organization was established along with its mission/purpose.
  + Experience providing the services you are proposing to provide including a listing of current programs and services.
  + Staff with sufficient work experience in this area and with this population.
  + Suitable administrative, accounting, and management information systems in place.
  + Describe your ability to demonstrate, document, and track data, along with submitting monthly invoices.

1. **Service Delivery-30 Points**

Please describe the services you propose to provide **for each** proposed service.

* Please describe which county (ies) you intend to serve. The AOoA service area is comprised of Defiance, Erie, Fulton, Henry, Lucas, Ottawa, Paulding, Sandusky, Williams and Wood Counties in Ohio.
* How this service is delivered. Identify major components of the service delivery.
* Please describe your capacity to deliver services (e.g., how many referrals can you take per month, how many units of service can you provide).
* Describe what customer satisfaction tools you have in place and how you use them. (e.g., survey completed by home health clients, survey after respite services, evaluation forms after educational services, etc.)
* List your agency’s hours of operation and scheduled closings (holidays, weekends, evenings, etc.) Are services available more than 5 days per week or evenings and weekends?
* What is your agency’s plan for delivering services to seniors during weather-related emergencies, natural disasters, etc.?
* For Emergency Response Service, please describe the type and frequency of service available.
* Per OAC 172-3-05 (B) (f), explain how you intend to comply with 45 USC 3026 (a)(4)(A)(ii), which, in relation to low-income minority individuals, older persons with limited English proficiency, and older persons residing in rural areas in the area which you intend to serve. Please specify how you intend to:
  + Satisfy those persons' service needs (e.g., bilingual aides and counselors)
  + Provide services to those persons
  + Meet the AOoA's specific objectives for providing services to those persons.
* Describe how you plan to incorporate cultural competency into your services to include serving LGBT individuals.
* For applicants bidding on FCSP educational services, please submit sample training calendar and materials to be covered including a list of topics.

For applicants bidding on **transportation services,** please describe the following. If you are applying for transportation services under the OAA HCBS section you do not need to complete this section. In your proposal, please refer reviewers to the OAA HCBS section:

* The qualifications of individuals, who would directly provide transportation services (e.g. escort, drivers, trainers, etc.)
* Ability to provide value-added services (e.g. evening, weekend, and on-demand transportation services)
* Detail the number and type of vehicles you have available; also include the days and hours that transportation will be available. Please include the type of reservation system you would use (e.g. how much advance notice is required to provide services)
* Identify any consultants or subcontractors you may have. Please describe their services and costs related to the services. (A copy of your contract with any consultant or subcontractor paid for from this contract will be submitted within 60 days of the effective date of this contract.)

For applicants bidding on Plan4Home **home delivered meals service,** please describe the following. If you are applying for home delivered meal service under the OAA HCBS section you do not need to complete this section. In your proposal, please refer reviewers to the OAA HCBS section:

* Please provide a sample menu.
* Please describe the equipment that will be used for food preparation, storage, transportation, etc. Specify inventory quantities of equipment available to service this contract, and physical condition of the equipment.
* Please describe the person-directed services, which will be offered. Please refer to OAA HCBS section page 27 for description of person-directed services.
* Copy of most recent inspection report conducted by Ohio Department of Agriculture and/or Ohio Department of Health for the facility or facilities where the food will be served, prepared, packaged, and/or stored. If citations were issued, signed statements of completed corrective action must also be included.
* Applicant’s food service and any other food production license, i.e. Ohio Department of Agriculture Registration.
* Identify any consultants or subcontractors you may have. Please describe their services and costs related to the services. (A copy of your contract with any consultant or subcontractor paid for from this contract must be submitted within 60 days of the effective date of this contract.)

1. **Program Unit Rate-20 Points**

Please state and describe the unit rate including the following information:

* Staffing costs, supplies, travel, fuel, and any other cost attributed to the unit rate.
* For ERS, provide a list of equipment cost.
* If you have a current contract with the Area Office on Aging, please submit your current unit rate for PASSPORT service, Family Caregiver Support Program Services and/or Older Americans Act HCBS contract.
* Please describe/list your current funding sources (e.g., PASSPORT, AOoA All Funds (Levy, Title III-B, etc.), Medicaid, Medicare, Private, etc.
* For Home Medical Equipment, please attach a current price list of your most common products, supplies and/or DMEs. This will be a per-bid unit rate.
* For Home Repair, include what costs will be included in the unit rate (e.g., assessment, labor, materials, etc.) As your cost vary from job to job, do not include dollar figures, this will be a per-bid unit rate.

Please note: Appendix J contains the average unit rate for services provided in our region in 2018. Information Extracted from WellSky Aging and Disability Database by Ohio Department of Aging.

**Family Caregiver Support & Plan4Home Program Application Score Sheets-2019-2022**

**Rating Criteria of Proposals** All proposals submitted will be evaluated on a point system. Points will be awarded based on the following:

|  |  |
| --- | --- |
| **Rating Criteria of Proposals** | |
| **Section I**  **(10 points each**) | **Score** |
| Organizational Chart -10 pts. |  |
| Resume of Key Staff (Half page bio accepted) and Copy of Licensures for LSWs, RNs, & Counselors – 10 pts. |  |
| **Section II**  **(20 points total)** | **Score** |
| Applicant is providing service with another AOoA funding source-5 pts. |  |
| Provider performance with another AOoA funding source.-5 pts. |  |
| Unit Rate is no more than 1 standard deviation from average unit rate for 2018-10 points |  |
| **Section III: Program narrative**  **(70 points total)** | **Score** |
| Organizational Capacity-20 pts |  |
| Service Delivery-30 pts |  |
| Program Unit Rate-20 pts |  |
| **TOTAL SCORE** |  |
| **Total of 100 Points Possible** - Must Score 70 or More Points to Qualify. Proposals receiving less than a score of 70 points will not be considered. | |

In order to be considered for a contract, the provider must also submit:

* All acknowledgements, assurances, certifications listed on the checklist
* Insurance policy (minimum $1 million liability)
* Last 3 years of audited financial statements and Internal Revenue Service (IRS) tax returns for new providers
* Copy of any proposed subcontract(s) that will be entered into with funds from this RFP, and
* Food service license and food safety inspections for HDM service applicants only.