

Senior Choices
Chore Services Specifications
Provider Qualifications
Statement and References
2012 & 2013

SENIOR CHOICES CHORE SERVICE SPECIFICATIONS

1.0 Definition

Chore is a service designed to improve, restore, or maintain a clean, sanitary and safe living environment through the performance of tasks in the home that are beyond the consumer's capability, and the removal of hazards posing a threat to the consumer's health and welfare. Chore services are provided only in cases where neither the consumer, nor anyone else in the household, is capable of performing or financially providing for the services, and where the SENIOR CHOICES Care Consultant has determined that no relative, caregiver, landlord, community/volunteer agency, or third party payer is capable of or responsible for their provision.

Chore services are limited to those activities that are not the legal or contractual responsibility of a landlord. In the case of rental property, the responsibility of the landlord, pursuant to the lease agreement, will be examined prior to any authorization of service.

1.1 Chore services may include:

- a. Major house cleaning, as defined by the **SENIOR CHOICES** Care Consultant (i.e. washing walls, ceilings and outside and difficult to reach inside windows; removing, cleaning or re-hanging curtains or drapes; and shampooing carpets and furniture).
- b. Simple household repair, as defined by the **SENIOR CHOICES** Care Consultant (i.e. repairing water faucets, unclogging drains, lighting or relighting a pilot light and replacing furnace filters).
- c. Pest control. This service is not offered to renters, since it is a landlord responsibility.
- d. Waste disposal
- e. Moving within the county

1.2 A Provider may select to furnish one or more of the listed services.

2.0 Unit of Service

2.1 A unit of service is the specific job requested.

2.2 The unit rate is the price quoted in a bid and accepted by **SENIOR CHOICES** for the specific job, prior to initiation of said job.

2.3 The unit rate must include the cost of materials, labor estimate & applicable fees associated with the job requested as defined in the Qualifications Statement.

3.0 Service Specifications

3.1 The Provider must acknowledge acceptance of client referral for consideration of service within (2) two working days, of the **SENIOR CHOICES** request.

- 3.2 The Provider must accept a verbal request from **SENIOR CHOICES** to furnish estimates for the specific job requested as determined by the Provider upon an onsite evaluation.
- 3.3 The Provider must furnish by email, telephone or fax the Care Consultant an estimate of service cost, free of charge, to be followed by a written price quote within seven days of the initial **SENIOR CHOICES** request, unless otherwise requested by the **SENIOR CHOICES** Care Consultant.
- 3.4 The Provider must not change or add to the service request or change the start of service prior approval of the **SENIOR CHOICES** Care Consultant.
- 3.5 The Provider may only bill for original price quote submitted to and approved by **SENIOR CHOICES**, unless a cost revision is prior authorized by **SENIOR CHOICES**.
- 3.6 The Provider must:
 - a. Inform **SENIOR CHOICES** of any specific health and/or safety risks expected during the job project, and
 - b. Assist **SENIOR CHOICES** in coordinating times and dates of services to assure minimal risk of hazard to the clients.
- 3.7 The Provider must schedule and complete the job as approved within 30 calendar days of the approval. The **SENIOR CHOICES** Care Consultant and client must be notified of any delays.
- 3.8 Inform the client and Council for Older Adults of any specific health or safety risks expected during the job project, and assist the Care Consultant in coordinating times and dates of service to insure minimal risk of hazard to the consumer as applicable to each job.
- 3.9 Submit written assurance to the Care Consultant that all workmanship and materials are warranted.
- 3.10 The Provider must notify the **SENIOR CHOICES** Care Consultant within 24 hours of any adverse incidents and document the notification on an Agency's or **SENIOR CHOICES** Incident Report Form.
- 4.0 Provider Requirements and Conditions of Participation for Self Employed
 - 4.1 The Provider may be an individual or an agency (see Conditions of Participation for all applicable requirements; *any exceptions must be approved by the Council for Older Adults in advance of the Pre Certification Review Visit*).
 - 4.2 The Provider must provide disclosure of ownership and have a written statement defining the purpose of their business or service agency (to be provided upon application).
 - 4.3 The Provider must provide proof that they have experience in and have provided the service to individuals in the community for at least one year prior to the date of the application.

- 4.4 The Provider must provide or sign a written statement supporting compliance with Health Insurance Portability and Accountability Act (a Business Associate Agreement for non-covered entities).
- 4.5 The Provider must have a telephone, fax machine and computer to receive referrals for service, and available to respond to referrals between 8:30 a.m. and 4:30 p.m., Monday thru Friday.
- 4.6 The Provider must have a system to document services delivered and billed.
- 4.7 The Provider must maintain for at least one year (or until an audit is completed) individual client records in a locked file cabinet that fully documents each episode of service delivery, indicates the service tasks performed, lists the dates of contact(s), describes the type of contact(s), identifies the name of the person(s) having contact with the consumers and includes the signatures of the client/caregiver and service provider upon completion of the specific job order.
- 4.8 The Provider may not bill until completion of the specific job and submitted no later than the 10th of the month following the month in which the service was completed. The billing submitted to **SENIOR CHOICES** must include a work order signed by the client/client representative verifying job completion.
- 4.9 The Provider must have documentation of liability coverage for client loss due to theft, property damage and personal injury to be submitted with application. The minimum acceptable coverage is \$25,000 per category. The Provider must have a written procedure which identifies the steps a client must take to file a liability claim.
- 4.10 The Provider must have a written procedure for reporting and documenting all incidents which affect a client's physical or emotional well being.
- 4.11 The Provider must obtain written approval from the client to release client specific information to sources outside the **SENIOR CHOICES** Care System and have a written policy regarding confidentiality.
- 4.12 The Provider shall inform clients that they have a right to file a grievance and the Provider shall have written steps for resolving complaints and making claims. The Provider shall give the client the name and phone number in writing and shall inform them that they also have a right to voice their complaint to their **SENIOR CHOICES** Care Consultant.
- 4.13 The Provider must sign and date documentation which indicates completion of an orientation prior to providing service to a **SENIOR CHOICES** contracted client which includes:
 - a. **SENIOR CHOICES** Ethical Behaviors
 - b. **SENIOR CHOICES** Policies and Procedures

5.0 Summary of Required Documentation

The Provider of Chore Services must furnish service specific documentation in addition to the documentation requirements of the documents within the **SENIOR CHOICES** Chore Services Provider Qualifications Statement.

The Chore service documentation required includes:

- 5.1 Statement of purpose and ownership
- 5.2 Provider resumes or work history and at least three professional references
- 5.3 Statement of compliance with HIPAA or signed Business Associate Agreement
- 5.4 Record of service delivery and completion of specific job
- 5.5 Copy of client/representative signed invoice after completion of work
- 5.6 Proof of liability insurance and bonding
- 5.7 BCII report and verification of licensure/BMV license
- 5.8 List of Chemicals/Product names used
- 5.9 Pest Control licensure by the Ohio Department of Agriculture**
- 5.10 All other applicable permits and licenses as required by law, ordinance or professional standards

**Applies only to the Pest Control Provider.

The Council for Older Adults reserves the right to temporarily suspend or permanently terminate a provider's participation in the program for failure to comply with our conditions, specifications, policies and procedures.

******Please Note You Must Submit a SENIOR CHOICES Provider Application with this statement******

PLEASE RETURN COMPLETED STATEMENTS AND APPLICATION TO:

Fara Waugh, MSW, LISW
Associate Director of Client Services
Council for Older Adults
800 Cheshire Road, Suite A
Delaware, OH 43015
Fax: 740-363-7588

******PLEASE SEND A COPY OF YOUR LICENSE (where appropriate)******

(1) NAME OF **SENIOR CHOICES** CHORE PROVIDER APPLICANT _____

(2) ADDRESS _____

CITY _____ STATE _____ ZIP _____

(3) TELEPHONE _____

(4) PRINCIPAL OFFICER _____

(5) TAX ID # _____

(6) OWNERSHIP/CORPORATION? ____ PARTNERSHIP? ____ INDIVIDUAL? ____

(7) HAVE YOU CONDUCTED BUSINESS UNDER ANOTHER NAME? Y ____ N ____

IF YES, GIVE NAME OF COMPANY, ADDRESS AND DATES:

(8) TYPE OF WORK PERFORMED BY PRESENT COMPANY: _____

(9) HAS THE COMPANY EVER FAILED TO COMPLETE ANY WORK AWARDED TO IT

OR DEFAULTED ON A CONTRACT? _____

IF YES, WHERE AND WHY? _____

SENIOR CHOICES CHORE SERVICE PROVIDER QUALIFICATION STATEMENT

PLEASE RETURN COMPLETED NOTARIZED STATEMENT TO:

Fara Waugh, MSW, LISW
Associate Director of Client Services
Council for Older Adults
800 Cheshire Road, Suite A
Delaware, OH 43015

Please enclose copy of contractor license with this statement.

Company Name _____
Address _____
Phone _____
Federal Tax I.D.# _____

THE UNDERSIGNED CERTIFIES THAT ALL OF THE QUALIFICATION STATEMENTS ARE TRUE AND CORRECT AND HEREBY AGREES AND REQUESTS ANY PERSON, FIRM, OR CORPORATION TO FURNISH ANY INFORMATION REQUESTED BY THE COUNCIL FOR OLDER ADULTS IN VERIFICATION OF THE RECITALS COMPRISING THIS STATEMENT OF CONTRACTOR QUALIFICATIONS.

Contractor _____

By _____ Title _____

Date _____

State of _____

County of _____

_____ being truly sworn disposes and says he/she is

_____ or _____ and all

statements therein contained are true and correct.

SUBSCRIBED AND SWORN TO ME THIS _____ DAY OF _____ 20 _____

NOTARY PUBLIC _____

MY COMMISSION EXPIRES _____

List five (5) jobs that are in progress or recently completed within the last one (1) year. Supply name, address, phone number and type of work done. (Please give references that will allow us to examine all work performed).

(1) NAME _____
ADDRESS _____
PHONE _____
TYPE OF WORK PERFORMED _____

(2) NAME _____
ADDRESS _____
PHONE _____
TYPE OF WORK PERFORMED _____

(3) NAME _____
ADDRESS _____
PHONE _____
TYPE OF WORK PERFORMED _____

(4) NAME _____
ADDRESS _____
PHONE _____
TYPE OF WORK PERFORMED _____

(5) NAME _____
ADDRESS _____
PHONE _____
TYPE OF WORK _____
