



Request for Proposal-FY 2023
Adult Day Care/In-Home Respite Services

A&D Home Health Care, Inc., Waiver Division is requesting proposals for services funded by Aging and Adult Services Agency (AASA) "Caregiver Respite" Grant. The services are as follows: Adult Day Care and In-Home Respite Services for people age 18 and older who meet AASA eligibility criteria for adult day care/respite.

To be considered, please mail two (2) copies of proposal to Gretchen Gerard, Administrative Assistant, A&D Home Health care, Inc., Waiver Division, 3150 Enterprise Dr., Saginaw, MI 48603. *Due date to be determined for FY 2023. The A&D Home Health Care, Inc., Waiver Division reserves the right to reject any or all proposals submitted.

There may be extra funds to be allocated this fiscal year. If you feel you can utilize extra funds please include that in your proposal.

Eligibility for Applicants:

1. Facilities which are licensed to operate as adult day centers in the State of Michigan and carry adequate insurance and bonding with availability to add A&D Waiver Division as an additional insured for general liability, professional liability, no-fault vehicle insurance (if applicable). Certificates of current worker's compensation insurance, fidelity bonding, and unemployment insurance may also be required to be presented as well as proof of any settled/pending litigation in the past five years.
2. Applicants must be able to successfully pass a financial and operations audit by A&D Waiver Division.
3. Applicants must adhere to Section 223 of Title II, Public Law 93-113 (Minority Group Participation), Section 504 of the Rehabilitation Act of 1973 (Handicapped Persons Provided Equal Opportunity to Benefits and Services from programs funded with Federal/State money), the Michigan Handicappers Act 220, and the Americans with Disabilities Act.
4. Applicants must ensure compliance to the provisions of (Public Law 88-352) Title VI and VII of the Civil Rights Act of 1964 and the Michigan Elliott-Larsen Civil Rights Act of 1973.
5. Applicants must have posted in each room of the facility the following:
 - Fire and Emergency Evacuation
 - Contact Information to Report Elder and Adult Abuse
6. The facility must contain the following:
 - A chair for each participant and staff persons

- Lounge chairs or beds for napping and resting
 - Adequate storage space for participants' personal belongings
 - Tables for ambulatory and non-ambulatory participants
 - A telephone is that accessible to all participants
 - Special equipment to assist people with disabilities
7. Facility must have first aid supplies available and at all times be staffed by person(s) knowledgeable in first-aid procedures and CPR.
 8. Facility must provide orientation to their staff that includes assessment/observation skills and basic first aid.
 9. Facility must have employed a full-time director with the minimum qualifications of a bachelor's degree in health and human services or qualified healthcare professional.
 10. Facility must have the capacity to provide or make arrangements for participants:
 - Transportation
 - Personal Care
 - Nutrition
 - Recreations
 11. Facility must conduct an initial assessment and quarterly reassessment on all participants to determine the individual's needs, strengths, weaknesses, and resources. The assessment(s) must include the following:
 - A statement on the individual's goals and objectives for meeting those needs
 - A description of the methods and/or approaches that will be used in addressing those needs
 - The identification of basic and optional program services to be provided
 - Treatment orders of qualified healthcare professionals, when applicable
 - A statement or list of medications to be taken/administered/assisted while attending the adult day center. The statement must include; the medication, the dosage, and the frequency.
 12. The facility must have a written policy for eligibility criteria that includes:
 - Participants require regular supervision to live alone or with a relative;
 - Participants require a substitute caregiver while their regular caregiver is in need of relief, or is otherwise unavailable;
 - Participants are unable to or require assistance in performing activities of daily living (ADLs);
 - Participants must be capable of leaving their place of residence with assistance
 - That participants would benefit from intervention in the form of enrichment and opportunities for social activities in order to prevent and/or postpone deterioration that would likely lead to institutionalization.

*****See Attached OSA Operating Standards for Full Description of Ongoing Requirement**

Please complete the attached Request for Proposal for the Merit Award

Your proposal must include the following:

- A. Business Organization: Indicate whether you operate as an individual, partnership, or corporation; if as a corporation, include the state in which you are incorporated and state the full name and address of your organization. Indicate whether you are licensed to operate in the State of Michigan.

Describe the size and brief history of your organization, and the depth of your experience in the area of service being proposed.

- B. Description of Proposal: Please describe your proposal in detail
- C. Costs: Please describe all costs associated with your proposal. Please describe how you will participate in the requirement to offer cost sharing to all recipients of an AASA Caregiver Respite grant. **Before services begin, cost sharing should be adequately explained to the participant. The cost sharing amount will be recorded on the monthly billing report. If a participant does not feel he/she is able to make the payment because of excessive expenses (i.e., medical, housing, etc.), then a more thorough financial evaluation can be made and cost share payments may be adjusted.**
- D. Personnel-staffing and contact liaison: Describe in detail your proposed staffing to be involved in this program. Please include details on staff training, and verify that you perform a reference and criminal background check on all direct care staff. Indicate who in your organization will be the designated contact person on an ongoing basis, and describe their background and experience.

If you have any questions regarding this proposal, please contact Karen Harrison, RN, or Mike Tysick Waiver Co-Directors at (989) 249-0929. Thank you for your interest in supporting adult day services and respite services in our region.