

U.P. AREA AGENCY ON AGING/UPCAP
 FY 2020-2022 MULTI-YEAR RFP SERVICES FOR OLDER ADULTS APPLICATION

SERVICE REQUEST & DESCRIPTION
For
IN-HOME RESPITE SERVICES

Applicant/Organization’s Name:

Geographic Area to be Served:

Funding Source: Title III-B, National Family Caregiver Support Program (NFCSP), Caregiver Respite (Tobacco funds)

Reference: AASA Operating Standard for Service Programs VII.B-10; Title III-E (NFCSP) of the OAA, UPAAA Program Overview for the NFCSP, UPAAA Special Conditions of Award for Caregiver Respite Funds.

Unit of Service: One hour of allowable respite care provided

Instructions: Read the following service standards and check (X) the boxes in the ‘Agree’ column to indicate if the organization agrees to abide by that standard. Asterisks in the ‘Agree’ column indicate the need to respond to the statement or question in bold italics. Responses should be typed in the text box given. *Note: Refer to AASA Operating Standards for Service Programs for more information.*

ALL questions must be completed by all proposers requesting to provide in-home respite services supported by any of the above funding sources. Any questions not completed may delay or prohibit approval of this application.

	Agree (X)
Definitions & Service Delivery	
<p>1. This program is intended to provide companionship, supervision and/or assistance with activities of daily living for persons with mental or physical disabilities and frail older persons in the absence of the primary care giver(s). Respite care services include:</p> <ul style="list-style-type: none"> a. Attendant care - companionship, supervision and/or assistance with toileting, eating and ambulation; and, b. Basic care - assistance with ADLs, routine exercise regimen, etc. c. Respite care may also include chore, homemaking, home care assistance, home health aide, meal preparation and personal care services. <p><i>Describe the types of tasks that your staff will be performing during their respite work:</i></p>	<input type="checkbox"/> *
<p>2. Each program shall ensure that the skills and training of the respite care worker to be assigned coincides with the service plan of the client, client needs, and client preferences. Client needs may include, through are not limited to, cultural sensitivity, cognitive impairment, mental illness, and physical limitation.</p> <p><i>Describe how you will ensure that respite staff will have the skills and training needed to meet this requirement prior to entering a client’s home, including documentation retained to verify this:</i></p>	<input type="checkbox"/> *

<p>3. An emergency notification plan shall be developed for each client, in conjunction with the client's primary caregiver. Describe your process for ensuring this requirement is met, including who will be responsible for developing the emergency plans:</p> <p>Include a copy of the document/template your agency will use for this purpose.</p>	<input type="checkbox"/> *
<p>4. Each program shall establish written procedures to govern the assistance to be given participants in taking medications, which includes at a minimum:</p> <ol style="list-style-type: none"> a. Who is authorized to assist participants in taking either prescription or over the counter medications and under what conditions such assistance may take place. b. Verification of prescriptions and dosages. All medications shall be maintained in their original, labeled containers. c. Instructions for entering medications information in client files, including times and frequency of assistance. d. A clear statement of the client's and client's family responsibility regarding medications to be taken by the client while receiving respite and provision for informing the client and client's family of the program's procedures and responsibilities regarding assisted self-administration of medications. <p>Describe your procedures to meet this requirement (a copy of the agency's policy regarding this requirement may be attached in lieu of writing it here):</p> <p>How will your agency document that the family has been informed of your medication policy?</p>	<input type="checkbox"/> *

Please answer these additional questions specific to the delivery of in-home respite services:

- A. Indicate why you feel providing this service is important in your geographical area. Specifically, how will it impact socially isolated, low-income and/or minority caregivers? Please provide your area's demographic data, recent outcomes achieved, etc. to explain your answers.

B. Other than lack of funding, what limitations (if any) does your organization have related to consumer requests for in-home respite services? (examples: weekends, limits in service area, etc.)

C. Will any part of the proposed service be sub-contracted? YES NO

If yes, please explain: