

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

**SERVICE REQUEST & DESCRIPTION**  
**For**  
**HOME CARE ASSISTANCE (HCA)**

**Applicant/Organization's Name:**

**Geographic Area to be Served:**

Funding Sources: In-Home Negotiated, Discretionary

Reference: AASA Operating Standard for Service Programs VII. B-2

Unit of Service: One hour spent performing allowable home care assistance activities

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. Any questions not completed may delay or prohibit approval of this application.

|   | Agree (X)                  |
|---|----------------------------|
| <b>Definitions &amp; Service Delivery</b>   |                            |
| 1. Home Care Assistance services include the provision of in-home assistance with activities of daily living and routine household tasks to maintain an adequate living arrangement for older persons with functional limitations. Home Care Assistance does not include skilled nursing services. <b><i>Describe the types of tasks that your staff will be performing during their work as a Home Care Assistant:</i></b>                         | <input type="checkbox"/> * |
| 2. Each program must have written eligibility criteria. Each in-home service program shall conduct a face-to-face assessment of individual need for each client. <b><i>Describe how your organization assesses individuals requesting service, and who is responsible to determine the need of each participant:</i></b>  | <input type="checkbox"/> * |
| 3. Program supervisors must be available to program staff, via telephone, at all times they are in the clients' home. Each in-home service program must conduct one in-home supervisory visit for each program staff member, with a program client present, each fiscal year. <b><i>Describe the supervisory staff that will oversee HCA program staff; please be specific in addressing their level of expertise, training, and education:</i></b> | <input type="checkbox"/> * |

|  |                            |
|--|----------------------------|
| <p>4. All workers performing home care assistance services must be trained by a qualified person and must be tested for each task to be performed prior to being assigned to a client.<br/> <b><i>Describe who in your organization is responsible for this and what documentation is used to verify that this has been done. Please be specific. <u>A template of documentation used for this purpose should be included with this application:</u></i></b></p> | <input type="checkbox"/> * |
| <p>5. Semi-annual in-service training is required for all home care assistance workers. Required topics include safety, sanitation, emergency procedures, body mechanics, universal precautions, and household management. <b><i>Describe your training policy, including potential topics that will/could be covered in the next three years for HCA staff:</i></b></p>   | <input type="checkbox"/> * |

Please answer these additional questions specific to the delivery of Home Care Assistance 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 individuals?  
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 home care assistance 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: