

TRUMBULL COUNTY COMMISSIONERS
Request for Proposal (RFP)

COMMUNITY BASED SERVICES
TRUMBULL COUNTY SENIOR LEVY

(Not to be used for Mini-Grant Requests)

59-page document

Fiscal Years 2024-2026

Contract period September 2024-August 2026
(24-month program)

Due: MAY 31st @ 11:00 AM

ISSUED by

BOARD OF TRUMBULL COUNTY COMMISSIONERS
160 HIGH STREET, N.W.
WARREN, OHIO 44481
Ph. 330-675-2451 Fax 330-675-2462



Point of Contact: Lisa Blair, Interim Clerk
Email: ceblair@co.trumbull.oh.us

PREPARED by
Senior Services Advisory Council (SSAC)
2931 Youngstown Rd. SE
Warren, Ohio 44484

◆	Introduction.....	3
◆	General Instructions.....	4
◆	Submission of Proposal.....	6
◆	Conditions of Contracting.....	7
◆	Acceptance and Evaluation of Proposal/Award of Contract	9
◆	Service Category/Units of Service.....	13
◆	RFP Specifications for 1.1 Home Delivered Meals/Mobile Food Bank.....	15-25
◆	RFP Specifications for 1.2 Adult Day Care/ADC Transportation.....	25-30
◆	RFP specifications for 1.3 Personal Care/Homemaker.....	30-35
◆	RFP Specifications for 1.4 Chore.....	35-36
◆	RFP Specifications for 1.5 Northern Tier Homemaker/Personal Care.....	36
◆	RFP Specifications for 2.0 Protective Services.....	37-39
◆	RFP Specification for 3.0 Mini-Grants – utilize separate proposal	39
◆	RFP Specification for 4.0 Other Program Specific Funding.....	40
◆	Proposal	41-59

The Senior Services Advisory Council (“SSAC”), appointed by the Trumbull County Commissioners, is requesting proposals (“RFP”) for Community Based Services to be provided to Senior Citizens (individuals 60 years or older) residing in Trumbull County. SSAC charge is to recommend to the Commissioners the evaluation of submitted RFP and distribution of levy funds. Upon approval, Trumbull County Commissioners will contract with the provider; a monitoring staff will evaluate the successes or shortcomings and report to the Trumbull County Commissioners as well as SSAC.

The funding advertised by The Board of Commissioners is for FY 2024-2026 and is specifically intended to provide services for Trumbull County senior citizens 60 years of age or older. The mission of the SSAC is to ensure that services are available in the community to assist older adults in remaining independent and living in a home environment and preventing premature institutionalization.

SENIOR LEVY ANNUAL DOLLARS AVAILABLE PER CATEGORY
(ANNUAL Amount available)

1) <u>In-Home Services</u> (homemaker, in-home meals, daycare, chores, personal care)	\$ 1,515,000.00
1.1) Home Delivered Meals	\$ 700,000.00
1.2) Adult Day Care Services (including Transportation costs)	\$ 200,000.00
1.3) Personal Care /Homemaker	\$ 495,000.00
1.4) Chore Services	\$ 70,000.00
1.5) Northern Tier In-Home Services (Top Two Tiers of Trumbull Co)	\$ 50,000.00
Services: Homemaker, Personal Care, and Chore	
2) <u>Protective Services</u> (guardianships, protective services)	\$ 270,000.00
3) <u>Mini-grants</u> (\$5,000 per recipient-separate proposal-do not use this document)	\$ 15,000.00
4) <u>Other Program Specific Funding</u>	\$ 200,000.00
TOTAL SENIOR LEVY CONTRACT DOLLARS	\$ 2,000,000.00
(Senior Community Centers and Transportation separate RFP cycles)	

This RFP is for a two-year period. Funding requested/Budgets submitted will be for a two-year (2) period. The dollars shown per this page are the annual amounts of funding. Requests will be for two years.



Other Program Specific Funding-New programs for Trumbull County Seniors without a specific category per items 1-3 above. See Page 40

General Instructions

1. Proposers with questions or concerns may contact Lisa Blair, Interim Clerk, at the Trumbull County Board of Commissioners. The contact information is:

BOARD OF TRUMBULL COUNTY COMMISSIONERS

160 HIGH STREET, N.W.

WARREN, OHIO 44481

Ph. 330-675-2451 Fax 330-675-2462

Email: ceblair@co.trumbull.oh.us

After the issuance date of this RFP, questions concerning the RFP by any proposer are required to be written and submitted to ceblair@co.trumbull.oh.us with “Senior Levy RFP Community Based Service question” in the Subject Line. Questions and answers will be provided to all Agency’s documented as receiving this RFP.

2. Proposals for Community Based Services must be submitted to The Board of Trumbull County Commissioners, per address in item #1, no later than 11:00 am., May 31st. Proposals submitted after 11:00 am, May 31st will NOT be considered. Trumbull County Commissioners office personnel will time stamp the submitted information box for proof of proper arrival time. The full address of the organization and “Attn: Lisa Blair-Interim Clerk, Senior Levy RFP” must be placed on the outside of the **sealed** containment of the proposals. Please do not place the label over a box top seam that would risk being cut/split upon opening the box/containment.
3. The contract period for funds awarded is September 1, 2024-August 2026. Any active contracts expiring after September 1, 2024, and awarded for this RFP cycle will begin once current contracts expire.
4.  Six (6) complete proposals must be submitted in a **sealed envelope or box should you choose to send the RFP response via paper and not electronically.**

PREFERRED: Please submit - One (1) complete paper proposal and one (1) electronic format: (1) USB Flash Drive with all documents as submitted in paper format.

These documents will be shared with SSAC members for review per county guidelines to protect the data involved. To expedite and simplify the process for evaluating proposals, and to assure each proposal receives the same orderly review, it is required that all proposals be submitted in the format as also described below per **Submission of Proposal**. Proposals shall contain all the elements of information specified **without exception unless otherwise noted.** The paper format must be bound/hole punched and organized within a three-ring binder with each Section tabbed and labeled. The full address of the organization and “Attn: Lisa Blair-Interim Clerk, Senior Levy RFP” must be placed on the outside of the **sealed** containment of the proposals. Please do not place the label over a box top seam that would risk being cut/split upon opening the box/containment.

5. Most services provided through levy funding are to be offered at no cost. However, seniors who receive services through these contracts must be made aware that they may contribute to the cost of the service. Participant donations should be encouraged by the service provider therefore no advertisement of “Free” or any derivative of “Free” will be permitted when promoting Senior Levy funded services.

6. The request for proposal is being issued based on the presumed availability of funds. Trumbull County will not be liable should funds be eliminated or reduced.
7. Completion of a proposal does not imply that SSAC or the Board of Trumbull County Commissioners will fund a proposal. Proposals are subject to review by representatives of the Board and staff of the SSAC, and the Trumbull County Board of Commissioners.
8. At its sole discretion, SSAC, at the direction of the Trumbull County Board of Commissioners, may negotiate the unit price, or any other factors, including, but not limited to, the total funds and the composition of those funds, prior to determining to enter or not to enter a contract based on the proposal.
9. SSAC and/or the Trumbull County Commissioners may conduct discussions with Proposers who submit proposals for the purpose of clarifications or corrections regarding a proposal to ensure full understanding of, and responsiveness to, the requirements specified in the RFP. SSAC may at its sole discretion determine that it is in its best interest to interview certain applicants.
10. The SSAC and/or the Trumbull County Commissioners reserve the right to reject any proposal in which the Proposer takes exception to the terms and conditions of the RFP; fails to meet the terms and conditions of the RFP, including but not limited to, the standards, specifications, and requirements specified in the RFP; or submits prices that the Trumbull County Commissioners consider to be excessive, compared to existing market conditions, or determines exceed the available funds of the contracting authority.
11. The Trumbull County Commissioners reserve the right to reject, in whole or in part, any proposal that SSAC or Trumbull County Commissioners has determined, using the factors and criteria developed and included in the advertised RFP, would not be in the best interest of the County.
12. Persons completing a proposal are cautioned to reflect on service goals, expenditures, and other information accurately. Proposals will be evaluated on several factors including, but not limited to, the past performance of the applicant, the anticipated performance of an applicant and the accuracy of the information submitted. Performance during the contract year will be evaluated based on the entire contract document.

Submission of Proposal

1. Proper Assembly of RFP Proposal (Pages 41-59 **Paper submitted** format Original and all copies - **Each Section tabbed and labeled accordingly**
 - a. Section I (page 41-42) for Original and all copies BLUE INK PREFERENCE
 - b. Section II & III (page 43-49): Portal Requirements as listed (page 48-49) (Original & Administrator copy **only**)
 - c. Section IV: Contract Compliance (page 50) Original and all copies
 - d. Section V: Budget Information (page 51-56) Original and all copies
 - e. Section VI-VII Service Quality & Capacity (page 57-59) Original and all copies.
2. For the Six (6) paper submissions, one of the five binders with original signed documents (Blue Ink) must be labeled as “Original”, and one as “Administrator copy”.
Expensive binding, colored displays, promotional materials, and the like are not necessary or desired, **OR PREFERRED** For electronic: submit - One (1) complete paper proposal and one (1) electronic format with (1) USB Flash Drive and all documents as submitted in complete paper format.
3. All proposals submitted shall become the property of Trumbull County to use or, at its option, return. All proposals and associated documents will be considered public information and will be open for inspection to interested parties unless identified as proprietary AFTER contracts are awarded by the Trumbull County Commissioners. Trade secrets or proprietary information that are recognized as such and protected by law may be withheld if clearly identified as such in the proposal. Each page containing such material must specify “PROPRIETARY” in the upper right corner. SSAC will make the determination as to whether the Provider has adequately demonstrated the information as proprietary.
4. The costs of developing proposals are entirely the responsibility of the Provider and shall not be chargeable to Trumbull County under any circumstances. All materials submitted in response to the RFP will become the property of the Trumbull County Commissioners and SSAC and may be returned only at SSAC’s option and at the Provider’s expense.
5. Proposals that contain false or misleading statements, or which provide references which do not support an attribute or condition contended by the Provider, may be rejected. If, in the opinion of SSAC, such information was intended to mislead SSAC in its evaluation of the proposal and if the attribute, condition, or capability is a requirement of the RFP, the proposal will be rejected.
6. The proposal shall be signed by an individual who is authorized to bind the Provider contractually. The signature must indicate the title or position the individual holds in the Provider’s organization. Providers who sign contracts with the name of the Provider’s organization must provide the name of an officer of the Provider’s organization for signature validation by SSAC. All unsigned proposals will be rejected.
7. No telegraphic, facsimile, telephone or e-mail proposals will be accepted. If mailed, the Provider should use certified or registered mail, UPS, or Federal Express with return receipt requested.
8. All documents included in the proposal must be completed to be considered a valid proposal. Each proposal must meet the Portal Requirements at a Minimum to be a valid proposal for funding. **If a particular request does not pertain to your organization, please note accordingly or present documentation why the request would not apply.**



It is essential that Providers carefully review all elements in their final proposals. Once opened, proposals cannot be altered; however, SSAC reserves the right to request clarification/correction/changes as permitted by ORC 307.862 and per RFP requirements.

Conditions of Contracting

Project Requirements

Service Providers shall meet all requirements in the Conditions of Contracting and Service Specifications. Providers must identify a means to measure program performance.

Conditions of Contracting (COC)

Service providers shall meet these conditions of participation:

1. Be a formally organized business or service agency providing the services requested, and shall:
 - a. Disclose all entities with a five percent or more ownership and have a written statement defining the purpose of the business or service agency.
 - b. Have a written statement of policies and directives, bylaws, or articles of incorporation.
 - c. Have a written table of organization that clearly identifies lines of administrative, advisory, contractual, and supervisory authority unless the business is a sole proprietorship.
 - d. Operate the business in compliance with all applicable federal, state, and local laws, and shall have a written statement supporting compliance with:
 - (i) non-discrimination laws, federal wage and hour laws, and workers' compensation laws in the recruitment and employment of individuals
 - (ii) non-discrimination laws in the provision of services, and
 - (iii) federal rules and statutes take precedence over these conditions in cases where discrepancies between these exist.
 - e. Have a written affirmative action plan that must be appropriately updated and will be reviewed at least annually.
2. Have a physical facility from which to conduct business. The facility should have a telephone and a designated and utilized locked storage space for the maintenance of participant records.
3. Have written procedures supporting the operation of the business and provision of service, and shall:
 - a. Have a system to document services delivered, billed, and reimbursed that complies with service specifications
 - b. Provide evidence supporting financial responsibility in the coverage of participant loss due to theft, property damage, or personal injury, and have a written procedure that identifies the steps a participant must take to file a liability claim
 - c. Have a written procedure for reporting and documenting all participant incidents including significant changes that affect service delivery or imminent health or safety risks
 - d. Maintain a file for each participant that is readily available to any monitoring agency. Each file shall include this identifying data:
 - i. Participant's name, address, and telephone number date of birth and gender
 - ii. Name and telephone number of participant's contact person or care giver.

- iii. Service Provider's contact person and telephone number.
 - iv. Participant's functional abilities or limitations relevant to authorized services.
 - v. Additional demographic data requested by the SSAC.
 - e. Maintain documentation of each participant contact and each service delivered
 - f. Obtain written approval from the participant to release participant information.
 - g. Retain all participant records for at least three years or until an audit is completed and all exceptions resolved, whichever is later.
 - h. Have a written procedure for follow-up and investigation of participant complaints and grievances, and a method to inform participants at the inception of services of the contact number for the resolution contact.
4. Have written personnel policies and documentation that support personnel practices for Providers that include:
- a. Job descriptions or statement of job responsibilities including qualifications for each position involved in the delivery of services unless the business is a sole proprietorship
 - b. Performance appraisals or a development plan for all employed or contract workers, and volunteers involved in providing service to participants unless the business is a sole proprietorship
 - c. Prior to service provision, a Provider staff signature and a date that indicates completion of orientation that includes:
 - i. Employee position description and expectations
 - ii. Personnel policies
 - iii. Reporting procedures and policies
 - iv. Table of organization and lines of communication
 - v. A code of ethics which declares that the Provider staff shall not:
 - (1) Use the participant's vehicle.
 - (2) Consume the participant's food and drink without the participant's consent or the participant offering it.
 - (3) Use the participant's telephone for personal calls.
 - (4) Discuss personal problems or religious or political beliefs with the participant.
 - (5) Accept gifts or tips from the participant.
 - (6) Bring friends or relatives of the employee to the participant's home.
 - (7) Consume alcoholic beverages or use medicine or drugs for any purpose other than medical while in the participant's home or prior to the delivery of service.
 - (8) Smoke in the participant's home with, or without, the participant's permission.
 - (9) Breach the participant's privacy or the confidentiality of participant records
 - (10) Bring or eat personal food in the participant's home.
 - (11) A policy that assures that all participant information will remain confidential
5. Perform background checks on all employees.
6. Sign a contract with Trumbull County Commissioners for the program service area in which Provider services are rendered and the Provider shall:
- a. Maintain documentation as specified when delivered either directly or by sub-contract.
 - b. Allow access to SSAC and to other representatives with a need to access the Provider's facility, policies, procedures, records, and other documents related to the provision of services.

- c. Demonstrate compliance regarding background investigations of direct service workers.
- 7.  Should a 2022-2024 current provider not be awarded that same area of service in the RFP cycle following 2022-2024, the non-awarded provider must work with and share with the newly awarded provider of service their current recipients of service to allow continuance of service for the seniors that the non-awarded provider had services. Failure to do so could result in a one-year penalty of disallowance to submit proposal for senior levy dollars for the next RFP cycle. Continuation of service regardless of the providing agency is proper care and concern for our seniors.
- 8. Failure to meet any of the requirements of these conditions may lead to termination of the Trumbull County Commissioner's contract with the service Provider.
- 9. **Service Provider Requirements:**
 - a. The Provider must be able to deliver services five days a week. Evidence of a back-up service delivery plan must be provided.
 - b. The Provider shall maintain a participant record of each service provided
 - c. The Provider shall document that the staff member or volunteer providing a participant service successfully completes a training program appropriate to the service being provided, prior to service provision
 - d. The Provider shall maintain sufficient staff to meet the service requirements and provide supervisory direction to both paid and volunteer staff members
 - e.  Provide consumers with instructions for complaint filing to the Senior Levy administrator. Information will be included in your awarded contract.
- 10. **Unit of Service**
 - a. Units are defined in the service category section.
 - b. SSAC may authorize a contract for other units of service if the units are defined and specific
 - c. The unit rate shall include all administrative costs, training, and record documentation time

Applicable Laws and Rules

Service Providers shall understand, agree with, and comply with the following:

- 1. Americans with Disabilities Act of 1990
- 2. Occupational Safety and Health Act of 1970
- 3. Equal Employment Opportunity Act
- 4. Ohio Revised Code - All laws and regulations pertaining to the services provided.

Acceptance and Evaluation of Proposal/Award of Contract

SSAC reserves the right to make recommendations to the Board of Commissioners as to the following:

- ❖ award a proposal received based on individual items, or on the entire list of items.
- ❖ reject any or all proposals, or any part thereof.
- ❖ waive any informality in the proposals.

The decision of the SSAC and the Trumbull County Commissioners shall be final. The waiver of an immaterial defect shall in no way modify the RFP documents or excuse the Provider from full compliance with its specifications if the Provider is awarded the contract.



Review Process

The review process will be conducted in two (2) stages. Stage 1 will consist of a preliminary review to ensure that the proposal materials adhere to the minimum requirements (and mandatory conditions) specified in the RFP. Proposals that adhere to the minimum requirements will be deemed “Qualified”. Those which do not will be deemed “Non-Qualified”. “Non-Qualified” proposals will be placed in the inactive file. Partial submissions or proposals submitted after the designated deadline will be determined to be non-responsive and will be “Non-Qualified”.

“Qualified” proposals will then be reviewed in Stage 2, in accordance with the review process.

A. Stage 1 Review:

“Qualified” proposals in response to the RFP must meet the following requirements:

1. Timely Submission - The proposal is received at the address per Page 4-General Instructions Item #1. Proposals mailed but not received at the designated location by the specified date will be deemed “Non-Qualified” and will not be considered by SSAC.
2. Completeness of Submission - proposal submission must include at minimum:
 - a. Required number of copies per page 4, item 4
 - b. Proper Assembly (Page 6, Item #1 of Submission of Proposal)
 - c. Easily reproduced - quality paper- clearly formatted using Times Roman (or similar), 12-point font
 - d. Determination that the proposal meets minimum qualifications outlined in this RFP



Proposals which do not meet all the above First Stage Review submission requirements will be deemed ‘non-qualified’ and will not be reviewed for Stage 2.

B. Stage 2 Review

All “Qualified” proposals will be reviewed, evaluated, and rated. Comparisons between or between proposals are not appropriate and will not occur. At any time during the review, and at any level of the review, SSAC may request additional information from the Provider. Such information requests and Provider’s responses must always be in writing. **Each Subcommittee plans to schedule and meet with Proposers directly to discuss and clarify proposal information.** Information may be requested from sources other than the written proposal to evaluate the Provider.

All information obtained will be used in conjunction with the data from Stages 1 and 2 to make a final selection. The evaluation may include, but will not be limited to the following:

- ❖ strength and stability of the Provider to provide the requested services.
- ❖ ability to provide service as contracted.
- ❖ overall responsiveness, viability, and completeness of the proposal as well as the likelihood that in SSAC’s opinion and at SSAC’s discretion, the proposal best meets or exceeds SSAC’s specifications
- ❖ the criteria for the Stage 1 review
- ❖ scope of service being proposed.
- ❖ personnel qualifications
- ❖ distinguishing characteristics
- ❖ cost of proposed service
- ❖ any other facts considered relevant by SSAC, as demonstrated by the proposal or investigation by SSAC.
- ❖ experience with a similar project of comparable size and scope.

Proposal Selection

Proposal selection does not guarantee a contract for services will be awarded as Trumbull County Commissioners make final determination based upon recommendation by SSAC. All proposals will be evaluated in accordance with the following evaluation tool as submitted and any direct interview as completed between proposer and subcommittee members. Proposals are rated as follows:

Proposals will be evaluated on all information given with points given in the following categories.

Included but not limited to the following information (100 Point Total)

<u>1) Contract Compliance (Proposal Section IV page 50)</u>	<u>TOTAL POINTS</u>
Narrative/Sustainability of Organization - Item A	11
Income Collection Controls of organization – Item B	2
Advertisement of Senior Levy Dollars – Item C	2
 <u>2) Service Budget (Proposal Section V- Applicant Budget)</u>	
Unit Rate Requested (page 53)	10
Budget Information accurately provided as requested (pages 51-56)	10
 <u>3) Quality of Service (Proposal Section VI page 57)</u>	
Complaint Process – Item A&B & prior history from administrator’s files	10
Staff Qualifications – Item C-E)	10
Client intake process – Item F	5
Pending Lawsuits (0 points if have pending legal filings, 5 if none) – Item G	0-5
 <u>4) Service Capacity (Proposal Section VII page 58-59)</u>	
Service Capacity Item 1-11	35

Based upon the results of the evaluation, SSAC will select a Provider(s) for the service whose proposal is most advantageous to the county.

If SSAC and the Provider can successfully finalize the contract document details, SSAC will recommend the Provider to the Trumbull County Commissioners for a contract award.

If SSAC and the Provider are unable to successfully come to terms regarding the contract, SSAC reserves the right to terminate contract discussions with the Provider. SSAC will not recommend the Provider to the Trumbull County Commissioners. In this event, SSAC reserves the right to select another Provider from the proposal process, cancel the RFP or reissue the RFP if this is deemed necessary.

Post Selection Meeting

Only “Qualified” Providers passing the first level review, who wish to obtain clarifying information regarding their non-selection, may utilize the post-selection meeting. If a Provider wishes to discuss the selection process, the request for an informal meeting and the explanation for **it must be submitted in writing within five days of the receipt of the non-selection notice**. The request for a meeting should be sent to Trumbull County Senior Levy Services, Attn: Diane Siskowic-Jurkovic, Senior Levy Administrator at 2931A Youngstown Rd. SE, Warren, OH 44484.

Terms and Conditions

The contents of the RFP and the Commitments set forth in the selected proposals shall be considered contractual obligations if a contract ensues. Failure to accept these obligations may result in cancellation of the award.

Type of Contract

The evaluation of proposals submitted in response to this RFP may result in the issuance of a contract. The contract shall incorporate the terms, conditions and requirements of the RFP, the Provider's proposal, and all other agreements that may be reached. Senior Services Advisory Council, Senior Levy Administrator, and Trumbull County Commissioners will design, develop, and implement the structure of the contract. The successful Provider's proposal, this RFP and other applicable addenda will become part of the final contract. The Senior Levy Administrator will administer the final contract for the Trumbull County Commissioners.

Contract Period, Funding & Invoicing

A contract will be written for a period of twenty-four (24) months. Providers will submit invoices monthly along with the database program summary report from SAMS (or other approved program) showing services provided. A blank invoice template (excel format) is provided with the contract. In addition, should a wait list for services exist, submit monthly to the Senior Levy Administrator a report listing the participants on the wait list, the number added to the wait list since the previous, and those from the past wait list that have had service initiated during the current month.

Patent or Copyright Liabilities

The Provider will protect, defend, indemnify, and hold free and harmless SSAC, Trumbull County, its officers, employees, agents, and Board of County Commissioners ("Releasees") against all claims that any of the designs or services supplied hereunder infringe a U.S. patent or copyright. The Provider will pay all resulting costs, damages, and attorney's fees to indemnify and defend the Releasees against such claims. SSAC will promptly notify the Provider in writing of all claims, and the Provider will have control of the defense and all related settlement negotiations.

If such claim has occurred, or is likely to occur, SSAC agrees to permit the Provider, at Provider's option and expense, either to procure for SSAC the right to continue using the designs or programming services or to replace or modify the same so that they become non-infringing but still meet the requirements of the RFP.

Confidentiality and Security

Any Provider engaging in any service for SSAC requiring them to be exposed to confidential SSAC information will be required to hold confidential data made available to them.

Software and Ownership Rights

The Board of County Commissioners will have ownership rights in **software, software modifications, and associated documentation designed, developed, or installed with the use of County funds**. SSAC and the Board of County Commissioners reserve a royalty-free, nonexclusive, and irrevocable license to reproduce, publish, or otherwise use and authorize others to use the software, software modifications and documentation for County, State and Federal government purposes.

Publicity

Any program descriptions, publicity releases, or other public references including but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this RFP will clearly state that the services are funded in whole or in part by the Trumbull County Senior Services Levy. The provider assumes responsibility for the development and cost associated with these items and agrees to obtain approval from SSAC before releasing promotional materials and/or items.

Post Award Requirements

Performance Goals and Outcome Measures

Providers are expected to track and measure indicators of program performance.

- ❗ For All Service Categories: Reporting contract service information to the SSAC for grants larger than \$25,000 must be completed through SAMS reporting software unless prior approval by the Senior Levy administrator/Council has been given for alternative reporting.

Service Category/Units of Service

1.1 Home Delivered Meals - (*per meal*) Provides one or more safe and nutritious meals in the home setting to an eligible customer and provides client/customer choice. Each meal must meet the following requirements:

- a. Contains one-third the Recommended Dietary Allowance (RDA)
- b. Is served to persons aged 60 or older, and their spouses, regardless of age.
- c. Is served by a nutrition service provider that follow Ohio Department on Aging Nutrition Requirements and has Trumbull County Health Department certification.

1.2 Adult Day Care – (*per day*). A minimum of five hours = one day, less than five hours = ½ day) Adult Day Care (ADC) is a community-based program designed to meet the needs of a functionally impaired client/customer through individualized care plan that encourages optimal capacity of self-care and/or maximizes functional abilities. Adult Day Care consists of structures, comprehensive, continually supervised components provided in a protective setting. Individuals who participate in adult day care attend on a planned basis during specified hours. Services offered in conjunction with adult day care and services such as rehabilitation, medications assistance, and home health aide services. Providers must adhere to ODA Service Specifications in effect.

1.3 Personal Care/Homemaker – (*per hour*) A program which is primarily engaged in providing basic health maintenance or personal hygiene assistance to individuals in their homes for Personal Care. The basic purpose of the program is to offer a house-oriented alternative to institutional care, where appropriate. The program may include trained paramedical care, bedside nursing care, therapy (i.e. occupational, physical or speech), personal hygiene and administration of prescribed medication under special supervision. Homemaking services enable a client/customer to achieve and/or maintain a clean, safe, healthy environment. The activities may include housekeeping, laundry, essential shopping errands and meal preparation. Homemaker services do not include the provision of chores. Unit of Service. Maximum per month: 40 hours of service between Homemaker and Personal Care according to need.

1.4 Chore – (per job) A program for the performance of exterior household tasks, essential errands, simple household repairs, and other light work necessary to enable to remain in his/her own home when they are unable to perform such tasks themselves. Such chores do not require the services of a trained homemaker or other specialist. Unit of Service: One Unit per Completed Job. **One unit per week/maximum 4 jobs per month/per person unless otherwise approved.** Any interior chore except as provided per RFP specifications requires prior approval from the senior levy administrator. Only time for performing chores is billable.

1.5 Northern Tier Homemaker/Personal Care/Chore – same as category 1.3-1.5 but services are offered in the top two tiers of Trumbull County to assure that rural county areas receive service delivery.

2.0 Protective Services – (per hour) Services provided to a person who has been determined by evaluation to require them for prevention, correction, or discontinuance of an act as conditions. resulting from abuse, neglect, or exploitation. Protective services may include, but are not limited to, case work services, medical care, mental health services, legal services, fiscal management, home health care, homemaker services, housing related services, guardianship services, and placement services as well as provision of such commodities as food, clothing, and shelter. Unit of Service: one hour of guardianship service, including a caseworker's, lawyer's time, or appointee of the probate court.

3.0 Mini Grant (separate proposal form used)



4.0 Other Program Specific Funding - This category was created to invite new ideas/programs that do not fit the categories 1-3 and that have not been part of Senior Levy funding in the past. Any additional documentation needed to support the ability to provide the proposed program would assist with review for funding by the Senior Services Advisory Council. All requirements included in this RFP would apply to this category as well.

RFP SPECIFICATIONS

In-Home Services: 1.10 HOME DELIVERED MEALS & MOBILE FOOD BANK

SENIOR LEVY FUNDING AVAILABLE \$ 465,000.00 annually/ \$930,000 for two-year period

SERVICE DEFINITION: PROVIDE HOME DELIVERED MEALS. EACH MEAL MUST MEET 1/3 OF THE RECOMMENDED DIETARY ALLOWANCE (RDA).

UNIT OF SERVICE:ONE HOME DELIVERED MEAL PROVIDED IN THE CLIENT’S HOME.

Eligible participants must be age 60 or over or spouse of an eligible participant, reside in Trumbull County, and may need to meet certain standards of indigence and frailty. Providers may request funding on all or part of the \$ or % which has been made available for this project.

SSAC seeks to expand or improve the delivery of existing home delivery meal programs and to provide funding for innovative projects that meet the program requirements. Provider proposals must demonstrate ability and experience in providing the service. The goal is to provide services throughout **the entire county**. Proposals demonstrating cooperation and collaboration to ensure countywide coverage are encouraged.

Each provider is responsible for insuring that each nutrition program provides, 5 or more days a week, at least one home-delivered (hot, cold, frozen, dried, canned, or supplemental foods with a satisfactory storage life) meal per day. Each meal served must ensure a minimum of one-third of the daily-recommended dietary allowances as established by the Food and Nutrition Board of the National Academy of Sciences – National Research Council. Each nutrition program may provide up to two meals per day.

HDM Program must comply with ODA Rule 173-4-05.2 Nutrition Program.

REQUIREMENTS AND SPECIFICATIONS

A. Taxonomy

1. Home-Delivered Meal (HDM)-

- a. HDM service is designed to sustain and improve participants’ health through safe and nutritious meals served in a home setting.
- b. The unit of service rate is one meal prepared and delivered according to these specifications. Up to two meals per day may be provided.
- c. The unit rate shall include all costs including administrative, in-kind, food production, packaging, and delivery.

B. Meal Service Specifications

1. Menu Specifications

a. Menu Planning

- (i) The provider must ensure that each meal is nutritionally adequate based on the DRI/RDA for persons aged sixty years and older.
- (ii) Each meal must meet one-third the DRI/RDA.
- (iii) The provider must ensure the nutritional adequacy of menus by utilizing the required menu pattern: computer nutrient analysis, or a combination of the above per Ohio Department of Aging Nutrition Programs and Nutrition-

Related Services (for use when providers serve consumers enrolled in programs not funded by Medicaid).

- (iv) The provider must implement the most recent US dietary guidelines and state guidelines whereas State guidelines override US guidelines if conflicting.
- (v) The provider must ensure that all menu types offered (e.g., regular, shelf stable, culturally specific) meet these requirements: pre-approved by a LD; include specified serving sizes for each food; and all menu substitutions retain the nutritional adequacy of the service specifications' pre-planned menu (through pre-approval by a LD; or adherence to a menu substitution list/procedure pre-approved by a LD).
- (vi) The provider's food preparer must ensure that participants have access to the ingredient contents of meals.
- (vii) The provider's food preparer(s) must comply with Chapter 3717-1 of the Administrative Code known as the Ohio State Uniform Food Safety Code pertaining to food preparers' food safety and quality assurances and the nutrition label education act, if applicable.
- (viii) No later than five days of receiving citation by the local health department or Ohio Department of Agriculture, the provider shall report to the Senior Levy Administrator for Trumbull County and the Trumbull County Commissioners and provide a corrective plan.

b. Menu Pattern and Components

- (i) The menu pattern applies to all meals. However, the breakfast meal does **not** require vegetables, and substitution from another food group is unnecessary. Providers are encouraged to vary the selection of additional required items.
- (ii) Each meal must include the five food groups (except breakfast), and select two additional of these required items:
 - (a) two ounces or equivalent of meat or meat alternate.
 - (b) eight ounces or equivalent of milk or milk alternative.
 - (c) one serving of bread or bread alternative.
 - (d) One serving of fruit; and
 - (e) One serving of vegetables.
 - (f) Each meal must include two additional required items: one ounce of meat; one serving of bread; one serving of vegetable; one serving of dessert.
 - (g) Each meal must include meal accompaniments as needed (e.g., one-teaspoon margarine served with bread, roll or cooked potato).
 - (h) Each meal must meet one-third the DRI/DRA for healthy men and women ages sixty years and older.

c. Food Group/Nutrient Specifications

- (i) **Meat/Meat Alternate**
 - (a) Seven grams of protein count as one-ounce cooked meat.
 - (b) In determining nutritional adequacy, the weight of a cooked, edible portion of meat or alternate must not include the weight of breading and fillers.
 - (c) At least twice weekly, meat served must be a plain entrée (e.g., pork chop, chicken, veal, and fish).
 - (d) Alternates for one ounce of cooked meat include one egg; one-ounce natural or processed cheese; one fourth cup cottage cheese; two

tablespoons peanut butter; one half cup cooked dried beans or peas; or one and a half ounces' luncheon meat.

- (e) Meat alternates must not be served at consecutive meals or on consecutive days, except emergency meals, to optimize nutrient density, particularly for iron.
- (f) Cheese served as a meat alternate cannot be counted as a milk alternate. Artificial/imitation cheese or cheese food products cannot be served as meat alternates.

ii.) **Milk/Milk Alternate**

- (a) The serving size is one cup.
- (b) Milk alternates include; one-cup lactose-free milk; one and a half ounces natural or processed cheese; eight ounces' plain yogurt; and one cup ultrahigh temperature milk.
- (c) Low-fat milk, cheese, and yogurt are preferred.
- (d) Cheese served as milk alternate cannot be counted as a meat alternate. Artificial/imitation cheese or cheese food products cannot be served as milk alternates.
- (e) Ultrahigh temperature chocolate milk drink or hot cocoa mix must contain at least twenty percent of the DRI/RDA for calcium.

(iii) **Bread/Bread Alternate**

- (a) The serving size is one slice.
- (b) Bread alternates
- (c) Breeding on meat, poultry, or fish cannot be counted as a bread serving.

(iv) **Fruit**

- (a) Serving size is one half cup or one piece of whole fresh fruit. Fresh, frozen, or canned fruit packed in juice, light syrup, or without sugar are preferred.
- (b) Molded (gelatin) salad counts as a fruit serving when modification to the recipe or serving size ensures that each serving contains at least one-half cup fruit.
- (c) Desserts that contain fruit (e.g., cobblers, pie) do not contain enough fruit to count as a fruit serving.

(v) **Vegetables**

- (a) The serving size is one half cup.
- (b) Fresh or cooked frozen vegetables are preferred.
- (c) Potatoes count as vegetables.
- (d) The serving size of lettuce salad with other raw vegetables is one cup.

(vi) **Desert Option**

- (a) The provider has the option of serving a dessert as one of the two additional required items.
- (b) Dessert examples include cake, pie, fruit cobbler or crisp, cookies, ice cream, frozen yogurt, sherbet, pudding, fruit in gelatin, brownie, and pastry/sweet breads (e.g., danish, donuts).
- (c) Preferred desserts should contain fruit and low-fat products and be made with whole grains and low-fat milk.

- (d) Food containing empty calories (e.g., plain gelatins, two-crust pies) is discouraged.
- (e) Fruit ingredients of desserts do not count toward the fruit requirement except as noted for molded gelatins.

(vii) **Additional Requirements**

- (a) The provider must choose two food items, in addition to the set menu pattern, to ensure the nutritional adequacy of meals. These choices will allow the provider to be more flexible within the menu cycle to better meet participants' needs and preferences (e.g., alternating casserole, hot sandwich, and meat and potato meals).
- (b) The provider must offer meal accompaniments (e.g., condiments, spreads, and garnishes) which are traditionally associated with a menu item. Examples include mustard or mayonnaise with a meat sandwich; tartar sauce with fish; and salad dressing with tossed salad. These items add variety, flavor, and eye appeal to the meals and enhance the meal's palatability and participant satisfaction.

d. Lower Concentrated Sweets/Sodium/Fat Modified Meals

- (i) The provider must offer menu items lower in concentrated sweets, sodium, and fat when requested. A physician's order is **not** required. The provider must offer at least one or more of these modifications to the regular menu:
 - (a) In one meal (a lower concentrated sweets/sodium/fat meal); or
 - (b) In separate meals (a lower concentrated sweet meal, a lower sodium meal, and a lower fat meal); or
 - (c) Any other combination of the above (e.g., a lower concentrated sweet meal and a lower sodium/fat meal).
- (ii) The provider must offer these modifications to the regular menu:
 - (a) Concentrated sweets (high sugar foods): fresh, juice-packed, or unsweetened frozen fruit, sugar-free gelatin, sugar-free pudding, angel food cake, vanilla wafers, or graham crackers for a similar dessert; sugar-free fruit drinks; and sugar-free alternates for high sugar condiments (e.g., jelly, syrup, honey);
 - (b) Sodium: lower sodium entrée (e.g., baked meat patty for veal parmigiana);
 - (c) Fat: lower fat entrée (e.g., chicken without skin).

e. Therapeutic Diets

- (i) Nutrition programs may offer menus for medical restrictions requiring calculated diets (e.g., 2 gm Na⁺, 1500 ADA, renal) only when those therapeutic diets can be obtained from a hospital or facility approved by the licensed dietitian when those special diets are produced under the supervision of the licensed dietitian.
- (ii) Therapeutic diet menus must approximate as closely as possible (given the medical restrictions, religious requirements, or the ethnic background) the meal pattern and nutrient content of meals as specified in all other meal plans
- (iii) Trumbull County Administration will insure that therapeutic diets for health reason will follow these procedures:
 - (a) A written diet order from the participant's physician must be on file with the nutrition provider; and

- (b) At least every six months, the licensed dietitian must review each written diet order with the physician and update it according to physician instructions.

2. Agency Responsibilities

a. Food Sanitation and Safety

- (i) A provider cited for critical items during the local Health Department inspection must furnish a copy of that inspection report and the follow-up report to the Senior Levy Administrator within five working days of receipt from the inspecting agent.
- (ii) A provider cited by the Ohio Department of Agriculture or USDA regulatory agents must furnish a copy of the findings and corresponding corrective plans within five working days of receipt from the regulatory agent to the Senior Levy Administrator.
- (iii) A provider that elects to deliver food that requires re-thermalization (e.g., reheating) by the provider or the participant must use foods that are commercially prepared or meet these criteria:
 - (a) Processing must adhere to the HACCP system;
 - (b) Only freshly prepared or commercially processed foods can be used (**no leftovers**);
 - (c) When necessary, must modify preparation techniques to ensure quality;
 - (d) On-site production must be accessible to Trumbull County Administration for periodic monitoring; and
 - (e) Written preparation directions for both commercially prepared and self-produced meals must be included.
- (iv) Food items, including donations, must be from an approved source.
- (v) Food preparers must develop and implement a time and temperature monitoring system for food preparation, handling, and delivery.
- (vi) Food preparers who do **not** serve meals directly to the participants must label meals with a production date.
- (vii) For congregate meal sites, the provider must develop a procedure for food removed by participants at the end of the meal that:
 - (a) Allows the participant to remove foods that are not potentially hazardous (e.g., fruit, bread, juice, cookies, crackers);
 - (b) Describes all circumstances when participants may remove other foods; and
 - (c) Includes the participant instruction component for permitted food items including potentially hazardous items when removed.

b. Participant Choice

- (i) The provider must adopt a participant choice plan that offers the participant the opportunity to make choices about food served using one of these methods:
 - (a) Allow each participant to make choices within the milk, bread, desserts (if offered), fruit and vegetable, or entrees (meat/alternative alone or combined with other foods) groups; or
 - (b) Meet with or survey groups of participants to elicit ideas into the menu planning process; or
 - (c) Implement an ODA-approved alternative plan.

- (ii) The provider must develop an ODA-approved system that offers participants access to the ingredient content of meals.

c. **Emergency Procedures**

- (i) The provider must develop and implement written contingency procedures for situations such as:
Short-term weather-related emergencies, loss of power, on-site/central kitchen malfunctions, or meal delivery delays. Procedures must include timely participant notification.
- (ii) The provider must prepare participants for emergencies when the provider may not serve meals as scheduled by either instructing participants about keeping shelf stable foods available for use in emergencies, or supply participants with shelf stable meals.
- (iii) The provider must begin regular meal delivery within two working days of establishing the eligibility of HDM participation, or on a date negotiated with the participant, the Grantee, and/or Senior Levy Administrator.
- (iv) The provider must deliver meals to participants who need immediate meal support within twenty-four hours; or within a period negotiated with the Grantee and/or Senior Levy Administrator using regular, shelf stable, or frozen meals.
- (v) The provider must ensure that delivery persons understand how to respond to common participant in-home emergencies (e.g., a participant is non-responsive) or meal-related concerns (e.g., a participant has not eaten previous meals).
- (vi) The provider must keep a **daily** route log that includes, at a minimum, the participants' names and delivery dates and times.

d. **Personnel Training**

- (i) The provider must follow and document a training plan, for all personnel (including volunteers) who participate in food preparation, handling, and delivery.
- (ii) At a minimum, the training must develop skills and abilities in these areas:
 - (a) Participant rights and responsibilities;
 - (b) Sensitivity to the needs of persons who are elderly or disabled;
 - (c) Handling emergencies;
 - (d) Food preparation, when applicable;
 - (e) Special meal preparation and service (e.g., textured modified diet, therapeutic diets), when applicable;
 - (f) Meal service and delivery;
 - (g) Food service sanitation; and
 - (h) Handling hazardous materials, when applicable.
- (f). Provider Monitoring
- (iii) The provider must monitor all aspects of the operation and take immediate action to improve practices.
- (iv) These aspects of provider operations require monitoring:
 - (a) Food temperatures during storage; preparation, transport, and delivery of food to the nutrition site; holding food before and during the meal service;
 - (b) Food packaging and transporting systems;

- (c) Preparation, holding, and delivery practices; ensuring retention of food quality characteristics (e.g., flavor and texture);
- (d) Participant satisfaction by eliciting comments from participants about the dining environment, type of food, portion size, temperature, meal delivery, meal service schedules, and staff professionalism;
- (e) Food acceptance patterns that are to be used to adjust and modify menus; and
- (f) All applicable federal, state, and local policies, procedures, and service specifications.

e. **Participant Rights and Responsibilities**

- (i) The provider must ensure that staff are knowledgeable, and that staff inform participants about participant rights and responsibilities.
- (ii) Each participant has the right to:
 - (a) Receive referrals (e.g., food stamps, transportation) when requested and as necessary;
 - (b) Comment about needed improvements without fear of retaliation;
 - (c) Receive timely information about meal site closings and delivery cancellations due to weather or other reasons;
 - (d) Be treated with respect and courtesy;
 - (e) Have personal information handled and recorded using methods that ensure confidentiality;
 - (f) Choose or request less food after standard menu items have been offered; and
 - (g) Have access to the ingredient content of meals.

f. **HDM Participant Assessment and Enrollment**

- (i) The HDM provider must ensure that each participant meets the eligibility requirements before enrollment and, subsequently, at intervals determined to be appropriate to the participant's situation. An in-home assessment must be done within the first three months and at least once every twelve months afterwards.
- (ii) The provider must ensure that each participant meets these criteria:
 - (a) Be at least sixty years of age;
 - (b) Be unable to prepare their own meals;
 - (c) Be unable to participate in the congregate nutrition program because of physical or emotional difficulties;
 - (d) Lack other meal support service in the home or community; or
 - (e) Be the spouse of an eligible participant.
- (iii) The provider must establish procedures for participant waiting lists. The prioritization system must distribute service equitably according to these specifications:
 - (a) Applicants at nutritional risk must be given priority for meal service. At a minimum, the applicant's risk status must be based on the NSI determine checklist and protocol, or a nutritional assessment such as one provided by a local health provider's LD.
 - (b) Applicants with the lowest income may receive priority (though income cannot be used as an eligibility criterion).
 - (c) The risk status of married couples must be based on the spouse with the greatest need.

g. **Contributions**

- (i) With prior approval, the provider may elect to participate in the Ohio EBT system and accept this as a contribution toward the meal.
- (a) Congregate meals providers must establish a required fee for ineligible guests and staff. The required fee must cover the actual contracted unit cost of the meal for guests and staff. Required fees received are considered program income and will be used according to program income requirements.
- (b) Voluntary contributions shall be accepted. Advertisements including the terminology that promotes a “Free Meal” will not be permitted. If found to be advertising or promoting the meal as “Free” or any other similar terminology indicating no cost to the consumer, the contract will be terminated.

3. Eligibility Criteria Requirements

- 1. Each provider must have written eligibility standards and insure that each client will meet, at a minimum, all participant eligibility determination standards as outlined below:
 - a. a person must be at least 60 years of age.
 - b. a person must be unable to prepare his or her own meals.
 - c. a person must be unable to participate in the congregate nutrition program because of physical or emotional difficulties.
 - d. a person must lack other meal support service in the home or community.
 - e. or be the spouse of an eligible participant.
- 2. Client Contributions for the service are accepted.

Mobile Food Bank: Service Definition– to provide healthy, safe, and affordable food access to those with limited or no access to food due to proximity to food outlets, transportation, physical, or income limitation, funding for Mobile Food Banks is available within the HD Meal program. Collaborating with local food banks and Farmer’s Markets to deliver available food pantry items and fresh fruit and vegetables is encouraged. Food choices must align with current Dietary Guidelines for Americans per Food and Nutrition-National Academy of Science.

Unit of Service: Per serving with delivery to the consumer’s residence at least every two weeks to provide continual food access for the recipient.

Eligible participants must be age 60 or over, reside in Trumbull County, limited or no access to food due to proximity to food outlets and transportation, physical, or income limitations. The program will be funded by Senior Services Levy funds. Providers may request funding on all or part of the \$% which has been made available for this project.

Requirements and Specifications

A. Taxonomy

- 1. Mobile Food Bank
 - a. Mobile Food Bank is designed to provide healthy, safe, and affordable food access and preferentially reduce the effects of residing in USDA designated food desert areas.

- b. The unit of service rate is per serving that fulfills the food choices as specified below (B.1.a.) delivered at least every two weeks to provide continual food access for the recipient. Other food choices can be included in the delivery also.
- c. The unit rate shall include all costs including administrative, in-kind, food cost, packaging, and delivery.

B. Mobile Food Bank Specifications

1. Food choices for delivery must align with current Dietary Guidelines for Americans per the Food and Nutrition-National Academy of Sciences.
 - a. For each serving delivered must provide 1/3 of the Dietary Guidelines as follows: (based on 2000 calorie/day diet)
 - (i) Vegetables: 2 ½ cups
 ½ c green beans = ½ c vegetables
 1 c fresh spinach = ½ c vegetables
 - (ii) Fruit: 2 cups per day
 ½ c strawberries = ½ c fruit, 1 c 100% fruit juice = 1 c fruit,
 ¼ c dried fruit = 1/2 c fruit
 - (iii) Grains: 6 oz. per day of which 3 oz. in whole grains (not refined)
 1 slice bread = 1 oz. grains, ½ c cooked brown rice = 1 oz. grains
 - (iv) Dairy: 3 cups per day. Dairy includes low-fat milk, yogurt, and cheese.
 6 oz. fat free yogurt = ¾ c dairy, 1 ½ oz. cheddar cheese = 1 oz. dairy
 - (v) Proteins: 5 ½ oz./day
 1 large egg = 1 oz. protein, 2 T Peanut Butter = 2 oz. protein, 1 oz walnuts = 2 oz. protein, 1/2 oz. black beans = 2 oz. protein

*Legumes (Beans/Peas) can be counted as either a vegetable or a protein.

C. Agency Responsibilities

1. The provider must ensure that delivery persons understand how to respond to common participant in-home emergencies (e.g., a participant is non-responsive)
1. The provider must keep a **daily** route log that includes, at a minimum, the participants' names, addresses, delivery dates and times. In addition, in chart format, the food delivered per each delivery date and how that food meets the Dietary Guidelines.
2. Delivery staff must have successfully completed BCI background check prior to start of delivery.

D. Participant Rights and Responsibilities

1. The provider must ensure that staff are knowledgeable, and that staff inform participants about participant rights and responsibilities.
2. Each participant has the right to:
 - a. Comment about needed improvements without fear of retaliation;
 - b. Receive timely information about delivery cancellations due to weather or other reasons;
 - c. Be treated with respect and courtesy;
 - d. Have personal information handled and recorded using methods that ensure confidentiality;

E. Assessment and Enrollment

1. The Mobile Food Bank provider must ensure that each participant meets the eligibility requirements before enrollment and, subsequently, at intervals determined to be appropriate to the participant's situation. An in-home assessment must be done within the first three months and at least once every twelve months afterwards.
2. The provider must ensure that each participant meets these criteria:
 - a. A person must be at least 60 years of age and resident of Trumbull County preferably in a "Food Desert" as defined by USDA.
 - b. Gross monthly income for the household is established to be at current year poverty levels.
 - c. A person must lack other meal support services in the household.
3. The provider must establish procedures for participant waiting lists. The prioritization system must distribute service equitably according to these specifications:
 - a. Applicants with the lowest income may receive priority.
 - b. Applicants living within a "Food Desert" as defined by USDA preferred.

F. Contributions

1. Voluntary contributions can be accepted.

G. Personnel

1. The provider must follow and document a training plan for all personnel (including volunteers) who participate in food delivery.
2. At a minimum, the training must develop skills and abilities in these areas:
 - a. Sensitivity to the needs of persons who are elderly or disabled;
 - i. Handling emergencies;
 - ii. Special food requests including allergens;
 - iii. Delivery

H. Provider Monitoring

1. The provider must monitor all aspects of the operation and take immediate action to improve practices. These aspects of provider operations require monitoring:
 - a. Food packaging and transporting systems;
 - b. Delivery practices; ensuring retention of food quality characteristics (e.g., fresh products);
 - c. Participant satisfaction by eliciting comments from participants about the food quality, food diversification, and staff professionalism;
 - d. All applicable federal, state, and local policies including FBI background checks for all employees delivering products.

In-Home Services: 1.20 ADULT DAY CARE (INCLUDING ADC TRANSPORTATION)

SENIOR LEVY FUNDING AVAILABLE \$100,000 annually / \$200,000 for two-year period

1.21 SERVICE DEFINITION: A PROGRAM OF SERVICES PROVIDE IN A PROTECTIVE SETTING FOR ADULTS WHO DO NOT REQUIRE 24-HOUR INSTITUTIONAL CARE AND YET, DUE TO PHYSICAL AND/OR MENTAL IMPAIRMENT, ARE NOT CAPABLE OF FULL-TIME INDEPENDENT LIVING. THE BASIC SERVICES INCLUDE A PROTECTIVE ENVIRONMENT, ONE MEAL, SOCIAL ACTIVITIES, REST PERIODS AS NEEDED, EMERGENCY MEDICAL ARRANGEMENTS, AND LIAISON WITH THE HOME SITUATION. ADDITIONAL SERVICES CAN INCLUDE PERSONAL CARE, SPECIAL DIET, HEALTH EXAMINATIONS, FAMILY AND INDIVIDUAL COUNSELING, TRAINING IN ACTIVITIES OF DAILY LIVING, ETC.

ADC is designed to meet the needs of functionally or cognitively impaired adults through individualized care plans that encourage optimal capacity for self-care and maximize functional abilities in a community-based setting. ADC consists of structured, comprehensive, continually supervised components provided in a protective setting. Components may include, but are not limited to, health services, participant activities, PCS, and rehabilitative services such as PT, ST, and OT. Participants attend ADC on a planned basis during specified hours.

UNIT OF SERVICE: ADC - ONE PERSON/DAY. THE CARE OF ONE PERSON FOR ONE DAY. ONE FULL DAY EQUALS AT LEAST FIVE (5) HOURS. TRANSPORTATION-PER ONE-WAY TRIP OR PER MILEAGE RATE BASED ON A PRE-DETERMINED DISTANCE BETWEEN PARTICIPANT'S RESIDENCE AND ADC CENTER MULTIPLIED BY ESTABLISHED MILEAGE RATE.

Eligible participants must be age 60 or over, reside in Trumbull County, and may need to meet certain standards of indigence and frailty. Providers may request funding on all or part of the \$, or %, which has been made available for this project. **RFPs must include a Unit Rate for Day Care and a separate unit rate for One-Way Transportation, if provided.**

SSAC seeks to expand or improve the delivery of existing home adult daycare programs and to provide funding for innovative projects that meet the program requirements. Provider proposals must demonstrate ability and experience in providing the service. The goal is to provide services throughout **the entire county**. Proposals demonstrating cooperation and collaboration to ensure countywide coverage are encouraged.

Client Contributions for the service are accepted.

REQUIREMENTS AND SPECIFICATIONS

A) PROVIDER AGENCY & FACILITY REQUIREMENTS

1. If the ADC facility is housed in a building with other programs or services, the provider shall assure that:
 - (a) A separate, identifiable space is available for ADC during operation hours; and
 - (b) at least sixty square feet of center space is available per Participant, excluding hallways, offices, rest rooms, and storage areas.
2. The ADC center shall have at least one accessible working toilet for each of ten participants.
3. Medications shall be kept in locked storage at appropriate temperatures.
4. Toxic substances shall be stored in an area not accessible to participants.

5. A fire and emergency safety plan, including conspicuously posted evacuation procedures, shall be documented.
6. Periodic inspections and routine maintenance of fire extinguishers, smoke alarms, and quarterly evacuation drills shall be documented.
7. The provider shall provide or arrange for participant transportation to the ADC center. Transportation shall include participant assistance with transfers to and from the vehicle, center, and participant's home.

(B) PARTICIPANT SERVICE MANAGEMENT

1. The ADC center staff shall conduct an initial participant intake assessment within the first two days of attendance at the ADC center or assessment documentation from the local AAA if AAA is providing case management services to the participant, no more than thirty days prior to first day of attendance.
2. The intake assessment documentation shall include:
 - a) A health profile including health risk factors, psycho-social profile, diet, medications, and name of the attending physician;
 - b) Functional and cognitive profiles that identify ADLS and IADLS requiring attention or assistance by ADC center staff; AND
 - c) A social profile including social activity patterns, life events, community resources, caregiver data, formal and informal support systems, and behavior patterns.
3. Within the first thirty days of attendance, or ten units of service, whichever occurs first, an RN shall develop a health assessment for each participant. A care plan shall be developed for each participant to identify needs, problems, difficulties, goals, and objectives. The care plan shall document:
 - a) Interests and social rehabilitative needs;
 - b) Health needs;
 - c) Specific goals, objectives, and planned interventions that enable goals; and
 - d) The participant and caregiver participated in, or provided input into, the development of the care plan.
4. An interdisciplinary care conference with ADC service workers, the participant or the participant's caregiver, and which may include the AAA representative, if the AAA is providing case management services to the participant, shall be conducted, and documented for each participant at least every six months. The plan shall be revised according to changes in the participant's status, condition, and response to service, when applicable.
5. The provider shall document the physician's verbal or written authorization prior to administering medications, nursing services, nutrition counseling, or therapeutic services. The provider shall obtain the physician's signature and plan of treatment within the first thirty days of attendance, or 10 units of service, and at least every ninety days for participants who receive medications, nursing services, nutrition counseling, or therapeutic services.
6. At least two staff persons shall be present in the ADC center when more than one participant attends. At least one of the two staff must be paid direct service staff.
7. The staff to participant ratio shall be at least one staff person for every six participants.
8. An RN or LPN under the direct supervision of an RN shall be on site at the center a minimum of eight hours per month while participants attend.
9. The daily attendance roster shall document arrival and departure times of participants, their modes of transportation, participants or designees' signatures or initials, and the staff persons' signatures. In cases where a participant's signature is problematic an alternative method of documenting attendance can be devised.
10. Participant activities shall be supervised by an activity director/coordinator.
11. Daily and monthly planned activities shall be posted in full view of participants.

12. A noon meal and snacks shall be procured or prepared by the provider:
 - (a) Either each meal shall provide one-third of the DRI/RDA and shall meet the ODA approved meal pattern, or an LD approved nutrient analysis.
 - (b) Documentation shall demonstrate that all meals are prepared or sub-contracted by a provider that complies with Ohio Department of Health law established in the food service operation section 2231.32 of the ORC. The provider shall maintain a copy of the food service preparers or subcontractor's current Ohio food service license.
 - (c) The provider shall procure or prepare therapeutic diets that are prescribed by the participant's attending physician, when applicable.
 - (d) For therapeutic diets, the provider shall maintain documentation of menu approval by an LD, or the meal shall be prepared under the direction of an LD.

(C) PERSONNEL REQUIREMENTS

1. ADC staff must participate in at least eight hours of annual in-service or continuing education that may include these topics:
 - (a) Sensitivity to aging and the aging process;
 - (b) Illness and disability;
 - (c) Chronic diseases;
 - (d) Special needs of the elderly;
 - (e) Special needs of the elderly with dementia; and
 - (f) Death and dying.
2. Task-based instruction must be provided for center PCA staff that deliver PCS to participants prior to providing PCS to participants.
3. Evidence of educational programs offered to center direct service staff should list the instructor's title and qualifications.
4. Evidence should support that ADC staff possess these qualifications:
 - (a) RN, LPN, LSW, PT, ST, and OT staff must have current Ohio licensure from an applicable licensing board.
 - (b) The activity director/coordinator must have a BS, BA, or AA degree in RT, or a related degree, or must demonstrate proof of successful completion of the national certification council of activities professionals; or two years of experience in a similar position.
 - (c) ADC staff that provide PCA must be a high school graduate, possess a GED, or have a minimum of two years' work experience in providing or assisting with individual personal care or social activities.

D. ADC TRANSPORTATION REQUIREMENTS:

1. The provider shall document that all utilized vehicles have insurance in compliance with Ohio's financial liability law requirements.
2. The provider shall document that all vehicle operators and owners maintain proof of financial responsibility as required in section 4509.101 of the ORC for motor vehicles.
3. The provider shall document that each vehicle operator has a current/valid Ohio motor vehicle operator's license, or a license appropriate to the vehicle (i.e., commercial driver's license).
4. The provider shall have a written plan for regularly scheduled maintenance and safety inspection of vehicles used and must document compliance with the plan.
5. The provider shall document that a current annual OBMV check on vehicle operators has been successfully completed.
6. The provider shall maintain daily service logs or trip sheets that include:

- a. Date of service
 - b. Participant's name, pick up and destination points; time of pick up and destination drop
 - c. Participant's signature or designee's signature;
 - d. Odometer or mileage calculation
 - e. Daily Service Log signed by driver
7. A copy of the certificate of insurance and vehicle registration shall be maintained in each vehicle.

E. ADC TRANSPORTATION SERVICE REQUIREMENTS:

- 1. The provider is responsible for assuring the safety of each vehicle used to transport participants according to these standards:
- 2. Vehicles designed for transporting less than five individuals shall:
 - a. Have documentation that an annual safety inspection has been conducted through the Ohio state highway patrol safety inspection unit.
- 3. Vehicles equipped for transporting participants remaining in wheelchairs shall:
 - a. Be equipped with permanently installed floor wheelchair restraints for each wheelchair position used utilizing shoulder and waist restraints secured to the floor.
 - b. Have documentation that the Ohio state highway patrol safety inspection unit has conducted an annual vehicle inspection.
 - c. Have a Mechanic available.
 - d. Have documentation of daily inspection and testing of the wheelchair lift prior to transporting any participant that day.
 - e. Have documentation that each operator has been trained and skill-tested in the proper use of the wheelchair lift and securing mechanisms prior to transporting any wheelchair- bound participant.
- 4. Vehicles designed for transporting five or more participants/ individuals in addition to above-mentioned requirements, shall also:
 - a. Be equipped with functional safety belts for each participant transported, unless state law exempts the vehicle.
 - b. Be equipped with Fresno lens (any vehicle larger than fifteen passenger van)

F. TRANSPORTATION PERSONNEL:

- 1. The provider must document that each vehicle operator has completed the DRIVE training or other approved passenger assistance course that meets minimum criteria for specialized transport. The operator must have completed the training within six months prior to hire or within the first year of employment by the provider. Minimum requirements include:
 - a. Completion of an ODA or AAA-approved aging sensitivity course within six months of employment.
 - b. Basic characteristics of major disabling conditions detail functional disabilities affecting ambulation and transportation including musculoskeletal, neurological, sensory impairment, cardiovascular conditions.
 - c. Basic considerations in transporting older persons:
 - (i) An overview of diseases, which commonly affect older adults, such as dementia, Parkinson's disease, and diabetes.
 - (ii) Attitudes of vehicle operators and passengers and an understanding of sensory loss and of techniques to assist passengers with sensory loss.
 - (iii) Functional factors such as plasticity, loss of skin sensation and balance, pain, and breathing; and
 - (iv) Common assistive devices such as crutches, canes, walkers, wheelchairs, braces, prostheses, slings, and guide/support dogs.

- d. A hands-on practicum should include these special assistance considerations:
 - (i) Observation for signs of difficulty;
 - (ii) Proper way to offer to assist participant;
 - (iii) Proper assistance techniques; and
 - (iv) Management of wheelchairs.
 - e. Environmental considerations affecting passengers.
 - f. Operating assistive equipment.
 - g. Emergency procedures.
 - h. Inspection techniques for assistive equipment and procedures for inspecting wheelchair lifts.
2. Each vehicle operator shall complete a DRIVE refresher course or other approved passenger assistance refresher courses at least every three years.
 3. Each vehicle operator shall complete one of these defensive driving programs within one year prior to hire, or within the first three months of employment.
 4. The vehicle operator shall:
 - a. Have a current/valid Ohio motor vehicle operator's license, or license appropriate to the vehicle (i.e., commercial driver's license)
 - b. Have at least two years of licensed driving experience
 - c. Be able to understand written or oral instructions and document services delivered
 - d. Receive hands-on transfer technique instructions prior to transporting participants
 5. The vehicle operator must have a signed statement from a licensed physician declaring that the vehicle operator:
 - i. Does not have any physical or mental limitations likely to interfere with safe driving, passenger assistance, or emergency activities;
 - j. Has vision in both eyes, ordinary depth perception, and visual acuity of twenty/thirty in both eyes together with and without correction;
 - k. Has adequate hearing to assure safe response to horns, emergency vehicle sirens, and train signals; and
 - l. Is not impaired using alcohol, narcotics, prescription drugs or habit-forming drugs.
 - e. The signed physician statement must be updated at least every two years.

G. REQUIRED DAILY WHEELCHAIR LIFT INSPECTION ELEMENTS:

For each day services are provided, providers must complete and document an inspection of the wheelchair lift prior to any participant service that day according to these specifications:

- a. Run the lift through one complete cycle to be sure that it is operable.
- b. Check for any signs of seal leaking or binding of hardware.
- c. Check for frayed or damaged lift cables, hydraulic hoses, or chains.
- d. Check for physical damage and jerky operation.
- e. Check for hazardous protrusions and exposed edges. Assure that all protrusions are adequately padded and protected.
- f. Check all fasteners and ensure that all bolts are snug.
- g. Make sure the lift is properly secured to the vehicle when stored.
- h. Clean the lift completely of dirt, mud, gravel, and corrosive elements such as salt.
- i. Lubricate the lift in compliance with the manufacturer's requirements.
- j. Providers shall not use the lift any time repairs are necessary.

In-Home Services: 1.3 PERSONAL CARE & HOMEMAKER (40 HRS / MO. MAXIMUM)

SENIOR LEVY FUNDING AVAILABLE \$ 245,000.00 annually / \$490,000 for two-year period

Personal Care:

SERVICE DEFINITIONS: PERSONAL CARE PROGRAM THAT IS PRIMARILY ENGAGED IN PROVIDING BASIC HEALTH MAINTENANCE AND/OR PERSONAL HYGIENE ASSISTANCE TO INDIVIDUALS IN THEIR HOMES. THE BASIC PURPOSE OF THE PROGRAM IS TO OFFER A HOUSEHOLD-ORIENTED ALTERNATIVE TO INSTITUTIONAL CARE, WHERE APPROPRIATE. THIS PROGRAM MAY INCLUDE TRAINED PARAMEDICAL CARE, BEDSIDE NURSING CARE, THERAPY (i.e. OCCUPATIONAL, PHYSICAL OR SPEECH), and PERSONAL HYGIENE AND ADMINISTRATION OF PRESCRIBED MEDICATION UNDER MEDICAL SUPERVISION.

UNIT OF SERVICE: ONE HOUR OF HOME HEALTH AID SERVICES. TRAVEL TIME IS NOT BILLABLE AS DIRECT SERVICE.

Eligible participants must be age 60 or over, reside in Trumbull County, and may need to meet certain standards of indigence and frailty. The program will be funded by Senior Services Levy funds. Providers may request funding on all or part of the \$ or % which has been made available for this project. Clients are limited to 30 hours per month of service.

SSAC seeks to expand or improve the delivery of existing personal care and to provide funding for innovative projects that meet the program requirements. Provider proposals must demonstrate ability and experience in providing the service. The goal is to provide services throughout the entire county. Proposals demonstrating cooperation and collaboration to ensure countywide coverage are encouraged. Client Contributions for the service are accepted.

PCS is designed to enable participants to achieve optimal function with ADLS and IADLS, PCS may be used to provide respite for the participant's caregiver. PCS must be provided in the participant's residence.

REQUIREMENTS AND SPECIFICATIONS

A. Unit of Service

1. One unit of service is equal to one hour of direct service. Travel time is not billable as direct service.
2. The unit rate shall include all administrative costs, travel, and record documentation time.
3. Tasks in this service include, but are not limited to the following:
 - a. Reading and recording the participant's temperature, pulse, and respiration;
 - b. Performing house cleaning including dusting furniture; sweeping, vacuuming, and washing floors; kitchen care including washing dishes, appliances, and counters; washing inside windows within reach from the floor;
 - c. Providing bathroom care; emptying and cleaning the bedside commode and urinary catheter bags; changing bed linens; removing trash; and washing, drying, folding, ironing, and putting away the participant's laundry;
 - d. Performing personal hygiene and grooming assistance using bed, tub, shower, and partial bath techniques; shampooing the participant's hair in the sink, tub, or bed; providing nail and skin care; assisting the participant with oral hygiene, toileting, and eliminations; and
 - e. Planning and preparing the participant's meals, including special diets; shopping for and purchasing groceries; and running errands.

B. Provider Agency Requirements

1. The provider must be able to deliver services five days a week. Evidence of a back-up service delivery plan must be provided.
2. The provider shall maintain a participant record of each service delivery. The record will document specific tasks performed, the PCA's signature and arrival and departure times, and the participant nor caregiver's signature upon completion of service delivery.
3. The provider shall document that the PCA providing participant services meets at least one of these training criteria prior to participant service provision:
 - a. Successfully completed the STNA, or the Medicare competency evaluation program for home health aides established in 42 CFR 434, without a twenty-four-month lapse in employment; or
 - b. Has received provider agency training and testing. Testing shall include a written test and skills testing by return demonstration. The subject areas listed in these specifications shall be included in the training and testing programs. Training and testing shall be documented by the provider and
 - c. Shall include training site information; date and length of training that includes the number of hours, instruction materials, and subject areas; signature of trainer; and all testing results; or
 - d. Has one year of satisfactory institutional or community-based direct service delivery in health care within the last three years. The PCA must successfully complete written testing and skills testing by return demonstration.
4. The provider must maintain evidence of the completion of eight hours of in-service continuing education for each PCA in a twelve-month period, excluding agency and program-specific orientation, initiated after the first anniversary of employment with the provider and each year following. The PCA training program of sixty hours of instructions and skill testing by return demonstration for PCA staff described in these specifications shall include these subject areas:
 - a. Communication skills including the ability to read, write, and make brief and accurate oral or written reports;
 - b. Observation, reporting, and documentation of participant status and services rendered;
 - 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 the supervisor;
 - f. Maintenance of a clean, safe, and healthy environment of house cleaning and laundry that includes dusting furniture; sweeping, vacuuming, and washing floors; kitchen care including washing dishes, appliances, and counters; bathroom care; emptying and cleaning the bedside commode and urinary catheter bags; changing bed linens; washing inside windows within reach from the floor; removing trash; and 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 participant, including the need for respect and privacy of the participant and their property;
 - i. Appropriate and safe techniques in personal hygiene and grooming including bed, tub, shower, and partial bath techniques; shampooing in the 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 running errands for the sole purpose of picking up prescriptions.
5. Additional training and skill testing by return demonstration is required for any other assigned tasks not included in these service specifications.
6. The PCA is prohibited from administering medications in the home or any setting as defined in chapter 2723 of the ORC.
7. The PCA may not transport the participant or drive the participant's vehicle.

C. Supervisory Requirements

1. Prior to participant service initiation, the supervisor shall complete and document a participant home visit, which may occur at the initial PCA visit to the participant, to define the expected activities of the PCA and prepare a written PCA activity plan. Where the AAA is providing case management services, the PCA activity plan shall be consistent with the AAA service checklist completed by the AAA and the participant.
2. The supervisor shall evaluate the PCA's compliance with the activity plan, the participant's satisfaction, and the PCA's performance. Where the AAA is providing case management services, the supervisor shall discuss recommended modifications with the AAA. The supervisor shall conduct and document a:
- Visit to the participant at least every sixty-two (62) days to evaluate compliance with the activity plan; and
 - Supervisory visit to the participant at least every one hundred twenty-four (124) days while the PCA is present and providing participant care.

D. Personnel Qualifications

1. The PCA shall be a high school graduate or have completed a GED or have a minimum of two years of work-related experience.
2. The PCA supervisor or trainer shall be a currently licensed Ohio RN or LPN under the supervision of an RN

Homemaker:

SERVICE DEFINITIONS:

A PROGRAM THAT PROVIDES HELP FOR INDOOR HOUSECLEANING/HOUSEWORK, LAUNDRY, ESSENTIAL SHOPPING, ERRANDS, AND MEAL PREPARATION. REQUIRES HOMEMAKER PARAPROFESSIONAL TRAINING AND SKILL TESTING CRITERIA.

UNIT OF SERVICE: ONE HOUR OF HOMEMAKER SERVICES. TRAVEL TIME IS NOT BILLABLE AS DIRECT SERVICE.

Eligible participants must be age 60 or over, reside in Trumbull County, and may need to meet certain standards of indigence and frailty. The program will be funded by Senior Services Levy funds. Providers may request funding on all or part of the \$ or % which has been made available for this project. Clients are limited to 2 hours per week of service.

SSAC seeks to expand or improve the delivery of existing personal care/homemaker programs and to provide funding for innovative projects that meet the program requirements. Provider proposals must demonstrate ability and experience in providing the service. The goal is to provide services throughout the

entire county. Proposals demonstrating cooperation and collaboration to ensure countywide coverage are encouraged.

Client Contributions for the service are accepted.

Homemaker (HMK) service is designed to enable participants to achieve and maintain clean, safe, and healthy environments. The HMK service component is intended for the participant and specifically excludes services for all other household members except when homemaker services are utilized for the purpose of respite for caregivers. The participant must be present during service delivery.

REQUIREMENTS AND SPECIFICATIONS

A. UNIT OF SERVICE

1. One unit of HMK service is one hour of direct service. Travel time is not billable as direct service.
2. The unit rate shall include all administrative costs, travel, and record documentation time.
3. The number of units is determined according to the provider contract.
4. Tasks in this service include, but are not limited to the following:
 - a. Performing house cleaning including dusting furniture; sweeping, vacuuming, and washing floors; kitchen care including washing dishes, appliances, and counters; washing inside windows within reach from the floor; removing trash, walls, baseboards;
 - b. Maintaining a clean bathroom including cleaning the tub, shower, sink, toilet bowl, commode chair/urinal, mirrors, and tub or shower lining; and
 - c. Planning and preparing the participant's meals, including special diets; shopping for and purchasing groceries; running errands; and
 - d. Changing bed linens; and washing, drying, folding, ironing, and putting away the participant's laundry.

B. PROVIDER AGENCY REQUIREMENTS

1. The provider must be able to deliver services five days a week. Evidence of a back-up service delivery plan must be provided.
2. The provider shall maintain a participant record of each episode of service delivery that documents service tasks performed, HMK arrival and departure times, and the participant's or caregiver's signature upon completion of service delivery.
3. The provider shall document that the HMK meets one or more of these training criteria prior to participant service provision:
 - a. STNA or the MEDICARE competency evaluation program for home health aides as set forth in 42 CFR 484; or
 - b. Has received provider agency training and skills testing. The subject areas listed in these specifications shall be included in training programs and in skills testing. Skills testing shall include a return demonstration of the skills. Training and testing shall be documented by the provider and shall include training site information, date, and length of training, including the number of hours, instruction material and subjects, signature of the trainer, and all testing results; or
 - c. One year of institutional or community-based direct service delivery in health care within the last three years. The HMK must successfully complete skills testing by return demonstration of task responsibilities in lieu of training.
4. Immediate, independent participant services may be provided by the HMK for specific tasks on which instruction and skill testing by return demonstration have been completed.
5. The HMK training program of twenty hours of instruction and skill testing, or skill testing for individuals described in these specifications, shall include all these subject areas:

- a. House cleaning skills including dusting furniture; sweeping, vacuuming, and washing floors; kitchen care, including washing dishes, appliances, and counters; bathroom care; emptying and cleaning the bedside commode; changing bed linens; washing inside windows within reach from the floor; and removing trash;
 - b. Meal preparation/nutrition including special diet preparation; grocery planning and shopping; other essential shopping, and errands for the sole purpose of picking up prescriptions;
 - c. Laundry that includes folding, ironing, and putting away laundry;
 - d. Basic home safety;
 - e. Universal precautions for infection control including hand washing and disposal of bodily waste;
 - f. Body mechanics;
 - g. Communication and listening skills;
 - h. Participant mobility;
 - i. Emergency protocol; and
 - j. Documentation skills.
6. The provider shall maintain evidence of the completion of eight hours of in-service continuing education for each HMK in a twelve-month period, excluding agency and program specific orientation, initiated after the first anniversary of employment with the provider, and each year following.
7. The HMK may not transport the participant or drive the participant's vehicle.

C. SUPERVISORY REQUIREMENTS

- 1. The supervisor shall complete and document a participant home visit, which may occur at the initial HMK visit to the participant, to define the expected activities of the HMK, and prepare a written activities plan.
- 2. The supervisor shall evaluate HMK's compliance with the activity plan, and HMK's performance. If the AAA is providing case management services to the participant, the supervisor shall discuss recommended modifications with the AAA. The supervisor shall conduct and document a:
 - a. Participants visit at least every ninety-three days to evaluate the HMK's compliance with the plan or activity checklist; and
 - b. Supervisory participants visit at least every one hundred eighty-six days while the HMK is present and providing participant services.

D. PERSONNEL QUALIFICATIONS

- 1. The HMK shall be a high school graduate, possess a GED, or have a minimum of two years of work experience.
- 2. A supervisor shall meet at least one of these qualifications:
 - a. Be an RN, LPN under the supervision of an RN, or LSW currently licensed to practice in the state of Ohio; or
 - b. has a BS, BA, or AA degree in one of these areas:
 - (i) Home economics/nutrition or dietetics;
 - (ii) Counseling
 - (iii) Gerontology
 - (iv) Social work
 - (v) Nursing
 - (vi) Public health
 - (vii) Health education; or
 - (viii) Another related field; or

- b. Have a minimum of four years of direct community service experience in the provision of home care services.

In-Home Services: 1.4 CHORE SERVICES

SENIOR LEVY FUNDING AVAILABLE \$ 70,000.00 annually / \$140,000 for two-year period

SERVICE DEFINITIONS: A PROGRAM FOR THE PERFORMANCE OF OUTDOOR/EXTERIOR HOUSEHOLD TASKS, HOUSEHOLD REPAIRS AND OTHER LIGHT WORK AS NECESSARY TO ENABLE AN INDIVIDUAL TO REMAIN IN HIS OR HER HOME WHEN HE IS UNABLE TO PERFORM SUCH TASKS HIMSELF. ANY INDOOR TASKS REQUIRE PRIOR APPROVAL FROM THE LEVY ADMINISTRATOR. SEE SPECIFICATIONS LISTED FOR INTERIOR CHORE JOBS. SUCH CHORES DO NOT REQUIRE THE SERVICES OF A TRAINED HOMEMAKER OR OTHER SPECIALIST.

UNIT OF SERVICE: ONE JOB OF CHORE SERVICES PER WEEK PER PERSON EXCEPT AS NEEDED FOR SNOW REMOVAL, LIMITED TO FOUR (4) JOBS / PERSON PER CALENDAR MONTH. SERVICE MORE THAN ONCE PER WEEK PER INDIVIDUAL OR MORE THAN FOUR (4) JOBS PER MONTH REQUIRES PRIOR APPROVAL FROM THE LEVY ADMINISTRATOR. THE UNIT RATE SHALL INCLUDE THE COST OF MATERIALS, LABOR, SUPPLIES, EQUIPMENT, ADMINISTRATIVE COSTS, AND APPLICABLE FEES ASSOCIATED WITH THE CHORE REQUESTED.

Eligible participants must be age 60 or over, reside in Trumbull County, and may need to meet certain standards of indigence and frailty. The program will be funded by Senior Services Levy funds. Providers may request funding on all or part of the \$ or % which has been made available for this project.

SSAC seeks to expand or improve the delivery of existing chore services and to provide funding for innovative projects that meet the program requirements. Provider proposals must demonstrate ability and experience in providing the service. The goal is to provide services throughout the entire county. Proposals demonstrating cooperation and collaboration to ensure countywide coverage are encouraged.

Outdoor/exterior Chore service is designed to improve, restore, and maintain a safe and healthy living environment by performing tasks beyond the participant's capability and removing hazards posing threats to the participant's health and welfare. Service is limited to those that are not the legal or contractual responsibility of a property owner. Indoor services as noted below require prior administrator approval. Any chore service beyond specifications as listed requires prior approval by levy administrator.

Tasks included in this service may include, but are not limited to the following:

1. Heavy household chores (once per year)
 - a. Wash walls and ceilings.
 - b. Exterior windows that are not hard to reach
 - c. Remove, clean, and replace curtains and drapes and
 - d. Shampoo carpets and furniture.
2. Simple household chores
 - a. Repair water faucets;
 - b. Unclog drains;
 - c. Install smoke alarms;
 - d. Change and install electrical fuses; and
 - e. Light pilot lights.

3. Pest Control
4. Perform seasonal maintenance on the participant's property such as:
 - a. Repair screens;
 - b. Repair broken windowpanes;
 - c. Cut grass (**lawn size limited to 10,000 square feet**);
 - d. Rake and remove leaves;
 - e. Trim shrubs;
 - f. Remove snow and ice, and provide chemical treatment, if needed (**snow removal area limited to 750 square feet**) to provide a safe exit;
 - g. Change and install light bulbs;
 - h. Perform maintenance on smoke alarms;
 - i. Change and install furnace filters;
 - j. Clean, change, and install storm windows and door screens;
 - k. Clean spouts and gutters.

Client Contributions for the service are accepted.

REQUIREMENTS AND SPECIFICATIONS

Provider Agency Requirements

1. The provider shall maintain a participant record that documents service delivery in accordance with tasks requested. Records should bear the participant's or caregiver's signature upon completion of chores.
2. Upon request, the provider shall maintain and furnish to the participant, caregiver, or AAA a list of chemicals and substances used for each chore performed.
3. The provider shall comply with any applicable local codes or ordinances in the performance of each chore.
4. The provider shall inform the participant and care giver of any specific health or safety risks expected during the job and assist in coordinating times and dates of service to insure minimal hazardous risks to the participant.
5. The provider shall furnish to the participant a warranty covering workmanship and materials used for pest control.

In-Home Service: **1.5 NORTHERN TIER (TOP TWO TIERS OF TRUMBULL COUNTY)**

HOMEMAKER AND PERSONAL CARE

SENIOR LEVY FUNDING AVAILABLE \$ 35,000.00 annually / \$70,000 for two-year period

ALL DEFINITIONS REMAIN THE SAME AS SERVICE CATEGORIES

1.3 PERSONAL CARE AND 1.4 HOMEMAKER SERVICES EXCEPT THAT THE CONSUMERS MUST BE LOCATED IN THE TOP TWO TIERS OF NORTHERN TRUMBULL COUNTY; COLLABORATION WITH OTHER FUNDED SENIOR LEVY HOMEMAKER AND PERSONAL CARE AGENCIES TO HELP SERVICE THE ENTIRE COUNTY HAS SERVICE OPPORTUNITY.

2.0 PROTECTIVE SERVICES

SENIOR LEVY FUNDING AVAILABLE \$ 270,000.00 annually / \$540,000 for two-year period

UNIT OF SERVICE: ONE HOUR OF PROTECTIVE OR SERVICE COORDINATION SERVICES. THE UNIT RATE SHALL INCLUDE ALL ADMINISTRATIVE COSTS, TRAINING, AND RECORD DOCUMENTATION OF TIME, TRAVEL TIME AND EXPENSES.

Eligible participants must be age 60 or over, reside in Trumbull County, and may need to meet certain standards of indigence and frailty. Providers may request funding on all or part of the \$ or % which has been made available for this project. Trumbull County reserves the right to purchase services from more than one provider, under this RFP to meet the demands for adult protective, guardianship and payee services.

SSAC seeks to expand or improve the delivery of existing senior protective services programs and to provide funding for innovative projects that meet the program requirements. Provider proposals must demonstrate ability and experience in providing the service. The goal is to provide services throughout the entire county. Proposals demonstrating cooperation and collaboration to ensure countywide coverage are encouraged.

Protective Service Programs are available to assist elderly and dependent adults who are functionally impaired, unable to meet their own needs and may be victims of abuse, neglect, or exploitation. Programs must provide seniors with services that are appropriate to the needs of each individual, strive to maximize the adult's independence and self-direction, and seek to prevent unnecessary institutionalization and enable the adult to remain in his or her own home.

Seniors often require multiple services to meet a wide and varied range of physical, environmental, social, psychological, and financial problems. Grant applicants shall describe how services will be delivered in coordination with other community service providers, thereby insure continuity of case planning, and service delivery. Services should be designed to identify and correct situations that restrict an individual's ability to carry out normal activities and to protect personal rights. To the extent that funds are available, programs may include, but are not limited to adult protective services, guardianship and payeeship. Referrals for services will come through Probate Court, the Adult Protective Services division of TCJFS, family and community members and other service or government organizations.

REQUIREMENTS & SPECIFICATIONS

- A. Guardianship Services** - a legal relationship per Probate Court appointment provided to individuals who are alleged to be incompetent and to individuals who are adjudicated incompetent by the court and need a guardian. These services are to be appropriate to the needs of each individual as required by the probate court. Services must comply with all legal reporting and performance requirements as outlined by the probate court, the Ohio Revised Code, and the specifications of this RFP, and may include:
- a. Assessing an individual's need for guardianship
 - b. Locating the appropriate person(s) to serve as guardian(s)
 - c. Petitioning for the adjudication of incompetence
 - d. Training individuals for guardianship duties
 - e. Serving as guardian of person or estate or both, or another configuration of guardianship as required by the probate court.
 - f. Arranging for care, control, and protection of ward
 - g. Monitoring condition and welfare of ward

Guardianship, and the guardian's powers and duties end when, in compliance with the Ohio Revised Code, any of the following occurs:

- a. The ward dies
- b. The probate court removes the guardian from his or her position
- c. The ward's competence is restored; or
- d. The guardian resigns

B. Payeeship - a service provided to individuals, with the consent of those individuals, who are unable to manage the money from a federal agency (Social Security, Veterans Administration) or pension, or other sources, due to failing health, physical or mental impairment. The probate court appointed agency involved enforces the procedures required by income sources and has the authority to manage the legal arrangement to receive an individual's income or benefit check and use the funds on behalf of the Beneficiary. Responsibilities of a representative payee may include:

- a. Using funds for Beneficiary's support and care (food, shelter, clothes, medical care, institutional care, and personal comfort)
- b. Arranging payment for personal debt of the Beneficiary
- c. Investing unused funds in federally insured financial institutions
- d. Providing case management as a minor component of total service.

Payeeship and representative payee duties end when any of the following occurs, and in compliance with the Ohio Revised Code and the provider of beneficiary's funds:

- a. Death of the Beneficiary
- b. Removal of payee authorization by the governing agency
- c. Beneficiary's competence is restored
- d. The payee resigns
- e. Beneficiary requests, and is granted by the governing agency, termination of payeeship.

C. Adult Protective Services- a service provided to individuals who are believed to be abused, neglected, or exploited by themselves or others, or who are believed to have been abandoned, as defined in the Ohio Revised Code. Services may include:

- a. Investigation of allegations
- b. Documentation of allegations
- c. Providing or arranging for any and all necessary services, through case management, to mitigate the alleged abuse, neglect, abandonment or exploitation, Adult protective, guardianship and payee Service Provider.
- d. Oversight or coordination of services to ensure appropriate services are being delivered or services are not being unnecessarily duplicated.

D. Requirements:

- a. The Provider must be able to deliver services seven days per week, 24 hours per day. Details of the back-up service delivery plan must be provided and must conform to the performance requirements listed in this RFP.
- b. The Provider shall maintain a full and complete participant record of each service provided to each participant containing all relevant information as to participant's personal information, current address, and relevant case information.
- c. The Provider shall document in writing that each staff member or volunteer providing a participant service has received required screening, training, licensing, experience, and education to carry out each of the services, prior to the provision of any and all services funded under this RFP. All documentation must be maintained by a service provider and

- available for inspection.
- d. All staff and volunteers working with clients/ participants and the assets of clients/ participants must be bonded for an amount no less than \$100,000. Copies of the current bond must be maintained and available upon request.
 - e. Adult protective services workers and guardianship caseworkers must be licensed social workers, or equivalent as approved by Probate Court, in good standing in the State of Ohio.
 - f. All social workers, or equivalent must be supervised by licensed independent social workers or licensed equivalents, whose licenses are in good standing in the State of Ohio and/or as approved by Probate Court.
 - g. Attorneys who provide services under this contract must be licensed to practice law in the State of Ohio.
 - h. Persons serving as payees must have the experience and expertise to work with an elderly population unable to manage money.

The Provider shall maintain sufficient staff to meet the service requirements and provide supervisory direction to both paid and volunteer staff members

3.0 MINI GRANT (SEE SEPARATE PROPOSAL)



4.0 Other Program Specific Funding

\$ 200,000.00

SENIOR LEVY FUNDING AVAILABLE \$ 200,000.00 annually / \$400,000 for two-year period

This category was created to invite new ideas/programs that do not fit the categories 1-3 and that have not been part of Senior Levy funding in the past. Any additional documentation needed to support the ability to provide the proposed program would assist with review for funding by the Senior Services Advisory Council. All requirements included in this RFP for Categories 1-3, relative to this program, would apply to this category as well. Eligible participants must be age 60 or over, reside in Trumbull County. Programs directed to low/moderate income preferred.

In alignment with the 2023-2026 State Plan on Aging, Six Core Priorities are documented with the desire to improve the quality of life for seniors so they can remain in their homes and connected to their communities, preserve their personal assets, and promote a healthy, independent, and active lifestyle. Trumbull County understands the importance of this plan as it relates to Trumbull County Senior population health and with this RFP, is releasing funding in this category to assist in addressing the following:

(1) Community Conditions – improving financial stability, access to housing, and access to transportation

- **(2) Healthy Living** – improving nutrition and physical activity
- **(3) Access to Care** – improving healthcare coverage and affordability, home and community-based services, workforce capacity, and caregiver supports
- **(4) Social Connectedness** – improving social inclusion and volunteerism
- **(5) Population Health** – reducing cognitive difficulty, hypertension, and depression
- **(6) Preserving Independence** – improving chronic pain management and falls prevention

Submitted proposals should address at a minimum one of the priorities as provided in the program's descriptive narrative per Application Item IV-A (History/Description of Program).

Trumbull County Senior Levy Services

Request for Proposal (RFP) Community Based Services

❗ *Not for use by Community Senior Centers or Mini Grant requests*

Contract period September 2024-August 2026

Organization: _____
(as documented on Form W-9 submitted-must match)

Address: _____

County: _____

Phone #: _____ Fax #: _____

Contact Person: _____ Email: _____

Proposal prepared by: _____ Date _____

Previously Funded _____ New Applicant _____

Instructions for Proposal:



***Proposal must be received before May 31st, 11:00 a.m.
Deliver/mail in a SEALED envelope/box/containment (per instructions) to:
Lisa Blair-Interim Clerk
The Board of Trumbull County Commissioners
160 High Street N.W., Warren, Ohio 44481***

***Place full name and address of proposal organization and
“Senior Levy Proposals” on outside label of sealed containment***

SECTION 1: SUMMARY OF REQUESTED FUNDS

SERVICE CATEGORY	#UNITS For (2) year period	UNIT PRICE	TOTAL DOLLARS REQUESTED for (2) year period
1.1 HOME DELIVERED MEALS			
1.2 ADULT DAY CARE SERV.			
1.3 PERSONAL CARE/HOMEMAKER			
1.4 CHORE SERVICES			
1.5 NORTHERN TIER IN HOME SERVICES			
2.0 PROTECTIVE SERVICES			
4.0 OTHER PROGRAM SPECIFIC FUNDING			

Item 3.0 Mini Grants has its' own application form.

Section II: COMMISSIONERS OFFICE

Documents Required to be signed in Blue Ink with Original Signatures and Public Notary if required:

- 1) Terms and Conditions
- 2) Non-Collusion Affidavit
- 3) Personal Property Tax Delinquency Affidavit
- 4) Drug & Alcohol Policy Sign-Off Document: After reading the enclosed County Drug and Alcohol Use Policy



Terms and Conditions

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies, and procedures of this State and the Administration on Aging of the U.S. Department of Health and Human services. Any proposed changes in the proposal as approved will be submitted in writing by the proposer and upon notification of approval by the Trumbull County Commissioners shall be deemed incorporated into and become a part of the parties' agreement. This request for proposal is being issued based on the presumed availability of funds from the Trumbull County Government. Neither the Senior Services Advisory Council, nor Trumbull County, will be liable should funds be eliminated or reduced. Completion of a proposal does not imply that the Senior Services Advisory Council or the Trumbull County Commissioners will fund a proposal. Proposals are subject to review by representatives of the Senior Services Advisory Council and Board and the Senior Levy Administrator. If, in the opinion of Trumbull County and Senior Services Advisory Council, information as submitted was intended to mislead SSAC in its evaluation of the proposal as to the attribute, condition, or capability as a requirement of the RFP, the proposal will be rejected. At its sole discretion, the Senior Services Advisory Council may negotiate the unit price, or any other factors, including, but not limited to, the total funds and the composition of those funds, prior to determining to enter a contract based on a proposal. Contracts are awarded to the offeror whose proposal is most advantageous to the County.

The awardee hereby agrees that it will comply with all Ohio Department of Aging Service Standards. Failure to comply may result in termination of contract. Proposers should read and understand the conditions of contracting in the instruction booklet. Proposers will be required to comply with all applicable service specifications and conditions of contracting should a contract be awarded. Failure to comply may result in termination of contract. Service providers shall understand, agree, and comply with the following applicable laws and rules:

1. Americans with Disabilities Act of 1990
2. Occupational Safety and Health Act of 1970
3. Equal Employment Opportunity Act
4. For transportation, Clean Air Act, as amended, 42USC AA 7401 et seq., if contract exceeds \$100,000.
5. Certify that no funds appropriated by the contract will be used for lobbying ads described in 31 USC 1352.
6. The provider certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency.
7. Ohio Revised Code- All laws and regulations pertaining to the services provided.

Print Name

Authorized Signature

Print Title

Date

NON-COLLUSION AFFIDAVIT

STATE OF OHIO)
) SS
COUNTY OF TRUMBULL)

being first duly sworn, deposes and says that he/she is _____
(Sole Owner, a Partner, President, Secretary, etc.) of _____,
the party making the proposal; that such proposal is not made in the interest of or on behalf of any
disclosed person, partnership, company, association, organization, or corporation, that such proposal is
genuine and not collusive or sham; that said bidder has not directly or indirectly induced or solicited any
other bidder to put in a false or sham bid, and has not directly or indirectly colluded, conspired,
connived, or agreed with any bidder or anyone else to put in a sham bid, or that anyone shall refrain
from bidding; that said bidder has not in any manner, directly or indirectly sought by agreement,
communication or conference with anyone to fix the bid price of said bidder or of any other bidder, or to
fix any overhead profit, or cost element of such bid price, or of that of any other bidder or to secure any
advantage against Trumbull County; that all statements contained in such proposal are true; and
further, that said bidder has not, directly or indirectly, submitted his bid price or any breakdown
thereof, of the contents thereof, or divulged information or data relative thereto, or paid and will not pay
any fee in connection therewith, to any corporation, partnership, company, association, public official or
employee, organization, or to any other individual except to such person or persons as have a
partnership or other financial interest with said bidder in this general business.

Signed: _____

Title: _____

SWORN to and SUBSCRIBED before me this _____ day of _____, _____, in and for
_____ County, State of Ohio.

My Commission expires _____

NOTARY PUBLIC

Required of Successful Bidder

STATE OF OHIO)
) ss
COUNTY OF TRUMBULL)

_____, Contractor(s) who being duly sworn

“At the time the bid for this Contractor was submitted herein the Contractor - Company was charged with the following delinquent Personal Property Taxes in Trumbull County, Ohio”.

Contractor

Sworn to before me and signed in my presence this _____ day of _____,
_____.

Notary Public

My Commission Expires _____

SIGN-OFF SHEET*

Trumbull County certifies that it will provide a drug free workplace to its employees in compliance with the Drug Free Workplace Program of Ohio Bureau of Workers' Compensation.

By signing below, the undersigned certifies that they have:

1. Read and understand the "Drug and Alcohol Policy Statement" and agree to abide by its full terms.
2. Read and understand the "Compliance with the Drug Free Workplace Act" statement and agree to abide by its full terms.
3. Agreed to make a good faith effort to continue to maintain a drug and alcohol-free workplace.
4. Been provided with a written copy of this policy.

NAME OF COMPANY (PRINT)

SIGNATURE (TITLE)

Date

Section III. Portal Requirements

If an applicant feels that any of the required documents is not applicable to their organization, a narrative is required and must be submitted for that item.

Portal requirements are specific requirements of the applicant organization submitting a request for proposal.

All portal requirements must be met before the proposal will be considered. Failure to provide the following will result in the Senior Services Advisory Council not considering the proposal. If a particular request does not pertain to your organization, please note accordingly or present documentation why the request would not apply.

- ☐ **Timeliness-** The proposal for services will not be accepted if it arrives after the deadline specified. The deadline for the submission of the Proposal for Funding is **May 31st, no later than 11:00 a.m.** The location for delivery is the Board of Trumbull County Commissioners Office, 160 High Street NW, Warren, Ohio 44481
- ☐ **Audits -** The organization's most recent independent financial audit (minimum 2022 and/or later) prepared in accordance with Auditing Standards Generally Accepted in the United State of America or if the applicant does not normally have an independent audit, acceptance of a compilation or Review Report prepared by an independent accountant for the proposer's most recent fiscal year end or 2022 calendar year if 2023 is not completed at time of submission. The statement must be prepared in accordance with Statements on Standards for Accounting and Review Services Issued by the American Institute of Certified Public Accountants. These statements are prepared in accordance with GAAP (General Accepted Accounting Principles. In lieu of financial statements prepared on the accrual basis (GAAP), acceptance of financial statement prepared on the cash or income tax basis of accounting with full disclosure. For governmental entities, provide a website for access to appropriate audits. The audit or independently prepared financial statement must clearly show the organization requesting funding on the contract.
- ☐ **Business Tax Returns-** The proposer must submit the most recently filed federal, state, and city (as appropriate) tax returns. Tax returns submitted must be current to the last filing deadline for the last filed return plus an extension.
- ☐ **Payroll Quarterly Taxes-** Copies of the last IRS Form 941 filed and Ohio IT 501 filed are required. A statement or other agreement regarding any back taxes owed to either the federal or state governments is required if it pertains to a payment agreement with the taxing agency and must be current or must be under dispute between the taxing authority and the organization.
- ☐ **Insurance-** Evidence of a current liability policy for one million dollars **with Trumbull County Board of Commissioners 160 High Street NW, Warren, Ohio 44481-1093 named as co-insured is required.**
- ☐ **Worker's Compensation-** A copy of a current worker's compensation certificate is required.
- ☐ **Article of Incorporation (if corporate structure)**

- ☐ **Additional Non-Profit Entities Portal Requirement- A Copy of your IRS Federal Tax Exemption Determine Letter.** – If not available or applicable, please explain. If working with a Fiscal sponsor, the proposer should include all of the above proposal information and a **Notarized** letter signed by the President of the Board of the fiscal sponsor agreeing to act in that capacity for the proposal organization.
- ☐ **List Board of Trustees or Board Members/Advisory Council/with affiliations for non-profits. Corporate Officers/Owners/Board Members and Titles for Profit Organizations**
- ☐ **Professional or Operating Licenses**
- ☐ **Equal Employment Opportunity-Affirmative Action Plan**
- ☐ **Certificate of Good Standing-** A copy of a certificate of good standing from the Ohio Secretary of State, **not more than 90 days old is required.** The website to request this document is www.sos.state.oh.us. There is a \$5.00 fee for this document.
- ☐ **IRS form W-9** The blank form can be obtained from IRS.gov website. The document must be printed, completed, and signed. Please be sure to use the proper business entity name associated with the business EIN number per the IRS records. This is also the vendor's name that the County will use to issue contract payments.
- ☐ **Drug and Alcohol Sign-Off Document:** After reading the **enclosed** County Drug and Alcohol Use Policy, a signed "Drug and Alcohol Sign-Off" form provided on page 47.
- ☐ **Personal Property Tax Delinquency Affidavit (provided page 46)**
- ☐ **Non-Collusion Form (provided page 45)**
- ☐ **⚠ Certification that the proposal and pricing will remain in effect for a minimum of thirty months from the contract submission date.**
- ☐ **Other-** The organization must certify, in letter format, addressed to The Trumbull County Board of Commissioners, that it is not banned or otherwise sanctioned by the federal or state governments or any agency thereof. The SSAC, based on its accounting firm's sole analysis of the information provided, can determine that there is a reasonable expectation that the applicant can financially fulfill the terms of the contract for two years, i.e. the applicant is financially stable.

The Senior Services Advisory Council at its sole discretion, may waive or allow an applicant to remedy one or more of these issues provided there is either, 1) no competition for the particular dollars, 2) all proposers failed to meet one or more requirements or 3) evidence supports the proposer's effort to meet a requirement in a timely manner but another party, outside its control, failed to respond within the deadline.

Section IV. Contract Compliance *Complete only once regardless of number of services proposed.*

A. Give a Brief History of your organization and the organization's history and experience with the proposed service. Please include your mission statement, strategic plan, how long you have been a business, and include all other services you provide regardless of funding. Include long term plans of sustainability. Also, include a narrative that describes your proposed service, and the narrative must clearly demonstrate that services can be delivered efficiently. Explain the need for the proposed program with supporting evidence of how this program will benefit the Proposer's service area. **Please provide the organizational chart, Board of Trustees and/or Advisory members.**

B. If you receive money direct from consumers for this proposed service provided , please provide detail as to the agency's fee determination to the consumer and a copy of the organizational written policy for cash handling with accounting procedures for the dollars received, from start to finish (receipt of money by the drivers/service provider to deposit in proper depository bank accounts) What cash controls do you have to insure accurate collection and reporting of project income and these cost share collections? Provide documentation of such.

C. How do you market your organization's senior services or how does the consumer become aware of the senior services available by your organization? In addition, as a requirement for obtaining Trumbull County Senior Levy funds, either paperwork as provided to your consumers or printed literature used for advertising services needs to also include wording that funding is provided by Trumbull County Senior Levy Dollars. If your organization has had prior funding, please provide example(s) documenting this requirement.

Section V. REVENUE/ BUDGET *For Service requested.***TOTAL COMPUTATION OF REVENUE FOR PERIOD of FUNDING REQUEST (TWO YEARS)**

<u>Source of Revenue</u>	Contract Cash (1)	In-Kind (2)	Total (3)
1 Trumbull Co Senior Levy			
2. Title III-B			
3. Title III-D			
4. Local In-Kind			
5. Local Cash			
6. Consumers Fees Collected			
7. Consumers Donations			
8. State Block Grant			
9 Other Resources (please list)			
11. TOTAL			

****Note: Line 1(TC Senior Levy above) should agree to page 42 Summary Totals

Source of Funds	\$ Amount	Percentage
Trumbull Senior Levy (line 1)	\$	%
Title III-B, D (line 2 & 3)	\$	%
Local In-Kind & Cash (Line 4 &5))	\$	%
Other Income (line 6-09)	\$	%
TOTAL (Agrees to Total Column 3)	\$	100 %

Description for Source of Revenue for Local In-Kind (Line 4)	Amount
	\$
	\$
	\$
Total Local In-Kind	\$

Total Contribution (In-Kind & Cash)	\$
-------------------------------------	----

Description for Other Resources Revenue/Match (Line 6-9)

	\$
	\$
	\$
Total Other Resources	\$

**Section V: Proposer Operating Budget per Service
Two Year Summary**

Proposer:	
Date From:	To:

	Amount
I. Staff	
A. Salaries	
B. Payroll-Related Expenses	
Total Staff Costs	
II. Operations	
A. Travel and Short-Term Training	
B. Consumable Supplies	
C. Occupancy Costs	
D. Contract and Professional Services	
E. Other - Miscellaneous	
Total Operational Costs	
III. Equipment	
A. Equipment Depreciation	
B. Small Equipment Purchases	
C. Leased and Rented Equipment	
Total Equipment Costs	
Sub- Total of All Costs	
IV. Minus other direct revenue related to this program (Non-Senior Levy requested funds)	
V. Total Program Costs	

Budget Computation: Information flows to summary page 42

Total Program Costs (Total from Item V.)
Divided by Total Planned Service Units
= Unit Rate Requested (agrees to summary pg. 42)

Unit Rate Requested
X number of Planned Service Units
= Total Contract Amount (should agree to summary total requested pg. 42)

Schedules for figures from Operating Budget Summary provided on previous page.

I. A. Salaries

Position Title	Salary	Frequency (hour, week, month, annual)	% of Time to Program	Program Salary
Total Salaries				

I. B. Payroll-Related Expenses

		Amount
PERS or Social Security		
Worker's Compensation		
Unemployment Insurance		
Retirement Expenses		
Hospitalization		
Other (identify)		
Other (identify)		
Other (identify)		
Total Payroll-Related Expenses		

II. A. Travel and Short-Term Training

		Amount
Mileage Reimbursement rate per mile		
Short-Term, Training		
Total Travel and Short-Term Training		

II. B. Consumable Supplies

Type		Amount
Office Supplies		
Cleaning Supplies		
Other (identify)		
Other(identify)		
Total Consumable Supplies		

II. C. Occupancy Costs

		Amount
Rent		
Maintenance and Repairs		
Utilities if not included in rent must be itemized		
Heat		
Electric		
Water		
Telephone		
Sewer		
Garbage		
Other (identify)		
Total Occupancy Costs		

II. D. Contract & Professional Services – Consulting, System Support, Audit/Independent Accounting/Legal

		Amount
Audit/Independent Accounting		
Legal		
Liability Insurance		
Instructor Fees		
Technology		
Employee Testing		
Other (identify)		
Total Contract & Professional Services		

II. E. Other - Miscellaneous

Identify Miscellaneous Expenses		Amount
Advertising		
Dues & Subscriptions		
Miscellaneous Expense		
Other (identify)		
Other (identify)		
Other (identify)		
Other (identify)		
Total Miscellaneous Costs		

III. A. Equipment – Submit the following information in Excel format:

Equipment Description, New or Used, Date of Purchase, Total Cost, Useful Life, Annual Depreciation

III. B. Small Equipment Purchases (Costing less than \$25,000)

		Amount
Total Small Equipment Purchases		

III. C. Leased and Rented Equipment

Item		Amount
Total Leased and Rented Equipment		

Section VI. Quality of Service/Program Planning

① *Complete for each service requested.*

- A. Complaint issues: List the organization's complaint filing chain of command procedures.
- B. Provide a copy of a completed document, as completed by the consumer, used to evaluate services received by the consumer.
- C. List the personnel qualifications needed to provide this proposed service as required by the State of Ohio or any other licensing requirement.
- D. If continuing education is required, please provide a copy from the employee handbook/or paperwork provided to the employee upon hiring regarding their requirements.
- E. If training/orientation procedures for current personnel are provided by your agency, please provide documentation of such.
- F. Regarding Client Intake
 - a. Describe the method of client intake.
 - b. Explain in detail the intake process and any form of follow-up that would occur.
 - c. Submit client intake tool.
- G. Any pending lawsuits/sanctions? If so, please provide separate documentation regarding such and the resolutions/actions taken.

VII. Service Capacity

Service Category

1. Hrs. of Operation
2. Planned Unduplicated Consumers to be served for 2024-2026
3. Calendar Year 2022 Unduplicated clients serviced (SAMS or similar program-submit printout of total page as proof of provided total)
4. Calendar Year 2023 Unduplicated
Clients serviced (SAMS or similar program-submit printout of total page as proof of provided total)
5. a) Average # Direct Staff Employed
(direct hands on or face to face providing actual service)
b) Staff to client ratio

c) Full time Equivalents committed to this service
6. Place the number of individuals served in the areas of the map provided on page 59 for the most recent full month and indicate which month at the top of the map
7. Emergency number or after hours' service. If yes, describe
8. Provide the source and amounts of any Federal, State or local funding received for provision of the proposed services within the past five (5) years and the unit rate applicable to each funding source.
9. If your organization has a collaboration agreement with other similar service providers to assist with the Senior Levy's intent for county-wide service, please provide a copy of the collaboration agreement signed by your organization and the other organization
10. Please provide the most recent wait list with original request for service date and reason this wait list exists (funding, inability to staff, organization at capacity...) Do not provide individual names but list as 1,2,3...
11. Any additional information that will assist the advisory council to better inform the review board as to your organization's request for Senior Services dollars

MESOPOTAMIA	BLOOMFIELD	GREENE	GUSTAVUS	KINSMAN
FARMINGTON	BRISTOL	MECCA	JOHNSTON	VERNON
SOUTHINGTON	CHAMPION	BAZETTA	FOWLER	HARTFORD
BRACEVILLE	WARREN	HOWLAND	VIENNA	BROOKFIELD
NEWTON FALLS	LORDSTOWN	NILES MINERAL RIDGE MCDONALD	GIRARD/LIBERTY	HUBBARD