



**LOS ANGELES COUNTY  
COMMUNITY AND SENIOR SERVICES**

**APPENDIX B  
STATEMENT OF WORK**

**FAMILY CAREGIVER SUPPORT PROGRAM  
TITLE III E**

## **PREAMBLE**

For over a decade, the County has collaborated with its community partners to enhance the capacity of the health and human services system to improve the lives of children and families. These efforts require, as a fundamental expectation, that the County's contracting partners share the County and community's commitment to provide health and human services that support achievement of the County's vision, goals, values, and adopted outcomes. Key to these efforts is the integration of service delivery systems and the adoption of the Customer Service and Satisfaction Standards.

The County of Los Angeles' Vision is to improve the quality of life in the County by providing responsive, efficient, and high quality public services that promote the self-sufficiency, well-being and prosperity of individuals, families, business and communities. This philosophy of teamwork and collaboration is anchored in the shared values of:

- |                   |                         |
|-------------------|-------------------------|
| ➤ Responsiveness  | ➤ Integrity             |
| ➤ Professionalism | ➤ Commitment            |
| ➤ Accountability  | ➤ A Can-Do Attitude     |
| ➤ Compassion      | ➤ Respect for Diversity |

These shared values are encompassed in the County Mission to enrich lives through effective and caring service and the County Strategic Plan's eight goals: 1) Service Excellence; 2) Workforce Excellence; 3) Organizational Effectiveness; 4) Fiscal Responsibility; 5) Children and Families' Well-Being; 6) Community Services; 7) Health and Mental Health; and 8) Public Safety. Improving the well-being of children and families requires coordination, collaboration, and integration of services across functional and jurisdictional boundaries, by and between County departments/agencies, and community and contracting partners.

The basic conditions that represent the well-being we seek for all children and families in Los Angeles County are delineated in the following five outcomes, adopted by the Board of Supervisors in January 1993.

- Good Health;
- Economic Well-Being;
- Safety and Survival;
- Emotional and Social Well-Being; and
- Education and Workforce Readiness.

Recognizing no single strategy - in isolation - can achieve the County's outcomes of well-being for children and families, consensus has emerged among County and community leaders that making substantial improvements in integrating the County's health and human services system is necessary to significantly move toward

achieving these outcomes. The County has also established the following values and goals for guiding this effort to integrate the health and human services delivery system:

- ✓ Families are treated with respect in every encounter they have with the health, educational, and social services systems.
- ✓ Families can easily access a broad range of services to address their needs, build on their strengths, and achieve their goals.
- ✓ There is no “wrong door”: wherever a family enters the system is the right place.
- ✓ Families receive services tailored to their unique situations and needs.
- ✓ Service providers and advocates involve families in the process of determining service plans, and proactively provide families with coordinated and comprehensive information, services, and resources.
- ✓ The County service system is flexible, able to respond to service demands for both the Countywide population and specific population groups.
- ✓ The County service system acts to strengthen communities, recognizing that just as individuals live in families, families live in communities.
- ✓ In supporting families and communities, County agencies work seamlessly with public and private service providers, community-based organizations, and other community partners.
- ✓ County agencies and their partners work together seamlessly to demonstrate substantial progress towards making the system more strength-based, family-focused, culturally-competent, accessible, user friendly, responsive, cohesive, efficient, professional, and accountable.
- ✓ County agencies and their partners focus on administrative and operational enhancements to optimize the sharing of information, resources, and best practices while also protecting the privacy rights of families.
- ✓ County agencies and their partners pursue multi-disciplinary service delivery, a single service plan, staff development opportunities, infrastructure enhancements, customer service and satisfaction evaluation, and revenue maximization.
- ✓ County agencies and their partners create incentives to reinforce the direction toward service integration and a seamless service delivery system.

- ✓ The County human service system embraces a commitment to the disciplined pursuit of results accountability across systems. Specifically, any strategy designed to improve the County human services system for children and families should ultimately be judged by whether it helps achieve the County's five outcomes for children and families: good health, economic well-being, safety and survival, emotional and social well-being, and education and workforce readiness.
- ✓ The County, its clients, contracting partners, and the community will continue to work together to develop ways to make County services more accessible, customer friendly, better integrated, and outcome-focused. Several departments have identified shared themes in their strategic plans for achieving these goals including: making an effort to become more consumer/client-focused; valuing community partnerships and collaborations; emphasizing values and integrity; and using a strengths-based and multi-disciplinary team approach. County departments are also working to provide the Board of Supervisors and the community with a better understanding of how resources are being utilized, how well services are being provided, and what are the results of the services: is anyone better off?

The County of Los Angeles health and human service departments and their partners are working together to achieve the following ***Customer Service And Satisfaction Standards*** in support of improving outcomes for children and families.

*Personal Service Delivery*

The service delivery team – staff and volunteers – will treat customers and each other with courtesy, dignity, and respect.

- Introduce themselves by name
- Listen carefully and patiently to customers
- Be responsive to cultural and linguistic needs
- Explain procedures clearly
- Build on the strengths of families and communities

*Service Access*

Service providers will work proactively to facilitate customer access to services.

- Provide services as promptly as possible
- Provide clear directions and service information
- Outreach to the community and promote available services
- Involve families in service plan development
- Follow-up to ensure appropriate delivery of services

*Service Environment*

Service providers will deliver services in a clean, safe, and welcoming environment, which supports the effective delivery of services.

- Ensure a safe environment
- Ensure a professional atmosphere
- Display vision, mission, and values statements
- Provide a clean and comfortable waiting area
- Ensure privacy
- Post complaint and appeals procedures

The basis for all County health and human services contracts is the provision of the highest level of quality services that support improved outcomes for children and families. The County and its contracting partners must work together and share a commitment to achieve a common vision, goals, outcomes, and standards for providing services.

**APPENDIX B**

**STATEMENT OF WORK  
FAMILY CAREGIVER SUPPORT PROGRAM (FCSP)  
2009-2013**

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## **APPENDIX B**

### **STATEMENT OF WORK FAMILY CAREGIVER SUPPORT PROGRAM (TITLE III E) 2009-2013**

#### **1.0) SCOPE OF WORK**

- 1.1 The scope of work outlines the services required to operate the Family Caregiver Support Program (FCSP) and provide services to eligible Clients as mandated by the Older Americans Act), Title III, Part E, and Sections 371 through 374, as well as all applicable OAA requirements; and additional service standards specified in the FCSP Service Matrix established by the California Department of Aging (CDA) and Los Angeles County Community and Senior Services (CSS) Program Memoranda/Directives. The CONTRACTOR is obligated to provide the services described herein. The COUNTY has established a fixed rate for each unit of service provided by the CONTRACTOR.
- 1.2 Title III E - FCSP is defined in the Older Americans Act (OAA), Title III, Part E, Section 373(b) as support services that shall include (1) information to caregivers, potential caregivers, and those who may assist caregivers about available services; (2) assistance to caregivers in gaining access to the services; (3) individual counseling, organization of support groups, and caregiver training (individual or group) to assist the caregivers in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles; (4) respite care to enable caregivers to be temporarily relieved from their caregiving responsibilities; and (5) supplemental services, on a limited basis, to complement the care provided by caregivers.

#### **2.0) CLIENT ELIGIBILITY**

- 2.1 The U.S. Department of Health and Human Services Administration on Aging determines the criteria for the FCSP. The criteria are based on the current guidelines of the Older Americans Act of 1965, as reauthorized in October 2006. The guidelines may be enhanced based on California State regulations and Los Angeles County policies. Unless otherwise expressly indicated in this Contract or by Federal, State, or local law, CONTRACTOR shall only provide FCSP services to eligible individuals.
  - 2.1.1 For the purposes of this Contract, "Family Caregiver" is used interchangeably with "Informal Caregiver". "Family Caregiver" and "Informal Caregiver" mean that the care is not provided as part of a

public or private formal service program. Within this contract, both terms will be referenced as 'Client.'

- 2.1.2 A Family Caregiver provides care without pay. FCSP funds cannot be used to pay the Client a stipend or salary for providing care. FCSP funds may be used to pay another family member or friend to provide Respite Care or Supplemental Services to the Client.
- 2.1.3 The broader term "Caregiver" as defined in Title I, Section 102(18)(B) of the OAA is not applicable to Title III of the OAA since it also means an individual who, voluntarily or because of compensation, has responsibility for the care of an older individual and is providing this care on behalf of the Client or on behalf of a public or private agency or organization.
- 2.1.4 Under the Family Caregiver Support Program, the client is the Family Caregiver. In order to determine the eligibility of the Client for services, both the Client and the Care Receiver must meet the above definitions.

## 2.2 FAMILY CAREGIVER

- 2.2.1 Within the FCSP are two (2) eligible client categories. As defined in Title III, Part A, Sections 302(3) and 372(b) of the OAA, individuals are eligible to be Clients and receive FCSP services when they meet the following criteria:
  - 2.2.1.1 Family Caregiver: An adult (18 years of age or older) family member or another individual who is an informal (i.e., unpaid) provider of in-home or community care to an Older Individual or to an individual (of any age) with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction; or
  - 2.2.1.2 Grandparent/Relative Caregiver: For the purposes of this program, Grandparent or a Relative Caregiver is defined as a grandparent or step-grandparent of a Child, or a relative of a Child by blood, marriage, adoption, or other legal relationship, who is 55 years of age or older, and who meets the following additional criteria in Title III, Part E, Section 372 (a) (2) of the OAA.
    - 2.2.1.2.1 Lives with a Child (but is not the older adult parent of the Child);
    - 2.2.1.2.2 Is the primary caregiver of the Child because the biological or adoptive parents are unable or

unwilling to serve as the primary caregiver of the Child; and

2.2.1.2.3 Has a legal relationship with Child, such as legal custody or guardianship, or is raising the Child informally.

2.2.2 FCSP Services for Grandparent/Older Relative of children cannot exceed 10% of total FCSP Program costs.

## 2.3 CARE RECEIVER

2.3.1 The following are the three (3) categories of Care Receivers eligible for this Program:

2.3.1.1 Older Individual: an individual who is 60 years of age or older.

2.3.1.2 Individual with Alzheimer's disease: an individual of any age with Alzheimer's disease or a related disorder with neurological and organic brain dysfunction.

2.3.1.3 Child: an individual who receives care from a Grandparent or Older Individual who is a Relative Caregiver and who is not more than 18 years of age or who is an individual (of any age) with a Disability or Severe Disability.

2.3.2 The following definitions may apply to all 3 categories above:

2.3.2.1 Disability: For purposes of this Program, "Disability" is defined pursuant to OAA Title I, Section 102 (13) of the OAA as a disability attributable to mental or physical impairment, or a combination of mental and physical impairments, that result in substantial functional limitations in one (1) or more of the following areas of major life activity:

- Self-care,
- Receptive and expressive language,
- Learning,
- Mobility,
- Self-direction,
- Capacity for Independent Living,
- Economic self-sufficiency,
- Cognitive functioning, and
- Emotional adjustment.

2.3.2.2 Severe Disability: For purposes of this Program, "Severe Disability", pursuant to OAA Title I, Section 102(48) of the OAA, is a severe, chronic disability attributable to mental or physical impairment, that is likely to continue indefinitely and results in substantial limitation in three (3) or more of the following areas of major life activity:

- Self-care,
- Receptive and expressive language,
- Learning,
- Mobility,
- Self-direction,
- Capacity for Independent Living,
- Economic self-sufficiency.

2.3.3 The following definition shall apply to the first 2 categories (2.3.1 and 2.3.2) above:

2.3.3.1 Clients who receive FCSP-funded Respite Care and Supplemental Services must have a Care Receiver who meets the following more restrictive eligibility criteria specified in Title III, Part E, Section 373 (c) (1) (B) of the OAA and the definition of "frail" in OAA Section 102 (22):

2.3.3.1.1 "Frail" is defined as an Older Individual is determined to be functionally impaired because the individual either:

- Is unable to perform at least two Activities of Daily Living (ADLs), which may include bathing, toileting, dressing, feeding, breathing, transferring and mobility and associated tasks, without substantial human assistance, including verbal reminding, physical cueing or supervision.
- Due to a cognitive or other mental impairment, requires substantial supervision because the Older Individual behaves in a manner that poses a serious health or safety hazard to the individual or to others.

2.4 CONTRACTOR shall only provide Services to eligible Clients.

2.5 PRIORITY: In providing FCSP Support Services, priority shall be given to the following:

- 2.5.1 To Clients who are Older Individuals with greatest social need, and Older Individuals with greatest economic need (with particular attention to low-income) [Title III, Part E; Section 373(c)(2)(A) of the OAA];
- 2.5.2 To Clients of individuals with Alzheimer's disease and related disorders with neurological and organic brain dysfunction, priority shall be given to those caring for Older Individuals with such disease or disorder [Title III, Part E; Section 372(C)(2) (B) of the OAA];
- 2.5.3 To Grandparents or Older Individuals who are Relative Caregivers of a Child, priority shall be given to those caring for children with Severe Disabilities [Title III, Part E; Section 372(b)(2) of the OAA]; and
- 2.5.4 To Older Individuals providing care to individuals with Severe Disabilities, including children with Severe Disabilities [Title III, Part E; Section 373 (c) (2) B of the OAA].

### 3.0) SPECIFIC TASKS

- 3.1 The following guidelines establish the definitions and standards for the provision of Services that are required by the Family Caregiver Support Program. The unit of service is defined as a measure of service to the Client. The unit of measurement is the quantitative representation of the output (benefit/service) provided to the Older Individual; this measurement forms the basis upon which reimbursement is made to the CONTRACTOR. The unit rate is the amount that is reimbursable by the Program for each measure of service provided by the CONTRACTOR.

The Family Caregiver Support Services are to be comprehensive, cost-effective, coordinated with other community-based services, and culturally relevant to support the Clients in their care-giving role. These Services should support the health, dignity, and independence of the Client.

- 3.1.1 In providing Services to the Client, CONTRACTOR must provide at least one (1) service from within each of the four (4) categories (Information Services, Support Services, Respite Care, and Supplemental Services) listed below:

- 3.2 INFORMATION SERVICES - The provision of public information on caregiving and/or community education on caregiving, including information about available Services.

- 3.2.1 In providing Information Services to the Client, CONTRACTOR must provide at least one (1) Service from Information Services category below.

**3.2.1.1 Public Information on Caregiving** – CONTRACTOR shall provide information about available FCSP and other Client support resources and services. The means of providing information may include, but is not limited to disseminating publications, conducting media campaigns, and maintaining electronic information systems.

- Unit of Measurement: one activity of providing information and/or resources

Note: Unit of measurement refers to time taken to prepare and deliver this Service by a CONTRACTOR.

Examples:

Quarterly newsletter = four activities;

Public announcement prepared once, but aired multiple times = one activity of providing public information as defined above

- Maximum Rate of Reimbursement: \$45.00/hour

**3.2.1.2 Community Education on Caregiving** - CONTRACTOR shall educate groups of current or potential Clients and those who may assist the Client with available FCSP and other Client support resources and services.

- Unit of Measurement: one activity of educational presentation

Note: Unit of measurement refers to time taken to prepare and deliver this service by a CONTRACTOR to a Client or potential Client(s).

Examples:

Booth at Spring and Fall health fairs = two activities;

Multiple "Making the Link" visits with medical staff = one activity.

- Maximum Rate of Reimbursement: \$45.00/hour

**3.3 SUPPORT SERVICES** - The provision of Caregiver Assessment, Caregiver Counseling, Caregiver Support Groups, Caregiver Training, and (if necessary) Caregiver Case Management.

3.3.1 In providing Support Services to the Client, CONTRACTOR must choose at least one (1) Service from Support Services category below.

3.3.1.1 **Caregiver Assessment** – CONTRACTOR shall provide a Caregiver Assessment of Client(s). These Assessments shall be conducted by persons trained and experienced in the skills required to deliver the Service and should result in a plan that includes emergency back-up provisions and shall be periodically updated. CONTRACTOR shall explore options and courses of action for Clients by identifying their:

- a. Willingness to provide care;
- b. Duration and care frequency preferences;
- c. Caregiving abilities;
- d. Physical health, psychological, social support;
- e. Training needs;
- f. Financial resources relative for caregiving; and
- g. Strengths and weaknesses within the immediate caregiving environment and (Client's) extended informal support system.

3.3.1.1.1 In providing Caregiver Assessment, CONTRACTOR shall utilize the COUNTY's Client Intake Form, Appendix D, Exhibit 2, of this RFP.

Note: Unit of measurement refers to individual, one-on-one contact/session between a CONTRACTOR and a Client or potential Client.

- Unit of Measurement: one hour
- Maximum Rate of Reimbursement: \$45.00/hour

3.3.1.2 **Caregiver Counseling** – CONTRACTOR shall provide Caregiver Counseling to Client(s) on an individual basis by a Case Manager/Counselor, or someone under the direct supervision of the Case Manager/Counselor with appropriate training and experience, on an individual basis, in the skills required to deliver the level of counseling service, which may range from guidance with the responsibilities of the Family Caregiving role to therapy for stress, depression and loss; and:

- a. May involve the Client's informal support system;

b. May be individual direct sessions and/or telephone consultations.

3.3.1.2.1 In providing Caregiver Counseling, CONTRACTOR shall utilize the COUNTY's Client Intake Form, Appendix D, Exhibit 2 of this RFP.

- Unit of Measurement: one session = one hour

Note: Unit of measurement refers to individual, one-on-one contact/session between a CONTRACTOR and a Client.

- Maximum Rate of Reimbursement: \$45.00/hour

3.3.1.3 **Caregiver Support Group** – CONTRACTOR shall provide Caregiver Support Group Services to a group of 3-12 Clients that is led by a competent Caregiver Support Group Facilitator. Please see Caregiver Support Group Facilitator under Contractor Staffing Requirements in Section 5.5. CONTRACTOR shall conduct a Caregiver Support Group at least monthly within a private supportive setting, to encourage participation and for the purpose of sharing experiences and ideas to ease the stress of caregiving and enhancing decision making and problem solving related to their caregiving roles. Appropriate private supportive setting includes the following:

- a. In person, face-to-face meetings;
- b. Controlled access (limited to group participants only) moderated online;
- c. Controlled access moderated by teleconference (all participants with a facilitator via telephone).

CONTRACTOR shall maintain sign-in or attendance sheets and/or other documents to verify Clients participation. Such records shall be maintained in accordance to the procedures outlined in Appendix A, Sample Contract, Part II, Section 66.0, Record Retention and Inspection/Audit Settlement, of the Contract.

3.3.1.3.1 In providing Caregiver Assessment, CONTRACTOR shall utilize the COUNTY's Client Intake Form, Appendix D, Exhibit 2 of this RFP.

- Unit of Measurement: one session = one hour

Note: Unit of measurement reported time includes preparation, provision of service by a CONTRACTOR to a Client or potential Client(s) and related travel.

- Maximum Rate of Reimbursement: \$45.00/hour

**3.3.1.4 Caregiver Training** – CONTRACTOR shall conduct training workshops for Clients or provide one-on-one tailored sessions to Clients, conducted either in person or electronically by a skilled trainer, to assist Clients in developing the skills and gaining the knowledge necessary to meet and enhance their caregiving roles. CONTRACTOR shall address the areas of health, nutrition, and financial literacy in these trainings.

Examples of other areas to provide Caregiver Training include, but are not limited to daily care management, disease progression, behavior interventions and coping skills, assistive technology and home adaptation options, supplemental resources and services, legal issues and Client rights, and emergency and long-term care planning.

- Unit of Measurement: one session = one hour

Note: Unit of measurement reported time includes preparation, provision of service by a CONTRACTOR to a Client or potential Client(s) and related travel.

- Maximum Rate of Reimbursement: \$45.00/hour

**3.3.1.4.1** In providing Caregiver Assessment, CONTRACTOR shall utilize the COUNTY's Client Intake Form, Appendix D, Exhibit 2 of the RFP.

**3.3.1.4.2** CONTRACTOR must maintain copies of training documents as evidence of trainings. Training documents may include but are not limited to flyers, agendas, power point presentations. CONTRACTOR must maintain copies of all sign-in sheets as evidence of trainings attendance.

**3.3.1.5 Case Management** – Case Management Services are designed to assess the needs, and to arrange, coordinate, and monitor an optimum package of services that meet the needs

of Clients. Case Management includes a comprehensive assessment of the Older Individual (including the physical, psychological, and social needs of the individual. CONTRACTOR shall provide Case Management Service by a Case Manager/Counselor who is trained and experienced in the skills that are required to coordinate and monitor the provision of formal Client-related services in circumstances where Clients are experiencing diminished capacities due to mental impairment or temporary severe stress and/or depression.

3.3.1.5.1 In providing Caregiver Case Management, CONTRACTOR shall utilize the COUNTY's Client Intake Form, Appendix D, Exhibit 2 of this RFP.

- Unit of Measurement: one session = one hour

Note: Unit of measurement reported time includes preparation, provision of service by a CONTRACTOR to a Client or potential Client(s) and related travel.

- Maximum Rate of Reimbursement: \$45.00/hour

3.4 RESPITE CARE SERVICES - CONTRACTOR shall provide Respite Care Services to allow Clients to have a temporary period of relief or rest from caregiving responsibilities. Respite Care Services include the following:

3.4.1 CONTRACTOR shall provide Respite Care Services to allow Clients temporary respite on an intermittent, occasional, or emergency basis in a manner that responds to the individual needs and preferences of the Clients and their Care Receivers, rather than a pre-established set amount offered on a "first come, first served" waiting list basis.

Examples of Respite Care Services:

Intermittent – Time off, once a week for a limited number of hours to give the Client a planned or unscheduled break.

Occasional – Time off for the Client to attend a special event.

Emergency – Extended break provided to the Client to address an intervening circumstance, such as Client emotional stress or hospitalization and recovery.

3.4.2 Respite Care Services shall be provided only to Clients who care for a Care Receiver having two or more Activities of Daily Living limitations

or a cognitive impairment, or to a Client who is the Grandparent or older adult relative caring for a Child.

3.4.3 In providing Respite Care Services, CONTRACTOR shall utilize the COUNTY's Client Intake Form, Appendix D, Exhibit 2 of this RFP.

3.4.4 In providing Respite Care Services to a Client, CONTRACTOR must provide at least one (1) Service from Respite Care category below:

3.4.4.1 **Respite In-Home Supervision** means Respite Care that includes the provision of Care Receiver day and/or overnight supervision and friendly visiting (with the role of supervision as well as companionship) provided by CONTRACTOR staff who has the appropriate and necessary skills in order to ensure health or safety.

- Unit of Measurement: one hour

Note: Unit of measurement refers to individual, one-on-one contact between a CONTRACTOR and a Care Receiver.

- Maximum Rate of Reimbursement: \$16.00/hour

3.4.4.2 **Respite Homemaker Assistance** means Respite Care that includes the provision of assistance to a Care Receiver with meal preparation, medication management, using the phone, and/or light housework (along with Care Receiver supervision) by CONTRACTOR staff who has the appropriate and necessary skills.

- Unit of Measurement: one hour

- Maximum Rate of Reimbursement: \$16.00/hour

3.4.4.3 **Respite In-Home Personal Care** means Respite Care that includes the provision of assistance to a Care Receiver with eating, bathing, toileting, transferring, and/or dressing (along with Care Receiver supervision and related homemaker assistance) by CONTRACTOR staff who has the appropriate and necessary skills.

- Unit of Measurement: one hour

- Maximum Rate of Reimbursement: \$18.00/hour

3.4.4.4 **Respite Home Chore** means Respite Care that includes a CONTRACTOR staff who has the appropriate and necessary skills to assist a Client with heavy housework, yard work, and/or sidewalk and other routine home maintenance (but not structural repairs) associated with caregiving responsibilities.

- Unit of Measurement: one hour
- Maximum Rate of Reimbursement: \$16.00/hour

3.4.4.5 **Respite Out-of-Home Day** means Respite Care where the Care Receiver attends a supervised/protective, congregate setting during some portion of a day, and includes access to social and recreational activities. CONTRACTOR shall ensure that all congregate settings are safe with proper supervision and have appropriate licensing and certification.

- Unit of Measurement: one hour
- Maximum Rate of Reimbursement: \$7.00/hour

3.4.4.6 **Respite Out-of-Home Overnight** means Respite Care where the Care Receiver is temporarily placed in a supervised/protective, residential setting for one or more nights, and may include access to nursing and personal care. CONTRACTOR shall ensure that all congregate and residential settings are safe with proper supervision and have appropriate licensing and certification.

- Unit of Measurement: one unit = one out-of-home overnight stay
- Maximum Rate of Reimbursement: \$100.00/one out-of-home overnight stay

3.5 **SUPPLEMENTAL SERVICES** - Client-centered assistance offered on a limited basis to support, strengthen and complement the caregiving efforts. Supplemental Services shall be provided only to a Client of a Care Receiver having two or more ADL limitations or a cognitive impairment, or to a Client who is the grandparent or older adult relative caring for a child.

3.5.1 CONTRACTOR shall provide Supplemental Services intended to complement the care provided by Clients. CONTRACTOR shall perform Supplemental Services as needed and on a limited basis; a maximum of 20% of total funds can be allocated to provide these Services. The maximum amount to be spent on purchased service for

any one Client shall not exceed \$800.00 in any fiscal year, without prior approval of the designee of the COUNTY.

3.5.2 In providing Supplemental Services, CONTRACTOR shall utilize the COUNTY's Client Intake Form, Appendix D, Exhibit 2 of this RFP.

3.5.3 In providing Supplemental Services to a Client, CONTRACTOR must provide at least one (1) Service from Supplemental Services category below.

3.5.3.1 **Assistive Devices for Caregiving** – CONTRACTOR shall assist the Client with the purchase, rental and/or service fee of any equipment or product system (ranging from a lift chair or bathtub transfer bench to an electronic pill dispenser or emergency alert fall prevention device) that will facilitate and enhance the caregiving role. In providing this service, CONTRACTOR shall provide at a minimum three (3) vendor/service agency referrals to a Client. Upon Client's selection of the vendor/service agency, CONTRACTOR shall arrange the purchase and delivery of the needed equipment by working directly with a vendor/service agency.

- Unit of Measurement: one device = one occurrence

3.5.3.2 **Home Adaptations for Caregiving** - CONTRACTOR shall arrange the service for the minor or major physical change to the home in order to facilitate and enhance the caregiving role (ranging from installation of grab bars or replacement of door handles to construction of an entrance ramp or roll-in shower). In providing this service, CONTRACTOR shall provide at a minimum three (3) vendor/service agency referrals to a Client. Upon Client's selection of the vendor/service agency, CONTRACTOR shall arrange the purchase and delivery of the needed equipment by working directly with a vendor/service agency.

- Unit of Measurement: 1 modification to one home = one occurrence.

3.5.3.3 **Caregiver Services Registry** – CONTRACTOR shall recruit, screen, and maintain a listing of dependable, qualified self-employed homemaker or respite care workers who may be matched with Clients willing to utilize personal resources to pay the self-employed homemaker or respite care worker for assistance with their caregiving responsibilities. Both the Client and potential self-employed homemaker or respite care

worker shall be advised about appropriate compensation and workplace expectations. CONTRACTOR shall maintain documentation signed by a Client to include the date of the recruitment/match. CONTRACTOR shall provide follow-up with both parties to ensure the match is functioning effectively.

3.5.3.3.1 CONTRACTOR shall conduct background checks with fingerprinting and ensure that all workers on the registry have appropriate training, experience, certification, and licensing, if necessary.

- Unit of Measurement: one hour  
One hour of service equals one occurrence.

Note: For billing purposes, the term "occurrence" is defined as the time taken to prepare and deliver this service (recruiting, matching, screening and maintaining a listing) by a CONTRACTOR to a Client. Caregiver Services Registry maintenance time can be billed regardless of the outcome (whether the match is successful or not) as long as it is tied to a specific Client.

- Maximum Rate of Reimbursement: 32.00/hour

3.5.3.4 **Caregiving Emergency Cash/Material Aid** – CONTRACTOR shall arrange for and provide assistance to Clients in the form of commodities, surplus food, emergency cash, discount cards, and vouchers that will help meet identified needs associated with an individual Client's responsibilities.

- Unit of Measurement: one "assistance" for one Client = one occurrence.

3.5.3.5 **Caregiving Congregate Meals** - CONTRACTOR shall arrange or serve a meal to a Client (or Child of a Grandparent or Older Individual who is a Relative Caregiver) in a congregate group setting by a Title III C-1 Nutrition Service Provider.

- Unit of Measurement: one meal = one occurrence.

3.5.3.6 **Caregiving Home-Delivered Meals** means a Supplemental Service where a meal is delivered to a Client and his/her Care Receiver (or Child of a Grandparent or Older Individual who is

a Relative Caregiver) at his or her home by a Title III C-2 Nutrition Service Provider.

- Unit of Measurement: one meal = one occurrence.

3.6 CONTRACTOR shall provide each service to assist Clients in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

3.7 Title III E funds cannot be used to support (and FCSP does not include) the following activities:

- a. Providing assistance directly to a Care Receiver.
- b. Providing an equal level of service to all Clients, rather than assistance based on the Clients level of need and priority; and
- c. One-time, end-of-the-year assistance to Clients without an identified individual Client's need.
- d. To pay the costs for a Client to attend a caregiver camp, spa, resort, or restaurant;
- e. To temporarily relieve workers from formally paid services (e.g., In-Home Supportive Services or services required to be provided in a licensed facility such as a residential care facility for the elderly); or
- f. To supplement the service unit cost of "a participant day" at an adult day care program. A "participant day" usually ranges from 4-6 hours and is used in the delivery of an adult day care service and purchased by day of service, as opposed to hours of service. Therefore, "participant day" cannot be used in conjunction with purchase of hours.

#### 4.0) ADDITIONAL REQUIREMENTS

In addition to the specific tasks necessary to provide Services to Clients, the CONTRACTOR must also adhere to minimum requirements to ensure that the CONTRACTOR maintains the level of care, performance, staffing, reporting and compliance with Los Angeles County, State, and Federal guidelines that govern the Program.

4.1 CONTRACTOR shall provide Outreach which markets the Program's Services to all ethnic groups in each Supervisorial District in which Services are being provided by CONTRACTOR.

Outreach is defined as contact initiated by CONTRACTOR for the purpose of identifying potential Clients and encouraging their use of existing Services and benefits.

- 4.1.1 CONTRACTOR shall ensure that information and assistance on FCSP Services are provided to all populations including to homeless veterans, and Lesbian-Gay-Bisexual-Transgender (LGBT) Clients.
- 4.2 CONTRACTOR must have written procedures to protect the confidentiality and privacy of Client information collected for Program purposes in accordance with Title 22 CCR 7500(b).
- 4.3 CONTRACTOR must maintain a cash reserve equal to the amount it would cost to operate the Program for one month. Grant funds may not be included in cash reserve.
- 4.4 CONTRACTOR shall track all Contract funds and CONTRACTOR shall provide a tracking of Contract funds during audits as indicated in Appendix A, Sample Contract, Part II, Section 66.0, Record Retention and Inspection/Audit Settlement.

#### 5.0) CONTRACTOR PERSONNEL

- 5.1 General Requirements: CONTRACTOR shall have a sufficient number of qualified staff with the appropriate education and experience to carry out the requirements of the Family Caregiver Support Program. The total number of staff shall be based on the method and level of Services provided, and the size of the service area.
  - 5.1.1 CONTRACTOR shall operate continuously throughout the entire term of this Contract with at least the minimum number of staff set forth herein, as well as any other applicable staffing requirements of COUNTY for CONTRACTOR necessary to provide Services hereunder. Such personnel shall meet all qualifications in this Contract, as well as those provided by the COUNTY through Contract Amendments, Administrative Directives and Program Policy Memorandums.
  - 5.1.2 The CONTRACTOR shall ensure that CONTRACTOR staff is available to all Clients, potential Clients, referral sources, as well as the COUNTY on a minimum five-day-a-week (Monday through Friday) basis. CONTRACTOR shall also ensure that personal telephone contact with CONTRACTOR's staff is available to Clients, potential Clients, as well as the COUNTY during CONTRACTOR's hours of operation. CONTRACTOR shall also ensure that each CONTRACTOR site has a telephone answering machine or voice mail in place during off-business hours. CONTRACTOR's staff shall check and respond to all messages in a timely manner.

5.1.3 CONTRACTOR shall always have staff member with authority to act on behalf of CONTRACTOR available during work hours.

5.2 PROJECT DIRECTOR - CONTRACTOR staff must include a Project Director

5.2.1 Responsibilities: The Project Director will plan, organize and direct all administrative and Program activities related to the Program and Contract. The Project Director will define lines of authority and will develop the roles and parameters of responsibility for staff consistent with established COUNTY requirements. Project Director shall have full authority to act on behalf of CONTRACTOR on all contract matters relating to the daily operations of this Contract. Project Director, or their designee, shall be available to COUNTY during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday to oversee all the daily activities.

5.2.2 Minimum Education, Experience and Qualifications: Bachelor's degree with a minimum of two (2) years experience in case management or a related field. In addition, the individual must possess and demonstrate the following:

- Ability to speak/read/understand English fluently;
- Ability to provide guidance on decisions requiring judgment, assistance with problem situations, and approval of care plans and discharge;
- Administrative ability to explain goals, policies, and procedures and assist staff in adjusting to changes that occur;
- Ability to encourage the development of professional growth and upgrading of skills through access to training and current literature;
- Ability to evaluate the performance of Case Manager/Counselor based on established criteria;
- Expertise in the provision of Client Services.

5.3 PROJECT SUPERVISOR

5.3.1 Responsibilities: Under the direction of the Project Director, the Project Supervisor is responsible for planning, organizing, and developing the principles and techniques employed related to the Project/AAA Contract. The position's primary responsibilities are: (a) the ongoing supervision of Family Caregiver Support Services staff, including the ensuring that all Family Caregiver Support Services are delivered appropriately and within the established time frames; and (b) the review and approval of all Client care plans, including purchase of Services; (c) monitoring of Client outcomes. The Project Supervisor shall review ongoing cases with Case Managers at least quarterly to

determine the appropriateness of Services and the need for ongoing Family Caregiver Support Services.

Project Supervisor may also serve as the Project Director if all qualifications are met. Project Supervisor, or their designee, shall be available to Clients, potential Clients, referral sources, as well as the COUNTY, during the hours of 8:00 a.m. to 5:00 p.m., Monday through Friday to oversee all the daily activities.

5.3.2 Minimum Education, Experience and Qualifications: Bachelor's degree with a minimum of two years experience in case management or a related field; persons with a Master's degree may substitute one year of experience required. In addition, the individual must demonstrate the following:

- Ability to speak/read/understand English fluently;
- Ability to provide guidance on decisions requiring judgment, assistance with problem situations, and approval of care plans and discharge;
- Administrative ability to explain goals, policies, and procedures and assist staff in adjusting to changes that occur;
- Ability to encourage the development of professional growth and upgrading of skills through access to training and current literature;
- Ability to evaluate the performance of Case Manager/Counselor based on established criteria;
- Expertise in the provision of Client Services.

#### 5.4 CASE MANAGER/COUNSELOR

5.4.1 Responsibilities: Must evaluate the potential Client to assess their needs by developing care plans, coordinate provision of Services, and identify the functional and other limitation that impedes routine caregiving duties, responsibilities, and productivity. In addition, Case Manager/Counselor must ensure that the AAA Client Intake Form is completed. Follow-up and reassessment may be required, as needed. The Case Manager/Counselor is responsible for delivering all Case Management and/or Counseling Services under the direction of the Project Supervisor.

5.4.2 Minimum Educational/Experience Qualifications: Bachelor's degree with a minimum of two years full-time paid or volunteer experience in Case Management, Counseling or a related field; may substitute one year of education beyond a Bachelor's degree for each year of experience required; or Bachelor's degree in human services, with less than two years of full-time paid or volunteer experience in Case

Management or a related field. In addition, the individual must demonstrate the following:

- Ability to communicate effectively with Clients, family members, service providers, and co-workers;
- Ability to treat Clients, family members, service providers, and co-workers with respect and dignity;
- Knowledge of human behavior and the aging process;
- Knowledge of community resources and available funding sources;
- Knowledge of the quality of services recommended; and
- Knowledge of social and health intervention techniques.

## 5.5 CAREGIVER SUPPORT GROUP FACILITATOR

5.5.1 Responsibilities: Must lead a group of three (3) to twelve (12) Clients to provide them with a forum to exchange “histories”, information, encouragement, hope, and support. As a result, this group of Clients must feel comfortable in making decisions and solving problems relating to their caregiving role. Caregiver Support Group Facilitator shall provide Family Caregiver Support Services, including Caregiver Support Group Services, in a manner so as to assist Clients in the areas of health, nutrition, and financial literacy, and in making decisions and solving problems relating to their caregiving roles.

5.5.2 Minimum Educational/Experience Qualifications: Associate of Arts degree preferred, or a high school diploma or GED with a minimum of two years paid or volunteer experience that included speaking to large groups, conducting trainings, or a related field and the following skills:

- Effective public speaking;
- Knowledge of community resources;
- Respect for the Client populations: older adults and functionally-impaired adults of diverse ethnic backgrounds and income levels;
- Verbal and written communication skills.

## 5.6 USE OF VOLUNTEER SERVICES

Volunteers shall be recruited, trained and used by CONTRACTOR to expand the provision of Family Caregiver Support Services. Volunteers must be appropriately qualified. If possible, CONTRACTOR shall work in coordination with organizations that have experience in providing training, placement, and stipends for volunteers or participants (such as organizations carrying out Federal service programs administered by the Corporation for National and Community Service), in community service setting.

## 5.7 PROGRAM STAFF

The CONTRACTOR is responsible for ensuring its staff, including volunteers, both existing and new, are properly trained in all areas when providing Client Services. Staff must be qualified, sufficient in number to deliver the Service(s) adequately, and capable of establishing effective communication with the participants as well as other AAA network providers.

## 6.0) MULTILINGUAL AND MULTICULTURAL CAPABILITIES OF CONTRACTOR STAFF

The CONTRACTOR must be committed and sensitive to the delivery of Services that are culturally and linguistically appropriate. To that end, CONTRACTOR must seek to hire qualified staff that is multilingual and/or multicultural in order to better reflect the communities served. In addition, the CONTRACTOR and its staff are expected to develop cultural competency and cross-cultural clinical practice skills. The CONTRACTOR must also develop effective linkages with various ethnic, health and social service agencies for the benefit of the Clients.

## 7.0) QUALITY ASSURANCE

7.1 On an annual basis, the AAA will implement quality assurance measures. The CONTRACTOR shall convene a committee or task group that performs Continuous Quality Improvement (CQI) functions, including conducting customer satisfaction surveys and other specific studies related to the CQI processes. This committee will also set policies as well as review and approve recommendations.

7.2 CONTRACTOR shall immediately inform COUNTY of any issues that may prevent or hinder service performance.

## 8.0) TRAINING

8.1 CONTRACTOR shall develop and implement an internal staff training policy, including the provision of an orientation to all new staff (including volunteers).

8.2 CONTRACTOR is responsible for ensuring it's staff, both existing and new, are properly trained in all areas related to providing Family Caregiver Support Program.

8.3 The CONTRACTOR'S Project Director shall ensure, to the extent possible, that all appropriate CONTRACTOR staff attend relevant training sessions established by the AAA for their benefit, and that, at a minimum, a CONTRACTOR staff person represents the CONTRACTOR at each relevant

training session. The AAA may establish, provide, and/or require mandatory training of CONTRACTOR staff at its discretion.

## 9.0) COLLABORATIONS

CONTRACTOR must form collaborations with other AAA Contractors, including Family Caregiver Support Program Contractors, and other community organizations in order to ensure comprehensive and coordinated service delivery and to prevent unnecessary duplication of services. CONTRACTOR shall develop linkages with other community-based long-term care service providers, particularly those that see the Client at home. CONTRACTOR is encouraged to share vital assessment information with other agencies providing services to the Client in the home. However, in sharing information with other agencies, the CONTRACTOR must respect Client confidentiality rights, adhere to applicable confidentiality regulations, and follow appropriate protocols.

The CONTRACTOR shall establish procedures to protect all Client level information consistent with the terms of the Contract and all applicable laws and shall not disclose participant information outside of CSS and its partners without written consent from CSS and the Client.

## 10.0) PROGRAM PERFORMANCE/REALLOCATION OF FUNDS

10.1 The CONTRACTOR is required to provide 100% of Services contracted for and as stated in Appendix D, Exhibit 3, Proposed Program Services (PPS). New or updated PPS shall be completed and provided to the COUNTY prior to the beginning of each fiscal year.

10.2 The performance of CONTRACTOR will be evaluated during the fiscal year, and funds may be reallocated. If CONTRACTOR fails to provide 95% of the Services required under this Sample Contract, Appendix A, as provided in Appendix D, Exhibit 3, PPS, funds may be reduced and reallocated to other FCSP agencies who are performing at a higher level and qualify for grant increases. Additionally, the COUNTY at its discretion may reduce the CONTRACTOR's annual grant for the following fiscal year to more accurately reflect the CONTRACTOR's level of service.

10.3 The RFP includes Performance Requirements Standards that will measure the CONTRACTOR's performance related to Program and operational measures. The RFP includes a Performance Requirements Summary (PRS) Chart (Appendix C to the RFP) that summarizes the standards required and their corresponding Acceptable Quality Level. CONTRACTOR is responsible for meeting the Acceptable Quality Levels provided in the PRS Chart as well as the provision of Services outlined in Appendix D, Exhibit D, Proposed Program Services.

## 11.0) OUTCOME MEASURES

CONTRACTOR is required to conduct ongoing customer satisfaction surveys for Clients. The results of the surveys will be used by CONTRACTOR to make quality improvements in Client Services provided to older adults. The CONTRACTOR may be asked to comply with and develop other outcome measures. The AAA is committed to assist unpaid Clients and ensure that Clients are afforded the best opportunity for continuing in the role of Family Caregiver by enhancing their overall sense of well being and effectiveness. See Appendix C, PRS Chart, for additional Program performance requirements.

## 12.0) REPORTS, DOCUMENTATION, AND DIRECT DATA ENTRY

12.1 The California Department of Aging requires CONTRACTOR to establish record procedures that ensure the accuracy and authenticity of the number of eligible Clients served each day. CONTRACTOR shall submit to COUNTY, on a monthly basis and no later than the 10<sup>th</sup> day of the month following the month of service, the total number of Clients served. If the 10<sup>th</sup> day of the month falls on a weekend or holiday, the due date shall be the next business day.

12.2 CONTRACTOR shall develop and maintain records on Clients including Client Intake, Assessment, and Reassessment.

12.3 CONTRACTOR shall provide to COUNTY, in a timely manner, statistical and other information which the AAA requires in order to meet its planning, coordination, evaluation and reporting requirements.

12.4 CONTRACTOR shall verify and ensure the accuracy of data reported to COUNTY including, but not limited to the PPS.

12.5 CONTRACTOR shall maintain all records and reports, consistent with Appendix A, Sample Contract Part II, Section 66.0, Record Retention and Inspection/Audit Settlement, and shall make them available for audit, assessment, retention, or inspection by authorized representatives of CSS.

12.6 CONTRACTOR shall adhere to Appendix A, Sample Contract, Part II, Section 66.0, Record Retention and Inspection/Audit Settlement.

## 13.0) INFORMATION TECHNOLOGY SYSTEM (ITS) REQUIREMENTS

13.1 CONTRACTOR is required to participate in the CSS automated Information Technology System (ITS) and to have a web-based compatible microcomputer system, a dedicated phone line, and to maintain equipment and the system in accordance with the configuration specifically approved by

Los Angeles County. CONTRACTOR shall be responsible for its own data input of required information for monthly transmission to the current CSS approved automated ITS.

13.2 All computer hardware should be standard and common national brands to assure proper compatibility with other hardware and software. Hardware and software not meeting the specifications outlined in this Statement of Work may be acceptable only upon COUNTY approval.

13.3 Hardware – CONTRACTOR is required to have the hardware to support the software requirements listed in this Section 13.0.

13.4 CONTRACTOR must have a current industry standard laser printer with a minimum 600DPI.

13.5 CONTRACTOR must maintain a reliable high speed or broadband Internet connection at all sites.

13.6 CONTRACTOR is also required to have the following:

13.6.1 Industry standard internet security software with all current upgrades installed and operating.

13.6.2 The most current version of Microsoft Internet Explorer or equivalent.

13.6.3 CONTRACTOR shall have capability of sending and receiving documents in Microsoft Office 2003.

### 13.7 STAFFING

13.7.1 CONTRACTOR shall assign a staff person, other than the Project Director and not a volunteer, to have the primary responsibility for the Client data entry into the ITS system. This person will be the primary contact person for Client data issues and problems. The individual will be assigned a password to log-in and enter Client information. A back-up staff person (who is not a volunteer) must be designated to act on behalf of the primary ITS contact person in the event of his or her absence.

13.7.2 CONTRACTOR shall inform the COUNTY of the name of the CONTRACTOR ITS staff person and backup at the start of this Contract and within two weeks of any assignment or reassignment.

### 13.8 FACILITIES

CONTRACTOR shall provide the following:

- A table or desk for the computer, printer and scanner with adequate workspace.
- Appropriate electrical outlets.
- A direct (not rotary or PBX) analog telephone line at computer location.
- Additional telephone lines (as required/directed for Client Tracking).
- A secure, locked room or lock-down cables to secure all equipment.

### 13.9 MAINTENANCE

CONTRACTOR is responsible for all maintenance, repair, or replacement of hardware and software required for ITS, which must be done in a timely and efficient manner. Equipment must be available for inspection by AAA staff during regular business hours.

### 13.10 SUPPLIES

CONTRACTOR is responsible for all necessary supplies, memory storage (e.g. flash drives, external hard drives, and CDs), paper, ink cartridges and other media.

### 13.11 FUTURE CHANGES

Technology and computers are changing rapidly and the AAA may change its systems to utilize and explore these changes. These may include the acquisition of additional hardware, software and communication lines, as the AAA deems appropriate. CONTRACTOR must supply all equipment, peripherals, supplies, etc. that may be required by the AAA for future changes.

## 14.0) LOCATION OF SERVICE AND HOURS OF OPERATION

### 14.1 CONTRACTOR Shall Obtain:

- All required building inspection certificates (health, fire, etc.); and
- Prior written consent of the Director of Community and Senior Services, or authorized designee, and shall comply with Appendix A, Sample Contract Part II, Section 22.0, Contract Modifications/Amendments, if applicable, before modifying or terminating Services, or revising hours of service delivery at a previously designated location(s) and/or before commencing such services at any other location.

14.2 CONTRACTOR shall ensure that all site locations/buildings and surrounding areas are: maintained in a manner consistent with applicable local, state, and federal occupational safety and sanitation regulations. The premises shall be free of any accumulation of garbage, rubbish, stagnant water, or filthy or

offensive matter of any kind to ensure that the premises are maintained in a clean and wholesome condition. The physical locations shall be acceptable and accessible to the public. The CONTRACTOR shall comply with the Americans with Disabilities Act of 1990.

14.2.1 CONTRACTOR shall publicly display the days and hours of operation for the provision of contracted Services. The CONTRACTOR shall ensure that availability for Program Services is appropriate for the demographics associated with the service area (site location).

14.2.2 CONTRACTOR shall maintain an office in Los Angeles County.

14.2.3 CONTRACTOR's office shall be open a minimum 8 hours per day between the hours of 8:00 a.m. to 5:00 p.m.

14.2.4 CONTRACTOR shall inform the COUNTY in writing and receive a written COUNTY approval at least sixty (60) days prior to relocation of CONTRACTOR's office.

### 14.3 MULTIPURPOSE SENIOR CENTERS

If CONTRACTOR operates a Multipurpose Senior Center as defined under Title 42 USCS Section 3002, CONTRACTOR must adhere to all applicable Los Angeles County, State of California, and Federal guidelines and regulations, including, but not limited to, Title 22 CCR Sections 7550 – 7562.

14.3.1 If CONTRACTOR operates a Multipurpose Senior Center CONTRACTOR shall also comply with the provisions contained in the following acts:

- Copeland "Anti-Kickback" Act (18 USCS 874, 500 SC 276c)(29 CFR, Part 3).
- Davis-Bacon Act (40 USCS 276a-7) (29 CFR, Part 5.0).
- Contract Work Hours and Safety Standard Act (40 USCS 327-330) (29 CFR, Part 5).
- Executive Order 11246 of September 14, 1965, entitled "Equal Employment Opportunity" as amended by Executive Order 11375 of October 13, 1967, as supplemented in the Department of Labor Regulations (41 CFR, Part 60).

14.3.2 Authorized COUNTY, State or Federal representatives shall have the right to monitor CONTRACTOR'S performance relating to acquisition, alteration, renovation, or construction pursuant to this Sample Contract, Appendix A; said monitoring to include, but not be limited to, inspections of premises (acquired, altered, renovated, or constructed)

and interviews with project supervisor and staff during normal business hours.

14.3.3 CONTRACTOR assures that when an existing facility has been altered (with funds made available by this Contract) and is used as a Multipurpose Senior Center, the period of time in which such facility must be used as a Multipurpose Senior Center is as follows:

- Not less than three (3) years from the date the Contract terminates where the amount of the Contract or award of funds including the non-federal share, does not exceed \$30,000.
- If the Contract amount or award of funds, including the non-federal share, exceeds \$30,000, the fixed period of time shall increase one (1) year for each additional \$10,000, or part thereof, to a maximum of \$75,000.
- For Contract amounts, or award of funds, including the non-federal share, that exceed \$75,000, the fixed period of time shall not be less than ten (10) years from the date Contract expires or terminates.

## 15.0) OTHER PROVISIONS

### 15.1 PROGRAM SUPERVISION, MONITORING AND REVIEW

Services hereunder shall be provided by CONTRACTOR under the general supervision of the Director of CSS or authorized designee. The CSS Director, or authorized designee, shall have the right to supervise, monitor and specify the kind, quality, appropriateness, timeliness and amount of the Services and the criteria for determining the persons to be served. CONTRACTOR agrees to extend to CSS Director, or authorized designee, to authorized State representatives, and authorized Federal representatives the right to review and monitor CONTRACTOR'S facilities, programs, records, or procedures at the discretion of COUNTY, State and Federal representatives. Appropriate staff of CONTRACTOR, as requested by the CSS Director, or authorized designee, shall attend all training sessions and meetings called by CSS for the purposes of information sharing, policy orientation, and Program Development and orientation. Additionally, CONTRACTOR staff is required to regularly attend meetings in its area or other meetings designated by the AAA.

### 15.2 UNUSUAL OCCURANCES

Occurrences such as natural disaster (include earthquakes, floods, landslides, wildfires, extreme heat/cold), man-made emergencies, such as

epidemic outbreaks, bio-terrorism, food-borne illness, fire, major accidents, death from unnatural causes or other catastrophes and unusual occurrences which threaten the welfare, safety or health of participants, personnel or visitors shall be reported by the CONTRACTOR within twenty-four (24) hours by telephone (and confirmed in writing) to the local health officer and Community and Senior Services. Crime related occurrences, such as theft or vandalism, must be reported to the local police or sheriff and CSS within twenty-four (24) hours by telephone (and confirmed in writing). The CONTRACTOR shall prepare and retain an incident report on file. CONTRACTOR shall maintain all incident reports in a manner consistent with Appendix A, Sample Contract, Part II, Section 66.0, Record Retention and Inspection/Audit Settlement. The CONTRACTOR shall furnish such other pertinent information related to such occurrence as the local authorities and/or CSS may require.

### 15.3 EMERGENCY AND DISASTER PREPAREDNESS

15.3.1 Notwithstanding CONTRACTOR'S and COUNTY'S contractual objective to provide Services to eligible persons CONTRACTOR shall make Program Services available to any person impacted during the event of a State/nationally declared emergency, contingent upon the availability and commitment of Federal Emergency Management Agency (FEMA) or State Office of Emergency Services (OES) funds with which to reimburse CONTRACTOR for funds expended.

15.3.2 CONTRACTOR must have a written emergency plan on file describing how services will be maintained during the event of a disaster or emergency.

15.3.3 CONTRACTOR must maintain a registry of Program participants for emergency purposes.

### 16.0) CONTRACTOR MATCHING SHARE

CONTRACTOR shall provide at least 25% match (contribution) of its total Program costs/expenditures in accordance with the provisions of the Budget. Therefore, the Maximum Contract Sum funded by COUNTY provides a maximum 75% of the CONTRACTOR's total funding for Program Costs and CONTRACTOR must match, at a minimum, 25% of its costs with other resources. The matching share may be cash or an in-kind contribution or a combination thereof. The criteria for establishing the value on non-cash items is the Fair Market Value. Volunteer's services may be used to meet the in-kind match. Additionally, in-kind contribution of the Fair Market Value of services performed by volunteers may not exceed fifty percent (50%) of the required 25% CONTRACTOR match.

In-kind contributions are property or services provided which benefit a contract-supported project or program and which are contributed by non-federal entities without charge to the CONTRACTOR.

17.0) METHOD OF COMPENSATION

COUNTY, at its sole discretion, has the option of altering the method of payment from full reimbursement for units of service completed to an amount equal to one-twelfth (1/12) of the Maximum Annual Contract Sum amount per month if the CONTRACTOR is over-achieving, and it appears funds will be completely drawn down prior to the full term of this Contract.