

LINCOLN TRAIL AREA DEVELOPMENT DISTRICT
OLDER AMERICANS ACT PROGRAM AND KENTUCKY HOMECARE PROGRAM
REQUEST FOR PROPOSALS
IN-HOME SERVICES

Terms of Contract
July 1, 2026 – June 30, 2027
July 1, 2027 – June 30, 2028
July 1, 2028 – June 30, 2029

Funding Source:
Kentucky Homecare Program
Older Americans Act Title III Services

ISSUED by
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 and Independent Living

The Lincoln Trail Area Development District does not discriminate on the basis of race, color, national origin, sex, sexual orientation, gender identity, 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.

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Instructions for Submitting Proposal

This package has been developed for guidance to interested parties wishing to submit a proposal for the Homecare Program, Title III-B Support Services and Title III-E for the Elderly that includes Homemaker, Personal Care, Escort and In-Home Respite Services. 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.

Unit definitions are in measurements of one hour of funded services. Federal definitions for Title III measure a unit as one hour of service. For the purpose of this proposal the LTADD is defining all units as 1 hour increments of time. All services will be ordered and paid in 1 hour units.

Applicants shall declare their unit costs as noted on the Firm Fixed Price quotation page, understanding that this unit definition differs from federal service definitions.

In order to be considered, proposals must be received in an electronic format prior to 12:00 noon, EDST, February 27, 2026. Submittals should be entitled "Request for Proposals, Homecare Services and Title III Supportive Services" to Sue Greenwell, Director, Area Agency on Aging and Independent Living, LTADD at sue@ltadd.org. The LTADD reserves the right to reject any and all responses.

Applicants will submit an original, unbound hard copy of the proposal and one electronic copy. The hard copy shall contain original signatures. The application shall be submitted in a ring binder, copied on one side only and contain the exact same components of the electronic copy. The original shall be clearly marked as "Original" and signed in blue ink.

The proposals shall be directed to:

Sue Greenwell, Director, Area Agency on Aging and Independent Living
Lincoln Trail Area Development District
750 S. Provident Way
Elizabethtown, KY 42701

INTRODUCTION

The Office for Aging services is directed by statute (KRS 205.455 to 205.465) and by Kentucky Administrative Regulation (910 KAR 1:170 and 910 KAR 1:180) to promote and aid in the establishment of local services for older Kentuckians, including the provision of In-Home services designed to prevent the unnecessary institutionalization of functionally impaired elderly persons. The purposes of the Homecare Program are:

1. To provide services which address the needs of individuals in the least restrictive environment;
2. To stimulate coordination between the state and local community in the planning, organization, and delivery of in-home and community based services;
3. To facilitate the development of a community-based informal support system;
4. To provide in-home services as an alternate for more costly institutional services where appropriate.

The mission of the Homecare and Title III Programs is to provide eligible persons services that are directed toward the prevention of unnecessary institutionalization by maintaining clients in the least restrictive settings and providing relief for their families.

Amendments to the Older Americans Act have provided for enhanced services for older persons. In order to achieve the intent, the regulations to the Older Americans Act have provided an overall mission to each state agency and to each Area Agency as follows:

Supportive Services shall be organized in each county within the state as a component of the comprehensive and coordinated community-based delivery system. Supportive services shall be organized to meet the needs of active older persons as well as frail individuals living in their homes, congregate living facilities and community-based institutions.

The mission of the supportive service provider shall be to perform the services that are authorized under the approved area plan to eligible Title III participants. The supportive service provider shall assure that low-income minority individuals are given preference.

Providers will be required to deliver services Monday through Friday (unless specified otherwise) with the exception of holidays, inclement weather days and days for required training; approximately 240 days per year. Please utilize attached form indicating holidays observed by applicant agency.

HOME CARE HOMEMAKER-HOME MANAGEMENT

SERVICE DEFINITION:

Homemaker (1Hour) - General household activities, including but not limited to nonmedical personal care, shopping, meal preparation, and routine household care, provided by a trained homemaker when the person regularly responsible for these activities is temporarily absent or unable to manage the home and care for himself or others in the home.

UNIT OF SERVICE:

One unit of homemaker service is the provision of one (1) hour of the following:

1. Assistance with day-to-day household tasks;
2. Teaching, instructing and assisting with meal planning and preparation, nutrition, budgeting, marketing, and general household management;
3. Shopping (for groceries, medications and other necessities).

HOME CARE HOMEMAKER-PERSONAL CARE

SERVICE DEFINITION:

General household activities which include non-medical personal care of individuals in the household and home management services. These services are provided by a trained individual when the person regularly responsible to perform these activities is unable to do so and there are no other individuals available to assist.

“Personal care services” means services directed toward maintaining, strengthening, or safeguarding the functioning of a person in his/her own home. These services may include, but are not limited to, assisting the individual in activities of daily living including, when necessary, routine bathing, feeding, hair care, mouth care and skin care, helping with toileting, assistance in dressing, and helping to identify and report health needs. These services do not require medical supervision but do demand formal case management supervision.

UNIT OF SERVICE:

One unit of personal care is the provision of one (1) hour of the following:

1. Instructing, teaching, and assisting in the provision of routine and supportive tasks related to activities of daily living;
2. Reporting changes in client's condition;
3. Ambulation and range of motion exercises when appropriate;
4. Assistance with medications that are ordinarily self-administered;
5. Completion of appropriate records;
6. Performance of assistance with tasks related to maintaining a safe and healthy living environment.

**HOME CARE
RESPITE CARE**

SERVICE DEFINITION:

“Respite care” means care provided an eligible person by an approved caregiver for a designated time period because of absence of need for relief of those normally providing the care. Such care may be provided in the individual’s home for up to twenty-four (24) hours at a given time.

UNIT OF SERVICE:

One unit of service consists of one (1) hour of the following:

1. Time spent in-home overnight;
2. Time spent several hours during the day to relieve the family of their care-giving responsibilities.

HOME CARE ESCORT

SERVICE DEFINITION:

“Escort service” means the personal transport and accompaniment of an eligible person who is physically, mentally or developmentally disabled and who requires such assistance for reasons of personal security or protection to and/or from a visit to his/her physician, dentist, or other necessary services. Escort services may be provided to facilities outside the boundaries of the Lincoln Trail District at the discretion of the case manager.

UNIT OF SERVICE:

One unit of service consists of one (1) hour of the following:

1. Time spent in the transport and accompaniment of an eligible person to and/or from a visit to his/her physician, dentist or other necessary services.

HOME CARE CHORE SERVICE

SERVICE DEFINITION:

The performance of heavy housecleaning that are needed to assist in the maintenance of the person in his/her own home.

UNIT OF SERVICE:

One (1) hour of chore services which include performance of tasks around the house and yard.

HOME CARE MATCH REQUIREMENT

Applicant will be required to support the Homecare Program with a minimum match requirement of 15%

**TITLE III-B
IN-HOME RESPITE**

SERVICE DEFINITION:

“In-Home Respite” means care provided an eligible person by an approved caregiver for a designated time period because of absence or need for relief for those normally providing care. Such care can be provided in the individual’s home for a period up to eight days.

UNIT OF SERVICE;

One unit of service consists of one (1) hour of the following:

1. Time spent in the home to relieve the family of their care giving responsibilities.

**TITLE III-B
HOMEMAKER-PERSONAL CARE**

SERVICE DEFINITION:

General household activities that include non-medical personal care of individuals in the household and home management services. These services are provided by a trained individual when the person regularly responsible to perform these activities is unable to do so and there are no other individuals available to assist.

“Home Management Services” means those services ordinarily involved with housekeeping necessary to maintain a person in his/her own home. Such services may include, but are not limited to: shopping, budgeting, meal preparation, laundry, and cleaning.

“Personal Care Services” means service directed toward maintaining, strengthening, or safeguarding the functioning of a person in his/her own home. These services may include, but are not limited to, assisting the individual in activities of daily living including, when necessary, routine bathing, feeding, hair care, mouth care and skin care, helping with toileting, assistance in dressing, and helping to identify and report health needs. These services do not require medical supervision but do demand formal case management supervision.

**TITLE III-B SUPPORT SERVICES
MATCH REQUIREMENT**

Applicant will be required to support the Title III-B Program with a minimum match requirement of 15%.

TITLE III-E IN-HOME RESPITE

UNIT OF SERVICE:

One unit of service consists of one (1) hour of the following:

1. Assistance with day-to-day household tasks;
2. Teaching, instructing and assisting with meal planning and preparation, nutrition, budgeting, marketing, and general household management;
3. Shopping (for groceries, medications and other necessities);
4. Instructing, teaching, and assisting in the provision of routine and supportive tasks related to activities of daily living;
5. Reporting changes in client's condition;
6. Ambulation and range of motion excises when appropriate;
7. Assistance with medications that are ordinarily self-administered;
8. Completion of appropriate records;
9. Performance of assistance with tasks related to maintaining a safe and healthy living environment.

TITLE III-E IN-HOME RESPITE

SERVICE DEFINITION:

“In-Home Respite” means care provided an eligible person by an approved caregiver for a designated time period because of absence or need for relief for those normally providing care. Such care can be provided in the individual’s home for a period up to eight days.

“Supplemental Service” Services provided on a limited basis to complement the care provided by caregivers. Example of Supplemental Service is Personal Care.

UNIT OF SERVICE:

One unit of service consists of one (1) hour of the following:

1. Time spent in the home to relieve the family of their care giving responsibilities.

*Federal reporting definitions for Title III are stated in one hour increments.

TITLE III-E IN-HOME RESPITE and SUPPLEMENTAL SERVICE MATCH REQUIREMENT

Applicant will be required to support the Title III-E Program with a minimum match requirement of 25%.

FY2026 AVAILABLE BUDGET FOR RFP SERVICES

Home Care State Provider Contract funding available during FY 2026

\$327,527.65

Federal and State Provider Contract funding available for Title III B during FY2026

\$154,196.20

Federal and State Provider Contract funding available for Title III E, National Family Caregiver during FY2026

\$184,622.62

LINCOLN TRAIL AREA DEVELOPMENT DISTRICT/AREA AGENCY ON AGING

PROPOSAL FOR
Homecare Services for the Older Adults
and
Title III Supportive Services

JULY 1, 2026 TO JUNE 30, 2027

JULY 1, 2027 TO JUNE 30, 2028

JULY 1, 2028 TO JUNE 30, 2029

Name and address of Applicant:

Area Code:	Telephone:	E-mail:
Name, Title and Address of Contact Person		
Area Code:	Telephone:	E-mail:
Agency Type: Please check as appropriate: <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Private for Profit <input type="checkbox"/> Public		

FIRM FIXED PRICE QUOTATION

NAME OF APPLICANT: _____

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

Kentucky Homecare Program:

In-Home Services

\$ _____ . _____ per unit (**one hour**)

Title III Supportive Services Program:

Title III-B Homemaker/Personal Care/In-Home Respite

\$ _____ . _____ per unit (**one hour**)

Title III-E In-Home Respite/Supplemental Service (Personal Care)

\$ _____ . _____ per unit (**one hour**)

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: _____ DATE: _____
(Original Signature in Blue Ink)

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 approval by the Lincoln Trail Area Development District/Area Agency on Aging and shall be deemed incorporated into and shall become a part of this agreement.
3. 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_____

APPLICANT ASSURANCE

The applicant assures they will comply to Administrative Regulations, DAIL Standard Operating Procedures, and the LTAAA Policies.

Signature: _____ *Title:* _____ *Date:* _____

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. Pursuant to KRS 45A.480 (1)(b), foreign entities shall submit a copy of their certificate with their solicitation response. 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.

EXPERIENCE

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

Instructions

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 and participants 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. The applicant shall assure individuals providing Escort services are adequately covered by insurance and have proper driving credentials.

Instructions

Provide documentation that it shall obtain adequate comprehensive general liability insurance.

Assure individuals providing Escort services are adequately covered by insurance and have proper driving credentials.

PERSONNEL

Each applicant shall assign personnel for the Homecare, Title III Homemaker/Personal Care, and In-Home Respite Services.

The applicant shall describe all staff positions that shall assist in providing the above services. Designated number of hours to be worked each week shall be noted.

The applicant shall include a complete description of staffing. Applicant shall submit an organizational chart that explains positions by job titles and lines of authority. Qualifications for each staff position shall be included.

Applicant shall develop a plan to assure quality of staffing and retention of employees. The plan for retention of staff and maintenance of quality service programs shall include a provision for reimbursement of staff mileage cost and availability to staff of health insurance benefits. The applicant shall provide a plan for the use of volunteers to expand available services.

The applicant shall appoint and identify a contact person knowledgeable of all program operations that shall be available to the LTADD for handling problems and answering questions that may arise.

Instructions

Describe staff positions and hours spent per week in the delivery of services. Staffing plan form is included in attachments.

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

Applicant must include compensation plan and travel reimbursement policy.

Provide qualifications for each staff position.

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

Submit plan for retention of quality staff.

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

Assure employees providing direct services to clients identified by LTADD have received orientation and annual training on Abuse, Neglect, Alzheimers Disease, Cultural Diversity and additional trainings as required by The Department for Aging and Independent Living.

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

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

SERVICE DELIVERY REQUIREMENTS

The types of services to be provided by the successful applicant are indicated below:

Homecare Homemaker – Home Management
 Homemaker – Personal Care
 Chore
 Respite
 Escort

Title IIIB – Supportive Services

Homemaker
Personal Care
In-Home Respite

Title IIIE – National Family Caregiver

Respite Supplement Services (Personal Care)

Ordering of services to be provided shall be handled as follows:

Services shall be authorized by the Lincoln Trail Assessment/Case Management Team. Initial request for services shall be accompanied by a complete assessment packet. Services ordered will be outlined in a “Service Authorization Form”. The Service Authorization shall include the type of service and number of units to be delivered. No services shall be delivered without authorization. Any changes to the authorization shall be made in writing by the appropriate LTADD staff and transmitted to the successful applicant.

The applicant shall provide assurance that it will adhere to this ordering procedure.

Successful applicants shall provide services throughout the geographic area of Lincoln Trail as identified in the general information portion of this packet.

Clients 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 for Health & Family Services.

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

The applicant shall assure proper procedures for billing collection in accordance with payment schedule issued by LTAAAIL case manager. No client shall be removed from services by any personnel other than the LTAAAIL case manager.

The successful applicant shall assure that the appropriate LTAAAIL case manager shall be informed of any changes in client condition or living arrangements. Once service authorization is forwarded to provider, services should begin within five (5) working days. No client should await services any longer than 5 days unless otherwise indicated in Plan of Care. If the client has not started services per POC within 3 weeks the client has the right to choose a local provider or an approved caregiver of their choice as coordinated by LTADD.

Clients who are not receiving at least 50% of ordered services for more than 4 consecutive weeks may be given right to choose a local provider or an approved caregiver of their choice as coordinated by LTADD.

Describe the agency’s grievance procedure. Assure that the client grievance procedure is consistent with LTADD Policies and Procedures Manual.

The applicant shall describe efforts to be made regarding service provision in cases of weather-related emergencies.

The applicant shall assure availability of a working toll free telephone line into their local office. This line shall be available for client and staff use.

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

Applicant shall provide opportunity for participants to evaluate the services they receive. A compilation of satisfaction surveys will be provided to the LTAAAIL at least annually.

Instructions

Assure compliance with service delivery system.

Assure service provision throughout the geographic area identified as Lincoln Trail ADD.

Assure clients are treated in a respectful and dignified manner.

Assure services are delivered in a safe manner and in compliance with applicable standards established by the Cabinet for Health & Family Services.

Assure compliance with policy regarding client confidentiality.

Assure proper procedures for billing collection in accordance with payment schedule issued by LTAAAIL case manager.

Assure notification of appropriate case manager regarding changes in client condition or living arrangement.

Describe method for collection of fees.

Assure no client shall be removed from service by any personnel other than LTAAAIL case manager.

Assure compliance with time frames for Plan of Care.

Describe agency's client grievance procedure. Assure that client grievance procedure is in compliance with LTAAA Policies and Procedures Manual.

Discuss plan for service provision during weather-related emergencies.

Assure the availability of a working toll-free telephone line.

Assure that LTADD shall be notified immediately of any negative incident 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 all applicable policy and regulation requirements. Respite staff should receive on-going training through a regular in-service schedule.

Other personnel shall attend training each quarter of the fiscal year. In-service meetings shall be considered as training only when they include matters related to service delivery

Applicants training plan shall be submitted 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

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

Submit assurances of compliance with required training plans and schedules of regular in-service.

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

Submit assurances that any changes in training plans for staff and volunteers shall be approved by LTADD.

COORDINATION

Applicant shall assure coordination between LTADD Assessment/Case Management team and service delivery staff. Appropriate management staff shall meet monthly with LTADD staff to discuss matters related to service delivery. Meetings shall be arranged by LTADD staff. As appropriate, joint visits to clients may be conducted. Request for such visits can be initiated by either party. Assure coordination with other community agencies and programs. Describe types of coordinating efforts to be implemented.

Instructions

Assure coordination between LTADD, Assessment/Case Management Team, and provider agency.

Assure that appropriate management staff shall be available to meet monthly with assigned LTADD staff and that LTADD staff, case managers, and aides shall be provided an opportunity to meet quarterly.

Assure coordination with other community agencies and programs. Describe the type of coordinating efforts.

MONITORING REQUIREMENTS

The successful applicant shall monitor the service delivery to determine that standards are being met. The successful applicant shall also monitor records to determine if service authorization schedules are being followed. 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 the LTADD and/or Cabinet for Health & Family Services staff.

**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, MonAmi, is the current venue for data collection.

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. Clients shall experience no interruption in services as a result of change in provider agency.

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 a transition plan that includes schedule for interviewing current or new employees. Employee training shall be adequate to begin services on 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 Proposal that 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 Cover Sheet for Proposal. Yes No Page #_____

Why:_____

2. Applicant has submitted Firm Fixed Price Quotation Yes No Page #_____

Why:_____

3. Applicant has submitted Terms and Conditions for Official Application Form. Yes No Page #_____

Why:_____

4. Applicant has submitted Assurance of compliance with Administrative Regulation, DAIL Standard Operating Procedure, and LTAAA Policy and Procedure. Yes No Page #_____

Why:_____

5. Applicant has submitted documented background description of the history of the agency or organization. Yes No Page #_____

Why:_____

6. Applicant has submitted evidence it has or can obtain a valid license to operate. Yes No Page #_____

Why: _____

7. Applicant has submitted a copy of its Articles of Incorporation or other document(s) establishing legal organization and existence. Yes No Page #_____

Why: _____

8. Applicant has submitted its most recent financial statement. Yes No Page #_____

Why: _____

9. Applicant has assured and certified capability to ensure proper planning, management, and service delivery. Yes No Page #_____

Why: _____

10. Applicant has submitted documentation of past and present experience to provide services. Yes No Page #_____

Why: _____

14. Applicant has provided documentation that it shall obtain general liability insurance. Yes No Page #_____

Why: _____

15. Applicant has submitted assurance that individuals providing Escort Services have adequate insurance coverage and proper driving credentials. Yes No Page #_____

Why: _____

16. Applicant has submitted an organizational chart that explains positions by job titles and lines of authority. Yes No Page #_____

Why: _____

17. Applicant must include compensation plan and travel reimbursement policy. Yes No Page #_____

Why: _____

17. Applicant described additional staff positions, and hours spent per week on service delivery. Yes No Page #_____

Why: _____

18. Applicant has provided qualifications for each staff person. Yes No Page #_____

Why: _____

19. Applicant has appointed and identified a contact person available to LTADD for handling problems and answering questions. Yes No Page #_____

Why: _____

Checklist for Application Package (continued)

20. Applicant has described method to be utilized to assure individuals providing services to the elderly have no history of elder abuse or related activities. Yes No Page #_____

Why: _____

21. Applicant has submitted a plan for retention of quality staff. Yes No Page #_____

Why: _____

22. Applicant has provided a plan to utilize volunteers to expand available services. Yes No Page #_____

Why: _____

23. Applicant has assured job descriptions shall be maintained for staff and volunteer positions involved in direct service delivery. Yes No Page #_____

Why: _____

24. Applicant has assured compliance with service delivery system. Yes No Page #_____

Why: _____

25. Applicant has assured service provision throughout geographic area of LTADD. Yes No Page #_____

Why: _____

26. Applicant has assured clients are treated in a respectful and dignified manner. Yes No Page #_____

Why: _____

27. Applicant has assured that services are delivered in a safe manner and in compliance with applicable standards established by the Cabinet. Yes No Page #_____

Why: _____

28. Applicant has assured compliance with policy regarding client confidentiality. Yes No Page #_____

Why: _____

Checklist for Application Package (continued)

29. Applicant has assured proper billing procedures in accordance with payment schedule issued by LTAAAIL case manager. Yes No Page #_____

Why: _____

30. Applicant assures notification of appropriate case manager regarding changes in client condition or living arrangement. Yes No Page #_____

Why: _____

31. Applicant has assured that no client shall be removed from services by any personnel other than the LTAAAIL case manager. Yes No Page #_____

Why: _____

32. Applicant has assured compliance with time frames for implementing Plan of Care. Yes No Page #_____

Why: _____

33. Applicant has described client grievance procedure assuring compliance with LTADD Policies and Procedures . Yes No Page #_____

Why:_____

34. Applicant has provided plan for service provision during weather-related emergencies. Yes No Page #_____

Why:_____

35. Applicant has assured availability of toll free telephone line. Yes No Page #_____

Why:_____

36. Applicant has that LTADD shall be notified immediately of any negative incident involving a client or employee. A full written report shall be available to LTADD upon request. Yes No Page #_____

Why:_____

Checklist for Application Package (continued)

37. Applicant has provided for client satisfaction surveying and has agreed to provide survey results at least annually. Yes No Page #_____

Why:_____

38. Applicant has submitted a training plan for providing training to staff/volunteers. Yes No Page #_____

Why:_____

39. Applicant has submitted assurance of compliance with required training plans and schedule of regular in service. Yes No Page #_____

Why:_____

40. Applicant has assured supervisory staff are completely familiar with program regulations, policies and procedures. Yes No Page #_____

Why:_____

41. Applicant has assured that any changes in staffing plans are approved by LTADD. Yes No Page #_____

Why: _____

42. Applicant has provided assurances that coordination shall be assured with LTADD Assessment/Case Management Team. Yes No Page #_____

Why: _____

43. Applicant has assured that appropriate management staff shall be available to meet monthly with assigned LTADD staff and that case managers and aides have an opportunity to meet quarterly. Yes No Page #_____

Why: _____

44. Applicant has assured coordination with other community agencies and programs. Yes No Page #_____

Why: _____

Checklist for Application Package (continued)

45. Applicant describes procedures for monitoring and identifies the staff person who shall conduct it. Yes No Page #_____

Why: _____

46. Applicant has submitted schedule for monitoring service delivery. Yes No Page #_____

Why: _____

47. Applicant has assured access for monitoring purposes to LTADD and CHFS staff. Yes No Page #_____

Why: _____

48. Applicant provided documented assurance that services shall be invoiced to LTADD by the 8th of the month following services. Yes No Page #_____

Why: _____

49. Applicant provided assurance and capacity to provide all reporting as requested by LTADD. Yes No Page #_____

Why:_____

50. Applicant has provided assurance of use of a computerized reporting system. Yes No Page #_____

Why:_____

51. Applicant has provided assurances for a smooth transition. Yes No Page #_____

Why:_____

52. Applicant has submitted transition plan assuring adequate staff training to begin services on July 1, 2026. Yes No Page #_____

Why:_____

FOR LTADD OFFICE USE ONLY

Applicant has completed the checklist and listed the corresponding page numbers.	Yes _____	No _____
Proposal Package has all required signatures.	Yes _____	No _____
Proposal Package was submitted by deadline.	Yes _____	No _____
Applicant agrees to provide services for the time period as specified in the proposal package.	Yes _____	No _____

Lincoln Trail Area Development District

CRITERIA FOR EVALUATION TITLE III & HOME CARE IN-HOME SERVICES

Program: _____
Name of Applicant: _____

Relative Value Points: 111
Score: _____

Evaluation Criteria	Relative Value
<u>Fixed Price Quotation</u>	
1. Does the applicant address the unit cost and provide complete information requested?	50 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, that 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 <u>50</u> points. Each subsequent quote, which is higher, shall be assigned a lesser relative value. The minimum difference between any two proposals shall be <u>5</u> 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 license 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 its most recent financial statement.	1 Points _____
Applicant has assured and certified capability to ensure proper planning, management, and service delivery.	4 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 _____
Applicant has assured that individuals providing escort services have adequate insurance coverage and proper driving credentials.	1 Points _____
3. Does the proposal provide sufficient documentation and information pertaining to personnel and service delivery requirements?	
Applicant has submitted an organizational chart that explains positions by job titles and lines of authority.	1 Points _____

Applicant has described staff positions, qualifications and hours spent per week in service delivery.	2	Points _____
Applicant has provided qualifications for each staff person.	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 to be utilized to assure individuals providing services to the elderly have no history of elder abuse or related activities.	1	Points _____
Applicant has submitted a plan for retention of quality staff.	5	Points _____
Applicant has provided a plan to utilize volunteers to expand available services.	3	Points _____
Applicant has assured job descriptions shall be maintained for staff and volunteer positions involved in direct service delivery.	1	Points _____
Applicant has assured compliance with service delivery system.	3	Points _____
Applicant has assured service provision throughout the geographic area of LTADD.	1	Points _____
Applicant has assured clients are treated in a respectful and dignified manner.	1	Points _____
Applicant has assured that services are delivered in a safe manner and in compliance with applicable standards established by the Cabinet.	1	Points _____
Applicant has assured proper billing procedures in accordance with payment schedule issued by the case manager.	1	Points _____
Applicant notification of appropriate case manager regarding changes in client condition or living arrangement.	1	Points _____
Applicant has assured that no client shall be removed from services by any personnel other than the LTAAAIL case manager.	1	Points _____
Applicant has assured compliance with time frames for implementing Plan of Care.	1	Points _____
Applicant has described client grievance procedure assuring compliance with LTADD Policies and Procedures Manual.	1	Points _____
Assure provision of a toll free telephone line.	1	Points _____
Applicant has provided plan for service provision during weather related emergencies.	2	Points _____

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

Applicant has assured that LTADD shall be notified immediately of any negative incident involving a client or employee. A full written report shall be available to LTADD upon request.

1 Points _____

Applicant has submitted description of how participants' evaluation of services will be accomplished.

1 Points _____

Applicant has provided for client satisfaction surveying and has agreed to provide survey results at least annually.

1 Points _____

Applicant has submitted a training plan for providing training to staff/volunteers.

2 Points _____

Applicant has submitted assurances of compliance with required training plans and schedule of regular in-service.

1 Points _____

Applicant has assured supervisory staff are completely familiar with program regulations, policies and procedures.

1 Points _____

Applicant has assured that any changes in staffing plans is approved by LTADD.

1 Points _____

Applicant has provided assurances that coordination shall be assured with LTADD Assessment/Case Management Team.

1 Points _____

Applicant has assured that appropriate management staff shall be available to meet monthly with assigned LTADD staff and that case managers and aides shall have an opportunity to meet quarterly.

1 Points _____

Applicant has assured coordination with other community agencies and programs.

2 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 provided assurances for smooth transition.

1 Points _____

Applicant has submitted transition plan assuring adequate staff training to begin services on July 1, 2026.

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 Cover Sheet for Proposal. 1 Points _____

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

Applicant has submitted assurance of compliance with Administration Regulation, DAIL Standard Operating Procedures and LTAAA Policies and Procedures. 1 Points _____