

Exhibit B-7

Supportive Services-Other

I. **PURPOSE:**

Aging Best (herein referred to as “Agency”) will consider supporting new, innovative, and forward-thinking programs beyond those that have been supported in the past. Aging Best will consider the feasibility and cost of new programs to determine if such services support the Mission and Vision of the Agency and meet the requirements of Aging Best if funds are available to fully or partially support new partnerships and services that better meet the needs of older people and their caregivers within the Aging Best PSA.

All proposed programs/services that may be authorized by Aging Best must be in compliance with the Older American Act and 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 (or for caregivers) who have been authorized for services by an assigned Aging Best staff person.

IV. **UNIT OF SERVICE:**

To be determined

V. **REIMBURSEMENT RATE:**

To be determined

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 the proposed Supportive services. Providers will adhere to 19 CSR 15-7.010, 19 CSR 15-7.005, and 19 CSR 15-7.021.

B. Examples of programs/services that may be supported by Aging Best include, but are not limited to, eligible evidence-based Disease Prevention/Health Promotion programs and Family Caregiver support services.

VII. SERVICE STANDARDS:

- A. The Provider shall provide applicable 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 services authorized by Agency. The Provider agrees and understands that no change in a 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. Reporting shall be determined by the scope of the proposed services.
- 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. The 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 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. No payment will be made to the Provider for any units for which the Provider has been paid by another source.

IX. PROPOSAL EVALUATION CRITERIA:

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

Pricing	35%
Experience	10%
Expertise	10%
Status (MBE/WBE)	10%
<u>Operational Approach/Quality Assurance</u>	<u>35%</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 approved Method of Performance and/or the Service Plan for 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

Method of Performance

Proposed Program or Service

Unit of Service Proposed
Proposed Reimbursement Rate
Estimated Number of Clients Served Over Service Period (7/1/21-6/30/22)

Explain how this proposed program aligns with Supportive Services for older Missourians (or caregivers)

Explain how this proposed program aligns with the Mission of Aging Best