



Request for Proposal 2021-2022 (RFP)

Union County Senior Services (UCSS)

Union County Senior Services is now accepting applications for the years 2021-2022 from agencies that wish to provide any of the following programs or services that would benefit the senior population of Union County:

- Homemaker Service
- Personal Care/Respite Service
- Institutional Respite Care
- Personal Emergency Response Service
- Caregiver Respite Service
- Durable Medical Equipment/Home Modification
- Adult Day Services

To be considered in the initial awards, submit applications by September 30, 2020 to:
Union County Senior Services, 940 London Avenue, Suite 1800, Marysville, OH 43040
Attention: Kathleen Albanese.

Union County Senior Services will continue to accept applications after that date, and the agency may make additional awards during the 2021-2022 contract cycle.

Instructions for Completion of Application

Applicants are responsible for examining all conditions of participation and relevant service specifications and requirements in this invitation to bid prior to submitting a bid.

Organization Contact Form

Please use this form to identify the applicant, to provide contact information and pertinent information about the persons authorized to complete this application, the contact person that has been designated to work directly with Senior Services in receiving referrals and the person designated to handle billing. In addition, you must confirm that you agree to comply with the attached Conditions of Participation and any or all Service Specifications that apply to your application. All individuals involved in the administration of and provision of services must be both aware of and in compliance with these specifications.

Service Quotation Sheet

This document provides each applicant the opportunity to state what services it will provide and the cost per unit. For the services that you wish to provide, indicate the unit cost and the geographic area that you will serve. Provide a unit cost for 2021 and 2022. Under Service Area list appropriate zip codes if you do not plan to serve all of Union County. If you serve the entire County, indicate "county-wide". A list of zip codes is attached for your convenience. The period covered by this application and resulting purchase of service agreement shall begin from the date of award through December 31, 2022.

Statement of Organizational Purpose

Please provide a description of your organization, its history and mission.

Disclosure of Ownership

List the names of all individuals and organizations having direct or indirect ownership interests or controlling interest separately or in combination amounting to an ownership interest of 5 percent or more in the disclosing entity.

Certificate of Good Standing

If the applicant is a corporation or a limited liability company, please submit a copy of your agency's current Certificate of Good Standing issued by the Secretary of the State of Ohio with the application.

Workers' Compensation Certificate

Please provide a copy of your agency's current Ohio Bureau of Workers' Compensation Certificate of Premium Payment with the application.

Documentation of Insurance Coverage

Please provide evidence of liability coverage with the application.

Prior to provision of services, the successful vendor must provide both a certificate of insurance naming Union County as an additional insured as the insurance relates to the work done, service provided, and/or product delivered and policy endorsements as may be required for the services or products provided and the County's additional insured status. For the additional insured coverage, please also submit either the additional insured endorsement to your policy or the relevant provision from your base policy addressing additional insured coverage.

Non-Discrimination and Equal Employment Opportunity Affidavit

All applicants are required to complete and sign the attached non-discrimination and equal employment opportunity document.

Zip Codes Served In Union County

Broadway	43007
Irwin	43029
Magnetic Springs	43036
Marysville	43040
Milford Center	43045
Plain City	43064
Raymond	43067
Richwood	43344
Unionville Center	43077
West Mansfield	43358

Organization Contact Form

1) Applicants Name

Address			Office Area Code/ Phone
City	State	Zip	Fax Area Code/Phone

2) Federal Tax ID Number _____

3) Type of Agency: () Public () Private/Non-Profit () Private/For-Profit

4) Name of official authorized to sign proposal/contract for applicant

Address			
City	State	Zip	Area Code/Phone

5) Name and e-mail address of contact person who Senior Services are to coordinate services

Address			
City	State	Zip	Area Code/Phone

6) Name and e-mail address of fiscal/billing contact person

Address			
City	State	Zip	Area Code/Phone

I understand and agree to the Conditions of Participation contained in the Purchase of Service Application. I am authorized to commit the above organization to comply with these conditions. Further, I have read, understood, agreed to and am authorized to commit the above organization to provide the service(s) set forth in the Service Specifications of those services for which we are submitting a quotation.

Signature	Title	Date
-----------	-------	------

Non-Discrimination and Equal Opportunity Employment Unsworn Statement

(Made on penalty of perjury)

I _____
Name Title
of _____
Vendor

made the forgoing proposal; that such does not and shall not discriminate against any employee or applicant for employment because of race, disability, religion, color, sex or national origin. If awarded the contract under this proposal, the successful Vendor shall take affirmative action to ensure that employees are treated, during employment, without regard to their race, disability, religion, color, sex, or national origin. If successful under the forgoing proposal, Vendor shall post non-discrimination notices in conspicuous places available to employees and applicants for employment setting forth the provisions of this affidavit. Further, Vendor does not and shall not discriminate on the basis of race, color, religion (creed), sex, age (except as permitted by law), national origin (ancestry), disability, marital status, military status, genetic information, gender identity, sexual orientation, low income status, or limited English proficiency in providing its services.

Affidavit (print name or type)

Signature

Date

Company/Corporation

Address

City/State/Zip Code

Witness (print name or type)

Signature

Date

Union County Senior Services Conditions of Participation

Table of Contents

<u>Condition Title</u>	<u>Page</u>
Agency Structure	8
Physical Facility	9
Administrative Policies	10
Personnel Policies	13
Service Delivery	15
Compliance	17
Billing	18

CONDITION 1 – AGENCY STRUCTURE

The Provider is a business or service agency with a history of operating and providing paid home care services to individuals for at least one year before the point of application. A Provider, if a business entity, is in good standing with the Ohio Secretary of State. A Provider operating under a fictitious or trade name shall be properly registered with the Ohio Secretary of State.

Required Elements

1.1 The Provider shall demonstrate a year business history supported by business records and professional references that will demonstrate the Provider's ability to perform the duties of the contract and provide high quality services.

1.1.1 The Provider agency must meet a minimum of one of the following criteria:

a) Provider agency is a current UCSS home care provider. Any present or former UCSS provider agency or agency owner who has had UCSS clients removed from their care or service due to poor performance or noncompliance issues will be examined during the bid evaluation process.

OR

b) Provider agency must demonstrate a business history of providing home care services to individuals for **at least 1 year prior to point of application to UCSS**, which is defined as the date of opening of this invitation to bid. **The following documentation is required with bid submission:**

1. **One year business history:** Applicant must furnish proof of supporting documentation as evidence of Provider's one year home care service provision. Evidence of paid service provision to consumers for a minimum of one year; written confirmation of the banking relationship during the year prior to application.
2. **1 year of Business Insurance:** Applicant is also required to submit supporting documentation of current business insurance coverage. (see Condition 3, Section 3.2 below).

1.2 The Provider shall disclose all parties having ownership/interest in or control of the agency.

1.2.1 The Provider shall have a written statement defining the purpose of their business or service agency.

- 1.2.2 The Provider shall have written policies. If the provider has a governing board, the provider shall have written bylaws; and if the provider is incorporated, the provider shall have written articles of incorporation.
 - 1.2.3 The Provider's direct service staff shall be eligible for employment under R.C. §5123.081(B) and Provider shall comply with R.C. §5123.081(C), as they may be amended or replaced, as a condition of providing service.
- 1.3 The Provider shall have a written table of organization that clearly identifies lines of administrative, advisory, contractual and supervisory authority and responsibility to the direct care level.
- 1.4 The Provider is operating the business in compliance with applicable Federal, State and Local laws, regulations, and orders, including Public Health Orders.
 - 1.4.1 The Provider shall comply with all applicable federal and state privacy laws, including the Health Insurance Portability and Accountability Act regulations (HIPAA).
 - 1.4.2. The Provider shall comply with current anti-discrimination laws in service delivery to consumers.

CONDITION 2 — PHYSICAL FACILITY

The Provider has a fixed permanent location from which to conduct business.

Required Elements:

- 2.1 The Provider shall have a computer with software to document and track services, a printer, a telephone, fax machine and the capacity, whether by staff or by an answering device, service or other means, to take telephone calls between 9:00 a.m. and 4:00 p.m., Monday through Friday. Provider shall supply the UCSS with an alternate telephone number to be used for administrative purposes only, in the event of an emergency and the provider cannot be reached at the primary agency telephone number.
- 2.2 The Provider shall utilize a secure, locked storage space for all UCSS client records.

CONDITION 3 — ADMINISTRATIVE POLICIES

The Provider has written procedures supporting the operation of the business and its services.

Required Elements:

- 3.1 The Provider shall have a system to document services delivered and billed that complies with the UCSS program requirements.

- 3.2 The Provider shall submit evidence of business insurance coverage for the required one year business history without a lapse in service at the time of bid. Throughout the term of the contract, the Provider shall obtain and maintain a comprehensive insurance program affording as a minimum the items indicated below:
 - 3.2.1 **Comprehensive General Liability:** \$1,000,000 annual combined single limit per occurrence \$2,000,000.00 aggregate, including coverage for:
 - a) **Personal Injury Liability:** all sums which the company shall become legally obligated to pay as damages because of bodily injury, sickness, or disease including death at any time resulting there from, sustained by any person other than its employees, b) **Broad form Property Damage Liability,** c) products and completed operations; d) premises and completed operations; and e) contractual liability insuring the obligations assumed by the Provider under the Contract. This insurance does not apply or shall not be construed as being applicable to liability for damages arising out of bodily injury to any person or damage to any property of others resulting from the negligence of the Union County Commissioners, its officers, employees or agents.
 - 3.2.2 Employer’s Liability, \$500,000.00, annually
 - 3.2.3 **Automobile Liability Insurance:** \$1,000,000.00, annually, all sums, which the company shall become legally obligated to pay as damages because of injury to or destruction caused by occurrence arising out of ownership, maintenance or use of any automobile, whether owned, non-owned, or hired.
 - 3.2.4 **Excess Annual Aggregate Limit:** \$1,000,000 dollars annually.

During the term of this Contract and any renewal thereto, the Contractor, and any agent of the Offeror, at its sole cost and expense shall maintain the required insurance coverage as described in the Contract. County may require the Contractor to provide respective certificate(s) of insurance in order to verify coverage. Failure to provide a requested certificate within a seven (7) calendar day period may be considered as default.
 - 3.2.4 **Employee Dishonesty:** not less than \$10,000 dollars per employee. This requirement can be included in the agency's general liability policy, or be contained separately in an Employee Dishonesty Bond from a Bonding or Surety company.

- 3.3 The Provider shall have Certificates of Insurance providing that during the term of the contract the Provider shall be insured at all locations where it undertakes business

operations for the types of insurance and limits of liability as indicated above. Upon request, copies of these Certificates shall be made available to UCSS staff.

3.3.1 All such Vendor's insurance policies shall be primary and non-contributory.

3.3.2 These policies shall contain the following special provisions: The company agrees that thirty (30) days prior to the cancellation or reduction of the insurance afforded by this policy with respect to the contract involved, written notice shall be delivered to: Union County Senior Services, 940 London Ave, Suite 1800, Marysville, OH 43040.

3.3.3 In addition to a Certificate of Insurance, Vendor shall provide endorsements to the underlying policy for the additional insured coverage, as may be required.

3.4 The Provider shall have a written procedure which identifies the steps a client shall take to file a liability claim.

3.5 The Provider shall have a written procedure for documenting all client incidents and reporting the incidents to UCSS. The Provider shall maintain evidence of reporting the incident to UCSS via phone, fax or e-mail.

3.6 The Provider shall notify UCSS within 24 hours of any incidents and document the notification on an incident report, which shall be forwarded to UCSS. An incident is defined, per OAC 173-3-01, as "an event that is inconsistent with the routine care or routine provision of goods and services to a consumer. An incident may involve a consumer, caregiver (to the extent it impacts a consumer), provider, provider's staff, ODA's staff or other administrative authorities. Examples of an incident are abuse, neglect, abandonment, an accident, or an unusual situation resulting in an injury to a person or damage to the person's property or equipment."

The provider will contact the UCSS case manager to partner in addressing the client challenge and document the notification on an incident report, which shall be forwarded to UCSS.

The provider is considered a partner in serving the clients' needs and is to work with the UCSS case manager to discuss, resolve and implement a new plan to better serve the client.

3.7 The Provider shall maintain a hard copy or electronic file for each UCSS client. Each file shall contain the following information:

- a) Client name, address, and telephone number
- b) Client date of birth and gender
- c) Contact person's name and phone number
- d) UCSS case manager name and phone number
- e) Functional limitations of client relevant to service(s) authorized

- f) Signed and dated documentation of each contact with the client or caregiver, UCSS case manager or other authorized persons.
- 3.8 The Provider shall obtain written approval from the UCSS client to release client specific information to sources outside of Union County Senior Services and have a written policy regarding confidentiality. Client information received or submitted shall be treated as confidential.
- 3.9 The Provider shall retain all records supporting service delivery to UCSS clients for a period of 6 years or until an initiated fiscal audit is completed, whichever is later. Notwithstanding the above, if there are litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the six-year period, then such records must be retained until completion of the actions and resolution of all issues, or the expiration of the six-year period, whichever occurs later.
- 3.10 The Provider shall have a written grievance procedure for the purpose of resolving client complaints. The Provider shall provide all clients with written notice of their right to file a grievance, which shall include the name and telephone number of the Provider's contact person responsible for addressing grievances.
- 3.10 The Provider shall work with the UCSS case manager to resolve any grievance. The provider is responsible for contacting the case manager by phone call, email, or fax in order to work together to address a grievance. The provider should work with the UCSS case manager to meet the client together, in person or via conference call to address the problem. The Provider shall provide all clients with written notice of their right to file a grievance, which shall include the name and telephone number of the Provider's contact person responsible for addressing grievances.
- 3.10.1 The Provider shall notify the UCSS Case Manager via phone, fax or e-mail of any and all client complaints reported to the Provider agency.
- 3.11 The Provider shall immediately notify Union County Senior Services in writing of any changes to corporate structure, Federal Tax ID#, or if the vendor is purchased by or merges with another business entity.
- 3.12 In the event a UCSS Provider desires to be released from the terms and conditions of the UCSS contract, the provider must submit this request in writing to the UCSS. UCSS requires a 60 day notice of intent to terminate the contract.
- 3.13 The Provider shall not engage in behavior that constitutes a conflict of interest in which the provider is in a position to exploit a professional or official capacity in

some way for their personal or agency's benefit or interest or may create a lack of objectivity or partiality.

CONDITION 4 — PERSONNEL POLICIES

The Provider has written personnel policies that support lawful personnel practices.

Required Elements:

- 4.1 The Provider shall have written job descriptions or statements of job responsibilities that include qualifications for each position involved in the direct delivery of UCSS services.
- 4.2 The Provider shall conduct and document performance appraisals a minimum of annually for all individuals (employed or contracted) including volunteers involved in the direct delivery of UCSS services.
- 4.3 The Provider shall have documentation signed and dated by the staff member which indicates completion of an orientation **prior to** servicing an UCSS client which includes:
 - 4.3.1 The Provider's purpose, policies and procedures; including but not limited to:
 - a) Employee position description/duties/expectations
 - b) Provider personnel policies
 - c) Incident reporting procedures and policies
 - d) Agency table of organization/lines of communication
 - e) Emergency procedures
- 4.4 The Provider shall have a written procedure defining the process by which a staff member can register a complaint or grievance.
- 4.5 The Provider shall maintain a personnel file on every staff member (including volunteers and contract workers), who provides direct service to UCSS clients. This file shall include:
 - a) A resume or application for employment that includes a description of work history
 - b) Written documentation of employee applicant's signed consent for verification of previous employment, training and experience
 - c) Written documentation of Provider confirmation/verification of employee's previous employment, experience and training
 - d) Written verification of licensure/certification and a valid driver's license, if applicable.
 - e) A copy of the performance appraisals signed and dated by the employee and staff member conducting the appraisal
 - f) A copy of the UCSS Provider Staff Code of Ethics signed and dated by the employee

- 4.6 The UCSS program does not permit the direct service worker to be a family member of the client. The Provider shall assure that the direct service worker will not be related to the client for whom they are assigned to provide care.
- 4.7 The Provider has written procedures that require it to conduct background checks on all applicants as well as procedures that do not permit hiring an applicant who has been convicted of a disqualifying offense, as defined in Ohio Revised Code Section 3701.881 and Ohio Administrative Code Section 173-9-01 or other actions that pose a risk to the clients, unless there is documentation to validate the hiring consistent with the foregoing statutory references.
- 4.7.1 The Provider shall maintain a documentation log to support completion of Bureau of Criminal Identification and Investigation (BCII) checks on all service workers and supervisory personnel.

CONDITION 5 — SERVICE DELIVERY

The Provider must deliver services in compliance with service specification(s) and in accordance with the plan designed and authorized by UCSS. UCSS case managers make referrals and authorize services to providers based on the lowest cost, the highest quality service delivery, and the provider's capacity to deliver the service while being respectful of client choice. UCSS does not guarantee a volume of service for providers. All referrals and authorizations are sent through On-line Referral Form, email or fax.

Required Elements:

- 5.1 The Provider shall deliver services in compliance with service specification(s) and in accordance with the service plan as authorized by UCSS.
 - 5.1.1 The Provider shall accept, or decline a referral within 24 hours or 1 working day. In writing by post, fax, or email to UCSS.
- 5.2 The Provider, its employees, approved subcontractors, or agents, shall deliver services in compliance with any Public Health Order, public health regulation, and consistent with Responsible RestartOhio protocols, Sector Specific Operating Requirements of the State of Ohio or Union County, and Guidelines from the United States Centers for Disease Control and Prevention.
- 5.3 UCSS will not pay for services it has not authorized in advance. The Provider shall not contact the UCSS client before UCSS notifies Provider that the service has been authorized.
- 5.4 The Provider shall inform the UCSS case manager if services cannot be initiated within 10 days of the referral.
- 5.5 The Provider must have prior approval from the UCSS case manager or supervisor to increase or decrease service units. Any increase to a service schedule agreed upon by the worker and client must have prior approval by the UCSS Case Manager. Failure to obtain prior approval from the UCSS case manager may result in refusal of payment.
- 5.6 The Provider shall notify the UCSS case manager within one business day by phone, fax or e-mail of the following:
 - a) Changes in client status (health, mental health, behavioral changes that are impacting ability to provide services or death)
 - b) Changes in client address
 - c) Client admission to an institution (nursing home, hospital or rehab facility)
 - d) Any change or client status issue that poses a health or safety threat to the client or provider staff, or interfere with the delivery of authorized services.

By notifying UCSS of these changes, we can work together to help resolve the issues and better serve the clients.

- 5.5.1 The Provider shall notify the UCSS case manager via phone, fax, or e-mail if the client is repeatedly refusing service or has asked the Provider to cancel services.
- 5.5.2 The Provider shall have a written procedure for verifying service delivery when a client signature cannot be obtained.
- 5.5.3 The Provider shall make this documentation available upon request from the client or UCSS personnel.
- 5.7 The Provider shall obtain documentation signed and dated by the client for each instance of service delivery. The documentation signed by the client shall include:
 - a) The date of service delivery
 - b) A description of the service tasks being performed
 - c) The name of the direct service worker
 - d) The arrival and departure time of the direct service worker
 - e) The signature of the direct service worker
- 5.8 In the event of a staff member absence, the Provider is responsible for furnishing a substitute staff member to deliver the services in accordance with the authorized care plan schedule.
 - 5.8.1 The Provider may make arrangements with the client to provide services on another day; however, the Provider shall make every effort to provide the service as authorized in the UCSS care plan. For example, if the client is authorized for weekly Homemaker service, the Provider shall make every effort to provide a substitute worker during that same week period.
- 5.9 In the event services cannot be delivered as authorized, the Provider shall notify the UCSS case manager within one working day with the following information:
 - a) Client name
 - b) Reason service cannot be delivered
 - c) If subsequent service visits will be missed
 - d) Date client will receive next service
- 5.10 The Provider shall maintain written documentation of all client contacts, case manager contacts, and units of service delivered. The provider shall make this documentation available upon request.
- 5.11 To promote high quality service delivery, the Provider shall partner with the UCSS in problem resolution of incidents, grievances or complaints.

CONDITION 6 — COMPLIANCE

The Provider shall comply with all contract requirements, Conditions of Participation, relevant Service Specifications, monitoring and reporting requirements established by Union County Senior Services.

Required Elements:

- 6.1 The Provider shall allow representatives of UCSS access to the Provider facility and full access to policies, procedures, records, and other documents related to provision of service to UCSS clients, and shall cooperate with said representatives in periodic reviews.
- 6.2 The Provider shall maintain compliance with all contract requirements, Conditions of Participation (COP), and relevant Service Specifications (SS) during the term of this contract. Failure to maintain compliance may result in the following actions:
 - 6.2.1 A Provider who is found to be non-compliant with a COP or SS may:
 - a) Be required to submit a Plan of Correction.
 - b) Be placed on hold for new requests for service/referrals from UCSS.
 - 6.2.2 A Provider who is found to have repeated non-compliance issues with the COP's or SS's, or when non-compliance poses a health and/or safety risk to the UCSS client, may:
 - a) Be required to submit a Plan of Correction
 - b) Be placed on an extended hold for referrals
 - c) Have their UCSS client's removed from the Provider's care.

The Provider agency must demonstrate compliance with the specified terms of the contract prior to being released from hold status and to resume service provision to UCSS clients.
 - 6.2.3 A Provider who is found to have repeated non-compliance issues with the COP's and SS's, has repeatedly failed to show their ability to meet the terms and conditions of the contract, or is found to have serious non-compliance issues which pose a health and/or safety risk to the UCSS client may have contract terminated.
- 6.3 The Provider shall immediately notify Union County Senior Services in writing of any of the following changes:
 - a) Changes in policy related to service delivery
 - b) Changes in name, corporate structure, or service provision
 - c) Office relocations, changes in phone numbers
 - d) Changes in Managerial staff

CONDITION 7 - BILLING

The Provider shall submit billings to Union County Senior Services on a monthly basis. The Provider's request for payment is due--no later than the 15th of the subsequent month following the date of service.

Required Elements:

- 7.1 The Provider shall input service units into the UCSS billing system via computer. UCSS will only remit payments to the contracted Provider agency. The Provider's request for payment is due no later than the 15th of the subsequent month following the date of service.
- 7.2 The Provider shall bill on a monthly basis for only those units authorized by UCSS and delivered by the Provider. If the number of units billed is less than the monthly authorized units, the unbilled units cannot be added to the next month's billing. UCSS is not liable to pay costs arising from changes, modifications or extra work orders not authorized in advance by UCSS, except during emergency situations.
- 7.3 The Provider shall bill for actual units of service delivered rounded off to the nearest quarter unit for one hour units. Workers time spent for travel, breaks, meal breaks or administrative activities shall not be billed to UCSS.
- 7.4 The Provider shall not bill extra for services provided on holidays or weekends; this cost should be calculated into the unit cost. (See service specifications for any exceptions.)
- 7.5 The Provider may bill for time direct service workers spend in client care conferences as authorized by UCSS.
- 7.6 UCSS has the right to refuse payment to the Provider when requests for payment are not received within sixty days of the date of service delivery.
- 7.7 The compensation paid to a successful Provider and its representatives shall be the sole and exclusive consideration for the goods and/or services provided under that contract. No additional fee, cost, or donation of any sort shall be charged to or solicited from any eligible UCSS client.
 - 7.7.1 The Provider shall not solicit donations from clients whose services are provided under UCSS. This includes prohibition against adding UCSS clients to general solicitation mailing lists.
- 7.8 UCSS will research unpaid units, if the requests are received within sixty days of the end of the month in which services were delivered.
- 7.9 The Provider shall identify and bill all other sources of payment including third party payers such as Medicare and private insurance, billing UCSS as the last resort.

7.10 The Provider shall maintain written documentation of all units of service delivered. UCSS has the right to refuse payment, or require re-payment to the UCSS, for any units of service billed to the UCSS when the Provider agency does not have written documentation to support the provision of service.

7.11 UCSS normally makes payments within 45 days from the day the invoice is received.

Appendix H
STATEMENT OF COMPLIANCE

Provider Applicant: _____
(Agency Name)

Provider applicants shall complete this form and submit with ITB documents. Provider shall state if the agency is compliant with the Union County Senior Services Conditions of Participation and all applicable Service Specifications **by indicating "YES" or "NO" in the sections below for which the Provider is bidding. For services not provided, indicate "N/A."**

Vendors who fail to demonstrate compliance with the Conditions of Participation or Specifications during the evaluation phase will be given three days to demonstrate compliance. Failure to demonstrate compliance may result in a lower evaluation score.

Conditions of Participation/Service Specifications	Agency is compliant with this requirement (WRITE
Conditions of Participation <i>("Yes" or "No" is required of ALL vendors)</i>	
Institutional Respite Care Specifications <i>(required ONLY IF bidding for this service)</i>	
Homemaker Service Specifications <i>(required ONLY IF bidding for this service)</i>	
Personal Care/Respite Service Specifications <i>(required ONLY IF bidding for this service)</i>	
Emergency Response Service Specifications <i>(required ONLY IF bidding for this service)</i>	
Durable Medical Equipment/Home Modification Specifications <i>(required ONLY IF bidding for this service)</i>	
Adult Day Services <i>(required ONLY IF bidding for this service)</i>	

I, as the authorized person for the above named Agency, state that the agency is compliant with the above referenced Conditions of Participation and Service Specifications at the point of application.

Signature of Authorized Person- _____ **Date:** _____

Company Name: _____

PROFESSIONAL LETTERS OF REFERENCE

EACH BIDDER IS REQUIRED TO IDENTIFY THREE (3) PROFESSIONAL REFERENCES as part of the Invitation to Bid submission. The Applicant *must include contact information* for verification purposes. Acceptable forms of letters of recommendations include those from professional sources. Unacceptable forms of Letters of Reference include those from actual consumers/clients, relatives, or friends. In lieu of a Professional Letter of Reference, the vendor may instead submit a report detailing the results from the agency's most recent Annual Compliance Review from other program funders, such as Department of Developmental Disabilities, PASSPORT, Veteran's Administration or Medicare/Medicaid.

Please complete the form below. ONE FOR EACH REFERENCE (Letter or Report) and submit with your bid.

Failure to submit required documentation will result in your bid evaluation score being reduced which may result in your total evaluation score not being high enough to qualify for a site visit and subsequent contract award.

PLEASE COMPLETE THE FOLLOWING:

REFERENCE #1 IS FROM:

Contact Person: _____

Agency Name: _____

Agency Address: _____

Agency Phone: (_____) _____ Fax: (_____)

CHECK ONE: Letter of Recommendation from CONTACT PERSON (listed above) is attached
OR Report from AGENCY NAME (listed above) detailing the results from the agency's most recent Annual Compliance Review is attached

Comments: _____

REFERENCE #2 IS FROM:

Contact Person:

Agency Name: _____

Agency Address: _____

Agency Phone: (_____) _____ Fax: (_____)

CHECK ONE: Letter of Recommendation from CONTACT PERSON (listed above) is attached
OR Report from AGENCY NAME (listed above) detailing the results from the agency's most recent Annual Compliance Review is attached

Comments:

REFERENCE #3 IS FROM:

Contact Person: _____

Agency Name: _____

Agency Address: _____

Agency Phone: (_____) _____ Fax: (_____)

CHECK ONE: Letter of Recommendation from CONTACT PERSON (listed above) is attached
OR Report from AGENCY NAME (listed above) detailing the results from the agency's most recent Annual Compliance Review is attached

Comments: _____

* SUBMITTING COMPANY NAME

AUTHORIZED COMPANY REPRESENTATIVE NAME _____ DATE _____
* **This must be your company's complete legal name, including all DBA's.**

Durable Medical Equipment & Supplies Service Specifications 1.0

Definition

The Durable Medical Equipment (DME) & Supplies service is designed to promote functional independence and/or safe, effective in-home care through the provision of health-related equipment and supplies.

2.0 Unit of Service

2.1 A unit of service is the item purchased or rented.

2.2 The unit rate is the purchase or rental price accepted by Senior Services for the item.

3.0 Provider Agency Requirements

3.1 The Provider must furnish a cost for the item when requested within three days of Senior Services request.

3.2 The Provider may only bill for the original price quote submitted to and approved by Senior Services, unless a cost revision is prior authorized by Senior Services.

3.3 The Provider must maintain and/or replace any defective parts or items as specified in appropriate warranties.

3.4 The Provider must furnish professional ongoing assistance when needed, to evaluate and adjust the product delivered or to instruct clients and caregivers in use of DME and supplies.

3.5 The Provider must maintain individual client records that documents delivery and installation of equipment and supplies, in locked file cabinet or separate office as specified in the Conditions of Participation.

3.6 The Provider may not bill until after delivery of item purchased.

4.0 Summary of Required Documentation

The Provider of DME & Supplies service must furnish service specific documentation in addition to the documentation requirements of the Conditions of Participation. The DME & Supplies service documentation required includes:

4.1 A record of product delivery and installation.

4.2 Catalog and product number of item delivered.

HOME MODIFICATION

1.0 Definition

Home Modification/Repair includes environmental accessibility adaptations to a client's place of residence designed to promote functional independence and/or safe, effective in-home care. This includes the installation of Durable Medical Equipment and minor home adjustments to promote mobility and safety and enable the client to function with greater independence in the home and remain in the community. Excluded are modifications or improvements of general utility and not of direct medical benefit, or modifications or repairs that are the legal responsibility of the landlord.

2.0 Unit of Service

2.1 A unit of service is the item to be purchased, rented or repaired or one incident of a service call.

2.2 The unit rate is the product and installation price accepted by Senior Services for the items and service. The rate will include materials, labor and overhead.

3.0 Provider requirements

3.1 Before providing a home maintenance, home modification or repair services, the provider will:

- a.) Provide a written or electronic estimate to UCSS on the cost of the job;
- b.) Obtain written authorization from UCSS;
- c.) Obtain written consent of the property owner. If the service is a home modification service the provider shall obtain written consent that indicates the owner understands that the property will remain in the modified state after the current resident leaves the residence;
- d.) Obtain any permit required by law;
- e.) Inform any resident at the work site and inform UCSS of any health and safety risks expected while performing the service, and;
- f.) Schedule a date and time to perform the service that assures a minimal risk of hazard to the

resident.

3.2 The provider may only perform a service that requires a license or credential if the provider possesses a current valid license or credential for the service.

4.0 Summary of Required Documentation

4.1 After service completion but before billing UCSS, the provider shall:

a.) Furnish applicable warranties or inspection reports to verify the work was properly completed;

b.) For each service performed, retain a record of the consumer's name, service date, service description, service units, including the consumer's written consent to the service and the consumer's signature.

HOMEMAKER SERVICE

1.0 Definition

Homemaker services enable a client to achieve and maintain a clean, safe, healthy environment; assist the client to manage personal appointments and day-to-day household activities as authorized by the case manager.

2.0 Unit of Service

2.1 A unit of Homemaker service is one hour of direct client service.

2.2 The unit rate shall include administration, supervision, travel and documentation time.

3.0 Provider Agency Requirements

3.1 The Provider shall develop and implement an internal Quality Assurance plan, for the purpose of assuring clients are receiving quality services as authorized by UCSS.

4.0 Personnel Qualifications

The Provider staff shall have the following qualifications:

4.1 Homemaker Supervisor:

The Homemaker Supervisor must demonstrate evidence of one of the following qualifications:

a) Is a registered nurse, a licensed practical nurse or a social worker currently licensed to practice in the state of Ohio.

OR

b) Possesses a bachelor's degree or an associate degree in a health or human services field of study.

OR

c) Possesses a minimum of four years of direct home and community-based service provision experience.

4.2 Homemaker Paraprofessional:

The Homemaker Paraprofessional must demonstrate evidence of one of the following personnel qualifications:

a) Successful completion of the nurse aide competency evaluation program conducted by the Ohio Department of Health,

OR

- b) Successful completion of the Medicare competency evaluation program for home health aides without a 24 month lapse in employment as a nurse aide or home health aide
- OR**
- c) One year of paid supervised employment experience in a health or human services field, and successful written and skill testing by return demonstration,
- OR**
- d) Successful completion of a certified vocational program in a health-related field and successful written and skill testing by return demonstration.
- OR**
- e) Successful completion of at least twenty hours of training and skill testing by return demonstration that includes, but is not limited to the following:
 - 1) Housecleaning Skills
 - 2) Meal preparation/Nutrition
 - 3) Laundry
 - 4) Basic Home Safety
 - 5) Universal Precautions and Infection Control
 - 6) Communicable Diseases
 - Hand washing
 - Disposal of bodily waste
 - 7) Body mechanics for direct service worker
 - 8) Communication and Listening Skills
 - 9) Client mobility
 - 10) Emergency Protocol
 - 11) Role and Expectations of Homemaker paraprofessional
 - 12) Documentation Skills

4.3 The twenty hours of instruction do not include agency orientation.

4.4 The twenty hours of instruction may be provided via a combination of classroom and supervised field experience.

5.0 Homemaker Paraprofessional Supervision

The Provider shall assure that a Homemaker paraprofessional performs services outlined in the UCSS authorized care plan and that the Provider's supervisor oversees the Homemaker staff member in client care tasks.

5.1 The supervisor shall complete and document a home visit to confirm the daily activities of the Homemaker paraprofessional before client care is initiated.

- a) The supervisor shall prepare a written initial client assessment and homemaker daily care plan specific to each client and consistent with the UCSS authorized plan.
 - b) The supervisor shall obtain client's signature and date on the care plan.
 - c) The supervisor shall provide each Homemaker paraprofessional with a copy of the daily plan for each client assigned.
- 5.2 The supervisor shall evaluate the Homemaker paraprofessional's compliance with the daily care plan and UCSS authorized plan at least once every ninety days. Results of the evaluation shall be documented in a written **Client Supervisory Visit Report** and shall include the following:
- a) A review of documented Homemaker client contacts including list of tasks performed and client's response to service.
 - b) A supervisory visit with the client in the client's home.
 - c) The supervisor shall obtain client's signature and date on the **Client Supervisory Visit Report**.
- 5.3 The supervisor shall complete, sign, and date the **Client Supervisory Visit Report** every ninety days and maintain documentation to show the report was forwarded to the UCSS Case Manager within two weeks of the visit.
- 5.4 The supervisor shall assure that documentation for each episode of service delivery includes the tasks performed, the client's response to the service, the date of the service, the time in/out, and the signatures of the client/caregiver and the homemaker paraprofessional.

6.0 Continuing Education

The Provider shall insure the appropriate number of continuing (in-service) education for each Homemaker paraprofessional is completed annually, per Ohio Department of Health.

- 6.1 The Provider shall maintain signed documentation of Homemaker staff participation in continuing education sessions.
- 6.2 The eight hours of continuing education requirement is in addition to the twenty hours of training instruction and skill testing.
- 6.3 The following topics are recommended for Homemaker paraprofessional continuing education instruction.
- a) Health and Wellness
 - b) Normal Aging
 - c) Illness and Disability

- d)Chronic Diseases
- e)Special Needs of the Elderly
- f) Death and Dying
- g)Universal Precautions

7.0 Duties and Responsibilities

The Provider shall assure Homemaker paraprofessional assignment and capability to perform services outlined in the authorized care plan and/or requested by the client, which may include any of the following tasks.

7.1 House Cleaning:

- a)Dusting and straightening furniture
- b)Cleaning floors and rugs by wet/dry mop and vacuum sweeping
- c)Cleaning the kitchen, including washing dishes, pots and pans
- d)Cleaning the outside of appliances, counters and cabinets
- e)Cleaning ovens, defrosting and cleaning refrigerators
- f) Maintaining a clean bathroom, including cleaning the tub, shower, sink, toilet bowl and medicine cabinet; emptying and cleaning commode chair/urinal
- g)Changing linens and making beds
- h)Washing inside windows within reach from floor
- i) Removing trash from the home

7.2 Meal Preparation and Nutrition:

- a) Meal preparation
- b) Special diet preparation with qualifying instruction by Supervisor
- c) Cleaning of eating and food preparation areas

7.3 Laundry:

- a) Separating, washing and drying client's clothes and linens in the client's home or at the Laundromat. If using a Laundromat, it is not permitted to launder more than one client's clothing simultaneously.
- b) Folding and ironing clothes and linens
- c) Putting away finished laundry

7.4 Basic Home Safety:

- a) Identify and report safety hazards to immediate supervisor
- b) Eliminate safety hazards with client and supervisor approval

7.5 Additional Activities:

- a) Reading to and writing for the client at the client's request
- b) Accompany client to appointments when approved by UCSS Case Manager.

8.0 Summary of Required Documentation

The Provider of Homemaker services shall maintain the following documentation:

Required Documentation	Due Date	Remarks
Initial Client Assessment and Homemaker Care Plan	Prior to start of care	Provider must maintain original documentation in client record
Client Supervisory Visit Report	Every 90 days (copy to Case Manager within 2 weeks of visit)	Provider must maintain original documentation in client record
Supervisor and Homemaker case consultation and	As needed	Provider must maintain original documentation in client record
Documentation signed and dated by the client for each instance of service delivery	As provided	Provider must maintain original documentation in client record
Staff Continuing Education	Annual — 8 hours	Provider must maintain documentation in employee personnel

PERSONAL CARE/RESPITE SERVICES

1.0 Definition

Personal Care/Respite (PC/R) services enable a client to achieve optimal function with Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) and/or provide the client's informal caregiver a respite from care-giving duties. Personal care assistance may include help with personal hygiene, grooming, foot care and moving about the home. All services will be provided in the client's home of residence.

2.0 Unit of Service

2.1 A unit of service is one hour of direct in-home service to the client.

2.2 The unit rate shall include administration, supervision, travel and documentation time.

3.0 Provider Agency Requirements

3.1 The Provider must assure service delivery capability seven days a week.

3.2 The Provider shall have a written policy that addresses workers handling of client funds.

3.3 The Provider shall have a mechanism to verify:

- a) That the PC/R aide is present at the scheduled time and location where services are to be provided
- b) At the end of each working day, whether the provider's employees have provided the services at the proper time and location
- c) A protocol to be followed in scheduling a substitute worker when the monitoring system identifies that an employee has failed to provide home care services at the proper time and location, including standards for determining the length of time that may elapse without jeopardizing the health and safety of the consumer
- d) Procedures for maintaining records of the information obtained through the monitoring system, and compiling annual reports which include statistics on the rate at which home care services were provided at the proper time and location
- e) Procedures for conducting random checks of the accuracy of the accuracy of the monitoring system. For purposes of conducting these checks, a random check is considered to be a check of not more than five percent of the home care visits each PC/R aide makes to different consumers.

4.0 Personnel Qualifications

The Provider shall assure that position descriptions and PC/R staff possess the following qualifications:

4.1 PC/R Aide:

- a) High school graduate, **OR** has completed a GED or equivalent, **OR** has a minimum of two years of work experience in a health and human services field.
- b) Training and Skill Testing Criteria: All individuals providing PC/R services meet at a minimum at least **ONE** of the following criteria prior to serving an UCSS client:
 - Current State Tested Nursing Assistant (STNA) or certified home health-aide without a 24-month lapse in employment.
 - One year experience as an institutional nursing aide or supervised in-home Home Health Aide within the past three years. PC/R Aide must successfully complete written testing and skills testing by return demonstration (either in classroom environment or in the field under supervision of RN Supervisor).
 - Successful completion of sixty hours PC/R Aide or Home Health Aide training and skill testing conducted by the Provider agency that includes the training and skill testing components.

4.2 Personal Care/Respite Supervisor/Registered Nurse:

- a) Has current Ohio licensure as a Registered Nurse with a minimum of one (1) year nursing experiences post licensure.

5.0 Training and Skill Testing Components

5.1 Each PC/R Aide must receive sixty hours of training and skill testing by return demonstration, unless exempted under Section 4, item 4.1.b:

- a) Communication skills, including ability to read, write and make brief and accurate oral or written reports.
- b) Observation, reporting and documentation of client status and services provided.
- c) Reading and recording temperature, pulse and respiration.
- d) Universal precautions for infection control procedures.

- e) Basic elements of body functioning and changes in body function that should be reported to supervisor.
 - f) Maintenance of a clean, safe and healthy environment of house cleaning that include dusting furniture; sweeping, vacuuming, and washing floors; kitchen care, including dishes, appliances, and counters; bathroom care; emptying and cleaning bedside commodes and urinary catheter bags; changing bed linens; washing inside windows within reach from floor; removing trash; and washing and drying, folding, ironing, and putting away laundry.
 - g) Recognition of emergencies; knowledge of emergency procedures; and basic home safety.
 - h) The physical, emotional and developmental needs of the client, including the need for respect of person and property, and privacy.
 - i) Appropriate and safe techniques in personal hygiene and grooming that include: bed, tub, shower, and partial bath techniques; shampoo in sink, tub or bed; nail and skin care; oral hygiene; toileting and elimination; safe transfer and ambulation; normal range of motion and positioning; and adequate nutrition and fluid intake.
 - j) Meal preparation and nutrition planning that include special diet preparation, grocery purchase, planning and shopping; and errands.
- 5.2 Documentation of successful completion of training and skills testing shall be placed in the personnel file of the PC/R Aide and shall include:
- a) Signatures of both the RN Supervisor/Trainer/Tester and PC/R Aide.
 - b) Training site information and location
 - c) Dates of and length of training (number of hours).
 - d) Instruction materials given and a description of the content/subject areas
 - e) All testing results.

6.0 Continuing Education

The Provider shall assure the completion of a minimum of eight hours of continuing (in-service) education for each PC/R Aide annually.

- 6.1 The Provider shall maintain documentation of PC/R Aide participation in continuing education sessions.
- 6.2 The eight-hour continuing education requirement is excluded during the first year of employment for those staff members completing the 60-hour training/skill testing requirement.

7.0 Duties and Responsibilities of the PC /R Aide

The Provider shall assure PC/R Aide assignment and capability to perform services outlined in the UCSS authorized plan that may include any of the following client care tasks.

7.1 Personal Hygiene and Care:

- * Bathing: bed, tub, shower, complete, partial and/or supervision of the client bathing activities
- * Oral hygiene, including denture care
- * Hair care
- * Shaving
- * Perineal care
- * Skin care
- * Nail and foot care, unless contraindicated by client's condition
- * Dressing and grooming

7.2 Mobility:

- * Turning and positioning
- * Assisted transfers and ambulation; with and without assistive devices
- * Passive range of motion exercises under the direction of the RN and/or Physical Therapist

7.3 Elimination:

- * Measure intake and output (I&O)
- * Assist with use of bedpan, bedside commode, toileting activity
- * Incontinent care
- * Catheter care, limited to cleansing and positioning of external parts of drainage systems and emptying drainage systems

7.4 Nutrition:

- * Meal planning and preparation
- * Special diet preparation with qualifying instruction
- * Cleaning of eating and food preparation areas
- * Encouraging and facilitating adequate nutritional and fluid intake
- * Recording weight, nutritional and fluid intake as requested

7.5 Homemaking:

- * Cleaning of the client's bedroom: bed making, occupied and unoccupied, including linen change
- * Cleaning of the client's bathroom: tub, sink, commode, vanity and floor
- * Laundry, client's personal bed linen, towels, underwear, sleeping gowns and other clothes
- * Dishwashing
- * Trash removal

* Vacuuming

7.6 Safety:

- * Identify and report safety hazards to immediate supervisor
- * Eliminate safety hazards with client and supervisor approval

7.7 Other:

- * Reality orientation and sensory stimulation
- * Listen and Converse
- * Complete errands; i.e., securing groceries and prescriptions
- * Accompany client to appointments

8.0 Special Tasks that shall not be assigned to the PC/R Aide

The Provider shall assure that the PC/R Aide shall not administer any medication. This includes, but is not limited to, the administration of over-the-counter (OTC) medications to be ingested, oral prescription medications or the application of topical prescription medications.

9.0 PC/R Aide Supervision

The Provider shall assure that a PC/R Aide performs services outlined in the UCSS authorized plan and that a registered nurse supervises the PC/R Aide in client care tasks.

9.1 The supervisor shall complete and document a home visit to define the expected daily activities of the PC/R before client care is initiated.

- a) The supervisor shall prepare a written initial client assessment and PC/R Aide care plan specific to each client consistent with the UCSS authorized plan.
- b) The supervisor shall obtain client's signature and date on the care plan.
- c) The supervisor shall provide each PC/R Aide a copy of the care plan for each client assigned.

9.2 The supervisor shall evaluate PC/R Aide compliance with the care plan and UCSS authorized plan at least every 60 days.

- a) Review the PC/R Aide documented client contacts to assure PC/R task completion is consistent with the care plan and UCSS authorized plan.
- b) Complete and document a PC/R supervisory visit to client at least every 60 days to evaluate PC/R compliance with the care plan and UCSS authorized plan.

- c) The supervisor shall obtain the client's signature and date on the ***Client Supervisory Visit Report***.
- 9.3 The supervisor shall assure that the PC/R Aide and the client/caregiver sign each episode of PC/R service delivery, including a listing of tasks performed by the PC/R Aide and client response to the service, the date and time in/out.
- 9.4 The supervisor shall evaluate client response to the care plan and reflect any problems identified by the client through the documentation review and supervisory visit process.
- 9.5 The supervisor shall complete and sign/date the ***Client Supervisory Report*** every 60 days and maintain documentation to show the report was forwarded to the UCSS case manager within two weeks of the visit.
- 9.6 The Provider shall assure that the RN/Supervisor is available to Personal Care/Respite aides for emergencies during hours of service provision.

10.0 Summary of Required Documentation

Required Documentation	Due Date	Remarks
Initial Client Care Plan Assessment and PC/R care plan	Before start of client care	RN preferred. Provider maintains original copies.
<i>Client Supervisory Report</i> (evaluate existing care plan)	Every 60 days	RN only. Use <i>Client Supervisory Report</i> or other approved format. Forwarded to CM within two weeks after completion. Complete with signatures and dates.
Supervisor and PC/R case consultation and communication	As needed	Provider maintains original copies.
Staff continuing education	Annual - eight hours	Exempt for 1st year if 60 hour skills test completed. Providers maintain original documents in employee

EMERGENCY RESPONSE SYSTEMS

1.0 Definition

The Emergency Response Systems (ERS) service is designed to monitor client safety and provide client access to emergency services through the provision of an electronic communication system.

2.0 Unit of Service

2.1 A unit of service is one month of rental for an Emergency Response System.

- a) Fifteen or less service days in a month is one half unit.
- b) Sixteen or more service days in a month is one unit.

2.2 The unit rate shall include administration, installation, documentation, travel time and maintenance time/fees.

3.0 ERS Unit Requirements

The Provider shall furnish documentation that may include manufacturer's specifications, installation instructions, training manuals, compliance with industry standards demonstrating that the Emergency Response System and activating devices meet the following requirements:

3.1 ERS services shall be capable of being activated by a remote wireless device and be connected to the client's primary telephone line, and the provider shall ensure the client has hands-free, voice-to-voice communication with the response center.

3.2 ERS devices shall be tested and listed, and meet Underwriters Laboratories (UL) safety standards 1637, specification for Home Health Signaling Equipment.

3.3 The provider shall provide a variety of remote activating devices for clients with special needs.

3.4 ERS services must be usable by visually and hearing impaired clients and the home ERS equipment must give visual and audible indications of alarm activation.

3.5 The Provider is responsible for the cost of any damage incurred to the client's home if there is forced entry into the home due to unit malfunction.

- 3.6 ERS devices shall be waterproof, wearable, and usable by the client.
- 3.7 The ERS unit shall dial a toll free number in order to contact the primary or back-up response center.
- 3.8 The ERS unit shall provide uninterrupted functionality.
- 3.9 The ERS unit shall be able to self-disconnect and redial the primary or back up monitoring site without the client resetting the system.
- 3.10 A microphone and speaker in the ERS unit shall ensure effective two-way voice communication.
- 3.11 The ERS unit shall be installed into the client's functioning primary telephone line. The unit must be compatible with a rotary or touch-tone telephone.
- 3.12 The provider shall furnish a replacement ERS unit or activating device to the client within 24 hours of notification of system malfunction.
- 3.13 The provider may furnish updated equipment to all clients as it becomes available on the market. The provider shall:
 - a) Furnish UCSS with the manufacturer's specifications of the ERS units or activating devices in order to obtain approval of the change in equipment
 - b) Notify the client/caregiver and UCSS case manager of the change in equipment
- 3.14 If the provider offers monitored smoke detectors in their service provision, the Provider agency and installers of smoke detectors must be certified by the State Fire Marshall.
- 3.15 If an ERS unit or its activating device is lost, the Provider shall ensure that UCSS may purchase replacement equipment at cost. Providers shall submit current equipment replacement costs during the Invitation to Bid, on ERS Bidder's Response Form. The Provider shall bill UCSS for any lost equipment via Invoice within 30 days of reported loss.

4.0 Response Requirements

- 4.1 The Provider shall furnish evidence that the response center which receives and responds to the ERS signal is staffed 24-hours per day, three hundred sixty-five (365) days per year.
- 4.2 The Provider shall furnish evidence that the response center maintains the monitoring capacity to respond to all incoming emergency signals.
- 4.3 The provider shall furnish evidence that the response center has back-up monitoring capacity. The back-up shall handle all monitoring functions and all incoming

emergency signals in the event the primary system cannot handle incoming emergency signals.

- 4.4 The provider shall furnish evidence that when the response center receives an emergency signal from the ERS unit, the center staff shall respond to the emergency signal within sixty (60) seconds.

5.0 Provider Duties and Responsibilities

- 5.1 The Provider shall maintain documentation of monthly testing of all ERS units. The monthly testing requirement can be met by a monthly call placed to the client, or documentation of automatic testing by the ERS unit to the response center.
- 5.2 The Provider shall furnish education and assistance to evaluate and/or adjust the ERS device, or to instruct clients and caregivers in the use of ERS devices at the time of installation, or after installation upon request from a client, caregiver or UCSS.
- 5.3 The Provider shall maintain individual client records that document:
 - a) Delivery and installation date of the ERS unit and activating device, including client (or caregiver) signature verifying service delivery.
 - b) All client/responder contacts
 - c) A current list of client/responder contacts that is verified and/or updated at a minimum of every six months
- 5.4 In the event the client has activated the emergency signal and is in need of emergency assistance, the Provider shall notify the UCSS case manager if the responder is contacted as soon as possible during normal business hours. If an emergency occurs after normal business hours, the Provider shall notify the UCSS case manager via phone, fax or e-mail the next working day. The notification should include whether or not:
 - a) the client was at home
 - b) there was forced entry into the home
 - c) the emergency contact was notified
 - d) the client was transported and where (if available)
 - e) the client's home was secured (if available)
- 5.5 The Provider shall notify the UCSS case manager within two working days if the client requests to have the unit removed, or if the client reports lost or damaged equipment.
- 5.6 The Provider shall notify the UCSS case manager of the initial installation date, within 5 working days of the installation.
- 5.7 The Provider shall notify the UCSS case manager if the unit cannot be installed within 5 days of the date installation was authorized.

5.8 The Provider shall retrieve all ERS equipment from client's home within 7 working days from the date of disenrollment by the UCSS Case Manager.

5.9 The Provider shall not install a cellular ERS unit when a client has a land line that will accommodate a standard ERS unit.

5.10 The Provider shall supply the client/caregiver with a 24-hour, toll free telephone number for service and repairs. This number shall be displayed prominently on the ERS base unit.

6.0 Summary of Required Documentation

Required Documentation	Due Date	Remarks
Record of service delivery, including client orientation to the system, and installation date of the ERS Unit.	Within 5 days of authorization date	Provider must maintain original documentation in client record
Record of retrieval of equipment from client's home upon disenrollment.	Within 7 days of disenrollment date.	Provider must maintain original documentation in client record.
Case log documenting client and responder contacts.	As needed	Provider must maintain original documentation in client record
Record of monthly testing.	Monthly	Provider must maintain original documentation in client record
Record of client emergency contacts (responders) and documentation of semi-annual updates/verifications.	Verified and updated every six months	Provider must maintain original documentation in client record

PRICING FORM

For Institutional Respite Care, Homemaker, Personal Care/Respite Services
and Durable Medical Equipment

Please list your agency's bid rate for each service for which your agency is bidding.

**** If the Provider's service delivery area is Union County, please print/write in "countywide" underneath "Service Area." If there are specific zip codes the Provider CANNOT serve, please print/write in the excluded zip codes underneath "Service Area."**

SERVICE	UNIT OF SERVICE	AGENCY BID PRICE
HOMEMAKER **Service Area:	One Hour	\$ _____ per hour
PERSONAL CARE **Service Area:	One Hour	\$ _____ per hour
RESPITE CARE **Service Area:	One Hour	\$ _____ per hour
INSTITUTIONAL RESPITE CARE	One Half Day (4 or less hrs.) One Day (8 hrs.) One Overnight (24 hrs.)	\$ _____ per half day
Day Respite		\$ _____ per day
Overnight Respite		\$ _____ per night
**Service Area:		
DURABLE MEDICAL EQUIPMENT	1 Item	☐ Attach Price Sheet for all durable medical equipment items.
**Service Area:		

Authorized Signature

Date

Company Name

PRICING FORM
For Emergency Response Systems

Emergency Response System		
Voice ERS Unit	One ERS Unit/Month One	\$ _____ per month
Cellular ERS Unit	ERS Unit/Month One ERS	\$ _____ per month
GPS ERS Unit	Unit/Month	\$ _____ per month
Add Ons:		
Extra Pendant	One Extra Pendant	\$ _____ per month
Optional Add Ons:		
1. Monitored Smoke Detector	One Detector	\$ _____ per month
2. Monitored Medication Dispenser	One Dispenser	\$ _____ per month
3. Independent Medication Dispenser (not monitored through ERS unit)	One Dispenser	\$ _____ per month
4. Strobe Light	One Strobe Light	\$ _____ per month
5. Other:	One	\$ _____ per month

Replacement cost for lost equipment:		
ERS unit	\$ _____	
Cellular unit	\$ _____	
ERS pendant	\$ _____	
Monitored Smoke Detector	\$ _____	
Monitored Medication Dispenser	\$ _____	
Independent Medication Dispenser	\$ _____	

Authorized Signature

Date

Company Name