



August 8, 2022

## SENIOR RESOURCES OF WEST MICHIGAN REQUEST for BID PROPOSAL

### Evidence-Based Health Promotion/Disease Prevention & Caregiver Training Sessions

Senior Resources of West Michigan seeks bids for the purchase of evidence-based health promotion and caregiver education sessions to be held during its fiscal year 2023: October 1, 2022 through September 30, 2023. Examples of types of sessions: Stanford 'Chronic Disease Self-Management', Matter of Balance, Diabetes PATH, Tai Chi-Arthritis 1 & 2, Fit and Strong, Enhanced Fitness, Powerful Tools for Caregivers, Savvy Caregiver, and Loving One with Dementia. See a listing of planned funding levels and the minimum operating & service standards below.

#### Eligibility

The target population for these programs is individuals who are aged 60 years and over, who live in an area of greatest economic need, in a medically underserved area of Oceana, Muskegon, or Ottawa counties and who have medical or caregiving conditions that can improve with education and non-medical intervention.

#### Funding

Federal Title III-D Health Promotion/Disease Prevention in the amount of \$54,800 and Federal Title III-E Caregiver Training in the amount of \$40,000 for Region 14 (Muskegon, Oceana, and Ottawa counties).

#### Bid Proposals

Bids for service are being sought from applicants who have existing trained or certified instructors who will assure the fidelity of the evidence-based health promotion or caregiver model. Program sessions will be funded (reimbursed) through a purchase of service bid agreement.

Proposed bids should include coverage for all support and operations costs to conduct a full program model session. Please use separate bid proposal forms if submitting for more than one program model and indicate the capacity (number of sessions) your agency/organization can provide in the fiscal year 2023. Support and operations costs are defined as:

- Costs incurred to conduct a class/workshop session (for however many weeks a session runs) including room rental fees, refreshments, promotion, and supplies
- Transportation of seniors to the location where the program is being conducted, if included as part of the program service
- Costs incurred to maintain current leadership/instructor certification/credentials
- Payment of stipends to staff/others to monitor fidelity of sessions
- Payment of stipends to instructors/coaches
- Promotion: marketing, recruitment, publicity, printing of materials for sessions
- Payment of class or leader materials such as books, recordings, hand weights, or other supplies
- Indirect costs (accounting, payroll, data reporting)

#### Bid Deadline

The bid proposal submission deadline date is: **Monday, August 29 at 3 pm. Bid packets can be downloaded at: <https://seniorresourceswmi.org/doing-business-with-us/purchase-of-service-forms/>** Bids, an any questions you may have, should be submitted to: Karla Betten, Grant Services Manager at 231-733-3593 or [kbetten@seniorresourceswmi.org](mailto:kbetten@seniorresourceswmi.org). Please submit electronically as paper submissions will not be accepted. Agreements and reporting requirements will be executed with those applicants whose bids are approved.

## **II. GENERAL REQUIREMENTS FOR ALL SERVICE PROGRAMS**

### Authority Reference

- Michigan Commission on Services to the Aging (MCSA).
- Michigan Public Act referred to in the standards can be viewed at [www.legislature.mi.gov](http://www.legislature.mi.gov).
- Federal Laws and Regulations can be viewed at [www.first.gov](http://www.first.gov).
- Policy Statement.

Service programs for older persons provided with state and/or federal funds awarded by the Michigan Commission on Services to the Aging must comply with all general program requirements established by the Commission.

### **Required Program Components**

#### A. Contractual Agreement

Services are to be provided under an approved area plan through formal contractual agreements, including direct purchase agreements, between the area agency on aging and service providers. Assignment of responsibilities under the contract or execution of subcontracts involving an additional party must be approved in writing by the area agency on aging. Direct service provision by the area agency must be specifically approved as part of the area plan. Each contract and direct purchase agreement must contain all required contract components as detailed in Operating Standards for Area Agencies on Aging.

#### B. Compliance with Service Definitions

Only those services for which a definition and minimum standards have been approved by the MCSA may be funded with state and/or federal funds awarded by the MCSA. Each service program must adhere to the definition and minimum standards to be eligible to receive reimbursement of allowable expenses.

#### C. Eligibility

Services shall be provided only to persons 60 years of age and older unless otherwise allowed under eligibility criteria for a specific program (such as a spouse under 60 of a meal program participant).

Services provided under Title III-Part E (The National Family Caregiver Support Program) may be provided to caregivers age 60 or over, caregivers of any age when the care recipient is aged 60 or over, and to kinship care recipients when the kinship caregiver is aged 55 or over.

Services provided under Tobacco Respite Care (adult day services and respite care) may be provided to adults aged 18 or over.

D. Targeting of Participants

1. Substantial emphasis must be given to serving eligible persons with greatest social and/or economic need with particular attention to low-income minority individuals. "Substantial emphasis" is regarded as an effort to serve a greater percentage of older persons with economic and/or social needs than their relative percentage to the total elderly population within the geographic service area.

Each provider must be able to specify how they satisfy the service needs of low-income minority individuals in the area they serve. Each provider, to the maximum extent feasible, must provide services to low-income minority individuals in accordance with their need for such services. Each provider must meet the specific objectives established by the area agency on aging for providing services to low-income minority individuals in numbers greater than their relative percentage to the total elderly population within the geographic service area.

2. Participants shall not be denied or limited services because of their income or financial resources. Where program resources are insufficient to meet the demand for services, each service program shall establish and utilize written procedures for prioritizing clients waiting to receive services, based on social, functional and economic needs.

Indicating factors are included for:

**Social Need** – isolation, living alone, age 75 or over, minority group member, non-English speaking, etc.

**Functional Need** – handicaps (as defined by the Rehabilitation Act of 1973 or the Americans With Disabilities Act), limitations in activities of daily living, mental or physical inability to perform specific tasks, acute and/or chronic health conditions, etc.

**Economic Need** – eligibility for income assistance programs, self-declared income at or below 125% of the poverty threshold, etc. [Note: National Aging Program Information System (NAPIS) reporting requirements remain based on 100% of the poverty threshold].

Each provider must maintain a written list of persons who seek service from a priority service category (Access, In-Home, or Legal Assistance) but cannot be served at that time. Such a list must include the date service is first sought, the service being sought and the county, or the community if the service area is less than a county, of residence of the person seeking service. The program must determine whether the person seeking service is likely to be eligible for the service requested before being placed on a waiting list.

Individuals on waiting lists for services for which cost sharing is allowable, may be afforded the opportunity to acquire services on a 100% cost share basis until they can be served by funded program.

3. Elderly members of Native American tribes and organizations in greatest economic and/or social need within the program service area are to receive services comparable to those received by non-Native American elders. Service providers within a geographic area in which a reservation is located must demonstrate a substantial emphasis on serving Native American elders from that area.

E. Contributions

1. All program participants shall be encouraged to and offered a confidential and voluntary opportunity to contribute toward the costs of providing the service received. No one may be denied service for failing to make a donation.
2. Cost sharing may be implemented according to the Michigan Aging and Adult Services Agency Cost Sharing Policy (refer to Transmittal Letter #393).

Private pay or locally funded fee-for-service programs must be separate and distinct from grant funded programs.

3. Except for program income, no paid or volunteer staff person of any service program may solicit contributions from program participants, offer for sale any type of merchandise or service, or seek to encourage the acceptance of any particular belief or philosophy by any program participant.
4. Each program must have in place a written procedure for handling all donations/contributions, upon receipt, which includes at a minimum:
  - a. Daily counting and recording of all receipts by two, unrelated individuals.
  - b. Provisions for sealing, written acknowledgement and transporting of receipts to either deposit in a financial institution or secure storage until a deposit can be arranged.
  - c. Reconciliation of deposit records and collection records by someone other than the depositor or counter(s).

F. Confidentiality

Each service program must have written procedures to protect the confidentiality of information about older persons collected in the conduct of its responsibilities. The procedures must ensure that no information about an older person, or obtained from an older person by a service provider is disclosed in a form that identifies the person without the informed consent of that person or of his or her legal representative. However, disclosure may be allowed by court order, or for program monitoring by authorized federal, state or local agencies which are also bound to protect the confidentiality of client information. All client information shall be maintained in controlled access files. It

is the responsibility of each service program to determine if they are a covered entity with regard to HIPAA regulations.

G. Referral and Coordination Procedures

Each service program shall establish working relationships with other community agencies for referrals and resource coordination to ensure that participants have maximum possible choice.

Each program shall be able to demonstrate linkages with agencies providing access services. Each program must establish written referral protocols with Case Coordination and Support, Care Management, and Home and Community Based Medicaid Programs operating in the respective service area.

H. Services Publicized

Each service program must publicize the service(s) in order to facilitate access by all older persons which, at a minimum, shall include being easily identified in local telephone directories.

I. Older Persons at Risk

Each service program shall have a written procedure in place to bring to the attention of appropriate officials for follow-up, conditions or circumstances that place the older person, or the household of the older person, in imminent danger. (e.g. situations of abuse or neglect).

J. Disaster Response

Each service program must have established, written emergency protocols for both responding to a disaster and undertaking appropriate activities to assist victims to recover from a disaster, depending upon the resources and structures available.

K. Insurance Coverage

Each program shall have sufficient insurance to indemnify loss of federal, state and local resources, due to casualty, fraud or employee theft. All buildings, equipment, supplies and other property purchased in whole or in part with funds awarded by the MCSA are to be covered with sufficient insurance to reimburse the program for the fair market value of the asset at the time of loss. The following insurances are required for each program:

1. Worker's compensation
2. Unemployment
3. Property and theft coverage (including employee theft)
4. Fidelity bonding (for persons handling cash)
5. No-fault vehicle insurance (for agency owned vehicles)
6. General liability and hazard insurance (including facilities coverage)

The following insurances are recommended for additional agency protection:

1. Insurance to protect the program from claims against program drivers and/or passengers.
2. Professional liability (both individual and corporate).
3. Umbrella liability.
4. Errors and Omissions Insurance for Board members.
5. Special multi-peril.

L. Volunteers

Each program that utilizes volunteers shall have a written procedure governing the recruiting, training, and supervising of volunteers that is consistent with the procedure utilized for paid staff. Volunteers shall receive a written position description, orientation training and a yearly performance evaluation, as appropriate.

M. Staffing

Each program shall employ competent and qualified personnel sufficient to provide services pursuant to the contractual agreement. Each program shall be able to demonstrate an organizational structure including established lines of authority. Each program must conduct, prior to employment or engagement, a criminal background review through the Michigan State Police for all paid and volunteer staff. An individual with a record of a felony conviction may be considered for employment at the discretion of the program. The safety and security of program clients must be paramount in such considerations.

N. Staff Identification

Every program staff person, paid or volunteer, who enters a participant's home must display proper identification which may be either an agency picture card or, a Michigan driver's license and some other form of agency identification.

O. Orientation and Training Participation

New program staff must receive orientation training that includes at a minimum, introduction to the program, the aging network, maintenance of records and files (as appropriate), the aging process, ethics and emergency procedures. Issues addressed under the aging process may include, though are not limited to, cultural diversity, dementia, cognitive impairment, mental illness, abuse and exploitation.

Service program staff is encouraged to participate in relevant AASA or area agency sponsored or approved in-service training workshops, as appropriate and feasible. Records that detail dates of training, attendance, and topics covered are to be maintained. Training expenses are allowable costs against grant funds. Each service program should budget an adequate amount to address its respective training needs.

P. Complaint Resolution and Appeals

Complaints - Each program must have a written procedure in place to address complaints, from individual recipients of services under the contract, which provides for protection from retaliation against the complainant.

Appeals - Each program must also have a written appeals procedure for use by recipients with unresolved complaints, individuals determined to be ineligible for services or by recipients who have services terminated. Persons denied service and recipients of service who have services terminated, or who have unresolved complaints, must be notified of their right to appeal such decisions and the procedure to be followed for appealing such decisions.

Each program must provide written notification to each client, at the time service is initiated, of her/his right to comment about service provision and to appeal termination of services.

Complaints of Discrimination – Each program must provide written notice to each client, at the time service is initiated, that complaints of discrimination may be filed with the U.S. Department of Health and Human Services, Office of Civil Rights, or the Michigan Department of Civil Rights.

Q. Service Termination Procedure

Each program must establish a written service termination procedure that includes formal written notification of the termination of services and documentation in client files. The written notification must state the reason for the termination, the effective date, and advise about the right to appeal. Reasons for termination may include, but are not limited to the following:

1. The client's decision to stop receiving services;
2. Reassessment that determines a client to be ineligible;
3. Improvement in the client's condition so they no longer are in need of services;
4. A change in the client's circumstances which makes them eligible for services paid for from other sources;
5. An increase in the availability of support from friends and/or family;
6. Permanent institutionalization of client in either a acute care or long term care facility. If institutionalization is temporary, services need not be terminated; and,
7. The program becomes unable to continue to serve the client and referral to another provider is not possible (may include unsafe work situations for program staff or loss of funding).



R. Service Quality Review

Each provider must employ a mechanism for obtaining and evaluating the views of service recipients about the quality of services received. The mechanism may include client surveys, review of assessment records of in-home clients, etc.

S. Civil Rights Compliance

Programs must not discriminate against any employee, applicant for employment or recipient of service because of race, color, religion, national origin, age, sex, sexual orientation, height, weight, or marital status. Each program must complete an appropriate DHHS (Federal Department of Health and Human Services) form assuring compliance with the Civil Rights Act of 1964. Each program must clearly post signs at agency offices and locations where services are provided in English, and other languages as may be appropriate, indicating non-discrimination in hiring, employment practices and provision of services.

T. Equal Employment

Each program must comply with equal employment opportunity and affirmative action principles.

U. Universal Precautions

Each program must evaluate the occupational exposure of employees to blood or other potentially hazardous materials that may result from performance of the employee's duties and establish appropriate universal precautions. Each provider with employees who may experience occupational exposure must develop an exposure control plan which complies with Federal regulations implementing the Occupational Safety and Health Act.

V. Drug Free Workplace

Each program must agree to provide drug-free workplaces as a precondition to receiving a federal grant. Each program must operate in compliance with the Drug-Free Workplace Act of 1988.

W. Americans With Disabilities Act

Each program must operate in compliance with the Americans With Disabilities Act.

X. Workplace Safety

Each program must operate in compliance with the Michigan Occupational Safety and Health Act (MOISHA). Information regarding compliance can be found at [www.michigan.gov/lara](http://www.michigan.gov/lara).



Aging and Adult Services Agency  
**OPERATING STANDARDS FOR SERVICE PROGRAMS**

<b>Service Name</b>	Disease Prevention and Health Promotion
<b>Service Number</b>	C-6
<b>Service Category</b>	Community
<b>Service Definition</b>	<p>A service program that provides information and support to older individuals with the intent of assisting them in avoiding illness and improving health status.</p> <p>Allowable programs include:</p> <ul style="list-style-type: none"> <li>• Health Risk Assessments</li> <li>• Health Promotion Programs</li> <li>• Physical Fitness, group exercise, music, art, dance movement therapy; programs for Multi-Generational Participation</li> <li>• Medication management, screening, and education to prevent incorrect medication and adverse drug reactions</li> <li>• Mental Health Screening Programs</li> <li>• Education programs pertaining to the use of Preventative Health Services covered under Title XVIII of the Social Security Act</li> <li>• Information programs concerning diagnosis, prevention, treatment and rehabilitation of age related diseases and chronic disabling conditions</li> </ul>
<b>Unit of Service</b>	One activity session or hour of related service provision, as appropriate.

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**Minimum Standards**

1. Each program shall utilize staff that has specific training and/or experience in the particular service area(s) being provided. Continuing education of staff in specific service areas is encouraged.
2. Each program, in targeting services, shall give priority to geographic areas which are medically underserved and in which there are a significant number of older individuals who have the greatest economic need for such services.
3. Each program is encouraged to facilitate and utilize a regional health coalition to plan for and implement services. Members of the regional health coalition should include one or more members of the Michigan Primary Care Association and other organizations such as: local public health departments; community mental health boards; cooperative extension agents; local aging service providers; local health practitioners; local hospitals; and local MMAP providers.

## OPERATING STANDARDS FOR SERVICE PROGRAMS

4. Disease prevention and health promotion services should be provided at locations and in facilities convenient to older participants.
5. Medication management services may be provided to individual clients with Title III-Part D funds only through use of the “In-home Services Medication Management” service definition, service number B-7 of the *AASA Operating Standards for Service Programs*.

<b>Service Name</b>	Creating Confident Caregivers® (CCC)
<b>Service Number</b>	C-17
<b>Service Category</b>	Community
<b>Service Definition</b>	<p>Creating Confident Caregivers® uses the Savvy Caregiver Program, an evidence-based group intervention for informal caregivers of persons with dementia.</p> <p>Eligible participants are active, informal caregivers of persons with dementia/memory loss who are living at home.</p>
<b>Unit of Service</b>	<ul style="list-style-type: none"> <li>• One hour of session attendance by a participant.</li> <li>• One hour of respite care provided for care recipient while a participant attends sessions.</li> <li>• One hour of fidelity/program meeting/calls, monitoring visits, or training other trainers by master trainers.</li> </ul>

**Minimum Standards**

1. Participants must be active, informal caregivers of a person with dementia/ memory loss who lives in a private home, not a paid care facility, such as a nursing home, adult foster care home or home for the aged.
2. The program must use the Savvy Caregiver manual, audio-visual, and printed materials provided to the Aging and Adult Services Agency (AASA) by the program developers.
3. The program is provided consistent with established protocols to maintain fidelity.
4. The program format is six, two-hour weekly sessions.
5. Each CCC Program is provided by a trainer who completed an AASA-approved training program.
6. Each CCC master trainer is certified by the Michigan Commission on Services to the Aging. Certification is for a two-year period based upon training skills, knowledge of the program and ability to monitor program trainers.
7. Each region must use a CCC master trainer to monitor program trainers for consistency and fidelity to the Savvy Caregiver program content.
8. AAAs will collect program documents, e.g., CCC demographic sheet, attendance list and participant evaluation, from trainers and submit them to AASA.

<b>Service Name</b>	Caregiver Education, Support and Training
<b>Service Number</b>	C-20
<b>Service Category</b>	Community
<b>Service Definition</b>	<p>A program intended to provide assistance to caregivers in understanding and coping with a broad range of issues associated with caregiving. Allowable programs include:</p> <ul style="list-style-type: none"> <li>• Education programs, including development and distribution of printed materials, pertaining to physical, emotional and spiritual aspects of caregiving as well as current research and public policy concerns.</li> <li>• Initiatives, which provide support activities for caregivers (including kinship caregivers), i.e., support groups, counseling, information and assistance in connecting with community resources, etc.</li> <li>• Training programs pertaining to techniques for providing personal care services to care recipients and to address care giving skills for efficacy and caregiver confidence when caring for the care recipient.</li> </ul>
<b>Unit of Service</b>	One activity session. One hour of allowable education, support and/or training program activities.

**Minimum Standards**

1. Each program must maintain linkage with caregiver focal points, and respite care programs, as available, in the PSA to help facilitate opportunities for caregivers to attend education, support and training programs. Respite care may be provided, as an ancillary program component, in conjunction with caregiver education, support and training programs to enable caregiver participation.
2. Each program shall utilize staff that has specific training and/or experience in the particular service area(s) being addressed. Continuing education of staff in specific service areas is encouraged.
3. Caregiver Education, Support and Training programs may be provided to individuals as well as in group settings. Services may be provided in both community and in-home settings.