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PROGRAM MODEL/SCOPE OF WORK
OLDER AMERICANS ACT
REQUEST FOR PROPOSAL 2015-17

I. Program Overview

The Case Management program provides assistance to frail seniors (Age 60+) who may no longer be able to manage daily living tasks by helping them maintain their optimum level of functioning in the least restrictive setting possible. Seniors may have emotional, mental, social, physical, and nutritional needs that would not be met without assistance. Care plans are developed by qualified staff to address the senior's specific needs, including financial assistance, homecare, nutrition, transportation, socialization, and mental health.

II. Regional Distribution Guideline for Funding and Service Unit Requirements

Please Note The interest of the RFP is for provision of county-wide services

For the purposes of planning, the percentages shown below can be used as a guideline to estimate the amount of funding and the service unit levels to include for each region(s) you are proposing to serve. For example, if proposing for the Central Region only, the guideline amount of funding would be approximately 46% of the total funding available (Section III below) and 46% of the Units of Service, County-Wide Target expected (Section IV below).

If interested in requesting more than the guideline amounts shown, please explain the reason for the request.

Region	% of Total Seniors in Sonoma County 60 Years of Age and Above Living in Each Region (Total # of Seniors in Sonoma County = 101,208)
Central	46%
Coastal	4%
North	12%
Sonoma Valley	12%
South	15%
West	11%

III. Estimated Funding

Estimated 2015-16 funding through Title IIIB of the Older Americans Act (OAA) to provide Case Management services to all regions of Sonoma County is $119,000

IV. Units of Service Requirements for Case Management

Service Unit	California Department of Aging Definition	County-Wide Target
1 Hour	Assistance either in the form of access coordination in circumstances where the older person is experiencing diminished functioning capacities, personal conditions or other characteristics which require the provision of services by formal service providers or family caregivers. Activities of case management include such practices as assessing needs, developing care plans, authorizing and coordinating services among providers, and providing follow-up and reassessment, as required.	8,755 Hours

V. Program Requirements

Along with addressing each point listed in Part Four – Instructions for Proposal Preparation; Section III(D)-Proposal Narrative items 1-5 (page 9-11), proposal must demonstrate the proposer's ability to:

A. Provide the number of hours your agency will be able to serve with this funding.

B. Identify the service area(s) your agency will be serving.

C. Provide priority to low-income seniors 60 years of age or older, to those with greatest social need, and to eligible minorities.

D. Connect participants to existing services and benefits available, including services for geographically isolated and/or mono-lingual individuals.

E. Complete a psycho-social and a physical/health assessment at intake by site staff to determine if senior is appropriate for the program. Refer to Attachment L – On-Line Resources, #7 CDA Title III Intake Form Guide for example.

F. Complete the Older Americans Act Nutritional Risk Assessment checklist and make appropriate referrals if participants score at a high nutritional risk which must be monitored and reassessed on a quarterly basis. Refer to Attachment L – On-Line Resources.

G. Describe how case management activities will be conducted, including planning, developing, implementing, coordinating, monitoring and evaluating a care plan that meets the individual needs and goals which optimizes participant's self-care capabilities. Client files must conform to all accepted social work standards. Care plan to include:

1. Referrals to appropriate community-based organizations for services such as legal assistance, landlord/tenant relations, nutritional services, mental health services, etc.
2. Assistance navigating the benefit application process for programs such as Medi-Cal, Supplemental Security Income (SSI), In-Home Supportive Services (IHSS), in-home care providers, affordable housing, etc.
3. Share information with County case management staff.

H. Reassess participant by home visit or telephone every six months.

I. Conduct periodic contact with participant either in-home or by telephone based on need of participant.

J. Report suspected abuse, neglect, or exploitation of program participants to Sonoma County Adult Protective Services and/or law enforcement.

K. Prevent disclosure any information about the participant without written consent of the individual.

L. Offer services free of charge.

M. Provide each senior with the opportunity to voluntarily contribute to the cost of the service by developing a suggested contribution schedule.

1. Protect the privacy of each senior with respect to contribution made.
2. Establish procedures to safeguard and account for all contributions.

N. Comply with program standards, service priorities, and responsibilities consistent with statewide standards as they are released or identified by AAA or state licensing body.

O. Describe disaster preparedness plans and safeguards/communication systems established for clients in the event of a major disaster.

VI. Reporting Requirements

Proposals must show the proposer's ability to:

A. Provide timely, complete, accurate, and verifiable reports.

B. Report activities to the AAA on a monthly basis, utilizing the software or forms supplied by the AAA. Software includes using the SAMS/Harmony data collection application to comply with California Department of Aging (CDA) registered services requirements.

C. Submit program performance reports in accordance with AAA requirements.