**COUNTY OF YUBA**
**HEALTH AND HUMAN SERVICES DEPARTMENT**

# Request for Applications for Vendors to Support Multipurpose Senior Services Program (MSSP)

**Issue Date: May 18, 2016**

## Table of Contents

**INTRODUCTION** ..... **1**

**I. BACKGROUND INFORMATION** ..... **1**

**II. PROGRAM OVERVIEW** ..... **1**

A. CONTRACT TERM ..... 1
B. CRITERIA ..... 2
C. RATE ..... 2
D. SERVICE AREA ..... 2
E. SUBMITTAL DOCUMENTS ..... 2
F. CONFIDENTIALITY OF VENDOR APPLICATION ..... 2

**III. INSTRUCTIONS FOR SUBMITTING APPLICATION** ..... **3**

A. GENERAL INFORMATION ..... 3
B. APPLICATION FORMAT ..... 3
C. APPLICATION REQUIREMENTS ..... 3
D. NARRATIVE DESCRIPTION OF THE VENDOR SERVICES ..... 3
E. EXCEPTIONS ..... 4
F. COST SUBMITTAL FORMAT ..... 4
G. SUBMISSION OF APPLICATION ..... 4

**IV. SELECTION PROCESS** ..... **4**

A. NOTICE OF INTENT TO AWARD ..... 4
B. MULTIPLE CONTRACTS AWARDED ..... 4
C. CONTRACTUAL TERMS & CONDITIONS ..... 4
D. EXTENSION OF CONTRACT ..... 5

**V. COUNTY NOTICES** ..... **5**

A. COUNTY CONTACT ..... 5
B. CONFLICT OF INTEREST ..... 5
C. GENERAL NOTICES ..... 6

**VI. PROTESTS AND/OR APPEALS** ..... **6**

**VII. ATTACHMENTS** .....

*ATTACHMENT 1 – MSSP SERVICE VENDOR APPLICATION* ..... *8*
*EXHIBIT A TO ATTACHMENT 1* ..... *13*

## INTRODUCTION

Yuba County, through its Health and Human Services Department (County), is soliciting applications to secure the services of multiple vendors in an ongoing process to provide needed services to the Multipurpose Senior Services Program (MSSP).

This Request for Applications (RFA) outlines the scope of services, information necessary to understand the competitive selection process and the required documentation necessary for the submission of applications. Please review the document carefully to ensure you are familiar with the County's requirements.

## I. BACKGROUND INFORMATION

The MSSP Program currently has approximately five (5) vendors providing services to the seniors in Yuba County. Services include, but are not limited to:

1. Adult Day Care and Support
2. Minor Home Repairs
3. Non-Medical Home Equipment
4. Chore – Personal Care – Respite In and Out of the Home
5. Personal Care
6. Professional Care Assistance
7. Health Care
8. In-Home Respite
9. Out of Home Respite
10. Regular Transportation
11. Medical Transportation
12. Escort Transportation
13. Communication/Translation
14. Communication Devices (Emergency)

## II. PROGRAM OVERVIEW

The Yuba County Health and Human Services Department, MSSP staff will first use the informal (family, friends, neighbors, church) support system to arrange for required services of MSSP clients. Then, the existing formal support systems will be tasked to provide identified services. If identified needs cannot be met by these existing systems, then necessary services will be purchased from vendors with which MSSP has formal contractual agreements.

### A. Contract Term

The contract term shall be determined at time of contract negotiation. The start date will commence on date of approval from the Board of Supervisors, Administrative Services-Purchasing Agent, or Health and Human Services

Department Director. This ongoing effort will allow vendor service agreements to be added to the list of qualified vendors' dependent upon individual service type needs and contingent on appropriate and sufficient funding.

**B. Criteria**

Several contracts may be written with various agencies or businesses for a particular service. County staff will arrange for service by a provider according to the following criteria. All criteria will be an evaluating factor when selecting a contracted provider:

1. Quality of the services provided by the vendor to previous MSSP clients.
2. Vendor services available in the city where client resides.
3. Ability of vendor to perform the service at the time and for the duration requested by MSSP staff.
4. Lowest, reasonable unit rate for the specific services needed.
5. Continuation of services to the same client by the same vendor, if the quality of care is satisfactory.

**C. Rate**

MSSP must serve as a cost-effective alternative to long-term nursing home placement. Therefore, the contracts for the fiscal year will be awarded with particular attention to unit cost per service. The provider offering lowest, reasonable cost per unit and meets all requirements will be utilized first. Rates stated in contract must be firm for the contract period. Negotiation will take place when a vendor is above the average rate of the group.

**D. Service Area**

MSSP serves clients who reside in Yuba County. If your program does not service the entire county, please indicate in the application which area(s) you do not service.

**E. Submittal Documents**

Vendor shall submit completed MSSP Service Vendor Application (Attachment 1) for each applicable MSSP unit type as identified in the MSSP Unit Types (Exhibit A to Attachment 1), including all required insurance and licensing documentation.

**F. Confidentiality of Vendor Application**

The contents of all applications, correspondence, agenda, memoranda, or any other medium which discloses any aspect of a vendor's application shall be held in the strictest confidence until the contract is awarded and approved by the county Board of Supervisors or Administrative Services Purchasing Agent and signed by both parties. The county cannot and does not give any assurances or guarantees that such information could not be ordered released under the California Public Records Act by a court of law, or be otherwise releasable, if requested by any third party.

## III. INSTRUCTIONS FOR SUBMITTING APPLICATION

### A. General Information

This section describes the required application format and content. The application should contain the requested information organized by the prescribed section and subsection numbers and titles as identified in Attachment 1 - MSSP Service Vendor Application. Any information provided beyond that required in the application should be contained in a section entitled "Optional Exhibits and Attachments."

Each vendor shall submit a complete application, along with requested copies, providing all information requested. Failure to follow the prescribed format may result in rejection of your application.

Applications must be complete in all aspects. An application may be rejected if it is conditional or incomplete, or if it contains any alteration of form or other irregularities of any kind. An application may be rejected if any such defect or irregularity constitutes a material deviation from the application requirements.

It is the sole responsibility of the submitting vendor to ensure that its application is received.

### B. Application Format

The application must be developed on the form provided in this package, or must follow the application content requirements in the order in which they appear in the application. Applications must be signed in ink by the officer or officers legally authorized to bind the company, partnership or corporation.

### C. Application Requirements

The application submitted by the vendor shall specifically address all the items identified on Attachment 1- MSSP Service Vendor Application. Every part of the application must be legible and of sufficient print clarity to allow copying of the document. Mistakes/errors may be crossed out and corrections typed or printed adjacent to the mistake/error and initialed in ink by the person signing the application. The application should be clear, complete and consistent with the application content requirements.

### D. Narrative Description of the Vendor Services

Your application should provide a clear and concise description of the services or products to be provided by your company in response to the county's requested "Application." Describe your overall philosophy and goals in functional and operating terms – stated as what you will do, not what might be done in carrying out the county's requested objectives. Address each of the activities to be undertaken as a means of reaching the county's objective under the application.

**E. Exceptions**

This portion of the application will note any exceptions to the requirements and conditions taken by the vendor. Exceptions should clearly explain why the vendor is taking exception to the requirements. If not noted, the county will assume that the vendor's application meets those requirements as specified herein.

**F. Cost Submittal Format**

It is essential that all responding vendors include and clearly detail all costs, payment schedules, categorization of line items, and/or other related costs associated with your application. All submittals must have a narrative providing a thorough and clear explanation of your costs. Costs are to be based on known rates, values, and any other expenses, if any as stated in MSSP/Service Vendor Applications (Attachment 1).

**G. Submission of Application**

Applications can be received at any time and must bear original signatures. All submissions shall be marked on the outside identifying the submission as "MSSP Application" and mailed or delivered to:

Yuba County Health and Human Services
Attn: MSSP Program Specialist
P.O. Box 2320
5730 Packard Avenue
Marysville, CA 95901

## IV. SELECTION PROCESS

**A. Notice of Intent to Award**

Upon receipt of completed application, if all the requirements have been met, a contract will be negotiated with the vendor. The county reserves the right to reject any or all applications. The County will notify all Applicants whether or not they are selected for the subject services.

**B. Multiple Contracts Awarded**

Several contracts may be written with various agencies or business for a particular service. The County reserves the right to award a contract to the applicant(s) that presents the best qualifications and whose service best accomplishes the desired results.

**C. Contractual Terms & Conditions**

Qualified Applicant(s) will be selected to provide services to Yuba County clients for the term of July 1, 2016, through June 30, 2019. Applicant(s) shall agree to and sign a contract with the County; final terms of the contract will be negotiated with the selected Applicant(s) and incorporated in the contract. Prospective contractors will be required to conform to all applicable provisions

of law and regulations. Such provisions shall include, but are not limited to, all applicable federal and state laws, including the Social Security Act, the Civil Rights Act, the Fair Employment and Housing Act, applicable federal regulations, California Welfare and Institutions Code, and the California Department of Social Services Manual of Policies and Procedures. The contract will also contain provisions relating to insurance and indemnification. The proposer will agree to indemnify the County and maintain insurance with certain specified coverage limits and must name the County and its officers and employees as additional insureds on its policies. A sample contract can be viewed at:
http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitaions.aspx

It is the County's preference to promote employment and business opportunities for local residents and firms on all contracts and give preference to local residents, workers, businesses, and consultants to the extent consistent with the law and interests of the public.

**D. Extension of Contract**

At the County's discretion, the contracts may be renewed for additional terms based on the availability of funding and contractor's performance. In the event the successful vendor offers to supply their service to the county for the same price as awarded from the result of this application for any succeeding period, or in the event the successful vendor is willing to negotiate any justifiable price increase at the time of the succeeding contract renewal period, and it would be economical and in the best interest of the county, and provided the services have been to the satisfaction of the county, the county reserves the right to extend any contract resulting from this application on a term-by-term basis to the successful vendor awarded the contract.

## V. COUNTY NOTICES

**A. County Contact**

Any questions related to this RFA should be directed to the county contact person by email: HHSD_RFPquestions@co.yuba.ca.us

All communications during this process should be directed to the appropriate county contact listed above. Any applicant that makes any effort to communicate with any elected or appointed officials of Yuba County, either directly or indirectly, during this process will be EXCLUDED from consideration.

**B. Conflict of Interest**

Any agency or person considering doing business with Yuba County Government must disclose the agency or person's affiliation or relationship that might cause a "Conflict of Interest" with County Government entity. Any

attempt to intentionally or unintentionally conceal or obfuscate a conflict of interest may automatically result in the disqualification of the submitter's submittal.

### C. General Notices

All applicants responding to this RFA should note the following:

1. Yuba County reserves the right to:
   - Reject any or all applications
   - Request clarification of any submitted information
   - Waive any informalities or irregularities in any qualification statement
   - Not enter into any agreement
   - Not to select any applicant
   - Cancel this process at any time
   - Amend this process at any time
   - Interview applicants prior to award and request additional information
   - Enter into negotiations with one or more applicants
   - Award more than one agreement if it is in the best interest of the county
   - Issue similar RFA in the future

2. All addenda information can be found at: http://www.co.yuba.ca.us/departments/admin%20services/purchasing%20solicitaions.aspx

3. Any and all costs arising from this RFA process incurred by any applicant shall be borne by the applicant without reimbursement by Yuba County.

4. Acceptance by Yuba County of any Application submitted pursuant to this RFA shall not be deemed to constitute intent, implied or otherwise, to enter into an Agreement for Services.

5. County will verify applicant, its principal and any named subcontractors are not on the Federal debarred, suspended or otherwise excluded list of vendors located at www.sam.gov

## VI. PROTESTS AND/OR APPEALS

Protests or Appeals with respect to the solicitation or award of the RFA will be required to follow current requirements of the California Department of Social Services Management and Office Procedures (Chapter 23-600) regarding purchase of service as well as the Yuba County Purchasing and Contract Policy Manual which states in part:

9.0 Protest and Appeals

*Any actual or prospective bidder, offer or contractor who is aggrieved in connection with the solicitation or award of a contract may protest to the Director of Administrative Services. The protest shall be submitted in writing within five (5) working days after such aggrieved person or company knows or should have known of the facts giving rise thereto.*

9.1 Response to Protests and Appeals

*The Director of Administrative Services shall issue a written decision within ten (10) working days after receipt of the protest. The decision shall:*

*(a) State the reason for the action taken;*

*(b) Inform the protestants' that a request for further administrative appeal of an adverse decision must be submitted in writing to the Clerk of the Board of Supervisors within seven (7) working days after mailing of the decision by the Director of Administrative Services.*

The written protest must be delivered to:

**Doug McCoy, Director**
Administrative Services
915 8th St. Suite 119
Marysville, California 95901

# MSSP Service Vendor Application

**Please complete all requested information.**

**Check the box next to the type(s) of MSSP Service Type/Category to be provided:**
(*Refer to Exhibit A for detailed descriptions.)*

**MSSP UNIT TYPE AND SERVICE CATEGORY**

- ☐ 1.1 Adult Day Center
- ☐ 2.2 Minor Home Repairs and Maintenance
- ☐ 2.3 Non-Medical Home Equipment
- ☐ 2.4 Emergency Move
- ☐ 3.1 Supplemental Chore
- ☐ 3.2 Supplemental Personal Care
- ☐ 3.3 Supplemental Health Care
- ☐ 3.7 Supplemental Protective Supervision
- ☐ 5.1 Respite: In-Home
- ☐ 5.2 Respite: Out-of-Home
- ☐ 6.3 Transportation: Hour and One-Way Trip
- ☐ 6.4 Transportation: One-Way Trip
- ☐ 7.1 Congregate Meals
- ☐ 7.2 Home Delivered Meals
- ☐ 8.3 Social Support
- ☐ 8.4 Therapeutic Counseling
- ☐ 8.5 Money Management
- ☐ 9.1 Communication: Translation / Interpretation
- ☐ 9.2 Communication: Devices

| MSSP VENDOR APPLICATION | |
|---|---|
| (Definition of service to be provided, including approved MSSP unit types)<br>(Additional Specifications) | |
| 1. | **Vendor Name:** |
| | Address: |
| | Telephone: Fax: |
| 2. | **Vendor SSN # or FID#:** |
| 3. | **Authorized Signature**: |
| | Name/Title |
| | Telephone: |
| 4. | **Vendor Contact Person:** |
| | Title: |
| | Telephone: |
| 5. | **Type of Provider (check one):**<br>☐ Incorporated, non-profit, tax-exempt ☐ Government Agency<br>☐ Unincorporated Group ☐ Individual<br>☐ Profit Agency ☐ Other: |
| 6. | List the rate(s) per unit at which your organization offers to provide services to MSSP clients. For each rate, provide a breakdown of the cost factors that comprise that rate. Also, if the proposed rate is higher than that charged to other agencies please provide a thorough explanation of the reason(s) for the difference. |

7. List the days and hours of your organization's service availability.

☐ Sunday Hours:

☐ Monday Hours:

☐ Tuesday Hours:

☐ Wednesday Hours:

☐ Thursday Hours:

☐ Friday Hours:

☐ Saturday Hours:

8. Are there any restrictions or limitations on the availability of your services such as eligibility criteria, service area, minimum number of units or maximum number of units?

☐ No ☐ Yes, please explain below.

9. If applicable, what type of business or professional licenses are held by your organization?

| Type | License Number |
|---|---|
| | |
| | |
| | |

10. List the number and position titles of all staff (paid and volunteer) to be involved in providing services to MSSP clients. List professional certificates, licenses, degrees, etc., where appropriate (i.e., R.N., Nurse Practitioner, Medical Doctor, MSW, etc.).

| Position Title | # of Staff | Paid/ Volunteer | Professional Certificates, licenses, degrees, etc. (if applicable) |
|---|---|---|---|
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11. List the number and position titles of all staff (paid and volunteer) to be involved in the administrative and fiscal tasks related to the provision of services to MSSP clients. List professional degrees and certificates, etc., where appropriate (i.e., MBA, CPA, MPH).

| Position Title | # of Staff | Paid/ Volunteer | Professional Certificates, licenses, degrees, etc. (if applicable) |
|---|---|---|---|
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12. Describe the organization's general fiscal methods and procedures, (i.e., "double entry bookkeeping by CPA two hours per day" or "computerized accounting system with four full-time fiscal staff," etc.).

13. List the carrier name, carrier number, policy number and coverage limits for each type of insurance your organization maintains.

| Type | Carrier Name | Carrier Number | Policy Number | Coverage |
|---|---|---|---|---|
| Comprehensive/ General Liability | | | | |
| Professional Liability/ Malpractice | | | | |
| Performance | | | | |
| Auto | | | | |
| General Fidelity Bond | | | | |
| Workers' Compensation | | | | |
| Products Liability | | | | |
| Other | | | | |

| |
|---|
| 14. Summarize your organizations experience in the provision of services to our client population. |
| 15. List two or more organizations/individuals, which have used your service and can comment on your organization's experience and quality of service provision. |

| Name of Individual/Organization | Address | Phone Number |
|---|---|---|
| | | |
| | | |
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| 16. I certify that the above is true to the best of my knowledge.<br><br>Signature: |
| *(Signature of Authorized person who can legally bind vendor into a contract)* |
| Print Name: |
| Title: |
| Date: |

## MSSP UNIT TYPE DEFINITIONS AND LICENSE REQUIREMENTS

### 1.1 ADULT DAY CARE

Adult day care centers are community based programs that provide non-medical care to persons eighteen (18) years of age or older in need of personal care services, supervision or assistance essential for sustaining the activities of daily living or for the protection of the individual on less than a twenty-four (24) hour basis.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Community Care Facility | California Code of Regulations (CCR) Title 22, Division 6, Chapter 3. | NA |

| |
|---|
| Other Standard: NA |

The following services (**2.2, 2.3** and **2.4**) are necessary to ensure the health, welfare and safety of the client in their physical residence or home setting. Services may include physical adaptations and assistive devices, and emergency assistance in situations which demand relocation and assistance to obtain or restore utility service.

### 2.2 MINOR HOME REPAIRS AND MAINTENANCE

Minor home repairs do not involve major structural changes or repairs to the dwelling. Adaptive equipment is defined as those services necessary for access (e.g., ramps, grab bars, handrails), safety (e.g., electrical wiring, plumbing repair), or security (locks).

| Provider Type | License Requirements | Certification |
|---|---|---|
| Building Contractor | State of California | See Other Standard |
| Handyman | Local Business License | See Other Standard |

| |
|---|
| Other Standard: Sites must assure that the vendor for repair jobs which cost more than $1000 (total for materials and labor) is a licensed contractor. The need for building inspection is governed by local ordinance. If an inspection is required, a copy of the inspection clearance shall be attached to the invoice for services. |

### 2.3 NON-MEDICAL HOME EQUIPMENT

Includes those assistive devices, appliances and supplies which are necessary, to assure the client's health, safety and independence. This service includes the purchase or repair of non-medical home equipment and appliances such as refrigerators, stoves, washing machines, furniture, mattresses and bedding.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Private Nonprofit or | Local Business License | NA |

| | | |
|---|---|---|
| Proprietary Agency | | |

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|---|
| Other Standard: NA |

## 2.4 EMERGENCY MOVE

This service includes facilitating a smooth transition from one living situation to another for clients, who require assistance with relocation due to the loss of residence or the need for a change in residence. Costs may include materials and labor but may *not* include rent or deposits on housing or storage units.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Private Nonprofit or Proprietary Agency | Local Business License | NA |

| |
|---|
| Other Standard: NA |

## 3.1 SUPPLEMENTAL CHORE (Services can supplement but not supplant In-Home Supportive Services)

Is for purposes of household support, above and beyond those available through the In-Home Supportive Services (IHSS) Program or to clients that are not eligible for IHSS, and applies to the performance of household tasks rather than to the care of the client. Chore activities are limited to household cleaning, laundry (including the services of a commercial laundry or dry cleaner), shopping, food preparation, and household maintenance.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Home Health Agency | State of California | Medicare |
| Private Nonprofit or Proprietary Agency | Local Business License | NA |

Other Standard: Authorized tasks are specified in the California Department of Social Services (DSS) Manual, Division 30, Chapter 30-757. All individuals performing the services must:

a. Be a U.S. citizen or legal alien;
b. Be at least 18 years of age;
c. Have a Social Security card;
d. Be able to read, write, carry out directions, and maintain simple records;
e. Have transportation available;
f. Be able to communicate changes in the client's status and/or family; and
g. Be physically capable of performing the work required.

## 3.2 SUPPLEMENTAL PERSONAL CARE (Services can supplement but not supplant In-Home Supportive Services)

Is provided to those clients whose needs exceed the maximum amount available under

IHSS or who are in circumstances where the individual lacks a provider. Services under this category provide assistance to the client to maintain bodily hygiene, personal safety, and activities of daily living which are essential to the health and welfare of the individual. These tasks are limited to non-medical personal care services such as feeding, bathing, dressing, care of and assistance with prosthetic devices and rubbing skin to promote circulation. Any household chores which are performed by the personal care worker and are ancillary to the provision of the client's care may be included in this category but should not be the central activity. Therefore when bed linen is soiled, it may be changed, washed and put away.

When a personal care service is to be performed by a caregiver, the duties will be limited to those allowed by the worker's employer, or permissible according to the Board of Registered Nursing policy on unlicensed assistive personnel, and as permitted by the worker's certification (if applicable).

| Provider Type | License Requirements | Certification |
|---|---|---|
| Home Health Agency | State of California | Medicare |
| Private Nonprofit or Proprietary Agency | Local Business License | NA |

Other Standard: Authorized tasks are specified in the California DSS Manual, Division 30, Chapter 30-757. All individuals performing the services must:

a. Be a U.S. citizen or legal alien;
b. Be at least 18 years of age;
c. Have a Social Security card;
d. Be able to read, write, carry out directions, and maintain simple records;
e. Have transportation available;
f. Be able to communicate changes in the client's status and/or family; and
g. Be physically capable of performing the work required.

## 3.3 SUPPLEMENTAL HEALTH CARE

Health care addresses the care of health problems by appropriately licensed or certified persons when such care is not otherwise available. These services will be provided based on the following criteria:

1. The assessment identifies need for this support and the care plan reflects the required service(s).
2. MSSP must utilize all of the health care services available under Medicare, Medi-Cal/Health Plan, and other health coverage prior to purchasing these services using Waiver funds.
3. This service supplements benefits provided by the existing Medicare and Medi-Cal programs including managed care, using providers who meet standards under Provider Qualifications: Licensure and Certification, Appendix 26.
4. The service is provided by authorized individuals when such care is prescribed or approved by a physician.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Home Health Agency | State of California | Medicare |
| Specified Health Professionals | See Other Standard | See Other Standard |

Other Standard: Registered nurses, occupational, physical and speech therapists must be employed by an agency licensed/certified by Department of Health Services (DHS) as Medicare Home Health Agency (HHA) providers or licensed by DHS as a HHA unless any one of the following conditions apply:

1. No licensed or certified HHA exists within the site's local catchment area; or
2. The licensed or certified HHA cannot meet the need of the MSSP client; or
3. The client is not satisfied with the service provider from the licensed/certified HHA.

Licensure standards for independent contractors are the same as those for professionals working for HHAs. These standards are contained in CCR Title 22, Division 5, Chapter 6, Article 1.

Nutritionists and Registered Dieticians (RD) must have completed a Bachelor's degree in food/nutrition; RDs must have passed the examination offered by the Commission on Dietetic Registration.

Pharmacists must be licensed by the California Department of Consumer Affairs, Board of Pharmacy, as a licensed pharmacist, pharmacy intern, technician or certified exemptee.

Art therapists are designated either registered or certified by the Art Therapy Credentials Board.

Dance therapists are registered by the American Dance Therapy Association.

Exercise/physical fitness trainers have certification from either the Aerobics and Fitness Association of America, or the American Council of Exercise.

Music therapists have obtained one of the following from the Certification Board for Music Therapists: Music Therapist–Board Certified, Certified Music Therapist, or Registered Music Therapist.

Recreation therapists have certification from the American Therapeutic Recreation Association.

Massage therapists are regulated by local cities through the business license/permit process. They should have a diploma or certificate from a State-approved school.

## 3.7 SUPPLEMENTAL PROTECTIVE SUPERVISION

Ensures supervision in the absence of the usual care provider to persons in their own homes who are very frail or may suffer a medical emergency, to prevent immediate

placement in an acute care hospital, nursing facility, or other twenty-four (24) hour Residential Care Facility for the Elderly (RCFE). Such supervision does not require medical skills and can be performed by an individual trained to summon aid in the event of an emergency. This service may also include checking on a participant through a visit to the participant's home to assess the situation during an emergency.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Home Health Agency or Private Nonprofit or Proprietary Agency | State of California | NA |

Other Standard: Tasks authorized under Supplemental Protective Supervision services are specified in the California DSS Manual, Division 30, Chapter 30-757. All individuals performing the services must:

a. Be a U.S. citizen or legal alien;
b. Be at least 18 years of age;
c. Have a Social Security card;
d. Be able to read, write, carry out directions, and maintain simple records;
e. Have transportation available;
f. Be able to communicate changes in the client's status and/or family; and
g. Be physically capable of performing the work required.

**RESPITE CARE (In-Home and Out-Of-Home)**

The purpose of respite care (5.1 and 5.2) is to relieve the client's caretaker and thereby prevent breakdown in the informal support system. Respite service will include the supervision and care of a client while the family or other individuals who normally provide full-time care of a client take short-term relief or respite which allows them to continue as caretakers. Respite may also be needed in order to cover emergencies and extended absences of the caretaker.

**5.1 IN-HOME**

Services will be provided in the client's home. Individuals providing services in the client's residence shall be trained and experienced in homemaker services, personal care, or home health services, depending on the requirements in the client's plan of care.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Home Health Agency | State of California | Medicare |
| Other Agency | Local Business License | NA |

Other Standard: Tasks authorized under Respite, In-Home are specified in the California DSS Manual, Division 30, Chapter 30-757. All individuals performing the services must:

a. Be a U.S. citizen or legal alien;
b. Be at least 18 years of age;
c. Have a Social Security card;
d. Be able to read, write, carry out directions, and maintain simple records;
e. Have transportation available;

| |
|---|
| f. Be able to communicate changes in the client's status and/or family; and<br>g. Be physically capable of performing the work required. |

## 5.2 OUT-OF-HOME

Services will be provided out of the client's home through appropriate available resources such as board and care facilities, skilled nursing facilities, etc. Federal Financial Participation will not be claimed for the cost of room and board except when provided as part of respite care in a facility approved by the State that is not a private residence.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Residential Care Facilities | CCR Title 22, Division 6, Chapter 8 | NA |
| Intermediate Care Facilities | CCR Title 22, Division 6, Chapter 4 | NA |
| Skilled Nursing Facilities | CCR Title 22, Division 6, Chapter 3 | NA |
| Hospitals | CCR Title 22, Division 5, Chapter 1 | NA |

| |
|---|
| Other Standard: NA |

## 6.3 TRANSPORTATION (Hour) and 6.4 TRANSPORTATION (One-Way Trip)

These services provide access to the community (e.g., non-emergency medical transportation to health and social service providers and special events for clients who do not have means for transportation or whose mobility is limited, or who have functional disabilities requiring specialized vehicles and/or an escort. These services are different from the transportation service authorized by the State Medicaid Plan which is limited to medical services or clients who have documentation from their physician that they are medically unable to use public or ordinary transportation.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Private Nonprofit or Proprietary Agency | See Other Standard | NA |
| Ambulance or Wheelchair van/Paratransit | See Other Standard | NA |
| Escort: See Below | See Other Standard | NA |

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| Other Standard: Providers of regular transportation services must be either a properly registered private nonprofit or a licensed proprietary agency. Drivers must possess a valid class II or III driver's license issued by the California State Department of Motor Vehicles. The provider must furnish documentation that adequate vehicle insurance will be in effect during the term of the service contract.<br><br>Providers of ambulance services must have a California Highway Patrol (CHP) vehicle inspection certificate; drivers must have successfully completed ambulance attendant training. The provider must furnish documentation that adequate vehicle insurance will be in effect during the term of the service contract.<br><br>Wheelchair/Paratransit providers must provide evidence of CHP inspection and driver |

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| training. The provider must furnish documentation that adequate vehicle insurance will be in effect during the term of the service contract.<br><br>Providers of escort services must be experienced in serving the needs and conditions of the frail elderly. In communities where the needs for this service cannot be met through agency providers, individuals may be used provided they have documented on the MSSP Service Vendor Application an appropriate degree of experience and insurance, and reference checks verified by MSSP site staff confirm a history of satisfactory performance. |

## 7.1 CONGREGATE MEALS

Meals served in congregate meal settings for clients who are able to leave their homes or require the social stimulation of a group environment in order to maintain a balanced diet.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Title III of the Older Americans Act (OAA) Nutrition Sites or Private Providers | Local Business License; and Any Others as Required by Local Government | NA |

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| Other Standard: NA |

## 7.2 HOME DELIVERED MEALS

Prepared meals for participants who are homebound, unable to prepare their own meals and have no caregiver at home to prepare meals for them.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Title III of the OAA Nutrition Sites or Private Providers | Local Business License; and Any Others as Required by Local Government | NA |

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| Other Standard: NA |

## 8.3 SOCIAL SUPPORT

This service includes periodic telephone contact, visiting or other social and reassurance services to verify that the individual is not in medical, psychological, or social crisis, or to offset isolation.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Private Nonprofit or Proprietary Agency | Local Business License | See Other Standard |

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| Other Standard: All individuals performing the services must:<br>a. Be a U.S. citizen or legal alien;<br>b. Be at least 18 years of age;<br>c. Have a Social Security card;<br>d. Be able to read, write, carry out directions, and maintain simple records;<br>e. Have transportation available;<br>f. Be able to communicate changes in the client's status and/or family; and<br>g. Be physically capable of performing the work required. |

## 8.4 THERAPEUTIC COUNSELING

This service includes individual or group counseling to assist with social, psychological, or medical problems which have been identified in the assessment process and may be utilized in situations where clients may face crises, severe anxiety, emotional exhaustion, personal loss/grief, confusion, and related problems.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Licensed Professionals | Professional License/Certification and Local Business License | See Other Standard |

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| Other Standard: Providers are professionals who are licensed or certified to practice in the State of California. The licensing authority for clinical social workers, marriage and family counselors and therapists, psychologists and psychiatrists is the Department of Consumer Affairs, Boards of Behavioral Science Examiners and Medical Quality Assurance. The certification authority for rehabilitation counselors is the Commission on Rehabilitation Counselor Certification |

## 8.5 MONEY MANAGEMENT

This service assists the client with activities related to managing money and the effective handling of personal finances either periodic or as full-time substitute payee.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Private Nonprofit, Proprietary Agency or Individual | Local Business License | NA |

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| Other Standard: Providers must be bonded and insured. |

## COMMUNICATION: TRANSLATION / INTERPRETATION and DEVICE

These services (9.1 and 9.2) are for clients with special communication problems such as vision, hearing, or speech impairments and persons with physical impairments likely to result in a medical emergency. Services shall be provided by organizations such as speech and hearing clinics, organizations serving blind individuals, hospitals, senior

citizens center, providers specializing in language translation, individual translators, telephone companies or other providers specializing in communications equipment for the disabled or at-risk person.

## 9.1 COMMUNICATION: TRANSLATION / INTERPRETATION

The provision of translation and interpretive services for purposes of instruction, linkage with social or medical services, and conduct of business is essential to maintaining independence and carrying out the activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) functions.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Individual Translators/Interpreters | NA | NA |

Other Standard: Providers shall have:

a. Fluency in Both English and a language other than English; and
b. Ability to read and write accurately in both English and a language other than English; and
c. Ability to maintain confidentiality.

## 9.2 COMMUNICATION: DEVICE

The rental/purchase of mechanical/electronic devices, or installation of a telephone, to assist in communication (excluding hearing aids, eye appliances, and monthly telephone charges) for clients who are at risk of institutionalization due to physical conditions likely to result in a medical emergency.

| Provider Type | License Requirements | Certification |
|---|---|---|
| Private Nonprofit or Proprietary Agency | Local Business License | NA |

Other Standard: Any electronic communication/response device obtained for client use must be of a type already in general use; product warranties and servicing for the unit must be available. Providers must be competent to meet applicable standards of installations, repair and maintenance of these systems and devices.

Passive communication devices (e.g., identification bracelets or cards for emergency use or identification) and other devices designed for emergency assistance may also be purchased.