

Exhibit B-2

In-Home Respite Services Deliverables

- I. **PURPOSE:**
To provide for the delivery of In-Home Respite services authorized by Aging Best (herein referred to as “Agency”) to service recipients in their homes, in compliance with 19 CSR 15-4, 19 CSR 15-7, 19 CSR 15-9, all other applicable federal and state laws and the requirements of “Agreement to Provide Deliverables.”

- II. **AGREEMENT PERIOD:**
July 1, 2021 through June 30, 2022

- III. **ELIGIBLE PERSONS:**
Persons 60 years of age or older who have been authorized for services by an assigned Aging Best staff person.

- IV. **UNIT OF SERVICE:**
One unit is one hour of direct respite services provided to the client in the client’s home by a trained respite worker.
 - A. Time spent for travel, lunch, breaks or administrative activities, such as completing other reports or paperwork, shall not be included in the units of service.

 - B. For invoicing purposes, units and partial units in the course of the month shall be added together and then one-fourth (1/4), one-half (1/2), and three-fourths (3/4) units shall be billed as provided; not necessary to round up or down.

- V. **REIMBURSEMENT RATE:**
Reimbursement is linked and capped at the current MO HealthNet rate for same service.

- VI. **SERVICE DEFINITIONS:**
 - A. Provider must comply with Federal and State Regulations and with Division of Senior and Disability Services/Aging Best standards now in force or under development for In-Home Respite services. Providers will adhere to 19 CSR 15-7.010 and 19 CSR 15-7.021.

 - B. Respite care service provides maintenance and supervision to a client in the client’s residence to provide temporary relief to the usual caregiver(s) (19 CSR 15-7.021). In-Home Respite services shall include, at a minimum, the following activities:
 - **Supervision** – the respite care worker will provide personal oversight of the client for the duration of the service period. Personal oversight includes making a

reasonable effort to assure the safety of the client and to assist the client in meeting his/her own essential human needs.

- **Companionship** – the worker will provide the companionship during the client’s waking hours and attempt to make the client as comfortable as possible.
- **Direct Client Assistance** – the worker will provide direct client assistance as needed to meet needs usually provided by the regular caregiver.

VII. **SERVICE STANDARDS:**

- A. The Provider shall provide In-Home Respite services to clients in the Provider’s designated service area when authorized by the Agency. The Provider shall request authorization to add or discontinue any In-Home Respite services authorized by Agency. The Provider agrees and understands that no change in the Service Plan shall take place prior to the Agency’s approval and authorization of the proposed change.
- B. The Provider shall provide services to clients authorized by the Agency and accepted by the Provider, in strict accordance with the Service Plan as provided by the Agency.
- C. The Provider shall be required to enter all client service information and units of service into the AgingIS client management system within one (1) business day of the service being provided. Provider will also be responsible for uploading and attaching requested documentation and signatures to the client’s electronic file. Each provider will be granted access to AgingIS by the Agency, who will cover associated fees and serve as the administrator.
- D. The Provider further understands and agrees that the Agency retains the right to terminate services with the Provider when there has been determination of cause and/or at the request of the client.
- E. The Provider agrees and understands that clients authorized by the Agency have the right to utilize the Provider of their choice and the Agency makes no representations concerning the number of clients who will choose the service Provider.
- F. Provider shall, at all times, maintain the ability to be in contact with all authorized clients and the Agency. Maintaining the ability to be in contact with authorized clients and the Agency shall mean at a minimum:
- Maintaining business telephone numbers that is/are answered twenty-four (24) hours a day, seven (7) days a week identifying the Provider’s name. The Provider shall not use telephone services intended to block or restrict incoming calls.
 - Maintaining a principal place of business, within the service and delivery area of the Agency that is open for business and has staff on site during posted business hours. The Provider understands and agrees that business hours shall be conspicuously posted at the principal place of business.

- The Provider agrees to make all authorized clients and/or the client's representative, aware in writing, of the business hours, phone number, exact local business, including an apartment or suite, of the principal place of business or satellite offices in an effort to ensure effective communication and flow of service delivery.
 - Informing all authorized clients and the Agency, in writing, of any and all changes.
 - The Provider agrees that any changes to the address or phone numbers of any of its offices shall be made at least five (5) working days prior to any change taking place.
 - The Provider shall maintain a secure e-mail address in order to send and receive written communications from the Agency containing Personal Identifiable Information (PII).
- G. The Agency staff will send the Service Plan to the Provider, clearly outlining expected start dates and how many units are to be provided. The Provider agrees to begin services within seven (7) calendar days of receipt of authorization.
- H. The Provider agrees and understands that clients must sign a time sheet verifying the delivery of In-Home services as authorized by the Agency. However, the Agency will also accept documentation of delivery of In-Home Respite services, as required by Chapter 660 of the Missouri Revised Statutes Section 660.023 which requires all in-home service providers shall, by July 1, 2015 have, maintain, and use a telephone tracking system for the purpose of reporting and verifying the delivery for home- and community-based services. If the Provider chooses to use that tracking system, then the following minimums would apply as stated in the above section of Chapter 660:
- Record the exact date services are delivered;
 - Record the exact time the services begin and exact time the services end;
 - Verify the telephone number from which the services were registered;
 - Verify that the number from which the call is placed is a telephone number unique to the client;
 - Be capable of producing reports of services delivered, tasks performed, client identity, beginning and ending times of service and date of service in summary fashion that constitute adequate documentation of service.
- I. The Provider agrees to provide a plan to the Agency on how the Provider will inform clients of other existing services available to meet their needs (examples: Transportation, Nutrition Services) offered by the Agency or other organizations in the area.

VIII. **CONDITIONS FOR PAYMENT:**

- A. Any monthly billing invoices requested shall be submitted to the Agency by the 5th day of the month for services delivered in the previous month.

- B. The Agency shall only compensate the Provider for units authorized by the Agency. The Provider will not be reimbursed for units which were not pre-authorized by the Agency’s assigned representative.
- C. The Provider understands that failure to properly input the correct data into the AgingIS system within the specified timeline may impact reimbursements. The Agency will only reimburse for those services that are authorized and correctly entered into the system in a timely manner.
- D. No payment will be made to the Provider for any units for which the Provider has been paid by another source.

IX. DISASTER PROVISIONS:

- A. The Provider shall develop and implement policies and a plan to work with the Agency regarding service delivery during times of natural disaster, such as earthquakes or floods and other crises that may arise, such as bombs, bioterrorism and/or pandemics.
- B. The plan must include working with the local emergency operation centers for the affected areas and comply with all terms, conditions, and assurances related to natural disasters and man-made disasters.

X. PROPOSAL EVALUATION CRITERIA:

The evaluation will be based on the following categories and respective weight criteria:

Pricing	40%
Experience	15%
Expertise	15%
Status (MBE/WBE)	10%
<u>Operational Approach/Quality Assurance</u>	<u>20%</u>
Total	100%

Explanations of the above criteria are as follows:

- a. *Pricing* - Is the proposed reimbursement within established ranges, is the pricing competitive and fair?
- b. *Experience* - Length of time the Provider has been in operation. Amount of experience includes types of activities or services provided, etc.
- c. *Expertise* - The capacity of Provider to provide proposed service. Are support staff qualified and are there enough to provide service? Is training appropriate for service?
- d. *Status* - Aging Best does not discriminate based on race, color, sex, national origin, age, military status, or disability. Women and/or minority owned businesses (WBE/MBE) are encouraged to participate.

- e. *Operational Approach/Quality Assurance* - The operational approach must adequately describe what is being proposed, how the proposed activity/program would operate, who would be operating it, what processes for compliance and quality assurance are in place, how does the Provider approach working with people, what is the Provider’s plan for sustainability?

The Provider agrees and understands that refusal or failure to deliver services in accordance with the Service Plan to any client authorized by the Agency and accepted by the Provider may constitute a breach of the Agreement unless prior approval has been obtained from the Agency. It shall be deemed a material breach of this agreement for the Provider to limit its acceptance of clients for service to any particular group or subgroup of clients.

The undersigned, on behalf of the Provider, assures compliance with the service specific deliverables described herein in addition to all provisions set for the in the FY22 Aging Best Supportive Services RFP and the “Agreement to Provide Deliverables”.

Printed name of Provider’s Authorized Agent

Signature of Provider’s Authorized Agent

Date