SENIOR RESOURCE ALLIANCE
THE AREA AGENCY ON AGING OF CENTRAL FLORIDA, INC. FOR
Planning and Service Area 7
(Brevard, Osceola, Orange, and Seminole Counties)

Request for Proposal (RFP)
For
State General Revenue (SGR)
Lead Agency Designation and/or Alzheimer’s Disease Initiative
Service Providers

Issued: April 22, 2022
As modified on April 28, 2022
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SECTION A - INTRODUCTION

1. Community Care for the Elderly

The Community Care for the Elderly Act (CCE) (sections 430.201-430.207, Florida Statutes (F.S.)) was created by the Florida Legislature to assist functionally impaired elderly persons to live dignified and reasonably independent lives in their own homes, or in the homes of relatives or caregivers. The CCE program provides a continuum of care through the development, expansion, reorganization and coordination of multiple community-based services to assist elders to reside in the least restrictive environment suitable to their needs.

Pursuant to sections 430.203 and 430.204, F.S., a Lead Agency must be designated for each community care service system. A community care service system is defined as a service network comprised of a variety of home-delivered services, day care services, and other basic services (referred to as home and community-based services). The primary goal of the community
care service system is to prevent unnecessary institutionalization of functionally impaired elderly persons by providing community-based services.

In accordance with section 430.203(9)(c), Fla. Stat., …the Lead Agency must be given the authority and responsibility to coordinate some or all of the services, either directly or through subcontracts, for functionally impaired elderly persons. These services include, but are not limited to, case management, homemaker and chore services, respite care, adult day care, personal care services, home-delivered meals, counseling, information and referral and emergency home repair services. The Lead Agency must compile Community Care for the Elderly statistics and monitor, when applicable, subcontracts with agencies providing core services. Pursuant to s. 430.203(9), F.S., agencies must be designated at least once every six years as a result of a competitive procurement conducted through a Request for Proposal (RFP) process.

A goal of this RFP is to define the scope of work to be accomplished and convey the requirements and expectations for Lead Agency designation.
under the Community Care for the Elderly Act. Pursuant to section 430.203(9),(a), F.S., these guidelines include requirements for the “assurance of quality and cost efficiency of services, minimum personnel standards, and employee benefits.”

2. Home Care for the Elderly

Section 430.602(3), F.S., defines “Home Care for the Elderly” (HCE) as “a full-time family-type living arrangement, in a private home, under which a person or group of persons provides, on a nonprofit basis, basic services of maintenance and supervision, and any necessary specialized services as may be needed, for three or fewer elderly persons.” Pursuant to Rule 58H-1.002(6), Florida Administrative Code (F.A.C.), a service provider under the HCE program is a CCE lead agency that is awarded a contract to provide case management and other services under the HCE program.

Accordingly, both CCE and HCE services will be procured from CCE Lead Agencies designated pursuant to this RFP.
3. **The Alzheimer’s Disease Initiative**

The Florida Legislature created the Alzheimer’s Disease Initiative (ADI) in 1985 in recognition of the alarmingly high percentage of citizens (particularly those over age 65) affected by Alzheimer’s disease (AD) and other related memory disorders. ADI is a Florida general revenue-funded program.

The ADI program, which today is codified in sections 430.501 – 430.504, F.S., includes the following components:

1. An Alzheimer’s Disease Advisory Committee;
2. Memory disorder clinics;
3. Model Day Care;
4. Specialized Alzheimer’s Services Adult Day Care Centers;
5. Respite care; and
6. A brain bank.

Chapter Six (6) of the DOEA Programs and Services Handbook (DOEA Handbook) defines the purpose of ADI as the following:
1) to address the special needs of the clients with AD or related memory disorders, as well as their caregivers; and
2) to find through research the cause, treatment and ultimately a cure for AD or related memory disorders.

Pursuant to Rule 58D-1.005, F.A.C., the AAA, under contract with DOEA, shall be responsible for the planning and administration of services funded under the ADI and shall contract with local service providers for the provision of such services. Additionally, the DOEA Handbook provides that it is a responsibility of a AAA to conduct a competitive solicitation for agencies to provide ADI services.

A purpose of this RFP is to solicit proposals from qualified agencies/organizations interested in providing services funded under the ADI Program in PSA 7.
4. **Purpose of the RFP**

The Area Agency on Aging for Central Florida, Inc. d/b/a the Senior Resource Alliance (SRA) has been designated by the State of Florida Department of Elder Affairs (DOEA) as the Area Agency on Aging (AAA) for Planning and Service Area 7 (PSA 7) which covers Brevard, Osceola, Orange, and Seminole Counties. As such, it is identified by the State as the contracting agency of choice for the coordination and administration of the Community Care for the Elderly, Home Care for the Elderly, and Alzheimer’s Disease Initiative Programs in PSA 7. The SRA intends to fulfill the legislatively mandated requirements referenced above by issuing this Request for Proposal (RFP) for the contract period beginning Fiscal Year 2022 and ending Fiscal Year 2023 for the provision of CCE, HCE, and ADI services. The contracts procured through this RFP process may be renewed for five additional years, contingent upon satisfactory performance and availability of funds. Community-based organizations interested in obtaining a Lead Agency designation are required to submit written proposals detailing their qualifications and plans for providing services, coordination, and other Lead Agency required functions of the programs. Organizations interested in offering Alzheimer’s Disease Initiative
services are required to submit written proposals detailing their qualifications and plans for providing those services.

5. **Statement of Need**

Demographic data of the 60 years of age and over population for Planning and Service Area 7 comprising the counties of: Brevard, Osceola, Orange, and Seminole, obtained from the DOEA, indicates the four (4) counties within PSA 7 have approximately 627,138 residents aged 60 and older representing 22% percent of the PSA’s total population and 10% percent of the State of Florida’s sixty and older population. We anticipate over the next 10 years, a considerable number of residents will become elders as a result of net migration and the cohort of “baby boomers” continuing to age into retirement. It is estimated between 2010 and 2030, the number of Floridians 60 and older is expected to rise faster than the rest of the country, to an estimated 30 percent of the state’s population by 2030.

In addition to the number and percent of elders projected to increase in the
coming years, people are also living longer. An expected consequence is the continued rise in the need for long-term care services. Programs must be well managed to avoid the unwanted results of depleted personal savings, strained government entitlement programs and unrealistic expectations of providers and caregivers. The data indicates the needs of elders will continue to grow as more elders live alone (31%), 26% report they are not receiving adequate nutrition, and as seniors and caregivers experience more problems with their homes (21%) (Assessing the Needs of Elder Floridians, 2012).

Along with these rising trends, there are challenges in addressing the increasing size of the 60 and older population. It is reasonable to expect as these individuals age in place and begin to cope with infirmities of old age, their reliance on a caregiver to help with their activities of daily living will also grow. In 2016, more than one-third of elders surveyed by the DOEA, were a caregiver and more than two-thirds of these caregivers (68%) did not receive needed help with their caregiving responsibilities.

Queries of the enterprise Client Information & Registration Tracking System
(eCIRTS) on services most often provided under the CCE program indicates the need to support functionally impaired elders with ongoing assistance and caregiving whether provided through formal or informal means.

The core services most often provided in Planning and Service Area 7 to frail consumers under the CCE program are:

- Case Management / Case Aide
- Companionship
- Personal Care
- Adult Day Care or Adult Day Health Care
- Homemaker
- Home Delivered Meals
- Emergency Alert Response
- Chore or Enhanced Chore
- Housing Improvement
- Material Aide
- Pest Control
The gap between people served and people awaiting services, as well as the disparity between client needs and depth of services actually provided, poses a serious concern for thought and action. As the contracting agency for development, coordination and administration of the CCE Program in PSA 7 the SRA intends to address these concerns through issuance of this RFP, which seeks innovative approaches to service delivery and program management, while emphasizing improved quality and customer satisfaction, all at a reasonable cost.

Further, in a 2019 Alzheimer’s Association report, there are “over 5 million Americans living with Alzheimer’s, and nearly 14 million will have the disease in 2050. The cost for caring for those with Alzheimer’s and other dementias is estimated to total $290 billion in 2018, increasing to $1.1 trillion (in today’s dollars) by mid-century. Nearly one in every three seniors who die each year...
has Alzheimer’s or another dementia.” The Alzheimer’s Association indicates that there were 6,980 deaths in Florida related to AD in 2017.

Because AD is not a reportable disease (like HIV), it is not possible to obtain a definitive number of people with a diagnosis of AD or other dementias. Using state-level data from the CDC’s 2011 Behavior Risk factor Surveillance System (BHFSS) the Alzheimer’s Association noted that in Florida:

- 13.8% of people age 60+ reported experiencing confusion or memory loss that is happening more often and getting worse.
- 78.1% of them have not spoken to a health care professional about it.

Four in ten say it has interfered with household activities and/or work or social activities.

This self-reported data also shows that while 53.6% said they need assistance, only 8.3% receive help from friends and family, and 28.2% live alone.
The nature of AD is such that the impact on caregivers is as great as the impact on the person with the disease. The caregiver of the AD client plays a key role in the prevention of premature institutionalization of the AD client. Consequently, caregivers need services to assist them in the continuation of care.

Under its contract for ADI funding with DOEA, SRA is required to ensure the provision of a continuum of services addressing the diverse needs for individuals with AD and their caregivers. The continuum of services that will be provided under contracts procured through this RFP include those identified by the following service categories:

- Case Management;
- Case Aide;
- Caregiver Training;
- Caregiver Support;
- Counseling (Mental Health/Screening)
- Education / Training;
- Personal Care;
- Respite Care (Facility-Based);
- Respite Care (In-Home);
• Specialized Medical Equipment, Services and Supplies; and
• Transportation.

3. Statement of Purpose

The purpose of this RFP is to solicit applications from qualified agencies/organizations interested in providing case management, core service(s) coordination, and other functions required by law for a CCE Lead Agency or to solicit applications from qualified agencies/organizations interested in providing case management, core service(s) coordination, and other functions required by law for an Alzheimer’s Disease Initiative provider agency. The purpose of this RFP is for the SRA to select one Lead Agency and/or Alzheimer’s Disease Initiative service provider for each county in Planning and Service Area 7.

The purpose of a designated Lead Agency is to provide case management to all CCE and Home Care for the Elderly (HCE) clients and ensure service integration and coordination of service providers within the PSA.
The responsibilities of a designated Lead Agency are to:

1. Ensure all other funding sources available have been exhausted before using CCE, HCE.

2. Establish coordination with all community-based health and social services for functionally impaired older persons funded wholly, or in part, by federal, state and local funds to provide a continuum of care.

3. Deliver directly, or through subcontracts, core and other necessary contracted services.

4. Provide case management to applicants and ongoing recipients of core and other contracted services.

5. Assess and collect co-payments for core and other contracted services.

6. Train and use volunteers to the fullest extent possible to provide services to clients and assist with other Lead Agency activities.

7. Compile accurate reports.

8. Monitor subcontract / vendor agreements to ensure quality services and efficient use of funds. Make payments to subcontractors for core and other contracted services.

9. Initiate and maintain coordination among agencies.
10. Arrange in-service training for staff, volunteers, core service subcontractors, and other contracted service providers, in compliance with the DOEA Handbook.

11. Accept voluntary contributions, gifts and grants to carry out a community care service system.

12. Demonstrate innovative approaches to program management, staff training and service delivery that impact cost avoidance, cost-effectiveness and program efficiency.

13. Establish and follow procedures for handling recipient complaints concerning adverse actions such as service termination, suspension or service reduction.

14. Conduct client satisfaction surveys to evaluate and improve service delivery.

15. Implement measureable client outcomes directed at:
   a. Maintaining clients in the least restrictive settings
   b. Targeting high risk clients
   c. Improving quality of life
   d. Maintaining or improving functional status
16. Improve operations and accessibility by:
   a. Assuring case management services are available on-call, including evenings, weekends and emergencies for Adult Protective Services (APS) cases.
   b. Providing services, other than case management, within 72-hours to APS referrals classified as high risk and in need of services to prevent further harm.
   c. Responding to referrals for persons at Imminent Risk of institutional placement.

17. Ensure the DOEA enterprise Client Information and Registration Tracking System (eCIRTS) data is timely and accurate.

18. Develop and implement complaint procedures and ensure subcontractors develop and implement complaint procedures to process and resolve client dissatisfaction with services.

19. In addition, the Lead Agency must also ensure that procedures include a process for complaints or grievances involving alleged abuse, neglect, or exploitation to be reported to the Florida Department of Children and Families Adult Protective Services – Abuse Hotline, as
required by contract and Florida Statute. Complaints or grievances concerning situations that may endanger the health, safety, or welfare of a recipient will be reported to the Area Agency on Aging within 48 hours.

The responsibilities of an ADI Agency are to:

1. Establish service priorities and coordinate the delivery of services to clients;
2. Provide case management services as applicable and as specified in its contract with the SRA;
3. Provide respite, and maintain coordination with the memory disorder clinics and the brain bank as specified in its contract with the SRA, including receiving annual required in-service training related to AD;
4. Employ competent and qualified staff to provide the services essential to the achievement of program goals and objectives as specified in its contract with the SRA;
5. Provide pre-service and in-service training for staff, volunteers, and
subcontractors as specified in its contract with the SRA and in compliance with the DOEA Handbook;
6. Maintain the minimum staffing requirements established in its contract with the SRA;
7. Maximize the use of volunteers in service delivery;
8. Assess and collect co-payments, as appropriate, pursuant to section 430.503(2), Florida Statutes;
9. Ensure all other funding sources available have been exhausted before using ADI funds;
10. Deliver directly, or through subcontracts, contracted services;
11. Maintain client and program records and provide timely and accurate reports, as required;
12. Monitor subcontracted providers to assure quality of service delivery;
13. Make payments to subcontractors;
14. Ensure that quality services are delivered to clients and caregivers, as applicable;
15. Initiate and maintain coordination among local community
agencies;

16. Demonstrate innovative approaches to program management, staff training and service delivery that have an impact on cost avoidance, cost effectiveness and program efficiency;

17. Develop and implement procedures for handling client complaints, grievances, and appeals concerning adverse actions such as service termination, suspension or service reduction;

18. Conduct client satisfaction surveys to evaluate and improve service delivery;

19. Maintain client and program records and provide reports as required by its contract with the SRA;

20. Ensure enterprise Consumer and Information Record Tracking System (eCIRTS) date is timely and accurate; and

21. Ensure that procedures include a process for identifying and reporting alleged abuse, neglect, or exploitation to the Florida Department of Children and Families Adult Protective Services – Abuse Hotline, as required by contract and Florida law, and ensure that conditions that may endanger the health, safety, or welfare of
a recipient will be reported to the SRA within 48 hours of the ADI Agency or subcontractor having knowledge of such conditions.

In performing these responsibilities, the provider must conform to the regulations and standards in the DOEA Handbook, Adult Protective Services Operational Manual and Master and Standard Agreements executed with the SRA.

The Lead Agency is a key component of the publicly funded long term care system and its performance has a highly significant impact on the lives of the individuals it serves and the local, regional and statewide fiscal sustainability of the long term care system. It is highly desirable for the Lead Agency designation be conferred only to case management agencies with a proven record of performance under conditions typically found in the everyday course of business of a lead agency designated pursuant to Ch. 430, F.S.

Agencies applying to be a CCE Lead Agency under the provisions of Ch. 430, F.S., must have the following qualifications:
1. Ability to provide case management services to functionally impaired, elderly persons; coordinating community-based health and social services funded wholly, or in part, by federal, state and local funds to provide a continuum of care.

2. Ability to provide in-home services directly, or by managing a community service system of providers through subcontracts.

3. Ability to provide emergency services to at-risk individuals, such as elders at imminent risk of abuse or institutionalization.

4. Ability to monitor subcontracts / vendors to ensure high quality services and efficient use of funds.

5. Ability to coordinate service delivery using multiple funding sources and subcontractors / vendors.

6. Ability to financially match CCE contract dollars at the rate of $1 dollar of matching funds for every $9 dollars of state appropriated CCE funding (10%).

Agencies applying to be an ADI Agency under this RFP must:

1. Promote Quality Services by Assuring:
   a. Case managers develop care plans to meet the individual needs of clients;
b. Case managers act as client advocates by seeking services from all community resources, not just from traditional service providers;
c. Case managers monitor the quality, appropriateness and cost of services delivered to clients; and
d. All staff are appropriately trained and assigned.

2. Implement Measurable Client Outcomes

3. Ensure Maximum Efficiency by:
   a. Minimizing administrative costs;
   b. Actively seeking available community resources available for client services;
   c. Identifying funding alternatives which shall be used prior to ADI funds; and
d. Billing accurately and timely and collecting all co-payments, as appropriate.

The review panel will evaluate how well the resources and experience described in each applicant’s proposal qualify the applicant to provide services required by the provisions of this RFP. Consideration will be given to the length of time and extent to which the applicant has provided services similar or identical to those requested. The
applicant’s personnel resources, as well as computer, financial and other technological resources will be considered in evaluating the applicant’s qualifications to meet the requirements of this RFP.

To comply with the DOEA Programs and Services Handbook, the designated Lead Agencies and/or ADI Agencies will be expected to:

**Promote Quality Services by Assuring:**
- Case managers develop care plans to meet the individual needs of consumers.
- Case managers act as consumer advocates by seeking services from all community resources, not just from traditional service providers.
- Case managers monitor the quality, appropriateness and cost of services delivered to consumers.
- All staff are appropriately trained and assigned.

**Implement Measurable Consumer Outcomes to:**
- Maintain consumers in the least restrictive setting.
• Target high-risk consumers.
• Improve quality of life.
• Improve or maintain functional status.

**Improve Operations and Accessibility:**
• Assure case management services are available on call, including evenings, weekends, and emergencies.
• Provide needed assessment and services within 72 hours to Adult Protective Services referrals classified as high risk and in need of services to prevent further harm, pursuant to Chapter 415, Florida Statutes.
• Serve targeted groups as established in the State Plan on Aging.

**Ensure Maximum Efficiency:**
• Minimize administrative costs.
• Increase funds available for core services.
• Actively seek all community resources available for client services.

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• Clearly identify in the client care plan, funding alternatives used prior to using Community Care for the Elderly funds.
• Seek competitive bids or negotiate vendor agreements for provision of quality, cost-competitive services not directly provided by the designated Lead Agency.
• Thorough and timely billing and collection of all co-payments.

All Community Care for the Elderly and Alzheimer’s Disease Initiative funds are placed under competitive procurement. Those organizations currently holding the service responsibilities for these programs are not held harmless from responding to this Request for Proposal.

The responsibilities of a Lead Agency offering ADI services are to:

1. Establish service priorities and coordinate the delivery of services to clients;
2. Provide case management services as applicable and as specified in its contract with the SRA;
3. Provide respite, and maintain coordination with the memory disorder clinics and the brain bank as specified in its contract with the SRA, including receiving annual required in-service training related to AD;
4. Employ competent and qualified staff to provide the services essential to the achievement of program goals and objectives as specified in its contract with the SRA;
5. Provide pre-service and in-service training for staff, volunteers, and subcontractors as specified in its contract with the SRA and in compliance with the DOEA Handbook;
6. Maintain the minimum staffing requirements established in its contract with the SRA;
7. Maximize the use of volunteers in service delivery;
8. Assess and collect co-payments, as appropriate, pursuant to section 430.503(2), F.S.;
9. Ensure all other funding sources available have been exhausted before using ADI funds;
10. Deliver directly, or through subcontracts, contracted services;
11. Maintain client and program records and provide timely and accurate reports, as required;
12. Monitor subcontracted providers to assure quality of service delivery;
13. Make payments to subcontractors;
14. Ensure that quality services are delivered to clients and caregivers;
15. Initiate and maintain coordination among local community agencies;
16. Demonstrate innovative approaches to program management, staff training and service delivery that have an impact on cost avoidance, cost effectiveness and program efficiency;
17. Develop and implement procedures for handling client complaints, grievances, and appeals concerning adverse actions such as service termination, suspension or service reduction;
18. Conduct client satisfaction surveys to evaluate and improve service delivery;
19. Maintain client and program records and provide reports as required by its contract with the Alliance;
20. Ensure enterprise Consumer and Information Record Tracking System (eCIRTS) data is timely and accurate; and
21. Ensure that procedures include a process for identifying and reporting alleged abuse, neglect, or exploitation to the Florida Department of Children and Families Adult Protective Services – Abuse Hotline, as required by contract and Florida law, and ensure that conditions that may endanger the health, safety, or welfare of a recipient will be reported to the SRA within 48 hours of the ADI Agency or a subcontractor having knowledge of such conditions

In performing these responsibilities, the ADI Agency must comply with and ensure that all subcontractors comply with all applicable laws, regulations, contract requirements, and standards in the current version of the DOEA Handbook (which is amended from time to time and may be amended during the term of the contracts being awarded pursuant to this RFP).
SECTION B - RFP SPECIFICATIONS: MINIMUM REQUIREMENTS TO BE MET

1. Program Requirements:
   a. Service Delivery Methodology

   1) Program Coordination

   The SRA is designated as an Aging and Disability Resource Center, hereinafter referred to as the “ADRC”, under the provisions of section 430.2053, F.S. The primary functions of an ADRC are to facilitate consumer friendly access to long term care services and benefits for elders and caregivers through a coordinated, multi-access “one stop” system that integrates information, referral and eligibility determination functions.

   The ADRC functions are supported by designated Access Points. Lead Agencies and ADI Agencies are types of ADRC Access Points. An Access Point operates as a local point of contact for elders and caregivers seeking to access long term care services and benefits.
An Access Point agrees to:

- Refer to the ADRC all individuals seeking long term care services and benefits, including, but not limited to information, referral, intake, screening and eligibility determinations.
- Implement referral protocols and procedures established by the ADRC.
- Provide the ADRC with the most current information on elder resources available in the contractor’s county or local community.

As the ADRC, the SRA agrees to:

- Provide timely and helpful long term care options to elders and caregivers referred by the Access Point.
- Provide the Access Point with written policies and procedures concerning the Access Point referral process.
- Provide technical assistance and training for Access Point staff, as needed.

The ADRC and Access Point mutually agree to:

- Cooperate on efforts to enhance consumer choice, support informed
decision-making, minimize service fragmentation and confusion, reduce duplication of administrative paperwork and procedures, and increase cost-effectiveness of long-term care support and delivery systems.

- Participate in public education programs to increase awareness of ADRC services.

Additional coordination and program management responsibilities of the Lead Agency and ADI Agencies are listed throughout this RFP (including the associated Contract).

2) Case Management and Core Services

Respondents to this RFP are required to submit a proposal detailing the cost for case management services and CCE/ADI core services. Case Management must be provided directly by a Lead Agency/ADI Agency and by that agency only. Case aides support case management and if charged to this contract, must be reflected as a separate service under case management. CCE core services may be offered directly by each Lead
Agency, or through qualified provider agencies under subcontract with each Lead Agency. All Respite services must be provided either directly by each ADI Agency or through a qualified subcontractor. All other services referenced in Section A.3 must be coordinated or provided, as needed, either directly by each ADI Agency, through a qualified subcontractor, or coordinated through other community resources. Specialized Adult Day Care must be provided in accordance with Section 429.918, Florida Statutes.

The SRA reserves the right to review and approve all subcontracted entities and reimbursement rates for core services.

County specific funding for CCE, HCE, and ADI services under this RFP are included in Section B.2.c. Additional information on core services to be coordinated by the Lead Agency/ADI Agency are included in Section B.1.d. of this RFP.

3) Service System

Community Care. The Lead Agency designation is contingent upon the
bidder’s ability to accept referrals and provide case management and coordination of core services countywide for all eligible consumers residing in the specific county / CCSA being bid. Interested bidders must demonstrate the ability to accept referrals and provide case management services and core service coordination countywide.

ADI. ADI Agency funding is contingent upon bidder’s demonstrated ability to accept referrals. Services must be provided countywide in accordance with section 1.1.a.2. to meet the needs of all eligible clients. In order to ensure countywide services, the ADI Agency must be able to provide AD services directly, or by managing a service system of providers as needed throughout the term of the contracts being procured through this RFP. In the event of a contract award, bidders will be expected to provide services in accordance with their proposal submitted in response to this RFP and as stipulated in the contract between the ADI Agency and the SRA.
1. b. Lead Agency/ADI Agency Requirements

1) Coordination

New bidders must have two-years of case management experience; see Appendix VIb, paragraph 13.

Lead Agency case managers will coordinate all community resources for functionally impaired elderly persons in a community care service system, which is designed to provide a continuum of care as the consumers’ needs change. This includes administering and managing the Community Care for the Elderly (CCE) program and the Home Care for the Elderly (HCE) program. ADI Agencies will coordinate all AD resources for AD functionally impaired elderly. Each program is funded separately and carries distinct program responsibilities. Alternative funding (City, County, Local, etc.) must be used to fund client services prior to using the DOEA/SRA contracted funds.

The goal of the HCE Program is to encourage provision of care for elders in family-type living arrangements or private homes as an alternative to nursing home or other institutional care. The program encourages a person or group,
acting as caregiver(s), to provide basic support, maintenance and assistance in arranging specialized services for three or fewer elders, on a not-for-profit basis.

Priority Groups have been established for receipt of CCE services, and are as follows in order of highest priority:

a. CCE emergency services are specifically provided within 72-hours for alleged or actual victims of abuse, neglect or exploitation. Services must be carefully coordinated by the CCE Lead Agency with the Adult Protective Services case worker/investigator and service provider agencies. Actual or alleged victims of abuse, neglect or exploitation, or those at risk for same, are afforded the highest priority access to CCE services.

b. Referrals for consumers deemed at imminent risk of nursing home placement because their mental or physical health condition has deteriorated to the degree that self-care is not possible, there is no caregiver, and nursing home placement is likely within a month or very likely within 3 months shall receive the next highest priority for
CCE services.

Detailed information on services, program requirements and case management coordination is contained in the DOEA Programs and Services Handbook.

Chapter 2 of the DOEA Handbook contains information on all aspects of Case Management, including case manager qualifications, job descriptions, duties and responsibilities, etc. Respondents to this RFP must agree to comply with these requirements; Chapter 5 of the Handbook provides a detailed description of the CCE Program Administration, Appendix B contains Co-Pay standards, and Appendix D contains Grievance standards.

2) Confidentiality

Information about functionally impaired elderly persons who receive services under the CCE Program is confidential pursuant to section 430.207, F.S and the ADI program pursuant to section 430.504, F.S.. Information received
through files, reports, inspections, or otherwise by the DOEA or departmental employees, by persons who volunteer services, or by persons who provide services through contracts with the Department, SRA, Lead Agencies or other contracting agencies, is confidential and exempt from the provisions of section 119.07(1), F.S. Such information may not be disclosed publicly in a manner to identify a functionally impaired elderly person, unless that person or their legal guardian provides written consent.

The Lead Agency/ADI Agency must ensure confidentiality of consumer information by all employees, service providers and volunteers as required by state laws. It is essential training be established to promote security of information, including protection from loss, damage, defacement or unauthorized access.

The designated Lead Agency/ADI Agency must comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The DOEA, SRA and Lead Agency/ADI Agency recognize each is a Business Associate of the other under the terms of HIPAA. As such, the Lead
Agency/ADI Agency agrees to the terms included in Sections 17 and 18, and Attachment VII, of the Program Contract (Appendix I).

The Lead Agency/ADI Agency must also comply with all requirements of the Social Security number confidentiality and security measures as required by section 119.071(5) F.S. Whenever possible, the Lead Agency/ADI Agency should submit reports to the SRA with client identifying information using the assigned client eCIRTS identification, in lieu of an individual’s social security number.

3) Consumer Identification

a. Outreach

The Lead Agency/ADI Agency is responsible for outreach to identify and inform frail and AD functionally impaired elders and their caregivers of the range and availability of services. This may be done in cooperation with church, civic, social and medical organizations. The target audience is those individuals
most likely to fall into the high-need category, which is priority levels 4 and 5 when assessed. Lead Agency/ADI Agency staff should participate in local networks and consortiums where hospital, home health, social and medical providers are represented as these are often referral sources for high-need individuals.

b. Intake

The intake process begins when an individual or caregiver seeking assistance contacts the ADRC or other access point. The ADRC performs the intake and screening service functions using the 701-S form. Service provider agencies seeking assistance on behalf of an elderly person may make referrals to the ADRC.

During intake, essential information is gathered about the person’s physical, mental and functional abilities; concerns, limitations, problems, and general background is also obtained to assist in eligibility screening for appropriate service referrals.
If during preliminary intake the elderly person appears eligible for services from CCE, HCE and / or ADI, the intake worker shall explain a more thorough discussion of the person’s situation and service needs, called a screening, is required to ensure program eligibility requirements are met.

If a person does not meet eligibility requirements for any program administered by the ADRC, the ADRC shall explain the eligibility criteria and reason for determination. Referral to other community-based service agencies should be made, if appropriate. The referral and determination of ineligibility shall be properly documented and filed as part of the service record. Individuals determined ineligible for CCE, HCE or ADI services shall be informed of their right to appeal per established grievance and appeal policies and procedures.

c. Initial Screening

The screening process begins with determining the urgency of a person’s need, and type of assistance required. The purpose of the 701-S Telephone Screening is to assess severity of the person’s situation and place them on the
assessed consumer priority list (ACPL). The 701-S Telephone Screening does not take the place of a comprehensive 701-B in-home assessment, which is required before care plan development and delivery of core service(s). The comprehensive in-home screening (701B) is completed by the Lead Agency once the client is released from the APCL. The initial 701-S screening is handled through the ADRC by staff who have received their certification on Uniform Client Assessment Training per the DOEA Programs and Services Handbook requirement.

The Prioritization Assessment Instrument DOEA Form 701-S is used to collect common information about applicants applying for services funded by the DOE. Other items related to this process are:

- It is also used to prioritize persons so those in greatest need, and with the least assistance available receive services first.
- It is completed over the phone or in person.
- The client must be contacted within three business days after receiving a referral to complete a Prioritization Assessment Form (DOEA Form 701S).
If an applicant can be served, and is authorized by the ADRC for enrollment, the Assessment Instrument (DOEA Form 701B) must be completed within 14 business days after receiving authorization to enroll.

If an applicant cannot be served due to a low priority score (priority rank 1 or 2), they may be placed on the Assessed Priority Consumer List (APCL).

d. Eligibility Determination

All clients served by the CCE program must be functionally impaired. As defined under section 430.203(7), F.S., and Rule 58C-1.002, Florida Administrative Code, a ...functionally impaired elderly person, means any person 60 years of age or older, having physical or mental limitations that restrict the ability to perform the normal activities of daily living and impede the capacity to live independently without the provision of core services. Functional impairment shall be as determined by an initial comprehensive
assessment and at least an annual reassessment using the form incorporated by reference in paragraph 58A-1.010(1) (b), F.A.C.

Final determination of eligibility is the responsibility of the CCE Lead Agency. A potential consumer will be determined eligible only after a DOEA Form 701B Assessment is completed to establish age, need and risk of institutional placement without services.

As per the DOEA Handbook, ADI Service Eligibility is as follows:

i. Individuals must be 18 years of age or older and have a diagnosis of AD or a related memory disorder or be suspected of having AD or related memory disorder.

ii. Caregivers are also eligible to receive training, respite and related support services to assist them in caring for the AD client.

iii. Clients may not be dually enrolled in the ADI program and a Medicaid capitated long-term care program.
Final determination of ADI eligibility is the responsibility of the ADI Agency. A potential client will be determined eligible only after a DOEA Form 701B Assessment is completed.

**e. Prioritization**

Individuals seeking services may enter the community care service system by direct contact with an access point.

The Uniform Client Assessment Instrument (Form 701B) developed by the DOEA must be used by the CCE Lead Agency case manager to determine an individual’s level of need. Scores obtained using the Form 701B will provide a priority ranking score to help determine the need for services. Those people suspected to be victims of abuse, neglect or exploitation are referred by the APS Unit, and shall be given primary consideration over all others to receive CCE Services.
f. Referral

Services not available through the agencies under subcontract or vendor agreement with a CCE Lead Agency/ADI Agency should be obtained and/or arranged through referrals to other community resources. Referrals should be made to volunteer agencies, informal networks and proprietary agencies that charge fees a consumer may be able to pay. Services provided under the CCE program should be considered as a 'last resort' to meet the needs of any given consumer.

The CCE Lead Agency case manager must conduct follow-up contacts on referrals within fourteen business days to ensure services have begun as authorized.

g. Enrollment Management

The Assessed Prioritized Consumer List (APCL), also known as the wait list, must be maintained when formal services funded by CCE, HCE and / or ADI
are not available. Following the screening and assessment process, the client is placed on the APCL, informed about the enrollment management process and provided alternative sources for assistance that may be available. Further information on APCL or wait list requirements can be found in the DOEA Programs and Services Handbook, Chapter 2.

4) **Comprehensive Assessment of Eligible Consumers**

The case manager is responsible for completing the DOEA Uniform Client Assessment Instrument, Form 701B. The assessment determines the person’s functional status, existing resources and service needs. Further information on DOEA Form 701B requirements can be found in the DOEA Programs and Services Handbook.

**a. Determination of Functional Status**

A consumer’s functional status is determined by the scores received on the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL) sections of the DOEA Form 701B Assessment instrument.
b. Establishing Service Needs

The result of the comprehensive assessment process is establishment of a consumer care plan, which must thoroughly address all service needs of the functionally impaired elderly person.

5) Provision of Services to Adult Protective Services (APS) Referrals

The DOEA and DCF signed a memorandum of agreement to ensure delivery of timely services to vulnerable elders in need of services or victims of abuse, neglect, or exploitation. The agreement calls for development of joint local written procedures through a Memorandum of Understanding for serving adult protective services referrals. Every AAA, DCF region and lead agency is responsible for jointly creating and signing a Memorandum of Understanding to define:

- The APS referral process
• Method to track referrals in eCIRTS, when possible, and APS Referral Tracking Tool (ARTT)
• Service delivery guidelines according to “APS Referrals Operations Manual”

The Lead Agency/ADI Agency shall ensure, pursuant to section 430.205(5), F.S., those elderly persons determined by APS to be victims of abuse, neglect, or exploitation, and who are in need of immediate services to prevent further harm, and are referred by APS as “high risk”, will be given primary consideration to receive services.

Case coordination by a Lead Agency case manager must be available 24 hours per day, seven days a week for elderly victims of abuse, neglect or exploitation who are referred by an APS investigator. Emergency services may be provided, or continued, for up to 31 days for APS referrals by contracted emergency services providers. A DOEA Form 701B Assessment must be conducted within 72 hours to determine eligibility for ongoing CCE services. According to the Chapter 430, F.S., those elderly persons
determined through the use of the functional assessment to be at risk of institutional placement, and any victim of abuse, neglect or exploitation shall be given top priority to receive CCE services.

Case managers must immediately report to 1-800-96-Abuse any situation where any elderly person is the suspected or actual victim of abuse, neglect, or exploitation.

Lead Agency case managers must coordinate closely with APS workers, investigators and/or case workers to:

- Assure immediate need for services is met within 72 hours of an initial high-risk referral from the APS worker.
- Share client or case specific information to assures the best and most expeditious care for the person and eliminate or reduce factors placing the person at risk of abuse, neglect or exploitation.
- Until released by APS, the Lead Agency must coordinate case management with APS, and may bill for Case Management units.
- Adhere stringently to the guidelines in the DCF APS Operations Manual and DOEA Programs and Services Handbook.
6) Service Care Plan

Lead Agency/ADI Agency case managers must prepare a care plan for each eligible consumer using the format prescribed by the DOEA Programs and Services Handbook, Chapter 2. The care plan is developed in coordination with the consumer and/or caregiver, and must address all consumer needs. It is the responsibility of the case manager to consider the most appropriate resources to provide the services needed, as indicated in the care plan. Consumers or caregivers may accept or decline services or providers of services. The option of the consumer to choose from multiple service provider agencies must be observed at all times.

Case managers must manage consumer care plans by arranging for the services accepted, and monitoring the quality of service delivered to their clients. Periodic review of continued appropriateness of the care plan should occur at least twice annually. Specific frequency requirements for each Program are prescribed in the DOEA Programs and Services Handbook, Chapter 2.
All consumers must be reassessed at least annually, and care plans must reflect changing or ongoing consumer needs.

7) **Resource Management and Development**

Funds appropriated by the Florida Legislature for CCE/ADI must be used only to provide relevant services, case management and directly related expenditures. The Lead Agency/ADI Agency must ensure all other funding sources available have been exhausted before using CCE/ADI funds. Additionally, the designated Lead Agency/ADI Agency must prepare surplus/deficit reports and forward the reports to the SRA and DOEA, upon request.

Each ADI Agency’s governing body must designate an individual with the authority to act on behalf of the ADI Agency for purposes of the ADI program. This individual must devote sufficient time to ensure the ADI program is administered and managed pursuant to all applicable DOEA requirements and the ADI contract with the SRA.
All ADI services must be delivered by qualified staff according to service standards included in the DOEA Handbook. The number of staff employed should follow the requirements of the DOEA Handbook and be sufficient to ensure timely and quality service delivery to all ADI Agency clients.

All ADI Agencies must be open and accessible to the public a minimum of 40 hours per week, Monday through Friday between the hours of 8:00 AM and 5:00 PM with the exception of State of Florida official holidays. The ADI Agency’s office should be reasonably accessible to persons seeking assistance and/or information. The ADI Agency’s office should also be handicap accessible.

To provide an effective continuum of care, the Lead Agency must ensure coordination with all community-based health and social services programs for functionally impaired older persons funded wholly or in part by federal, state and local funds. Voluntary contributions, gifts and grants must be encouraged and used to expand CCE services to support a comprehensive service array.
Collecting co-payments from clients is an important responsibility for providers of Community Care for the Elderly (CCE) and Alzheimer’s Disease Initiative (ADI) services. State General Revenue resources to support services for the elderly cannot meet the growing needs. Therefore, every eligible client must be given an opportunity to participate in the co-pay for services program. It is critical case managers assess potential clients for their ability to participate in the cost of their care.

It is equally important to identify potential Medicaid-eligible clients and refer them to the ADRC for assistance in obtaining their Medicaid benefits through the DCF, and potential eligibility and enrollment in the Medicaid Managed Long-Term Care Program. State General Revenue resources should not be used for clients who meet Medicaid functional impairment criteria and who are Medicaid eligible.

The ADRC provides long-term care options counseling. ADRC Helpline staff conduct long-term care options counseling to assist clients in determining the best and most appropriate selection of services and programs for themselves.
For Medicaid-eligible consumers, the ADRC coordinates eligibility determination for publicly funded program services. When it is determined a client may be eligible for Medicaid funded programs, ADRC staff assist with eligibility determinations through coordination with CARES and DCF staff.

8) Quality Assurance

To assure effective and efficient client care through delivery of quality services, Lead Agencies/ADI Agencies must participate in pre-service and in-service training developed according to standards and requirements specified in rules and the DOEA Programs and Services Handbook.

The Lead Agency/ADI Agency will self-monitor and self-evaluate the quality of service delivery by its own staff. Additionally, the SRA will conduct independent quality assurance monitoring and performance evaluations of all Lead Agencies/ADI Agencies.
The degree of client satisfaction with service quality and staff effectiveness must be evaluated periodically during the contract period. A consumer survey must be conducted, compiled and results evaluated and reported to the SRA. **Each consumer must be given a survey** at least annually. Survey results are expected to be analyzed by the Lead Agency and used to develop continuous quality assurance initiatives to ensure improvements to service delivery.

9) **Co-Payment**

The Lead Agency/ADI Agency providers are responsible for collection of fees for services in accordance with section 430.204(8), F.S. and Rule 58C-1.007, F.A.C., for the CCE programs and section 430.503, F.S., for the ADI programs. Provider agencies shall assess fees for services rendered according to those rules. To help pay for services, a functionally-impaired elderly person shall be assessed a fee based on an overall ability to pay. The fee assessed shall be fixed according to an established DOEA schedule. Co-pay Guidelines and any policy memoranda on this subject issued subsequently by the Department are included in the DOEA Programs and Services Handbook.
The Lead Agency/ADI Agency is responsible for timely billing and collecting assessed co-payments for all services provided under the CCE and ADI programs. This includes coordinating with other service provider agencies with whom CCE consumers are shared. Case managers must exercise particular attention to the procedures established for termination of services to consumers due to non-payment, and requirements for consumer notification of right to appeal and approval of waiver of termination for non-payment. The collected funds must be retained in an interest bearing account and reported to the SRA monthly. All collected co-payment funds must be used to expand consumer services under the CCE program and may be used to count toward the 10% contract match requirement. The designated Lead Agency’s annual Co-Pay goals will be established in conjunction with by the SRA (based on client data), and the co-pay goal will be incorporated in the negotiated CCE contract.
10) Disaster Preparedness and Emergency Related Service Provision

The Lead Agency/ADI Agency is required to enter disaster preparedness data into eCIRTS for all consumers. In addition to basic identification, location, emergency contact and handicap information, this data includes fields to indicate if a consumer needs help for emergency evacuation, and if they need a specially equipped shelter and special disaster registry listing. The Lead Agency/ADI Agency must be prepared to use eCIRTS reports to routinely provide registry information to the local emergency management team and identify, locate and assist with evacuation and other needs of endangered elderly in the event of disaster, as directed by the DOEA.

To prepare for an emergency / disaster event, the Lead Agency/ADI Agency will cooperate, coordinate and train with the local emergency management agency to the fullest extent possible. The Lead Agency/ADI Agency must maintain a current DOEA required Disaster Plan to be implemented, at the direction of DOEA, in the event a disaster is declared by federal, state or local officials. The plan minimally calls for the following measures and procedures:
• Designation of a Disaster Coordinator and alternate.
• Plans for contacting all at-risk consumers, on a priority basis, prior to and immediately following a disaster.
• Plans to receive referrals, conduct outreach, and deliver services, before and after a disaster, to elderly persons who may or may not be current consumers.
• Plans for after-hours coverage of network services, as necessary.
• Plans to dispatch to shelters outside the disaster area to assist elderly evacuees with special needs, if necessary.
• Plans to help at-risk consumers register with the Special Needs Registry of the local emergency management agency.
• Plans to deliver meals to consumers prior to and following a disaster.
• Plans to assign staff to Emergency Operation Centers and / or declared assistance centers to ensure elderly victims in the disaster area receive help.
11) **Social Security Number Disclosure**

In accordance with Title XIX of the Social Security Act, the client must be informed disclosure of their SSN is voluntary and will be used for referral and screening for Medicaid purposes. The client is not required to provide the SSN, but is encouraged to do so for staff to screen for Medicaid eligibility and referral to the DCF or ADRC for potential services. All clients shall be provided a written statement that identifies in writing the specific law governing the collection, use, or release of the SSN, including any authorized exceptions to such collection, use or release. This notice is currently included as part of DOEA Form 701B, Comprehensive Assessment.

12) **Consumer Grievance and Appeals Procedures**

The Lead Agency/ADI Agency must develop and maintain procedures to provide for handling consumer complaints and process appeals regarding denial, reduction or termination of core services. These procedures must provide for informing all consumers of the grievance and appeal process.
including prior written notification to the consumer of activities related to the grievance / appeal, and providing assistance to consumers desiring to file a grievance / appeal. Information concerning consumer grievance and appeals procedures can be found in Appendix I, Program Contract, and the DOEA Programs and services Handbook.

13) **Voter Registration**

In accordance with the 1993 National Voter Registration Act 42 U.S.C. 1973gg-5(a), (b), and sections 97.021 and 97.058, F.S., Lead Agency case managers and staff are required to offer voter registration assistance to individuals applying for Medicaid services. Time spent on voter registration assistance is not a billable case management activity. The case manager must complete a Voter Registration Preference Form to be filed in the client record and assist, if the consumer desires, with completion of the Voter Registration Application Form, forward the application form to the Supervisor of Elections within five days, and complete the CIRTS client voter registration...
data fields. Voter Registration Preference Forms and Voter Registration Application Forms (in English and Spanish) may be obtained from the Area Agency on Aging.

14) **Personnel Standards and Employee Benefits**

Personnel policies incorporated into agency operating procedures must be developed to address at a minimum, the following:

a. Employee recruitment and hiring  
b. Lines of authority and supervision  
c. Working schedules and hours of operation  
d. Employee compensation  
e. Employee fringe benefits  
f. Employee evaluation and promotion  
g. Leave  
h. Confidentiality and privacy  
i. Employee discipline and termination
j. Employee grievance procedures
k. Accidents, safety, and unusual incidents
l. Travel and transportation policies
m. Employee conduct
n. Employee pre-and in-service training and staff development
o. Assurance of agency compliance with all applicable federal and state laws and regulations

Job descriptions must be established for each funded and any associated unpaid position. Job descriptions for funded positions must include salary ranges and must be submitted as part of this proposal. In addition, the minimum education, training, experience and qualifications necessary for each position must be included.

A salary range for each paid position must be established by the governing body of the Lead Agency.
15) **Organization Chart**

An organizational chart illustrating the structure and relationship of positions, units, supervision and functions must be developed and submitted by the bidder as part of the proposal response.

16) **Reporting**

The Lead Agency/ADI Agency is required to compile respective CCE, ADI, and HCE service delivery statistics and other data and report to the SRA and DOEA according to reporting requirements developed by the Department.

The SRA monthly reporting requirements for eCIRTS require all client and service data for the previous month to be entered into eCIRTS by the 7th day of the month following. Information is reported in the following categories:
Case management, case aide and any CCE core service provided by the Lead Agency must be reported monthly in eCIRTS by the Lead Agency/ADI Agency. All requests for payment reporting requirements must be submitted within the time frame established by the SRA. Other required reports are identified in the Service Contract.

In addition to proper storage, security and preservation of source documentation, eCIRTS data must also be protected. Maintenance will include valid backup and retention of electronic data on a regular basis.
17) **Staffing and Facility Requirements**

Each Lead Agency’s/ADI Agency’s governing body must designate a local representative or employee with legal authority to act on behalf of the agency. This individual must devote sufficient time to ensure the CCE/ADI program is administered and managed per DOEA requirements.

All CCE/ADI services (including case management) must be delivered by qualified staff according to service standards included in the DOEA Programs and Services Handbook. The number of staff employed should follow the DOEA Program and Services Handbook and be sufficient to ensure timely service delivery to all consumers.

All Lead Agencies/ADI Agencies must be open and accessible to the public a minimum of 40 hours per week, Monday through Friday between the hours of 8:00 AM and 5:00 PM. During all other hours, telephone coverage via answering service must be provided. The office should be reasonably accessible to persons seeking assistance and/or information; it is preferable
the Lead Agency/ADI Agency be reasonably located within the Community Care Service Area, and be handicap accessible.

Lead Agencies/ADI Agencies must demonstrate they have sufficient resources, in terms of both trained staff and equipment, to complete timely eCIRTS data entry, data management requirements and access to electronic mail from the DOEA and SRA.

A successful bidder must be prepared to assume program responsibilities and service provision at 12:01 AM on the first day covered by the contract period, without interruption to existing consumers. Additionally, case coordination must be available 24 hours per day / seven days per week for elderly victims of abuse, neglect or exploitation who are referred by an APS investigator. New bidders for Lead Agency designation/ADI Agency designation must provide detailed plans for the transfer of equipment, files and service care plans to assure a seamless transition with no interruption of service to consumers.
18) **Training**

All staff providing services require a general pre-service orientation and training specific to the service being provided. Lead Agencies/ADI Agencies shall be responsible for provision of the pre-service and in-service training for all paid and volunteer staff as referenced in the DOEA Programs and Services Handbook.

Each provider agency shall describe and allocate funds for training in the provider application included in this RFP. It is also essential Lead Agencies/ADI Agencies meet with contracted service providers to establish necessary protocol and procedures for authorization of services, paperwork and reporting unusual incident reports and general expectations for coordination. Service Providers must recognize case managers are the gatekeepers and have responsibility for coordinating and authorizing service to clients.

Pre-service orientation for staff and volunteers shall include:
• Overview of the aging process
• Overview of the aging network (AAA, DCF, AHCA, DOEA and other agencies), and the agency’s relationship to the community care service system
• Overview of community care/ADI services
• Review the relationship of case management to the community care services system/ADI services system
• Communication techniques with the elderly and/or AD functionally impaired persons
• Observation of abuse, neglect, exploitation and incident reporting
• Local agency service procedures and protocol
• Client confidentiality
• Use and completion of assessment instruments and care plans
• Interviewing skills and techniques
• Record keeping procedures
• eCIRTS procedures
• Caregiver training regarding responsibilities and resource development
techniques

- Interagency coordination and informal network development training
- DOEA’s online 701B assessment training

In-service training hours and topics shall be provided at the discretion of the Lead Agencies. Case managers must successfully complete on-line training on the Uniform Client Assessment Form and pass the certification test as well as attend Care Plan training and receive an acceptable score on the post-test provided by the Training Team. Additionally, they must have six hours of in-service training per year and document the duration and content in case management staff records. Topics such as Alzheimer’s Disease, Cultural Sensitivity, Caregivers Needs, Dealing with Difficult Clients, Mental Health and the Elderly, and continuing Handbook and Policy Reviews are appropriate. Attendance at the SRA or DOEA sponsored training is required.

Required training will include, but not be limited to, the intake and screening assessment instruments, care plan development and costing and prioritization scoring instrument. It is essential Agencies meet with subcontractors to
establish necessary protocol and procedures for authorization of services, paperwork and reporting, unusual incident reports and general expectations for service coordination. Service provider agencies must recognize a case manager’s responsibility for coordinating and authorizing services.

19) **Volunteers**

Pursuant to section 430.204(3), F.S., concerning the CCE Program, “The use of volunteers shall be maximized to provide a range of services for the functionally impaired elderly person. Further, Rule 58D-1.006(10, F.A.C., reads “[e]ach service provider…must maximize the use of volunteers in service delivery.” The Department shall provide or arrange for the provision of training and supervision of volunteers to ensure the delivery of quality services. The Department or contracting agency may provide appropriate insurance coverage to protect volunteers from personal liability while acting within the scope of their volunteer assignments under a community care service area. The coverage may also include excess automobile liability protection.”
Bidders must provide assurance and demonstrate staffing capability to train and supervise volunteer staff and volunteer supervisors. All bidders must submit a written plan to address recruitment, training, utilization and retention of volunteers to assist the Lead Agency.

Reporting on the number of volunteers and volunteer hours must be submitted to the SRA on the 15th of the month following the end of each quarter of the calendar year.

Lead Agencies may use CCE funds and staff for securing, training and using volunteers. CCE funds may also be used to provide insurance and personal liability coverage, excess automobile liability protection and automobile mileage reimbursement. Per section 112.061(7),(d)1.,a., F.S., the current State of Florida approved mileage reimbursement rate is $0.445 per mile.
1. c. Coordination of Case Management and Consumers to be Case Managed

Each consumer will be assigned one and only one case manager, even if the consumer is enrolled in more than one program. This means only one case manager will be reimbursed for their services at any given time. Case management providers are strongly encouraged to cost-share case managers across programs to assure consumers receive the appropriate mix of services.

Multiple assessments will not be conducted unless a significant change in consumer status occurs to warrant such action. Providers will check eCIRTS to determine if a current assessment has been completed prior to conducting an assessment.

When a consumer is enrolled in one or more programs which fund case management, the following applies: HCE will pay case management for HCE program participants who are also enrolled in another GR program. If a consumer is not enrolled in HCE, the CCE or ADI provider(s) serving the
consumer will decide which program will provide and fund case management. Additional information about each program to be case managed is available in the DOEA Programs and Services Handbook.

The case manager is the gatekeeper in the system with the knowledge and responsibility to link consumers to the most beneficial and least restrictive array of community services and resources, irrespective of funding source or program. Case managers serve as a contact between health care and social service delivery systems, particularly physicians, hospitals, health maintenance organizations, nursing homes and home health agencies.

Consumer choice is the primary consideration in determining service referrals. In those instances where more than one CCE subcontractor is available for a given service, and the consumer expresses no preference, the Lead Agency should make the referral based on geographical and cost efficiency considerations. The procedures and referral formats used are to be developed by the Case Management / Lead Agency.

Page 77 of 119
### 1. d. Services to be Coordinated

The following is a list of the core services, which may be funded under the CCE Program in PSA 7:

<table>
<thead>
<tr>
<th>Service Category</th>
<th>Service Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult Day Care</td>
<td>Health Support</td>
</tr>
<tr>
<td>Adult Day Health Care</td>
<td>Home Delivered Meals</td>
</tr>
<tr>
<td>Chore</td>
<td>Home Improvement</td>
</tr>
<tr>
<td>Chore</td>
<td>Pest Control Initial / Maintenance</td>
</tr>
<tr>
<td>Chore</td>
<td>Home Improvement</td>
</tr>
<tr>
<td>Chore</td>
<td>Pest Control Initial / Maintenance</td>
</tr>
<tr>
<td>Chore</td>
<td>Home Health Aid</td>
</tr>
<tr>
<td>Chore</td>
<td>Physical Therapy</td>
</tr>
<tr>
<td>Case Aide</td>
<td>Homemaker</td>
</tr>
<tr>
<td>Case Management</td>
<td>Legal Assistance</td>
</tr>
<tr>
<td>Case Management</td>
<td>Pest/Rodent Control Initiation / Maintenance</td>
</tr>
<tr>
<td>Case Management</td>
<td>Legal Assistance</td>
</tr>
<tr>
<td>Case Management</td>
<td>Pest/Rodent Control Initiation / Maintenance</td>
</tr>
<tr>
<td>Case Management</td>
<td>Legal Assistance</td>
</tr>
<tr>
<td>Companionship</td>
<td>Material Aid</td>
</tr>
<tr>
<td>Counseling (Gerontological)</td>
<td>Medication Management</td>
</tr>
<tr>
<td>Counseling (Gerontological)</td>
<td>Skilled Nursing Services.</td>
</tr>
<tr>
<td>Emergency Alert</td>
<td>Mental Health</td>
</tr>
<tr>
<td>Emergency Alert</td>
<td>Speech Therapy</td>
</tr>
</tbody>
</table>

Page 78 of 119
<table>
<thead>
<tr>
<th>Response</th>
<th>Counseling/Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>Escort</td>
<td>Nutrition Counseling</td>
</tr>
<tr>
<td>Financial Risk Reduction</td>
<td>Occupational Therapy</td>
</tr>
</tbody>
</table>

A complete list of the services funded under all programs managed by the DOEA and descriptions for each may be found in the DOEA Programs and Services Handbook.

CCE services and the county specific funding available for case management and core services under this bid are included in Section B.2.c. (Funding Levels). Additionally, county specific historical service funding levels and unduplicated client information for the 2020-2021 and 2021-2022 CCE contract periods are included as **Appendix XII**.
1. e. Special Conditions

A) Proposed CCE unit rates for all services will not be allowed to exceed the maximum allowable unit rates shown in Appendix XIII for Year 1 of the contract year for a contract awarded under this RFP. The selected Lead Agency will provide Case Management Services equal to or above the level of unduplicated clients proposed for the Fiscal Year 2020-2021 as shown in Section B.2.c.

B) Future unit rate increases for CCE services for Fiscal Years 2-6 (and for any subsequent contract renewals) will be negotiated by SRA and the Lead Agency following submission of the Lead Agency’s Annual Service Cost Report. All unit rate increase negotiations shall be governed by state mandated policies contained in the DOEA Notice of Instruction NOTICE #: 092815-1-PC-SCBS, dated September 28, 2015, which states:

*Service Cost Reports* – The Contractor shall require Subcontractors to annually submit to the Contractor service cost reports, which reflect actual costs of providing each service by program. Any multi-year contracts entered into with service providers on or after the effective date of this contract shall contain a provision requiring the contract’s parties to re-evaluate the contract’s reimbursement rates on an annual basis. The Contractor may annually renegotiate rates based on, including but not limited to, a
review of sustainability, the respective consumer price index, or current market conditions. However, it is the intent of the Department that the quality of services provided to current program recipients not be reduced.

The AAA (Contractor) will annually review the appropriateness of its provider’s rates based on a board-approved policy that considers local factors like the provider’s sustainability, expected market fluctuations, or the consumer price index. Justification that evidences this review and considers the potential change in rates shall be made available upon annual monitoring or upon the Department’s request.

1. f. Planning Goals and Outcome / Output Measures

In keeping with the legislatively mandated requirements for contract performance measures, the DOEA has identified six key goals that the ADRCs and provider agencies are required to develop implementation strategies to assist the Department in achieving statewide outcome and output measures identified for the aging network. The goals are:

- Empower older people, individuals with disabilities, their families and other
consumers to choose and easily access options for existing mental and physical health and long-term care

- Enable individuals to maintain a high quality of life for as long as possible through the provision of home and community-based services, including supports for family caregivers
- Empower older people and their caregivers to live active, healthy lives to improve their mental and physical health status
- Ensure the legal rights of older people are protected and prevent their abuse, neglect and exploitation
- Promote planning and collaboration at the community level that recognize benefits and needs of its aging population
- Maintain effective and responsive management

The provider agency is required to adhere to the action steps and implementation strategies in the SRA Area Plan to meet and/or exceed the planning goals and outcome/output measures as specified by the DOEA and SRA.
Planning Goals
This section contains the goals listed above. The applicant should answer each question in reference to each identified goal.

Outcome / Output Measures
The outcome measures outlined in the format section of this application are the statewide initiatives legislatively mandated for the DOEA. The specific state an area-wide criteria for the outcome/output measures and numeric targets for the PSA are indicated. All provider agencies are required to describe the strategies and actions they will use to implement and follow to meet and/or exceed the outcome/output measures as specified by DOEA.

DOEA has identified five (5) key goals for which AAAs and provider agencies are required to develop implementation strategies in order to assist DOEA in achieving the statewide outcome measures it has identified for the aging network. The identified goals are:
The SPA contains the pertinent goals and relevant outcomes all Lead Agencies are responsible to address. To complete this section of the SPA, providers should respond to questions for each goal area defined by the DOEA and Florida Legislature. Specific strategies and actions for each goal should be incorporated to address compliance and improve quality assurance.

SECTION B - RFP SPECIFICATIONS: MINIMUM REQUIREMENTS TO BE MET

2. General Information

a. Contact Person

The contacts for this Request for Proposal process is:
b. Inquiries/Cone of Silence

Inquiries: Verbal and written inquiries will be accepted at the pre-proposal conference on April 29, 2022. A summary of key questions and answers from this conference and any addenda to the Request for Proposals document will be posted on the agency’s website [www.seniorresourcealliance.org].

Cone of Silence: Respondents to this RFP, or persons acting on their behalf, may not contact, between the release of this RFP and deadline for submission of written appeals, any employee or officer of the SRA, any individual involved in evaluating proposals submitted in response to the RFP, any employee or officer of the State of Florida, or any elected legislator concerning any aspect of this solicitation, except in writing to the contact person identified below. Violation
of this provision may be grounds for rejecting a proposal.

No interpretation of the meaning of the RFP documents will be made to any proposer orally. Oral statements made by SRA representatives in the pre-proposal conference may not be relied on by proposers unless such statements are included in the written summary of the conference or addendum. Failure of a proposer to receive any such addendum or summary shall not relieve said proposer from complying with the RFP documents as clarified or revised in writing. All addenda and clarifications issued shall become part of the RFP.

Written inquiries will be accepted beginning April 29, 2022. No written inquiries will be accepted after May 2, 2022 at 5:00 PM. Written inquiries may be emailed, hand delivered or mailed to the contact person in charge of this process:

Juan Salgado
Senior Resource Alliance
3319 Maguire Blvd, Suite 100
Orlando, FL 32803
(407) 514-1800
juan.salgado@sraflorida.org
c. Funding Levels

Funding for the programs are contingent upon an annual appropriation from the Legislature and is therefore subject to reduction or elimination from the state budget. The total current amount of appropriation for this planning and service area subject to bid is $5,263,284.00 for CCE Case Management and Coordination of core services, $2,095,841 for ADI core services, and $1,118,522 for HCE.

Services will be bid on a per-county basis and each proposal must ensure the respective services will be accessible throughout the entire county. If an applicant chooses to bid on services in more than one county, a separate proposal must be submitted for each county.

The county specific funding levels and required unduplicated client count information is noted below. Please note acceptable bids must meet the following funding and unduplicated client count criteria:
1) County specific funding for Case Management cannot exceed the amount shown in the allocation chart

2) Core services currently funded in each county and identified below must be maintained at levels comparable to those shown in Appendix # XIII for the 2022-2023 contract period (allowances will be made for changes in total core service funding)

3) The county specific total funding for all CCE Core services and Case Management must match the “Total CCE Funds” shown below for the specific county being bid

4) The total unduplicated clients to be served must be equal to or exceed the number of unduplicated clients shown below for the specific county being bid
<table>
<thead>
<tr>
<th>CCE Service</th>
<th>Brevard</th>
<th>Orange</th>
<th>Osceola</th>
<th>Seminole</th>
<th>PSA-wide</th>
</tr>
</thead>
<tbody>
<tr>
<td>Case Mgt/Case Aide</td>
<td>$ 115,042.98</td>
<td>$ 190,551.15</td>
<td>$ 42,039.63</td>
<td>$ 18,732.19</td>
<td>$ 366,365.95</td>
</tr>
<tr>
<td>Core Services:</td>
<td>$ 1,503,246.02</td>
<td>$ 1,794,764.85</td>
<td>$ 525,464.37</td>
<td>$ 702,822.81</td>
<td>$ 4,526,298.05</td>
</tr>
<tr>
<td>Total CCE Funds</td>
<td>$ 1,618,289.00</td>
<td>$ 1,985,316.00</td>
<td>$ 567,504.00</td>
<td>$ 721,555.00</td>
<td>$ 4,892,664.00</td>
</tr>
<tr>
<td>Unduplicated Clients</td>
<td>116</td>
<td>185</td>
<td>36</td>
<td>77</td>
<td>414</td>
</tr>
</tbody>
</table>

**d. Matching Requirement**

Bidders awarded funds through this solicitation process will be required to provide a match equal to, or great than, 10% of the total budget presented. The match requirement may be satisfied through a commitment of cash or in-kind resources, or combination. State General Revenue dollars from other contracts or grants may not be used as match. Appropriate matching funds based on the provider agency’s year to date contract achievement levels must be reported monthly.
e. Type of Contract and Method of Payment

Only fixed unit rate contracts will be issued. Bidders awarded funds will be reimbursed monthly for the units of service provided, at the contracted unit rate, up to the total amount of the contract. The CCE Lead Agency/ADI Agency is expected to manage its budgets such that the agency is able to provide services to enrolled clients for the entire contract period without interruption. Agencies shall monitor overall contract expenditure rates during the contract period. Monthly invoices submitted by the provider agencies are consolidated and submitted to the DOEA for payment.

Service and client information must be maintained in the eCIRTS. Case management and core service units must be entered in eCIRTS monthly for Lead Agencies/ADI Agencies to be reimbursed. All requests for payment will be processed using eCIRTS and DOEA required forms. Additional information on method of payment and schedule of reporting is included in the program contract.
Bidders awarded funds through this solicitation agree to maintain and provide, upon request, all programmatic, financial, and eCIRTS reports as required in the program contract. Copies of contracts are attached to this Request for Proposals document as Appendix I. Failure to abide by these terms and conditions may result in disciplinary action which could include suspension of payment and/or termination of the contract.

The method of payment for awarded contracts under this RFP may include payment advances. Per applicable Florida law, advance payments may be made only to not-for-profit corporations and governmental agencies.

The Applicant must ensure fixed rates include only those costs in accordance with all applicable state and federal statutes and regulations and are based on audited historical costs in instances where an independent audit is required. All Requests for Payment will be processed using the SRA Billing System. Additional information on method of payment and the schedule of reporting is included in the program contract.
f. Allowable Costs, Method of Cost Presentation, and Method of Payment

Allowable Costs
All CCE and ADI program costs must be reasonable and necessary. Lead Agencies must comply with the provisions of the Florida Single Audit Act as contained in section 215.97, F.S., as applicable.

Method of Cost Presentation
All contract costs and unit rates must be developed using the DOEA Unit Cost Methodology formats as described in the SPA Format and Instructions packet. Please visit the SRA website to obtain related documents for completing this RFP package.

Bidders must follow the Unit Cost Methodology closely and provide SRA with information in sufficient detail to allow proposal reviewers to determine the appropriateness and accuracy of all identified costs and rates. The review team must be able to establish through the review of factual information submitted by each bidder that costs are allowable, reasonable and necessary. Budget notes
and any additional narrative that will give the review team a clear picture of the allocation methodology followed by the bidder are recommended and bidders are encouraged to make these available.

**g. Trade Secrets**

The SRA is unable to assure confidentiality of information fitting the definition of trade secrets pursuant to section 812.081 Florida Statutes. The SRA assumes no liability for disclosure of or use of unmarked material containing trade secrets or other confidential material and may use or disclose the data for any purpose, and may assume the proposal was not submitted in confidence and therefore is a public record pursuant to Chapter 119, F.S. The SRA is not obligated to agree with a proposer’s claim of exemption for marked materials and, by submitting a proposal, the proposer agrees to be responsible for defending its claim that each and every portion of marked trade secrets are exempt from inspection and copying under Florida’s Public Records Law. Proposer agrees that it shall protect, defend, and indemnify, including attorney fees and costs, including any appellate costs and attorney fees, the SRA, its officers, employees, agents, and
legal counsel from any and all claims and litigation arising from or relating to proposer’s claim that the marked portions of its proposal are confidential, proprietary, trade secret, or otherwise not subject to disclosure.

h. Costs of Preparation of Proposal

Any and all expenses involved in the preparation and submission of proposals in connection with this solicitation process shall be borne by the bidder(s). The SRA assumes no liability for any cost incurred by the bidder in responding to this Request for Proposal nor for any other pre-contract costs. Current providers must certify they have not used program funds in preparing a response to this RFP by completing Appendix XIV.
## Proposal Deadlines

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Request for Proposal advertised and released</td>
<td>April 22, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>2. RFP documents available on the SRA website</td>
<td>April 22, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td><a href="http://www.seniorresourcealliance.org">www.seniorresourcealliance.org</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Pre-Proposal Conference</td>
<td>April 29, 2022</td>
<td>1:00 PM</td>
</tr>
<tr>
<td>The Pre-Proposal Conference will include a review of RFP package,</td>
<td></td>
<td></td>
</tr>
<tr>
<td>followed by a question and answer session.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Topic: Pre-Proposal Conference</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Time: Apr 29, 2022 01:00 PM Eastern Time (US and Canada)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><a href="https://us02web.zoom.us/j/86743379937?pwd=eHV2d01idURDM3pYVHF5SWU4VIVOZz09">https://us02web.zoom.us/j/86743379937?pwd=eHV2d01idURDM3pYVHF5SWU4VIVOZz09</a></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meeting ID: 867 4337 9937</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Passcode: SRA2022</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Proposal Deadlines</td>
<td></td>
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<tr>
<td>---</td>
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</tr>
<tr>
<td></td>
<td>ACTIVITIES</td>
<td>DATE</td>
</tr>
<tr>
<td>4.</td>
<td>Last day for written inquiries/RFP Questions to be submitted</td>
<td>May 2, 2022</td>
</tr>
<tr>
<td>5.</td>
<td>Response to written inquiries &amp; RFP addenda available to registered bidders on the SRA website.</td>
<td>May 3, 2022</td>
</tr>
<tr>
<td>6.</td>
<td>Required Intent to submit a proposal forms due</td>
<td>May 6, 2022</td>
</tr>
</tbody>
</table>
| 7. | Last day for proposal submission at:  
   Senior Resource Alliance  
   3319 Maguire Blvd, Suite 100  
   Orlando, FL 32803  
   (407) 514-1800 | May 13, 2022 | 3:00 PM |
| 8. | Proposals opened and reviewed for fatal criteria | May 13, 2022 | 3:01 PM |
### i. Proposal Deadlines

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Join Zoom Meeting</td>
<td>May 19, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>Meeting ID: 860 5266 6645</td>
<td>May 19, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>Passcode: SRA2022</td>
<td>May 20, 2022</td>
<td>TBD</td>
</tr>
<tr>
<td>RFP Review Committee recommendations reviewed by Board of Directors</td>
<td>May 20, 2022</td>
<td>TBD</td>
</tr>
<tr>
<td></td>
<td>Proposal Deadlines</td>
<td></td>
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<tr>
<td>---</td>
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<td></td>
</tr>
<tr>
<td><strong>ACTIVITIES</strong></td>
<td><strong>DATE</strong></td>
<td><strong>TIME</strong></td>
</tr>
<tr>
<td>11. CCE Lead Agency Designation Notice of Intent to Award announced by Official Notice</td>
<td>May 23, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>12. Notice of Intent to Protest Due</td>
<td>May 26, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>13. Written appeals due</td>
<td>June 6, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>14. Appeals resolved</td>
<td>June 17, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>15. Announcement of final awards by formal written notice</td>
<td>June 20, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>17. Contract finalized and mailed</td>
<td>June 27, 2022</td>
<td>5:00 PM</td>
</tr>
<tr>
<td>18. Transition Process Ends</td>
<td>June 30, 2022</td>
<td>5:00 PM</td>
</tr>
</tbody>
</table>
## Proposal Deadlines

<table>
<thead>
<tr>
<th>ACTIVITIES</th>
<th>DATE</th>
<th>TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program operations begin for new CCE Lead Agencies</td>
<td>July 1, 2022</td>
<td>8:00 AM</td>
</tr>
</tbody>
</table>
j. Pre-Proposal Conference

Bidders and interested parties are encouraged to attend the pre-proposal conference, which will take place on April 29, 2022 at:

Senior Resource Alliance
3319 Maguire Blvd, Suite 100
Orlando, FL 32803
(407) 514-1800

Topic: Pre-Proposal Conference
Time: Apr 29, 2022 01:00 PM Eastern Time (US and Canada)
https://us02web.zoom.us/j/86743379937?pwd=eHV2d01idURDM3pYVHF5SU4VZOZz09

Meeting ID: 867 4337 9937
Passcode: SRA2022

The conference shall start promptly at 1:00 PM.

Certified Minority Business enterprises are encouraged to participate.
k. Notice of Intent to Submit a Proposal

Information regarding any addenda to the Request for Proposals solicitation and copies of written responses to questions resulting in clarifications or addenda to the Request for Proposals, will only be sent to those bidders who submit a written Notice of Intent to Submit a Proposal and other interested parties who request, in writing, copies of the RFP packet and any other information subsequently sent out in connection with the Request for Proposals process.

Every entity that intends to submit a proposal must deliver the required Notice of Intent Form (Appendix II) to the SRA at the address below no later than May 6, 2022 by 5:00 PM. In the event less than two Notices of Intents are received per county, per Ch. 287, F.S., the SRA will institute the Exceptional Purchase provisions for a single source contract. In this case, no response to the RFP is needed, and the SRA will proceed under the single source provisions of section 287.057, F.S.
Failure to submit the Notice of Intent will preclude that party from submitting a proposal.

Notice is to be submitted on or before May 6, 2022 by 5:00 P.M. to:

Juan Salgado
Senior Resource Alliance
3319 Maguire Blvd, Suite 100
Orlando, FL 32803
(407) 514-1800
juan.salgado@sraflorida.org

I. Acceptance of Proposal

Proposals must be received May 13, 2022 by 3:00 P.M.

No changes, modifications or additions to the proposals submitted, will be accepted after the submission deadline. However, the SRA may seek written clarifications from proposers.

Proposals not received at either the specified place or by the specified date and
time by the SRA clock, or both, will be rejected and returned unopened to the proposer. All times specified in this RFP are based on the SRA clock.

m. Number of Copies Required and Submission Procedure

Bidders are required to submit five copies of their proposal. At least one copy must contain an original signature of an official of the potential provider agency authorized to bind the provider to the agency’s proposal. Additionally bidders must submit one electronic copy of the complete SPA package on a CD. Copies of proposals along with the CD containing the electronic copy must be submitted in a sealed envelope or container, which must be clearly marked on the outside to read:

Proposal for Lead Agency/ADI Agency Designation
Submitted by: (name of bidder)

The original of the proposal must contain, where required, the signature of an agency official authorized to do so on behalf of the bidder.
Proposals may be forwarded through certified mailed (return receipt requested) or hand delivered to the SRA **Attention:**

Juan Salgado  
Senior Resource Alliance  
3319 Maguire Blvd, Suite 100  
Orlando, FL 32803

**on or before May 13, 2022 at 3:00 PM.** Proposals cannot be faxed or e-mailed.

Proposals will be date and time stamped immediately upon receipt. Staff will open the first proposal at exactly 3:01 PM on May 13, 2022 at which time no further proposals will be accepted under this solicitation.

**Topic:** Opening of Proposals for Receipt and Certification of Fatal Criteria  
**Time:** May 13, 2022 03:01 PM Eastern Time (US and Canada)

[Link to Zoom Meeting](https://us02web.zoom.us/j/86052666645?pwd=ckdTRk0rOU9FMGdRM2hoMU9OMFhkQT09)
n. Notice of Intent to Award

Notice of final Intent to Award a contract shall be posted, as stipulated in the RFP Timeline, at the SRA office and on the SRA web site www.seniorresourcealliance.org and on any other information site for which the initial RFP advertisement appeared.

If an award under this RFP is made, the SRA will designate as Lead Agencies/ADI Agencies the lowest, responsive, responsible, and best proposer in compliance with this RFP provided said proposal is considered (within the sole discretion of the SRA) reasonable and in the best interest of the SRA to accept. Lowest, responsive, responsible, and best refers to the results of the quantitative and qualitative evaluation process followed in the review of all proposals to be submitted. The proposal from the most responsible proposer with the highest
score which contains the lowest price(s) for service(s) and which is most responsive to the RFP requirements as a whole, will be deemed to be the lowest, responsive, responsible, and best. Price(s) are significant, but it is not necessarily the proposer submitting the lowest-cost proposal who wins the contract. The SRA reserves the right to waive any minor irregularity in any proposal. Regardless of any other statements in this RFP, the SRA reserves the right to reject any one or all proposals; to re-advertise this Request for Proposal; to postpone or cancel the solicitation process; to waive any informality in any proposal; and to award the contract in the best interest of the SRA based on the requirements of the RFP. The SRA, likewise, reserves the right to reject the proposal of any proposer who has previously failed to perform properly or to complete on time, contracts of similar nature; or who is not in a position to perform the contract.

**o. Appeal Process**

In accordance with 430.203(9)(a)1., F.S., and 58C-1.0031 F.A.C. “Lead Agency Dispute Resolution”, any party who is substantially affected by the SRA's
intended decision to award a contract for a lead agency must file a written notice of intent to protest with the SRA within 72-hours after posting of the Notice of Award, excluding weekends and state holidays. Written notices must be hand delivered or sent certified mail, return receipt requested and received by the SRA within the timeframes indicated above. A substantially affected party is any party who bid on the RFP for designation as a lead agency.

A formal written protest must be filed within 10 calendar days after date of the Notice of Protest is filed, unless the 10th day falls on a weekend or state holiday, in which case the deadline shall be the next business day.

The formal written protest must state, with particularity, the facts and law upon which the protest is based. Any entity who files a formal protest of the SRA’s RFP Intent to Award decision shall be required to post, at the time of filing the formal written protest, a bond in the amount equal to one percent of the estimated contract amount, pursuant to section 287.042, F.S.

**Failure to file a Notice of Protest as described in subsection (4) of Rule**
58C-1.0031, Florida Administrative Code (F.A.C.), shall constitute a waiver of proceedings under Rule 58C-1.0031, F.A.C.

In the event any pending bid protest will result in a disruption in services delivery to elderly clients, the SRA reserves the right to contract on an emergency and interim basis, to maintain the delivery of services in place until such time when the protest is resolved.

p. Contract Terms and Conditions

Contracts procured through this RFP may be renewed at the end of the initial six-year term for up to an additional five years subject to continued legislative appropriations and satisfactory performance.

An example of the anticipated contracts and associated attachments may be found under Appendix I to this RFP (HCE and ADI contracts will be similar and made available upon request). All bidders are instructed to read both documents carefully to determine their agency’s ability to meet the requirements in both
documents. Proposals must include a signed and dated Contract Terms and Conditions Affidavit Appendix III that certifies each bidder’s intention to abide by all terms and conditions of the Program and Service Contract.

**Failure to submit a fully completed Contract Terms and Conditions Affidavit constitutes a fatal flaw and will automatically disqualify a proposal from further review and consideration.**
SECTION C: INSTRUCTIONS TO BIDDERS

The following pages contain general conditions a bidder must follow to submit their proposal. The RFP package must include a Table of Contents, and all pages must be numbered. The bidder should use the Bidder Checklist for this purpose. The Table of Contents must note the corresponding page number(s) associated with each item.

1. **BIDDER CERTIFICATION**

The following forms are REQUIRED and must be included in the proposal:

1. **Administrative Assessment Checklist:** Each bidder is required to fill out this standard checklist to indicate the agency’s adherence to commonly accepted fiscal and administrative policies and procedures. The checklist is Appendix VII to the RFP.

2. **Contract Terms and Conditions:** A signed statement indicating the bidder’s acceptance of all terms and conditions of the contract is required. This Affidavit
is included as Appendix III to the RFP.

3. **Statement of No Involvement**: A signed statement indicating neither the bidder, nor any person with an interest in the bidder firm had a noncompetitive contract with the SRA that involved any preliminary work (e.g., feasibility study or actual preparation of the RFP) prior to release of the solicitation document. This form is Appendix IV to the RFP.

**FAILURE TO SUBMIT the Administrative Assessment Checklist, AND Contract Terms and Conditions AND Statement of No Involvement CONSTITUTES A FATAL FLAW, WHICH WILL AUTOMATICALLY DISQUALIFY ANY PROPOSAL FROM FURTHER REVIEW AND CONSIDERATION.**

2. **SERVICE PROVIDER APPLICATION FORMATS APPENDIX VIa**

   a. Service Provider Summary Information Page

      Section I.A. of the SPA must be completed in its entirety, and must be
signed and dated by an authorized agency official.

b. Program Module – General Requirements

Section II.A. (Items 1-15) of the SPA must be completed in its entirety. Detailed instructions are included for each items (1-15) on the specific application format pages. It is helpful to use the guidelines and instructions to complete each item. Bidders will be expected to provide, in narrative form, information that indicates an understanding of the need for, and purpose for the project, as presented in the RFP.

The proposal should include a detailed description of the program objectives pursued by the bidder, as well as an explanation of how each funded service will be provided to achieve the output and outcome measures intended by the bidder.

c. Contract Module – General Requirements
Section II.B. Items 1-3 of the SPA must be completed by each bidder. Bidders must closely follow the UCM and provide the SRA with sufficient detail to allow proposal reviewers to determine the appropriateness and accuracy of all identified costs and rates. The review team must be able to establish, through review of factual information submitted by each bidder, that costs are allowable, reasonable and necessary. Budget notes and any additional narrative to give the review team a clearer picture of the bidder’s allocation methodology are recommended to be made available.

Section II.B., items 4-9: depending upon the method of match (cash or in-kind) to be provided by bidder, the appropriate “Commitment of Cash or In-Kind” forms (items 4-9) must be completed. Please note the required match may be satisfied through cash or in-kind resources or a combination of both. It is helpful to use the guidelines and instructions to complete each item.

Section II.B., item 10: the “Availability of Documents” form identifies required documentation that must be maintained and available at the bidder’s administrative office. The form must be signed and dated by the bidder’s
authorized agency official.

3. **ORGANIZATIONAL CAPABILITY PACKAGE (APPENDIX Vlb)**

**New Bidders Only**

The Organizational Capability Package (Appendix Vlb) details 15 items requested from a new bidder agency. These items assist the review team in measuring the bidder’s management capabilities, financial position and experience. Bidders are urged to pay close attention to the specific requirements in Appendix Vlb and address each item in detail.

**Transition Plan:** In the event a selected provider is not the current provider, a Transition Plan of existing clients and service management must be submitted within 20 days of bid award. Bidders must include a statement agreeing to submit their Transition Plan within 20 days of Bid award. The SRA must approve this Plan in advance, and it must include an implementation schedule to ensure uninterrupted service delivery.
Transition Plans must take into consideration the transfer of current client files, staffing and training plans, start-up activities, timeframes for completion, any modification of service delivery schedules and sites, and notification to clients of the new service provider agency.

If there is insufficient time for the current and new service providers to transition services so there is no disruption in service delivery, the SRA may choose to continue services under an emergency contract.

SECTION D: PROPOSAL EVALUATION CRITERIA AND RFP RATING SHEET

Description of Evaluation Criteria

Each proposal will be evaluated according to the standards contained in Appendices: VIII (Proposal Fatal Criteria) & IX (Proposal Evaluation). Fatal Criteria are items that require the same response from all bidders. Non-fatal criteria are items that can be responded to differently by bidders.
"Fatal" criteria require only a YES or NO response, and if not met in full, the proposal will not be considered further. An ADRC committee under supervision of the person charged with oversight for this RFP will review all proposals submitted and accepted. Proposals which receive a negative answer to any item listed in the "Fatal Criteria" section of the Evaluation Scale will be eliminated from further consideration.

"Non-Fatal" evaluation criteria evaluate the quality and/or completeness of the bidder's response and are rated on a point scale.

To evaluate non-fatal criteria, each section of the proposal is rated as follows:

1. Individual items in each section will be rated on a point scale of 0 to 4, with 4 being the highest rating.

2. A section total is determined by adding the individual section ratings and dividing by the total number of items in that section.
3. A weight value for the section is determined by multiplying the section total by a predetermined weight assigned to that section.

4. A rating for the proposal as a whole is determined by adding the weighted values for each section.

A MINIMUM RATING OF "TWO" IS REQUIRED UNDER THE TOTAL SCORE FOR A PROPOSAL TO BE CONSIDERED.

The evaluation criteria have been designed to give due consideration to agencies able to demonstrate:

- Collaboration and partnerships with the ADRC and other service entities
- Experience providing the service(s)
- Ability to meet minimum service standards and contract requirements as set forth by the DOEA and SRA
• Ability to identify areas of need and strategies to address client outcomes

• Unit cost

Using the Proposal Evaluation Scale an RFP review and evaluation committee appointed by the SRA Board of Directors will evaluate all written proposals. Proposals scoring less than a minimum rating of "Two" will be eliminated from further consideration.

All bidders whose proposals have been reviewed and received a minimum score of "Two" or higher may be considered.

In addition to the Proposal Evaluation Scale, a checklist has been provided to assist bidders in determining if their proposal contains all required items. This document must be completed and forwarded with the RFP package. All items should be initialed noting these items are in the bidder’s RFP package.

Each member of the RFP Review and Evaluation Committee is required to
complete a Conflict of Interest Questionnaire to ensure they have no conflict of interest, which could interfere in the selection of a contractor. If a committee member answers "yes" to any question on the Conflict of Interest Questionnaire, their participation in the selection team must be terminated and the person must be replaced by someone without a conflict.

The SRA Board of Directors has ultimate approval of provider awarded contracts based upon the recommendations of the RFP Review and Evaluation Committee.

2. RFP Rating Sheet
It is recommended each bidder complete a self-review of their RFP prior to submitting their response.

END OF DOCUMENT