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| **ADULT DAY CARE/ADULT DAY HEALTH CARE PROGRAMS** | | |
| **PROGRAM STANDARDS AND WORKPLAN GUIDELINES** | | |
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| **Program Goal** | | |
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| The goal of the ADC/ADHC Programs is to maintain or improve the well-being of older adults and adults with disabilities and prevent their premature or unnecessary institutionalization. It provides a structured and therapeutic program of supervised social, recreational, nutritional services and links participants with necessary supportive services. It also provides needed respite for family and friends who are their primary caregivers. | | |
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| **Program Service Description** | | |
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| Personal care for dependent elders in a supervised, protective, and congregate setting during some portion of a day. Services offered in conjunction with adult day care/adult day health typically include social and recreational activities, training, counseling, and services such as rehabilitation, medications assistance and home health aide services for adult day health. | | |

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| **Eligibility Specifics** | | | | | | |
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| For Adult Day Health Care (ADHC) Programs, any person sixty (60) years of age or older who is not receiving Medi-Cal is eligible to participate. For Adult Day Care (ADC) Programs, any person sixty (60) years of age or older is eligible to participate. For either program,the individual must require supervised social, recreational or therapeutic services and/or caregiver respite in order to participate. Eligibility includes emphasis on those in greatest economic and social need with particular attention to low income minority individuals older individuals, older individuals with Limited English Proficiency (LEP), and older individuals residing in rural areas. [OAA § 305 (a)(2)(E), 22 CCR 7125, 7127, 7130, 7135 and 7638.7]. | | | | | | |
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| **Individuals with Severe Disability(ies)** means a person with a severe, chronic disability attributable to mental or physical impairment, that is likely to continue indefinitely and results in substantial functional limitation in three or more major life activities. [OAA §102(a)(48)] | | | | | | |
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| Providers may serve individuals under sixty (60) years of age who need ADC/ADHC if space is available and the full cost of the program is covered by the agency and/or participant. | | | | | | |
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| **Projected Annual Funding Available:**  **OAA Title IIIB funds for Adult Day/Adult Day Health Care programs - $227,904** | | | | | | |
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| **ADC Title IIIB Older Americans Act Reimbursement Rate: $65.00/day** | | | | | | |
| **ADHC Title IIIB Older Americans Act Reimbursement Rate: $80.00/day** | | | | | | |
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| **Unit of Service: One day of attendance** (four (4) hour minimum) | | | | | | |
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| **Suggested Minimum Objectives:** | | | | | | |
| **ADC** | | **1016 Units** | | | | |
| **ADHC** | | **2256 Units** | | | | |
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| Proposers should request minimum service objectives based on program capacity, reimbursement rate, and estimated community need. | | | | | | |
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| **Program Service Requirements** | | | | | | |
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| **Program Requirements** means Title III program requirements found in the   * Older Americans Act (OAA) 42, (USC section 3001-3058) <http://www.aoa.gov/AoA_Programs/OAA/index.aspx>; * Older Californians Act <https://www.aging.ca.gov/AboutCDA/Older_CA_Act.aspx>; * Code of Federal Regulations (CFR) (45 CFR XIII, 1321); * Title 22, California Code of Regulations (22 CCR 7000 et seq). * Title 22, California Code of Regulations, Division 6, Chapter 3 Adult Day Care Facilities * California Department of Aging (CDA) Program Memoranda * CDA Title III Program Manual * Occupational Safety and Health Administration (OSHA) requirements; * Current Dietary Guidelines for Americans (DGA) * California Retail Food Code (CRFC) <http://www.cdph.ca.gov/services/Documents/fdbRFC.pdf> * San Mateo County Health System policies and procedures | | | | | | |
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| **Title IIIB (Supportive Services)** means a variety of services including, but not limited to: personal care, homemaker, chore, adult day health care, case management, assisted transportation, transportation, legal assistance, information and assistance, outreach, and long-term care ombudsman advocacy, as defined in the National Aging Programs Information Systems (NAPIS) categories and National Ombudsman Reporting System (NORS) OAA § 321(a)]. | | | | | | |
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| **Priority Services for Title IIIB** means those services associated with access to services (transportation, outreach, information and assistance and case management); in-home services including supportive services such as respite and visiting, for families of older individuals who are victims of Alzheimer’s disease and related disorders involving neurological and organic brain dysfunction; and legal assistance. | | | | | | |
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| 1. | The service provider must maintain a current State of California ADC or ADHC license (Welfare and Institutions Code 9542(e) and conform to State regulations. | | | | | |
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| 2. | Transportation: Arrangements will be made for transporting clients to and from the site through the use of an agency-owned and operated vehicle or by arrangement with another agency or through other means. | | | | | |
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| 3. | Nutrition: The provider will offer a daily nutrition program. | | | | | |
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| 4. | Assessment/Care Plan: An individual assessment with a care plan for clients that offers appropriate therapeutic programs based on licensing guidelines and social activities as well as other supportive services for clients and their caregivers will be prepared. | | | | | |
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| 5. | Staffing: Providers must maintain minimum staffing ratios per license requirements and place qualified staff in key, client-related positions. Use of volunteers is encouraged to augment not replace program staffing. | | | | | |
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| 6. | Training: Providers will offer on-going training and encourage participation in related conferences and workshops for staff and volunteers. | | | | | |
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| 7. | Coordination and Outreach: Providers are expected to coordinate with other adult day and community-based long-term care providers to ensure consistency and continuity in the continuum of adult day services. These efforts should be a part of the agency's outreach plan. | | | | | |
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| 8. | Contractor assures that voluntary contributions shall be allowed and may be solicited in accordance with the following requirements: [OAA § 315(b)]: | | | | | |
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|  | a. | | Means tests shall not be used by any contractor for any Title III or Title VII Services; | | |
|  | b. | | Services shall not be denied to any Title III or Title VII client that does not contribute toward the cost of the services received; | | |
|  | c. | | Methods used to solicit voluntary contributions for Title III and Title VII services shall be non-coercive; | | |
|  | d. | | Each service provider will: | | |
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|  |  | | (1) | | Provide each recipient with an opportunity to voluntarily contribute to the cost of the service; |
|  |  | | (2) | | Clearly inform each recipient that there is no obligation to contribute and that the contribution is purely voluntary; |
|  |  | | (3) | | Protect the privacy and confidentiality of each recipient with respect to the recipient’s contribution or lack of contribution; |
|  |  | | (4) | | Establish appropriate procedures to safeguard and account for all contributions; |
|  |  | | (5) | | Donation letters may not resemble a bill or a statement [OAA § 315(b)]; |
|  |  | | (6) | | Individual client’s donations shall not be tracked by accounts receivable [OAA § 315(b)(4)(C)]; |
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| 9. | Any Title III and Title VII service shall not implement a Cost Sharing program unless so notified by the County; | | | | |
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| 10. | Proof of age, citizenship, or disability shall not be required as a condition of receiving services; | | | | |
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| 11. | An individual’s receipt of services under the In-Home Supportive Services Program shall not be the sole cause for denial of any services provided by the AAA or its contractors. | | | | |
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| 12. | Data Reporting. Monthly, quarterly and annual reports of data including units of service, client counts, demographics and other data as required by Aging and Adult Services (AAS) and/or the CDA will be expected to be completed and submitted in a timely manner on required forms. | | | | |
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| 13. | Program Changes. AAS shall be notified in writing and approve of (at least thirty (30) days in advance of implementation) any plan for change in the service resulting from the relocation of a facility, a route change or termination, reducing the number of service days and hours of operation or change in staff. | | | | |
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| 14. | Contractor agrees to offer services throughout the twelve-month contract period, unless prior written approval is received from AAS. | | | | |
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| 15. | Utilize appropriate verbiage in written materials (such as newsletters, menus, newspapers, websites, flyers, publications, etc.) by avoiding the use of language that implies a price or fees for service. | | | | |
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| 16. | Contractor shall agree to distribute any needs assessment(s) or feedback surveys provided by the County. Surveys are to be returned to the County for data collection and analysis. | | | | |
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| 17. | Contractor agrees to participate in the monitoring of the use of federal, State, and County funds. Onsite program monitoring will be conducted every two years for all programs except Title IIIC1 and Title IIIC2, which must be conducted every year. Onsite fiscal monitoring must be conducted every two years for all programs including Titles IIIC1 and C2. | | | | |
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| 18. | Program monitoring may occur more frequently if determined by AAS as beneficial to the integrity of program requirement compliance. Contractor agrees to provide requested programmatic and administrative documentation and the availability of key staff as part of the contract monitoring process. | | | | |
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| 19. | Ensure that all outreach materials, websites and publicity regarding the program shall attribute partial funding from the Older Americans Act and County of San Mateo. | | | | |

**ADULT DAY CARE/ADULT DAY HEALTH CARE PROGRAMS**

**WORKPLAN GUIDELINES**

Please complete an ADC/ADHC Workplan narrative following the order and headings shown below.

**I. PROGRAM SERVICE DESCRIPTION**

1. Agency Background and Experience:
2. State the mission of your agency or organization and describe all current programs you provide.
3. Describe your clientele and geographic area served.
4. Indicate how long the programs have been operating and how they are funded.
5. Indicate if any of these programs are currently operating under contract with San Mateo County.
6. Service to Targeted Populations and Linguistic Access:
7. Describe your ability to serve individuals within the target populations described in the General Information section.
8. How many full time employees (FTEs) do you plan to assign to this project, if you are selected?
9. Identify languages in which clients will be able to access your services.
10. Indicate staff capacity to meet the needs of the diverse racial/ethnic groups within your community.
11. Proposed Service/Ability to Meet Program Requirements:
12. Summarize your proposed service model providing detail about how it will function and meet the requirements of the program.
13. Describe the type of licensing or model such as ADC, ADHC or other. Include a copy of your agency's license if applicable in your proposal.
14. List any items that you cannot provide and how you will meet the requirements.
15. Provide information on any other pertinent services, if any, that you will offer that will reduce costs for the County.
16. Facility Site:
17. Describe the location and size of the facility, equipment available and accessibility of the building.
18. Describe the safeguards which will be used to ensure the participants' safety related to exits, outdoor space, storage areas, glass patio doors, stairs or steps, passenger loading zones, kitchen and bathroom safety.
19. Describe emergency evacuation plans.
20. Coordination:
21. Identify and detail how you will work with other agencies providing similar services or serving the same population
22. Describe your procedure for documenting referrals to and/or utilization of other community-based services that support participants and their families.
23. Customer Service:
24. How will your services meet the needs of County customers and/or the public?
25. In the event of a routine problem, who is to be contacted within your organization?
26. In the event of the identification of a problem by the County, its clients/patients, and /or other applicable constituents, describe how you will address such problems and the timeframe for addressing them.
27. Outreach:
28. Describe your outreach plan, particularly to clients who may be monolingual isolated, and/or unaware of your services. Include how you plan to work with key agencies/organizations that could refer clients to your program.
29. Client Care Plan:
30. Describe how clients will be assessed and your process for developing a care plan.
31. Describe your procedure for documenting referrals to and/or utilization of other community-based services that support participants and their families.

**II**. **PROGRAM MANAGEMENT AND PLANNING**

1. Staffing/Volunteers:
2. Provide an organization chart for your agency.
3. Detail your staffing plan and include job descriptions and licenses (if applicable) for key personnel and volunteers.
4. Describe how you will meet the staffing requirements when there are vacancies, illnesses or other personnel difficulties.
5. If applicable, list the professional qualifications for each individual that would be assigned to provide services requested by this RFP, including date and educational institutions of any applicable degrees, additional applicable training, and any professional certifications and/or licensing. In lieu of listing this information, you may submit a resume or curriculum vitae (CV) for each such individual if the resume/CV includes all the requested information.
6. Data Reporting:
7. Describe how your agency will capture and report required program data.
8. Describe how your agency protects client level data (e.g. encryption, etc.)
9. Describe how your agency will meet the due date for program reports, (10th of the month following the month of service).

C. Training:Describe plans for providing continuing education for staff and volunteers, including the methods that will be used and the topics that will be covered.

D. Contingency Plans:

1) Describe your contingency plans in the event that the full amount you are requesting from AAS is not received.

2) Describe potential sources of funding, short-term and long-term, for the program and any fund raising capabilities.

E. Emergency Preparedness Plans: Describe your Emergency Operations Plan.

F. Program Evaluation/Consumer Satisfaction:

1) Describe your method(s) for evaluating your program’s performance including the distribution of customer feedback surveys which will be provided by County and returned to the County for data collection and analysis.

2) Describe how you will collect information from your clients about their perception of your program and its effectiveness.

3) Describe your Quality Improvement Plan.

1. Cultural Competence:

Describe how your agency/program will ensure cultural competence. This may include culturally relevant program features, staffing objectives that reflect cultural and linguistic diversity and education materials that value the cultural diversity of San Mateo County.

H. Collaborative Service Planning:

1) Describe your involvement in the planning and development of a community-wide system of services.

2) Give an example of a program in which you collaborated with other agencies to enhance the service-delivery system for seniors and people with disabilities.

3) Identify any County committees or coalitions in which you have been involved.

1. Claims, Licensure, Non-Discrimination, and Health Insurance Portability and Accountability Act (HIPAA) Violations Against Your Organization:

List any current licensure, HIPAA, non-discrimination claims against you/your organization and those having occurred in the past five years, especially any resulting in claims or legal judgments against you.

1. References:

List at least three business references for which you have recently provided similar services. Include contact names, titles, phone numbers and e-mail addresses for all references provided.

**III. FISCAL – Refer to the Fiscal /Budget Standards**

1. Fiscal Staff:
2. Define the fiscal staffing positions that will be responsible for this program. Include job description(s).
3. Describe your record-keeping and fiscal management systems in detail.

B. Budget forms: Complete and submit all budget forms located in the Enclosures section VI of the Request for Proposals.

C. Financial Statement:

1) Attach an audited financial statement completed within the last twelve months.

2) If an audited financial statement is not available, include alternative audit procedures you will use.

1. Cost Analysis and Budget for Primary Services:
2. Provide a detailed explanation for all costs associated with your providing the requested services if you are selected.
3. Provide a completed budget for your proposed program. Instructions and budget form is found in Enclosures Section VI.

# E. Match:

# 1) There is a match requirement of ten-point five three percent (10.53%) of the total program budget.

# 2) Describe how you will meet the required match. Refer to the Fiscal – Budget Standards.

**IV. STATEMENT OF COMPLIANCE WITH COUNTY CONTRACTUAL REQUIREMENTS**

A sample of the County’s standard contract (Including Exhibits A and B) is attached to this RFP. Each proposal must include a statement of the proposer’s commitment and ability to comply with each of the terms of the County’s standard contract, including but not limited to the following:

1. The County non-discrimination policy
2. The County equal employment opportunity requirements
3. County requirements regarding employee benefits
4. The County jury service pay ordinance
5. The hold harmless provision
6. County insurance requirement
7. The County Living Wage Ordinance
8. All other provisions of the standard contract.

In addition, the proposer should include a statement that it will agree to have any disputes regarding the contract venued in San Mateo County or Northern District of California.

The proposal must state any objections to any terms in the County’s contract template and provide an explanation for the inability to comply with the required term(s). If no objections are stated, the County will assume the proposer is prepared to sign the County standard contract template as-is.

**NOTE**: The sample Standard Contract Template enclosed with this RFP is a template and does not constitute the final agreement to be prepared for the selected service provider. Do not insert any information or attempt to complete the enclosed sample contract template. Once a provider is selected, the County will work with the selected provider to draft a provider-specific contract using the template. However, each proposal should address the general terms of the standard contract as requested within this RFP.