|  |  |
| --- | --- |
| **HOME DELIVERED MEALS and the**  **SUPPLEMENTAL HOME DELIVERED MEALS** | |
| **PROGRAM STANDARDS AND WORKPLAN GUIDELINES** | |
|  | |
| **Program Goal** | |
|  | |
| The goal of the HDM and SHDM Programs is to promote the nutritional health and well-being of older adults and adults with incapacitating disabilities and/or illness and prevent premature and unnecessary institutionalization while maintaining a high quality of life. | |
|  | |
| The Area Agency on Aging (AAA) must provide services to all Community Service Areas (CSA) in San Mateo County. Ideal candidates for the HDM and SHDM Programs will serve multiple municipalities within a single or multiple CSA(s). | |
|  | |
| **Program Service Description** | |
|  | |
| For the purposes of this Request for Proposal (RFP), the OAA funded HDM Program and the San Mateo County sponsored SHDM Program will be considered as two separate programs. Each organization proposing service must provide both programs. Aging and Adult Services (AAS) will contract with a provider(s) to serve the designated areas. Applicant’s ability to serve existing clients will be considered when determining grant awards. | |
|  | |
| Title III C-2 (Home Delivered Nutrition Services) means nutrition services provided to homebound older individuals including meals, nutrition and health promotion education, and nutrition risk screening. Each meal shall provide one-third (1/3) of the DRI and comply with the most current Dietary Guidelines for Americans [22CCR 7135, 22 CCR 76383.7 (c)]. The OAA funded HDM Program and the San Mateo County sponsored SHDM Program are two separate programs. Additional County criteria for the SHDM program are outlined in this section. | |
|  | |
| Nutrition Services Incentive Program (NSIP) means the program whose purpose is to provide incentives to encourage and reward effective performance by Area Agencies on Aging (AAAs) in the efficient delivery of nutritious meals to older individuals. The program consists of a cash allotment based on the ratio of the number of meals served by each Planning and Service Area compared to the total number of meals served in the State in the prior-prior federal fiscal year. | |
|  | |
| The HDM and SHDM Program activities include, but are not limited to: | |
|  | |
| • | Client intake |
| • | Eligibility assessment |
| • | Nutrition risk screening |
| • | Reassessment for continuing eligibility |
| • | Meal procurement or preparation |
| • | Meal delivery |
| • | Daily observation of status of client |
| • | Nutrition and health promotion education |
| • | Nutrition counseling |
| • | Outreach |
| • | Coordination with other community-based organizations |

|  |  |  |
| --- | --- | --- |
| **Eligibility Specifics** | | |
|  | | |
| **Eligible Service Population for Title III C2** means individuals 60 years of age or older, with emphasis on those in greatest economic and social needs with particular attention to low-income minority 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]. | | |
|  | | |
| To receive **Home Delivered Meals** (HDM) an individual must meet **all** of the following criteria for eligibility and need: | | |
|  | | |
| 1. | Be sixty (60) years of age or older; | |
| 2. | Have an incapacitating disability and/or illness or be unable to participate because of inappropriate and disruptive behavior at Congregate Nutrition sites; | |
| 3. | Lack caregiver assistance from family or other resources that can aid in the provision of meals; and | |
| 4. | Be able to live at home if meals are provided but unable to prepare or obtain nutritious meals. | |
|  |  | |
| An older individual who is frail as defined by 22CCR 7119 and homebound by reason of illness, disability, or isolation. (These individuals shall be given priority). | | |
|  |  | |
| The spouse of an eligible individual may be eligible to receive meals, regardless of age or condition, if it is in the best interest of the eligible client and if the services will not displace a higher priority applicant. 22 CCR 7638.7(c)(2) | | |
|  | | |
| A person with a disability who resides at home with older individuals if an assessment concludes that it is in their best interest of the homebound older, eligible individual who participates in the program. | | |
|  | | |
| Priority shall be given to older individuals identified in 22 CCR 7638.7(c)(1). | | |
|  | | |
| The provider may offer a meal to a volunteer under age sixty, if doing so will not deprive an older individual of a meal. [22 CCR 7638.7(b)(1)]. Contractor shall develop and implement a written policy for providing and accounting for volunteer meals [ 22 CCR 7638.7 (b)(2)]. | | |
|  | | |
| **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)] | | |
|  | | |
| To receive **Supplemental Home Delivered Meals** (SHDM) an individual must meet **all** of the following criteria: | | |
|  | | |
| 1. | Be between the ages of eighteen through fifty-nine (18 – 59) with a disability; | |
| 2. | Be homebound because of incapacitating disability and/or illness; | |
| 3. | Lack needed caregiver assistance from family or other resources that can aid in the provision of meals; | |
| 4. | Be able to live at home if meals are provided but unable to prepare or obtain nutritious meals; and | |
| 5. | Be assessed with a nutritional risk rating of six-plus (6+) (per the California Department of Aging (CDA) definition). | |
| 6. | Participants may be required to pay for a portion of each meal, as determined by the Contractor. | |
|  |  | |
| The SHDM program will follow the same guidelines as the HDM program, with the exception of the eligibility criteria listed above. | | |
|  |  | |
| **Projected Annual Funding Available:** | | |
|  | | |
| **Total Funding Available:**  **OAA Title IIIC2, Nutrition Support Incentive Program, and State Nutrition funds for Home Delivered Meals programs - $946,306** | | |
|  | **Reimbursement Rate: ~ $6.36 per meal – 148,790 meals** | |
|  | | |
| **County Sponsored MOW Trust** **Funding Available - $20,000** | | |
|  | **Reimbursement Rate ~ $6.36 per meal** | |
|  | | |
| Reimbursement for the HDM program will be according to the Reimbursement Calculation described in the Fiscal-Budget Program Standard and not by service unit (meals). Contractor agrees to work towards meeting the service unit targets each month throughout the entire year. | | |
|  | | |
| Providers must establish operational procedures to estimate the number of meals to prepare and serve and the amount of food to purchase so that leftovers shall be kept to a minimum. | | |
|  | | |
| Leftover meals cannot be counted as additional participant meals nor are they eligible for Area Agency on Aging (AAA) reimbursement. | | |
|  | | |
| Providers may only use Title IIIC funds to purchase food for the approved meal. | | |
|  | | |
| **A meal** provided to an eligible individual in his or her place of residence that meets all of the requirements of the OAA and State/local laws, assures a minimum one-third of the current Dietary Reference Intake (DRI), and complies with the most current Dietary Guidelines for Americans. | | |
| **Unit of Service: One (1) meal** | | |
|  | | |
| **Nutrition Counseling** provides individualized guidance to individuals who are at nutritional risk because of their health or nutrition history, dietary intake, chronic illnesses, medications use, or to caregivers. Counseling is provided one-on-one by a registered dietitian and addresses the options and methods for improving nutrition status. Nutrition counseling may be made either in person or by any other means deemed appropriate (e.g., telephone, emails, etc.) | | |
| **Unit of Service: One (1) session per participant** | | |
|  | | |
| **Nutrition Education** is a program to promote better health by providing accurate and culturally sensitive nutrition, physical fitness, or health (as it relates to nutrition) information and instruction to participants, caregivers, or participants in a group or individual setting overseen by a dietitian or individual of comparable expertise. Printed material may be used as the sole nutrition education component for the HDM participants. However, a menu that has been annotated to include caloric counts and sources of various nutrients can not be counted as Nutrition Education. | | |
| **Unit of Service: One (1) session per participant** | | |
|  | | |
| **Suggested Minimum Objectives** | | |
|  | |  |
|  | 135,810 | Meals for HDM |
|  | 11,070 | Meals for SHDM |
|  | 4 | Nutrition education sessions (minimum per provider) |
|  | |  |
| **Program Service Requirements** | | |
|  | | |
| 1. | **Program Requirements** means Title IIIC 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). * 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 | |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  | | |
| 2. | Provider must enter into contracts with subcontractors which require them to provide services pursuant to Title 22 CCR, Sections 7352 through 7364, and ensure all applicable provisions required within this Agreement are included in the subcontract(s). | | |
|  |  | | |
| 3. | Location: While a caterer may be located elsewhere, it is preferable but not mandatory that the provider be located within San Mateo County, preferably within the CDA(s) proposed to be served. Collaboration with agencies offering other necessary services such as information and assistance and outreach to the targeted population is advised. Once contracted, AAS must approve any change in location from the proposed site. | | |
|  |  | | |
| 4. | Meal Preparation/Provision: Applicant must complete the Food Service Application found in the Enclosures Section of the RFP. Each meal shall meet all of the requirements of the OAA and State/local laws, assures a minimum one-third (1/3) of the current DRI and comply with the most current Dietary Guidelines for Americans. | | |
|  |  | | |
| 5. | Schedule of Meals Service Days: The HDM and SHDM Programs shall provide meals Monday through Friday. An agency may operate at a lesser frequency in a service area where five (5) days per week is not feasible and a lesser frequency is approved in advance by AAS. | | |
|  |  | | |
| 6. | Menu Approval: Providers must submit menus the month prior to the meal service for approval by the AAS Registered Dietitian that comply with the current Dietary Guidelines for Americans updated by the US Department of Health and Human Services and the US Department of Agriculture. The menus are to be submitted to the AAS Registered Dietitian by the 10th of each month. All menus must comply with the following: | | |
|  | a. | | Be planned for a minimum of four (4) weeks; |
|  | b. | | Be posted in a location easily seen by participants at each congregate meal site; |
|  | c. | | Be legible and easy to read in the language of the majority of the participants; |
|  | d. | | Reflect cultural and ethnic dietary needs of participants when feasible and appropriate; |
|  |  | | |
| 7. | Meals must comply with the following CRFC requirements related to the use of trans fat: | | |
|  | a. | | Every food facility should have the label for any food/food additive they are using or storing in any way if it includes any fat, oil, or shortening; |
|  | b. | | Beginning January 1, 2010, no oil, shortening or margarine containing artificial trans fats may be used by a food facility unless used for deep frying yeast dough or cake batter; |
|  | c. | | Beginning January 1, 2011, no food containing artificial trans fat even in yeast dough or cake batter may be used/stored/distributed by a food facility; |
|  | d. | | Subdivision c. (above) shall not apply to food sold/served in a manufacturer’s original, sealed package; and |
|  | e. | | A food contains artificial trans fat if it contains vegetable shortening, margarine or any partially hydrogenated vegetable oil unless trans fat content is less than .5 grams per serving.  CRFC 114377;12.6(a)(b1)(b2)(c)(d) |
|  |  | | |
| 8. | Assurance of Initial and On-Going Eligibility and Need | | |
|  | a. | The HDM and SHDM providers will be responsible for performing initial face-to-face assessments for new applicants within ten (10) working days. | |
|  | b. | Program participants must be reassessed quarterly. | |
|  | c. | Every other assessment must include a face-to-face visit with the client in his/her home. | |
|  | d. | Provider must use the standardized assessment and reassessment instruments as provided by AAS. | |
|  | e. | Initial determination of eligibility may be accomplished by telephone, particularly in the case of individuals assessed as needing immediate service (e.g. discharge from an acute hospital). | |
|  |  | | |
| 9. | Annually assess the client’s nutrition risk using the Determine Your Nutritional Risk checklist published by the Nutrition Screening Initiative, included in the AAS nutrition intake tool [OAA §339(2)(J)] [OAA§207(a)(3)]. | | |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 10. | Weekend Meal Service: The programs will be responsible for ensuring initial and on-going eligibility for weekend meals. The following conditions should be met before a client receives weekend meals: | | | | |
|  |  | |  | | |
|  | a. | | The client must want the meal and be capable of storing, reheating and/or otherwise handling the meal; | | |
|  | b. | | The client must live alone or with a spouse who is also eligible and/or; and | | |
|  | c. | | The client must be socially or geographically isolated during the weekend, (e.g. the meals must not duplicate support from others). | | |
|  | d. | | Comply with all regulations specified for Monday through Friday service when distributing weekend meals, including menu approval specified in section 6. | | |
|  |  | |  | | |
| 11. | Priorities for Service: If a short-term waiting list needs to be established, priorities for services shall be determined based on the following descending order: | | | | |
|  | a. | | First Priority - Acute Care: A person newly released from hospital with no caregiver; | | |
|  | b. | | Second Priority - Limited Caregiver Assistance: A person with acute or chronic medical conditions or physical disability and with less than adequate caregiver support; and | | |
|  | c. | | Third Priority - Other: All other homebound, frail older adults and adults with disabilities. | | |
|  |  | | | | |
| 12 | Prioritize serving leftovers as seconds to HDM participants**.** | | | | |
|  |  | | | | |
| 13. | Nutrition Education: Providers will be required to present a minimum of four Nutrition Education programs per year for their clients. A yearly written plan for a minimum of four quarterly participant nutrition education sessions (a minimum of four hours annually) must be developed, implemented, and maintained on file by the nutrition provider. Plans must be approved and finalized by August of the current fiscal year. These programs and materials must follow CCR, Title 22. | | | | |
|  | a. | | | The AAS registered dietitian must approve the training curriculum; | |
|  | b. | | | Documentation of sessions must include attendees’ evaluations and attendance records, and | |
|  | c. | | | Printed material may be used as the sole nutrition education component for the HDM participants. However, a menu that has been annotated to include caloric counts and sources of various nutrient can not be counted as Nutrition Education; | |
|  |  | | |  | |
| 14. | Nutrition Counseling: HDM/SHDM providers will provide nutrition counseling for clients of HDM/SHDM who require the service, who are referred by physician’s order for special diets, and/or who are determined by the Nutritional Screening Initiative to be at risk. All counseling must follow CCR, Title 22. A written nutritional care plan shall be developed with a summary for the client file. | | | | |
|  |  | | |  | |
| 15. | Staff and Volunteer Inservice: A yearly written plan for a minimum of four quarterly staff/volunteer training sessions (a minimum of four hours annually) must be developed, implemented, and maintained on file by the nutrition provider. Plans must be approved and finalized by August of the current fiscal year. Contractor acknowledges that: | | | | |
|  | a. | | | The AAS registered dietitian must approve the training curriculum; | |
|  | b. | | | Training topics must include at a minimum: food safety, prevention of food-borne illness, Hazard Analysis and Critical Control Points (HACCP) principles, accident prevention, fire safety, first aid, choking, emergency procedures, and earthquake preparedness; | |
|  | c. | | | Three of the training sessions must include food safety and sanitation principles; | |
|  | d. | | | The training plan shall identify who is to be trained, who will conduct the training, content of training and when it is scheduled; and | |
|  | e. | | | Documentation of training must include attendees’ evaluations and attendance records. | |
|  |  | | | | |
| 16. | Program Staff: The provider shall maintain a staffing ratio sufficient to carry out all of the program responsibilities including the day-to-day operations of the program, the completion of client intakes, assessments and reassessments, scheduling drivers on delivery routes, collecting data of daily service, etc. Providers are encouraged to use volunteers in the delivery of meals and to assist program staff. | | | | |
|  |  | | | | |
| 17. | Food Safety and Sanitation Control: Providers of HDM/SHDM must ensure that the food employee who has a food safety certificate issued pursuant to CRFC Section 113945.1 instructs all food employees regarding the relationship between personal hygiene and food safety, including the association of hand contact, personal habits and behaviors, and food employee health to food borne illness. The food safety certified employee shall require food employees to report (a) “Illnesses” or (b) lesions/wounds to the site manager; | | | | |
|  |  | | | | |
| 18. | Emergency Meal Delivery: The provider shall ensure a limited number of emergency meals for acute clients who are at highest priority for service. Emergency meal delivery will be initiated as soon as possible and no longer than two (2) days from the day of referral. The initial client assessment will proceed as defined in "Assurance of Initial and On-Going Eligibility and Need". | | | | |
|  |  | | |  | |
| 19. | Client files must contain assessments, reassessments, any documentation that justifies the need for continued services and appropriate Release of Information Authorization forms. | | | | |
|  |  | | | |  |
| 20. | Monitoring Meals Service Operation: The provider shall monitor the meal service quality in coordination with the meal caterer. Temperature checks for both hot and cold food shall be performed and recorded for all meal routes. The method for testing must be approved by the AAS Registered Dietitian. Weekly temperature records shall be submitted to the Registered Dietitian each month. Meal routes shall have a maximum holding time of two (2) hours, i.e. from the time the meals are placed into the meal carriers to the time the last meal is delivered. The holding time for all routes shall be monitored weekly and included with the weekly temperature check forms. | | | | |
|  |  | | | | |
| 21. | Meal Delivery: To ensure the integrity of the meal service, the delivery of the meals shall be in accordance with the following procedures: | | | | |
|  | a. | | Ensure participants receive written instructions in the language of the majority of the participants for handling and reheating of the meals. | | |
|  | b. | | Ensure that frozen meals produced in a nutrition services provider kitchen shall: | | |
|  |  | | (1) | | To ensure safe storage, bag or frozen meals not intended for immediate use shall be appropriately placed in the freezer or refrigerator; |
|  |  | | (2) | | Have temperatures taken and recorded at the end of food production, at the time of packaging, and throughout the freezing process. Temperatures shall be recorded and kept on file by the caterer and the nutrition services provider for audit; |
|  |  | | (3) | | Be packed in individual trays, tightly sealed, and labeled with the date, contents and instructions for storage and reheating; |
|  |  | | (4) | | Be frozen throughout storage, transport, and delivery to the home delivered meal participant; and |
|  |  | | (5) | | Be discarded according to the USDA and FDA guidelines. |
|  |  | |  | | |
| 22. | Notify AAS and receive approval of any plan, at least 30 days in advance of implementation, for change in the HDM service resulting from the relocation or closing of a kitchen, a route change or termination, reducing the number of service days and hours of operation, change in director or meal service caterer, suggested contribution amount, etc. | | | | |
|  |  | | | |  |
| 23. | Each HDM/SHDM provider must identify contingency plans for providing back-up coverage when a vehicle is inoperable or when the driver is ill or on vacation. | | | | |
|  |  | | | |  |
| 24. | If the provider operates its own vehicle, verification of an annual vehicle inspection by the California Highway Patrol must be provided during the contract monitoring process. | | | | |
|  |  | | | | |
| 25. | Conditions for Follow-Up and/or Referral to Other Services: The provider shall designate a staff person to whom the driver(s) and other program staff or volunteers can report their observations. The agency shall investigate and carry out appropriate actions. This may include contacting AAS the same day that the report is made. The conditions for follow-up and/or referral include but are not limited to: | | | | |
|  | a. | | The client does not answer the door or someone besides the client habitually answers the door and the driver suspects the client is no longer living there. | | |
|  | b. | | There is any indication of abuse or neglect by client or others. | | |
|  | c. | | Significant changes in the client's physical or mental condition or environment are noted. | | |
|  | d. | | The previous day's food is found uneaten. | | |
|  |  | |  | | |
| 26. | Nutrition Survey: In conjunction with the AAS staff and the Registered Dietitian, the provider shall survey HDM and SHDM program clients annually. The purpose of the survey is to obtain client feedback about the program and the food preferences. AAS will supply the survey forms. The survey must be in written form and a written analysis of the results must be provided to AAS. | | | | |
|  |  | | | | |
| 27. | Written materials (such as newsletters, menus, newspapers, websites, flyers, publications, etc.) must utilize appropriate verbiage by avoiding the use of language that implies a price or fee for the meal. If there is reference to a dollar amount for a meal, the words “suggested donation” or “suggested contribution” must be included. AAS reserves the right to disallow payment for the meal if Contractor is out of compliance. | | | | |
|  |  | | | | |
| 28. | 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. | | | | |
|  |  | | | | |
| 29. | Contractor assures that voluntary contributions shall be solicited in accordance with the following requirements: [OAA section 315(b)]: | | | | |
|  |  |  | | | |
|  | 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: | | | |
|  |  |  | | |  |
|  |  | (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)]; |
|  |  |  | | |  |
| 30. | Any Title III and Title VII service shall not implement a Cost Sharing program unless so notified by the County; | | | | |
|  |  | | | | |
| 31. | Proof of age or citizenship shall not be required as a condition of receiving services; and | | | | |
|  |  | | | | |
| 32. | 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. | | | | |
|  |  | | | | |
| 33. | Data Reporting. Monthly, quarterly and annual reports of data including units of service, client counts, demographics and other data as required by AAS and/or the CDA will be expected to be completed and submitted in a timely manner on required forms. | | | | |
|  |  | | | | |
| 34. | Program Reporting: The provider shall maintain information on each client by using the Client Intake Form, which includes the Determine Your Nutritional Risk checklist published by the Nutrition Screening Initiative [OAA § 339(2)(J)] [OAA § 207(a)(3)]. In addition, each site will be responsible for gathering daily unit of service data that will be submitted by the 10th of each month on the monthly MIS form, along with the monthly invoice. The *MIS Manual* is available online at www.smchealth.org/aas. It is strongly recommended that this manual be used in proposal preparation.Contract awardees must be prepared to do electronic client and service data management using an AAS approved software application. | | | | |
|  |  | | | | |
| 35. | Report service units and request reimbursement for HDM and SHDM as two separate programs. | | | | |
|  |  | | | | |
| 36. | Annually the County RD, must physically inspect each food preparation site (central kitchen and caterer) must be physically inspected on a quarterly basis by the County Registered Dietitian. The AAA Registered Dietician (RD), annually, must physically inspect each food preparation site (central kitchen). AAA policies and procedures must guarantee the following: | | | | |
|  |  |  | | | |
|  | a. | Inspection of non-food preparation nutrition sites at least every other year; | | | |
|  | b. | Inspection of non-food preparation nutrition sites more often if they are seen to have an increased risk for food safety violations or a history of corrective actions; and | | | |
|  | c. | Inspection of central kitchens sites annually on-site. [22CCR 7634.3(d)]. | | | |
|  |  | | | | |
| 37. | Program Changes: AAS shall be notified in writing within ten (10) days when an agency director leaves or when there is a change in the meal service caterer. In addition, AAS must be notified of and approve any change in the home-delivered meals service resulting from the relocation or closing of a kitchen, a route change or termination, reducing the number of service days and hours of operation, change in director or meal service caterer, suggested contribution amount, etc. | | | | |
|  |  | | | | |
| 38. | Site Manager’s/Meals on Wheels Coalition: All HDM and SHDM providers must participate in Site Manager’s/MOW Coalition Meetings. | | | | |
|  |  | | | | |
| 39. | The Annual Budget: The applicant must submit separate HDM and SHDM budgets, indicating the total cost of each program. The budget must show all sources of revenue that will be used to purchase or prepare meals, including Older Americans Act/NSIP funds, project income and local match. Providers will be responsible for establishing a meal ordering procedure with the caterer. If orders exceed meals served, then providers will be responsible for wasted meals. Project income in excess of the budgeted amount is to be used by the provider to expand meal service or purchase supplies or equipment for meal production or provision. | | | | |
|  | | | | | |
| **California Aging Reporting System (CARS)** | | | | | |
|  | | | | | |
| Providers of HDM and SHDM must comply with the data standards of CDA that will be reported through CARS. | | | | | |
|  | | | | | |
| CARS is a web-based system that is capable of providing the CDA with client-level data of services provided. The system will allow the CDA to compare service utilization patterns. Providers of Congregate Nutrition will not be required to submit data directly into the CARS system. AAS will submit the data from the AAS Q system to the CDA via CARS. Providers will be required to collect and document the specific client-level data elements required for AAS. Current data element requirements from the CDA are identified in Enclosure 11 of this RFP. Additional information may be found at <http://www.aging.ca.gov/aaa/data.asp>. | | | | | |

**HDM AND SHDM WORKPLAN GUIDELINES**

Please complete an HDM and SHDM Program Workplan in narrative form 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. Whether you are applying to prepare meals on site or to contract with a food service caterer describe your agency's plan for the meal service.
9. Include the proposed number of clients and meals to be served. Complete the attached Food Service Application and submit along with this Workplan.
10. Indicate the level of funding for which you are applying based on your proposed target population and indicate the city or cities within each CSA to be served.
11. Include the proposed number of clients and meals to be served.
12. How many full time employees (FTEs) do you plan to assign to this project, if you are selected?
13. Identify languages in which clients will be able to access your services.
14. Indicate staff capacity to meet the needs of the diverse racial/ethnic groups within your community.
15. Proposed Service/Ability to Meet Program Requirements:
16. Summarize your proposed service model providing detail about how it will function and meet the requirements of the program.
17. Describe in detail how the HICAP service standards will be met.
18. List any items that you cannot provide and how you will meet the requirements.
19. Provide information on any other pertinent services, if any, that you will offer that will reduce costs for the County.
20. Nutrition Education
21. A yearly written nutrition education plan shall be developed, implemented and kept on file by the nutrition services provider.
22. Describe your proposed activities.
23. Include a description of selected topics that are appropriate to the needs of the targeted population.
24. Describe methods to be used
25. Nutrition Counseling:
26. Describe your plan for providing nutrition counseling.
27. Include the responsible staff, how you will identify recipients and what the follow up will be.
28. Meal Delivery:
29. Describe how you plan to deliver the meals to clients.
30. Indicate the number of clients per route and the number of routes, the schedule for delivery time, how you plan to meet the two-hour delivery time set by regulation and how you will ensure that the client receives the meal.
31. Include a description of staffing and volunteer participation and vehicles to be used for delivery.
32. Monitoring Meal Temperatures: Describe your plan for ensuring that meal temperatures meet regulation and are within the acceptable range for hot (140 degrees) and for cold (40 degrees) foods at the point of delivery and how this will be monitored by your staff.
33. Food Safety and Sanitation Control:
34. Identify the individual certified in food safety on site and the plan for maintaining certification.
35. State your agency plan for establishing and monitoring safety and sanitation standards for your food service program.
36. Where possible include your program’s cleaning schedule and a description of responsibilities and frequency of cleaning.
37. Facility Site:
38. Describe the location and size of the facility, equipment available and accessibility of the building.
39. 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.
40. Describe emergency evacuation plans.
41. List name and address of each location, capacity at each, days and hours of operation and anticipated daily attendance.
42. Coordination:
43. Identify and detail how you will work with other agencies providing similar services or serving the same population
44. Describe your procedure for documenting referrals to and/or utilization of other community-based services that support participants and their families.
45. Customer Service:
46. How will your services meet the needs of County customers and/or the public?
47. In the event of a routine problem, who is to be contacted within your organization?
48. 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.
49. Outreach:
50. 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.
51. Activities may include, but are not limited to presentations to appropriate groups in the community, printed flyers and brochures about program offerings, and information sharing with other service providers

**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 your use of trained volunteers.
5. Indicate the responsible person(s) for managing the day-to-day operations including the completion of the Client Intake forms, daily service delivery aspects of the program and the weekly and monthly program reporting requirements.
6. Describe how you will meet the staffing requirements when there are vacancies, illnesses or other personnel difficulties.
7. 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.
8. Data Reporting:
9. Describe how your agency will capture and report required program data.
10. Describe how your agency protects client level data (e.g. encryption, etc.)
11. Describe how your agency will meet the due date for program reports, (10th of the month following the month of service).
12. Training:
13. Describe staff training on-site and at other locations that address issues of concern to program participants (e.g. emergency preparedness and/or food safety and sanitation).
14. Include who will conduct trainings, how often they will occur, proposed topics and frequency of staff training or continuing education opportunities.

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. Contributions/Project Income**:**
2. Define your agency's project income policies and procedures on setting the suggested client contribution level and guest meal cost; protecting the voluntary, anonymous contributions of your clients; handling the daily income from clients and guests; and contingency plans for securing additional revenue if proposed income level is not achieved.
3. Describe how you would use any income in excess of budgeted amount.
4. State the current average per meal contribution for this program if you are currently a congregate provider.
5. 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. No match is required for SHDM.

# 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.