



Human Services Department

**ELDERLY AND VETERANS SERVICES DIVISION**

1 North University Drive, Suite 4108B • Plantation, Florida 33324 • 954-357-6622 • FAX 954-357-8815

**New In-Home Services Vendor Application Overview**

Broward County Elderly and Veterans Services Division (BCEVSD) is the designated Lead Agency for Planning and Service Area 10 (PSA 10). We are contracted by the PSA 10 Area Agency on Aging to manage the State-funded Community Care for the Elderly (CCE) and Alzheimer's Disease Initiative (ADI) grant programs. We also manage funding for the CCE Waitlist Reduction (WLR) County-funded program, which provides services similar to those of the CCE and ADI programs.

BCEVSD provides case management directly to clients and enters into Referral Rate Agreements (RRA) with local providers to serve elders who have been referred to us by the Area Agency on Aging of Broward County. Our clients are 60 and older and need supports and services to remain in their homes. We currently have vendors providing in-home services and are interested in contracting with additional vendors to serve clients more effectively and efficiently in all geographical areas of Broward County.

Please refer to the following attachments for more detailed information:

- Attachment I: Detailed Service Description
- Attachment II: Program Terms and Requirements
- Attachment III: Insurance Requirements
- Attachment IV: Reimbursement Rate Fiscal Year 2022-2023
- Attachment V: In-Home Services Vendor Application
- Attachment VI: Background Screening Attestation of Compliance – Employer  
(Required at contract execution)
- Attachment VII: Application Checklist

After reviewing the information, if you are interested in becoming an in-home service provider for our agency, please download and complete the application (see Attachment V), which can be found at BCEVSD Website at <https://www.broward.org/ElderlyAndVeterans/Pages/Default.aspx> and return it via email to [EVSDVendors@broward.org](mailto:EVSDVendors@broward.org), no later than 5:00 p.m. on Friday, November 4, 2022.

A virtual workshop for all vendors interested in submitting applications will be held on Friday October 21, 2022, at 10:30 am. The workshop will be posted on the BCEVSD Website at <https://www.broward.org/ElderlyAndVeterans/Pages/Default.aspx>. All applicants are required to certify that they viewed the Workshop on Exhibit A In-Home Standards Questionnaire.

Please contact Francisco Munoz or Damarley Wallen at 954-357-6622 or email [EVSDVendors@broward.org](mailto:EVSDVendors@broward.org) for questions regarding ADA accommodations.

Please be advised that mail in applications and incomplete applications will not be processed and will be returned to vendors.

### Detailed Service Description

- **Homemaker** – Homemaker service is defined as the accomplishment of specific home management duties by a trained homemaker. Duties may include, but are not limited to, housekeeping; laundry; cleaning refrigerators; clothing repair; minor home repairs; assistance with budgeting and paying bills; client transportation; meal planning and preparation; shopping assistance; and routine house-hold activities.
- **Personal Care** – Personal care is primarily the provision of assistance with eating, dressing, personal hygiene, and other activities of daily living. This service may also include other tasks that are incidental to the care provided. Assistance with meal preparation and housekeeping chores, such as bed making, dusting and vacuuming are examples of these secondary services. Personal care can include accompanying the client to clinics, physician office visits, or trips for health care, provided the client does not require special medical transportation. Personal care can also include shopping assistance to purchase food, clothing and other items needed for the client's personal care needs.
- **Respite Care** – In-home respite care is the provision of relief or rest for a primary caregiver from the constant, continued supervision and care of a functionally impaired older person by providing care for the person in the home for a specified period.
- **Chore** – Chore is defined as the performance of routine house or yard tasks, including such jobs as seasonal cleaning; yard work; lifting and moving furniture, appliances or heavy objects; household repairs which do not require a permit or specialist; and household maintenance. Pest control may be included, when not performed as a distinct activity.
- **Enhanced Chore** – Enhanced chore is the performance of any house or yard task necessary to provide a clean, sanitary and safe living environment. This service is beyond the scope of chore due to the level of service needed. The service includes a more intensified, thorough cleaning to address more demanding circumstances. Pest control may be included when not performed as a distinct activity.

## Program Terms and Requirements

### Programmatic Terms:

- We have a “client’s choice” program whereby we provide to our clients a list of service providers from which they choose. We do not advise or counsel them on their choice. They can change providers at any time. Therefore, we cannot project, predict, or guarantee any units of service.
- The terms and conditions of the agreement are non-negotiable; they are determined by the State of Florida, Broward County government, and our funder.
- The rates are non-negotiable; they are determined by our funder (see Attachment III).
- Each provider is required to provide a 10% match for all services provided. This is obtained by our reimbursing at 90% of the contracted service rate.
- See Attachment IV for insurance requirements.
- Each provider must be able to provide services to any resident of Broward County, regardless of location, types of service, and/or amounts of service.
- Each provider must utilize the County’s client management database system to track all services provided and produce reports for monthly invoicing.

### Programmatic Requirements:

All participating providers must abide by the current Florida Department of Elder Affairs (DOEA) Programs and Services Handbook, which can be found at:

<https://elderaffairs.org/news-events/notices-of-instruction-2022/notices-of-instruction-2020/>.

They must also abide by any licensure requirements set forth by DOEA, Florida Department of Children and Families, and the Florida Agency for Health Care Administration (AHCA).

### Licensure requirements include:

- Must have a valid, current Home Health Agency or Nurse Registry license issued by AHCA.
- All employees, contracted employees, independent contractors, subcontractors and any other person having contact with clients or access to client information must have a successful State of Florida Level 2 and a signed Background Screening Attestation of Compliance – Employer Form.

**Insurance Requirements**

For the duration of the Agreement, Vendor must, at its sole expense, maintain the following minimum insurance coverages:

- General Liability: \$1,000,000 Combined Bodily Injury and Property Damage
- Auto Liability: \$500,000 Combined Bodily Injury and Property Damage (if applicable)
- Workers Comp: \$100,000 Each Accident (if applicable)
- Employers Liability \$100,000
- Professional Liability Each Claim \$1,000,000

Vendor must ensure that Broward County is listed and endorsed as an additional insured

## Reimbursement Rate Fiscal Year 2022-2023

SERVICE	UNIT OF SERVICE	TOTAL UNIT COST	MATCH FUNDS	REIMBURSEMENT RATE
Chore Services	One Hour	\$19.58	\$1.96	\$17.62
Enhanced Chore Services	One Hour	\$31.60	\$3.16	\$28.44
Homemaker	One Hour	\$19.51	\$1.95	\$17.56
Personal Care	One Hour	\$20.24	\$2.02	\$18.22
Respite Care	One Hour	\$19.80	\$1.98	\$17.82
24-Hour Respite Care	One Day	\$260.00	\$26.00	\$234.00
Alzheimer's Respite In-Home Care	One Hour	\$17.82	Not applicable	\$17.82

**New In-Home Services Vendor Application**

Please email entire completed Application and Attachments by 5:00 p.m. on Friday, October 28, 2022.  
Make a copy of the Application for your files.  
Email Application to: [EVSDVendors@broward.org](mailto:EVSDVendors@broward.org)

*Electronic Form Compatible*

Applicant Agency's Name: \_\_\_\_\_

Facility's State of Florida License Number and Expiration Date:

\_\_\_\_\_

License Number	Expiration Date
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Applicant Agency's Telephone Number: \_\_\_\_\_

Contact Person Name and Title: \_\_\_\_\_

Contact Person's Telephone Number: \_\_\_\_\_

1. Name of Business: (include D/B/A, if applicable)

2. Applicant/Business Address:

3. Applicant/Business E-mail Address: \_\_\_\_\_

4. Applicant/Business Location Fax: \_\_\_\_\_

5. Name and Mailing Address for Payment:

6. Name and Address of Person who maintains agency's Financial Records:

7. Name and Address of Person who handle agency's Client Records:

8. Legal status of agency:  Non-Profit  For Profit  Other

If other, Specify: \_\_\_\_\_

9. Approved Statewide Medicaid Managed Care/Long Term Care Provider?  Yes  No

If yes, specify managed care provider(s): \_\_\_\_\_

Note: If you selected “No” in question 9: Once our consumer is transitioned to the Medicaid Managed Care Program you will no longer be the provider for managed care enrolled consumers. For client continuity of care for our consumers BCEVSD recommends each of our service providers become a managed care provider for Broward County. This is not a guarantee the Managed care provider will utilize your agency, however.

*Please provide as Attachments to the Application, the following information and/or documents:*

**Applicant Attachment “A”:** Functional organization chart of agency clearly reflecting lines of authority and staff positions from the Board of Directors through direct service personnel, including In-Home Services staff. Indicate the number of individuals in each position.

**Applicant Attachment “B”:** Copy of current, active and in good standing, State of Florida License as a Home Health Agency or Nurse Registry.

**Applicant Attachment “C”:** Not-for-Profit and For-Profit organizations must include a Certificate of Corporation from the Secretary of State, State of Florida, or a printout from Corporations Online, Public Inquiry (see [www.sunbiz.org](http://www.sunbiz.org)) dated within one year of the submission date of this Application, that the Applicant Agency is active and in good standing. This is not applicable if agency is a unit of government.

**Applicant Attachment “D”:** The name, address, and telephone number for each of two business contacts who are willing to attest to the financial stability of Applicant Agency.

**Applicant Attachment “E”:** Cultural Competency Plan - description of the methods Applicant Agency employs to ensure direct service, managerial, supervisory and administrative staff has the competencies (behaviors, attitudes, standards, policies and practices) to operate successfully in cross-cultural situations while serving Broward County’s culturally diverse population.

**Applicant Attachment “F”:** Basic description of Applicant Agency’s procedures for surveying client satisfaction, including timetables and ways in which findings are utilized. Attach a copy of the tool Applicant Agency currently employs to determine client satisfaction. Attach a copy of the dated results of the last client satisfaction survey conducted.

**Applicant Attachment “G”:** Copy of Applicant Agency’s Continuous Quality Improvement plan/procedures, (maximum ten pages); also attach the dated minutes of the last meeting of quality improvement committee and/or results of last quality improvement assessment.

**Applicant Attachment “H”:** Orientation Syllabus and Training Checklist required by Applicant to direct-staff and certification on file for required training for subcontracted staff providing services.

**Applicant Attachment “I”:** Procedures for surveying direct-staff/workers-aides satisfaction and date and results of last completed survey.

**Applicant Attachment "J":** Select (X) as applicable the in-home services currently provided by Applicant to adults over the age of sixty:

Homemaker	
Personal Care	
Respite Care (In-home)	
24-hour Respite Care (24-hour contract rate)	
Chore	
Enhanced Chore	

**Certification Statement**

I am authorized to represent \_\_\_\_\_ (applicant agency)  
and to assert that the above information is true and accurate.

**Print Name:** \_\_\_\_\_ **Signature:** \_\_\_\_\_

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**



**IN-HOME STANDARDS QUESTIONNAIRE**

<i>Please indicate "YES" or "NO" as to whether your agency currently complies or will comply with the requirements listed below.</i>	YES	NO
1. Applicant Agency will serve all areas of Broward County.		
2. Applicant Agency provides in-home services on weekends and holidays, as required by client.		
3. Applicant Agency understands and agrees that as a vendor for the CCE and WLR Programs, it will be reimbursed for nine of every ten units provided.		
4. Applicant Agency understands that as a vendor for the CCE, ADI and WLR Programs, it is subject to Public Entity Crime Act (Section 287.133, F. S.)		
5. Applicant Agency understands and agrees that it is required by Broward County, as a vendor for the CCE, ADI and WLR Programs, to participate in Broward County's Human Services Client Information Software System and record all Service transactions on this software. Service Activity Reports from this system will support all invoices.		
6. Applicant Agency is a licensed agency as required by licensing agency and whose current State License is active and in good standing with the State of FL.		
7. Applicant Agency understands that as a County's vendor for the CCE, ADI and WLR Programs, it will submit a Certificate of Insurance with the following minimum coverages: a) General Liability, \$1,000,000.00 Combined Bodily Injury and Property Damage; b) Auto-Liability, \$500,000.00 Combined Bodily Injury and Property Damage; (if applicable) and c) Workers' Comp, \$100,000.00 Each Accident (if applicable); Employers Liability \$100,000; Professional Liability Each Claim \$1,000,000. Broward County must be named as an additional insured. Vendor shall follow Florida Statutes Chapter 444 (Worker's Compensation).		
8. Applicant Agency staff are qualified by training/experience in accordance with Chapter 400, Part IV, Florida Statutes, and Chapter 59A-8, Florida Administrative Code.		
9. Applicant Agency has maintained a State of Florida License as a Home Health Agency or Nurse Registry for at least the past five (5) years.		
10. Applicant Agency understands that as a vendor for the CCE, ADI and WLR Programs, it is obligated to formally report, within forty-eight (48) hours, any unusual incidents or changes in the client's condition or behavioral changes, as appropriate.		
11. Applicant Agency understands that as a vendor for the CCE, ADI and WLR Programs, it is subject to auditing, and monitoring of service delivery by Elderly and Veterans Services Division.		
12. Applicant Agency understands that as a vendor for the CCE, ADI and WLR Programs, it will affirmatively comply with all federal, state, and local laws and ordinances related to non-discrimination in hiring and service delivery.		
13. Applicant Agency understands that as a vendor for the CCE, ADI and WLR Programs, it will comply with the HIPAA regarding protected health information.		
14. Applicant Agency ensures compliance with background screening legislation, background screening Attestation of Compliance Employer and is currently enrolled in the E-Verify Program.		
15. Applicant Agency certifies that they viewed the workshop posted on the EVSD Website.		
16. Applicant Agency will maintain an administrative office in Broward County.		

**Certification Statement**

I am authorized to represent \_\_\_\_\_ (applicant agency)

and to assert that the above information is true and accurate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_  
Title Date

Background Screening Attestation of Compliance – Employer



Ron DeSantis  
Governor

Richard Prudom  
Secretary



BACKGROUND SCREENING

Attestation of Compliance - Employer

**AUTHORITY:** This form is required annually of all employers to comply with the attestation requirements set forth in section 435.05(3), Florida Statutes.

- The term “employer” means any person or entity required by law to conduct background screenings, including but not limited to, Area Agencies on Aging/Aging and Disability Resource Centers, Lead Agencies, and Service Providers that contract directly or indirectly with the Department of Elder Affairs (DOEA), and any other person or entity which hires employees or has volunteers in service who meet the definition of a direct service provider. See §§ 435.02, 430.0402, Fla. Stat.
- A direct service provider is “a person 18 years of age or older who, pursuant to a program to provide services to the elderly, has direct, face-to-face contact with a client while providing services to the client and has access to the client’s living area, funds, personal property, or personal identification information as defined in s. 817.568. The term includes coordinators, managers, and supervisors of residential facilities and volunteers.” § 430.0402(1)(b), Fla. Stat.

**ATTESTATION:**

As the duly authorized representative of

\_\_\_\_\_ *Employer Name*

located at \_\_\_\_\_  
*Street Address City State ZIP code*

I, \_\_\_\_\_ do hereby affirm under penalty of  
*Name of Representative*

perjury that the above named employer is in compliance with the provisions of Chapter 435 and section 430.0402, Florida Statutes, regarding level 2 background screening.

\_\_\_\_\_  
Signature of Representative

\_\_\_\_\_  
Date

**New In-Home Services Vendor  
Application Checklist**

Item	Name of Documents	Check YES If Submitted	Check NO if Not Submitted	Reviewer # 1 <small>*Official Use Only</small>	Reviewer # 2 <small>*Official Use Only</small>	Reviewer # 3 <small>*Official Use Only</small>
1.	<b>Application Exhibit V</b> New In-Home Services Vendor Application					
2.	<b>Application Exhibit A</b> In Home Standards Questionnaire					
3.	<b>Attachment A</b> Functional Organization Chart					
4.	<b>Attachment B</b> State of Florida License as a Home Health Agency or Nurse Registry. (Current, Active and in Good Standing)					
5.	<b>Attachment C</b> <ul style="list-style-type: none"> <li>• Certificate of Corporation from the Secretary of State, State of Florida,</li> <li style="text-align: center;">OR</li> <li>• Printout from Corporations Online, Public Inquiry (see <a href="http://www.sunbiz.org">www.sunbiz.org</a>) which must be: <ul style="list-style-type: none"> <li>- Dated within one year of the submission date of this Application,</li> <li>- Applicant Agency is active and in good standing.</li> </ul> </li> </ul>					
6.	<b>Attachment D</b> The name, address, and telephone number for each of two (2) business contacts who are willing to attest to the financial stability of Applicant Agency.					
7.	<b>Attachment E</b> Cultural Competency Plan					
8.	<b>Attachment F</b> Client Satisfaction Attachment to include: <ul style="list-style-type: none"> <li>• Basic description of Applicant Agency's procedures for surveying client satisfaction, including timetables and ways in which findings are utilized.</li> <li>• A copy of the tool Applicant Agency currently employs to determine client satisfaction.</li> <li>• Attach a copy of the dated results of the last client satisfaction survey conducted.</li> </ul>					

Item	Name of Documents	Check YES If Submitted	Check NO if Not Submitted	Reviewer # 1 *Official Use Only	Reviewer # 2 *Official Use Only	Reviewer # 3 *Official Use Only
9.	<b>Attachment G</b> Continuous Quality Improvement (CQI) <ul style="list-style-type: none"> <li>• CQI Plan / Procedures</li> <li>• CQI Committee Minutes last meeting (dated) and/or results of last quality improvement assessment.</li> </ul>					
10.	<b>Attachment H</b> Training Attachment <ul style="list-style-type: none"> <li>• Orientation Syllabus</li> <li>• Training Checklist required by Applicant to direct-staff and certification on file for required training for subcontracted staff providing services.</li> </ul>					
11.	<b>Attachment I</b> Procedures for surveying direct-staff/workers-aides satisfaction and results of last completed survey.					
12.	<b>Attachment J</b> Select (X) as applicable the in-home services currently provided by Applicant to adults over the age of sixty:					

\* The reviewer columns will be completed by County staff.

**Certification Statement**

I am authorized to represent \_\_\_\_\_ (applicant agency)

and to assert that the above information is true and accurate.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_

\_\_\_\_\_ Title

\_\_\_\_\_ Date