

# **REQUEST FOR PROPOSALS**

**Package for**

## **KENTUCKY LONG TERM CARE OMBUDSMAN PROGRAM ELDER ABUSE PREVENTION**

### **Terms of Contract**

**July 1, 2026 – June 30, 2027**

**July 1, 2027 – June 30, 2028**

**July 1, 2028 – June 30, 2029**

### **Funding Source:**

**Older American's Act**

**Long Term Care Ombudsman – Title III-B**

**KY State Long Term Care Ombudsman**

**Ombudsman – Title VII**

### **Lincoln Trail Area Development District**

**Area Agency on Aging**

**750 S. Provident Way**

**Elizabethtown, KY 42701**

**Phone: (270) 769-2393**

**Fax: (270) 769-2993**

### **Contact Person:**

**Sue Greenwell**

**Director, Area Agency on Aging**

The Lincoln Trail Area Development District does not discriminate on the basis of race, color, national origin, sex age, religion, or disability, and provides, upon request, reasonable accommodation including auxiliary aids and services necessary to afford an individual with a disability an equal opportunity to participate in all services, programs and activities of the agency.

## TABLE OF CONTENTS

	<u>Page</u>
Instructions for Submitting Proposal.....	1
Service Definition .....	2
Applicant Identification Page .....	3
Firm-Fixed Price Quotation .....	4
Terms and Conditions for Official Application .....	5
Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973 as Amended .....	6
Assurance of Compliance with the Department of Health and Human Services Regulations under Title VI of the Civil Rights Act of 1964 .....	7
Assurance of Compliance with Americans With Disabilities Act of 1990 .....	8
Assurance Applicant has read Administrative Regulations, Department of Social Services Program Manual (Chapter VI), Division of Aging Services and Supportive Services .....	9
Background History and Financial Information .....	10
Experience.....	11
Insurance .....	12
Personnel.....	12-13
Service Delivery Requirements .....	14-16
Training.....	17-18
Referral System.....	19
Monitoring Requirements .....	20
Reporting Requirements .....	21
Equipment Requirement.....	22
Transition Plan .....	23
Checklist for Application Package.....	24-29

## INSTRUCTIONS FOR SUBMITTING PROPOSAL

This package has been developed for guidance to interested parties wishing to submit a proposal for the Kentucky Long Term Care Ombudsman Program and Elder Abuse Prevention. Each applicant shall adhere to the instructions for submitting the proposal.

The proposal shall specify one unit cost per service for the three-year period. A unit cost submitted on a sliding scale shall not be accepted.

The applicant shall use this proposal package as it is presented. The entire package shall be returned, including description and instruction pages and areas to be addressed.

The applicant may use these forms or may develop its own forms, but each area shall be addressed. **Information submitted shall follow the format outlined.** Pages shall be completed on the front side only. If applicant chooses not to use the forms in the proposal package, the applicant is to type on the form "See Attached Pages". The number sequence in the package shall be followed. Applicants may insert additional pages as necessary. Additional pages shall be placed immediately behind the section to which they relate and shall be labeled consecutively with letters of the alphabet beginning with the letter "A".

The applicant shall complete the checklist that is provided and list the page numbers on which each item is addressed as indicated on the checklist. This is to assure that all areas are addressed in the proposal. The checklist shall be completed by the applicant and returned as part of the proposal package.

The applicant shall submit an original and electronic copy of the proposal to LTADD. The proposals shall be submitted in three ring binders, copied on one side only. The original shall be clearly marked as "Original" and signed.

The proposals shall be address to Sue Greenwell, Aging Services Director, and delivered to Lincoln Trail Area Development District, 750 S. Provident Way, Elizabethtown, KY 42701 [sue@ltadd.org](mailto:sue@ltadd.org).

All proposals are due to LTADD by noon, EST, February 27, 2026. Proposals received after that time and date shall not be considered for review.

**OLDER AMERICAN'S ACT LONG TERM CARE OMBUDSMAN  
KENTUCKY LONG TERM CARE OMBUDSMAN PROGRAM  
OMBUDSMAN TITLE VII**

*SERVICE DEFINITION:*

The District Ombudsman Program shall be responsible for representing all long-term care residents within the LTADD residing in long-term care facilities and Assisted Living facilities. The Program will assure resident's rights are upheld and promote quality care in long-term care facilities as well as promote citizen involvement in order to assure regular visitations especially for those residents without available family or friends.

The Long Term Care Ombudsman Program is required to be certified by the State Office of Long Term Care Ombudsman and attend all trainings as stipulated by that office.

The Program receives, investigates, and resolves complaints made by or on behalf of older residents of long-term care facilities.

*SERVICES:*

Services provided will be staff time (either paid or volunteer) provided to or on behalf of a client or group of clients in carrying out the specific duties of the Ombudsman Program.

This information should be used to complete proposals for Fiscal Years 2027, 2028, and 2029. Adjustments shall be made based upon availability of funds.

**LINCOLN TRAIL AREA DEVELOPMENT DISTRICT/AREA AGENCY ON AGING**

**PROPOSAL FOR**

**KENTUCKY LONG TERM CARE OMBUDSMAN  
OLDER AMERICAN'S ACT LONG TERM CARE OMBUDSMAN  
OMBUDSMAN TITLE VII**

**JULY 1, 2026 TO JUNE 30, 2027  
JULY 1, 2027 TO JUNE 30, 2028  
JULY 1, 2028 TO JUNE 30, 2029**

1. Name and address of Applicant:	
2. Area Code:	Telephone:
3. Name, Title and Address of Contact Person	
4. Area Code:	Telephone:
5. Agency Type: Please check as appropriate:	
<div style="text-align: right;"><input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private for Profit <input type="checkbox"/> Public</div>	

## FIRM FIXED PRICE QUOTATION

NAME OF APPLICANT: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: (\_\_\_\_) \_\_\_\_\_ DATE: \_\_\_\_\_

=====

The above name applicant submits a unit cost proposal for the services to be provided as described in the Request for Proposal for:

\$\_\_\_\_\_per month  
(state in terms of dollars and cents)

I certify that the proposal price shown shall remain firm throughout the contract term, subject only to adjustments as described in the Request for Proposal.

NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

(Original Signature)

## TERMS AND CONDITIONS FOR OFFICIAL APPLICATION

Terms and Conditions: It is understood and agreed by the undersigned that:

1. Funds contracted as a result of this request are to be expended for the purposes set forth herein and in accordance with all applicable laws, regulations, policies and procedures of this state and the Administration on Aging of the U.S. Department of Health and Human Services.
2. Any revisions in this proposal package as approved shall be submitted in writing by the applicant and subject to and following approval by the Lincoln Trail Area Development District/Area Agency on Aging shall be deemed incorporated into and shall become a part of this agreement.
3. The assurance of civil rights compliance (form HHS-441) applies to this proposal when approved.
4. Funds awarded by the Lincoln Trail Area Development District/Area Agency on Aging may be terminated any time for violations of any term and/or provisions of this agreement.

Name and Title of individual authorized to commit applicant organization to this agreement.

Signature\_\_\_\_\_ Title\_\_\_\_\_ Date\_\_\_\_\_

ATTEST\_\_\_\_\_ Title\_\_\_\_\_ Date\_\_\_\_\_

**DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ASSURANCE OF COMPLIANCE WITH SECTION 504 OF THE  
REHABILITATION ACT OF 1973 AS AMENDED**

The undersigned (hereinafter called the "recipient") HEREBY AGREES THAT it will comply with section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulation (45 C.F.R. Part 84), and all guidelines and interpretations issued pursuant thereto.

Pursuant to §84.5(a) of the regulation (45 C.F.R. 84.5(a)), the recipient gives this Assurance in consideration of and for the purpose of obtaining any and all federal grants, loans, contracts (except procurement contracts and contracts of insurance or guaranty), property, discounts, or other federal financial assistance extended by the Department of Health and Human Services after the date of this Assurance, including payments or other assistance made after such date on applications for federal financial assistance that were approved before such date. The recipient recognizes and agrees that such federal financial assistance will be extended in reliance on the representations and agreements made in this assurance through lawful means. This Assurance is binding on the recipient, its successors, transferees, and assignees, and the other person or persons whose signature appear below are authorized to sign this Assurance on behalf of the recipient.

This Assurance obligates the recipient for the period during which federal financial assistance is extended to it by the Department of Health and Human Services or, where the assistance is in the form of real or personal property, for the period provided for in §84.5(b) of the regulation (45 C.F.R. 84.5(b)).

The recipient: Check (a) or (b)

- a. ☐ employs fewer than fifteen persons;
- b. ☐ employs fifteen or more persons and, pursuant to §84.7 (a) of the regulation (45 C.F.R. 84.7 (a)), has designated the following person(s) to coordinate its efforts to comply with the HHS regulation.

\_\_\_\_\_  
Name of Designee(s) – Type or Print

\_\_\_\_\_  
Name of Recipient – Type or Print

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
(IRS) Employer Identification Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

*I certify that the above information is complete and correct to the best of my knowledge.*

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title Authorized

If there has been a change in name or ownership with the last year, please print the former name below:



**DOCUMENT MAY BE REVIEWED AT THE LTADD OFFICE.  
ASSURANCE OF COMPLIANCE WITH THE DEPARTMENT OF  
HEALTH AND HUMAN SERVICES REGULATION UNDER  
TITLE VI OF THE CIVIL RIGHTS ACT OF 1964**

\_\_\_\_\_ (hereinafter called the "Applicant") HEREBY AGREES THAT it will comply with Title VI of the Civil Rights Act of 1964 (P.L. 88-352) and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 80) issued pursuant to that title, to the end that, in accordance with Title VI of that Act and the Regulation no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department; and HEREBY GIVES ASSURANCE THAT it will immediately take any measures necessary to effectuate this agreement.

If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this Assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose of involving the provision of similar services or benefits. If any personal property is so provided, this Assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. In all other cases, this assurance is extended to it by the Department.

THIS ASSURANCE is given in consideration of and for the purpose of obtaining any and all Federal grants, loans, contracts, property, discounts, or other Federal financial assistance extended after the date hereof to the Applicant by the Department, including installment payments after such date on account of applications for Federal financial assistance which were approved before such date. The Applicant recognizes and agrees that such Federal financial assistance will be extended in reliance on the representations and agreements made in this assurance, and that the United States shall have the right to seek judicial enforcement of this Assurance. This Assurance is binding on the applicant, its successors, transferees, and assignees, and the person or persons whose signature(s) appear below are authorized to sign this Assurance on behalf of the Applicant.

Date \_\_\_\_\_

By \_\_\_\_\_

Signature and Title of Authorized Official

\_\_\_\_\_  
Area Code – Telephone Number

\_\_\_\_\_  
Applicant (type or print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

**ASSURANCE OF COMPLIANCE WITH  
AMERICANS WITH DISABILITIES ACT OF 1990**

The undersigned (hereinafter referred to as the “recipient”) agrees to comply with all provisions of P.L. 101-33, the Americans with Disabilities Act of 1990.

This Assurance obligates the recipient for the period during which federal and state financial assistance is extended to it by the State of Kentucky and/or the Department of Health and Human Services.

This Assurance is binding upon the recipient, its successors, transferees and assignees and the person or persons whose signature appears below are authorized to sign this Assurance on behalf of the recipient.

\_\_\_\_\_  
Name of Designee(s) – Type or Print

\_\_\_\_\_  
Name of Recipient –Type or Print

\_\_\_\_\_  
Street Address or P.O. Box

\_\_\_\_\_  
(IRS) Employer Identification Number

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

***I certify that the above information is complete and correct to the best of my knowledge.***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature and Title Authorized

If there has been a change in name or ownership within the last year, please print the former name below:

## APPLICANT ASSURANCE

The applicant assures that they have read the “Cabinet For Families and Children, Department for Social Services” (Administrative Regulation), “The Lincoln Trail Area Agency on Aging Policy and Procedure Manual” and “Department for Social Services Program Manual—General Administration and Supportive Services, Chapter VI, Division of Aging Services.”

Date\_\_\_\_\_

By\_\_\_\_\_

Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Applicant (type or print)

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip

## **BACKGROUND HISTORY AND FINANCIAL INFORMATION**

The applicant shall give a background description of the history of the agency or organization and provide evidence that the applicant has a license to operate or can obtain one. The applicant shall provide a copy of its Articles of Incorporation or other documents establishing its legal organization or existence.

The applicant shall provide a copy of its most recent financial statement. The applicant shall submit evidence of its capability to ensure proper planning, management, preparation and delivery of the services described herein.

## **INSTRUCTIONS**

Submit a background description of the history of the agency or organization.

Submit evidence of a valid license to operate or ability to obtain one.

Submit a copy of the Articles of Incorporation or other document(s) establishing the applicant's legal organization and existence.

Submit most recent financial statement.

Assure and certify applicant's capability to ensure proper planning, management, and delivery of services.

**SUBMIT A BACKGROUND DESCRIPTION  
OF THE HISTORY OF THE AGENCY OR ORGANIZATION**

**SUBMIT EVIDENCE OF A VALID LICENSE  
TO OPERATE OR ABILITY TO OBTAIN ONE**

**SUBMIT A COPY OF THE ARTICLES OF INCORPORATION  
OR OTHER DOCUMENT(S) ESTABLISHING THE  
APPLICANT'S LEGAL ORGANIZATION AND EXISTENCE**

**SUBMIT MOST RECENT FINANCIAL STATEMENT**

**ASSURE AND CERTIFY APPLICANT'S CAPABILITY TO ENSURE  
PROPER PLANNING, MANAGEMENT AND DELIVERY OF SERVICES**

## **EXPERIENCE**

The Applicant shall provide documentation as to its past and present experience which will establish proof of its capability to provide services described herein.

## **INSTRUCTIONS**

Provide documentation as to its past and present experience in providing services.

**PROVIDE DOCUMENTATION AS TO ITS PAST AND  
PRESENT EXPERIENCE IN PROVIDING SERVICES**

## **INSURANCE**

The Applicant shall provide assurance of availability of comprehensive general liability insurance. This insurance shall cover all claims of staff, participants and general public that might be attributed to the agency in delivery of stated services. The applicant shall be responsible for evaluation of its need to acquire additional insurance.

## **INSTRUCTIONS**

Provide documentation that it shall obtain adequate comprehensive general liability insurance. Coverage for activities related to the provision of services.

### **DOCUMENTATION SHALL BE SHOWN FOR ABILITY TO OBTAIN ADEQUATE COMPREHENSIVE GENERAL LIABILITY INSURANCE**

## **PERSONNEL**

Each applicant shall assign personnel qualified and capable to function in the capacity of Long Term Care Ombudsman and achieve designated as described in 905 KAR 8:210 section 4.

The applicant shall describe all staff positions which shall assist in providing services.

The applicant shall include a complete description of staffing. This shall be defined on an organizational chart that explains positions by job titles and lines of authority. Qualifications for each staff position shall be included. The applicant shall develop a plan to assure quality of staffing and retention of employees. Volunteers shall be recruited to expand services.

The applicant shall describe method to be utilized to assure that individuals providing services to the elderly have no history of elder abuse or related activities.

Job descriptions shall be maintained for each job category and volunteer position involved in direct service delivery. An appointed, identified contact person, knowledgeable of all program operations shall be available to LTADD for handling problems and answering questions that may arise.

## **INSTRUCTIONS**

Provide qualifications and capacity to function as the Long Term Care Ombudsman and assure ability to achieve designation.

Describe staff positions and qualifications. Designate hours per week to be spent in the delivery of services by all staff persons. Staffing plan form is attached.

Submit an organizational chart that explains positions by job titles and lines of authority.

Submit plan for retention of quality staff.

Provide a plan for the utilization of volunteers to expand available services.

Assure that individuals providing services to the elderly have no history of elder abuse or related activities.

Job descriptions shall be maintained for each job category for staff and volunteer positions involved in direct service delivery.

Appoint and identify a contact person knowledgeable of all program operations who shall be available to LTADD for handling problems and answering questions.

- PROVIDE QUALIFICATIONS FOR EACH STAFF POSITION AND  
CAPACITY TO FUNCTION AS LONG TERM CARE OMBUDSMAN  
ASSURE ABILITY TO ACHIEVE DESIGNATION
- DESCRIBE STAFF POSITIONS, QUALIFICATIONS, AND HOURS  
PER WEEK TO BE SPENT IN THE DELIVERY OF SERVICES  
STAFFING PLAN FORM IS ATTACHED
- ORGANIZATIONAL CHART
- SUBMIT PLAN FOR RETENTION OF QUALITY STAFF
- PROVIDE PLAN FOR UTILIZATION OF VOLUNTEERS TO
  - EXPAND AVAILABLE SERVICES
- ASSURE THAT JOB DESCRIPTIONS SHALL BE MAINTAINED  
FOR EACH POSITION (STAFF OR VOLUNTEER) INVOLVED  
IN DIRECT SERVICE DELIVERY
- ASSURE THAT INDIVIDUALS PROVIDING SERVICES TO  
THE ELDERLY HAVE NO HISTORY OF ELDER ABUSE  
OR RELATED ACTIVITIES
- APPOINT AND IDENTIFY A CONTACT PERSON AVAILABLE TO LTADD  
FOR HANDLING PROBLEMS AND ANSWERING QUESTIONS

## **SERVICE DELIVERY REQUIREMENTS**

The applicant shall submit a proposal for the Long Term Care Ombudsman Program describing implementation. The Ombudsman shall represent all long-term care residents and Assisted Living residents within the assigned geographic area of Lincoln Trail. Residents' rights and quality care issues shall be upheld and promoted by the Ombudsman. The Ombudsman shall promote citizen involvement in order to assure regular visitations to residents and shall encourage citizen involvement in other volunteer activities. The Ombudsman shall investigate and work to resolve complaints on behalf of residents of long-term care facilities. Applicants shall assure that public is advised as to the availability of state, local, and federal inspection reports, statements of deficiencies, and plans for correction for individual facilities in LTADD. The applicant shall assure implementation of active advisory council, organize and implement an active volunteer program and assist in the development of resident or family and friends councils.

Residents shall be treated in a respectful and dignified manner. Services shall be provided in a safe manner and applicants shall abide by any applicable licensure requirements and other standards established by the Cabinet.

Applicants shall assure that clients are aware of the agency's grievance policy and that the policy is in compliance with policy as discussed in the LTAAA policy manual.

Residents confidentiality shall be assured through adherence to established policies included in this package.

Applicant shall provide assurance that LTADD shall be notified immediately of any negative incident or accident involving a client or an employee. A full written report on the event shall be available to LTADD upon request.

## **INSTRUCTIONS**

Describe the implementation of the district Long Term Care Ombudsman Program.

Assure representation of all residents in the assigned geographic area of Lincoln Trail.

Assure residents rights and quality of care issued shall be upheld and promoted.

Submit plan to promote citizen involvement in order to assure regular visitation to residents and encourage citizen involvement in other volunteer activities.

Assure the Ombudsman shall investigate and work to resolve complaints on behalf of residents of long-term care facilities.

Assure the public is advised as to the availability of state, local, and federal inspection reports for facilities in the LTADD.



Assure implementation of an active advisory council, organize and implement an active volunteer program and assist in the development of resident or family and friends councils.

Assure clients are treated in a respectful and dignified manner.

Assure clients are aware of agency's grievance policy and that policy is in compliance with LTAAA policy manual.

Assure compliance with policy regarding client confidentiality.

Assure that LTADD shall be notified immediately of any negative incident involving a staff person or volunteer. Full written report of the event shall be made available to LTADD upon request.

**DESCRIBE THE IMPLEMENTATION OF THE DISTRICT  
LONG TERM CARE OMBUDSMAN PROGRAM**

**ASSURE REPRESENTATION OF ALL RESIDENTS IN THE  
ASSIGNED GEOGRAPHIC AREA OF LINCOLN TRAIL**

**ASSURE RESIDENTS RIGHTS AND QUALITY OF CARE  
ISSUES SHALL BE UPHELD AND PROMOTED**

**PROMOTE PLAN TO PROMOTE CITIZEN INVOLVEMENT IN  
ORDER TO ASSURE REGULAR VISITATIONS TO RESIDENTS  
ENCOURAGE CITIZEN INVOLVEMENT IN OTHER  
VOLUNTEER ACTIVITIES**

**ASSURE THE OMBUDSMAN SHALL INVESTIGATE AND WORK  
TO RESOLVE COMPLAINTS ON BEHALF OF RESIDENTS  
OF LONG TERM CARE FACILITIES**

**ASSURE PUBLIC IS ADVISED AS TO THE AVAILABILITY OF  
CURRENT STATE, LOCAL AND FEDERAL INSPECTION  
REPORTS FOR FACILITIES IN THE LTADD**

**ASSURE IMPLEMENTATION OF AN ACTIVE ADVISORY COUNCIL,  
ORGANIZE AND IMPLEMENT AN ACTIVE VOLUNTEER  
PROGRAM AND ASSIST IN THE DEVELOPMENT OF  
RESIDENT OR FAMILY AND FRIEND COUNCIL**

**ASSURE CLIENTS ARE TREATED IN A DIGNIFIED  
AND RESPECTFUL MANNER**

**ASSURE CLIENTS ARE AWARE OF AGENCY'S GRIEVANCE  
POLICY AND THAT POLICY IS IN COMPLIANCE  
WITH LTAAAIL POLICY MANUAL**

**ASSURE COMPLIANCE WITH POLICY  
REGARDING CLIENT CONFIDENTIALITY**

**ASSURE THAT LTADD SHALL BE NOTIFIED IMMEDIATELY  
OF ANY NEGATIVE INCIDENT OR ACCIDENT  
INVOLVING A CLIENT OR EMPLOYEE**

**Full written report of the event shall be made available to LTADD upon request**

## **TRAINING**

Training shall be provided for staff and volunteers. Training must be in compliance with Department for Social Services, Program Manual, Chapter VI, Department of Aging and Independent Living, policy and 905 KAR 8:210, Section 8.

The applicant shall submit a training plan with this proposal. Changes in the approved training plan of the successful applicant shall be approved by LTADD.

Supervisory staff shall be completely familiar with program regulations, policies and procedures as ordered in this RFP.

Interoffice meetings shall be considered training only when actual programmatic information is disseminated.

## **INSTRUCTIONS**

Assure compliance with policy regarding training.

Submit a training plan that shall be provided to staff and volunteers.

Assure that any changes in the approved plan shall be approved by LTADD.

Assure supervisory staff is completely familiar with program regulations, policies and procedures.

### **SUBMIT ASSURANCES OF COMPLIANCE WITH POLICY REGARDING TRAINING**

### **SUBMIT TRAINING PLAN FOR PROVIDING TRAINING TO STAFF AND VOLUNTEERS**

### **ASSURE THAT ANY CHANGES IN TRAINING PLANS SHALL BE APPROVED BY LTADD**

### **ASSURE STAFF ARE COMPLETELY FAMILIAR WITH PROGRAM REGULATIONS, POLICIES AND PROCEDURES COORDINATION**

Appropriate successful applicant staff shall meet quarterly with LTADD staff to discuss matters related to service delivery. Meetings shall be arranged by LTADD. Applicant shall assure access to legal counsel as necessary and shall be assured through a Memorandum of Understanding. An example memorandum is attached.

Applicant shall assure compliance with LTAAA policy regarding coordination and shall describe any other efforts to be made regarding coordination with other agencies providing services.

## **INSTRUCTIONS**

Assure appropriate staff shall meet quarterly with LTADD staff to discuss matters related to service delivery.

Assure access to legal counsel as necessary.

Assure compliance with LTADD policy regarding coordination and describe plans regarding coordination efforts with other agencies.

**ASSURE APPROPRIATE STAFF SHALL MEET QUARTERLY  
WITH LTADD STAFF TO DISCUSS MATTERS RELATED  
TO SERVICE DELIVERY**

**ASSURE ACCESS TO LEGAL COUNSEL AS NECESSARY  
Assured through a Memorandum of Understanding**

**ASSURE COMPLIANCE WITH LTADD POLICY REGARDING  
COORDINATION AND DESCRIBE PLANS REGARDING  
COORDINATION EFFORTS WITH OTHER AGENCIES**

## **REFERRAL SYSTEM**

Applicant for this service shall assure a proficient interoffice system for handling referrals for the district Ombudsman and shall discuss provisions for coverage should the designated Ombudsman be unavailable. The Long Term Care Ombudsman shall refer reports of abuse, neglect, exploitation, or spouse abuse to the Division of Family Services and, if appropriate, Licensure and Regulation for investigation. District Ombudsman shall make referrals to county attorneys, legal aid agencies and legal assistance offices. Referrals to the office of the Attorney General and Cabinet for Health and Family Services Office of Counsel shall be made through the Kentucky Long Term Care Ombudsman.

## **INSTRUCTIONS**

Describe interoffice system for handling referrals and provisions for coverage when designated Ombudsman is unavailable.

Assure reports of abuse shall be referred to the Division of Aging Services and/or Licensure and Regulation for investigation.

Describe process for making referrals to county attorneys, legal aid agencies, and legal assistance offices.

Assure referrals to the Office of Attorney General and CHFS Office of Counsel shall be made through the Kentucky Long Term Ombudsman.

**DESCRIBE INTEROFFICE SYSTEM FOR HANDLING  
REFERRALS AND PROVISIONS FOR COVERAGE  
WHEN DESIGNATED OMBUDSMAN IS UNAVAILABLE**

**ASSURE REPORTS OF ABUSE SHALL BE REFERRED TO  
THE DIVISION OF AGING SERVICES AND/OR  
LICENSURE AND REGULATION FOR INVESTIGATION**

**DESCRIBE PROCESS FOR MAKING REFERRALS TO  
COUNTY ATTORNEYS, LEGAL AID AGENCIES,  
AND LEGAL ASSISTANCE OFFICES**

**ASSURE REFERRALS TO THE OFFICE OF ATTORNEY GENERAL  
AND CHFS OFFICE OF COUNSEL SHALL BE MADE THROUGH  
THE KENTUCKY LONG TERM CARE OMBUDSMAN**

## **MONITORING REQUIREMENTS**

The successful applicant shall monitor the service delivery and records maintained to determine that standards are being met. Applicant shall conduct regular monitoring and identify the staff person who shall do the monitoring, and describe how it is to be conducted.

The applicant shall allow LTADD and/or Cabinet for Health & Family Services representatives to monitor and evaluate service delivery. LTADD shall monitor the programs a minimum of one (1) time per year.

## **INSTRUCTIONS**

Describe procedures for monitoring. Identify the staff person who shall conduct the monitoring and describe how it is to be done.

Submit schedule for monitoring service delivery.

Assure access for monitoring purposes to LTADD and/or Cabinet for Health & Family Services staff.

**DESCRIBE PROCEDURES FOR MONITORING  
IDENTIFY STAFF PERSON WHO SHALL CONDUCT  
MONITORING AND HOW IT IS TO BE DONE**

**SCHEDULE FOR MONITORING SERVICE DELIVERY**

**ASSURE ACCESS SHALL BE GRANTED TO LTADD AND  
CABINET FOR HEALTH AND FAMILY SERVICES FOR STAFF  
TO MONITOR AND EVALUATE SERVICES PERFORMED**

## **REPORTING REQUIREMENTS**

The successful applicant shall submit monthly programmatic reports to LTADD by the 5<sup>th</sup> working day and financial statements by the 7<sup>th</sup> of each month following services. LTADD shall give the successful applicants instructions and forms for completing budget and financial statements that are required by the Division of Aging Services.

## **INSTRUCTIONS**

Document assurance the successful applicant shall provide LTADD programmatic reports by the 5<sup>th</sup> working day and monthly invoices by the 7<sup>th</sup> of each month following services.

**DOCUMENTED ASSURANCE TO PROVIDE LTADD WITH  
PROGRAMMATIC REPORTS BY THE 5<sup>TH</sup> WORKING  
DAY AND MONTHLY INVOICES BY THE 7<sup>TH</sup>  
OF THE MONTH FOLLOWING SERVICES**

**MINIMUM OFFICE EQUIPMENT AND SOFTWARE REQUIREMENTS**  
**Fiscal Year 2026**

LTADD may increase the computer requirements as technology advancement needs dictate.

**ORGANIZATION:** \_\_\_\_\_

**MINIMUM REQUIREMENTS**

At least one (1) computer at site with the following capabilities:

Intel (Core i5 or higher recommended)

8GB RAM

500GB of available disk space

Windows 10 (64-bit version only)

Microsoft Edge browser with IE Mode enabled

Silverlight latest version

Microsoft Office 2016 or Higher

Anti-Malware Software (specify): \_\_\_\_\_

High Speed Internet Access (DSL, Cable, etc)

Providers must own or agree to have at least the minimally required hardware and software available and agree to have Fast Internet Access capability maintaining on-line status throughout the contract period.

The DAIL approved tracking system.

Applicant's signature indicates willingness to comply with equipment and software requirements.

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Date**



## **TRANSITION PLAN**

The applicant shall assure that a smooth transition shall take place and that services shall continue during this transition period should the successful applicant be an entity other than the present provider of the services.

The applicant shall submit a transition plan, including schedule for interviewing current or new employees. The applicant shall provide assurance that service delivery will begin on July 1, 2026. The applicant shall assure and document that employees will have adequate training to begin provision of services.

## **INSTRUCTIONS**

The applicant shall assure that a smooth transition shall take place and that services shall continue during this transition period should the successful applicant be an entity other than the present provider.

The applicant shall submit transition plan which includes schedule for interviewing current or new employees that will be utilized beginning on July 1, 2026. Employee training shall be adequate to begin services on July 1, 2026.

## **ASSURANCE OF A SMOOTH TRANSITION**

### **SUBMIT A TRANSITION PLAN WHICH INCLUDES ASSURANCE OF ADEQUATE STAFFING TO BEGIN SERVICES JULY 1, 2026**

## **CHECKLIST FOR PROPOSAL PACKAGE**

The applicant shall complete the checklist to assure that all aspects of the package have been addressed. The applicant shall answer “yes” or “no” to each requirement. If the answer is “no”, the applicant shall explain why that requirement within the package has not been included. The applicant shall include the page number where this requirement has been addressed.

### **INSTRUCTIONS**

Submit the Checklist for package which is included in the package. Check the appropriate column if the required information has been included. If the required information has not been included, explain why.

Include the page number on the checklist for each item.

## CHECKLIST FOR APPLICATION PACKAGE

Agency: \_\_\_\_\_

\*If no, specify why.

1. Applicant has submitted Applicant Identification Page. ☐ Yes ☐ No Page # \_\_\_\_\_
2. Applicant has submitted Firm Fixed Price Quotation ☐ Yes ☐ No Page # \_\_\_\_\_
3. Applicant has submitted Terms and Conditions for Official Application Form. ☐ Yes ☐ No Page # \_\_\_\_\_
4. Applicant has submitted Department of Health and Human Services Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973. ☐ Yes ☐ No Page # \_\_\_\_\_
5. Applicant has submitted Assurance of Compliance with the Americans with Disabilities Act of 1990. ☐ Yes ☐ No Page # \_\_\_\_\_
6. Applicant has submitted Assurance of Compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964 form. ☐ Yes ☐ No Page # \_\_\_\_\_
7. Applicant has submitted assurance of compliance with Administrative Regulations, DAIL Standard Operating Procedures and LTAAA Policies and Procedures. ☐ Yes ☐ No Page # \_\_\_\_\_
8. Applicant has submitted documented background description of the history of the agency or organization. ☐ Yes ☐ No Page # \_\_\_\_\_
9. Applicant has submitted evidence it has or can obtain a valid license to operate. ☐ Yes ☐ No Page # \_\_\_\_\_
10. Applicant has submitted a copy of its Articles of Incorporation or other document(s) establishing legal organization and existence. ☐ Yes ☐ No Page # \_\_\_\_\_
11. Applicant has submitted its most recent financial statement. ☐ Yes ☐ No Page # \_\_\_\_\_
12. Applicant has assured and certified capability to ensure proper planning, management, and service delivery. ☐ Yes ☐ No Page # \_\_\_\_\_

### Checklist for Application Package (continued)

- |   |                              |                             |             |
|---|------------------------------|-----------------------------|-------------|
| 13. Applicant has submitted documentation of past and present experience to provide services.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 14. Applicant has provided documentation that it shall obtain general liability insurance.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 15. Applicant has provided qualifications for each staff position and capacity to function as the District Long Term Ombudsman and assures ability to obtain designation. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 16. Applicant has described staff positions and qualifications. Designated hours worked per week in service delivery by all staff persons and has attached staffing plan. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 17. Applicant has submitted an organizational chart that explains positions by job titles and lines of authority.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 18. Applicant has submitted a plan for retention of quality staff.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 19. Applicant has provided plan for use of volunteers to expand services.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 20. Applicant has described method utilized to assure that individuals providing services have no history of elder abuse or related activities.                           | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 21. Applicant has assured job description shall be maintained for staff and volunteer positions involved in direct service delivery.                                      | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 22. Applicant has appointed and identified a contact person available to LTADD for handling problems and answering questions.   | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |
| 23. Applicant has described the implementation of the District Long Term Care Ombudsman program.  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Page #_____ |

### Checklist for Application Package (continued)

- |   |  |             |
|---|--|-------------|
| 24. Applicant has assured representation of all residents in assigned geographic area of Lincoln Trail.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 25. Applicant has assured resident rights and quality of care issues shall be upheld and promoted.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 26. Applicant has submitted a plan to promote citizen involvement to assure regular visitation to residents and encourage citizen involvement in other volunteer activities.                    | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 27. Applicant has assured that the Ombudsman shall investigate and work to resolve complaints on behalf of residents or long term care facilities.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 28. Assure public is advised as to the availability of current state, local and federal inspection reports for facilities in Lincoln Trail ADD area.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 29. Applicant has assured implementation of an active advisory council and volunteer program and assist in the development of resident or family or friend counsels.                            | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 30. Applicant has assured that clients are treated in a respectful and dignified manner.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 31. Applicant has assured clients' awareness of grievance policy  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 32. Applicant has assured compliance with policy regarding client confidentiality.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 33. Applicant has assured LTADD shall be notified immediately of any negative incident involving staff or volunteer. Full written report of the event shall be available to LTADD upon request. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 34. Applicant shall assure willingness to implement Elder Abuse Initiative upon receipt of instruction from LTADD.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 35. Applicant has submitted assurance of compliance with policy regarding training.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |

### Checklist for Application Package (continued)

- |  |  |             |
|--|--|-------------|
| 36. Applicant has submitted a training plan for providing training to staff/volunteers.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 37. Applicant has assured that any changes in staffing plans is approved by LTADD.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 38. Applicant has assured supervisory staff are completely familiar with program regulations, policies and procedures.   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 39. Applicant has assured appropriate staff shall meet quarterly with LTADD staff to discuss matters related to service delivery.                                | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 40. Applicant has assured access to legal counsel as necessary.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 41. Applicant has assured that compliance with LTADD policy regarding coordination efforts with other agencies.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 42. Applicant has described interoffice system for handling referrals and provisions for coverage when designated Ombudsman is unavailable.                      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 43. Applicant has assured reports of abuse shall be referred to the Cabinet for Health & Family Services and/or Licensure for Regulation for investigation.      | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 44. Applicant has described process for making referrals to county attorneys, legal aid agencies and legal assistance offices.                                   | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 45. Applicant has assured that referrals to the Office of Attorney General and CHFS General Counsel shall be made through the Kentucky Long Term Care Ombudsman. | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 46. Applicant describes procedures for monitoring and identifies the staff person who shall conduct it.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 47. Applicant has submitted schedule for monitoring service delivery.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |
| 48. Applicant has assured access for monitoring purposes to CHFS and LTADD staff.  | <input type="checkbox"/> Yes <input type="checkbox"/> No | Page #_____ |

49. Applicant provided documented assurance that services shall be invoiced to LTADD by the 7<sup>th</sup> of the month following services and that programmatic reports be submitted by the 5<sup>th</sup> working day.

☐ Yes    ☐ No    Page #\_\_\_\_\_

50. Applicant has provided assurances for smooth transition.

☐ Yes    ☐ No    Page #\_\_\_\_\_

51. Applicant has submitted transition plan which includes schedule for interviewing employees and beginning services on July 1, 2026.

☐ Yes    ☐ No    Page #\_\_\_\_\_

## Lincoln Trail Area Development District

### CRITERIA FOR EVALUATION

Program: \_\_\_\_\_

Relative Value Points: 118

Name of Applicant: \_\_\_\_\_

Score: \_\_\_\_\_

Evaluation Criteria

Relative Value

#### Fixed Price Quotation

- 1. Does the applicant address the monthly cost and provide complete information requested?**

53 Points \_\_\_\_\_

The fixed price quotation, which is deemed to be responsive to the Request for Proposal, shall be evaluated as to the cost per unit. The value assigned to each quote shall be such number as, in the opinion of the review committee, accurately reflects the value of the quote in comparison to other quotes. The lowest acceptable responsible unit cost proposal shall be assigned a value of 53 points. Each subsequent quote, which is higher, shall be assigned a lesser relative value. The minimum difference between any two proposals shall be 5 points regardless of closeness in dollar amounts.

- 2. Does the proposal submitted provide sufficient information for the evaluation of the applicant's background, history, financial information, experience and insurance responsibilities?**

Applicant has submitted documented background description of the history of the agency or organization.

1 Points \_\_\_\_\_

Applicant has submitted evidence it has or can obtain a valid to operate.

1 Points \_\_\_\_\_

Applicant has submitted a copy of its Articles of Incorporation or other document(s) establishing legal organization and existence.

1 Points \_\_\_\_\_

Applicant has submitted most recent financial statement.

1 Points \_\_\_\_\_

Applicant has assured and certified capability to ensure proper planning, management, and service delivery.

2 Points \_\_\_\_\_

Applicant has submitted documentation of past and present experience to provide services.

2 Points \_\_\_\_\_



	Applicant has provided documentation that it shall obtain general liability insurance.	1	Points_____
3.	<b>Does the proposal provide sufficient documentation and information pertaining to personnel and service delivery requirements?</b>		
	Applicant has provided qualifications for each staff position and capacity of function as the district long term Ombudsman and assures ability to obtain designation.	2	Points_____
	Applicant has described staff positions, qualifications, and hours Worked per week in service delivery and has attached staffing plan.	1	Points_____
	Applicant has submitted an organizational chart that explains positions by job titles and lines of authority.	1	Points_____
	Applicant has submitted plan for retaining quality staff.	3	Points_____
	Applicant has provided plan for use of volunteers to expand services.	3	Points_____
	Applicant has assured job descriptions shall be maintained for each position (staff or volunteer) involved in direct service delivery.	1	Points_____
	Applicant has appointed and identified a contact person available to LTADD for handling problems and answering questions.	1	Points_____
	Applicant has described method utilized to assure that individuals providing services have no history of elder abuse or related activities.	1	Points_____
	Applicant has described the implementation of the district Long Term Care Ombudsman program.	3	Points_____
	Applicant has assured representation of all residents in the assigned geographic area of Lincoln Trail.	1	Points_____
	Applicant has assured resident rights and quality of care issues shall be upheld and promoted.	3	Points_____
	Applicant has submitted a plan to promote citizen involvement to assure regular visitation to residents and encourage citizen involvement in other volunteer activities.	2	Points_____
	Applicant has assured that the Ombudsman shall investigate		

and work to resolve complaints on behalf of residents of long term care facilities. 1 Points\_\_\_\_\_

Applicant has assured implementation of an active advisory council and volunteer program and assist in the development of resident or family and friend councils. 2 Points\_\_\_\_\_

Applicant has assured that clients are treated in a respectful and dignified manner. 1 Points\_\_\_\_\_

Applicant has clients awareness of grievance policy 1 Points\_\_\_\_\_

Applicant has assured compliance with policy regarding client confidentiality. 1 Points\_\_\_\_\_

Applicant has assured that LTADD shall be notified immediately of any negative incident involving a staff person(s) or volunteer. Full written report of the event shall be made available to LTADD upon request. 1 Points\_\_\_\_\_

Applicant has assured willingness to implement elder abuse prevention activities. 1 Points\_\_\_\_\_

**4. Does the proposal address the training, monitoring, reporting, coordination and transition plan as requested?**

Applicant has submitted assurance of compliance with policy regarding training. 1 Points\_\_\_\_\_

Applicant has submitted a training plan for providing training to staff/volunteers. 2 Points\_\_\_\_\_

Applicant has assured that any changes in staffing plans is approved by LTADD. 1 Points\_\_\_\_\_

Applicant staff are completely familiar with regulations, policies and procedures. 1 Points\_\_\_\_\_

Applicant has assured appropriate staff shall meet quarterly with LTADD staff to discuss matters related to service delivery. 1 Points\_\_\_\_\_

Applicant has assured access to legal counsel as necessary. 1 Points\_\_\_\_\_

Applicant has assured compliance with LTADD policy regarding coordination efforts with other agencies. 2 Points\_\_\_\_\_

Applicant has described interoffice system for handling referrals and provisions for coverage when designated Ombudsman is unavailable. 1 Points\_\_\_\_\_

Applicant has assured reports of abuse shall be referred to the Cabinet for Health and Family Services and/or Licensure and Regulation for investigation. 1 Points\_\_\_\_\_

Applicant has described process for making referrals to county attorneys, legal aid agencies and legal assistance offices. 1 Points\_\_\_\_\_

Applicant has assured that referrals to the Office of Attorney General and CHFS General Counsel shall be made through the Kentucky Long Term Care Ombudsman. 1 Points\_\_\_\_\_

Applicant describes procedures for monitoring and identifies the staff person who shall conduct it. 1 Points\_\_\_\_\_

Applicant has submitted schedule for monitoring service delivery. 1 Points\_\_\_\_\_

Applicant has assured access for monitoring purposes to LTADD and CHFS staff. 1 Points\_\_\_\_\_

Applicant has documented assurance to invoice LTADD by the 7<sup>th</sup> of the month following services and provide programmatic reports by the 5<sup>th</sup> working day of the month. 1 Points\_\_\_\_\_

Applicant has submitted a transition plan which includes schedule for interviewing employees and beginning services July 1, 2023. 1 Points\_\_\_\_\_

Applicant has assured a smooth transition. 1 Points\_\_\_\_\_

**5. Does the applicant address each of the categories and provide all information as stated in the Request for Proposal?**

Applicant has submitted Applicant Identification Page. 1 Points\_\_\_\_\_

Applicant has submitted Terms and Conditions for Official Application Form. 1 Points\_\_\_\_\_

Applicant has submitted Assurance Department of Health,

Education, and Welfare Assurance of Compliance with Section 504 of the Rehabilitation Act of 1973.	1	Points_____
Applicant has submitted Assurance of Compliance with Americans with Disabilities Act of 1990.	1	Points_____
Applicant has submitted Assurance of Compliance with the Department of Health and Human Services Regulation under Title VI of the Civil Rights Act of 1964 form.	1	Points_____
Applicant has submitted Assurance of Compliance with Americans with Disabilities Act of 1990.	1	Points_____
Applicant has submitted assurance regarding Administration Regulations, DSS Program Manual, Chapter VI, and LTAAA Policies and Procedures Manual have been read.	1	Points_____