

COUNCIL FOR OLDER ADULTS LONG TERM CARE OVERVIEW

The movement towards community-based care delivery continues to be a national trend. Several factors have contributed to this policy directive. First is the clearly stated preference of older adults to remain at home where they are happier and healthier. Secondly, institutional care is more costly than community-based care. Third, community-based care supports continuity of care as individuals transition from acute care and institutional settings to home through the provision of comprehensive services that adjust according to the changing needs of the individual. Fourth, with the continued growth of the older population, community-based services expand the capacity for providing long-term care services beyond the availability of institutional care. This continued growth in population and their range of needs as well as the lack of service availability has led the voters of Delaware County to support a system of long term care delivery which is easily accessed, cost effective and provided to clients in their homes.

Delaware County remains the fastest growing county in Ohio and one of the fastest growing in the nation. Likewise, the growth of the county's older population has been quite rapid, out-pacing every other county in central Ohio. Of even greater significance, however, is the fact that the number of those who are very old are growing at a rate faster than the rapidly growing older population in general. This trend will continue in the years to come and are particularly sobering given our understanding of the functional limitations which come with increased age. The number of older people who are disabled will continue to grow significantly, and they have a greater need for long term care services.

The key to understanding the need for long term care is a person's functional capacity; that is, what it takes for an individual to function independently on a daily basis. If a person becomes too physically or mentally incapacitated to manage his/her basic tasks, he/she can become a candidate for long term care services.

Community-based long term care includes a range of preventative and supportive health and social services, with case management as a core component. Community-based long term care systems depend on effective service initiation and coordination, maximum use of informal supports,

accessible and affordable services and monitoring of client's status. The Council for Older Adults has achieved the goal of developing this capacity on a county-wide basis in Delaware County that continues to grow.

The Council for Older Adults is continuing its work to develop and expand needed long term care services and to do so in the context of a user-friendly client-driven and client-centered system of care: **SENIOR CHOICES**. Our client-centered system is composed of these key components: System Entry and Triage, Care Coordination, Service Package Development & Monitoring and Financing.

System Entry and Triage (Information and Assistance):

In order to maximize efficient use of limited private and public funding for long term care, it is necessary to carefully screen individuals seeking assistance. Clearly, the needs and requests for assistance will vary in intensity, immediacy and potential cost for every individual seeking assistance. Most will only need accurate and timely information. Others may need counseling or assistance with contacting providers. The more impaired the elder, the more likely he/she may require a more intense service response.

Thus, the System Entry component developed by the Council for Older Adults focuses on the creation of "one-stop-shopping". Telephone triage is established to provide information, assistance as needed, and referral to care coordination as appropriate.

Care Coordination:

Through our **SENIOR CHOICES** one-stop-shopping program, older adults will have, as needed, access to information, assistance, care coordination and services provided by our care consultants. The traditional case management components provided by **SENIOR CHOICES** includes assessments, care plan development, pre-authorization of visits, monitoring and termination planning when appropriate, allocation of and payment for services. Care plans are designed to achieve and maintain maximum levels of health and independence. Assistance may be short or long term. Traditional care coordination is reserved for the very frail who have weak informal supports.

Service Package:

The service package represents the core of most frequently utilized community-based long term care services. Services provided and funded by **SENIOR CHOICES** and the Council for Older Adults will include the following:

Emergency Response System	Personal Care Aide
Homemaker/ Homemaker-Escort	Respite Care (In Home and Institutional
Adult Day Care	Caregiver Relief)
Medical Transportation (medical, social	Chore Services
services and adult day care)	Nursing
Home Repair and Modification	Durable Medical Equipment & Supplies

It is clear that the demand for community-based long term care services will continue to grow and we are interested in supporting the work of providers who can provide the highest quality service in an effective and efficient manner to Delaware County residents who are at least 60 years old.

Instructions for Completion of Application

Applicants are expected to have examined all conditions of participation and relevant service specifications and requirements in this Purchase of Service Packet prior to submitting an application.

There are ten documents which must be submitted to the Council for Older Adults at the Center for Older Adults, 800 Cheshire Road, Suite A, Delaware, OH 43015 *with a \$225 nonrefundable application fee for all **NEW** applicants and a \$125 renewal fee for all **EXISTING** Providers to be paid to “Council for Older Adults” by August 29, 2011* in order for your application to be considered complete. The required documents are:

Organization Contact Form

Please use this form to provide the name, address, telephone, etc of the applicant organization, as well as pertinent information about the persons authorized to make this application, the contact person that has been designated to work directly with the care consultants in receiving referrals and the person designated to handle billing. In addition, we ask you to confirm that you agree to comply with the attached Conditions of Participation and any or all Service Specifications that apply to your application. All individuals involved in the administration of and provision of **SENIOR CHOICES** service is expected to be both aware of and in compliance with these specifications as well.

Service Quotation Sheet

This document provides each applicant the opportunity to indicate what services it will provide and at what cost per unit. For the services that you wish to provide indicate the unit cost and the geographic area that you will serve. *Provide a unit cost for 2012/13. The same rate will apply both years.* Under Service Area list appropriate zip codes if you *do not* plan to serve *all* of Delaware County. If you serve the entire County, indicate "county-wide". A list of zip codes is attached for your convenience.

The period covered by this application and resulting purchase of service agreement will be January 1, 2012 thru December 31, 2013. If your application is submitted after January 1st, the period covered shall begin from the date of approval through December 31, 2011.

Statement of Organizational Purpose

Please provide a description of your organization, its history, purpose and mission.

Disclosure of Ownership

Please provide a disclosure statement of ownership and proof thereof with the application.

Proof of Service

Please provide By-Laws or Articles of Incorporation or other proof of business providing service in Delaware County area for at least one year.

Certificate of Good Standing

Please submit a copy of your agency's current Certificate of Good Standing issued by the Secretary of the State of Ohio with the application. (Exception: Self Employed Chore Service Provider)

Workers' Compensation Certificate

Please provide a copy of your agency's current Bureau of Workers' Compensation Certificate of Premium Payment with the application. (*Exception: Self Employed Chore Service Provider*)

Documentation of Liability Coverage

Please provide evidence of liability coverage with the application.

Request for Taxpayer Identification Number and Certification

Please provide IRS Form W9.

Non Discrimination and Equal Employment Opportunity Affidavit

The Council for Older Adults is strongly committed to non discrimination and equal employment opportunity. All applicants are required to complete and sign this document.

ORGANIZATION CONTACT FORM

1) Applicant Name

Address

Office Area Code/ Phone

City State Zip

Fax Area Code/Phone

2) Federal Tax I.D.

3) Type of Agency: () Public () Private/Non-Profit () Private/For-Profit

4) Name and e-mail address of official authorized to sign proposal/contract for applicant

Address

City

State

Zip

Area Code/Phone

5) Name and e-mail address of Contact Person who Care Consultants are to coordinate services:

Address

City

State

Zip

Area Code/Phone

6) Name and e-mail address of Fiscal/Billing Contact Person

Address

City

State

Zip

Area Code/Phone

My signature below is evidence that I have read, understood and agree to the Conditions of Participation contained in the Purchase of Service Application; that I am authorized to commit the above organization to comply with these conditions; and, further, that I have read, understand, agreed to and am authorized to commit the above organization to the provision of service(s) set forth in the Service Specifications of those services for which we are submitting a quotation.

Signature

Date

Title

SERVICE QUOTATION FOR DELAWARE COUNTY

<u>Service</u>	<u>Unit of Service</u>	<u>2012/13</u>	<u>Unit Cost Bid</u>
Homemaker	One Hour	2012/13	\$ _____
Zip Codes Served:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Homemaker Escort	One Hour	2012/13	\$ _____
Zip Codes Served:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Personal Care	One Hour	2012/13	\$ _____
Zip Codes Served:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Respite Care	One Hour	2012/13	\$ _____
Zip Codes Served:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Evening Respite Available			
<input type="checkbox"/> Yes	<input type="checkbox"/> No		
Nursing Care	One Hour	2012/13	\$ _____
Zip Codes Served:	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
Adult Day Care	One Day	2012/13	\$ _____
County Wide			
Adult Day Care Bath Available			
<input type="checkbox"/> Yes	<input type="checkbox"/> No	One Bath	2012/13
			\$ _____
<u>Service</u>	<u>Unit of Service</u>		<u>Unit Cost Bid</u>

Institutional Respite **One Day (24 hours)** **2012/13** **\$ _____**
 County Wide

Medical Transportation **Base starting rate** **2012/13** **\$ _____**
 Rate per loaded mile **2012/13** **\$ _____**
 Rate per one way trip **2012/13** **\$ _____**
 Charge for assistance **2012/13** **\$ _____**
 Charge for waiting **2012/13** **\$ _____**
 Charge for Dead Run **2012/13** **\$ _____**
 Other _____ **2012/13** **\$ _____**

Zip Codes Served: _____

Chore Services _____ **Check if applying for 2012/13**

Bid per job as requested & authorized by Care Consultant

Zip Codes Served: _____

Durable Medical _____ **Check if applying for 2012/13**

Equipment *(must submit a price listing—call for list of commonly used items)*
& Supplies

Zip Codes Served: _____

Home Repair
Services _____ **Check if applying for 2012/13**

Bid per job as requested & authorized by Care Consultant

Zip Codes Served: _____

Service *Unit of Service* *Unit Cost Bid*

Emergency Response System (for Cell phone Service) as described below

Initial Installation **2012/13** \$ _____

Standard Unit/mo. **2012/13** \$ _____

Voice Unit/mo. **2012/13** \$ _____

Cellular Unit/mo. **2012/13** \$ _____

Smoke Detector/mo. **2012/13** \$ _____

Extra Pendant/mo. **2012/13** \$ _____

Medication Dispenser **2012/13** \$ _____

Zip Codes Served: _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

_____ _____ _____ _____

ZIP CODES SERVED IN DELAWARE COUNTY

Ashley	43003
Centerburg	43011
Columbus	43235
Columbus	43240
Delaware	43015
Dublin	43017
Galena	43021
Johnstown	43031
Kilbourne	42032
Lewis Center	43035
New Albany	43054
Ostrander	43061
Powell	43065
Prospect	43342
Radnor	43066
Richwood	43344
Shawnee Hills	43065
Sunbury	43074
Waldo	43356
Westerville	43082

STATEMENT OF ORGANIZATIONAL PURPOSE

Please complete pursuant to Conditions of Participation (Section 1.1)

DISCLOSURE OF OWNERSHIP

Please attach documentation pursuant to Conditions of Participation (Section 1.1)

PROOF OF SERVICE

Please attach documentation pursuant to Conditions of Participation (Section 1.2)

**CERTIFICATE OF GOOD STANDING
FROM SECRETARY OF STATE**

Please attach documentation pursuant to Conditions of Participation (Section 1.4)

WORKERS' COMPENSATION CERTIFICATE

Please attach documentation pursuant to Conditions of Participation (Section 1.4)

DOCUMENTATION OF LIABILITY COVERAGE

Please attach documentation pursuant to Condition of Participation (Section 3.2)

**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND
CERTIFICATION**

Please attach documentation pursuant to Condition of Participation (Section 1.4.4)

NON DISCRIMINATION AND EQUAL OPPORTUNITY EMPLOYMENT AFFIDAVIT

(THIS AFFIDAVIT IS PART OF THE PROPOSAL)

I _____
Name Title

of _____
Applicant Organization

made the forgoing proposal; that such does not and shall not discriminate against any employee or applicant for employment because of race, handicap, religion, color, sex, sexual orientation or national origin. If awarded the contract under this proposal, said party shall take affirmative action to insure that applicants are employed and that employees are treated, during employment, without regard to their race, disability, religion, color, sex, sexual orientation or national origin. If successful under the forgoing proposal, this party shall post non-discrimination notices in conspicuous places available to employees and applicants for employment setting forth the provisions of this affidavit.

Affidavit (print name or type)

Witness (print name or type)

Signature

Signature

Date

Date

Company/Corporation

Address

City/State/Zip Code

F:\Senior Choices\All Service Specifications\2012-2013\2012-2013
Application.doc