



FY 2023 – 2024

REQUEST FOR PROPOSALS

FOR

PINAL-GILA COUNCIL FOR SENIOR CITIZENS

AREA AGENCY ON AGING, REGION V

8969 W. MCCARTNEY ROAD

CASA GRANDE, ARIZONA 85194-7432

PHONE: 520-836-2758

**PINAL- GILA COUNCIL FOR SENIOR CITIZENS
REQUEST FOR PROPOSAL PACKAGE – 2023-2024**

CONTENTS

Pg. 1	Cover Letter
Pg. 2	Self-Help Check List
Pg. 3	RFP Timelines
Pg. 4	Legal Notice
Pg. 5-6	Proposal Evaluation Process
Pg. 7	Procedure for Provider Appeals
Pg.8	Allocations for FY24

RFP Package:

Pg. i	Notice of RFP
Pg. ii	Instructions to Offerors
Pg. A	PART ONE: Introduction and Background
Pg. B	PART TWO: Methodology & Evaluations
Pg. C	PART THREE: DES Scopes of Work – 8 pages
Pg. D	PART FOUR: Proposal Submission Information
	D1: Proposal Submittal Letter
	D2: Statement of Qualifications
	D3: Annex A - Forms and Instructions – Expandable, multiple pages
	D4: Assurances
	D5: Background Information
	D6: Disclosure of Substantial
	D7: Additional Certificates
	D8: PGCSG Special Terms and Conditions
Pg. E	PART FIVE: Exhibits and Attachments
E1-E3:	Older Americans Act Eligibility Criteria
E4:	Older Americans Act Definition of Greatest Social and Economic Need



HEMOCARE RFP ANNOUNCEMENT LETTER

March 7, 2023

Dear Providers of Service:

Pinal-Gila Council for Senior Citizens (PGCSC) is announcing the release of a Request for Proposal (RFP) for the following services:

- Attendant Care
- Respite
- Adult Day Care

PGCSC hereby invites your agency to submit a proposal to provide any or all of the above-listed services to our client base. Request for Proposal (RFP) forms and requirements can be obtained by visiting PGCSC's website at pgcsc.org Within the RFP your agency will find all the information necessary to submit a proposal that fully meets the requirements identified in this RFP.

Service providers may submit proposals for multiple services. Multiple contracts will be awarded as a result of this solicitation. Pinal-Gila Council for Senior Citizens will, in its sole discretion, determine the number of contracts awarded. The submission requirements for this proposal are included in the attached RFP. All proposals will be evaluated based upon the proposer's stated ability to provide the selected services to PGCSC clients as described within the RFP and the included Scopes of Work (SOW).

Please submit your proposal of services and statement of qualifications as outlined in the RFP to: mikim@pgcsc.org by 11:59am (noon) on Thursday April 6, 2023. It is the responsibility of the submitting entity to ensure that the proposal is received in a timely manner. Proposals received after the deadline will not be considered for award, regardless of whether the delay was outside the control of the submitting provider. Pinal-Gila Council for Senior Citizens is an Affirmative Action/Equal Opportunity Employer. Minority and Women owned Business Enterprises are encouraged to submit proposals.

Important Dates:

Tuesday, March 7, 2023 - Release of RFP

March 16, 2023, 2:00pm – Proposer's Informational meeting

Thursday, April 6, 2023, 11:59am (Noon) – Proposal submittal deadline

Thursday day, June 1, 2023 – Awarding of contracts.

July 1, 2023 – Contract start date.

Contract Timeframe: One year, with the option of three (3), additional 1-year extensions

July 1, 2023, through June 30, 2024 – Initial contract

July 1, 2024, through June 30, 2025 – First 1-year extension

July 1, 2025, through June 30, 2026 – Second 1-year extension

July 1, 2026, through June 30, 2027 – Third 1-year extension

We look forward to hearing from you.

Miki Myers

Contracts Manager

Pinal – Gila Council for Senior Citizens

PINAL - GILA COUNCIL FOR SENIOR CITIZENS

REQUEST FOR PROPOSAL PACKAGE

SELF-HELP CHECK LIST – 2023-2024

- Submittal Letter
- Scopes of Work, methodologies, and methods of evaluation.
- All sections of Annex A including the statement of qualifications.
- Annex B (for review only)
- Allocations for FY 23-24 (for review only)
- The Assurance Section and all required documents.
- Background Information.
- Certificate of Insurance.
- Requested attachments.

- If it applies, prior contractors' names.
- Staff organization chart
- Agency Organization chart
- Articles of Incorporation
- Current listing of Board of Directors (if applicable)

- Written job descriptions for positions funded in proposed service methodology.
- Most recent independent audit report

TECHNICAL ASSISTANCE

Questions concerning programmatic and financial sections of the RFP package should be asked at the Proposer's Informational Meeting on March 16, 2023

Any other additional questions please email them to mikim@pgcsc.org

RFP PROPOSAL SCHEDULE

RFP # 23/24

- | | |
|--|---|
| 1. Request for Proposal Announced | March 6,2023 |
| 2. Initial Advertisement in the Arizona Republic
Repeated Advertisement in the Arizona Republic | March 6,2023
March 13,2023 |
| 3. Pre-Bid Conference at 8969 W. McCartney Rd
Casa Grande, AZ | Friday, March 16,2023
PGCSC office – 2:00 PM |
| 4. Last day of proposers to submit ·
SEALED Proposals to 8969 W McCartney Rd.
Casa Grande, AZ 85294-7432 | Thursday, April 6, 2023
12 Noon |
| 5. Public Opening of Sealed Documents
8969 W McCartney Rd., Casa Grande, AZ | Tuesday, April 6, 2023
3:00 PM at PGCSC office |
| 6. Staff proposal compliance review | April 10-14th, 2023 |
| 7. Staff & Proposal Evaluation Committee Meetings | April 24 – April 28, 2023 |
| 8. Recommendations made to PGCSC
Board of Directors | Friday, May 26, 2023
9:00 AM at PGCSC office |
| 9. Contract Negotiations | 1 st Week in May |
| 10. Contract Awards | May 30,2023 |
| 11. Service Begins | July 1, 2023 |

**PINAL-GILA COUNCIL FOR SENIOR CITIZENS
REQUEST FOR PROPOSALS 2023-2024**

LEGAL NOTICE

Pinal -Gila Council for Senior Citizens hereby solicits proposals from qualified service providers for delivery of the following Non-Medical Home and Community Based Services (NMHCBS). Services will be provided to the elderly, 60 years of age and over. Emphasis will be placed on serving those in greatest social and/or economic need in Pinal and Gila counties.

Attendant Care, Respite, Adult Day Care

Contracts are scheduled to be implemented July 1, 2023 and are subject to the availability of funds. A proposal may be for multiple services.

The RFP package may be obtained by visiting PGCSA's website at www.pgcsa.org after March 7, 2023.

Questions should be referred to mikim@pgcsa.org.

Pinal-Gila Council for Senior Citizens reserves the right to accept, modify or reject proposals.

Contracts let pursuant to this proposal will be awarded for a one (1) year period with the option to extend for three additional one (1) year periods.

Closing date for submission of RFP is 11:59am (noon), April 6, 2023.

PROPOSAL EVALUATION PROCESS

2023-2024

INITIAL REVIEW

Proposals will be reviewed to determine conformity to RFP guidelines:

1. Are all sections of the proposal package complete?
2. Have all requested attachments been included?
3. Are all items defined with clear and adequate justification?
4. Are all budget line items supported by an acceptable methodology or formula as to how costs are to be allocated. (Not applicable for home care proposal)
5. Does the existing financial system meet minimum Federal requirements?
(Not applicable for home care proposal)

RATING CRITERIA

Proposals will be evaluated by the PGCSO RFP Committee using the rating criteria as follows:

Competence and Responsibility:

- A. Experience in conducting programs for the elderly.
- B. Experience in the delivery of specific service for which proposal is being submitted.
- C. Experience in delivering any social services.
- D. Acceptability of existing financial systems.
- E. Acceptability of system for tracking and verifying units of service.
Specifically, the used of an Electronic Visit Verification (EVV) system.
- F. Acceptability of system for recording and tracking individuals served, including demographic information.
- G. Ability to comply with all Standards/Licensure Requirements addressed in the Scopes of Work.

Past Performance:

A. Timeliness and accuracy of reports including:

1. Proper completion of intakes forms, if applicable.
2. Monthly Units of Service Reports.
3. Monthly Financial (Billing) Reports.

B. Compliance in meeting level of service (units) as identified in previous contracts.

C. Compliance with Scopes of Work. Maintained staffing level as identified in contract to comply with delivery of Scope of Work.

D. Compliance with applicable health and safety standards.

E. Proper completion and maintenance of client case records.

F. Corrections made in response to past monitoring reports.

G. Evaluation of findings in audit reports for prior year.

(Please submit report.)

Program Area:

A. Appropriateness of target population and geographic area to OAA Objectives.

B. Methodology for provision of all objectives addressed in the Scope of Work.

C. Ability to meet necessary standards/licensures as identified in Scope of Work.

D. Accessibility of facility to physically disabled. Specifically, for Adult Day Care

**NONE OF THESE CRITERIA IN AND OF THEMSELVES WILL BE USED AS THE SOLE
CRITERIA FOR ACCEPTANCE OR REJECTION OF A PROPOSAL.**

PROCEDURES FOR PROVIDER APPEALS

2023-2024

A. Unsuccessful applicants for PGCSA contracts may appeal the PGCSA's decision not to award them a contract if:

PGCSA failed to follow its established procedures for requesting and reviewing proposals and for selecting providers.

Appeals Procedures

1. The applicant will submit a written request for a meeting with the Contracts Manager following receipt of PGCSA's notice of denial.
2. The Contracts Manager will schedule a meeting to discuss the applicant's questions and concerns within 5 working days after receiving the applicant's request for a meeting.
3. If resolution cannot be reached in a meeting with the appealing agency staff and Contracts Manager, the matter will be reviewed by the PGCSA's RFP Committee at a specially convened meeting to determine whether:
 - a. PGCSA followed the procedures established for:
 - (1) Requesting proposals
 - (2) Reviewing proposals
 - (3) Selecting providers
 - b. The applicant was given equitable treatment in the review and selection process.
4. The RFP Committee, after considering the information presented by Area Agency staff and by the applicant at the meeting, will make a decision on the applicant's appeal and will notify the applicant in writing of its decision within 5 working days.
5. Should resolution not be achieved at this level; the matter will be referred to the Executive Committee of the Board of Directors. The decision of the Executive Committee shall be final and reported to the Board of Directors.

PINAL-GILA COUNCIL FOR SENIOR CITIZENS

ALLOCATIONS FOR FY24

HOME CARE SERVICE RATES FOR FY 24 (July 1, 2023 – June 30, 2024)

Prospective Home Care providers must be willing to accept the rates set by Pinal-Gila Council for Senior Citizens for each unit of service as listed below:

Adult Day Care	\$17.84
Attendant Care	\$28.75
Respite Care	\$28.75

The funding allocations for each PGCS service are purchased through the Older American Act (OAA), Social Services Block Grants (SSBG) and State (STATE) appropriations. These fund sources are combined to equal the amount listed above. Allocations are subject to change. These allocations will be used only as a guide; other factors such as new program development, isolated geographic area, public funding alternatives, program base, provider need, and client need will be taken into consideration.

PGCSC reserves the right to contract with a single provider or with multiple providers for one or more geographic locations and services.

PGCSC PUBLIC SERVICE AREAS (PSA) – FOR HOME CARE SERVICES

<u>FY19 - Pinal PSA – AREA I</u>	<u>FY19 – Pinal-Gila PSA – AREA II</u>	<u>FY19 – Pinal-Gila PSA – AREA III</u>	<u>FY19 – Pinal PSA – AREA IV</u>	<u>FY19 - Gila PSA – AREA V</u>
Casa Grande	Globe	Hayden	Apache Junction	Payson
Stanfield	Miami	Mammoth	Queen Creek	Pine
Maricopa	Claypool	Oracle	Gold Canyon	Strawberry
Eleven Mile Corner	Roosevelt	San Manuel	San Tan Valley	Star Valley
Coolidge	Superior	Winkelman		Gisela
Valley Farms	Queen Valley	Kearny		Young
Randolph		Dudleyville		Tonto Basin
La Palma		Dripping Springs		
Picacho		Saddlebrook		
Eloy				
Toltec				
Arizona City				
Florence				

Proposers may apply for one or more geographic locations. Providers are encouraged to establish collaborative agreements to assure that PGCSC contracted services are made available to all eligible residents of Pinal and Gila Counties thereby addressing surrounding communities, housing developments and fringe or unincorporated areas that may not appear on this list but are geographically close in proximity and located within the proposed Public Service Area (PSA). Proposers may apply for a part of a PSA area; however PGCSC strives to develop service delivery throughout the PSA's.

**Pinal-Gila Council for Senior Citizens
AREA AGENCY ON AGING, REGION V
NOTICE OF REQUEST FOR PROPOSALS**

REQUEST FOR PROPOSAL (RFP) NUMBER (2023-2024)

PROPOSAL DUE DATE: April 6, 2023, 11:59am (noon) Arizona Time.

PROPOSER'S INFORMATIONAL MEETING:

DATE: March 16, 2023

TIME: 2:00pm to

<https://us02web.zoom.us/j/86257035931>

Competitive for services specified will be accepted by Pinal-Gila Council for Senior Citizens, until the time and date cited.

Proposals must be received by PGCSC at mikim@pgcsc.org on or prior to the exact time and date cited. Late proposals will not be considered.

Offerors are strongly encouraged to carefully read the entire Request for Proposal.

Service(s):

- Attendant Care
- Respite
- Adult Day Care

Contract Term: July 1, 2023, to June 30, 2024

Miki Myers

Contracts Manager

Pinal-Gila Council for Senior Citizens

INSTRUCTIONS TO OFFERORS

1. PREPARATION OF PROPOSAL:

- a. Unless otherwise specified in the RFP, the proposal shall be on the forms provided in this RFP package. It is permissible to copy these forms if required.
- b. It is the responsibility of all offerors to examine the entire Request for Proposal package and seek clarification of any item or requirement that may not be clear and to check all information for accuracy before submitting a proposal. Negligence in preparing an offer confers no right of withdrawal after due date and time.
- c. All proposals must be typed or prepared on the computer unless stated otherwise. Every part of the proposal must be legible and of sufficient print clarity to allow copying of the document.
- d. The proposal must be complete. A proposal may be classified as unacceptable or rejected on the basis of unresponsiveness if there is a failure to submit all requested information.
- e. Electronic signatures may be used in any area requiring signature. The signature shall signify the offeror's intent to be bound by the offer.

2. **PROPOSER's INFORMATIONAL MEETING:** A prospective offerors meeting will be held. The scheduled date, time and location of this conference is indicated in this document. The purpose of this conference will be to clarify the contents of this Request for Proposal in order to prevent any misunderstanding of PGCSC position. Any doubts as to the requirements of this Request for Proposal or any apparent omission or discrepancy should be presented to PGCSC at this meeting. PGCSC will then determine the appropriate action necessary, if any, and issue a written amendment to the Request for Proposal. Oral statements or instructions will not constitute an amendment to this Request for Proposal.

3. **INQUIRIES:** Any questions related to this RFP must be directed as outlined on page 2 of this document (see the TECHNICAL ASSISTANCE section of the SELF-HELP CHECK LIST). PGCSC may require any and all questions be submitted in writing at PGCSC sole discretion. Any correspondence, whether verbal or written, should refer to the appropriate RFP number, page and paragraph.

4. **AMENDMENT OF SOLICITATION:** The Offeror shall acknowledge receipt of any Solicitation Amendment by signing and returning the acknowledgment receipt on or prior to the specified due date and time.

5. **LATE PROPOSALS:** Late proposals shall not be considered.

6. **WITHDRAWAL OF PROPOSAL:** At any time prior to the specified proposal due date and time, an offeror (or designated representative) may withdraw the proposal.

7. AWARD OF CONTRACT:

- a. Notwithstanding any other provision of the Request for Proposal, PGCSC expressly reserves the right to:
 - (1) Waive any immaterial defect or informality; or
 - (2) Reject any or all proposals, or portions thereof; or
 - (3) Reissue a Request for Proposal.
- b. A response to an RFP is an offer to contract with PGCSC based upon the terms, conditions, and specifications contained in the RFP. Proposals do not become contracts unless and until they are signed by an authorized representative of both parties.
- c. During proposal evaluation, additional information may be requested. A request for additional information does not assure a contract award.

INTRODUCTION AND BACKGROUND

PART ONE

INTRODUCTION AND BACKGROUND

1. General

A. This document is divided into five sections:

Part One is the INTRODUCTION AND BACKGROUND (This cover page);
Part Two contains METHODOLOGY and EVALUATIONS.
Part Three contains SCOPES OF WORK.
Part Four contains PROPOSAL SUBMISSION INFORMATION
Part Five Exhibits & Attachments

B. Notwithstanding any additional provisions of this RFP, the completion of Parts Two and Three and Four will constitute your proposal to provide services

PART TWO
SERVICE METHODOLOGY

**HOW TO PREPARE THE SERVICE METHODOLOGY &
METHOD OF EVALUATION**

Scope of Work - The Scopes of Work name and describe the service itself; identify the unit of service delivery; prescribe standards and/or licensure requirements; identify service goals and objectives; and specify service tasks to be performed.

Service Methodology - Service Methodologies are to be completed entirely by the offeror for all service objectives and tasks within a Scope of Work (SOW). Methodologies should be completed as separate Word documents and submitted as attachments. ***SOWs are listed directly after this page.***

The offeror should prepare a separate Service Methodology for each of the Scopes of Work on which this proposal is based according to the following guidelines:

1. Prepare a separate sheet(s) of paper entitled "Service Methodology" for each of the Scopes of Work to describe the service methodology being proposed. If the agency is proposing to offer only one service, then only one Service Methodology. If the agency is proposing to offer multiple services, then a Service Methodology must be submitted for each service proposed.
2. Prepare the Service Methodology by specifically referencing, e.g. numerically, alphabetically, each service objective and task.
3. The Service Methodology should provide a detailed description of the method of service delivery, including the following:
 - The specific actions/activities to be performed in conjunction with each service task;
 - A description of how each task will be provided;
 - An indication of the staff positions responsible for accomplishment of service tasks;
 - As appropriate, the frequency with which, and/or the days and hours of operation during which, given service tasks will be performed.
 - Specifications of instruments, techniques, etc., to be utilized in performance of given service tasks.

Method of Evaluation The Method of Evaluation addresses the methods, measures, documents and/or task completion deadlines which will be used in evaluating Contractor accomplishment of service objectives and performance of service tasks. The offeror should propose the method of evaluating performance under the Contract, according to the following guidelines:

- a. If space on the last page of the Service Methodology allows, enter the title "Method of Evaluation" and type in the proposed criteria for evaluating accomplishment of service objectives and tasks.
- b. If insufficient space remains on the last page of the Service Methodology, prepare a separate sheet of paper entitled "Method of Evaluation" and type in the criteria on this page.
- c. The Method of evaluation may be specific to each service objective and task; or if appropriate, a single Method of Evaluation may apply to all service objectives and tasks.
- d. The proposed Method of Evaluation should be measurable. It should include, as appropriate: performance measures (e.g. number of units delivered); documents to be examined to confirm performance (e.g. selected individual client plans, service activity reports, attendance records, etc.); deadlines by which given tasks are to be completed (e.g. assessment to be completed within thirty (30) days after initial request).

PART THREE
SCOPES OF WORK

Scopes of Work (SOW) for the below listed services follow, beginning on the next page.

- Adult Day Care – 2 pages
- Attendant Care – 3 pages
- Respite – 3 pages

Scope of Work



Contract No.: **CTR048041**

Description: **Area Agencies on Aging (AAA)**

12.0 ATTENDANT CARE / PERSONAL ASSISTANCE

12.1 Purpose Statement

12.1.1 The service provides assistance with routine housekeeping tasks, personal physical needs, and related services at an individual's place of residence, helping clients to maintain their independence and avoid costly and unwanted placement in a care facility.

12.2 Service Description

12.2.1 Taxonomy Definition - A service that provides a qualified individual to supply needed services in order for an individual to remain in his/her home and/or participate in work/community activities.

12.2.2 Attendant care is:

1. A case managed service;
2. Provides assistance with housekeeping homemaker services, personal care, coordination of services, general supervision and assistance, companionship, socialization and skills development at an individual's place of residence;
3. A component of community-based long-term care systems; and
4. Increases an individual's ability to live independently in the community.

12.2.3 NMHCBS is designed to establish the necessary support services to retain functionally impaired individuals within their community and avoid premature institutionalization.

12.2.4 The service may be used as part of the Home Care cluster and is a case managed service.

12.2.5 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

12.3 Service Requirements – The Contractor shall:

12.3.1 Provide assessment, supervision, and monitoring.

1. Upon authorization by a case manager, an initial supervisory visit by the service provider to determine specific tasks is to be performed. During this visit, a Care Plan is developed, and specific tasks can be assigned to the attendant care worker for completion at each visit in the time allotted.
2. The Supervisor shall conduct home visits for each individual at least every 90 days, or more frequently if required, to determine if the attendant care worker is performing tasks according to the care plan and to remedy areas of deficiency.

12.3.2 Attendant Care Workers shall not give personal care services until they have been certified competent in this area by their agency.

12.3.3 Provide services in accordance with the individual's Care Plan as authorized by the case manager. Services include but are not limited to:

1. Routine Housekeeping/Homemaker tasks to maintain safe and sanitary living conditions for individuals;
2. Provide cleaning tasks to include dusting, cleaning floors, bathrooms, windows (if necessary to attain safe or sanitary living conditions); cleaning oven and refrigerator (if necessary to prepare food safely); cleaning kitchen; washing dishes; changing linens; making beds; and routine maintenance of household appliances; and
3. Wash, dry and fold laundry. Ironing to be included if clothes cannot be worn otherwise;
4. Assist with personal care services including:
 - a) Showering, bathing, toileting, dressing, oral care and shampooing to maintain good personal hygiene;
 - b) Transfer to and from wheelchair/other seating and/or bed;
 - c) Eating, where the assistance is required, may include:
 - i. Remind or encourage to maintain intake;


Scope of Work



Contract No.: **CTR048041**

Description: **Area Agencies on Aging (AAA)**

- ii. Serve or bring food;
 - iii. Prepare food through prep work such as cutting of meats, vegetables, fruit, opening of containers, etc. and other set-up activities;
 - iv. Assist with menus/food selection); and
 - v. Feeding the individual, if applicable.
 5. Routine ambulation activities assistance;
 6. Routine nail and skin care assistance;
 7. Assist with tasks necessary for the comfort and safety of the movement-restricted that do not require medical or nursing supervision;
 8. Assist with special appliances and/or prosthetic devices, if the procedure is routine and well established per the Care Plan;
 9. Train the individual, his/her family members, and/or friends in personal care tasks, as appropriate;
 10. General supervision which includes but not limited to:
 - a) Self-administration of medications.
 - b) Monitoring general medical condition and functional level.
 11. Assist with recreational/socialization skill development;
 12. Encouraging the individual, family, caregiver or representative to provide input into and support the individual's care plan to verify that activities and services are provided to meet the objectives of the individual's care plan;
 13. Other tasks such as documenting and communicating to the individual's case manager, any decline, improvement or continuing maintenance of the individual's condition; and
 14. Refer for appropriate action all individuals who present additional medical or social problems during the course of service delivery.
- 12.3.4 Not handle individual's personal finances.
- 12.4 **Other Tasks/Activities - The Contractor may:**
- 12.4.1 Provide or monitor nutritional maintenance for eligible individuals:
 1. Plan and cook meals;
 2. Shop for and store food; and
 3. Shop for and store household supplies and medicines.
- 12.4.2 Attain safe living conditions for individuals:
 1. Provide heavy cleaning such as ceiling, walls or floors;
 2. Provide yard work such as cleaning yard and hauling away debris; and
 3. Arrange for pest control services, when insect infestation presents a health concern for the client. Pest control services should be purchased from licensed agencies, if no other funding for this service is available.
- 12.4.3 Assist individuals in obtaining and/or caring for basic material needs for water, heating/cooling, and food:
 1. Haul water for household use;
 2. Gather and haul firewood for household heating or cooking, including sawing and chopping firewood into usable sizes;
 3. Care for livestock used for consumption, this includes feeding, watering and milking;
 4. Care for the garden used for food consumption, including planting and harvesting;
 5. Dig out dirt floors and replace with fresh dirt; and
 6. Turn heating and/or cooling systems on or off. The Attendant Care worker performing the service of turning on/off utilities shall receive instruction about heating and cooling systems from the local utility company or weatherization project.

Scope of Work	
Contract No.: CTR048041	
Description: Area Agencies on Aging (AAA)	

- 12.5 **Licensure/Certification Requirements**
- 12.5.1 Require that direct service providers have current certification in CPR and training in home accident prevention and first aid. (Licensed medical personnel are not required to provide this service.)
- 12.5.2 Adhere to the following staffing standards:
1. Newly hired employees providing Attendant Care shall submit three (3) references from persons other than family members. All references shall be contacted, and results documented in the personnel record;
 2. Attendant Care Workers shall not give personal care services until they have been certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing Attendant Care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that are interested in becoming an approved testing site are available on the ADES website, located at www.azdirectcare.org. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the employee personnel record;
 3. Direct Service Staff Supervisor shall have at a minimum:
 - a) At least two (2) years full time employment experience in a supervisory capacity;
 - b) One (1) year of studies at an accredited college in a related field can substitute for one (1) year experience;
 - c) Orientation to target population is also required, unless otherwise evident in background that s/he has previous experience serving the target population; and
 - d) Demonstrate knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.
- 12.6 **Reporting Unit**
- 12.6.1 One (1) unit of service equals 60 minutes of service time.

Scope of Work



Contract No.: CTR048041

Description: Area Agencies on Aging (AAA)

38.0 RESPITE CARE

38.1 Purpose Statement

38.1.1 The purpose is to provide temporary relief or rest to family caregivers, including kinship caregivers, from the demands and stressors of providing unpaid care in the home, helping to avoid costly placement of the care recipient in a care facility or placement into foster care. "Temporary" is defined by DAAS Policy and Procedure to mean not more than an average of 60 hours per month for adult day care or group respite and not more than an average of 40 hours per month for in-home respite. For emergency respite services, temporarily means not more than five (5) consecutive days and nights at a time.

38.2 Service Description

38.2.1 Taxonomy Definition - A service that provides short-term care and supervision consistent with the health needs of the person, to supplement existing care, to provide a safe living environment, and to support or relieve the burden of caregivers.

38.2.2 Respite care is a family caregiver-focused service.

38.2.3 Respite care is a case-managed service, except when offered as a self-directed programs.

38.2.4 Respite care is a temporary supportive service to provide a brief period of relief or rest typically short-term in duration (four (4) - eight (8) hours at a time) but can vary in length based on the family caregiver's specific need.

38.2.5 Respite care is a temporary supportive service not to exceed an average of 40 hours per month for in-home respite.

38.2.6 Respite care is a temporary service not to exceed an average of 60 hours per month for group respite.

38.2.7 Respite care can take the form of in-home respite, including a friend or neighbor program; group respite, including Memory Café models; or institutional respite.

38.2.8 Respite care can also be provided on an emergency basis not to exceed five (5) consecutive 24-hour periods (days and nights) at a time.

38.2.9 Respite care is assessed by completing the Caregiver Assessment Tool (CAT) for the family caregiver and the Arizona Standardized Client Assessment Plan (ASCAP) for the care recipient, and services are planned in advance as part of a care plan.

38.2.10 Services can diminish caregiver burden and stress and can prevent or delay more costly and unnecessary out-of-home placement for care recipients.

38.2.11 Eligibility Requirements - The Contractor shall:

1. Provide services to individuals that meet the eligibility requirements described in Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.
2. For the Lifespan Respite Care Program, services are provided to any primary caregiver of an individual who does not currently receive for other publicly funded respite services, as stated in A.R.S. §46-172, as may be amended.
3. For the purposes of the Adult Day Respite Program, refer to Adult Day Health Scope of Work and provide services to the individuals that meet the eligibility requirements described in Chapter 3000 of the DAAS Policy and Procedure Manual, as may be amended.

38.3 Service Requirements – The Contractor shall provide:

38.3.1 Supervision and monitoring:

For the purposes of in-home respite, including respite services provided by a friend or neighbor:

1. Require that the service agency Supervisor provide an initial visit to conduct an intake, assign direct care worker to initiate service provision, and develop a care plan.
2. A family caregiver will be provided all self-directed respite program forms and requirements by the case manager;

Scope of Work

Contract No.: **CTR048041**

Description: **Area Agencies on Aging (AAA)**



3. Require that the Supervisor conducts home visits for each client at least every 90 days, or more frequently if required, to determine if the worker is performing tasks according to the care plan and to remedy areas of deficiency.

38.3.2 Services to the care recipient:

1. Provide short-term supervision either in or outside of the individual's home;
2. Provide supervision of the individual to protect the individual's welfare and safety;
3. Provide for the social, emotional, and physical needs of the individual. An initial supervisory visit may be conducted to set up a care plan that addresses the individual's interests;
4. Supervision of self-administration of medication as prescribed;
5. Provide first aid and appropriate attention to injury and illness;
6. Supervision of provision of food to meet daily dietary needs, including a therapeutic diet if prescribed; and
7. Provide general supervision of the individual's activities of daily living, including activities such as bathing, dressing, eating, toileting, etc.
8. If authorized by the case manager, provide assistance with personal care and housekeeping

38.3.3 Services to the care recipient for group respite:

1. Provide appropriate group activities for the duration of the family caregiver program workshop or support group;
2. Ensure the safety and well-being of the care recipient while attending; and
3. Provide only companionship level care to the care recipient.

38.3.4 Emergency respite care provided within a facility outside the client's home, shall meet Arizona Department of Health Services license requirements appropriate to the facility.


1. Services provided must at appropriate level of care for the care recipient as determined on the Resident Care Plan and Residency Agreement; and
2. May not exceed five (5) days and nights.

38.4 Licensure/Certification Requirements

38.4.1 Require that direct service staff have current certification in CPR and training in home accident prevention and first aid.

38.4.2 Require that direct service staff do not provide services until they have been certified competent in this area by their agency.


1. As described in the DAAS Policy and Procedure Manual, as may be amended, direct service staff shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services.
2. Direct Care workers providing respite services shall be certified competent in this area by their agency. As described in the DAAS Policy and Procedure Manual, as may be amended, staff providing respite care shall demonstrate knowledge and skills consistent with the Arizona Direct Care Training standards before providing services. The complete curriculum, competencies and information related to agencies that are interested in becoming an approved testing site are available on the ADES website, located at: www.azdirectcare.org. Documentation of test results (knowledge and skills) or verification of prior testing shall be included in the employee personnel record;
3. Agency Service Supervisor shall have at a minimum:
 - a) At least two (2) years full time employment experience in a supervisory capacity;
 - b) One (1) year of studies at an accredited college in a related field can substitute for one (1) year experience.
 - c) Orientation to target population is also required, unless otherwise evident in background that s/he has previous experience serving the target population; and
 - d) Demonstrate knowledge and skills consistent with the Arizona Direct Care standards at the same level, at a minimum, as the employees being supervised.

Scope of Work	
Contract No.: CTR048041	
Description: Area Agencies on Aging (AAA)	

38.4.3 Comply with the following:
1. Newly hired employees providing respite care shall submit three (3) references from persons other than their family members. All references, whether verbal or written, shall be contacted and results documented in the personnel record.

38.5 **Performance Measures**
38.5.1 The ability to care for the individual at home was enhanced as measured by a pre and post service delivery evaluation (Caregiver Assessment Tool).

38.6 **Reporting Unit**
38.6.1 One (1) unit of service equals 60 minutes of service time.

Scope of Work	
Contract No.: CTR048041	
Description: Area Agencies on Aging (AAA)	

10.0 ADULT DAY CARE/ADULT DAY HEALTH CARE

10.1 Purpose Statement

10.1.1 The service improves the emotional and mental well-being of eligible individuals, enabling eligible individuals to interact socially, receive health monitoring, and to acquire knowledge and skills, and provides respite for the caregivers of eligible individuals. Services provide respite for family caregivers from the demanding responsibilities of their role, helping to avoid costly and unwanted placement of the care recipient in a full-time care facility.

10.2 Service Description

10.2.1 Taxonomy Definition – A service that provides supervised planned care and health-related services to adults in a group setting during a portion of a 24-hour day.

10.2.2 Caregivers typically select the type of center a care recipient attends based on the care needed. In general, there are three types of adult day centers:

1. Social - Provides meals, recreation and some health-related services;
2. Medical/Health - Provides social activities as well as more intensive health and therapeutic services; and
3. Specialized - Provide services only to specific care recipients, such as those with diagnosed dementias or developmental disabilities).

10.2.3 Adult Day Care is:

1. A component of community-based long-term care systems and a service that supports the caregiver;
2. A case-managed service focused on general supervision, socialization, recreation;
3. A caregiver-focused service but can be provided to individuals living at home alone as an opportunity for socialization;
4. Short-term (4-8 hours at a time), with preference in length based on the caregiver's specific need; and
5. Normally planned in advance as part of a care plan but can also be provided on an emergency basis.

10.2.4 Adult Day Health is:


1. A component of community-based long-term care systems and a service that supports the caregiver;
2. A case-managed service focused on more intensive health-related services;
3. A caregiver-focused service but can be provided to individuals living at home alone as an opportunity for health care supervision;
4. Short-term (4-8 hours at a time), with preference in length based on the caregiver's specific need; and
5. Normally planned in advance as part of a care plan but can also be provided on an emergency basis.

10.2.5 For the purpose of the Family Caregiver Support Program, this service is to be provided to the caregiver as a form of respite care service and is considered to be a temporary substitute supportive service that provides a brief period of relief or rest for caregivers. Temporary service not to exceed an average of 60 hours per month.

10.2.6 Eligibility Requirements – The Contractor shall provide services to individuals that meet the eligibility requirements described in the DAAS Policy and Procedure Manual, as may be amended.

10.3 Service Requirements – The Contractor shall:

10.3.1 Review case manager authorization for duration of service and any special service requirements;

Scope of Work	 DEPARTMENT OF ECONOMIC SECURITY <i>Your Partner For A Stronger Arizona</i>
Contract No.: CTR048041	
Description: Area Agencies on Aging (AAA)	

- 10.3.2 Develop a written care plan for each care recipients/caregiver upon entry. The care plan shall utilize the individual's family and/or friends when applicable/possible. The care plan shall include a plan of action to be followed in the event of an emergency:
1. Maintain monthly progress notes for each care recipients/caregiver.
 2. Reassess at least every six months, in writing, the adequacy of the care recipient's/caregiver's care plan, or more frequently if a change occurs that affects eligibility or need.
- 10.3.3 Refer individuals/caregivers to and coordinate with the appropriate agencies and resources when additional social, emotional or physical needs are present.
- 10.3.4 Provide services to the care recipient that include, but are not limited to:
1. Short-term personal care and supervision;
 2. Supervision of the individual to protect the individual's welfare and safety;
 3. An initial visit may be conducted to set up a care plan that addresses the individual's interests;
 4. The individual receiving medication as prescribed;
 5. First aid and appropriate attention to injury and illness;
 6. Food to meet daily dietary needs, including a therapeutic diet, if prescribed;
 7. General supervision of the care recipient's activities of daily living, including activities such as bathing, dressing, eating, toileting, etc.;
 8. Family or care recipient psycho-social intervention, when applicable; and
 9. Service provision only when there is a discharge plan which indicates a definite timeline for transitioning back into the community for individuals living in nursing homes or assisted living centers.
- 10.4 **Licensure/Certification Requirements**
- 10.4.1 Services provided in non-tribal facilities shall be licensed by the Arizona Department of Health Services according to the Arizona Administrative Code (A.A.C.) R9-10-501 through R9-10-514, as an Adult Day Care/Adult Day Health Care facility, as may be amended.
- 10.4.2 Services provided in tribal facilities shall be authorized by a tribal government or the Bureau of Indian Affairs as an Adult Day Care/Adult Day Health Care facility.
- 10.4.3 Programs providing meals must comply with the nutrition requirements as specified in the A.A.C. R9-10-509, as may be amended.
- 10.5 **Reporting Unit**
- 10.5.1 One (1) unit of service equals 60 minutes of service time.

PART FOUR

PROPOSAL SUBMISSION INFORMATION

This section includes the information to be submitted by the Offeror in response to the RFP.

PROPOSAL SUBMITTAL LETTER

In response to AREA AGENCY ON AGING, PINAL - GILA COUNCIL FOR SENIOR CITIZENS REQUEST FOR PROPOSAL (RFP) FY 2023-2024.

Offeror hereby submits this proposal to provide the following service(s)

In submitting this proposal, Offeror certifies that:

1. The RFP and all attached documents have been read and understood and that all information provided is true, complete and accurate to the best of my knowledge. Offeror acknowledges that should investigation at any time disclose any misrepresentation or falsification, this proposal may be rejected, and contracts entered into may be terminated.

2. ENCLOSED, at a minimum, is all information requested in this RFP, consisting of:
Scope of Work: Scope(s), complete with Service Methodology and Method of Evaluation.

The instructions for completing these are in Part Two.

- a. Annex A - Program/Administration Section
- b. Statement of Qualifications
- c. Cost and/or Price Data (Schedule I, II, Itemized Service Budgets, Agency Operations Spreadsheet, Cost Allocation Plan).
- d. Assurances (as required and/or explanations(s) why any specific assurance is not applicable to the offeror.)
- e. Background Information
- f. Certificate of Insurance
- g. All requested attachments.

3. Electronic signatures are acceptable.

4. Any Solicitation Amendment(s) sent in regard to this RFP is signed and submitted no later than the cited deadline.

5. Offeror certifies that the assurances contained in this proposal have been met by the offeror.

6. The submission of this proposal did not involve collusion or other anticompetitive practices.

7. Offeror is not currently debarred.

8. Offeror has sufficient funds to meet obligations on time under the contract while awaiting reimbursement from PGCS.

I am authorized by the offeror submitting this proposal to make these certifications and to bind the Offeror to the Offer and the terms and conditions of the solicitation.

SIGNATURE: DATE: _____

TYPED NAME: TITLE: _____

NAME OF OFFEROR: _____

ADDRESS: _____

CITY: STATE: ZIP CODE: _____

TELEPHONE: FAX: _____

FEDERAL EMPLOYER IDENTIFICATION : _____

STATEMENT OF QUALIFICATIONS

Offerors should submit information regarding qualifications including, but not limited to:

1. Information on educational and training background on key personnel of service proposed.
2. Information on expertise/experience relative to the service(s) proposed.
3. Any information that may reflect on the ability to perform the required service(s) (e.g. copies of licenses, certificates, memberships in professional association, societies, boards, etc.)

Offerors should provide the above information in a narrative format addressing the three items listed above. **No form is attached.**

**ANNEX A
PROGRAM/ADMINISTRATION SECTION**

1.0 Authorized Signatory for Contractor:

1.1 _____, FEI No. _____
PROVIDER AGENCY NAME FEDERAL EMPLOYER IDENTIFICATION NUMBER

Address Phone Number

1.2 _____
Name of Principal Authorized Signatory Title

To execute contracts and amendments and is responsible for the delivery of Contract Services during the term of this Contract.

1.3 In the absence of the principal authorized signatory named above, _____
Name
_____ is authorized to sign this Contract and any amendments thereto on behalf of the
Title

Provider:

2.0 Notices:

2.1 The PGCSC AAA shall address all notices relative to this Contract to the attention of:

Name and Title

Address Phone Number
FAX: _____ E-MAIL: _____

2.2 Daily contact regarding programmatic issues for this contract:

Name and Title

Address Phone Number
FAX: _____ E-MAIL: _____

2.3 Financial contact for issues regarding to this contract:

Name and Title

Address Phone Number
FAX: _____ E-MAIL: _____

2.4 The Provider shall address all notices relative to this Contract to the attention of:

Contracts Manager Telephone Number: (520) 836-2758
Pinal-Gila Council for Senior Citizens FAX: 520-421-2033
8969 W. McCartney Rd., Casa Grande, AZ 85194-7432 E-Mail: mikim@PGCSC.org

3.0 Contract Term:

The term of this Contract shall begin on July 1, 2023
or the date of last signature, whichever is later, and shall terminate on June 30, 2024

4.0 Contract Purpose: The Contract Services to be provided during the term of this Contract shall address the problem(s) and need(s) and seek to achieve program goals described below.

The target populations and needs are identified and specified in the Area Agency on Aging Area Plan for Services and the Area Plan Amendments.

Contract Goal: To plan, coordinate and implement a comprehensive system of services for the elderly in accordance with the Older Americans Act of 1965 (42 U.S.C., and 3001, et. seq.); the OAA Regulations 45 CFR part 1321); DHHS Grant Administration Regulations (45 CFR part 74); and other applicable laws, rules and policies

5.0 – Contract Services and Service Delivery

5.1 Scopes of Work:

Each Contract Service to be provided during the term of this Contract shall be delivered in accordance with the requirements indicated in the applicable Scopes of Work. The Scopes of Work are provided as pdf documents in this RFP. No further action is required.

The delivery of services and programs under the Contract shall be in compliance with the Policy and Procedures Manual issued by the Arizona Department of Economic Security's (ADES) Division of Aging and Adult Services (DAAS) (Issued/Revised: 11-01-2013); and in accordance with any and all written policies and procedures issued by Pinal-Gila Council for Senior Citizens (PGCSC).

5.2 Subcontractors:

Darken the Box ONLY if this applies to you or your organization.

A portion of the Contract Service to be provided under this Contract shall be delivered by Subcontractors as identified in Section 5.6 of Annex A, Program/Scope of Work Section. Contractor understands and warrants that no work shall be performed by a Subcontractor until the subcontract document has been reviewed by and approved in writing by the authorized Pinal-Gila Council for Senior Citizens representative.

5.3 List the services or mark the appropriate box(es) for the service(s) you are proposing to provide.

The Contract Services to be delivered during the term of this Contract to Eligible Persons are:

- Adult Day Care
- Attendant Care
- Respite

5.4 Eligibility Criteria, Intake Procedures and Case Records:

5.4.1 Eligibility Criteria

Title III:

Aging Services eligibility criteria is limited to the descriptions in 45CFR Part 1321, "Grants for State and Community Programs on Aging" and Title XVI of the Social Security Act, as amended, and as identified in Aging & Adult Administration's Policy and Procedure Manual – 11-01-2013 and PGCSC Policies and Procedures.

- A. Eligibility under the Older Americans Act and State funds restricted to persons 60 years of age or older.
- B. Preference will be given in the delivery of the Contract Services to those older persons aged 60 or over in greatest economic and/or social need with particular attention to low-income minority individuals; frail, homebound by reason of illness or incapacitating disability, or otherwise isolated individuals; and individuals who reside in rural areas.

- C. Services are provided to persons with a physical disability who are 18-59 and who are in the greatest social and economic need of supportive services in order to remain living safely in their own home.

5.4.2 Intake Procedures

Title III:

- A. All PGCSC clients referred to and served by the Provider (Contractor) must be authorized for services following the determination of eligibility in accordance with PGCSC's intake and case management policies and procedures.
- B. In accordance with Chapter 3000, Section 3100 (Paragraphs 3125.2 A and 3125.2 B), Non-Medical Home and Community Based Services (NMHCBS), ADES/DAAS Policy and Procedure Manual, service providers shall initiate service provision authorized by the Arizona Standardized Client Assessment Plan (A.S.C.A.P.) (known as PGCSC's service Plan) within seven (7) business days after an individual has been deemed eligible or re-eligible for the services developed in the service plan by PGCSC's Case management department. This information, when received by provider, serves to authorize the commencement of service(s). Service provision by the providing agency can commence before receipt of the service plan, but initiation is limited to five (5) days before receipt of the plan. Any service or units of service provided outside of the authorized service plan will be disallowed. In the event that the demand for services is greater than the supply PGCSC will establish waiting lists in accordance with a prioritization procedure. Individuals placed on the waiting list will not receive a home assessment until an opening occurs.

5.4.3 Case Records

- A. A central case record will be maintained at Pinal-Gila Council for Senior Citizens for each individual. Each central record will contain information as specified by Funder.
- B. The provider will maintain case records for each individual admitted to the provider agency for service. Provider case records will contain program specific information for each client as specified in the Service Specifications for that service, or by PGCSC.

5.5 Staffing: FY 2023-2024

Contract Services: Enter the title of each contract service for which funding is requested in this proposal. The title entered must be identical to the title at the top of the applicable Scope(s) of Work found in PART THREE of this document. If your proposal includes more than one contract service, leave sufficient space between service title to list all of the positions responsible for providing each service opposite the service title in the second column.

Position Title: For each contract service proposed, list the titles of all staff and volunteer positions which devote any time to the provision of that specific service. If a given position devotes time to the delivery of more than one contract service, that position must be listed separately, opposite each contract service to which it devotes time.

Number of FTE's: For each position title listed, enter the Full-Time Equivalency (FTE) the position title devotes to that contract service, regardless of fund source. One FTE (1.) is approximately 2080 hours per year (including vacation time).

Ratio of Direct Care Staff to Clients: For each position title involved in providing direct care to clients, enter the ratio of staff to clients.

Each Contract Service shall be provided by the following personnel positions:

CONTRACT SERVICES	POSITION TITLE	NO. OF FTEs	RATIO OF DIRECT CARE STAFF TO CLIENTS

5.6 Facility Location: FY 2023-2024

Service: List each specific service for which proposal is being submitted. The service title entered must be identical to the title found at the top of the applicable Scope(s) of Work.

Facility Name and Address: List the name and address of the facility or facilities, from which each service is provided or at which each service is provided.

NOTE: If all services are provided at one facility location, list the facility and address only once. If a given service is provided at more than one location, list all of the facilities and addresses where the service will be provided. The names and addresses of any subcontractor(s) and subcontractor facilities must be included in this listing.

Days and Hours of Operation: List the days and hours during which each service is available at the facility location. Where applicable, ditto marks ("") may be used to indicate duplicate information.

Facility Location: FY 2023-2024

Days and Hours of Operation: List the days and hours during which each service is available from your agency/location. Where applicable, ditto marks ("") may be used to indicate duplicate information. If services are provided from more than one location or at more than one location; please list all facilities and addresses. Service shall be available during the hours of operation indicated

SERVICE	FACILITY NAME AND ADDRESS	DAYS AND HOURS OF OPERATION

5.7 Geographic Coverage FY 2023-2024

List the geographic area(s) in which the services(s) will be provided as listed in Allocations FY 23-24

Indicate the geographic area(s) in which services will be provided:

- Service Area I
- Service Area II
- Service Area III
- Service Area IV
- Service Area V

5.8 Holidays FY 2023-2024

Darken the box in front of each holiday on which the facility will be closed. Indicate if an emergency answering service is available when the facility is closed. If your facility is closed on holidays not pre-printed on this form, type those holidays in the space provided.

- | | | | |
|--------------------------|----------------------------|--------------------------|---------------------------|
| <input type="checkbox"/> | New Year's Day | <input type="checkbox"/> | Veteran's Day |
| <input type="checkbox"/> | Martin Luther King Jr. Day | <input type="checkbox"/> | Thanksgiving Day |
| <input type="checkbox"/> | Presidents' Day | <input type="checkbox"/> | Friday after Thanksgiving |
| <input type="checkbox"/> | Good Friday | <input type="checkbox"/> | Christmas Day |
| <input type="checkbox"/> | Memorial Day | <input type="checkbox"/> | Day after Christmas |
| <input type="checkbox"/> | Independence Day | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Labor Day | <input type="checkbox"/> | Other: _____ |
| <input type="checkbox"/> | Columbus Day | <input type="checkbox"/> | Other: _____ |

Indicate if an emergency answering service is available when the facility is closed.

5.9

1. Describe the organization's community/state emergency disaster plan (pandemic response plan) or development of an emergency disaster plan and staff training.

--

2. Based on the geographic service area(s) selected, identify the staffing strategies to fully serve these communities.

GEOGRAPHIC AREA:	STAFFING STRATEGIES:
I.	
II.	
III.	
IV.	
V.	

3. Identify components of the supervisory visits that address compliance with standards and policies of the five areas listed below. Identify additional areas/components of the supervisory visits that may exist for your organization.

SUPERVISORY VISIT:	COMPONENT:
SUPERVISORY VISIT: Including the timing and provision of relevant copies to the PGCSC Case Manager	
CARE PLAN: Including the timing and provision of relevant copies to the PGCSC Case Manager	

Case Conferencing: Including but not limited to Quality of services provided, Client satisfaction, Worker compliance.	
---	--

4. If proposing for respite service, describe how a care plan is developed specific to the caregiver and recipient needs, implemented with the worker and monitored throughout the service.

--

5. Describe efforts to 1.) Authenticate client services, 2.) Specific measures to avoid worker fraud (to include processing reports of fraud and any subsequent investigation), 3.) Process to supervise case files for compliance.

AUTHENTICATE CLIENT SERVICES:	
AVOID WORKER FRAUD:	
SUPERVISE CASE FILES FOR COMPLIANCE:	

6. Describe the agency's process to meet the following expectations:

METHOD FOR NOTIFYING PGCSC CASE MANAGER OF THE INITIATION OF SERVICE.	
---	--

ESTABLISHING CLIENT SERVICE SCHEDULES.	
PROCESS TO CONTACT CLIENT WHEN SCHEDULE CANNOT BE MET.	

7. Identify how the agency will ensure HIPAA compliance; identify the position responsible for oversight of HIPAA compliance.

--

8. In the first 3 areas below, describe actions and policies to describe service delivery to clients that are difficult to serve due to mental, physical or emotional issues.

In the fourth area below, describe actions and policies to address situations when agency may refuse to serve a client that is difficult to serve and how written documentation will be provided to the PGCSC Case manager.

In the fifth area below, describe actions and policies that address situations when a client refuses to be served by your agency for any reason and the steps taken to work with a PGCSC case manager to transition the client to another agency.

In the sixth area below, describe actions and policies for reporting to the PGCSC case manager any issue that affects delivery of service to the client. The area should include ensuring continuity of care when a Direct Care Worker (DCW) leaves the agency's employment or if a DCW is unavailable to cover a shift.

MENTAL ISSUES:	
PHYSICAL ISSUES:	

EMOTIONAL ISSUES:	
REFUSAL BY AGENCY TO SERVE A CLIENT:	
REFUSAL BY A CLIENT TO BE SERVED BY YOUR AGENCY:	
REPORTING OF ANY ISSUE THAT EFFECTS DELIVERY OF SERVICE TO THE CLIENT:	

9. Identify the employee hiring practices within your organization to ensure that reference checks, background checks, fingerprinting, central registry checks and drug testing (as may be applicable) are completed in a timely manner. Also identify supervision and oversight to ensure practices are fully compliant with standards and laws.

HIRING PRACTICES:	
SUPERVISION PRACTICES for COMPLIANCE:	

10. Describe how the agency will implement and comply with the Arizona Direct Care Worker Standards.

PART FOUR
ASSURANCES

Offerors are required to have all applicable assurances from the following list on file in order to be eligible for a contract with PGCSC. If a check mark appears in the right hand column of this page, the offeror is required to submit with their proposal the items described in the statement to the left of the check mark. Certification that these assurances have been met is contained in the Proposal Submittal Letter at the beginning of Part Three. If any of the checked items are not applicable to you or your organization, include an explanation in your proposal.

	X = Submit With Proposal
1. AGENCY ORGANIZATION. If the offeror is a corporation, whether for profit or non-profit:	
a. Offeror has on file a current staff organization chart, setting forth lines of authority, responsibility, and communication in accordance with policies established by the governing body. Please indicate an Attachment # if applicable.	X
b. (If applicable) Offeror has on file a current organization chart depicting its relationship to the organization of which it is a subsidiary or by which it is sponsored. Please indicate an Attachment # if applicable.	X
c. Offeror has on file a current copy of the Articles of Incorporation or partnership agreement. Please indicate an Attachment # if applicable.	X
d. Offeror has on file a current and complete list of the names and addresses of all members of the Board of Directors. Please indicate an Attachment # if applicable.	X
e. Offeror has written procedures which require due process and the prompt resolution of any complaint of discrimination on the basis of age, sex, religion, race, national origin or handicap. Please indicate an Attachment # if applicable.	X
f. Offeror has on file written documentation which certifies the authorized signatories referenced in the Program/Scope of Work, Section 1.0, to propose, negotiate and enter into contracts on behalf of the governing body.	

2. PERSONNEL

a. Offeror has on file a current written job description, including minimum qualifications for training and experience, for each position.	X
b. There is a resume on file for persons providing any service, that specifies qualification to perform the proposed service.	
c. For direct services to children or vulnerable adult's offeror complies with A.R.S.-§41-1758.07 as it relates to fingerprinting and certification of employees providing direct service and with A.R.S. §8-804 as it relates to the Central Registry.	X

3. FINANCIAL

a. Offeror has on file a copy of the most recent independent audit report, including the auditor's letter to management.	X
b. Offeror has on file its latest annual financial statement, including balance sheet and income statement	
c. Offeror has on file a copy of its most recent IRS_990, "return of Organization Exempt from Income Tax".	
d. Offeror has sufficient funds to meet obligations on time under the CONTRACT while awaiting reimbursement from PGCSC	X

PART FOUR
Part Four
BACKGROUND INFORMATION

1. When was your organization formed? _____

Indicate the type of entity submitting this offer:

Government

Corporation

Individual

Partnership

Sole Proprietorship

Private Non-Profit Corporation

Yes No Is your organization qualified as a charitable organization under Section 501c(3) of the Internal Revenue Code? Attach a copy of the notification letter from the IRS.

Other: _____

2. Yes No Have any federal or state agency ever made a finding of non-compliance with any civil rights requirements with respect to your service program? **If yes, explain.**

3. Yes No Have you or your organization gone through a bankruptcy, or are there any suits, judgments, tax deficiencies, or claims pending against you or your organization. **If yes, explain.**

4. Yes No Are there lawsuits, judgments, tax deficiencies, or claims pending against you or your organization? Are there judgments, tax deficiencies, or other debts owed to any state by you or your organization? **If yes, explain.**

5. Yes No Have any licenses/certificates held by the entity applying or its officers, directors, partners or key managers ever been denied, revoked, suspended or provisionally issued within the past five years? **If yes, explain.**

PART FOUR

6. Yes No Have you or has your organization and/or any of its officers been the subject of criminal investigations or prosecutions? **If yes, were there any convictions?** Yes No
List the offense and the year of the conviction.

7. Yes No Have you or has your organization terminated any contracts, had any contracts terminated, or been involved in contract lawsuits. **If, yes, explain.**

10-2

8. Yes No Do you, your staff, any of your relatives, or voting members of your Board of Directors maintain any ownerships, employments, public and private affiliations or relationships which may have substantial interest (as defined in A.R.S. §38-502) in any contract, sale, purchase or service involving the Department? **If yes, complete and submit a Disclosure of Substantial Interest Statement.**

9. Yes No Have you or any entity you have owned or managed been debarred from contracting.

PART FOUR

10. Yes No Have steps been taken to assure use of bilingual public contact employees to permit effective participation by clients unable to speak or understand English? **Please explain.**
11. Yes No Are services accessible to deaf and blind individuals? **Please explain.**
12. List any other agencies, including DES, with which you or your organization has had written agreements, grants or contracts. Indicate services provided and years of service. *(If needed, attach a separate sheet.)*

PART FOUR

13. Does your organization have the following manuals?

		YES	NO	DATE OF LAST REVISION
Program Policy & Procedures	<input type="checkbox"/>	<input type="checkbox"/>		_____
Personnel	<input type="checkbox"/>	<input type="checkbox"/>		_____

14. On a separate sheet provide a summary of the organization to include the mission statement, signification organizational changes **within the past 2 years**, and describe previous organizational experience that qualifies the organization to deliver the services proposed. **(One page, 12 font, single space)**

DISCLOSURE OF SUBSTANTIAL INTEREST STATEMENT

PART FOUR

Offeror/Contractor: _____

Person's Name (Typed): _____

Following is a list of all persons, partnerships, corporations, trusts or other organizations which have a substantial interest in my organization as defined in A.R.S. § 38-502. The list also includes those persons, partnerships, corporations, trusts or other organizations in which I, one of my relatives, or a director, officer, owner or trust certificate holder of my organization, or a relative thereof have a substantial interest. This list is limited to those "substantial interest" relationships which may involve either direct or indirect payments by my organization under contracts awarded by PGCS.

I understand that I shall not make any payment with funds received from PGCS, either directly or indirectly, to the listed persons, partnerships, corporations, trusts and other organizations without prior notification to PGCS. I will advise PGCS in writing of any additions to or deletions from this list.

Person's Signature: _____ Date: _____

Offeror/Contractor Authorized Signature: _____ Date: _____

Typed Name and Title: _____

PART FOUR

Proposers who are awarded a contract will be expected to provide a CERTIFICATE of INSURANCE (COI), naming Pinal Gila Council for Senior Citizens in the Additionally Insured field.

Insurance levels, along with a sample COI can be found in the attachment titled

PGCSC Special Terms and Conditions

PART FOUR

EXHIBITS AND ATTACHMENTS

This section contains material that may become part of a contract as well as other material that may be helpful to you as a reference when completing the proposal. The exhibits and attachments that follow are:

- | | |
|-------|---|
| E | Exhibits and Attachments |
| E1-E3 | Older Americans Act Eligibility Criteria |
| E4 | Older Americans Act Definition of Greatest Social and Economic Need |

ATTACHMENT TO DES SPECIAL TERMS AND CONDITIONS

CERTIFICATION REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Statement for Loan Guarantees and Loan Insurance

The undersigned states, to the best of his or her knowledge and belief, that:

If any funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this commitment providing for the United States to insure or guarantee a loan, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Submission of this statement is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, U.S. Code. Any person who fails to file the required statement shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Agency/Organization:

Name and Title of Authorized Representative

Signature

Date

Certification Regarding:

Debarment, Suspension, Ineligibility and Voluntary Exclusion

Lower Tier Covered Transactions

This certification is required by the regulations implementing Executive Order 12549-Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participant's responsibilities. The regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-19211).

(BEFORE COMPLETING CERTIFICATION, READ ATTACHED INSTRUCTIONS WHICH ARE AN INTEGRAL PART OF THE CERTIFICATION)

- (1) The prospective recipient of federal assistance funds certifies, by submission of this proposal, that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by a federal department or agency.
- (2) Where the prospective recipient of federal assistance funds is unable to certify any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

Name of Agency/Organization

Name and Title of Authorized Representative

Signature

Date

Instructions for Certification

1. By signing and submitting this document, the prospective recipient of federal assistance funds is providing the certification as set out below.
2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective recipient of federal assistance funds knowingly rendered an erroneous certification, in addition to other remedies available to the federal government, the Department of Labor (DOL) may pursue available remedies, including suspension and/or debarment.
3. The prospective recipient of federal assistance funds shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective recipient of federal assistance funds learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective recipient of federal assistance funds agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the DOL.
6. The prospective recipient of federal assistance funds further agrees by submitting this proposal that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may but is not required to check the List of Parties Excluded from Procurement or Non-Procurement Programs.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the federal government, the DOL may pursue available remedies including suspension and/or debarment.

PART FOUR

Proposers who are awarded a contract will be expected to provide a CERTIFICATE of INSURANCE (COI), naming Pinal Gila Council for Senior Citizens in the Additionally Insured field.

Insurance levels, along with a sample COI can be found in the attachment titled

PGCSC Special Terms and Conditions



COMMACT-05

KYLEKISSEL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

7/5/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER NFP Property & Casualty Services, Inc. 6992 East Broadway Boulevard Tucson, AZ 85710	CONTACT NAME: Elane Norman	
	PHONE (A/C, No, Ext): (520) 467-6063	FAX (A/C, No): (520) 571-9667
E-MAIL ADDRESS: elane.norman@nfp.com		
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Philadelphia Indemnity Insurance Company		18058
INSURER B:		
INSURER C:		
INSURER D:		
INSURER E:		
INSURER F:		

INSURED
YOUR AGENCY INFORMATION HERE

COVERAGES **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X		PHPK2422109	6/1/2022	6/1/2023	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
A	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY			PHPK2422109	6/1/2022	6/1/2023	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			PHUB817489	6/1/2022	6/1/2023	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$
A	Professional Liab			PHPK2422109	6/1/2022	6/1/2023	Retro Date: 10/20/08 1,000,000
A	Professional Liab			PHPK2422109	6/1/2022	6/1/2023	Aggregate 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Contract #0014-7693 Amendment #4 2

Pinal-Gila Council for Senior Citizens is included as additional insured in accordance with the policy provisions of the General Liability coverage

CERTIFICATE HOLDER

CANCELLATION

Pinal-Gila Council for Senior Citizens
 8969 W McCartney Rd
 Casa Grande, AZ 85294

PGCSC INFORMATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Cynthia Graves

PART FOUR

EXHIBITS AND ATTACHMENTS

This section contains material that may become part of a contract as well as other material that may be helpful to you as a reference when completing the proposal. The exhibits and attachments that follow are:

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CLIENT ELIGIBILITY FOR OLDER AMERICANS ACT SUBSIDIZED SERVICES 2023-2024

ALL OAA PROGRAMS:

Persons aged 60 and over who are non-institutional and non-ALTCS residents of Pinal and Gila Counties (non- reservation). Preference is given to older individuals with greatest economic or social need, with particular attention to those who are low income and minority, frail, homebound or isolated, with limited English speaking ability. Availability of services depends upon funding, waiting lists may exist. These are NOT entitlement services.

LEGAL ASSISTANCE:

Persons aged 60 and over who have been referred through PGCSC's Ombudsman program or who otherwise meet criteria for priority needs. No criminal, personal injury or money generating cases are handled.

IN-HOME SERVICES: (case management, attendant care, housekeeping, respite, adult day care,)

Only those individuals authorized for services through an in-home assessment conducted by a case manager from Pinal - Gila Council for Senior Citizens.

HOME REPAIR:

Only those homeowners validated as eligible by Pinal - Gila Council for Senior Citizens May include individuals authorized for service by a case manager within PGCSC's Community Services System or non-case managed individuals residing within Pinal and Gila Counties.

NUTRITION PROGRAM- Congregate:

Only those individuals aged 60 and over (or spouse regardless of age) in greatest social or economic need who are at risk of not meeting their daily nutritional requirements or who do not have sufficient opportunity for social interaction. PGCSC approved program volunteers under 60 who provide two or more hours of service each day at the center in which they receive meals and who document this information daily on the approved volunteer log may also be eligible (depending upon funding and prior permission from PGCSC). Individuals with disabilities, age 18 and older, in greatest social or economic need who reside in a non-institutional household with an eligible older individual who attends a congregate meal site, may also be eligible to attend, with or without accompanying the older individual at the time of service.

NUTRITION PROGRAM – Home Delivered:

Only those individuals aged 60 and over (or spouse regardless of age) in greatest social or economic need who are homebound, frail, isolated, are not able to prepare or have other access to meals that would meet their daily nutritional requirements. An in-home assessment must identify a minimum of 2 ADLs or 2 IADLs - one of which is inability to obtain or prepare meals. A non-elderly disabled person who resides with an eligible elderly person may be determined eligible for meals if this is in the best interest of the older individual. Service may be temporary while other arrangements for meals are made.

SENIOR CENTER TRANSPORTATION:

Only those individuals 60 and over who attend a PGCSC senior nutrition program and have been registered and approved by program staff.

ELIGIBILITY UNDER OTHER FUNDING SOURCES

SSBG (Title XX):

Only those disabled individuals age 18 and over who have been authorized for services by a case manager.

LONG TERM CARE:

Individuals determined eligible by a case manager of the Arizona Long Term Care System (ALTCS). ALTCS clients are NOT dually eligible for OAA subsidized services but may receive information, assistance, advocacy or donated products or services from PGCSC.

CLIENT ELIGIBILITY FOR PGCSC DIRECT SERVICES

CENTRAL INTAKE:

Callers of any age seeking information to assist older or disabled individuals or caregivers.

FAMILY CAREGIVER SUPPORT SERVICES - SUPPLEMENTAL SERVICES:

Unpaid caregiver, age 18 or over, who resides with a frail, disabled person, age 60 or over, who needs temporary assistance or support to continue care giving and has been authorized for service through case management at PGCSC.

RESPIRE SERVICES:

Unpaid caregiver, age 18 or over, who resides with a frail, disabled person aged 60 and over, who has been assessed and authorized for service through case management.

FAMILY CAREGIVER INFORMATION & ASSISTANCE, FAMILY CAREGIVER TRAINING, FAMILY FACILITATION & SUPPORT GROUPS:

Unpaid caregiver, age 18 or over, who is a provider of in-home and community care to an older individual age 60 years or older.

Legal Services:

Individuals age 60 or over or concerned friends or family members, with understanding that consent of the senior is required for any direct advocacy. Younger disabled: information only.

EVIDENCED BASED HEALTH PROMOTION PROGRAMS:

Pre-registered adults age 60 and over who attend regularly scheduled classes.

MEDICARE HEALTH INSURANCE COUNSELING a part of the State Health Insurance Assistance Program – (SHIP)

Insurance benefits counseling service for Medicare beneficiaries and their families or caregivers. Education, advocacy and counseling services for Medicare-eligible beneficiaries, no age limit.

LONG-TERM CARE ADVOCATES (NURSING HOME OMBUDSMAN)

Residents of a Pinal and Counties long term care or assisted living facility or family of such a resident or potential resident (with the understanding that advocacy is for the resident). No age limit.

GREATEST SOCIAL AND ECONOMIC NEED DEFINITION:

The term **greatest social need** means the need caused by non-economic factors which include physical and mental disabilities, language barriers and cultural, social or geographical isolation including that caused by racial or ethnic status which restricts an individual's ability to perform normal daily tasks or which threatens such individual's capacity to live independently.

In addition, services funded by the OAA are also targeted to frail individuals. The term **frail** means having a physical or mental disability, including Alzheimer's disease or a related disorder, that restricts the ability of an individual to perform normal daily tasks or which threatens the capacity of an individual to live independently.