

**TITLE III-E (ALABAMA CARES)  
SERVICE PROPOSAL  
2016 FISCAL YEAR**

The Lee-Russell Council of Governments will contract for the Alabama Cares program during fiscal year 2016 (October 1, 2015 - September 30, 2016) in Lee and Russell Counties, Alabama. Respite service is to be provided to residents of the above areas. Lee-Russell Council of Governments will reimburse at the following rate. These rates may change contingent upon the 2016 budget.

- Unskilled Respite      \$ 13.50
- Skilled Respite        \$ 17.50

Individuals/organizations interested in contracting to provide respite services should carefully review the following information.

For more information contact Jackie Pinkard at 334-749-5264 or [jpinkard@lrcog.com](mailto:jpinkard@lrcog.com)

Lee-Russell Council of Governments  
2207 Gateway Drive  
Opelika, AL 36801

**Lee-Russell Council of Governments’  
 Area Agency on Aging  
 Application for Enrollment  
 Title III –E (Alabama Cares)**

Applicant Agency/Company	
Director/Owner/CEO	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

Authorized Agent (official authorized to sign application, contracts, etc)	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

E-mail address:

Payee or fiscal officer (official to whom checks should be mailed if different from Authorized Agent above)	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

Type of Agency/Company:  Public     Private (nonprofit)     Private (for profit)

**Attach a narrative describing:**

- how and when your agency/company became a health care provider.
- purpose of your agency/company
- your clientele, the number you serve and the geographic area served.
- funding sources (list all sources of income from operations).
- internal monitoring including management and supervisory practices, span of control, staffing patterns (attach organizational chart and current list of board members), employee appraisal system, staff training, supervisory training, maintenance of technical skills, etc.
- number of workers dedicated to each direct service checked on page number 1.
- the methods you use to ensure that employees possess the minimum requirements in education, experience, licensure, and certification (copies may be requested).
- your system of financial management (attach a copy of your latest financial audit by a certified public accountant).
- the procedure you use to ensure that services are provided to clients when employees do not report to work.
- any restrictions, limitations or exceptions to providing the services indicated in this application and the scope of services.
- a copy of your thief policy
- confidentiality policy
- a copy of your liability insurance policy (minimum of \$ 1,000,000)
- annual operating budget
- a copy of your business license
- a copy of the holiday schedule for your agency and the workers if different from the agency

Applicant understands that information contained herein and will be evaluated by the Lee-Russell Council of Governments, and applicant will be selected for enrollment in the Home and Community Based Services Program based on the following criteria:

- Quality of demonstrated service
- Managerial and supervisory capability and effectiveness
- Continuity of service
- Financial efficiency and soundness

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CERTIFICATION: I hereby certify that the information contained in this proposal is accurate and that this agency/company, the applicant, agrees to abide by the terms and conditions set forth in this application, the several attachments, and any authorized and duly executed amendment thereof.

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Signature of Authorized Agent

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Date

Please submit the application with original signatures to: Lee–Russell Council of Governments, Area Agency on Aging, 2207 Gateway Drive, Opelika AL 36801

## **STANDARDS FOR THE PROVISION OF CARE**

All potential contractors must adhere to and, when requested, provide documentation of the following items:

### **Staffing**

1. Contractor will retain adequate personnel to insure provision of services within three (3) calendar days after receiving a service request.
2. All staff in direct contact with clients or access to client information must have complete reference verification and statewide criminal background checks on file prior to client contact or access to client information.
3. All staff in direct contact with clients are required to have an annual TB test.
4. Contractor will assure no interruption in services of more than one scheduled visit per incident when employee absences occur.
5. A schedule of employee assignments will be provided to LRCOG as requested.
6. Contractor will be responsible for notifying the LRCOG when an employee works for more than one home health provider. Notification is to be immediate and is to include the name of the worker and the name of the other company(ies) for which they work.

### **Training**

1. Contractor will provide orientation to workers before placing them in any client's home.
2. Contractor will provide, at a minimum, quarterly in-service training for workers. An agenda of each training session will be furnished to LRCOG, as requested.

### **Employee Qualifications**

1. Personnel will meet the minimum educational, experience, and training requirements as specified in the appropriate Scope of Services Attachment.
2. Personnel providing care shall have current license, registration, or certification in accordance with applicable law or regulation.

### **Liability**

1. The Contractor shall maintain, at a minimum of \$1,000,000, liability insurance to protect all paid and volunteer staff, including board members, from liability incurred while acting on behalf of the agency.
2. A current copy of the insurance policy will be submitted to LRCOG with the completed proposal.

## **Documentation**

1. Contractor will maintain accurate records to document service provided to each client.
2. Contractor will establish a policy regarding documentation of incidents and provide LRCOG with a copy of said policy.
3. Contractor will routinely review client records to assure that documentation is entered in a timely and accurate manner.

## **Confidentiality**

1. Contractor will implement and strictly enforce policies regarding the confidentiality of records and the release of sensitive information. This policy will be submitted to LRCOG with the Proposal.

## **Supervision**

1. The Contractor will provide appropriate supervision during all hours that services are provided.
2. Minimum standards of performance will be enforced to assure quality of care provided to clients. A statement addressing the quality assurance program of the provider is to be submitted to the LRCOG with the Proposal.
3. The Contractor will perform six (6) month evaluations on all in home workers.

## **Billing/Reimbursement**

1. Invoices will be submitted on a monthly basis in a format developed by the LRCOG.
2. Each invoice will indicate the total number of service units provided during the billing period.

## **Fiscal Records**

1. Contractor shall maintain complete records of all costs associated with the Contract. Such records shall be kept on file for five years from the end of the Fiscal Year to which they pertain.
2. Contractor shall agree that authorized representatives of LRCOG shall have access to all such records for audit and review as requested.

## **RIGHTS RESERVED BY LRCOG**

Lee-Russell Council of Governments does reserve the right to:

1. Award contracts to more than one provider to perform the same services.
2. Separate the services and award contracts to one or more providers.
3. Require any potential contractor to supply additional information not previously requested, to substantiate its capability for contract performance and/or compliance with Federal and State Rules and Regulations.

Reject any or all proposals, or parts of proposals, received and to make awards as the best interest of the LRCOG appears.

## ATTACHMENT A SCOPE OF SERVICES

Respite care will be provided to recipients, as requested, due to the absence or need for relief of the primary caregiver. The level of care and frequency of services, requested by the client, will be provided by the Contractor. The respite care provider will assume a temporary role of primary caregiver. The level of respite provided to each client will be dependent upon the individual client's needs.

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- **Skilled respite** services will provide skilled medical observation and services and will be performed by a licensed Registered Nurse or Licensed Practical Nurse who will perform their duties in compliance with the Nurse Practice Act and the Alabama State Board of Nursing. Services such as homemaker or personal care ordinarily performed by the family member or primary caregiver will be performed by the worker.
  
- **Unskilled Respite** services will provide homemaker and/or personal care services ordinarily performed by the family member or primary caregiver. The direct care worker must meet the personal care or homemaker qualifications, as appropriate. Duties may include, but are not limited to the following:
  - General cleaning, sweeping, dusting, changing bed linens, defrosting and cleaning refrigerator, cleaning stove, light laundry, ironing, mending, mopping and other activities necessary to maintain a safe and sanitary environment;
  - Meal or snack planning, preparation and serving, cleaning up afterwards, helping the client understand and follow prescribed diets;
  - Monitoring self-administered medication, which includes informing the client it is time to take medication as prescribed by physician and as written directions on container indicate;
  - Essential shopping for food and medication;
  - Assistance with paying bills and delivering payments to designated recipients on behalf of the client;
  - Assistance with communications, including letter writing, telephone use, and orientation to daily activities;
  - Support for activities of daily living, such as bathing, personal grooming, personal hygiene, assisting client in and out of bed, and assisting with ambulation;
  - Home support that is essential to the health and welfare of the recipient;
  - Observing and reporting on client's condition.





**Lee-Russell Council of Governments'  
Area Agency on Aging  
Medicaid Waiver Home and Community Based Services  
Application for Enrollment**

Applicant Agency/Company	
Director/Owner/CEO	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

Authorized Agent (official authorized to sign application, contracts, etc)	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

E-mail address:

Payee or fiscal officer (official to whom checks should be mailed if different from Authorized Agent above)	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

Type of Agency/Company:  Public     Private (nonprofit)     Private (for profit)

This is an application to provide the following services (check all that apply):

- Homemaker
- Personal Care (Are you a Medicaid Certified Home Health Agency?     Yes     No)
- Unskilled Respite
- Skilled Respite
- Companion Services
- Adult Day Health (Show certifying State of Alabama agency \_\_\_\_\_)

**Attach a narrative describing:**

- how and when your agency/company became a health care provider.
- purpose of your agency/company
- your clientele, the number you serve and the geographic area served.
- funding sources (list all sources of income from operations).
- internal monitoring (attach organizational chart and current list of board members).
- number of workers dedicated to each direct service checked on page number 1.
- the methods you use to ensure that employees possess the minimum requirements in education, experience, licensure, and certification (copies may be requested).
- your system of financial management (attach a copy of your latest financial audit by a certified public accountant and annual budget).
- the procedure you use to ensure that services are provided to clients when employees do not report to work.
- any restrictions, limitations or exceptions to providing the services indicated in this application and the scope of services.
- a copy of your thief policy
- a copy of your confidentiality policy
- a copy of your liability insurance policy (minimum of \$ 1,000,000)
- a copy of your business license
- a copy of the holiday schedule for your agency and the workers if different from the agency.

Applicant understands that information contained herein and will be evaluated by the Lee–Russell Council of Governments, and applicant will be selected for enrollment in the Home and Community Based Services Program based on the following criteria:

- Quality of demonstrated service
- Managerial and supervisory capability and effectiveness
- Continuity of service
- Financial efficiency and soundness

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**CERTIFICATION:** I hereby certify that the information contained in this proposal is accurate and that this agency/company, the applicant, agrees to abide by the terms and conditions set forth in this application, the several attachments, and any authorized and duly executed amendment thereof.

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Signature of Authorized Agent

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Date

Please submit the application with original signatures to: Lee–Russell Council of Governments, Area Agency on Aging, 2207 Gateway Drive, Opelika AL 36801

**ELDERLY & DISABLED MEDICAID WAIVER  
SERVICE PROPOSAL  
FY 2016**

LRCOG will reimburse the following rates for the Elderly and Disabled Medicaid Waiver Program. These rates may change contingent upon on the FY 2016 budget.

Homemaker.....	\$3.56 per unit
Personal Care.....	\$3.63 per unit
Respite Unskilled....	\$3.63 per unit
Respite Skilled.....	\$6.73 per unit
Companion.....	\$3.56 per unit
Day Care.....	\$24.32 per unit

The agency understands that Lee-Russell Council of Governments reserves the right to separate the services proposed and award contracts to more than one provider. The individual unit costs set forth in this proposal are guaranteed and are not contingent on an award of all proposed services.

The agency understands the minimum standards of performance as described in this Proposal Package and will meet or exceed all established standards.

\_\_\_\_\_  
Authorized Agency Official, Date

\_\_\_\_\_  
Witness, Date

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_\_  
Printed Name, Title

## PROPOSAL FOR MEDICAID WAIVER SERVICES

The Alabama Medicaid Agency was granted a waiver by the Centers for Medicare and Medicaid Services (CMS) to offer home and community based services under Title XIX. This program is designed to serve Medicaid eligible clients who require intermediate or skilled care and are at risk of nursing home placement.

During the upcoming fiscal year (October - September), the Lee-Russell Council of Governments' Area Agency on Aging plans to contract for services in Lee and Russell counties. Services to be provided to residents of the above areas are listed below. Proposals may be submitted on all or any portion of the categories.

- **Homemaker Services** as described in Attachment A-1, Scope of Services.
- **Personal Care** as described in Attachment A-2, Scope of Services.
- **Unskilled Respite Care** as described in Attachment A-3, Scope of Services.
- **Skilled Respite Care** as described in Attachment A-3, Scope of Services.
- **Adult Day Health** as described in Attachment A-4, Scope of Services.
- **Companion Services** as described in Attachment A-5, Scope of Services.

Individuals/organizations interested in contracting to provide any or all of these services should carefully review the following information.

## **STANDARDS FOR THE PROVISION OF CARE**

All potential contractors must adhere to and, when requested, provide documentation of the following items:

### **Staffing**

1. Contractor will retain adequate personnel to insure provision of services within three (3) calendar days after receiving a service request.
2. Contractors are expected to provide services seven days per week when necessary. Respite providers should be prepared to provide evening/night care when requested. The actual hours of care will be the decision of LRCOG based on client need and availability of funds.
3. All staff in direct contact with clients or access to client information must have complete reference verification and statewide criminal background checks on file prior to client contact or access to client information.
4. All staff in direct contact with clients are required to have an annual TB test.
5. Contractor will assure no interruption in services of more than one scheduled visit per incident when employee absences occur.
6. No in-home worker will work more than eight (8) hours in a 24-hour period without prior approval of the LRCOG.
- 7.A schedule of employee assignments will be provided to the LRCOG as requested.
7. Contractor will be responsible for notifying LRCOG when an employee works for more than one home health provider.
8. Written hiring procedures will be submitted to LRCOG with completed Proposal.

### **Training**

1. Contractor will provide orientation of workers before placing them in any client's home.
2. Contractor will provide, at a minimum, quarterly in-service training for workers. An agenda of each training session will be furnished to LRCOG
3. All training must receive approval from LRCOG at least 45 days prior to the training date. The provider must submit a completed E&D-25 form within this time frame. Providers also have the option of submitting their annual training plan with the current proposal.

### **Employee Qualifications**

1. Personnel will meet the minimum educational, experience, and training requirements as specified in the appropriate Scope of Services Attachment.
2. Personnel providing care shall have current license, registration, or certification in accordance with applicable law or regulation.

## **Liability**

1. The Contractor shall maintain, at a minimum of \$1,000,000, liability insurance to protect all paid and volunteer staff, including board members, from liability incurred while acting on behalf of the agency.
2. A current copy of the insurance policy must be submitted to LRCOG with the completed proposal.

## **Documentation**

1. Contractor will maintain accurate records to document service provided to each client.
2. Contractor will establish a policy regarding documentation of incidents and provide LRCOG with a copy of said policy.
3. Contractor will routinely review client records to assure that documentation is entered in a timely and accurate manner.

## **Confidentiality**

1. Contractor will implement and strictly enforce policies regarding the confidentiality of records and the release of sensitive information. This policy will be submitted to LRCOG with the Proposal.

## **Supervision**

1. The Contractor will provide appropriate supervision during all hours that services are provided.
3. Minimum standards of performance will be enforced to assure quality of care provided to clients. A statement addressing the quality assurance program of the provider is to be submitted to the LRCOG with the Proposal.
3. The Contractor will perform six (6) month evaluations on all in home workers.

## **Billing/Reimbursement**

1. Invoices will be submitted on a monthly basis in a format developed by LRCOG.
2. Each invoice will indicate the total number of service units provided during the billing period and will have signed verification of receipt of service from each patient or his/her representative.
3. One unit of service is equal to fifteen minutes of care for Homemaker, Personal Care, Skilled Respite, Unskilled Respite, and Companion Service. Adult Day Health is counted as one unit per ½ day (four hours), with a four-hour minimum.

4. Travel time to and from a client's home is **NOT** considered reimbursable time. No administrative functions, training sessions or planning meetings are considered reimbursable time.

5. The Medicaid Waiver program is a reimbursable program with an average turnaround time of 6- 8 weeks. Provider must have resources available for operation during this time.

### **Fiscal Records**

1. .Contractor shall maintain complete records of all costs associated with the Contract. Such records shall be kept on file for five years from the end of the Fiscal Year to which they pertain.
2. Contractor will provide an annual operating budget to LRCOG.
3. Contractor shall agree that authorized representatives of LRCOG shall have access to all such records for audit and review as requested.

## **RIGHTS RESERVED BY LRCOG**

Lee-Russell Council of Governments does reserve the right to:

1. Award contracts to more than one provider to perform the same services.
3. Separate the services and award contracts to one or more providers.
3. Require any potential contractor to supply additional information not previously requested, to substantiate its capability for contract performance and/or compliance with Federal and State Rules and Regulations.
4. Reject any or all bids, or parts of bids, received and to make awards as the best interest of the LRCOG appears.



## **ATTACHMENT A-1**

### **SCOPE OF SERVICES**

#### **HOMEMAKER**

Homemaker services are general household activities such as meal preparation, grocery, shopping, and routine household care provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage the home care himself. Homemaker services are to be provided while in the client's home and all tasks should be completed during the allotted time. All homemakers will meet the following minimum qualifications:

- Be able to read and write;
- Submit to a program for the testing, prevention, and control of tuberculosis annually;
- Have references which will be verified thoroughly and documented in the DSP personnel file. References must include statewide background checks, previous employers, and the Nurse Aide Registry;
- Be able to work independently on an established schedule;
- Possess a valid, picture identification;
- Be able to follow the Plan of Care with minimal supervision;
- Complete a probationary period determined by the employer with continued employment contingent on completion of a Homemaker in-service training program.

The homemaker will be supervised and monitored by agency personnel on an on-going basis with at least one supervisory in-home visit every 60 days. This visit does not have to be performed by a registered nurse. If more than one service is being provided in the home, all services may be assessed during the same supervisory visit.

Examples of duties to be performed include, but are not limited to the following:

- Routine cleaning, sweeping, dusting, changing bed linens, defrosting and cleaning refrigerator, cleaning stove, light laundry, ironing, mending and light mopping.
- Meal planning, marketing, preparing, and serving food, selecting and preparing food for special diets, helping the patient understand prescribed diets.
- Helping client follow treatment prescribed by physician (such as use of wheelchair, walker, crutch, etc.), also reminding client to take prescribed medication(s).
- Grocery shopping (generally should be performed no more than once per week, if needed. Exceptions should be cleared through the Case Manager).
- Reading or writing business letters, such as to the Department of Human Resources, Social Security Administration, Medicaid, or utility companies.
- Teaching the most practical methods of managing household tasks.

**ATTACHMENT A-2**  
**SCOPE OF SERVICES**  
**PERSONAL CARE**

Personal Care services are those services prescribed by a physician, in accordance with the recipient's plan of care, and provided by a home health agency employee under the supervision of a Registered Nurse. These services will be directed at preserving the health of the recipient through appropriate hygiene practices and health support activities.

All Personal Care providers will meet the following minimum requirements:

- Have references which will be verified thoroughly and documented in the Direct Service Provider personnel file. References must include statewide criminal background checks, previous employers, and the Nurse Aide Registry.
- Be able to read and write.
- Possess a valid, picture identification.
- Be able to follow the Plan of Care with minimal supervision.
- Assist client appropriately with activities of daily living as related to personal care.
- Complete a probationary period determined by the employer with continued employment contingent on completion of a Personal Care in-service training program.
- Must submit to a program for the testing, prevention, and control of tuberculosis annually.

Supervision will be provided by a Registered Nurse on an on-going basis with a minimum of at least one supervisory in-home visit every 60 days. If more than one service is being provided in the home, all services may be assessed during the same supervisory visit.

The basic activities performed by the personal care provider with the client include:

- Assisting with personal hygiene, dressing, bathing, eating, or shaving.
- Assisting the client in transfer or ambulating.
- Assisting with bladder/bowel requirements or problems, including help with bedpan routines.
- Assisting with medications that are self-administered by the client.
- Assisting with food, nutrition, and diet, which include meals preparation as required in the care plan and incidental to a medical need.
- Assisting the client in maintaining or improving health status (physical and emotional), maintaining a sanitary environment (such as changing bed linens) or rearranging furniture so the individual may access belongings with greater ease and/or comfort.

## **ATTACHMENT A-3**

### **SCOPE OF SERVICES**

#### **RESPITE CARE**

Respite Care is given to individuals unable to care for themselves and is provided on a short-term basis to the individual because of the absence or need for relief of those persons normally providing the care. Respite care will be provided in the individual's home by a worker meeting the minimum acceptable qualifications for the level of care needed.

Respite care providers will be supervised and monitored by a registered nurse on an ongoing basis. All respite care must be supervised with an in-home visit at least every sixty (60) days.

Respite care involves the following activities:

- Assuming duties of the primary caregiver, providing supervision, companionship and, if required, personal care.
- Following the plan of care for the individual, providing the required level and intensity of care.
- Maintaining the scheduled program of services and appointments of the individual to the degree possible within the limited time frame.
- All respite is scheduled by the Case Manager as needed or requested by the client.

Respite care will be provided by a companion/sitter, personal care attendant, home health aide, homemaker, LPN or RN, depending on the level of care required. Specific services that would require skilled respite would be:

- Administration of potent and dangerous injectable medication and intravenous medication and solution on a daily basis,
- Restorative nursing procedures in the case of patients who are determined to have restorative potential and can benefit from the training on a daily basis,
- Nasopharyngeal aspiration required for the maintenance of a clear airway.
- Maintenance of tracheotomy, gastrostomy, and other tubes indwelling in body cavities as an adjunct to active treatment or rehabilitation of a disease for which the stoma was created,
- Administration of tube feeding by nasogastric tube,
- Care of extensive decubitus ulcers or other wide-spread skin disorders,
- Other specified and individual justified services, including skilled nursing observation of unstable medical conditions required on a regular and continuing basis that can only be provided by or under the direction of a registered nurse.

**ATTACHMENT A-4**  
**SCOPE OF SERVICES**  
**ADULT DAY HEALTH**

Adult Day Health (ADH) is designed to maintain and promote the health status of the client through the provision of health related supportive activities that include individual and group therapeutic activities and social stimulation in an ADH center.

Adult Day Health services are provided within a maintenance model of care, which provides services that include the following health and social activities needed to ensure optimal functioning of the client:

- Health monitoring that includes supervising the client's medication and support in carrying out physician orders as needed.
- Monitoring vital signs as needed.
- Observing the functional level of the client and noting any changes in their physical condition.
- Supervising medication and observing for possible reaction.
- Teaching positive health care measures and encouraging self-care.
- Appropriately reporting to the caregiver and case manager any changes in the client's condition.
- Observe and assist the client to maintain good personal hygiene on a daily basis.
- Provide planned therapeutic activities to stimulate mental activity, communication, and self-expression (these include reality orientation exercises, crafts, music, educational and cultural program, games, etc).
- Provide a variety of opportunities for group socialization.
- Observe and assist the client with meal and eating.
- Develop a plan to address medical emergencies, fire, and natural disasters.
- Assistance in the development of self care capabilities, personal hygiene, and social support services.
- Provision of nourishment appropriate to the hours in which the client is at the ADH center, but not equal to a full nutritional regime (3 meals per day). Specific diet requirements should be encouraged.

## **ATTACHMENT A-5**

### **SCOPE OF SERVICES**

#### **COMPANION SERVICE**

Companion services are designed to provide support and supervision that is focused on safety, non-medical care, and socialization for clients who live alone and participate in the Elderly and Disabled Waiver. Companions may assist or supervise the individual with tasks such as meal preparation and laundry. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the individual.

All Companion providers will meet the following minimum requirements:

- High school diploma or equivalent;
- Be able to evaluate Companion Worker in terms of their ability to perform assigned duties and communicate with the individuals;
- Be able to assume responsibility for in-service training for Companion Workers by individual instructions, group meetings, or workshops;
- Submit to programs for the testing, prevention, and control of tuberculosis annually;
- Statewide criminal background check;
- Have references which are verified thoroughly by the DSP and documented in the personnel file;
- Have the ability to provide appropriate follow-up regarding a client/caregiver and/or Case Managers dissatisfaction, complaints or grievances regarding the provision of Companion Service;
- Possess a valid, picture identification.

The companion worker will be supervised and monitored by agency personnel on an on-going basis with at least one supervisory in-home visit every sixty (60) days. This visit does not have to be performed by a registered nurse. If more than one service is being provided in the home, all services may be assessed during the same supervisory visit.

Examples of duties to be performed include, but are not limited to the following:

- Supervision/observation of daily living activities, such as reminding client to bathe and groom; reminding client to take medication; and observing/supervising preparation of snacks or meals.
- Accompanying client to necessary medical appointments and grocery shopping. The Companion worker is not allowed to transport clients – only accompany them.
- Supervision/assistance with laundry.
- Light housekeeping duties that are essential to the care of the client.

**Lee-Russell Council of Governments  
Area Agency on Aging  
Section 530 HIV/AIDS Waiver  
Application for Enrollment**

Applicant Agency/Company	
Director/Owner/CEO	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

Authorized Agent (official authorized to sign application, contracts, etc)	Title
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Type of Agency/Company:  Public     Private (nonprofit)     Private (for profit)

This is an application to provide the following services (check all that apply):

- Homemaker
- Personal Care (Are you a Medicaid Certified Home Health Agency?  Yes     No)
- Unskilled Respite
- Skilled Respite
- Companion Services
- Adult Day Health (Show certifying State of Alabama agency \_\_\_\_\_)

## Attach a narrative describing:

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- purpose of your agency/company
- your clientele, the number you serve and the geographic area served.
- funding sources (list all sources of income from operations).
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- the procedure you use to ensure that services are provided to clients when employees do not report to work.
- any restrictions, limitations or exceptions to providing the services indicated in this application and the scope of services.
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- Quality of demonstrated service
- Managerial and supervisory capability and effectiveness
- Continuity of service
- Financial efficiency and soundness

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**CERTIFICATION:** I hereby certify that the information contained in this proposal is accurate and that this agency/company, the applicant, agrees to abide by the terms and conditions set forth in this application, the several attachments, and any authorized and duly executed amendment thereof.

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Signature of Authorized Agent

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Date

Please submit the application with original signatures to: Lee–Russell Council of Governments, Area Agency on Aging, 2207 Gateway Drive, Opelika AL 36801

# 530 HIV/AIDS WAIVER- SERVICE PROPOSAL

FY 2016

LRCOG will reimburse the following rates for the 530 (HIV) Medicaid Waiver Program. These rates may change contingent upon on the FY 2016 budget.

Homemaker.....	\$3.74 per unit
Personal Care.....	\$3.74 per unit
Respite Unskilled....	\$3.60 per unit
Respite Skilled .....	\$5.18 per unit
Skilled Nursing (RN)....	\$7.12 per unit
Skilled Nursing (LPN)...	\$5.18 per unit
Companion.....	\$2.76 per unit

The agency understands that Lee-Russell Council of Governments reserves the right to separate the services proposed and award contracts to more than one provider. The individual unit costs set forth in this proposal are guaranteed and are not contingent on an award of all proposed services.

The agency understands the minimum standards of performance as described in this Proposal Package and will meet or exceed all established standards.

\_\_\_\_\_  
Authorized Agency Official, Date

\_\_\_\_\_  
Witness, Date

\_\_\_\_\_  
Printed Name, Title

\_\_\_\_\_  
Printed Name, Title



## PROPOSAL FOR 530 HIV/AIDS WAIVER SERVICES

The Alabama Medicaid Agency was granted a waiver by the Centers for Medicare and Medicaid Services (CMS) to offer home and community based services under Title XIX. This program is designed to serve Medicaid eligible clients who require intermediate or skilled care and are at risk of nursing home placement.

During the coming fiscal year (October 1, 2015 - September 30, 2016), the Lee-Russell Council of Governments Area Agency on Aging plans to contract for services in Lee and Russell counties. Services to be provided to residents of the above areas are listed below. Proposals may be submitted on all or any portion of the categories.

- **Homemaker Services** as described in Attachment A-1, Scope of Services.
- **Personal Care** as described in Attachment A-2, Scope of Services.
- **Unskilled Respite Care** as described in Attachment A-3, Scope of Services.
- **Skilled Respite Care** as described in Attachment A-3, Scope of Services.
- **Skilled Nursing Service** as described in Attachment A-4, Scope of Services.
- **Companion Services** as described in Attachment A-5, Scope of Services.

Individuals/organizations interested in contracting to provide any or all of these services should carefully review the following information.

## **STANDARDS FOR THE PROVISION OF CARE**

All potential contractors must adhere to and, when requested, provide documentation of the following items:

### **Staffing**

1. Contractor will retain adequate personnel to insure provision of services within three (3) calendar days after receiving a service request.
2. Contractors are expected to provide services seven days per week when necessary. Respite providers should be prepared to provide evening/night care when requested. The actual hours of care will be the decision of LRCOG based on client need and availability of funds.
3. All staff in direct contact with clients or access to client information must have complete reference verification and statewide criminal background checks on file prior to client contact or access to client information.
4. All staff in direct contact with clients are required to have an annual TB test.
5. Contractor will assure no interruption in services of more than one scheduled visit per incident when employee absences occur.
6. No in-home worker will work more than eight (8) hours in a 24-hour period without prior approval of the LRCOG.
7. A schedule of employee assignments will be provided to the LRCOG as requested.
8. Contractor will be responsible for notifying LRCOG when an employee works for more than one home health provider.
9. Written hiring procedures will be submitted to LRCOG with completed Proposal.

### **Training**

1. Contractor will provide orientation of workers before placing them in any client's home.
2. Contractor will provide, at a minimum, quarterly in-service training for workers. An agenda of each training session will be furnished to LRCOG
4. All training must receive approval from LRCOG at least 45 days prior to the training date. The provider must submit a completed E&D-25 form within this time frame. Providers also have the option of submitting their annual training plan with the current proposal.

### **Employee Qualifications**

1. Personnel will meet the minimum educational, experience, and training requirements as specified in the appropriate Scope of Services Attachment.

2. Personnel providing care shall have current license, registration, or certification in accordance with applicable law or regulation.

### **Liability**

1. The Contractor shall maintain, at a minimum of \$1,000,000, liability insurance to protect all paid and volunteer staff, including board members, from liability incurred while acting on behalf of the agency.
2. A current copy of the insurance policy must be submitted to LRCOG with the completed proposal.

### **Documentation**

1. Contractor will maintain accurate records to document service provided to each client.
2. Contractor will establish a policy regarding documentation of incidents and provide LRCOG with a copy of said policy.
3. Contractor will routinely review client records to assure that documentation is entered in a timely and accurate manner.

### **Confidentiality**

1. Contractor will implement and strictly enforce policies regarding the confidentiality of records and the release of sensitive information. This policy will be submitted to LRCOG with the Proposal.

### **Supervision**

1. The Contractor will provide appropriate supervision during all hours that services are provided.
4. Minimum standards of performance will be enforced to assure quality of care provided to clients. A statement addressing the quality assurance program of the provider is to be submitted to the LRCOG with the Proposal.
3. The Contractor will perform six (6) month evaluations on all in home workers.

### **Billing/Reimbursement**

1. Invoices will be submitted on a monthly basis in a format developed by LRCOG.
4. Each invoice will indicate the total number of service units provided during the billing period and will have signed verification of receipt of service from each patient or his/her representative.
5. One unit of service is equal to fifteen minutes of care for Homemaker, Personal Care, Skilled Respite, Unskilled Respite, and Companion Service. Adult Day Health is counted as one unit per ½ day (four hours), with a four-hour minimum.

4. Travel time to and from a client's home is **NOT** considered reimbursable time. No administrative functions, training sessions or planning meetings are considered reimbursable time.

5. The Medicaid Waiver program is a reimbursable program with an average turnaround time of 6- 8 weeks. Provider must have resources available for operation during this time.

### **Fiscal Records**

2. .Contractor shall maintain complete records of all costs associated with the Contract. Such records shall be kept on file for five years from the end of the Fiscal Year to which they pertain.
2. Contractor will provide an annual operating budget to LRCOG.
3. Contractor shall agree that authorized representatives of LRCOG shall have access to all such records for audit and review as requested.

## **RIGHTS RESERVED BY LRCOG**

Lee-Russell Council of Governments does reserve the right to:

1. Award contracts to more than one provider to perform the same services.
4. Separate the services and award contracts to one or more providers.
3. Require any potential contractor to supply additional information not previously requested, to substantiate its capability for contract performance and/or compliance with Federal and State Rules and Regulations.
5. Reject any or all bids, or parts of bids, received and to make awards as the best interest of the LRCOG appears.

## **ATTACHMENT A-1**

### **SCOPE OF SERVICES**

#### **HOMEMAKER**

Homemaker services are general household activities such as meal preparation, grocery, shopping, and routine household care provided by a trained homemaker when the individual regularly responsible for these activities is temporarily absent or unable to manage the home care himself. Homemaker services are to be provided while in the client's home and all tasks should be completed during the allotted time. All homemakers will meet the following minimum qualifications:

- Be able to read and write;
- Submit to a program for the testing, prevention, and control of tuberculosis annually;
- Have references which will be verified thoroughly and documented in the DSP personnel file. References must include statewide background checks, previous employers, and the Nurse Aide Registry;
- Be able to work independently on an established schedule;
- Possess a valid, picture identification;
- Be able to follow the Plan of Care with minimal supervision;
- Complete a probationary period determined by the employer with continued employment contingent on completion of a Homemaker in-service training program.

The homemaker will be supervised and monitored by agency personnel on an on-going basis with at least one supervisory in-home visit every 60 days. This visit does not have to be performed by a registered nurse. If more than one service is being provided in the home, all services may be assessed during the same supervisory visit.

Examples of duties to be performed include, but are not limited to the following:

- Routine cleaning, sweeping, dusting, changing bed linens, defrosting and cleaning refrigerator, cleaning stove, light laundry, ironing, mending and light mopping.
- Meal planning, marketing, preparing, and serving food, selecting and preparing food for special diets, helping the patient understand prescribed diets.
- Helping client follow treatment prescribed by physician (such as use of wheelchair, walker, crutch, etc.), also reminding client to take prescribed medication(s).
- Grocery shopping (generally should be performed no more than once per week, if needed. Exceptions should be cleared through the Case Manager).
- Reading or writing business letters, such as to the Department of Human Resources, Social Security Administration, Medicaid, or utility companies.
- Teaching the most practical methods of managing household tasks.

**ATTACHMENT A-2**  
**SCOPE OF SERVICES**  
**PERSONAL CARE**

Personal Care services are those services prescribed by a physician, in accordance with the recipient's plan of care, and provided by a home health agency employee under the supervision of a Registered Nurse. These services will be directed at preserving the health of the recipient through appropriate hygiene practices and health support activities.

All Personal Care providers will meet the following minimum requirements:

- Have references which will be verified thoroughly and documented in the Direct Service Provider personnel file. References must include statewide criminal background checks, previous employers, and the Nurse Aide Registry.
- Be able to read and write.
- Possess a valid, picture identification.
- Be able to follow the Plan of Care with minimal supervision.
- Assist client appropriately with activities of daily living as related to personal care.
- Complete a probationary period determined by the employer with continued employment contingent on completion of a Personal Care in-service training program.
- Must submit to a program for the testing, prevention, and control of tuberculosis annually.

Supervision will be provided by a Registered Nurse on an on-going basis with a minimum of at least one supervisory in-home visit every 60 days. If more than one service is being provided in the home, all services may be assessed during the same supervisory visit.

The basic activities performed by the personal care provider with the client include:

- Assisting with personal hygiene, dressing, bathing, eating, or shaving.
- Assisting the client in transfer or ambulating.
- Assisting with bladder/bowel requirements or problems, including help with bedpan routines.
- Assisting with medications that are self-administered by the client.
- Assisting with food, nutrition, and diet, which include meals preparation as required in the care plan and incidental to a medical need.
- Assisting the client in maintaining or improving health status (physical and emotional), maintaining a sanitary environment (such as changing bed linens) or rearranging furniture so the individual may access belongings with greater ease and/or comfort.

## **ATTACHMENT A-3**

### **SCOPE OF SERVICES**

#### **RESPITE CARE**

Respite Care is given to individuals unable to care for themselves and is provided on a short-term basis to the individual because of the absence or need for relief of those persons normally providing the care. Respite care will be provided in the individual's home by a worker meeting the minimum acceptable qualifications for the level of care needed.

Respite care providers will be supervised and monitored by a registered nurse on an ongoing basis. All respite care must be supervised with an in-home visit at least every sixty (60) days.

Respite care involves the following activities:

- Assuming duties of the primary caregiver, providing supervision, companionship and, if required, personal care.
- Following the plan of care for the individual, providing the required level and intensity of care.
- Maintaining the scheduled program of services and appointments of the individual to the degree possible within the limited time frame.
- All respite is scheduled by the Case Manager as needed or requested by the client.

Respite care will be provided by a companion/sitter, personal care attendant, home health aide, homemaker, LPN or RN, depending on the level of care required. Specific services that would require skilled respite would be:

- Administration of potent and dangerous injectable medication and intravenous medication and solution on a daily basis,
- Restorative nursing procedures in the case of patients who are determined to have restorative potential and can benefit from the training on a daily basis,
- Nasopharyngeal aspiration required for the maintenance of a clear airway.
- Maintenance of tracheotomy, gastrostomy, and other tubes indwelling in body cavities as an adjunct to active treatment or rehabilitation of a disease for which the stoma was created,
- Administration of tube feeding by nasogastric tube,
- Care of extensive decubitus ulcers or other wide-spread skin disorders,
- Other specified and individual justified services, including skilled nursing observation of unstable medical conditions required on a regular and continuing basis that can only be provided by or under the direction of a registered nurse.



**ATTACHMENT A-4**  
**SCOPE OF SERVICES**  
**ADULT DAY HEALTH**

Adult Day Health (ADH) is designed to maintain and promote the health status of the client through the provision of health related supportive activities that include individual and group therapeutic activities and social stimulation in an ADH center.

Adult Day Health services are provided within a maintenance model of care, which provides services that include the following health and social activities needed to ensure optimal functioning of the client:

- Health monitoring that includes supervising the client's medication and support in carrying out physician orders as needed.
- Monitoring vital signs as needed.
- Observing the functional level of the client and noting any changes in their physical condition.
- Supervising medication and observing for possible reaction.
- Teaching positive health care measures and encouraging self-care.
- Appropriately reporting to the caregiver and case manager any changes in the client's condition.
- Observe and assist the client to maintain good personal hygiene on a daily basis.
- Provide planned therapeutic activities to stimulate mental activity, communication, and self-expression (these include reality orientation exercises, crafts, music, educational and cultural program, games, etc).
- Provide a variety of opportunities for group socialization.
- Observe and assist the client with meal and eating.
- Develop a plan to address medical emergencies, fire, and natural disasters.
- Assistance in the development of self- care capabilities, personal hygiene, and social support services.
- Provision of nourishment appropriate to the hours in which the client is at the ADH center, but not equal to a full nutritional regime (3 meals per day). Specific diet requirements should be encouraged.

## **ATTACHMENT A-5**

### **SCOPE OF SERVICES**

#### **COMPANION SERVICE**

Companion services are designed to provide support and supervision that is focused on safety, non-medical care, and socialization for clients who live alone and participate in the Elderly and Disabled Waiver. Companions may assist or supervise the individual with tasks such as meal preparation and laundry. Providers may also perform light housekeeping tasks that are incidental to the care and supervision of the individual.

All Companion providers will meet the following minimum requirements:

- High school diploma or equivalent;
- Be able to evaluate Companion Worker in terms of their ability to perform assigned duties and communicate with the individuals;
- Be able to assume responsibility for in-service training for Companion Workers by individual instructions, group meetings, or workshops;
- Submit to programs for the testing, prevention, and control of tuberculosis annually;
- Statewide criminal background check;
- Have references which are verified thoroughly by the DSP and documented in the personnel file;
- Have the ability to provide appropriate follow-up regarding a client/caregiver and/or Case Managers dissatisfaction, complaints or grievances regarding the provision of Companion Service;
- Possess a valid, picture identification.

The companion worker will be supervised and monitored by agency personnel on an on-going basis with at least one supervisory in-home visit every sixty (60) days. This visit does not have to be performed by a registered nurse. If more than one service is being provided in the home, all services may be assessed during the same supervisory visit.

Examples of duties to be performed include, but are not limited to the following:

- Supervision/observation of daily living activities, such as reminding client to bathe and groom; reminding client to take medication; and observing/supervising preparation of snacks or meals.
- Accompanying client to necessary medical appointments and grocery shopping. The Companion worker is not allowed to transport clients – only accompany them.
- Supervision/assistance with laundry.
- Light housekeeping duties that are essential to the care of the client.

Lee-Russell Council of Governments  
Area Agency on Aging  
2207 Gateway Drive  
Opelika, AL 36801  
334-749-5264 – office  
334-749-6852- fax

Request For Proposal (RFP)

RFP Title: Homemaker Services

Purpose of RFP: Solicit Qualified Vendors For The Purpose of Providing Homemaking Services (General House Cleaning) Beginning October 1, 2015 in Lee and Russell Counties, Alabama and ending on September 30, 2016.

## Introduction and Instructions

### **Title: Homemaker Services**

**Type of Funds:** Funds are awarded under Title-III of the Older American Act through the Alabama Department of Senior Services.

**Description of Services:** The contractor will provide general household cleaning to include but not limited to: preparing meals, washing dishes/cleaning the kitchen, vacuuming/sweeping/mopping floors, taking out the trash, cleaning the bathroom/bedroom, changing bed linen, laundry and shopping/running errands as time permits.

Under this contract the workers are not allowed to 1.) Transport the clients, 2.) Physically touch the clients ( activities such as assisting with a bathe, combing hair etc. are prohibited), and 3). Administer medications to the clients.

The Lee-Russell Council of Governments Area Agency on Aging is soliciting proposals for the purpose of providing homemaker (general housekeeping) services to senior citizens.

**Target Population:** Individuals 60 years of age and older. The Area Agency on Aging Case Manager is responsible for assessing the clients, determining eligibility, and maintaining the care plan.

**Program Location:** Lee and Russell Counties, Alabama

**Period of the Award:** The contract period is October 1, 2015 – September 30, 2017. The contract and or services are contingent upon continued federal funding.

**Amount of Award:** The contract amount shall not exceed \$ 15,000 per year, or \$ 30,000 total for both years.

**Eligibility:** Applications will be accepted from public and private agencies.

**Application Deadline:** Complete application must be mailed or hand delivered no later than 3 p.m. July 24, 2015 to:

Lee-Russell Council of Governments  
Area Agency on Aging  
2207 Gateway Drive  
Opelika, AL 36801  
Attn: Jackie Pinkard

**Questions/Comments:** Any questions or comments should be addressed in writing to Jackie Pinkard at the above address [jpinkard@lrcog.com](mailto:jpinkard@lrcog.com) no later than July 09, 2015.

**Services to be provided:**

The contractors will be available to accept clients when contacted by the Case Manager. The Lee-Russell Council of Governments Area Agency on Aging Case Manager will assess clients and provide the direct service provider with a care plan and other pertinent information regarding the clients. The direct service provider will assign a staff person to perform the homemaking duties (according to the care plan) in the clients' home. The provider will be reimbursed monthly at the agreed upon unit/ hourly rate based on the number of units the clients received. A unit is equal to one hour.

**Evaluation of Proposal:**

The Lee-Russell Council of Governments will review all proposal to determine if the responsiveness to the requirements of this solicitation. The provider will be selected based on the following criteria.

- Quality of demonstrated services
- Managerial and supervisory capability and effectiveness
- Continuity of service
- Financial efficiency and soundness

**Right of Rejection:**

The Lee-Russell Council of Governments reserves the right to reject any and all proposals in part or in whole. Proposal received after the deadline will also be rejected.

## **Time Line**

June 29, 2015	RFP available
July 09, 2015	Deadline to submit questions
July 24, 2015	Deadline to submit proposal by 3 pm. (CST)
July 27-30, 2015	LRCOG will review the proposals
July 30, 2015	Award contract

**Lee-Russell Council of Governments’  
Area Agency on Aging  
Title III-B Homemaker Services  
Application for Enrollment**

Applicant Agency/Company	
Director/Owner/CEO	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)
E-mail Address	

Authorized Agent (official authorized to sign application, contracts, etc)	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

Payee or fiscal officer (official to whom checks should be mailed if different from Authorized Agent above)	Title
Address	
Telephone (include Area Code)	FAX (include Area Code)

**Attach a narrative describing:**

- how and when your agency/company became a health care provider.
- purpose of your agency/company
- your clientele, the number you serve and the geographic area served.

- funding sources (list all sources of income from operations).
- internal monitoring including management and supervisory practices, span of control, staffing patterns (attach organizational chart and current list of board members), employee appraisal system, staff training, supervisory training, maintenance of technical skills, etc.
- number of workers dedicated to each direct service checked on page number 1.
- the methods you use to ensure that employees possess the minimum requirements in education, experience, licensure, and certification (copies may be requested).
- your system of financial management (attach a copy of your latest financial audit by a certified public accountant).
- the procedure you use to ensure that services are provided to clients when employees do not report to work.
- any restrictions, limitations or exceptions to providing the services indicated in this application and the scope of services.
- a copy of your thief policy
- confidentiality policy
- a copy of your liability insurance policy (minimum of \$ 1,000,000)
- annual operating budget
- a copy of your business license
- a copy of the holiday schedule for your agency and the workers if different from the agency

Applicant understands that information contained herein and will be evaluated by the Lee–Russell Council of Governments, and applicant will be selected for enrollment in the Home and Community Based Services Program based on the following criteria:

- Quality of demonstrated service
- Managerial and supervisory capability and effectiveness
- Continuity of service
- Financial efficiency and soundness

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**CERTIFICATION:** I hereby certify that the information contained in this proposal is accurate and that this agency/company, the applicant, agrees to abide by the terms and conditions set forth in this application, the several attachments, and any authorized and duly executed amendment thereof.

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Signature of Authorized Agent

---

Date

Please submit the application with original signatures to: Lee–Russell Council of Governments, Area Agency on Aging, 2207 Gateway Drive, Opelika AL 36801



