

ADDENDUM 7 (12/9/16)

**SOLICITATION FOR CONTINUING SERVICES
CS-06-035**

COMMUNITY CARE FOR THE ELDERLY IN-HOME SERVICES

PRICE REVISION- Effective January 1, 2017

The revised rates for CCE (and OAA) services are as follows:

Personal Care: \$18.00/ hour

Respite: \$18.90/ hour

Homemaking \$15.59/ hour

ADDENDUM 6 (08/17/2016)

SOLICITATION FOR CONTINUING SERVICES

CS-06-035

COMMUNITY CARE FOR THE ELDERLY IN-HOME SERVICES

CLARIFICATION OF THE PROVISION OF WORKERS COMPENSATION AND PROFESSIONAL SERVICES COVERAGE FOR NURSE REGISTRY PROVIDERS; AND ADDITION OF ASSIGNMENT.

INSURANCE REQUIREMENTS

The selected firm, if any, shall maintain, at all times, the following minimum levels of insurance and; shall, without in any way altering their liability, obtain, pay for and maintain insurance for the coverages and amounts of coverage not less than those set forth below. Provide to the County original Certificates of Insurance satisfactory to the County to evidence such coverage before any work commences. Polk County, a subdivision of the State of Florida, shall be named as an additional insured on all policies related to the project; excluding worker's compensation and professional liability. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII. The firm's self-insured retention or deductible per line of coverage shall not exceed \$25,000 without the permission of the County. The policies shall contain a waiver of subrogation in favor of Polk County. In the event of any failure by the firm to comply with the provisions, the County may, at its option, provide notice to the firm to suspend the project for cause until there is full compliance. Alternatively, the County may purchase such insurance at the firm's expense, provided that the County shall have no obligation to do so; and if the County shall do so, the firm shall not be relieved of or excused from the obligation to obtain and maintain such insurance amounts and coverages.

Insurance must apply to personnel providing the services for the County. Coverage cannot apply only to the staffing agency excluding temporary staff.

Worker's Compensation and Employer's Liability Insurance providing statutory benefits, including those that may be required by any applicable federal statute:

Admitted in Florida	Yes
Employer's Liability	\$1,000,000
All States Endorsement	Statutory
Voluntary Compensation	Statutory

Commercial General Liability Insurance: \$1,000,000 combined single limit of liability for bodily injuries, death, property damage and personal injury resulting from any one occurrence, including the following coverages:

Broad Form Commercial General Liability Endorsement to include blanket contractual liability (specifically covering, but not limited to, the contractual obligations assumed by the Firm); Personal Injury (with employment and contractual exclusions deleted) and Broad Form Property Damage coverages; Independent Contractors;

Professional Liability Insurance: \$1,000,000 coverage.

The Insurance Certificates, to be submitted by the vendor, must include the following information.

The Certificate Holder must be stated as:

Polk County, a Political Subdivision of the State of Florida 330 W. Church St., Room 150
Bartow, Florida 33830

The County must be named as additional insured in regards to General Liability. The policy shall contain a waiver of subrogation in favor of Polk County.

The County must be an additional named insured in regards to General Liability. Coverage must be provided by an insurer licensed to do business in the State of Florida and must be rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category. Waiver of subrogation in favor of Polk County is required for General Liability and Worker's Compensation coverages.

Notation on the certificate reflecting the additional insured status and the waiver of subrogation or copies of the endorsements must be provided to verify requirements. "All work performed for Polk County" must be noted on the certificate.

The acceptable form of the certificate of insurance shall be the industry standard ACORD certificate.

Certificate of insurance must be submitted with response.

FOR NURSE REGISTRY IN-HOME VENDORS

Individuals working with clients must carry professional liability insurance of at least \$300,000. Individual shall provide a Certificate of Insurance showing the following as the Certificate Holder:

Polk County, a political subdivision of the State of Florida
330 W. Church Street, Room 150
Bartow, FL 33830

If your agency is not carrying Workers' Compensation for in-home workers that provide care to clients and the in-home care worker is not carrying Workers' Compensation, the in-home care worker must supply either an Exemption Certificate from the state or an Affidavit stating the circumstances which qualify the in-home care worker for the exemption to the county prior to providing any services under this contract..

ASSIGNMENT

Any purchase order issued pursuant to this continuing services agreement and the monies which may become due hereunder are not assignable or transferable without the prior written approval of the Procurement Director.

ADDENDUM 5 (04/08/2015)

SOLICITATION FOR CONTINUING SERVICES

CS-06-035

COMMUNITY CARE FOR THE ELDERLY IN-HOME SERVICES

CLARIFICATION OF THE PROVISION OF WORKERS COMPENSATION AND PROFESSIONAL SERVICES COVERAGE FOR NURSE REGISTRY PROVIDERS; AND ADDITION OF ASSIGNMENT.

INSURANCE REQUIREMENTS

The selected firm, if any, shall maintain, at all times, the following minimum levels of insurance and; shall, without in any way altering their liability, obtain, pay for and maintain insurance for the coverages and amounts of coverage not less than those set forth below. Provide to the County original Certificates of Insurance satisfactory to the County to evidence such coverage before any work commences. Polk County, a subdivision of the State of Florida, shall be named as an additional insured on all policies related to the project; excluding worker's compensation and professional liability. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII. The firm's self-insured retention or deductible per line of coverage shall not exceed \$25,000 without the permission of the County. The policies shall contain a waiver of subrogation in favor of Polk County. In the event of any failure by the firm to comply with the provisions, the County may, at its option, provide notice to the firm to suspend the project for cause until there is full compliance. Alternatively, the County may purchase such insurance at the firm's expense, provided that the County shall have no obligation to do so; and if the County shall do so, the firm shall not be relieved of or excused from the obligation to obtain and maintain such insurance amounts and coverages.

Insurance must apply to personnel providing the services for the County. Coverage cannot apply only to the staffing agency excluding temporary staff.

Worker's Compensation and Employer's Liability Insurance providing statutory benefits, including those that may be required by any applicable federal statute:

Admitted in Florida	Yes
Employer's Liability	\$1,000,000
All States Endorsement	Statutory
Voluntary Compensation	Statutory

Commercial General Liability Insurance. \$1,000,000 combined single limit of liability for bodily injuries, death, property damage and personal injury resulting from any one occurrence, including the following coverages:

Broad Form Commercial General Liability Endorsement to include blanket contractual liability (specifically covering, but not limited to, the contractual obligations assumed by the Firm); Personal Injury (with employment and contractual exclusions deleted) and Broad Form Property Damage coverages; Independent Contractors;

Professional Liability Insurance. \$1,000,000 coverage.

The Insurance Certificates, to be submitted by the vendor, must include the following information.

The Certificate Holder must be stated as:

Polk County, a Political Subdivision of the State of Florida
330 W. Church St., Room 150
Bartow, Florida 33830

The County must be named as additional insured in regards to General Liability. The policy shall contain a waiver of subrogation in favor of Polk County.

The County must be an additional named insured in regards to General Liability. Coverage must be provided by an insurer licensed to do business in the State of Florida and must be rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category. Waiver of subrogation in favor of Polk County is required for General Liability and Worker's Compensation coverages.

Notation on the certificate reflecting the additional insured status and the waiver of subrogation or copies of the endorsements must be provided to verify requirements. "All work performed for Polk County" must be noted on the certificate.

The acceptable form of the certificate of insurance shall be the industry standard ACORD certificate.

Certificate of insurance must be submitted with response.

FOR NURSE REGISTRY IN-HOME VENDORS

Individuals working with clients must carry professional liability insurance.

If your agency is not carrying Workers' Compensation for in-home workers that provide care to clients and the in-home worker is not carrying Workers' Compensation, the in-home worker must complete a Workers' Compensation Exemption Affidavit and submit it to your agency.

GENERAL CONDITIONS - additions

ASSIGNMENT

Any purchase order issued pursuant to this continuing services agreement and the monies which may become due hereunder are not assignable or transferable without the prior written approval of the Procurement Director.

ADDENDUM 4 (09/23/2014)

**SOLICITATION FOR CONTINUING SERVICES
CS-06-035**

COMMUNITY CARE FOR THE ELDERLY IN-HOME SERVICES

CHANGE TO INSURANCE COVERAGE, ADDITION OF PROFESSIONAL SERVICES COVERAGE.

INSURANCE REQUIREMENTS

The selected firm, if any, shall maintain, at all times, the following minimum levels of insurance and; shall, without in any way altering their liability, obtain, pay for and maintain insurance for the coverages and amounts of coverage not less than those set forth below. Provide to the County original Certificates of Insurance satisfactory to the County to evidence such coverage before any work commences. Polk County, a subdivision of the State of Florida, shall be named as an additional insured on all policies related to the project; excluding worker's compensation and professional liability. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII. The firm's self-insured retention or deductible per line of coverage shall not exceed \$25,000 without the permission of the County. The policies shall contain a waiver of subrogation in favor of Polk County. In the event of any failure by the firm to comply with the provisions, the County may, at its option, provide notice to the firm to suspend the project for cause until there is full compliance. Alternatively, the County may purchase such insurance at the firm's expense, provided that the County shall have no obligation to do so; and if the County shall do so, the firm shall not be relieved of or excused from the obligation to obtain and maintain such insurance amounts and coverages.

Worker's Compensation and Employer's Liability Insurance providing statutory benefits, including those that may be required by any applicable federal statute:

Admitted in Florida	Yes
Employer's Liability	\$100,000
All States Endorsement	Statutory
Voluntary Compensation	Statutory

Commercial General Liability Insurance. \$1,000,000 combined single limit of liability for bodily injuries, death, property damage and personal injury resulting from any one occurrence, including the following coverages:

Broad Form Commercial General Liability Endorsement to include blanket contractual liability (specifically covering, but not limited to, the contractual obligations assumed by the Firm); Personal Injury (with employment and contractual exclusions deleted) and Broad Form Property Damage coverages; Independent Contractors;

Professional Liability Insurance. \$1,000,000 coverage.

The Insurance Certificates, to be submitted by the vendor, must include the following information.

The Certificate Holder must be stated as:

Polk County, a Political Subdivision of the State of Florida
330 W. Church St., Room 150
Bartow, Florida 33830

The County must be named as additional insured in regards to General Liability. The policy shall contain a waiver of subrogation in favor of Polk County.

The County must be an additional named insured in regards to General Liability. Coverage must be provided by an insurer licensed to do business in the State of Florida and must be rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category. Waiver of subrogation in favor of Polk County is required for General Liability and Worker's Compensation coverages.

Notation on the certificate reflecting the additional insured status and the waiver of subrogation or copies of the endorsements must be provided to verify requirements. "All work performed for Polk County" must be noted on the certificate.

The acceptable form of the certificate of insurance shall be the industry standard ACORD certificate.

Certificate of insurance must be submitted with response.

ADDENDUM 3 (5/26/09)

**SOLICITATION FOR CONTINUING SERVICES
CS-06-035**

COMMUNITY CARE FOR THE ELDERLY IN-HOME SERVICES

PRICE REVISION- Effective July 1, 2009

The revised rates for CCE (and OAA) services are as follows:

Personal Care: \$18.00/ hour

Respite: \$18.00/ hour

Homemaking \$14.85/ hour

ADDENDUM 2 (9/12/08)

**SOLICITATION FOR CONTINUING SERVICES
CS-06-035**

COMMUNITY CARE FOR THE ELDERLY IN-HOME SERVICES

SCOPE OF WORK – PRICE REVISION

Community Care for the Elderly In-Home Services: The County will pay **\$14.14 per hour** for Older Americans Act Title III-B (OAA Title III-B Personal Care) under Homemaker, Personal Care and Respite Care.

ADDENDUM 1 (12/04/06)

**SOLICITATION FOR CONTINUING SERVICES
CS-06-035**

Community Care for the Elderly In-Home Services

SCOPE OF WORK

Community Care for the Elderly In-Home Services: The County will pay **\$17.87 per hour** for Older Americans Act Title III-B (OAA Title III-B Personal Care) under Homemaker, Personal Care and Respite Care.

SOLICITATION FOR CONTINUING SERVICES
CS #06-035
COMMUNITY CARE FOR THE ELDERLY IN-HOME SERVICES

INTRODUCTION

Polk County, a political subdivision of the State of Florida, seeks the submittal of information/qualifications from qualified vendors interested in providing community care for the elderly in-home services. The services also include funding under Title III-B and Community Care for the Disabled Adult (CCDA). Vendors must submit all required information as stated on Pages 14-17. All vendors submitting the required information shall have an opportunity to participate.

SCOPE OF WORK

The objectives are to provide homemaking services, personal care and respite care for the elderly. Polk County will pay for the services at the hourly rates listed below. However during the term of the agreement, the County may, at their sole option, increase the rates. All vendors must comply with the rates listed in this schedule or be subject to removal from the award. Personnel records, consumer records, invoice records and employee training records must be available for monitoring purposes.

Homemaking	\$14.14
Personal Care	\$17.87
Respite Care	\$17.87
CCDA B Homemaking	\$14.14
CCDA B Personal Care	\$17.87
OAA Title III-B	\$14.14

TERM

This is an on-going service and will be reviewed at least annually.

DEFINITION OF SERVICES

Homemaker (Older Americans Act Title III-B) (Community Care for the Elderly) (Community Care for the Disabled Adult)

Homemaker Service is defined as the accomplishment of specific home management duties including: housekeeping; laundry; cleaning refrigerators; clothing repair; assistance with budgeting and paying bills; meal planning and preparation; shopping assistance; and routine household activities by a trained homemaker.

Personal Care (Community Care for the Elderly) (Community Care for the Disabled Adult)

Personal Care means services to assist the functionally impaired elderly with bathing; dressing; ambulation; housekeeping supervision; emotional security; eating; supervision of self-administered medications; and assistance with securing health care from appropriate sources. Personal Care does not include medical services. Personal Care can include: assisting with food, nutrition and diet activities such as preparation of meals, when required and incidental to health and need. Personal Care can include accompanying the consumer to the clinics, physician office visits or other trips for the purpose of healthcare (provided the consumer does not require special medical transportation). Personal care can include shopping assistance to purchase food, clothing and other items needed for the consumer's personal care needs. (Consumers must utilize the County Transportation System. Consumers are not to be transported by the provider home health aides. Polk County Transportation is available, as well as other public transportation.)

Respite Care (Community Care for the Elderly)

Respite care is defined as relief or rest for a primary caregiver from the constant/continued supervision, companionship, therapeutic and/or personal care of a functionally impaired older person for a specified period of time. Respite Care may be carried out in the home or in a facility. The primary caregiver (relative or non-relative) who is eligible to receive DOEA funded respite is unpaid, except in Home Care for the Elderly (caregivers receive a minimal stipend), and provides care on a 24-hour basis with little or no relief.

SUPERVISION

A Registered Nurse (RN) must provide staff supervision. An RN must have graduated from a program for the preparation of professional nursing, approved by the Board of Nursing, Department of Professional Regulation, and must hold a license in good standing in the State of Florida for the practice of professional nursing. Duties include: supervising, planning and directing services; directing and planning work assignments; and observing workers in the field at least every sixty (60) days. Must have knowledge of basic homemaking and social work methods. Workers are to be randomly selected for monitoring to allow for different workers to be observed and evaluated.

The evaluation of a worker's performance in a consumer's home will be given in such a manner so that it can be utilized toward the improvement of performance and skill. The evaluation must be documented in the worker's file and be available for review. The following will be included during the home visit to supervise/evaluate the workers:

1. Review of the service order with the consumer and/or the caregiver and the worker.
2. Evaluation of the worker's proficiency in performing assigned tasks.
3. Evaluation of worker's interaction and rapport with the consumer.
4. Determination of consumer/caregiver level of satisfaction with service.

HOMEMAKER TRAINING

Pre-Service Training

No training is required prior to pre-service training; however, experience in homemaking is desired.

Each worker must complete a sixteen (16) hour pre-service training course that will be given by the provider; it will cover the following:

1. The aging processes and communication with hearing and visually impaired consumers.
2. Interpersonal relationships.
3. Nutrition and meal preparation.
4. Marketing and food storage.
5. Use of household equipment and supplies.
6. Planning and organizing household tasks.
7. Principles of cleanliness and safety of the home.
8. Record keeping.
9. Agency policies and procedures.
10. Emergency procedures in the event something happens to the consumer while the homemaker is providing service.
11. Job responsibilities.
12. Program goals and purpose.
13. Prior equivalent service training can be substituted for part of or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training.
14. Items #3 through #7 may be provided on the job by another trained homemaker.

In-Service Training

Staff providing homemaker service will be scheduled regularly for in-service training to augment or refresh the homemaker's knowledge in any of the above listed areas. A minimum of four (4) hours must be scheduled per year for in-service training. Content and duration will be documented in agency and staff records. Staff and/or volunteers must have training in Universal Precautions.

PERSONAL CARE TRAINING

Pre-Service Training

Each worker must complete a thirty-two (32) hour pre-service training course, which will be provided by the provider and will cover the areas listed below.

1. Role of the personal care provider and others. (1 hour)
2. Physical appearance and personal hygiene. (2 hours)
3. Supervision by Registered Nurse. (4 hours)
 - a. role of the supervisor
 - b. role of personal care provider
 - c. role of the physician
 - d. role of the recipient
 - e. plan of care
 - f. assignment of tasks
 - g. record keeping
 - h. performance evaluation
4. Personal care services. (22 hours)
 - a. bathing
 - b. dressing
 - c. toileting
 - d. feeding (eating)
 - e. bed making
 - f. ambulation and safe transfer techniques
 - g. body mechanics
5. Adequate fluid intake and food management. (3 hours)
 - a. basic food requirements
 - b. purchasing food
 - c. preparation of food
 - d. storage of food
 - e. serving food
 - f. infection control
6. Household management. (2 hours)
 - a. care of bedroom, bathroom, kitchen
 - b. care of clothing
 - c. safety in home
7. Physical, mental and social aspects; myths and realities of aging; death and dying. (2 hours)

8. Prior equivalent training can be substituted for part or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training.

In-Service Training

Staff providing personal care must be regularly scheduled for in-service training to augment or refresh the personal care worker's knowledge in any of the above listed areas for a minimum of four (4) hours per year. The training will be documented in staff records.

RESPITE TRAINING

Pre-Service Training

Staff or volunteers providing this service must receive at least thirty (30) hours of instruction in the areas listed below.

1. Health problems and care of aged persons.
2. Basic personal care procedures, such as grooming.
3. First aid and handling of emergencies.
4. Food nutrition, meal preparation and household management.
5. Overview of Alzheimer's Disease and other related dementia, if training for the Alzheimer's Disease Initiative Program.
6. Dealing with behaviors characteristic of Alzheimer's Disease and other related dementia, if training for the Alzheimer's Disease Initiative Program.
7. Record keeping and reporting requirements.
8. Prior equivalent service training can be substituted for part of the required hours of pre-service training. The personnel file of the staff member must include documentation of the prior training.
9. Items #2 and #4 may be provided on the job by another trained respite worker.

In-Service Training

In-service training for respite care workers will be scheduled as needed. Minimum in-service training must be provided at least once per year for a total of four (4) hours. Content and duration must be documented in staff and agency records.

Training Sources

Possible sources of respite care training may include those listed below.

1. Community college or other educational institution, including a high school vocational program.
2. Nationally recognized, health-oriented organization such as the American Cancer Society or the American Red Cross.
3. Hospital, clinic, licensed nursing home or licensed health facility.
4. Special course developed and conducted by a qualified individual (registered nurse, nurse practitioner, licensed social worker or counselor) for the specific purpose of training respite care providers and other appropriately trained and/or experienced social service agency personnel.

COMMUNITY CARE FOR DISABLED ADULTS

Pre-Service Training Requirements

1. Safety and home accident prevention.
2. Procedures for handling client's money, if shopping is an included service.
3. Client confidentiality.
4. CCDA purpose and philosophy.
5. Emergency procedures, in the event of a crisis during the course of work.
6. Additional training may include information about disabling conditions and first aid.
7. If staff or volunteers have received prior equivalent service training, the prior training can be substituted for part of or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training. (Pre-service training may include on-the-job training.)

In-Service Training

An annual minimum of six (6) hours of in-service training must be provided. Content and duration must be documented in staff and agency records.

RECORD KEEPING

1. The provider is required to maintain consumer records. A consumer file will be maintained on each consumer; it shall contain, at a minimum, the items listed below.
 - a. consumer service order
 - b. documentation of service provision
 - c. worker case notes

- d. special notation of critical incidents such as consumer falling, altercation or any out-of-the-ordinary occurrence. The provider shall notify the County within twenty-four (24) hours of any change in a consumer's condition.
 - e. invoicing records
2. Invoicing records shall be maintained by the provider. The Provider shall:
 - a. submit an invoice to the County on a mutually agreed upon schedule. All invoices are to consist of:
 - (1) a recap of service(s); units ordered, units delivered; and
 - (2) consumer-specific service report.
 - b. maintain documents to support invoices (employee time slips, etc.).
 - c. have a procedure for verifying worker/consumer signatures on "time" documentation.
 - d. submit all invoices in a timely manner. **At no time shall the invoice be submitted more than six months after the date of service.**
 - e. provide the number of hours ordered on a notice of action each week to achieve delivery of services of the maximum time ordered. Should a scheduled visit be missed, the time is expected to be delivered at a different time within the same week.

COORDINATION

1. As needed and/or at the County's request, the provider shall participate in periodic planning and evaluation sessions; in consumer case reviews and administrative conferences; and in training sessions for the provider's staff.
2. The provider shall cooperate with Polk County Elderly Services on a council whose objectives are to reduce interagency barriers, streamline service delivery and promote community participation.
3. Services, as request by Notice of Action, shall commence within seven (7) days after receipt of the Notice of Action.
4. The provider shall submit to Polk County Elderly Services a start date for the delivery of services within ten (10) working days of receipt of the Notice of Action for data entry into the CIRT system.
5. The provider shall notify Polk County Elderly Services within twenty-four (24) hours of any incident related to the consumer while services were being delivered.

In-Service Training

Staff providing homemaker service will be scheduled regularly for in-service training to augment or refresh the homemaker's knowledge in any of the above listed areas. A minimum of four (4) hours must be scheduled per year for in-service training. Content and duration will be documented in agency and staff records. Staff and/or volunteers must have training in Universal Precautions.

PERSONAL CARE TRAINING

Pre-Service Training

Each worker must complete a thirty-two (32) hour pre-service training course, which will be provided by the provider and will cover the areas listed below.

1. Role of the personal care provider and others. (1 hour)
2. Physical appearance and personal hygiene. (2 hours)
3. Supervision by Registered Nurse. (4 hours)
 - a. role of the supervisor
 - b. role of personal care provider
 - c. role of the physician
 - d. role of the recipient
 - e. plan of care
 - f. assignment of tasks
 - g. record keeping
 - h. performance evaluation
4. Personal care services. (22 hours)
 - a. bathing
 - b. dressing
 - c. toileting
 - d. feeding (eating)
 - e. bed making
 - f. ambulation and safe transfer techniques
 - g. body mechanics
5. Adequate fluid intake and food management. (3 hours)
 - a. basic food requirements
 - b. purchasing food
 - c. preparation of food
 - d. storage of food
 - e. serving food
 - f. infection control
6. Household management. (2 hours)
 - a. care of bedroom, bathroom, kitchen
 - b. care of clothing
 - c. safety in home
7. Physical, mental and social aspects, myths and realities of aging, death and dying. (2 hours)

8. Prior equivalent training can be substituted for part or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training.

In-Service Training

Staff providing personal care must be regularly scheduled for in-service training to augment or refresh the personal care worker's knowledge in any of the above listed areas for a minimum of four (4) hours per year. The training will be documented in staff records.

RESPITE TRAINING

Pre-Service Training

Staff or volunteers providing this service must receive at least thirty (30) hours of instruction in the areas listed below.

1. Health problems and care of aged persons.
2. Basic personal care procedures, such as grooming.
3. First aid and handling of emergencies.
4. Food nutrition, meal preparation and household management.
5. Overview of Alzheimer's Disease and other related dementia, if training for the Alzheimer's Disease Initiative Program.
6. Dealing with behaviors characteristic of Alzheimer's Disease and other related dementia, if training for the Alzheimer's Disease Initiative Program.
7. Record keeping and reporting requirements.
8. Prior equivalent service training can be substituted for part of the required hours of pre-service training. The personnel file of the staff member must include documentation of the prior training.
9. Items #2 and #4 may be provided on the job by another trained respite worker.

In-Service Training

In-service training for respite care workers will be scheduled as needed. Minimum in-service training must be provided at least once per year for a total of four (4) hours. Content and duration must be documented in staff and agency records.

Training Sources

Possible sources of respite care training may include those listed below.

1. Community college or other educational institution, including a high school vocational program.
2. Nationally recognized, health-oriented organization such as the American Cancer Society or the American Red Cross.
3. Hospital, clinic, licensed nursing home or licensed health facility.
4. Special course developed and conducted by a qualified individual (registered nurse, nurse practitioner, licensed social worker or counselor) for the specific purpose of training respite care providers and other appropriately trained and/or experienced social service agency personnel.

COMMUNITY CARE FOR DISABLED ADULTS

Pre-Service Training Requirements

1. Safety and home accident prevention.
2. Procedures for handling client's money, if shopping is an included service.
3. Client confidentiality.
4. CCDA purpose and philosophy.
5. Emergency procedures, in the event of a crisis during the course of work.
6. Additional training may include information about disabling conditions and first aid.
7. If staff or volunteers have received prior equivalent service training, the prior training can be substituted for part of or all of the required hours of pre-service training. The personnel file of the staff member or volunteer must include documentation of the prior training. (Pre-service training may include on-the-job training.)

In-Service Training

An annual minimum of six (6) hours of in-service training must be provided. Content and duration must be documented in staff and agency records.

RECORD KEEPING

1. The provider is required to maintain consumer records. A consumer file will be maintained on each consumer; it shall contain, at a minimum, the items listed below.
 - a. consumer service order
 - b. documentation of service provision
 - c. worker case notes

- d. special notation of critical incidents such as consumer falling, altercation or any out-of-the-ordinary occurrence. The provider shall notify the County within twenty-four (24) hours of any change in a consumer's condition.
 - e. invoicing records
2. Invoicing records shall be maintained by the provider. The Provider shall:
- a. submit an invoice to the County on a mutually agreed upon schedule. All invoices are to consist of:
 - (1) a recap of service(s); units ordered, units delivered; and
 - (2) consumer-specific service report.
 - b. maintain documents to support invoices (employee time slips, etc.).
 - c. have a procedure for verifying worker/consumer signatures on "time" documentation.
 - d. submit all invoices in a timely manner. **At no time shall the invoice be submitted more than six months after the date of service.**
 - e. provide the number of hours ordered on a notice of action each week to achieve delivery of services of the maximum time ordered. Should a scheduled visit be missed, the time is expected to be delivered at a different time within the same week.

COORDINATION

- 1. As needed and/or at the County's request, the provider shall participate in periodic planning and evaluation sessions; in consumer case reviews and administrative conferences; and in training sessions for the provider's staff.
- 2. The provider shall cooperate with Polk County Elderly Services on a council whose objectives are to be reduce interagency barriers, streamline service delivery and promote community participation.
- 3. Services, as request by Notice of Action, shall commence within seven (7) days after receipt of the Notice of Action.
- 4. The provider shall submit to Polk County Elderly Services a start date for the delivery of services within ten (10) working days of receipt of the Notice of Action for data entry into the CIRTS system.
- 5. The provider shall notify Polk County Elderly Services within twenty-four (24) hours of any incident related to the consumer while services were being delivered.

SUBMITTAL OF RESPONSES

Interested parties are invited to submit their responses to the Procurement Division. The requested information may be mailed, delivered, faxed or emailed to:

Polk County Procurement Division
330 West Church Street
P.O. Box 9005, Drawer AS05
Bartow, Florida 33831-9005
Tel: (863) 534-6757
Fax: (863) 534-6789
Attn: Mary W. Combee
Email: marycombee@polk-county.net

SUBMITTALS

Submittals must include the following:

1. Cover letter signed by company's contact person (person authorized to bind the company)
2. Brief history of company's experience (2 pages)
3. Procedures for coordination of service delivery, indicating which services Vendor plans to provide, and policies regarding achievement of maximum delivery of services ordered
4. Record keeping practices and procedures
5. Staff supervision procedures
6. New employee training and ongoing in-service training procedures
7. Documentation regarding respondent's HIPAA compliance
8. Documentation that employees/workers have completed an Affidavit of Good Moral Character and have undergone a review conducted by the Florida Department of Law Enforcement (FDLE) prior to employment
9. Copy of License
10. Copy of Personnel Policies
11. Insurance Certificate meeting all requirements that are detailed in General Conditions.
12. Vendor Application
13. Affidavit Certification Immigration Laws

GENERAL CONDITIONS

INSURANCE REQUIREMENTS

The selected firm, if any, shall maintain, at all times, the following minimum levels of insurance and; shall, without in any way altering their liability, obtain, pay for and maintain insurance for the coverages and amounts of coverage not less than those set forth below. Provide to the County original Certificates of Insurance satisfactory to the County to evidence such coverage before any work commences. Polk County, a subdivision of the State of Florida, shall be named as an additional insured on all policies related to the project; excluding worker's compensation and professional liability. All insurance coverage shall be written with a company having an A.M. Best Rating of at least the "A" category and size category of VIII. The firm's self-insured retention or deductible per line of coverage shall not exceed \$25,000 without the permission of the County. The policies shall contain a waiver of subrogation in favor of Polk County. The County requires a 30-day written notice of cancellation and a 10-day written notice of non-payment. In the event of any failure by the firm to comply with the provisions, the County may, at its option, provide notice to the firm to suspend the project for cause until there is full compliance. Alternatively, the County may purchase such insurance at the firm's expense, provided that the County shall have no obligation to do so; and if the County shall do so, the firm shall not be relieved of or excused from the obligation to obtain and maintain such insurance amounts and coverages.

Worker's Compensation and Employer's Liability Insurance providing statutory benefits, including those that may be required by any applicable federal statute:

Admitted in Florida	Yes
Employer's Liability	\$100,000
All States Endorsement	Statutory
Voluntary Compensation	Statutory

Commercial General Liability Insurance. \$1,000,000 combined single limit of liability for bodily injuries, death, property damage and personal injury resulting from any one occurrence, including the following coverages:

Broad Form Commercial General Liability Endorsement to include blanket contractual liability (specifically covering, but not limited to, the contractual obligations assumed by the Firm); Personal Injury (with employment and contractual exclusions deleted) and Broad Form Property Damage coverages; Independent Contractors;

Delete Exclusion relative to Collapse, Explosion and Underground Property Damage Hazards; and Cross Liability Endorsement.

The Insurance Certificates, to be submitted by the vendor, must include the following information.

The Certificate Holder must be stated as:

Polk County, a Political Subdivision of the State of Florida
P.O. Box 9005, Drawer AS05
Bartow, Florida 33831-9005

The County must be named as additional insured in regards to General Liability. The policy shall contain a waiver of subrogation in favor of Polk County.

The County must be an additional named insured in regards to General Liability. Coverage must be provided by an insurer licensed to do business in the State of Florida and must be rated "A VIII" or better by A.M. Best Rating Company for Class VIII financial size category. Waiver of subrogation in favor of Polk County is required for General Liability and Worker's Compensation coverages.

Notation on the certificate reflecting the additional insured status and the waiver of subrogation or copies of the endorsements must be provided to verify requirements. "All work performed for Polk County" must be noted on the certificate.

The acceptable form of the certificate of insurance shall be the industry standard ACORD certificate.

Certificate of insurance must be submitted with response.

INDEMNIFICATION

The firm shall, in addition to any other obligation, indemnify the County and to the fullest extent permitted by law, protect, defend, indemnify and hold harmless the County, their agents, elected officials and employees from and against all claims, actions, liabilities, losses, costs arising out of any actual or alleged bodily injury, sickness, disease or death, or injury to or destruction of tangible property including the loss of use resulting therefrom, or any other damage or loss arising out of or resulting from or claims to have resulted in whole or in part from any actual or alleged act or omission of the consultant, any subcontractor, anyone directly or indirectly employed by any of them, of anyone for whose acts any of them may be liable in the performance of the work; or violation of law, statute, ordinance, governmental administration order, rule, regulation or infringement of patent rights by the firm in the performance of the work; or liens, claims or actions made by the firm or any subcontractor or other party performing the work.

PUBLIC ENTITY CRIMES STATEMENT

A person or affiliate who has been placed on the convicted vendor list following a conviction for a public entity crime may not submit a bid/proposal on a contract to provide any goods or services to a public entity; may not submit a bid on a contract with a public entity for the construction or repair of a public building or public work; may not submit bids on leases of real property to a public entity; may not be awarded or perform work as a contractor, supplier, subcontractor or consultant under a contract with any public entity; and may not transact business with any public entity in excess of the threshold amount provided in Section 287.017, for CATEGORY TWO for a period of 36 months from the date of being placed on the convicted vendor list. By submitting this proposal, the proposer hereby certifies that they have complied with said statute.

EQUAL OPPORTUNITY/AFFIRMATIVE ACTION

The County is an equal opportunity/affirmative action employer. The County is committed to equal opportunity employment effort; and expects firms that do business with the County to have a vigorous affirmative action program.

**AFFIDAVIT CERTIFICATION
IMMIGRATION LAWS**

SOLICITATION NO.: CS 06-035 PROJECT NAME: Community Care for the Elderly In-Home Services

POLK COUNTY WILL NOT INTENTIONALLY AWARD COUNTY CONTRACTS TO ANY CONTRACTOR WHO KNOWINGLY EMPLOYS UNAUTHORIZED ALIEN WORKERS, CONSTITUTING A VIOLATION OF THE EMPLOYMENT PROVISIONS CONTAINED IN 8 U.S.C. SECTION 1324 a(e) {SECTION 274A(e) OF THE IMMIGRATION AND NATIONALITY ACT ("INA").

POLK COUNTY MAY CONSIDER THE EMPLOYMENT BY ANY CONTRACTOR OF UNAUTHORIZED ALIENS A VIOLATION OF SECTION 274A(e) OF THE INA. **SUCH VIOLATION BY THE RECIPIENT OF THE EMPLOYMENT PROVISIONS CONTAINED IN SECTION 274A(e) OF THE INA SHALL BE GROUNDS FOR UNILATERAL CANCELLATION OF THE CONTRACT BY POLK COUNTY.**

BIDDER ATTESTS THAT THEY ARE FULLY COMPLIANT WITH ALL APPLICABLE IMMIGRATION LAWS (SPECIFICALLY TO THE 1986 IMMIGRATION ACT AND SUBSEQUENT AMENDMENTS).

Company Name: _____

Signature Title Date

STATE OF: _____

COUNTY OF: _____

The foregoing instrument was signed and acknowledged before me this ____ day of _____, 20____,

by _____ who has produced
(Print or Type Name)

_____ as identification.
(Type of Identification and Number)

Notary Public Signature

Printed Name of Notary Public

Notary Commission Number/Expiration