

Date Issued: October 15, 2013

**The City of New York
Department for the Aging**

**Home Care Program
EPIN: 12514N0001 PIN: 12515HCNA000**

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Authorized Agency Contact Person

Proposers are advised that the Authorized Agency Contact Person for all matters concerning this solicitation is Margaret McSheffrey.

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NYC Department for the Aging
Contract Procurement & Support Services
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Section I: Purpose of the Home Care Program Solicitation

Overview of the Home Care Program at DFTA

The New York City Department for the Aging (DFTA), the funding and oversight agency for the DFTA-funded Home Care Program, is seeking qualified home care providers to provide Housekeeping Services and Homemaker/Personal Care Services. Housekeeping services include, but are not limited to, general cleaning, laundry, ironing, meal preparation and shopping assistance for functionally impaired older adults. Homemaker/Personal Care Services include, but are not limited to, assistance with mobility, transfer, bathing, dressing, toileting, eating, personal hygiene and prompting of medications for functionally impaired older adults. In FY 2013, the DFTA-funded home care portfolio comprised 85% Homemaker/Personal Care Services and 15% Housekeeping Services. The number of units/hours available to clients on a weekly basis is limited; clients are eligible to receive up to 12 hours per week of Homemaker/Personal Care and no more than four hours per week of Housekeeping services through the DFTA funded Home Care Program. DFTA will take into consideration client need when requests for additional hours of services are received from a DFTA funded Case Management Agency. Both levels of service will be reimbursed by DFTA at the same rate in this contract. While emergency and after-hours situations may arise and may need to be addressed by the home care provider, DFTA home care providers should be available to provide regular service to clients Monday through Friday, 250 days a year. In the event of a significant emergency and/or disaster, it is DFTA's expectation that the contracted home care providers will assist DFTA in ensuring that the population of New Yorkers served by the Home Care Program is safe.

Program Goals and Objectives

- To ensure that functionally impaired older adults receive the assistance with personal care and housekeeping that they need in order to continue living in their homes and communities.
- To encourage an older adult's independent functioning to the greatest extent possible.
- To assist lower-to-moderate income older adults in securing coordinated, affordable, high quality home care services.
- To ensure that coordination between the case management agency responsible for client assessment and monitoring, and the home care provider, is smooth and seamless.
- To ensure that the care provided is high quality and meets client expectations.
- To ensure that older adults, eligible for DFTA funded home care, receive assistance from appropriately trained and supervised workers who establish caring and respectful relationships with the client.
- To allow the establishment of the worker-client relationship by supporting the home care provider's ability to ensure low staff turnover and promote continuity of care.
- To ensure that home care workers are assigned to work with clients in culturally and linguistically appropriate ways.

The Home Care Program serves low-to-moderate income older adults throughout the five boroughs of New York City and operates in close collaboration with 16 sponsoring agencies, which hold 23 DFTA Case Management contracts. Prior to referring a client to a Home Care Program, the Case Management Agency (CMA) is responsible for assessing the client's bio/psycho/social needs using a standardized assessment; determining his/her financial eligibility for home care services through DFTA; and allocating the type (Housekeeping and/or Homemaker/Personal Care) and number of weekly hours to eligible clients. Clients are authorized for home care when they are able to live safely with the number of home care hours provided, there are no other resources available to provide the needed assistance, and services are not duplicating what is already being provided for under Medicaid or Medicare. The CMA then refers the client to the home care provider for the provision of home care services. The home care provider is expected to use the same web-based technology as the CMA. DFTA will provide access to its database of record, known as the Senior Tracking, Analysis and Reporting System (STARS), to the winning proposers.

At the point of the referral, the contracted home care provider must provide an in-home nurse assessment within three business days using a DFTA developed assessment tool¹. Service provision must also begin within those three days. The home care agency nurse, usually at the time of the in-home assessment, develops a care plan with the client with the home care worker present. The care plan must include: day(s) and time(s) the client will receive services; specific tasks with which the client will receive assistance; and the name of the worker assigned. The care plan is to be posted on the client's refrigerator or other highly visible location. A reassessment and care plan review is conducted every six months or in the event of a major life/health change.

DFTA expects home care providers to remain abreast of the current and evolving landscape of home care service provision in New York State and adhere to any laws, policies and/or other guidelines required of a LHCSA, including home care aide training requirements.

Proposal Due Date and Time and Location:

Date: Tuesday, November 19, 2013
Time: 1:00 P.M.
Location: Department for the Aging, 2 Lafayette St, Room 400, New York, NY 10007
Attention: Margaret McSheffrey

Completed proposals and supporting documentation should be hand-delivered to the location above or emailed to hc@aging.nyc.gov. When submitting electronically, please remember to factor in email attachment size limits. DFTA strongly encourages the applicant to save separate files for each attachment and label them carefully, including the name of the proposer's organization on the label. Programs that are unable to submit electronically should hand deliver seven paper copies (the original and six copies) to Margaret McSheffrey at the address on page 1. Faxed proposals will not be accepted.

Proposals received at this Location after the Proposal Due Date and Time are late and shall not be accepted by the Agency, except as provided under New York City's Procurement Policy Board Rules. The Agency will consider requests made to the Authorized Agency Contact Person to extend the Proposal Due Date and Time prescribed above. However, unless the Agency issues a written addendum to this solicitation that extends the Proposal Due Date and Time for all proposers, the Proposal Due Date and Time prescribed above shall remain in effect.

Anticipated Contract Start Date: July 1, 2014

¹ When there is disagreement with a case manager's care plan for a client, the home care agency discusses this with the CMA within one day of their in-home assessment so that the most appropriate plan can be worked out within two days. DFTA should be contacted by the Home Care Agency the day after the two-day time frame if the CMA and home care agency cannot agree on an appropriate care plan for the client.

Section II: Parameters of the Home Care Program

Contract Term

It is anticipated that the term of the contract(s) awarded from this RFP will be from July 1, 2014 through June 30, 2017. The contract may include an option to renew for a period of up to three additional years. The Agency/Department reserves the right, prior to contract award, to determine the length of the initial contract term and each option to renew, if any.

Contracting

Subcontracting is prohibited.

Funding

The total funding available in the Home Care Program solicitation is \$16.3 million. The final number of units (service hours) to be made available under this contract will be determined during contract negotiation and will take into consideration the historic need for service by borough and the proposer's proposed reimbursement rate. The maximum reimbursement for each hour of service provided (unit) allowable under this contract is \$17.00.

Service Levels

The anticipated minimum number of units (hours) of Housekeeping and Homemaker/Personal Care that DFTA expects to award through this solicitation are in the table below. Final contracted units of service will be determined during contract negotiations.

Borough	Anticipated Minimum # of units (annual)
Bronx	140,322
Brooklyn	299,011
Manhattan	180,071
Queens	257,986
Staten Island	33,492

Payment in this Contract

Housekeeping and Homemaker/Personal Care services are reimbursed at the same rate per hour using a cost reimbursement model. As noted above, the DFTA reimbursement rate will not exceed \$17.00 per hour. Proposers can propose a rate lower than \$17.00/hour.

In addition to the DFTA reimbursement rate, the DFTA funded Home Care Program, as regulated by the NY State Office for the Aging (NYSOFA), has two additional revenue sources: Cost Share (also known as Fees) and Contributions.

Cost Share: Cost share means the amount the recipient of DFTA-funded home care is required to pay towards the home care service provided. NYSOFA requires cost sharing and annually sets the cost share rate for DFTA-funded home care services based on income levels. Clients with an income above certain levels must pay a "cost share" toward the cost of their home care services. DFTA has an established process for working with clients who are late in paying their portion of the cost for services.

Contributions: Contributions are voluntary donations for services rendered and are collected from the client by the home care provider. Clients who are not required to cost share have the opportunity

to contribute *voluntarily* and confidentially to the cost of providing home care services. CMAs provide clients with a service agreement form which includes the suggested contribution amount. The Home Care Providers send each client a monthly letter regarding the contribution, noting the services rendered and offering the opportunity to contribute voluntarily to the cost of their care. No services are denied due to refusal to give contributions.

While the cost share is determined by the CMA using a standard tool provided and regulated by NYSOFA (**Appendix 1**), it will be the home care providers' responsibility to collect the required cost share payments from clients, not the CMA. Home care providers must send invoices to the client at least monthly. A late payment notice must be sent to the client for any payment not received within 35 days of a billing date. The CMA must be notified of late payment and a copy of the notice should be sent to the CMA.

The maximum reimbursement rate established by DFTA (\$17.00/hour) does not include contributions or cost shares. To help determine the potential for cost share and contributions, DFTA provides the information below detailing the historical cost share/contribution data by borough:

	Bronx	Brooklyn	Manhattan	Queens	Staten Island
Average Cost Share per hour in FY 13	\$0.50	\$0.40	\$0.43	\$0.42	\$0.30
Average Contributions per hour in FY 13	\$0.23	\$0.27	\$0.28	\$0.34	\$0.07

- DFTA's currently contracted homecare providers have sought voluntary contributions at a suggested range of \$0.75 to \$0.79 per hour.
- Historically, the actual citywide collection rate compared to cost share billing has been 93%.

In the budget pages associated with this solicitation (**Attachments B and C**), proposers are asked to submit their entire proposed program budget which includes the proposed DFTA reimbursement rate, the anticipated contributions to be collected, and the estimated cost share to be collected. DFTA will be reimbursing the provider based only on the predetermined DFTA reimbursement rate. In regards to for-profit agencies bidding for this contract, DFTA caps profits at 1%.

Once awarded a contract, the home care provider will supply information on all income collected either through cost share or contributions on their monthly invoice for reporting purposes only. The providers shall document all billing and collection efforts.

Living Wage

The hourly rate for homecare workers utilized under this contract must meet the minimum requirements outlined in New York City's Living Wage Law, codified as Section 6-109 of the Administrative Code of the City of New York, which took effect on April 17, 2003. Since July 1, 2006, the living wage has been \$10.00 per hour. Both for-profit and not-for-profit providers contracting with New York City must pay the living wage in addition to either providing employees a health benefits package or supplementing the hourly wage rate of at least \$10/hour by an amount no less than \$1.50 per hour. A certification of compliance with the Living Wage Law will be required prior to contract award.

Service Areas

DFTA's Home Care Program serves all five boroughs. DFTA plans to award contracts through this solicitation in a manner that is most advantageous to the City. DFTA anticipates awarding one contract per borough. Proposers may submit proposals for more than one borough; a separate and complete proposal must be submitted for each borough including a stand-alone budget that cannot be contingent on any other proposal(s) submitted. It is DFTA's preference to award contracts to organizations that have a history of providing service in the borough they are proposing to serve.

DFTA Home Care Program Standards

In addition to the information provided in the *Section I Overview* of this solicitation, DFTA has certain expectations of home care providers in its Home Care Program, as laid out in its Home Care Standards (**Appendix 4**). Winning home care providers must sign and adhere to DFTA's Home Care Standards. For the sake of this solicitation, it is important for proposers to be aware of the following expectations related to timely, high quality service provision:

- Home Care Providers must begin service provision within three business days of a referral from a CMA.
- The nurse supervisor assigned to the case by the provider will complete the DFTA assessment to affirm the CMA's assessment of the individual.
- The supervisor should be a Registered or a Licensed Practical Nurse with two years of related experience currently certified to practice as a Nurse in New York State.
- The nurse supervisor and any aides working with DFTA clients must have completed elder abuse training.
- The nurse supervisor is responsible for completing a falls risk assessment with the client, completing the care plan, and completing the home care worker Aide Task List (**Appendix 2**).
- The nurse supervisor reviews and revises the care plan during the supervisory visit following each re-authorization of the service by the case manager.
- The home care provider is expected to respond within 24 hours when apprised of a situation suggestive of instability in the client's condition or imminent threat to safety and well-being.
- On each supervisory visit, the nurse provides the client or authorized representative the opportunity to discuss, in private, the service being provided.
- Home care workers employed under the auspices of the DFTA contract must have successfully completed the 40-hour Personal Care training curriculum and receive six hours of in-service training each year. Workers must also have completed Elder Abuse Training. A state approved 75-hour home health aide training is an acceptable substitute for the 40-hour personal care training.
- To the extent possible, the home care provider ensures that the same worker provides service to the client throughout the authorized period, unless the client requests a change; moreover, to the extent possible, the program matches the client needs with worker skills, interest, and language spoken while taking into consideration the client's cultural background.
- To the extent possible, the home care provider will use an aide scheduling methodology that takes advantage of clients' geographic proximity to each other, e.g., clustering.
- The proposer must have an emergency back-up system in the event an aide is unable to provide care to an at-risk client.
- The proposer routinely monitors worker attendance in the home at the scheduled time/days.
- The proposer has an on-call/after-hours hotline to receive emergency home care issues when the administrative office is not open.

Minimum Qualification

The following is the Minimum Qualification Requirement of this solicitation. Proposals that fail to meet this requirement will be deemed non-responsive.

The proposer must be a current New York State Licensed Home Care Services Agency, which shall be demonstrated by appending a copy of the license.

Award considerations

Proposers must meet the minimum qualification for this solicitation. If the minimum qualification has been met, DFTA will consider proposers based on their experience, organizational capacity and proposed approach as rated in the scoring process.

DFTA expects to award five contracts through this solicitation; each contract will cover home care service provision in one borough. Award selection will be based on the highest rated proposals whose proposed hourly rate does not exceed the maximum rate set forth in this solicitation.

The home care provider's program(s) must be fiscally sound. As a result of recent changes in the City's home care delivery system, many licensed home care services agencies have experienced significant financial problems that have left them with a great deal of financial instability. DFTA will take into account the financial viability of the organization when scoring applications and plans to contract with those providers who have weathered the systems changes and are currently in fair to excellent financial health.

Doing Business Data Form

Pursuant to Local Law 34 of 2007, amending the City's Campaign Finance Law, the City is required to establish a computerized database containing the names of any "person" that has "business dealings with the City" as such terms are defined in the Local Law. In order for the City to obtain necessary information to establish the required database, vendors responding to this solicitation should complete the Doing Business Data Form (**Attachment D**) and return it with this proposal, placing it in a separate envelope. (If the responding vendor is a proposed joint venture, the entities that comprise the proposed joint venture must each complete a Data Form.)

If the City determines that a vendor has failed to submit a Data Form or has submitted a Data Form that is not complete, the vendor will be notified by the Agency and will be given four calendar days from receipt of notification to cure the specified deficiencies and return a complete Data Form to the Agency. **Failure to do so will result in a determination that the proposal is non-responsive.** Receipt of notification is defined as the day that the notice is e-mailed or faxed (if the vendor has provided an e-mail address or fax number), or no later than five days from the date of mailing or upon delivery, if delivered.

Compliance with the Iran Divestment Act

Pursuant to State Finance Law Section 165-a and General Municipal Law Section 103-g, the City is prohibited from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Each proposer is required to complete the attached Bidders Certification of Compliance with the Iran Divestment Act, certifying that it is not on a list of entities engaged in investments activities in Iran created by the Commissioner of the NYS Office of General Services. If a proposer appears on that list, the Agency/Department will be able to award a contract to such proposer only in situations where the proposer is taking steps to cease its investments in Iran or where the proposer is a necessary sole source. Please refer to **Attachment E** for information on the Iran Divestment Act required for this solicitation. For instructions on how to complete the required form and for additional information concerning the list of entities, go to <http://www.ogs.ny.gov/About/regs/ida.asp>.

Recruitment and Hiring of Staff

On August 4, 2011, as part of the Young Men's Initiative, Mayor Bloomberg issued Executive Order 151 (EO 151), stating with respect to any employment governed by Article 23-A of the NYS Correction Law, with few exceptions, City agencies are prohibited from asking questions regarding an applicant's prior criminal convictions on any preliminary employment applications or asking any questions about an applicant's prior criminal convictions before or during the first interview. In keeping with the objectives of EO 151, Contractors selected as a result of this solicitation will likewise generally be prohibited from asking questions regarding an applicant's prior criminal convictions on any preliminary employment applications and from asking any questions about an applicant's prior criminal convictions before or during the first interview. In addition, Contractors will be required to comply with Article 23-A, including the requirement that determinations of hiring based on prior criminal convictions must be limited to a conviction that bears a direct relationship to the duties and responsibilities of the position sought, or where their hiring would pose an unreasonable risk to property or to the safety of individuals or the general public.

Whistleblower Protection Expansion Act Rider

Local Law Nos. 30 and 33 of 2012, codified at Sections 6-132 and 12-113 of the New York City Administrative Code, the Whistleblower Protection Expansion Act, protect employees of certain City contractors from adverse personnel action based on whistleblower activity relating to a City contract and requires contractors to post a notice informing employees of their rights. Please read **Appendix 5**, the Whistleblower Protection Expansion Act Rider, carefully.

Section III: Process and Proposal Submission Guidelines

Instructions: Provide all of the information requested below. The narrative should be typed (double-spaced) on one side of 8 and ½ x 11 inch paper. Pages should be paginated and each section should be numbered to correspond to the funding request. Proposal narratives should not exceed twenty pages.

The application process consists of four parts. If DFTA has determined the proposer to have met the minimum qualification in Part I of this solicitation, it will consider Parts II-IV.

Part I: Minimum Qualification

Proposals that fail to meet this requirements will be deemed non-responsive.

- a) The proposer must be a current New York State Licensed Home Care Services Agency.

Please submit a copy of the proposer's most recent license as a LHCSA in the State of New York.

Part II: Program Proposal

Experience

Please provide a narrative description of and/or documentation to support the following:

- a) Provide a detailed history of providing home care services in New York City and in the borough the proposing organization is proposing to serve under this contract, demonstrating that the organization has experience providing home care services and experience in the borough to which it is proposing to serve.
 - Describe the length of time and the history of the volume of providing home care successfully in New York City
 - Provide evidence that the agency has been providing home care in New York City for five or more years.
- b) Describe your experience, as applicable, in providing home care services as an agency overall and in the borough being proposed to be served. In your description include:
 1. The overall volume of and types of services over the past three years. (If serving in the borough fewer than three years, please provide whatever data is available.)
 2. Provide a chart detailing the number of clients served and number of hours of care provided (for each service offered) for each full month over the past twelve months for which data is available.
 3. Demographic data about the population of clients served (age, average income, ethnic/cultural background); include a breakdown of the cultural make-up of the population and primary language(s) spoken by that population (by percentages).
 4. Languages spoken by the staff at the agency and percentage of home care workers that speak Spanish, Chinese, Russian, Korean, Italian and French/Haitian Creole.
 5. Average number of days between referral and service start for the office (based on last 25 clients admitted).

- c) Provide a list of the proposer's major referral sources, noting the percentage of the caseload that comes from that referral source.
- d) Attach at least three relevant references, including the name of the reference entity, a brief statement describing the relationship between the proposer and reference entity, and the name, title, and telephone number of the contact person at the reference entity.
- e) State whether or not the proposer received any overall and/or underlying performance rating of less than satisfactory on any City contract for City Fiscal Years 2011, 2012 and/or 2013, and if so, for each such rating indicate the contracting agency, the title of the contract, and the period covered by the performance evaluation and describe the circumstances of the rating, the plan to correct the deficiencies and the current status of the situation.
- f) State whether or not the proposer has contracted with other governmental funding agencies (City/County/State) to provide any type of home care services within the last three years. If so, for each such contract attach the most recent correspondence regarding the proposer's performance. Label the attachment(s) **EVALUATION MATERIALS**.
- g) Attach a listing of the Board of Directors, including names, terms of office, affiliations and board positions. Label this **BOARD OF DIRECTORS AT (Proposer Name)**.

Organizational Capacity

- a) Attach an organization chart noting how and where the proposed services fit into the proposer's organization.
- b) Demonstrate the organizational capability, i.e., programmatic, managerial and financial capability, to provide home care services to its current caseload in addition to the requested home care program for the service area indicated being proposed to be served in this proposal. Specifically, demonstrate that the provider has the capability to attract and maintain a workforce sufficient to ensure full and high quality implementation of all currently provided home care services and future referred home care services in the proposed borough(s) indicated on the Proposal Cover Sheet. Using and/or referencing the data provided in the Experience Section of the proposal (Part 2, Letter d), provide a chart that details the current volume of home care clients and hours of service being provided to this population (for the agency overall) in comparison to the volume of services being sought through this proposal.
- c) Describe the plan to provide continuity of care for home care clients currently being served by DFTA's Home Care Program if a contract is awarded.
- d) Attach for each key staff position a resume and/or description of the qualifications that will be required. In addition, provide a statement certifying that the proposed key staff line will be available for the duration of the contract.
- e) Provide a detailed description of the current home care workforce. Include the number of full-time, part-time and per diem home health aides and home attendants (broken out). Provide a detailed analysis of turnover in the proposer's home care workforce over the past three years.

- f) Provide a description of the anticipated impact of the federal home care worker overtime rules on your organization and plan to adhere to those rules.²
- g) Describe the supervisory and scheduling structure for the home care workforce. Specifically, provide the field supervisor-to-worker ratio and a sample job description for a field supervisor.
- h) Describe the means by which home care workers are trained and receive in-service and elder abuse training.
- i) Describe the system by which the proposer documents the successful completion of classroom, competency training, and in-service training that support the DFTA's requirement that aides employed under the auspices of this contract are trained according to current standards. Note: DFTA reserves the right to request documentation of a worker's successful completion of a training program at any point in the negotiation process or thereafter.
- j) Provide a description of the proposer's policies on paid sick leave, earned leave and/or other time off for home care worker and supervisory staff. Note any educational or career advancement opportunities available to the home care workers (above mandatory in-service training requirements).
- k) Describe and demonstrate the effectiveness of the proposer's plans to maintain low worker turnover. Include details of the strategies that will be utilized, e.g., career ladders, compensation packages, incentives, or other inducements, including full-time employment and supervisory structures.
- l) Describe how Medicaid Redesign has affected the agency's home care operations and provide a description of how the agency plans to remain financially viable in the future.
- m) Specify the percentage of Medicaid, Medicare, Private Pay and Other funding in the current budget and the budget one year ago. Provide justification for any changes over 5% (positive or negative).
- n) Provide a list of Medicaid Managed Care plans (including Medicaid Managed Long Term Care) the agency is currently in contract with.
- o) Attach, if available and conducted, a recent satisfaction or quality survey of members/clients conducted on the proposer's home care services.
- p) The proposer must be financially sound and stable as evidenced by the most recent audit. Submit two copies of the proposer's latest IRS Form 990, CPA certified agency-wide audit report (draft copies of audits, Compilations and Reviews and Tax Forms are not acceptable) or A-133 audit, or a statement as to why no audit report or A-133 audit is available together with a copy of the most recent Annual Financial Report or Combined Annual Financial Report submitted to the State of New York Department of Law, Charities Bureau pursuant to Article 7-A of the Executive Law. The period for the audit report should be for Fiscal Year (or calendar year) 2011 or later. Each copy of the audit report should be bound separately from the narrative. If neither a CPA certified agency-wide audit report nor A-133 audit is submitted, DFTA reserves the right to request that the proposer submit all books of account, record, statements or other information

² For more information on the Overtime Rules, please see the US Department of Labor website:
<http://www.dol.gov/whd/homecare/agencies.htm> .

concerning the proposer's financial status as may be required by DFTA to ascertain the proposer's responsibility and capability to perform the contract.

Contractor Approach to Providing Home Care

- a) Describe the format and content of worker supervision in the home.
- b) Provide a description of the system for matching clients with home care workers. Note any attention, thought and effort paid to cultural competence, language, and sexual orientation made in the matching process. Also note any additional efforts made to best accommodate aides and/or clients in the process.
- c) Demonstrate the organization's ability to provide services within three business days of a referral. Note any foreseeable challenges in following this directive.
- d) If the organization has had any substantiated cases of client abuse or neglect involving the agency in the last twelve months, attach an explanation of the details about how the organization handled the situation and a description of the outcome of each such case.
- e) Provide a detailed description of the emergency back-up system in the event a regularly scheduled aide is unable to provide service at the scheduled date/time.
- f) Provide a description of the system in which the proposer monitors aide attendance at a client's home. Describe any technology used, frequency of the monitoring process, and process used by the agency if it is discovered the aide is not at a client's home at a scheduled date/time.
- g) Provide a detailed description of the on-call/after-hours hotline/answering system should a client need emergency assistance after the agency administratively closes.

Part III: Supporting Documentation

The Proposal Package should contain the following materials. Proposers should utilize this section as a "checklist" to assure completeness prior to submitting their proposal to the Agency.

Minimum Supporting Documentation (as called for in the Proposal Submission Guidelines)	
Document(s)	Included in Proposal Package
1. Cover Letter (Attachment A): Proposers must complete and return Attachment A and submit with proposal; this transmits your proposal.	
2. Copy of current NY State license as a Licensed Home Care Services Agency	
3. Proposal Narrative	
4. Two copies of the proposer's latest IRS Form 990, CPA certified agency-wide 2011 or later audit report (draft copies of audits, Compilations and Reviews and Tax Forms are not acceptable) or A-133 audit, or a statement as to why no audit report or A-133 audit is available together with a copy of the most recent Annual Financial Report or Combined Annual Financial Report submitted to the State of New York Department of Law, Charities Bureau pursuant to Article 7-A of the Executive Law	
5. A list of references	
6. Evaluation materials	

7. List of Board of Directors	
8. An organizational chart	
9. Resumes/list of qualifications for key staff, including a Nurse Supervisor job description	
10. Statement certifying that key staff lines will remain in place over the course of the contract term	
11. Satisfaction survey (if available)	
12. Doing Business Data Form (Attachment D)	
13. Bidders Certification of Compliance with the Iran Divestment Act (Attachment E)	

Part IV: Proposed Annual Budget

Complete the Budget Form attached as **Attachment B** to reflect funds being requested from DFTA for the service area indicated on the proposal's cover sheet. Instructions for completing the Budget can be found in **Attachment C**.

Section IV: Proposal Evaluation and Contract Award Procedures

All proposals accepted by the Department will be reviewed to determine if the minimum qualification has been met as laid out in Section III, Part I. DFTA's Evaluation Committee will evaluate and rate all remaining proposals using the scoring methodology below. Although discussions may be conducted with proposers submitting acceptable proposals, the Department reserves the right to award contracts on the basis of initial applications received, without discussions; therefore, the organization's initial application should contain its best programmatic and price terms. Proposers must meet the minimum qualification for this solicitation. If the minimum qualification has been met, DFTA will consider proposers based on their experience, organizational capacity and proposed approach as rated in the scoring process.

DFTA expects to award five contracts through this solicitation; each contract will cover home care service provision in one borough. Award selection will be based on the highest rated proposals whose proposed hourly rate does not exceed the maximum rate set forth in this solicitation. A contract will be awarded to the responsible proposers whose proposals are determined to be the most advantageous to the City, taking into consideration the price, experience, capacity and quality of services as laid out in the proposal. Contract negotiations will be conducted with proposers until home care services are provided throughout the five New York City boroughs. If a proposer is eligible for more than one award, DFTA reserves the right to award to the next highest-rated proposal based on the proposer's organizational capacity and to ensure program diversity. No more than two contracts (boroughs) will be awarded to any one home care agency. The contract awards shall be subject to the timely completion of contract negotiations between DFTA and the selected proposers.

Scoring Weights

- Demonstrated quantity and quality of successful relevant experience: 40%
- Demonstrated level of organizational capacity: 40%
- Quality of proposed approach: 20%

Attachment A

**The City of New York
Department for the Aging
Home Care Program Solicitation**

EPIN: 12514N0001 PIN: 12515HCNA000

Cover Sheet

Sponsoring organization: _____

Name of LHCSA (if different from Organization named above): _____

Address of Main Office: _____

EIN #: _____ DUN & Bradstreet #: _____

Tel #: _____ Fax #: _____

Email: _____

Proposed Borough to be served (check only one):

Bronx Brooklyn Manhattan Queens Staten Island

Proposer's Contact Person:

Name and Title: _____

Tel: _____

Email: _____

Authorized Representative Completing this Application:

Name: _____ Title: _____

Signature: _____ Date: _____

Is the response printed on both sides, on recycled paper containing the minimum percentage of recovered fiber content as requested by the City in the instructions to this solicitation?

Yes No

Attachment B
Budget Template

**BUDGET TEMPLATE MAY BE DOWNLOADED SEPARATELY IN EXCEL FORMAT AT
WWW.NYC.GOV/AGING**

Attachment C
Home Care Program Budget Instructions

The budget sheets have been pre-formatted and include formulas. Input data only into cells that are shaded yellow.

Cover Page

Row 4: Indicate proposed program name.

Row 5: Indicate the agency which will be sponsoring this particular program.

Row 7: Please select the proposed Borough your organization is applying for. **Only one borough can be selected for each budget.**

Row 13: Enter the program's Unemployment Insurance Benefit (UIB) rate.

Page 1: Personnel (PS)

Column A: Enter staff position or title. Please note that the rows 4 through 7 have been allocated to capture pools of employees in the same title and the same pay rate. If you do not have pools, start entering data in row 8 for every position.

Column C: Select from the drop down list the description for each position.

Column D: Enter staff name

Column E: Select the type of salary – Annual or Hourly. Depending on which type is selected, a dollar sign "\$" will appear in a subsequent column that will need data inputted.

Column F: If "Hourly" was selected in Column E, enter the per hour rate. If "Annual" was selected in Column E, do not enter data.

Column G: If "Annual" was selected in Column D, enter the annual salary. If "Hourly" was selected in Column D, do not enter data.

Column H: Enter the number of hours worked per day.

Column I: Enter the number of days worked per year, including paid vacation and/or sick days.

Columns L and M: Enter FICA and Unemployment Insurance for pools only. (For non-pooled positions, FICA and UIB will be automatically calculated for you.)

Columns O, Q: Allocate the percentage of the salary for each position to each appropriate cost center. The sum of all these columns should equal 100%.

Columns S & T: These columns will provide feedback as to whether the service allocation in Columns O and Q equal 100%. If 100% is met, "Correct" will appear and "100%" will appear. If the service allocations do not equal 100%, "Incorrect" will appear and the percentage over or under 100% will appear.

Row 46: Enter the amount of MTA tax for all employees if applicable.

Row 48: Enter the estimated cost of private insurance in Cell N48. Allocate the percentage of the private insurance cost to each appropriate cost center. Please note that any contract with the City requires the following insurances: \$1M+ in general liability, workers' compensation, disability, employer's liability insurance and unemployment insurance and \$1M+ in vehicle liability insurance (if applicable).

Page 2: OTPS

Column B: Provide descriptions for each type of expense indicated on each row. Provide details as instructed, particularly Rows 13 and 15. Please attach a backup sheet on the consultants and their responsibilities, hourly rates and proposed hours reflective of this budget.

Columns D and F: Allocate the percentage of each expense row to each appropriate cost center.

Fees and Contributions Page

Please note that the Department for the Aging (DFTA) is requesting this information for informational purposes only, in order to comply with federal and state grant guidelines. The information shared below will have no impact on the contracted bottom line and reimbursement rate. Thank you.

Column D and E: Enter the estimated annual value of contributions and fees by service. See solicitation document for more information on fees and contributions.

Summary Page

Cell E11: Enter the sponsors' proposed indirect rate, which is not to exceed 10% and subject to approval. If your agency is a for profit organization you are not eligible for indirect cost. You can enter the profit rate in this cell. The profit rate may not exceed 1%.

Row 13: Please enter the number of units proposed for each service.

Row 14: Please note that contracted unit rates may not exceed \$17.00. **An error message will be displayed in cell F15 if unit rate exceeds \$17.00.**

Important Note:

- The Department for the Aging strongly prefers that all budgets be sent electronically in Excel format using this template. Doing so will facilitate the proposal review process. Thank you.



The City of New York
Mayor's Office of Contract Services
Doing Business Accountability Project

Doing Business Data Form

To be completed by the City agency prior to distribution			
Agency: DFTA		Transaction ID: 12514N0001/12515HCNA000	
Check One:		Transaction Type (check one):	
<input checked="" type="checkbox"/> Proposal	<input type="checkbox"/> Concession	<input checked="" type="checkbox"/> Contract	<input type="checkbox"/> Economic Development Agreement
<input type="checkbox"/> Award	<input type="checkbox"/> Franchise	<input type="checkbox"/> Grant	<input type="checkbox"/> Pension Investment Contract

Any entity receiving, applying for or proposing on an award or agreement must complete a Doing Business Data Form (see Q&A sheet for more information). Please either type responses directly into this fillable form or print answers by hand in black ink, and be sure to fill out the certification box on the last page. **Submission of a complete and accurate form is required for a proposal to be considered responsive or for any entity to receive an award or enter into an agreement.**

This Data Form requires information to be provided on principal officers, owners and senior managers. The name, employer and title of each person identified on the Data Form will be included in a public database of people who do business with the City of New York; no other information reported on this form will be disclosed to the public. **This Data Form is not related to the City's VENDEX requirements.**

Please return the completed Data Form to the City office that supplied it. Please contact the Doing Business Accountability Project at DoingBusiness@cityhall.nyc.gov or 212-788-8104 with any questions regarding this Data Form. Thank you for your cooperation.

Section 1: Entity Information

Entity Name: _____

Entity EIN/TIN: _____

Entity Filing Status (select one):

- Entity has never completed a Doing Business Data Form. *Fill out the entire form.*
- Change from previous Data Form dated _____. *Fill out only those sections that have changed, and indicate the name of the persons who no longer hold positions with the entity.*
- No Change from previous Data Form dated _____. *Skip to the bottom of the last page.*

Entity is a Non-Profit: Yes No

Entity Type: Corporation (any type) Joint Venture LLC Partnership (any type)
 Sole Proprietor Other (specify): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone : _____ Fax : _____

E-mail: _____

Provide your e-mail address and/or fax number in order to receive notices regarding this form by e-mail or fax.

Section 2: Principal Officers

Please fill in the required identification information for each officer listed below. If the entity has no such officer or its equivalent, please check "This position does not exist." If the entity is filing a Change Form and the person listed is replacing someone who was previously disclosed, please check "This person replaced..." and fill in the name of the person being replaced so his/her name can be removed from the *Doing Business Database*, and indicate the date that the change became effective.

Chief Executive Officer (CEO) or equivalent officer

This position does not exist

The highest ranking officer or manager, such as the President, Executive Director, Sole Proprietor or Chairperson of the Board.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former CEO: _____ on date: _____

Chief Financial Officer (CFO) or equivalent officer

This position does not exist

The highest ranking financial officer, such as the Treasurer, Comptroller, Financial Director or VP for Finance.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former CFO: _____ on date: _____

Chief Operating Officer (COO) or equivalent officer

This position does not exist

The highest ranking operational officer, such as the Chief Planning Officer, Director of Operations or VP for Operations.

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

This person replaced former COO: _____ on date: _____

Section 3: Principal Owners

Please fill in the required identification information for all individuals who, through stock shares, partnership agreements or other means, **own or control 10% or more of the entity**. If no individual owners exist, please check the appropriate box to indicate why and skip to the next page. If the entity is owned by other companies, those companies do **not** need to be listed. If an owner was identified on the previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list any individuals who are no longer owners at the bottom of this page. If more space is needed, attach additional pages labeled "Additional Owners."

There are no owners listed because (select one):

- The entity is not-for-profit There are no individual owners No individual owner holds 10% or more shares in the entity
 Other (explain): _____

Principal Owners (who own or control 10% or more of the entity):

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Principal Owners:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Section 4: Senior Managers

Please fill in the required identification information for all senior managers who oversee any of the entity's relevant transactions with the City (e.g., contract managers if this form is for a contract award/proposal, grant managers if for a grant, etc.). Senior managers include anyone who, either by title or duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any transaction with the City. **At least one senior manager must be listed, or the Data Form will be considered incomplete.** If a senior manager has been identified on a previous page, fill in his/her name and write "See above." If the entity is filing a Change Form, list individuals who are no longer senior managers at the bottom of this section. If more space is needed, attach additional pages labeled "Additional Senior Managers."

Senior Managers:

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

First Name: _____ MI: _____ Last: _____

Office Title: _____

Employer (if not employed by entity): _____

Birth Date (mm/dd/yy): _____ Home Phone #: _____

Home Address: _____

Remove the following previously-reported Senior Managers:

Name: _____ Removal Date: _____

Name: _____ Removal Date: _____

Certification

I certify that the information submitted on these four pages and _____ additional pages is accurate and complete. I understand that willful or fraudulent submission of a materially false statement may result in the entity being found non-responsible and therefore denied future City awards.

Name: _____

Signature: _____ Date: _____

Entity Name: _____

Title: _____ Work Phone #: _____

Please return this form to the City agency that supplied it to you, not to the Doing Business Accountability Project.

For information or assistance, call the Doing Business Accountability Project at 212-788-8104.

DOING BUSINESS ACCOUNTABILITY PROJECT
QUESTIONS AND ANSWERS ABOUT THE DOING BUSINESS DATA FORM

What is the purpose of this *Data Form*?

To collect accurate, up-to-date identification information about organizations that have business dealings with the City of New York in order to comply with Local Law 34 of 2007 (LL 34), the recently passed campaign finance reform law. LL 34 limits municipal campaign contributions from principal officers, owners and senior managers of entities doing business with the City and mandates the creation of a *Doing Business Database* to allow the City to enforce the law. The information requested in this *Data Form* must be provided, regardless of whether the organization or the people associated with it make or intend to make campaign contributions. No sensitive personal information collected will be disclosed to the public.

Why have I received this *Data Form*?

The contract, franchise, concession, grant or economic development agreement you are proposing on, applying for or have already been awarded is considered a business dealing with the City under LL 34. No proposal or application will be considered and no award will be made unless this *Data Form* is completed. Most transactions valued at more than \$5,000 are considered business dealings and require completion of the *Data Form*. Exceptions include transactions awarded on an emergency basis or by publicly advertised, non-pre-qualified, competitive sealed bid. Other types of transactions that are considered business dealings include real property and land use actions with the City.

What individuals will be included in the *Doing Business Database*?

The principal officers, owners and certain senior managers of organizations listed in the *Doing Business Database* are themselves considered to be doing business with the City and will also be included in the *Database*.

- **Principal Officers** are the Chief Executive Officer (CEO), Chief Financial Officer (CFO) and Chief Operating Officer (COO), or their functional equivalents. See the *Data Form* for examples of titles that apply.
- **Principal Owners** are individuals who own or control 10% or more of the organization. This includes stockholders, partners and anyone else with an ownership or controlling interest in the entity.
- **Senior Managers** include anyone who, either by job title or actual duties, has substantial discretion and high-level oversight regarding the solicitation, letting or administration of any contract, concession, franchise, grant or economic development agreement with the City. At least one Senior Manager must be listed or the *Data Form* will be considered incomplete.

I have already completed a *Doing Business Data Form*; do I have to submit another one?

Yes. An organization is required to submit a *Doing Business Data Form* each time it enters into a transaction considered a business dealing with the City, including contract, concession and franchise proposals. However, the *Data Form* has both a Change option, which requires only information that has changed since the last *Data Form* was filed, and a No Change option. No organization should have to fill out the entire *Data Form* more than once.

If you have already submitted a *Data Form* for one transaction type (such as a contract), and this is the first time you are completing a *Data Form* for a different transaction type (such as a grant), please select the Change option and complete Section 4 (Senior Managers) for the new transaction type.

Will the personal information on this *Data Form* be available to the public?

No. The names and titles of the officers, owners and senior managers reported on the *Data Form* will be made available to the public, as will information about the organization itself. However, personal identifying information, such as home address, home phone and date of birth, will not be disclosed to the public, and home address and phone number information will not be used for communication purposes.



I provided some of this information on the VENDEX Questionnaire; do I have to provide it again?

Yes. Although the *Doing Business Data Form* and the VENDEX Questionnaire request some of the same information, they serve entirely different purposes. In addition, the *Data Form* requests information concerning senior managers, which is not part of the VENDEX Questionnaire.

What organizations will be included in the *Doing Business Database*?

Organizations that hold \$100,000 or more in grants, contracts for goods or services, franchises or concessions (\$500,000 for construction contracts), or that hold any economic development agreement or pension fund investment contract, are considered to be doing business with the City for the purposes of LL 34. Because all of the business that an organization does or proposes to do with the City will be added together, the *Data Form* must be completed for all transactions valued at more than \$5,000 even if the organization doesn't currently do enough business with the City to be listed in the *Database*.

No one in my organization plans to contribute to a candidate; do I have to fill out this *Data Form*?

Yes. All organizations are required to return this *Data Form* with complete and accurate information, regardless of the history or intention of the entity or its officers, owners or senior managers to make campaign contributions. The *Doing Business Database* must be complete so that the Campaign Finance Board can verify whether future contributions are in compliance with the law.

My organization is proposing on a contract with another firm as a Joint Venture that does not exist yet; how should the *Data Form* be completed?

A joint venture that does not yet exist must submit a *Data Form* for each of its component firms. If the joint venture receives the award, it must then complete a form in the name of the joint venture.

How long will an organization and its officers, owners and senior managers remain listed on the *Doing Business Database*?

- **Contract, Concession and Economic Development Agreement holders:** generally for the term of the transaction, plus one year.
- **Franchise and Grant holders:** from the commencement or renewal of the transaction, plus one year.
- **Pension investment contracts:** from the time of presentation on an investment opportunity or the submission of a proposal, whichever is earlier, until the end of the contract, plus one year.
- **Line item and discretionary appropriations:** from the date of budget adoption until the end of the contract, plus one year.
- **Contract proposers:** for one year from the proposal date or date of public advertisement of the solicitation, whichever is later.
- **Franchise and Concession proposers:** for one year from the proposal submission date.

For information on other transaction types, contact the Doing Business Accountability Project.

How does a person remove him/herself from the *Doing Business Database*?

When an organization stops doing business with the City, the people associated with it are removed from the *Database* automatically. However, any person who believes that s/he should not be listed may apply for removal. Reasons that a person would be removed include his/her no longer being the principal officer, owner or senior manager of the organization. Organizations may also update their database information by submitting an update form. Removal Request and Update forms are available online at www.nyc.gov/mocs (once there, click MOCS Programs) or by calling 212-788-8104.

What are the new campaign contribution limits for people doing business with the City?

Contributions to City Council candidates are limited to \$250 per election cycle; \$320 to Borough President candidates; and \$400 to candidates for citywide office. Please contact the NYC Campaign Finance Board for more information at www.nyccfb.info, or 212-306-7100.

The *Data Form* is to be returned to the City office that issued it.

If you have any questions about the *Data Form* please contact the Doing Business Accountability Project at 212-788-8104 or DoingBusiness@cityhall.nyc.gov.

Attachment E
IRAN DIVESTMENT ACT

**IRAN DIVESTMENT ACT COMPLIANCE RIDER FOR
NEW YORK CITY CONTRACTORS**

The Iran Divestment Act of 2012, effective as of April 12, 2012, is codified at State Finance Law (“SFL”) §165-a and General Municipal Law (“GML”) §103-g. The Iran Divestment Act, with certain exceptions, prohibits municipalities, including the City, from entering into contracts with persons engaged in investment activities in the energy sector of Iran. Pursuant to the terms set forth in SFL §165-a and GML §103-g, a person engages in investment activities in the energy sector of Iran if:

(a) the person provides goods or services of twenty million dollars or more in the energy sector of Iran, including a person that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; or

(b) The person is a financial institution that extends twenty million dollars or more in credit to another person, for forty-five days or more, if that person will use the credit to provide goods or services in the energy sector in Iran and is identified on a list created pursuant to paragraph (b) of subdivision three of Section 165-a of the State Finance Law and maintained by the Commissioner of the Office of General Services.

A bid or proposal shall not be considered for award nor shall any award be made where the bidder or proposer fails to submit a signed and verified bidder’s certification.

Each bidder or proposer must certify that it is not on the list of entities engaged in investment activities in Iran created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. In any case where the bidder or proposer cannot certify that they are not on such list,

the bidder or proposer shall so state and shall furnish with the bid or proposal a signed statement which sets forth in detail the reasons why such statement cannot be made. The City of New York may award a bid to a bidder who cannot make the certification on a case by case basis if:

(1) The investment activities in Iran were made before the effective date of this section (i.e., April 12, 2012), the investment activities in Iran have not been expanded or renewed after the effective date of this section and the person has adopted, publicized and is implementing a formal plan to cease the investment activities in Iran and to refrain from engaging in any new investments in Iran: or

(2) The City makes a determination that the goods or services are necessary for the City to perform its functions and that, absent such an exemption, the City would be unable to obtain the goods or services for which the contract is offered. Such determination shall be made in writing and shall be a public document.

ATTACHMENT E

**BIDDER'S CERTIFICATION OF COMPLIANCE WITH
IRAN DIVESTMENT ACT FORM**

Pursuant to General Municipal Law §103-g, which generally prohibits the City from entering into contracts with persons engaged in investment activities in the energy sector of Iran, the bidder/proposer submits the following certification:

[Please Check One]

BIDDER'S CERTIFICATION

- By submission of this bid or proposal, each bidder/proposer and each person signing on behalf of any bidder/proposer certifies, and in the case of a joint bid each party thereto certifies as to its own organization, under penalty of perjury, that to the best of its knowledge and belief, that each bidder/proposer is not on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law.

- I am unable to certify that my name and the name of the bidder/proposer does not appear on the list created pursuant to paragraph (b) of subdivision 3 of Section 165-a of the State Finance Law. I have attached a signed statement setting forth in detail why I cannot so certify.

Dated: _____, New York
_____, 20__

SIGNATURE

PRINTED NAME

TITLE

Sworn to before me this
_____ day of _____, 20__

Notary Public

Dated:

Appendix 1 NYSOFA Cost Share Worksheet

HMPC AND HSCH COST SHARE WORKSHEET THRESHOLDS (EFFECTIVE May 1st, 2013)
 Complete only if client(s)' income is above the threshold on line 9 below.

Client Name(s) _____ Client ID# _____

A. HOUSING ADJUSTMENTS	INDIVIDUAL	COUPLE
1. Monthly Housing Expenses.	_____	_____
2. Subtract Housing Adjustments Threshold.	- <u>574</u>	- <u>776</u>
3. Excess Housing Expenses.	= _____	= _____
4. Maximum Adjustment.	<u>574</u>	<u>776</u>
5. Adjustment (enter the smaller of lines 3 and 4)	- _____	- _____
B. INCOME ADJUSTMENT		
6. Monthly Income.	_____	_____
7. Enter Adjustment from line 5.	- _____	- _____
8. Subtract line 7 from line 6.	= _____	= _____
9. Income Threshold.	- <u>1,436</u>	- <u>1,939</u>
10. ADJUSTED INCOME & MAXIMUM MONTHLY FEE	= _____	= _____
	(SUBTRACT LINE 9 FROM LINE 8)	

C. COST SHARE RATE (Compare line 10 with Rate Threshold Schedule)

11. () Fee Rate = 0%. \$ _____ per hour suggested contribution.
 Skip to Service Agreement.

12. () Fee Rate = _____ %. Rate per hour = _____.
 Complete Section D and Service Agreement.

**D. Service(s) Recurring Monthly
 AVERAGE MONTHLY COST TO CLIENT**

	Weekly Units	x 4.3 =	Monthly Units	x	Rate Per Hour	=	Average Monthly Cost to Client
13.	_____	x 4.3 =	_____	x	_____	=	_____
	BiWeekly Units	x 2.15 =	Monthly Units	x	Rate Per Hour	=	Average Monthly Cost to Client
14.	_____	x 2.15 =	_____	x	_____	=	_____

Home care recipients will be monthly at the above rate per hour for service received.
 The monthly bill can never exceed the Maximum Fee.

Prepared By _____
 (Dist. June 5th, 2013)

Date _____

Aide Task List

Client ID#: _____ Client Name: _____ Phone: _____
 HC Agency: _____ HC Phone: _____ Date: _____
 Assessor Name: _____ Title: RN LPN Field Supervisor
 CM Agency: _____ CM Name: _____ CM Phone: _____
 Emerg. Contact: _____ Relationship: _____
 Home Phone: _____ Alternate Phone: _____

Recommended Plan of Care: Indicate which care services ('tasks') are required by the client using the following key:

1. Family Member 2. Friend/Neighbor 3. Home Care Worker 4. Private Paid Help

HOUSEKEEPING/CHORE				
Home Care Tasks	Indep.	Client Assistance		Provider
		Some	Total	
<u>Bed</u>				
<input type="checkbox"/> Make				
<input type="checkbox"/> Change				
<u>Cleaning</u>				
<input type="checkbox"/> Vacuum				
<input type="checkbox"/> Dust Mop				
<input type="checkbox"/> Sweep				
<input type="checkbox"/> Light Cleaning				
<input type="checkbox"/> Trash Removal				
<input type="checkbox"/> Dishwashing				
<u>Meals/Prepare/Cook</u>				
<input type="checkbox"/> Breakfast				
<input type="checkbox"/> Lunch				
<input type="checkbox"/> Dinner				
<input type="checkbox"/> Snack(s)				
<u>Eating</u>				
<input type="checkbox"/> Assist				
<input type="checkbox"/> Encourage				
<u>Laundry</u>				
<input type="checkbox"/> Wash				
<input type="checkbox"/> Dry				
<input type="checkbox"/> Fold				
<input type="checkbox"/> Iron				
<input type="checkbox"/> Mend				
<u>Escort Assistance</u>				
<input type="checkbox"/> Doctor Appts.				
<input type="checkbox"/> Other				
<u>Miscellaneous</u>				
<input type="checkbox"/> List Supplies				
<input type="checkbox"/> Grocery Shopping				
<input type="checkbox"/> Picking-up Prescriptions				
<input type="checkbox"/> Help with paying bills				
<input type="checkbox"/> Other				

HOMEMAKER/PERSONAL CARE				
Home Care Tasks	Indep.	Client Assistance		Provider
		Some	Total	
<u>Personal Care</u>				
<input type="checkbox"/> Bathing				
<input type="checkbox"/> Tub				
<input type="checkbox"/> Shower				
<input type="checkbox"/> Shampoo				
<input type="checkbox"/> Dressing				
<u>Personal Hygiene/Grooming</u>				
<input type="checkbox"/> Shaving				
<input type="checkbox"/> Comb/Brush Hair				
<input type="checkbox"/> Nails (Clean and File Only)				
<input type="checkbox"/> Oral Care (Teeth/Dentures)				
<input type="checkbox"/> Skin Care				
<input type="checkbox"/> Foot Care (Inspect/Report)				
<u>Toileting</u>				
<input type="checkbox"/> Toilet				
<input type="checkbox"/> Commode				
<input type="checkbox"/> Bedpan				
<input type="checkbox"/> Urinal				
<u>Mobility</u>				
<input type="checkbox"/> Walk/Wheel Outside				
<input type="checkbox"/> Walk/Wheel Inside				
<input type="checkbox"/> Get up from seated position				
<input type="checkbox"/> Transfer to Wheelchair				
<u>Medications</u>				
<input type="checkbox"/> Remind				

Comments:

*Always encourage client independence.
 Always maintain client safety.
 Always notify the office about any change in a client's condition.
 Always call 911 in an emergency.*

DFTA Home Care Assessment

Client ID #: _____

Client Name: _____

Home Phone: _____

Cell Phone: _____

Basic Information

Home Care Agency: _____

Assessment Date: _____

Case Management Agency: _____

Case Manager Name: _____

Phone: _____

- Client Lives with:
- Lives Alone
 - Spouse
 - Significant other
 - Other family
 - Friend
 - Paid help

Emergency Contact

Primary Emerg. Contact: _____ Relationship to Client: _____

Home Phone: _____

Cell Phone: _____

Secondary Emerg. Contact: _____ Relationship to Client: _____

Home Phone: _____

Cell Phone: _____

Physician Contact

Physician Name: _____

Phone: _____

Comments:

Health Status:

- Service Type: Homemaker/Personal Care (HMPC)
 Housekeeping/Chore (HSCH)
 Emergency Personal Care (EMPC)

Reason for Home Care Services:

Medical Diagnosis:

- Allergies: None Environmental Food Medication Other (specify below)

Description of allergies:

- Client's health status is generally: Good
 Fair
 Poor

Description of client's current health status:

- Client's Diet: Regular
 Medical Dietary Modifications

- Client's Appetite: Normal
 Increased
 Decreased

Number of meals per day: _____

Number of snacks per day: _____

Comments:

COMPASS Section VII. Instrumental Activities of Daily Living (IADLs) Status/Unmet Need

- Activity Status:
- 1 = Totally Able
 - 2 = Requires intermittent supervision and/or minimal assistance
 - 3 = Requires continual help with all or most of this task
 - 4 = Person does not participate; another person performs all aspects of this task

Activity: What can the person do?	Activity Status <i>(Enter 1, 2, 3, or 4 from above)</i>	Informal Supports <i>(Check if assistance is/will be provided by)</i>	Formal Services <i>(Check if assistance is/will be provided by)</i>	Comments: Describe limitations, parts of tasks to be done and responsibilities of informal supports and formal services
A. Housework/Cleaning				
B. Shopping				
C. Laundry				
D. Use Transportation				
E. Prepare and Cook Meals				
F. Handle Personal Business/Finances				
G. Use Telephone				
H. Self-Administer Medication				

Are changes in IADL capacity expected in the next 6 months?

Yes*

No

If 'Yes', please describe:

COMPASS Section VIII. Activities of Daily Living (ADLs) Status/Unmet Need

- Activity Status:
- 1 = Totally Able
 - 2 = Requires intermittent supervision and/or minimal assistance
 - 3 = Requires continual help with all or most of this task
 - 4 = Person does not participate; another person performs all aspects of this task

Activity: What can the person do?	Activity Status <i>(Enter 1, 2, 3, or 4 from above)</i>	Informal Supports <i>(Check if assistance is/will be provided by)</i>	Formal Services <i>(Check if assistance is/will be provided by)</i>	Comments: Describe limitations, parts of tasks to be done and responsibilities of informal supports and formal services
A. Bathing				
1. Requires no supervision or assistance. May use adaptive equipment.				
2. Requires intermittent checking and observing/minimal assistance at times.				
3. Requires continual help.				
4. Person does not participate				
B. Personal Hygiene				
1. Requires no supervision or assistance.				
2. Requires intermittent supervision and/or minimal assistance.				
3. Requires continual help with all or most of personal grooming.				
4. Person does not participate; another person performs all aspects of personal hygiene.				
C. Dressing				
1. Needs no supervision or assistance.				
2. Needs intermittent supervision/minimal assistance at times.				
3. Requires continual help and/or physical assistance.				
4. Person does not participate, is dressed by another, or bed gown is generally worn due to condition of person.				
D. Mobility				
1. Walks with no supervision or assistance. May use adaptive equipment.				
2. Walks with intermittent supervision. May require human assistance at times.				
3. Walks with constant supervision and/or physical assistance.				
4. Wheels with no supervision or assistance, except for difficult maneuvers, or is wheeled, chairfast or bedfast. Relies on someone else to move about, if at all.				

E. Transfer				
1. Requires no supervision or assistance. May use adaptive equipment.				
2. Requires intermittent supervision. May require human assistance at times.				
3. Requires constant supervision and/or physical assistance.				
4. Requires lifting equipment and at least one person to provide constant supervision and/or physically lift, or cannot and is not taken out to bed.				
F. Toileting				
1. Requires no supervision or assistance. May require special equipment, such as raised toilet or grab bars.				
2. Requires intermittent supervision and/or minimal assistance.				
3. Continent of bowel and bladder. Requires constant supervision and/or physical assistance.				
4. Incontinent of bowel and/or bladder.				
G. Eating				
1. Requires no supervision or assistance.				
2. Requires intermittent supervision and/or minimal physical assistance.				
3. Requires continual help and/or physical assistance.				
4. Person does not manually participate. Totally fed by hand, a tube or parental feeding for primary intake of food.				

Are changes in ADL capacity expected in the next 6 months? Yes No

If 'Yes', please describe:

Risk Factors for Falls

Has the client fallen in the past 6 months? Yes No

If 'Yes', how many times has the client fallen? _____

In the past 12 months, did the client go to a hospital emergency room because of a fall? Yes No

If 'Yes' to any of the above Questions, describe the circumstances of the fall(s).

--

Medical Assessments:

Does the client have a record of his/her blood pressure readings?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client ever been told by their doctor that they have high blood pressure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client had a dilated eye exam in the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client had a hearing assessment within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client had a foot examination by a foot specialist (orthopedist or podiatrist) within the past 12 months?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Assistive Devices:

- None Cane Crutches Quad Cane Shower Chair Walker
 Wheelchair Other (describe) _____

Does the client use a shopping cart to help them walk inside or outside? Yes No

If the client uses an assistive device:

Has each assistive device the client uses been prescribed by an appropriate health care professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client been fitted for each assistive device by an appropriate health care professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Has the client been trained in the use of each assistive device by an appropriate health care professional?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Is the client at risk for falls? Yes No

- Action Taken (select all that apply):
- Discussed home safety/falls prevention with the client
 - Provided client with literature
 - CMA notified of risk factors for falls
 - Other. Please describe in Comments

Comments:

--

Home Safety Checklist:

Home Safety Checklist:

Is furniture arranged in a way that allows free movement through pathways?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there adequate lighting in the home?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a light within easy reach of the bed?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the client's home environment allow for adequate ventilation?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are stairways, hallways, and exits clear of clutter and loose objects?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Is there a list of emergency phone numbers by the phone or in another appropriate area designated by the client?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Are phones easily accessible to call for assistance?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the client appear independent and functional enough to call EMS for help if necessary?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Does the client have daily contact with family, friend, neighbors, or service providers?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

Are there any other home safety issues affecting the client that is not mentioned above? Yes No

If there are other home safety issues affecting the client not mentioned above, please describe:

Is the client's residence/current dwelling safe and adequate for the provision of home care services?

- Yes
- No (describe in Comments)

Client found to be at risk for enviornmental and home safety issues.

- Yes
- No (describe in Comments)

Comments:

Service Plan:

Aide's Work Schedule: _____

Home Care Goals:

- Promote a safe environment during the service period.
- The client/proxy will understand when and who to report problems and concerns to.
- Promote client comfort.
- Encourage the client to remain independent in care activities to the best of their abilities.
- Other (describe in Comments)

Comments:

Name of the Assessor

Date

Appendix 4

DFTA Home Care Standards

The Department for the Aging (DFTA)-funded home care services is provided to clients who need assistance with activities of daily living and/or instrumental activities of daily living. Home care services include homemaker/ personal care and housekeeping services. The main goal of DFTA-funded home care is to assist older adults in their efforts to age in place by providing services that support the functioning of seniors in their homes.

DFTA-funded Home Care Eligibility

All individuals authorized for DFTA-funded home care must meet the New York State requirements for the home care program:

- be 60 years of age or older; and
- have functional limitations, as shown by the need for the assistance of another person with at least (a) one Activity of Daily Living (ADL) such as bathing, personal hygiene, dressing, eating, toileting, mobility, and transferring, or (b) two Instrumental Activities of Daily Living (IADLs) such as housework/cleaning, shopping, laundry, use of transportation, prepare an cook meals, use telephone and self-administer of medications ; and
- have unmet needs for assistance with ADLs and/or IADLs; and
- be able to live safely in the home if support is provided; and
- be ineligible for housekeeping or home attendant or home health aide services under any other government program, including Medicaid or Medicare³; and
- there are no other resources available to assist the client; and
- the DFTA-funded home care services do not duplicate other services being received.

Eligible clients are authorized by a Case Management Agency (CMA) for a specified number of weekly hours of home care. Clients who only need assistance with housekeeping receive a maximum of 4 hours of services a week and clients who need assistance with personal care and housekeeping services receive a maximum of 12 hours of services a week. DFTA considers client needs when considering CMA requests for clients to receive more than the maximum hours of care.

CMAs can also authorize clients for additional day/hours of service periodically for special situations like when a client needs an escort to a doctor's office.

Upon receipt of a referral for home care, the Home Care Agency (HCA) reviews the referral information and makes an in home assessment to confirm client appropriateness for home care services and authorized hours of care.

SECTION 1 DEFINITION

Core Functions

Home Care's core functions are: (1) Identification of the client's needs and capabilities through a comprehensive in home assessment; (2) Development of a comprehensive care plan in collaboration with clients and caregivers that is based on the needs identified in the assessment and that prescribes the interventions that will assist the older person to age in place; (3) Coordination of care plan with the CMA

³ The case manager may authorize DFTA-funded home care for clients who will receive private pay or Medicare-funded home care as long as the home care services provided by Medicare or private pay do not overlap or duplicate the DFTA-funded services.

when the identified needs and/or service hours differs from that the CMA authorized. Coordination is also important when additional unmet needs are identified such a risk for falls or home safety concerns (4) Implementation of the care plan (5) Periodic home visits to the client's home to ensure the plan is safe and to instruct the home care aide and/or monitor home care aide performance..

Target Population

The "target population" for DFTA-funded home care is functionally and/or cognitively impaired individuals 60 years of age or older. DFTA-funded home care must also recognize and address the special needs and challenges of the diverse New York City population, including those from different socio-economic, racial and ethnic backgrounds, as well as recent immigrants, and lesbian, gay, bisexual, transsexual and transgender adults.

Cost Share

"Cost Share" means the amount the recipient of DFTA-funded home care may be required to pay towards the DFTA-funded home care service provided. The New York State Office for the Aging requires cost sharing, and annually determines the cost share rate for DFTA-funded home care services based on client income.

Unit of Service

"Unit of Service" means each hour of homemaking/ personal care or housekeeping service that is provided to a client. The service most often occurs in the home but may also include escorts to appointments or the grocery store as long as the service is related to the care plan.

SECTION 2 SCOPE

STANDARD 1. The program is appropriately licensed.

Compliance 1.1. The program has a current license from the New York State Department of Health (NYSDOH). The NYSDOH licenses home care agencies to assure care is provided within health and safety standards established by statute and rule.

STANDARD 2. The program provides some or total assistance with homemaker personal care and/or housekeeping tasks.

Compliance 2.1. DFTA considers some assistance to mean that a task or function is performed and completed by the client with assistance from another individual. Total assistance means that a task or function is performed and completed for the client.

- Bathing - in the bed, tub or shower;
- Personal Hygiene - Grooming, including care of hair, shaving and ordinary care of nails, soaking, cleaning or filing nails, (Do not cut nails) cleaning teeth and mouth;
- Dressing – Assistance with putting on or taking off clothing including shoes;
- Mobility – Walking within and outside the home;
- Transfer - Transferring from bed to chair and/or to wheelchair;
- Toileting - including assisting client on and off bedpan, commode, or toilet;
- Preparation of Meals - in accordance with modified diets, including low sugar, low fat, low salt and low residue;
- Eating - Feeding; cutting foods and feeding to a client directly.

- Assist clients to make phone calls.
- Self administration of medication, including prompting client of time, identifying the medication for the client, bringing the medication and any necessary supplies or equipment to the client, opening the container for the client, positioning the client for medication administration, disposing of used supplies and materials and storing the medication properly;
- Routine skin care;
- Changing simple dressings;

Compliance 2.2. The program provides some or total assistance to clients with the following housekeeping support tasks:

- Making and changing bed;
- Dusting and vacuuming living areas used by client;
- Light cleaning of kitchen, bathroom and bedroom ;
- Dishwashing;
- Listing needed supplies;
- Shopping if no other arrangements are feasible;
- Running essential errands like dropping off and picking up prescriptions at the pharmacy;
- Doing laundry, including ironing and mending if no other arrangements are feasible;
- Preparing meals in accordance with modified diets, including low sugar, low fat, low salt and low residue diets, as prescribed;
- Escorting clients to medical appointment, social service appointments, banking, etc.

STANDARD 3. The program provides the type, amount, frequency and duration of service authorized for the client by the referring case manager when the home care agency is in agreement that this is an appropriate and safe plan.

Compliance 3.1. Upon receipt of the home care referral, the program has a nurse supervisor who visits the client within 3 business days to assess their home care needs using a DFTA-developed assessment tool.

Compliance 3.2. When the home care agency agrees that the CMA defined plan is appropriate and safe, the program provides each client with the service type (personal care or housekeeping) and amount (number of hours), authorized by the referring case management agency.

Compliance 3.3. In instances where fewer hours of service are available than authorized, and if providing fewer hours is appropriate and safe, the program can begin serving clients for fewer hours than they were authorized until the full care plan can be implemented. The CMA will maintain these clients on a wait list for the remaining authorized hours. When there is disagreement with a case manager's care plan for a client; the home care agency discusses this with the CMA within 1 day of their in home assessment so the most appropriate plan can be worked out within 2 days. DFTA should be contacted by the Home Care Agency the day after the 2 day time frame if the CMA and home care agency cannot agree on an appropriate care plan for the client.

STANDARD 4. Program supervisors develop each client's care plan, including service schedule, in the presence of the client and the assigned home care worker.

Compliance 4.1. The care plan and schedule are designed during the first in-home visit by a supervisor who is a nurse.

Compliance 4.2. The care plan is developed in the presence of both the client and the assigned home care worker.

Compliance 4.3. To the extent possible and feasible, the program encourages client input into worker activities, including the manner and the order in which tasks are to be performed.

Compliance 4.4. The care plan includes:

- The day(s) and time(s) when client should expect to receive services.
- The specific tasks with which the client will receive assistance.
- The name of the worker assigned to the client.
- Preferences of the client regarding how tasks should be performed should be considered. The care plan is posted on the client's refrigerator or other highly visible area.

Compliance 4.5. The worker requests approval from her/his supervisor before agreeing to assist a client with a task that is not part of the care plan.

Compliance 4.6. The supervisor reviews and revises the care plan during the supervisory visit following each re-authorization of service by the case manager.

- Worker and client feedback is taken into consideration when reviewing the care plan.

Compliance 4.7 If the CMA authorizes a client for additional day/hours of service for a visit to a doctor, or other special circumstance, a supervisory home visit is not required.

STANDARD 5. The program responds promptly and appropriately to all situations requiring further action.

Compliance 5.1. The program responds within 24 hours when apprised of situations suggestive of instability in the client's condition or imminent threat to safety and well being. (Situations requiring notification to the case manager, and coordination of follow-up, are indicated by an asterisk). Situations include but are not limited to:

- Report of client abuse or neglect.
- Any suspicion of abuse of the client by the worker must be investigated and appropriate action taken where substantiated. Any complaints about the worker by the client must be investigated and appropriate action taken where substantiated.
- Any complaints about the tasks included on the care plan.
- Any change in the client's health including changes in physical and mental functioning as reported by the worker or observed by the supervisor.
- Hospitalizations or other suspensions of service.
- Any observations affecting the client's safety – e.g. serious environmental hazards
- Any incidents, accidents, abuse, neglect or emergencies occurring during the provision of service or that come to the program's attention, must also be reported to the case manager and NYC Department for the Aging Home Care Unit, within 72 hours.

Compliance 5.2. Staff is trained to identify and report changes in client's needs, health and safety, caregiver support, physical environment, accidents etc.

Compliance 5.3. Staff receives written instruction on the procedure for reporting situations that should be reported to their supervisors.

Compliance 5.4. All reports and actions taken are documented:

- In the client's file.

- In an incident file.
- Incident report, including action taken is sent to DFTA's Home Care Unit Director within 72 hours of the incident.

STANDARD 6. The program regularly provides each client with the opportunity to express satisfaction/dissatisfaction with the service being provided.

Compliance 6.1. During each in-home supervisory visit, the supervisor provides the client or his/her authorized representative, with the opportunity to discuss, in private, the service being provided.

STANDARD 7. The program provides each client with information relevant to his/her care in a timely fashion

Compliance 7.1. The program provides each client with timely information on:

- Date and time of service start.
- Worker's name and any change in worker assigned to client.
- Any changes to agreed-upon care plan and schedule.
- Complaint procedure.
- Contact information related to service delivery, service schedule, filing complaints, etc.
- Billing and contribution collection procedure.

Compliance 7.2. The program responds to client enquiries (via telephone or e-mail) by the next working day.

STANDARD 8. The program provides timely, reliable and consistent service.

Compliance 8.1. Service for the client begins within three business days after service activation by the case management agency.

Compliance 8.2. The program routinely monitors worker attendance in the home at the times/days scheduled.

Compliance 8.3. A spot or random check system is used to supplement routine monitoring of worker attendance in the home.

Compliance 8.4. Back-up System.

- The program provides replacement or substitute workers to at-risk clients whose workers are unable to provide care.
- The program gives clients who are not at-risk the option of rescheduling when their worker is unable to provide care at the scheduled time.

STANDARD 9. The program fosters a positive worker/client relationship.

Compliance 9.1. To the extent possible, the same worker provides service to the client throughout the authorization period, unless the client requests a change.

Compliance 9.2. To the extent possible, the program matches client needs with worker skills, interests, etc. in such areas as:

- Linguistic compatibility (workers speak and understand the primary language of the clients they are assigned to).
- Cultural compatibility (e.g. particularly when worker will prepare meals).
- Physical strength, stamina, required to assist client (e.g. lifting).

SECTION 3 STAFF APPROPRIATENESS AND CONTINUITY

STANDARD 10. The program is adequately staffed.

Compliance 10.1. The program maintains a sufficient number of supervisory staff to ensure effective administration and field supervision of homecare workers.

Compliance 10.2. The program maintains a sufficient number of workers to provide its budgeted units.

STANDARD 11. Program staff meets required training qualifications.

Compliance 11.1. The program has documentation on file of each personal care worker's successful completion of the basic (classroom) component (40 hours) of a training program approved by the State Department of Health as well as their completion of training on Elder Abuse.

- Each worker's training was completed prior to the time of employment or within three months of being hired. Note: Evidence of having passed a competency test from an approved program is acceptable.
- If the entire program had not been completed at the time of hire, the worker presented evidence of completion of the following components of the 40 hrs. basic training program and Elder Abuse training:
 - Working with elderly;
 - Body mechanics;
 - Personal care skills;
 - Safety and accident prevention;
 - Food nutrition and meal preparation;
 - Falls Prevention training.

Compliance 11.2. Each supervisor of in-home service workers meets the following qualifications:

- An RN or a licensed Practical Nurse with 2 years of related experience. Nurse who is licensed and currently certified to practice as a Nurse in New York State

Compliance 11.3. Personal care tasks are performed only by staff that have completed required 40 hour training or are in the process to complete this within 3 months of the date of their hire.

STANDARD 12. The program adequately and appropriately screens home care workers and supervisors prior to employment.

Compliance 12.1. Screening. The program has a demonstrable and systematic process for screening all applicants (both home care workers and supervisors) for the following competencies and qualities.

- Ability to read and write English.
- Ability to record messages, and keep simple records in the language of the client.
- Ability to communicate with clients, their families, and other caregivers.
- Ability to understand and carry out instructions.
- Emotional maturity and stability including a positive attitude towards older people with physical and/or mental impairments.
- Cultural competency.

Compliance 12.2. Written References. The program obtains and verifies two written work-related references, prior to employment.

- Only after an attempt is made to verify all past employment experience, or if the worker has no employment history, two written personal references may be accepted.
- The program records the date when job reference verification was attempted and the date when job reference was actually verified and the name of the person who provided the reference.

Compliance 12.3. Written Application Form. The applicant completes a written Application Form that includes a question about whether the applicant was ever convicted on a felony/criminal charge.

Compliance 12.4. Follow DOHMH protocol for criminal history record check (CHRC).

STANDARD 13. All workers receive an initial physical examination, including PPD test and drug screen, and an annual examination thereafter.

Compliance 13.1. Physical Exam and Dated Statement from a Physician. The program arranges for each new worker to have a physical examination from a licensed physician or medical facility prior to the first client assignment.

Compliance 13.2. The examination provided to the new worker includes the following:

- Immunization to rubella and measles, consistent with good medical practice, except that women of childbearing age must have a screening test approved by the New York State Department of Health followed by immunization if appropriate;
- A yearly two-step PPD (Mantoux) skin test for tuberculosis. Positive findings must be followed by clinical follow-up, and chest x-ray.
- Any other tests required by the New York City Board of Health.
- Tests for stimulants, depressants or other narcotics, including the following commonly abused substances: Amphetamines (including Methamphetamine), Methadone, Opiates (Codeine, Morphine, Heroin, Oxycodone, Hydrocodone), Barbiturates, Benzodiazepines, Amphetamine, Phencyclidine, Cannabinoids, Cocaine, Propoxyphene and Methaqualone. In addition, the referring agency should request that the physician routinely inquire about use of prescription drugs by the worker, and note medications on his/her report.
 - The laboratory performing the testing must have a valid New York State permit in Forensic Toxicology.
- The physician signs and dates an Examination Form stating that the applicant is free from any health impairment that is of potential risk to client, family or other employees, or that may interfere with performance of homecare duties.

Compliance 13.3. An applicant who tests positive for drugs is not hired unless h/she is taking the drug under doctor's orders.

Compliance 13.4. Each home care worker has an annual examination by a physician.

Compliance 13.5. An employee who tests positive for drugs, and who does not have verified medical justification, is either terminated or suspended, in the judgment of the program. The program may order unannounced tests at any time in the future for employees who are reinstated.

Compliance 13.6. The program's written personnel policies inform employees that pre-employment and annual medical examinations, including drug screens, are required, that the results will be filed in the worker's personnel file, and that the agency may take actions against a worker without repeating a disputed drug screen.

STANDARD 14. The program provides a documented orientation to new workers.

Compliance 14.1. Orientation includes the following topics:

- The rights of clients.
- Maintenance of client confidentiality.
- The personnel policies and procedures of the provider agency.
- Tasks the worker may not perform. (Tasks that can be performed by workers are clearly defined in the program's policy and procedures.)
- The procedure for reporting observations or information about changes in client functioning or health or situations of imminent danger to supervisory personnel.
- The procedure for responding to program and/or client emergency situations.
- Overview of work with seniors including psychosocial strengths and issues that a senior may encounter.

STANDARD 15. The program provides on-going education and training to maintain and improve staff competence.

Compliance 15.1. The program develops an in-service training plan to help workers develop techniques and skills not included in basic training, review certain aspects of basic training as a remedial measure, and enhance knowledge in special areas.

- The homemaker/personal care worker and the housekeeper receive a minimum of three hours of in-service training every six months.
- Attendance is documented in each worker's file.

Compliance 15.2. The in-service training schedule includes training on universal precautions and blood borne disease prevention and protocols for immediate care and follow-up when exposed to blood and body fluids.

STANDARD 16. The program provides adequate and appropriate supervision of workers, including in-home supervision with each client at least twice a year.

Compliance 16.1. Each in-home services worker has a designated supervisor.

Compliance 16.2. At service start. The designated supervisor accompanies the worker to the client's home the first time service is provided to the client.

- If this is not possible, the supervisor informs the client of the name of the worker and a supervisory visit is made to the worker and the client in the client's home within three working day of service start.

Compliance 16.3. During the initial supervisory visit, the supervisor:

- Introduces the worker and herself to the client.
- Clarifies roles and responsibilities of worker, client and supervisor and provides verbal and written information to client regarding agency policies, etc.
- Reviews client's rights and agency's grievance procedure.
- Develops the care plan, including scheduled days and times, with the client, and, where appropriate, other family members.
- Ensures that the worker and client understand what is expected.
- Provides contact information for the Home Care Agency

Compliance 16.4. Ongoing Supervision.

- Each worker's supervisor visits the worker in the home of each client assigned to the worker at least once every six months.
- During the in-home visit the supervisor:
 - o Evaluates the in-home service worker's performance of the tasks in the care plan;
 - o Provides information, instruction, consultation and demonstration to the worker as needed (On-the-Job Training).

Compliance 16.5. Unannounced Visits. Program supervisors make at least one unannounced visit to each worker in each client's home at least twice annually.

Compliance 16.6. Administration Supervision. Program supervisors take appropriate steps to address situations such as habitual lateness on the part of the worker; missed appointments without prior notification; poor work skills; poor attitude, etc

STANDARD 17. The program promotes staff retention.

Compliance 17.1. Home care workers are provided with compensation that is comparative to industry standards and in compliance with living wage requirements.

Compliance 17.2. Workers' satisfaction is evaluated through regular feedback and exit interviews.

- The evaluation addresses issues such as working conditions, relationship with clients, relationship with supervisor, etc.

Compliance 17.3. The agency has a written employee grievance procedure.

SECTION 3 PROCEDURES AND METHODS

STANDARD 18. The program has written policies for personnel.

Compliance 18.1. Written personnel policies are given to each worker.

STANDARD 19. The program has written procedures for minimizing blood-borne disease risk and responding to exposed workers.

Compliance 19.1. The provider has written procedures for dealing with the risk of worker exposure to blood-borne diseases in the course of performing personal care duties.

- Procedures comply with the Department of Health requirements for certified home health agencies, and address the management of exposed workers as well as general employee information and training. Workers are provided with personal protective equipment which is appropriate to the tasks being performed.

STANDARD 20. The program requires workers to wear appropriate identification.

Compliance 20.1. Workers are issued appropriate identification badges and are required to wear them.

STANDARD 21. Scheduling procedures are organized, efficient and realistic.

Compliance 21.1. Workers know their assignments ahead of time.

Compliance 21.2. Travel time and lunchtime are factored into assignments.

Compliance 21.3. Scheduling minimizes the travel time for each worker.

Compliance 21.4. Worker schedules are available and accessible to all concerned in the effective operation of the program.

STANDARD 22. Procedures and channels for staff communications are effective.

Compliance 22.1. The channels and methods for communicating information among staff, including staff with different functions in the agency, are clear, encourage timely exchange, and contribute to operational efficiency.

STANDARD 23. The program has a client complaints procedure, which is clearly conveyed to clients and staff.

Compliance 23.1. The program has a written client complaint procedure that includes timeframes for responding to, investigating, and resolving client complaints.

Compliance 23.2. The program is able to demonstrate that it provides information about the complaint process to clients at the time service begins.

- Clients are periodically reminded of complaint procedures.
- Clients receive assurances of confidentiality and non-discriminatory treatment.

Compliance 23.3. The program maintains a record of complaints received that categorizes complaints into the following three groups:

- Emergency complaints: e.g. physical abuse and/or sexual advances by the home care worker; non-performance or poor performance of a task which results in physical injury to client; theft in an amount which results in client not being able to purchase food or pay essential bills, such as telephone, rent and utilities.
- Serious complaints: e.g. theft of money; poor performance of worker which jeopardizes client safety.

- Less serious complaints: e.g. non-or-poor performance; lateness or absence of the worker which does not affect the safety of the client; attitude of the worker; request for change of worker due to dissatisfaction.

STANDARD 24. Program response to complaints is timely and fair.

Compliance 24.1. Emergency complaints are responded to within 24 hours. Response includes

- Immediate investigation.
- Replacement of the worker pending the outcome of the investigation.
- Notification to case manager.
- In consultation with case manager, arrangements for a medical examination of the client when complaint involves physical and/or sexual abuse or injury.
- Advising client to report incident to the police if possible criminal action is involved (or reporting the incident to the police on behalf of the client, with client's permission).
- Submission of incident report to DFTA.

Compliance 24.2. Emergency complaints are resolved within 24 hours and the client notified of actions taken, or ongoing investigation must be documented

Compliance 24.3. Serious complaints are responded to within 48 hours. Response includes:

- Immediate investigation.
- Replacement of worker if there is any indication that the complaint is valid.
- Advising the client to notify the police if a possible criminal action is involved (or reporting the incident to the police on behalf of the client, with client's permission).
- Notification to Case Management.
- Submission of incident report to DFTA.

Compliance 24.4. Less serious complaints are resolved within five working days (or documentation of ongoing attention) and the client notified of action taken within 15 working days.

Compliance 24.5. The worker against whom a complaint is brought is informed of the allegation and given the opportunity to present his or her case.

Compliance 24.6. Complaints are documented in the client's file.

- If a complaint about a worker is substantiated, the complaint is documented in the worker's permanent files and DFTA is notified.

STANDARD 25. The program collects cost shares and contributions from clients.

Compliance 25.1. The Case Management Agency must calculate a cost share for all clients authorized to receive DFTA-funded home care whose income (as calculated on the Financial Assessment Form) is above the current threshold provided annually by the NYS Office for the Aging. Clients must be told that paying the cost share is a requirement. The responsibility of collecting the cost share belongs to the home care provider.

- If a client refuses to give financial information necessary to determine cost-share status, she/he must agree to pay the maximum cost-share in order to receive home care.

- If a client authorized to receive DFTA-funded home care disagrees with the designated fee, he/she must be informed in writing that she/he has the right to a hearing.

Compliance 25.2. Clients who are not required to cost share, must be given the opportunity to contribute voluntarily and confidentially to the cost of providing home care services. Clients should be told that they will be given the opportunity to voluntarily contribute to the cost of those services but that there is no obligation to contribute.

Compliance 25.3. A request for contribution is sent to each contributing (non cost sharing) client at least monthly. The letter is a clear request for the recommended contribution rather than payment on a bill. The suggested contribution rate should be the same for each client.

Compliance 25.4 An invoice is sent to cost-share clients at least monthly.

Compliance 25.5 A client-by-client report is kept on cost share and contributions received.

Compliance 25.6 The program immediately notifies the case management agency when a client with a "Payment plan" negotiated by the case manager fails to make payments as agreed. The case manager is sent a copy of the late payment notice that is sent to the client.

Compliance 25.7 A yearly schedule of accounts Billed, Paid and Receivable is submitted to DFTA.

- Each schedule is accurately filled out in that only amounts billed in the fiscal year appear on the Schedule.
- Each Schedule is cumulative from the beginning of the fiscal year.
- On each schedule for each client the amount collected year-to-date and the amount receivable year-to-date, add up to the amount billed year-to-date.

On each schedule, for each client, the total of the amount in the "current receivable" columns and the amount in the "past due" columns equal the amount in the "amount receivable" column.

STANDARD 26. Documentation and Record Keeping
is maintained for each client through the DFTA database.

A file

Compliance 26.1. Each client files contains:

- In home assessment information.
- All care plans developed by the home care agency supervisor.
- Record of worker/s assigned and changes to worker.
- Record of supervisor's findings during in-home visits.
- Record of any complaints made by client.
- Record of contacts with case manager regarding client.
- Any incident report.
- Narrative notes that include but are not limited to:
 - o Observations

- o Problems
- o Plans of action
- o Records of telephone contacts
- o Records of in-home supervisory visits

Compliance 26.2. Records are updated in a timely manner, and maintained for six years from the end of the State fiscal year in which the client last received services.

STANDARD 27. Personnel and other records are properly maintained

Compliance 27.1. Each worker's file contains:

- Application for Employment/Record of references obtained
- Documentation of Orientation
- Documentation of appropriate training
- Documentation of in-service training

Compliance 27.2. Other records include:

- Complaint File
- Incident File
- Income/Contributions Records
- Clients' Payment Records
- Copies of Schedule(s) of Accounts Billed, Paid and Receivable

STANDARD 28. Program maintains and regularly updates written emergency procedures to be followed to assure the health care needs of clients continue to be met in any emergencies which interfere with the delivery of services.

Compliance 28.1. Program provides orientation to all staff regarding their responsibilities in carrying out such plan.

Compliance 28.2. Notify DFTA via e-mail when emergency plan goes into effect due to any weather conditions, like heat wave, snowstorm, hurricane, etc. or other emergency that occurs in the City, with the proper data such as program ability to operate and if unable to provide services, the number of clients the agency was not able to serve due to an emergency and number of clients/emergency contacts, if any, that could not be reached about not being able to be served.

Appendix 5

Whistleblower Protection Expansion Act Rider

WHISTLEBLOWER PROTECTION EXPANSION ACT RIDER

1. In accordance with Local Law Nos. 30-2012 and 33-2012, codified at sections 6-132 and 12-113 of the New York City Administrative Code, respectively,

(a) Contractor shall not take an adverse personnel action with respect to an officer or employee in retaliation for such officer or employee making a report of information concerning conduct which such officer or employee knows or reasonably believes to involve corruption, criminal activity, conflict of interest, gross mismanagement or abuse of authority by any officer or employee relating to this Contract to (i) the Commissioner of the Department of Investigation, (ii) a member of the New York City Council, the Public Advocate, or the Comptroller, or (iii) the City Chief Procurement Officer, ACCO, Agency head, or Commissioner.

(b) If any of Contractor's officers or employees believes that he or she has been the subject of an adverse personnel action in violation of subparagraph (a) of paragraph 1 of this rider, he or she shall be entitled to bring a cause of action against Contractor to recover all relief necessary to make him or her whole. Such relief may include but is not limited to: (i) an injunction to restrain continued retaliation, (ii) reinstatement to the position such employee would have had but for the retaliation or to an equivalent position, (iii) reinstatement of full fringe benefits and seniority rights, (iv) payment of two times back pay, plus interest, and (v) compensation for any special damages sustained as a result of the retaliation, including litigation costs and reasonable attorney's fees.

(c) Contractor shall post a notice provided by the City in a prominent and accessible place on any site where work pursuant to the Contract is performed that contains information about:

(i) how its employees can report to the New York City Department of Investigation allegations of fraud, false claims, criminality or corruption arising out of or in connection with the Contract; and
(ii) the rights and remedies afforded to its employees under New York City Administrative Code sections 7-805 (the New York City False Claims Act) and 12-113 (the Whistleblower Protection Expansion Act) for lawful acts taken in connection with the reporting of allegations of fraud, false claims, criminality or corruption in connection with the Contract.

(d) For the purposes of this rider, "adverse personnel action" includes dismissal, demotion, suspension, disciplinary action, negative performance evaluation, any action resulting in loss of staff, office space, equipment or other benefit, failure to appoint, failure to promote, or any transfer or assignment or failure to transfer or assign against the wishes of the affected officer or employee.

(e) This rider is applicable to all of Contractor's subcontractors having subcontracts with a value in excess of \$100,000; accordingly, Contractor shall include this rider in all subcontracts with a value a value in excess of \$100,000.

1. Paragraph 1 is not applicable to this Contract if it is valued at \$100,000 or less. Subparagraphs (a), (b), (d), and (e) of paragraph 1 are not applicable to this Contract if it was solicited pursuant to a finding of an emergency. Subparagraph (c) of paragraph 1 is neither applicable to this Contract if it was solicited prior to October 18, 2012 nor if it is a renewal of a contract executed prior to October 18, 2012.

APPENDIX 6
ACKNOWLEDGMENT OF ADDENDA

TITLE OF THE SOLICITATION HOME CARE PROGRAM	EPIN 12514N0001 PIN 12515HCNA000
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For Proposals which may have been issued by the agency prior to Instructions: The proposer is to complete Part I or Part II of this form, whichever is applicable, and sign and date this form. This form serves as the proposer's acknowledgment of the receipt of Addenda to this solicitation which may have been issued by the agency prior to the Proposal Due Date and Time.

 Part I

Listed below are the dates of issue for each Addendum received in connection with this solicitation.

Addendum # 1, dated _____

Addendum # 2, dated _____

Addendum # 3, dated _____

Addendum # 4, dated _____

Addendum # 5, dated _____

Addendum # 6, dated _____

Addendum # 7, dated _____

Addendum # 8, dated _____

Addendum # 9, dated _____

Addendum #10, dated _____

 Part II

No Addendum was received in connection with this solicitation.

Proposer Name: _____

Proposer's Authorized Representative:

Name: _____

Title: _____

Signature: _____

Date: _____