

U.P. AREA AGENCY ON AGING/UPCAP  
 FY 2023-2025 MULTI-YEAR RFP SERVICES FOR OLDER ADULTS APPLICATION

**SERVICE REQUEST & DESCRIPTION**  
**For**  
**ADULT DAY SERVICES**

**Applicant/Organization’s Name:**

**Geographic Area to be Served:**

Funding Sources: In-Home Negotiated, National Family Caregiver Support Program (NFCSP), Caregiver Respite (aka Tobacco Respite), Discretionary

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

Unit of Service: One hour of care provided per participant

ALL questions must be completed by all proposers requesting Adult Day Service funds from any funding source/category. Any questions not completed may delay or prohibit approval of this application.

Complete the following information on all sites where Adult Day Services will be provided (add additional rows if needed):

Site Name	County	Days Open	Service Hours	Current average # of Participants

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.*

	Agree (X)
<b>Definitions &amp; Service Delivery</b>	
1. Adult day services includes the daytime care for functionally and/or cognitively impaired persons provided through a structured program of social and rehabilitative and/or maintenance services in a supportive group setting other than the participant’s home. <b><i>Describe the types of activities, services, and/or rehabilitation services to be provided to participants during their attendance at the Adult Day Center:</i></b>	<input type="checkbox"/> *

<p>2. A service plan shall be developed for each individual admitted to an Adult Day Service program. The service plan should be developed in cooperation with, and be approved by, the participant, the participant’s guardian or designated representative. The service plan shall contain at a minimum:</p> <ul style="list-style-type: none"> <li>a. A statement of the client’s problems, needs, strengths, and resources</li> <li>b. A statement of the goals and objectives for meeting identified needs</li> <li>c. A description of methods and/or approaches to be used in addressing needs</li> <li>d. Identification of basic and optional program services to be provided</li> <li>e. Treatment orders of qualified health professionals, when applicable</li> <li>f. A statement of medications taken while in the program</li> </ul> <p><b>Describe who will be responsible for developing service plans, reassessing participants every three months, and updating service plans when reassessments or changes in participant’s status warrants changes in the plan:</b></p> <p><b><i>*Please attach a copy of template used by your agency for developing service plans.</i></b></p>	<input type="checkbox"/> *
<p>3. Each program shall employ a full-time program director with a minimum of a bachelor’s degree in a health or human services field or be a qualified health professional.  <b>Who will be the Director of the Adult Day Center(s) listed on Page 1 of this document? Please include their education/training, experience and expertise in relation to running an adult day center.</b></p>	<input type="checkbox"/> *
<p>4. Each adult day care program shall provide directly or make arrangements for the provision of transportation. <b>Describe how you will meet this requirement:</b></p> <p><b><i>If the agency will utilize its own vehicle(s) for this purpose, describe the type of vehicle used and if it will meet the needs of the physically impaired program participant:</i></b></p>	<input type="checkbox"/> *
<p>5. Each adult day care program shall provide directly or make arrangements for the provision of nutrition: one hot meal per 8-hour day which provides one-third of recommended daily allowances and follows the meal pattern of the General Requirements for Nutrition Programs. <b>Describe how you will meet this requirement. If the service hours of your ADC is less than 8 hours per day, what type of nutrition (snacks, etc) will be available to program participants?</b></p>	<input type="checkbox"/> *

6. A staff person knowledgeable in first aid procedures, including CPR, shall be present at all times participants are in the Adult Day Center. **Describe how you will meet this requirement:**



Please answer these additional questions specific to the delivery of Adult Day Services

A. What is your projected staff to participant ratio on any given day at the Adult Day Center(s) listed on Page 1?

B. 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 individuals? Please provide your area's demographic data, recent outcomes achieved, etc. to explain your answers.

C. Other than lack of funding, what limitations (if any) does your organization have related to consumer requests for Adult Day Services? (examples: weekends, limits in service area, etc.)

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

If yes, please explain: