



Section E

(Care Coordination Application)

Applicant Organization Name:	
Service Category:	
County(ies):	

CARE COORDINATION APPLICATION ADDENDUM

The Area Agency on Aging Region 9, Inc. is currently soliciting bids from applicants who are requesting to contract for Care Coordination funding through the AAA9 Case Managed and voucher program(s).

The service area for this program includes Belmont, Carroll, Coshocton, Guernsey, Harrison, Holmes, Jefferson, Muskingum, and Tuscarawas counties.

Funding source(s) for this program includes Older Americans Act Title III E- Family Caregiver, Alzheimer’s Respite, and Senior Community State Block Grant funding.

Please be advised that the AAA9 Board of Trustees has authorized the AAA9 to limit the number of providers to five (5) for each county. Therefore, providers who currently have consumers may have them transferred at the end of the 2023 contract period if the provider is not selected to contract for 2024. *Consumers will be given choice from list of providers who have been selected for upcoming year. The AAA9 reserves the right to exceed five providers per county for hard to serve areas.*

It is not necessary to submit separate proposals for separate services or counties. Applicant will submit one proposal for all the services and AAA9 counties in which they intend to provide the designated service(s) in the Care Coordination program.

Funding amounts will be made available using the AAA9 approved funding formula and are subject to change. Funding is case managed and monitored by AAA9 through service orders to provider agencies. Our referrals will be based upon consumer choice and lowest cost provider agencies.

Your role as the provider is as follows:

- You will be contacted directly by AAA9 staff to arrange the set-up of services.
- It will be up to your company to “open” consumer or do “in-take” as related to your individual agencies policies.
- It is the provider responsibility to adhere to required OAA service requirements.
- You will be responsible to provide a service start date.
- You will be responsible to stay within the designated service allotment.

All funding is contingent based on availability of funds. The AAA9 reserves the right to limit enrollment and/or adjust county funding levels based on under spending and programmatic limitations.

Application is due to AAA9 by 4:30pm Monday, July 31, 2023.

SERVICE DELIVERY

Please see the Ohio Administrative rules, policies, and procedures located in the “Compliance” section of the instructions. Providers are expected to comply with all applicable regulations.

Providers have the option of serving an entire county or a portion thereof depending on the provider’s capacity.

List of Care Coordination Fundable Services & Service Units

SERVICE	SERVICE UNIT
Personal Care Service	15 Minutes
Homemaker	15 Minutes
Adult Day Service- Basic (4 hours or less)	½ unit
Adult Day Service- Basic (4 hours to 8 hours)	1 unit
Adult Day Service- Enhanced (4 hours or less)	½ unit
Adult Day Service- Enhanced (4 hours to 8 hours)	1 unit
Adult Day Service- Intensive (4 hours or less)	½ unit
Adult Day Service- Intensive (4 hours to 8 hours)	1 unit
Adult Day Transportation (Available thorough ADS only)	1 Trip/Per Bid
Home Delivered Meals	1 Meal
Housing/Home Modification/Accessibility	Per Bid

Applicant should complete the shaded areas.

PROVIDER DEMOGRAPHIC INFO – Care Coordination

AGENCY NAME		EIN:	
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	Number of years your agency/company has been providing the service(s) for which you're applying to participate as a service provider?
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County to be served (select all that apply)

<input type="checkbox"/> Belmont	<input type="checkbox"/> Carroll	<input type="checkbox"/> Coshocton	<input type="checkbox"/> Guernsey
<input type="checkbox"/> Harrison	<input type="checkbox"/> Holmes	<input type="checkbox"/> Jefferson	<input type="checkbox"/> Muskingum
<input type="checkbox"/> Tuscarawas			

List any other contracts/revenue available to support this program not already listed on the provider demographics page

Revenue Source	% of total agency revenue

PROPOSED SERVICES

INSTRUCTIONS: The unit rate must incorporate all components of service administration and provision as there is no capacity for supplemental billing. The unit rate per service should be the same for each intended county & should realistically reflect the costs to deliver the service. There is no expectation that the rate match the rate in other cost-controlled programs unless it accurately reflects the costs of doing business.

Housing/Home Modification/ Accessibility and Transportation should enter a unit rate of \$1.00. This indicates that this is a bid service due to the wide variation in cost for each unit of service provided. AAA9 will pay the rate negotiated and approved by the Care Manager at the time of the service referral.

On the line of the service, you intend to provide, insert your proposed unit rate into the column of the county where you will deliver the service. For example, if your agency intends to provide Homemaker Service in Carroll County, you will enter your proposed rate into the box on the Homemaker line and in the Carroll County column. Likewise, if you intend to serve both Carroll and Holmes Counties, you insert that rate into the columns for each of those counties on that same line.

Care Coordination 2024-2026
PROPOSED SERVICES GRID

**PROVIDER
NAME:**

SERVICE	SERVICE UNIT	Unit Rate (\$00.00)								
		Belmont	Carroll	Coshocton	Guernsey	Harrison	Holmes	Jefferson	Muskingum	Tuscarawas
Personal Care Service	15 Minutes									
Homemaker	15 Minutes									
Adult Day Service- Basic (4 hours or less)	½ unit									
Adult Day Service- Basic (4 hours to 8 hours)	1 unit									
Adult Day Service- Enhanced (4 hours or less)	½ unit									
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Adult Day Service- Intensive (4 hours to 8 hours)	1 unit									
Adult Day Transportation (Available thorough ADS only)	1 Trip/Per Bid									
Home Delivered Meals	1 Meal									
Housing/Home Mod/Access	Per Bid									

Note: * A unit rate of \$1.00 indicates a per-bid or per-item service. The rate will be paid at the price quoted by the provider and accepted by the PAA Care Manager.

Name of Person Completing This Form

Date

Care Coordination Checklist:

- ☑ One APPLICATION DEMOGRAPHICS (Section A1-A22)
- ☑ Service Narrative information (Section B3-B7) **Budget Narrative section does not need to be included.*
- ☑ Bid Rate page completed (E-5)
- ☑ One copy of **current** Ohio Workers Compensation certificate;
- ☑ One copy of **current** Liability Insurance certificate; and evidence of at least one million dollars of commercial liability insurance coverage and
- ☑ Insurance coverage for consumer loss due to theft or property damage.
- ☑ Written procedure describing the step-by-step instructions a consumer may follow to file a claim.
- ☑ One copy of a Secretary of State registration listed as a Non-Profit Organization, Association, trust, a co-operative, a for-profit business, Limited Liability Company, Limited Partnership, or partnership having limited liability.
- ☑ Current organizational chart.
- ☑ Governing Board or Advisory Council listing.
- ☑ Any proposed subcontracts.

Application scoring review criteria

(The four primary considerations for selecting providers for 2024-26 will be:)

1. Complete, accurate & timely submittal of the application.
2. AAA9 priority service categories1) personal care assistance, 2) homemaking, and 3) adult day care services
3. Indicators of quality, contract compliance and capacity, such as past performance and Budget Narrative responses.
4. Unit rate for a service.