

# AGING **best**

**Area Agency on Aging**

**Aging Best  
201 W. Broadway, Suite 1E  
Columbia, Missouri 65203**

**Supportive Services  
REQUEST FOR PROPOSAL (RFP): FY23**

**Due Date: May 31, 2022 at 3:00pm**

**The Mission of Aging Best is to help people be as independent as possible as they navigate through life by delivering the best support, services, and programs.**

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# **Aging Best**

## **REQUEST FOR PROPOSALS FOR SENIOR SUPPORTIVE SERVICES**

**CONTRACT PERIOD FY23-JULY 1, 2022 – JUNE 30, 2023**

### **OVERVIEW**

**Aging Best**, through this request for Proposal, intends to contract for services for eligible persons of the Planning and Service area (PSA) for the period July 1, 2022, through June 30, 2023.

**Aging Best** reserves the right to select or reject any Proposals in whole or in part. Successful providers may be asked to further define and/or refine their Proposals as part of contract negotiation.

**Aging Best** also reserves the right to make multiple awards and to determine the level of funding for each contract awarded at **Aging Best's** sole discretion

#### **I. DEFINITIONS**

**“ADA”**

Americans With Disabilities Act

**“Agency”**

Central Missouri Area Agency on Aging doing business as Aging Best

**“Area Agency on Aging”**

As part of Older Americans Act initiative Area Agencies on Aging (AAAs) were eventually created in 1973 as the “on-the-ground” organizations charged with helping vulnerable older adults live with independence and dignity in their homes and communities. As of 2014, there are 618 AAAs that cover almost all areas of the United States.

**“Contributions”**

Money or Food Stamps given voluntarily and confidentially toward the cost of a service received. Used synonymously with program income.

**“CSR”**

Code of State Regulations.

**“Eligible Clients”**

Those clients/participants who are eligible for service under Older Americans Act funding program are 60+ or are shown to be family caregivers (as defined). Special emphasis shall be placed on serving those in greatest social and/or economic need.

**“FY 2023”**

The fiscal year beginning July 1, 2022 and ending June 30, 2023.

“MBE”

A provider agency owned and/or operated by at least 51% or more controlled by a socially and economically disadvantaged individual as described by Title X of the Clean Air Act Amendments of 1990 (42 U.S.C. 7601 note) and Public Law 102-389 (42 U.S.C.).

“Must”

Has the same meaning as the word “Shall.”

“Older Americans Act”

Federal Level initiative created in 1965 to create a National Aging Network to provide comprehensive services for Older Adults.

“Proposal”

All documents, forms, narratives, assurances submitted by the Provider in response to an RFP. The Proposal includes all documents from the original RFP.

“Provider”

The organization that responds to the “RFP” with qualifications and Proposals to provide the services as requested in the RFP document.

“PSA”

The Planning and Service Area is a geographical area in the state of Missouri where the designated AAA is responsible for planning, developing, coordinating and delivering services for older adults and caregivers. In the state of Missouri there are 10 AAAs that are designated to cover 114 counties and one independent city (St. Louis) in the state.

“RFP”

“Request for Proposal” means those procurement documents issued by Aging Best for the purchase of services as described in the document. The definition includes all attachments, exhibits, and/or amendments thereto. The RFP is one single document.

“Shall”

Means that the performance of a certain act is a mandatory condition and that there is no choice but to perform the action exactly as described.

“Should”

Means that there is a strong expectation that a certain act will be performed without a mandatory obligation to perform such an act

“Unit”

A unit of service is defined for each service in Exhibit A

“WBE”

A Women’s Business Enterprise is a women-owned business that is certified by WBENC

## II. BACKGROUND

In Aging Best’s nineteen-county planning and service area (PSA) there are approximately 155,000 age 60+ individuals and this age group continues to be one of the fastest growing population sectors. As an Area Agency on Aging since 1973, Aging Best is responsible for planning, coordinating, developing, and delivering a wide array of long-term services and supports to help those 60+ (and their caregivers) remain in their own homes (or the least restrictive appropriate environment) safely and without fear of abuse, neglect, or exploitation for as long as possible.

## III. PLANNING AND SERVICES AREA (PSA)

Aging Best will consider Proposals for services provided to eligible clients within the 19-county designated PSA, which includes the following counties in Missouri: Audrain, Boone, Callaway, Camden, Cole, Cooper, Crawford, Dent, Gasconade, Howard, Laclede, Maries, Miller, Moniteau, Morgan, Osage, Phelps, Pulaski, and Washington.

The area for which the Provider proposes to deliver services shall be stated in terms of a particular community, county, or counties served. Providers shall agree that no minimum number of clients is guaranteed by Aging Best under the agreement and that Aging Best does not guarantee that the Provider’s services will be used to any degree under the contract.

## IV. SOURCES OF FUNDING

Aging Best uses Older Americans Act Title III funds, Social Service Block Grant funds and Missouri General Revenue funds, among other resources to provide services.

Actual funding levels cannot be determined by either the Federal or State Fund sources at this time. All Agreements are subject to available funding. The Provider agrees that the agreement shall automatically terminate without any penalty assessed to Aging Best if funding is not appropriated for the purposes of this agreement by the United States Congress and/or State of Missouri General Assembly or by grant. Moreover, the Provider shall not prohibit or otherwise limit Aging Best’s right to pursue an Agreement with alternate solutions and remedies as deemed necessary by Aging Best in the conduct of its affairs. The Provider reserves the right to discontinue services should funds not be appropriated by the United States Congress and/or the State of Missouri General Assembly or grant unless reimbursement is assured through alternate means by Aging Best. In addition, the requirements stated in this paragraph shall apply to any amendment or to any extension of this agreement.

## V. SERVICE DELIVERY

Aging Best will accept and consider Proposals from any qualified individual or organization that can fulfill all requirements. All Providers must agree to all provisions set forth in the “Agreement to Provide Deliverables” (**Exhibit A**) as well as all other assurances and expectations set forth within the RFP. Standards and deliverables for specific services are listed in **Exhibit B-Deliverables**. The following is a partial list of services for which Aging Best accepts Proposals.

- Focal Point/Senior Center Services
- In-Home Respite Services
- Homemaker/Chore Services
- Transportation Services

- Legal Services
- Minor Home Repair and Modification Services

Aging Best will also accept Proposals for innovative, creative and forward-thinking services not listed above. The above-listed services have specific standards that must be met, in addition to the general standards for all services funded under the Older Americans Act.

## Submission and Review Procedures

### I. GENERAL SUBMISSION INFORMATION FOR PROVIDERS

- A. All information within and attached to the RFP packet is provided for review before submitting a Proposal. The Provider must comply with all requirements stated.
- B. All forms must be fully completed and signed by an authorized Provider Representative as requested.
- C. All Exhibits attached to RFP must be reviewed and completed. Please note that **Exhibit B-Deliverables** documents describe deliverables and service expectations for individual services. Only one **Exhibit B-Deliverables** should be included for one proposal. Additional service proposals should be submitted separately.
- D. To be considered for an award, the Provider must submit all required information, accurately and thoroughly. Failure to submit current and accurate information shall be deemed sufficient cause for disqualification from further consideration for award.
- E. Any contract resulting from this request shall be awarded in response to a proposal that provides the lowest and best proposal to Aging Best.

### II. OFFICIAL PROPOSALS CLOSE DATE AND TIME

A proposal will only be considered complete when it contains all forms and documents contained within this RFP (pages 1-23) as well as all applicable attachments and requested documents.

All proposals must be received in the Aging Best office by **3:00 PM on Tuesday, May 31, 2022**. Providers shall submit **one (1)** completed proposal with original signatures and **six (6)** copies. A separate proposal is to be completed and submitted for each service delivery type and each proposal submission should be sealed and include the name of the Provider and type of service written on the outside of the package.

Mailing and Physical Address  
**Aging Best**  
201 W. Broadway, Suite 1E  
Columbia, MO 65203

To be considered for an award, the Provider must submit all required information, accurately and thoroughly. Failure to submit current and accurate information shall be deemed sufficient cause for disqualification from further consideration for award. Proposals should be orderly, with numbered pages and submitted in the original order of the RFP.

**Proposals may be mailed or delivered in person. No e-mailed proposals will be accepted. It is the Provider's sole responsibility to ensure that each proposal is physically received and officially clocked in as a sealed document by Aging Best in its office no later than the official close date and time. Upon receipt the proposal documents become the property of Aging Best.**

Aging Best reserves the right to ask for clarifications, request missing information, and/or seek additional data during the evaluation process. Aging Best reserves the right to refuse any and all proposals. Failure to include all information (including requested attachments) may result in the proposal being rejected from consideration. Failure to adhere to the format specified and include all information requested may result in the proposal being rejected from consideration.

Aging Best reserves the right to make changes in program requirements, procedures, and terms after the proposals have been submitted, opened, and reviewed for the purpose of maximizing delivery of services consistent with the objectives of Aging Best programs. All Providers under consideration will be notified of any such relevant and pertinent information.

Aging Best reserves the right to apply any of the following, if warranted, at Aging Best's sole discretion:

- Price negotiation subsequent to RFP award
- Possible award to multiple providers
- Elimination of any term or condition that is not beneficial to the clients that Aging Best serves

In the event no qualified proposals are received in response to the RFP invitation, Aging Best reserves the right to initiate another RFP process, take other action as Aging Best deems appropriate, and/or renew or extend the current provider contract or agreement.

### III. PROCEDURE FOR RAISING QUESTIONS/CONCERNS/WITHDRAW

Any questions or concerns that arise during the open RFP period regarding proposals, and/or the RFP document or process should be sent to [supportiveservicesRFP@agingbest.org](mailto:supportiveservicesRFP@agingbest.org). No further inquiries will be accepted after **2 PM on Tuesday, May 24, 2022**.

A Provider's proposal may be withdrawn by written notice received prior to the official close date and time specified. A proposal may also be withdrawn or modified in person by the provider or authorized representative upon presentation of written confirmation of this action, and when proper provider identification is presented before the official close date and time. Verbal telephone requests to withdraw or modify a proposal will not be considered.

Providers must notify the Agency in writing immediately to request changes in a submitted proposal if there are any changes in key personnel or Provider organization ownership or if the Provider proposes to alter activities or services on any submitted documentation.

### IV. PROPOSAL REVIEW PROCEDURES

A. Proposals will first be evaluated by Aging Best staff to determine responsiveness or non-responsiveness to the RFP. At a minimum, a responsive proposal must:

- Include all requested documents
- Include fully completed RFP forms with all required signatures
- Contain pricing that falls within the Aging Best unit price expectations and limits as listed in the applicable **Exhibit B-Deliverables** for each service

- B. A full evaluation of the Provider's proposal will then be conducted by the Governance Committee of the Aging Best Board of Directors. Specific evaluation criteria for specific programs/services are listed in the applicable **Exhibit B-Deliverables** document.
- C. The Aging Best Board of Directors will meet to review the results and make final recommendations for FY 2022 contract awards.

V. CONTRACT AWARD/DENIAL PROCEDURE

Notification of funding awards will be made on or before **June 15, 2022**. Letters of intent to contract and letters of denial will be issued at the earliest possible time after the Aging Best Board of Directors has approved the service allocations.

Aging Best reserves the right to consider extension of the agreement on an annual basis up to a total of three years. A provider will be notified prior to the end of the contract year of any offer of extension.

## Proposal Submission Checklist

Checklist should be completed and submitted with all required forms and documents

Required Documents in RFP packet	Enclosed
<ul style="list-style-type: none"> <li>• RFP Cover Sheet (Reviewed, signed, and dated)</li> </ul>	
<ul style="list-style-type: none"> <li>• General Assurances (Signed and dated)</li> </ul>	
<ul style="list-style-type: none"> <li>• Provider Agency Information (Completed. MBE/WBE documented should be attached as applicable)</li> </ul>	
<ul style="list-style-type: none"> <li>• Provider Agency Experience (Completed)</li> </ul>	
<ul style="list-style-type: none"> <li>• Expertise of Key Personnel (Completed for all key personnel)</li> </ul>	
<ul style="list-style-type: none"> <li>• Service Area Commitment (Completed)</li> </ul>	
<ul style="list-style-type: none"> <li>• Exhibit A- <i>Aging Best Agreement to Provider Deliverables</i> (Draft copy only. Should be reviewed and Provider should be prepared to execute if Proposal is accepted. Must accept all provisions. Only signed if awarded).</li> </ul>	
<ul style="list-style-type: none"> <li>• Exhibit B-1 through B-7 Deliverables (Service Definitions, objectives, delivery standards, rates, conditions for payment) for specific services. Forms shall be completed as directed only for specific service being proposed and additional documents should be attached as requested                             <ul style="list-style-type: none"> <li>○ Exhibit B-1: Focal Point/Senior Center Services</li> <li>○ Exhibit B-2: In-Home Respite Services</li> <li>○ Exhibit B-3: Homemaker/Chore Services</li> <li>○ Exhibit B-4: Transportation Services</li> <li>○ Exhibit B-5: Legal Services</li> <li>○ Exhibit B-6: Minor Home Repair and Modification Services</li> <li>○ Exhibit B-9: Other</li> </ul> </li> </ul>	
<ul style="list-style-type: none"> <li>• Exhibit C- Participation Employment Acknowledgment (Completed, signed, and dated)</li> </ul>	
<ul style="list-style-type: none"> <li>• Exhibit D- Disputes (Signed and dated)</li> </ul>	
<ul style="list-style-type: none"> <li>• Exhibit E- Service Provider’s Manual (For Provider’s use-Not to be submitted with proposal)</li> </ul>	
<ul style="list-style-type: none"> <li>• Exhibit F- Nutrition Services Manual (For Provider’s use-Not to be submitted with proposal)</li> </ul>	

Required Documents to Attach and Submit with Proposal	Enclosed
<ul style="list-style-type: none"> <li>• Legal Status of Organization (if applicable), Current annual report as submitted to the Missouri Secretary of State or current Certificate of Corporate Good Standing</li> </ul>	
<ul style="list-style-type: none"> <li>• IRS Form W-9</li> </ul>	
<ul style="list-style-type: none"> <li>• Proof of Current Insurance for Comprehensive General Liability</li> </ul>	
<ul style="list-style-type: none"> <li>• Proof of Current Bonding Insurance</li> </ul>	
<ul style="list-style-type: none"> <li>• Proof of Current Workman’s Compensation Insurance</li> </ul>	
<ul style="list-style-type: none"> <li>• Proof of Current Vehicle Insurance (As applicable)</li> </ul>	
<ul style="list-style-type: none"> <li>• Grievance Procedures for Service Recipients*</li> </ul>	
<ul style="list-style-type: none"> <li>• Client Rights*</li> </ul>	
<ul style="list-style-type: none"> <li>• Code of Ethics*</li> </ul>	
<ul style="list-style-type: none"> <li>• Policies and Procedures to ensure HIPAA/Confidentiality*</li> </ul>	
<ul style="list-style-type: none"> <li>• Grievance Procedures for Staff*</li> </ul>	
<ul style="list-style-type: none"> <li>• Policies and Procedures for terminating or denying client service*</li> </ul>	
<ul style="list-style-type: none"> <li>• Policies and Procedures for identifying and reporting Abuse and Neglect*</li> </ul>	
<ul style="list-style-type: none"> <li>• Conflict of Interest Policy*</li> </ul>	
<ul style="list-style-type: none"> <li>• Current Disaster Response/Continuity of Operations Plan*</li> </ul>	
<ul style="list-style-type: none"> <li>• Staff Evaluation Documents</li> </ul>	
<ul style="list-style-type: none"> <li>• Corrective Action Policies and Procedures*</li> </ul>	
<p align="center"><b>*Agency/Employee Manuals may be submitted as long as requested policies and procedures are clearly marked</b></p>	

## Cover Sheet

To serve as Cover Sheet for Provider's Proposal when submitted to Aging Best

Proposing Agency: \_\_\_\_\_  
(As the name appears in the Articles of Incorporation)

Primary Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Authorized Agent: \_\_\_\_\_

Title: \_\_\_\_\_

Status:  For-Profit  Not-For-Profit [501 (c)(3)]  Other Not-For-Profit

Proposed Service: \_\_\_\_\_  
\_\_\_\_\_

Proposed Unit Price (Excludes Focal Point/Senior Center Proposals): \_\_\_\_\_  
\_\_\_\_\_

The undersigned, in compliance with the invitation for Proposals, having examined the Proposal instructions, hereby proposes to perform service(s) in accordance with Proposal requirements, specifications, and standards.

The undersigned, upon notice of Proposal award, agrees to begin services on July 1, 2021. The undersigned hereby certifies that all information submitted is true and accurate.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Agent

## General Assurances

The undersigned Provider, in responding to this RFP and submitting a Proposal to provide Supportive Services, hereby makes the following expressed warranties and representations to Aging Best:

1. The undersigned person is authorized to act on behalf of the Provider and to respond to the RFP, submit a Proposal to Aging Best.
2. The undersigned person believes that the provider is legally qualified to be awarded the Agreement under all applicable state and federal regulations.
3. The Provider has received all information necessary to respond to the current RFP.
4. The Aging Best Service Provider Manual is included for the information of all providers proposing to deliver service. All providers are required to assure compliance with these policies and requirements if they are funded. By submitting this Proposal, the provider agrees to comply with the policies therein (Provider should retain the manual. It should not be included with the sealed Proposal.)
5. Any Provider submitting Proposals must meet the service specifications and all terms and conditions within this document, if selected.
6. The Provider understands and approves that the Agreement shall be performed on behalf of Aging Best, who will be responsible for the administration of the Agreement.
7. The undersigned understands and agrees that Aging Best reserves the right to negotiate any and all Proposals and to reject any Proposals. The undersigned understands that all funding is subject to change, and there is no minimum or maximum guaranteed under this RFP. The undersigned assures compliance with all applicable service standards and provisions referenced within this Proposal, related attachments and/or documents.
8. The undersigned understands and agrees that agreement between the Provider and Aging Best would include:
  - The executed Agreement to Provide Deliverables (draft copy in **Exhibit A**)
  - The service Deliverables outlined in the applicable **Exhibit B-Deliverables**
  - All completed forms contained within this RFP and **Exhibits C and D**
  - All assurances and expectations laid out in this RFP
  - All required forms requested within this RFP to be attached to submitted Proposal

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Signature of Authorized Agent

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Date

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Print Name of Authorized Agent

## PROVIDER AGENCY INFORMATION

Name of Organization	
Address of Main Office	
Authorized Representative	
Phone	
Fax	
Email	
Website	
Facebook	
Other Social Media	

Provider Board of Directors and Officers-As Applicable			
Current Corporate Legal Officers			
Position	Name	Phone #	Email
President			
Vice Pres.			
Secretary			
Treasurer			



## History of the Provider Organization

**Mission and Vision Statements of the Provider Agency**

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Is the Provider classified as a MBE: <input type="checkbox"/> Yes <input type="checkbox"/> No
A Minority Business Enterprise is defined as a provider agency owned and/or operated by at least 51% or more controlled by a socially and economically disadvantaged individual as described by Title X of the Clean Air Act Amendments of 1990 (42 U.S.C. 7601 note) and Public Law 102-389 (42 U.S.C.)
If yes, please attach applicable documentation

Is the Provider classified as a WBE: <input type="checkbox"/> Yes <input type="checkbox"/> No
A Women's Business Enterprise is a women-owned business that is certified by WBENC
If yes, please attach applicable documentation

## PROVIDER AGENCY EXPERIENCE

Describe the overall geographic area served by the Provider (i.e. counties, zip codes, etc.)

List services offered by the Provider that are similar in nature to those offered in the Proposal

What was the most recent year these similar services were provided?

How many years has the provider offered these similar services?

Past contracts Provider has been awarded		
Contracting Agency/Phone/Address	Services Provided	Total Contract Period

Aging Best is looking for partners who are forward-thinking, innovative, and creative. Has the Provider engaged in any innovative methods to better serve a growing population of older people in Missouri? Attach additional pages as necessary.

Describe the Provider's approach to customer service

Describe the Provider's processes to ensure contract compliance

## Expertise of Key Personnel

**Summarize the expertise of administrative/program staff for the service(s) being proposed (Make additional copies as needed.)**

Name & Title	
Contact Information: Phone & Email	
Education Level/Qualifications	
Experience	
Planned Role with Proposed Services	

Name & Title	
Contact Information: Phone & Email	
Education Level/Qualifications	
Experience	
Planned Role with Proposed Services	

Would there be multi-lingual staff working with the proposed services? Is so, please specify

What screenings and background checks are routinely conducted as part of the hiring and onboarding process?

Summarize the orientation and on-going training for administrative staff

Summarize the orientation and on-going training for program staff

## SERVICE AREA COMMITMENT

Please list the particular community, county, and/or counties that will be served under the Proposal

County	Area to be served:	Office/Sub-Office providing Services
AUDRAIN		
BOONE		
CALLAWAY		
CAMDEN		
COLE		
COOPER		
CRAWFORD		
DENT		
GASCONADE		
HOWARD		
LACLEDE		
MARIES		
MILLER		
MONTEAU		
MORGAN		
OSAGE		
PHELPS		
PULASKI		
WASHINGTON		