Elder Options
State General Revenue Programs
Service Provider Application
Guidelines and Instructions

CCE Lead Agency Designation Period: 07/01/2025 – 06/30/2030
Application Period: 07/01/2025 – 06/30/2027
Contract Period: 07/01/2025 – 06/30/2026

This packet contains the instructions for the Service Provider Application (SPA) to be used by Lead Agencies requesting funding under the following Department of Elder Affairs State General Revenue funded programs:

- Community Care for the Elderly

- Home Care for the Elderly

- Alzheimer's Disease Initiative

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Attention Bidders:

The bid winner will be designated as the Community Care for the Elderly (CCE) Lead Agency and will be awarded the CCE, Home Care for the Elderly (HCE) and Alzheimer's Disease Initiative (ADI) grants.

General Application Instructions

Preparation Instructions
These instructions apply to the entire application document. In order to expedite processing of applications, we request that you adhere to the following instructions exactly:

1. **Submit one (1) electronic copy of the complete SPA Formats document as a single pdf document. The Contract Module/Unit Cost Methodology format provided in Excel must be submitted electronically in Excel. Additional material related to the Contract Module/Unit Cost Methodology may be submitted in the format it exists. The submission location and instructions will be provided to agencies that submit a Notice of Intent to Submit a Proposal.**

2. The applicant's presentation of information must be factual, complete, clear, and accurate. The applicant should present persuasive evidence throughout the application that it can deliver the prescribed array of services more effectively and efficiently than any other prospective service provider in the community.

3. Any applicant may provide supplemental or reference information pertinent to the applications. The applicant should include only relevant information and data necessary to respond to specific application questions. Do not include extraneous materials as attachments such as agency promotion brochures, slides, tapes, film clips, etc. It is not feasible to use such items in the review process and they will be discarded if included.

4. The application must be free of significant grammatical and arithmetic errors and must adhere to the prescribed format.

5. The applicant must use the computer generated forms that are provided by Elder Options.

6. All pages of the application, with the exception of the Contract Module Excel file, must be numbered sequentially.

   Each subcontract should use a number/letter combination that provides a distinct page number to a full contract, with letters identifying the individual pages within the subcontract. If the first subcontract would begin on page 50, the pages of this

subcontract will be 50a, 50b, 50c, etc. The second subcontract's page numbers will be 51a, 51b, 51c, etc., and so on.

7. Submit the application on or before the submission deadline.

8. Applicants are required to match CCE contract dollars at the rate of $1 dollar of matching funds for every $9 dollars of state appropriated CCE funding (10%). Match may be cash or in-kind or a combination of both.

<u>Table of Contents</u>
The Table of Contents format that is provided should be completed. Additional items may be added, if applicable. All documents should flow in the order in which they appear on the Table of Contents format provided. Page numbers should not appear on the Table of Contents.

I.A. Service Provider Summary Information Page

Complete all items on this page.

Descriptions are provided below for the items that are not self-explanatory:

The type of submission is Original for any agency, including a current CCE Lead Agency.

Item 3. If the agency has no Advisory Council, answer with "N/A"

Item 5. is already completed with the appropriate Proposed Application Period of July 1, 2025 – June 30, 2027. A New Applicant is an agency that did not have a contract with the AAA during the year prior to the proposed funding period.

Item 6. is already completed with the appropriate programs (CCE, HCE, and ADI).

Item 8. Indicate whether the address in item 1 or item 2 should be used.

Item 9. The individual signing this document must have the full authority of the grantee agency.

II.A. Program Module – General Guidelines and Instructions

1. Demographics and Community Care Service System

Lead Agencies must accept AAA referrals and provide case management and services on a countywide basis for all eligible clients residing in the specific county. The CCE Lead Agency for each county must coordinate the system of community based services to meet the needs of newly referred and existing clients who are functionally impaired, persons assessed for services and targeted elderly persons identified through outreach and referral activities during the program year.

Case management and case aide are not considered core services. Case aide supports case management and if charged to the AAA, must be reflected as a separate service.

2. Consumer Identification

The AAA and Lead Agencies are charged with the responsibility to identify and inform frail elders and their caregivers of the range and availability of services. This may be carried out in cooperation with church, civic, social and medical organizations. The target group consists of those individuals most likely to fall into the high-risk category (priority levels 4 and 5) when assessed.

Lead Agency staff should participate in local networks and consortiums where hospital, home health, social and medical providers are represented, since these may be sources of referrals on high-risk individuals.

It is important for this section to include the strategy to be used by the agency to gather public input from key stakeholders for organizational service planning, evaluation and feedback.

3. Care Management and Lead Agency Requirements

Coordination
Lead Agency case managers will coordinate all community resources for functionally impaired elderly persons in a community care service system designed to provide a continuum of care as the needs of clients change.

Programs Administered
This includes administering and managing these programs: CCE, HCE, and ADI.

These programs are funded individually and carry distinct program responsibilities. Alternative funding (City, County, Local, etc.) must be used to fund client services prior to using AAA contracted funds.

See the DOEA Programs and Services Handbook for program specific information and requirements.

Adult Protective Services (APS)
APS emergency services must be provided within 72 hours to alleged or actual victims of abuse, neglect or exploitation who are determined high risk. Under this provision, services must be carefully coordinated by the CCE Lead Agency with the APS case worker / investigator and service provider agencies. High risk APS referrals are afforded the highest priority access to CCE services. Lead Agencies serve as the intake entity for all APS referrals in PSA 3. The Lead Agency will address procedures for high, intermediate, and low risk APS referrals.

AAA Intake
The intake process begins when an individual, caregiver or family member seeking assistance contacts or is referred to the AAA or other access point. The AAA performs the intake and screening service functions using the 701S. Service provider agencies seeking assistance on behalf of an elderly person may make referrals to the AAA.

During intake, essential information is gathered about the person's physical, mental and functional abilities; concerns, limitations, problems, and general background is also obtained to assist in eligibility screening for appropriate service referrals.

If during preliminary intake, the elderly person appears eligible for services from CCE, HCE, and/or ADI, the intake worker shall explain that a more thorough discussion of the

person's situation and service needs, called a screening, is required to ensure program eligibility requirements are met.

If a person does not meet eligibility requirements for any program administered by the AAA, the AAA shall explain the eligibility criteria and reason for determination. Referral to other community-based service agencies should be made, if appropriate. The referral and determination of ineligibility shall be properly documented and filed as part of the service record. Individuals determined ineligible for CCE, HCE or ADI services shall be informed of their right to appeal per established grievance and appeal policies and procedures.

Initial Screening
The screening process begins with determining the urgency of a person's need, and type of assistance required. The purpose of the 701S is to assess severity of the person's situation and place them on the assessed consumer priority list (ACPL). The 701S does not take the place of a 701B in-home assessment, which is required before service care plan development and delivery of core service(s). The 701B is completed by the Lead Agency once the client is released from the APCL. The initial 701S screening is handled through the AAA by staff who have received their certification on 701B training per the DOEA Programs and Services Handbook requirement.

Eligibility Determination
A client's level of impairment shall be determined through completion of the 701B when administered to each applicant. Eligibility criteria and program specific requirements are provided in the DOEA Programs and Services Handbook.

Final determination of eligibility is the responsibility of the Lead Agency. A potential client will be determined eligible only after a 701B has been completed to establish age, need and risk of institutional placement without services.

Prioritization
The 701B must be used by the Lead Agency case manager to determine an individual's level of need and risk factor(s). Scores obtained through use of the assessment will rank clients to help determine the need for services.

Those people suspected to be victims of abuse, neglect or exploitation are referred by the Department of Children and Families APS Unit as high risk referrals, and shall be given primary consideration over all others to receive CCE Services.

AAA Wait List Management
The AAA will manage and maintain the Wait List for the State General Revenue (SGR) funded formal services.

Coordination of Case Management and Clients to be Case Managed
Each client should be assigned one, and only one, case manager, even if the client is enrolled in more than one program. Case management providers are strongly

encouraged to cost-share case managers across programs to assure clients receive the most appropriate mix of services.

Multiple assessments during the year will not be conducted unless a significant change in the client's status occurs that warrants such or if the AAA is required by DOEA to have a 701S for SMMC LTC. Providers will check eCIRTS to determine if a current assessment has been completed prior to conducting an assessment.

When a client is enrolled in more than one program which funds case management, the following applies: case management should be provided by the program that provides the predominant amount of service. If funds are not available in this program, case management should be provided by the program that coordinates the second highest amount of service. Additional information about each program to be case managed is available in the DOEA Programs and Services Handbook.

The case manager is the gatekeeper in the community care service system with the knowledge and responsibility to link clients to the most beneficial and least restrictive array of community services and resources irrespective of funding source or program. Case managers serve as a contact between health care and social service delivery systems, particularly physicians, hospitals, health maintenance organizations, nursing homes and home health agencies.

Client choice is the primary consideration in determining service referrals. In those instances when there is more than one subcontractor available for a given service, and the client expresses no preference, the Lead Agency should make the referral based on geographical and cost efficiency considerations. The procedures and referral formats used are to be developed by the Lead Agency.

A complete listing of the services funded under all programs managed by the Department of Elder Affairs (DOEA), and descriptions for each of these services may be found in Appendix A of the DOEA Programs and Services Handbook.

Comprehensive Assessment of Eligible Clients
Comprehensive Assessments of clients selected through the screening process must be completed by the case manager using 701B. The assessment will determine the person's level of functioning, existing resources and service needs. Further information on Comprehensive Assessment requirements may be found in the DOEA Programs and Services Handbook, Chapter 2.

Determination for Level of Risk
A person's risk level is determined by the scores obtained on the 701B. (See above section on prioritization). The total score obtained after all sections of the Comprehensive Assessment have been tallied must be compared to a scale, which contains a range of scores reflecting client frailty and risk of institutional placement.

Determination of Functional Status
A client's functional status is determined by the scores received on the Activities of Daily Living (ADL) and Instrumental Activities of Daily Living (IADL) sections of the 701B.

Establishing Service Needs
The end result of the assessment process is establishment of the client service care plan, which comprehensively addresses all service needs of the functionally impaired client.

Service Care Plan
Case managers must prepare a plan of care for each eligible client using the format prescribed by the DOEA. The plan of care is developed in coordination with the client and / or caregiver, if applicable, and must address all of the client's needs. It is the responsibility of the case manager to consider the most appropriate resources to provide the services needed, as indicated in the service care plan. Clients or caregivers may accept or decline services, or providers of services. The client's option to choose from multiple service provider agencies must be observed at all times.

Case managers must manage the client service care plan by arranging for the services accepted, and monitoring the quality of service delivered to their clients. Periodic review of the continuing appropriateness of the service care plan should occur semi-annually, at a minimum. All clients must be reassessed annually, with updates completed to document any significant changes. Service care plans must reflect changing or ongoing client needs.

Resource Management and Development
The Lead Agency must ensure all other funding sources available have been exhausted before requesting use of the state appropriated funding. Additionally, the Lead Agency must prepare and forward surplus / deficit reports to AAA monthly. Lead Agencies must ensure coordination is established with all community-based health and social services programs for functionally impaired older persons funded wholly or in part by federal, state and local funds, to provide a continuum of care.

Co-Payment
In accordance with rules and guidelines adopted by the DOEA, case managers must assess all non-exempt CCE and ADI clients for services rendered based on ability to pay. Lead Agencies will establish procedures to remedy financial hardships associated with co-payment and ensure there is no interruption in service(s) for inability to pay. Co-pay Guidelines are included in the DOEA Programs and Services Handbook and any policy memoranda on this subject, issued subsequently.

The Lead Agency is responsible for billing and collecting assessed co-payments for all services provided under the CCE and ADI programs.

The collected funds must be reported to the AAA monthly. All collected co-payment funds must be used to expand client services under the CCE and ADI programs.

4. Services

The Lead Agency must provide information on services provided directly and services that are subcontracted.

4a. Subcontract Monitoring Schedule

The Lead Agency must submit a subcontract monitoring schedule for all services which will be subcontracted with SGR funding. The following information must be included: 1) Subcontractor / Vendor name and address, 2) proposed date of monitoring visit, 3) program to be monitored, 4) services to be monitored, and if the monitoring will be Fiscal/Administrative and/or Programmatic. If monitoring dates are changed from the original schedule, an updated subcontract monitoring schedule must be provided to the AAA.

5. Quality Assurance

To assure the delivery of quality services, Lead Agencies must participate in pre-service and in-service training pursuant to the DoEA Programs and Services Handbook and Elder Options Policy Releases.

The Lead Agency will self-monitor and self-evaluate the quality of service delivery by its own agency staff. Additionally, the AAA will conduct independent monitoring visits and evaluations of all Lead Agencies.

The degree of client satisfaction with service quality and staff effectiveness must be evaluated periodically during the contract period.   A client survey must be conducted, the compiled results evaluated and reported to the AAA. Each client must be given a survey at least once a year.

Survey results must be used to develop continuous quality assurance initiatives to ensure improvement of case management and other service delivery.

6. Consumer Adverse Incident, Complaint, and Grievance Procedures

The Lead Agency must develop and maintain procedures that provide for handling consumer adverse incidents, complaints and for processing grievance appeals regarding denial, reduction or termination of core services.

These procedures must include the process for receiving, reporting and remediating adverse incidents, complaints and grievances.

In addition, part of the grievance process requires the Lead Agency to inform clients of the appeal process and must include prior written notification to the client of activities

related to filing a grievance / appeal, and assistance to clients when they desire to file a grievance / appeal.

Detailed information regarding grievance / appeal requirements may be found in the DOEA Programs and Services Handbook, Appendix D.

7. Reporting

The Lead Agency is required to compile CCE, HCE, and ADI service delivery statistics and other data and report to the AAA and the DOEA if requested.

Monthly reporting requirements for eCIRTS require all client and service data (with the exception of service units) be entered within 5 business days. Service units must be entered into eCIRTS as close to real time as is possible and prior to Request for Payment report submission. The Request for Payment submission due dates, for service provided in the prior month, are the 5th working day of the month for ADI, the 10th day of the month for CCE and the 20th day of the month for HCE.

All relevant client information is to be entered in the following sections of the Clients Chapter of eCIRTS:

- Demographics
- Forms
- Notes
- Programs
- Services
- Authorizations
- Activities
- Associated People
- Medications
- Caregiver/Care Recipient

Case management, case aide and any CCE, HCE, or ADI service provided by the Lead Agency must be reported on a monthly basis in eCIRTS. Additionally, all requests for payment reporting requirements must be submitted within the time frame established by the AAA.

The AAA requires the proper storage, protection, security and preservation of source documentation, including case files, vendor invoices, case management time and client log sheet information. eCIRTS data must also be protected. Maintenance will include valid backup and retention of electronic data on a regular basis.

8. Confidentiality & Security

Information about functionally impaired elderly persons who receive services under the CCE Program is confidential (s. 430.207, F.S.). Information received through files,

reports, inspections, or otherwise, by the AAA, DOEA or by departmental employees, by persons who volunteer services, or by persons who provide services through contracts with the DOEA, AAAs, Lead Agencies or other contracting agencies, is confidential and exempt from the provisions of Section 119.07(1), F.S.

Such information may not be disclosed publicly in a manner as to identify a functionally impaired elderly person, unless that person or their legal guardian provides written consent. The exemption is subject to the Open Government Sunset Review Act in accordance with Section 119.14, F.S.

The Lead Agency must ensure confidentiality of client information by all employees, service providers and volunteers as required by state laws. It is essential for training to be established to promote security of information, including protection from loss, damage, defacement or unauthorized access.

HIPAA
The Lead Agency must comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The AAA and Lead Agency recognize each is a Business Associate of the other under the terms of HIPAA. As such, each agrees to the terms as written in the Sample Standard Contracts.

Social Security Disclosure
In accordance with Title XIX of the Social Security Act, the client must be informed disclosure of their SSN is voluntary and will be used for referral and screening for Medicaid purposes. The client is not required to provide the SSN, but is encouraged to do so for staff to screen for Medicaid eligibility and referral to the Department of Children and Families or AAA for potential services.

The Lead Agency must comply with all requirements of the Social Security number confidentiality and security measures as required by Section 119.07 (5) F.S. Whenever possible, please submit reports which include client identifying information to the AAA using the assigned client eCIRTS ID in lieu of the individual's social security number.

E-Verify Requirements
The Lead Agency must comply with all requirements pursuant to Executive Order Number 11-116 and all applicable AAA Notices of Instruction related to the requirements to use the U.S. Department of Homeland Security's E-verify system to verify the employment of all new employees hired by the agency.

Background Screening
The Lead Agency must comply with all requirements pursuant to Chapter 2010-114, Laws of Florida (L.O.F.), Sections 430.0402 and 435.01(2) Florida Statues and applicable DOEA Notices of Instruction.

9. Disaster Preparedness

Lead Agencies are required to enter disaster preparedness data for all active clients in eCIRTS. In addition to basic identification, location, emergency contact and needs information, this data includes fields to indicate if a client needs help with emergency evacuation, specially equipped shelter and a special disaster registry listing.

Lead Agencies must be prepared to use eCIRTS reports to routinely provide registry information to the local emergency management team and identify, locate and assist with the evacuation and other needs of endangered elderly in the event of a disaster.

To prepare for an emergency / disaster event, the Lead Agency will cooperate, coordinate and train with the local emergency management agency to the fullest extent possible. The Lead Agency will maintain a current Disaster Plan to be implemented, at the direction of the DOEA or the AAA, in the event a disaster is declared by federal, state or local officials. The plan minimally calls for the following required elements and procedures:

- Identifies Disaster Coordinator and Alternate, with contact information.
- Identifies all key personnel by name and title.
- Identifies all subcontractor contacts.
- Identifies Alternate office site(s) in time of disaster.
- Describes how the Lead Agency's services are integrated with the local County Emergency Plan.
- Describes the Lead Agency's disaster preparedness training for staff.
- Describes the Lead Agency's disaster preparedness education and awareness for clients.
- Describes how the Lead Agency has prepared to be a resource in a host county.
- Describes how the Lead Agency will support Health and Medical, ESF #8, by providing GR/OAA services, as needed.
- Describes how the Lead Agency will support Food and Water, ESF #11 by obtaining food supplies, arranging for transportation of food supplies to designated staging area, and assisting seniors with applying for SNAP benefits.
- Procedures for eCIRTS data entry and use of eCIRTS to assist in Emergency Management activities.
- Procedures for contacting at-risk provider clients, on a prioritized basis, prior to and immediately following a disaster. Includes determination of client status and identification of unmet needs.
- Procedures to help at-risk clients register with the Special Needs Registry of local emergency management agencies, in advance. Details coordination efforts for special needs clients.
- Procedures for nutrition providers to distribute meals to clients prior to disasters
- Procedures to distribute meals to older Floridian disaster victims and persons residing with older Floridian disaster victims after the disaster, if necessary.

- Procedures for receiving referrals from other service agencies, conducting outreach, and delivering services to older Floridians, other than existing clients, needing emergency relief assistance.
- Procedures for after-hours coverage of Elder Helplines and other aging network programs and services, if necessary.
- Procedures to assign staff to an EOC, SNS, DRC, and/or ESC, if needed, to ensure that older Floridian victims in the disaster area receive help.
- Procedures to dispatch staff members to shelters in areas outside of the disaster area, to assist Floridian evacuees with special needs, if necessary.

10. Volunteers

Lead Agencies must provide assurance and demonstrate staffing capable to train and supervise volunteer staff and volunteer supervisors. All Lead Agencies must submit a written plan to address recruitment, training, utilization and retention of volunteers to assist with activities of the Lead Agency.

11. Organizational Chart

An organizational chart illustrating the structure and relationship of positions, units, supervision and functions must be developed and submitted as part of the proposal. The organizational chart should include the names of the staff.

Staffing and Facility Requirements
Each Lead Agency's Governing Board must designate a local representative or employee with legal authority to act on behalf of the agency and / or SGR programs. This individual must devote sufficient time to ensure the programs are administered and managed in accordance with DOEA requirements.

All services (including case management) must be delivered by qualified staff in accordance with service standards and program requirements included in the DOEA Programs and Services Handbook. The number of staff should be sufficient to ensure delivery of service to all agency clients in a timely manner.

All Lead Agencies must be open and accessible to the public a minimum of 40 hours per week, Monday through Friday, between the hours of 8:00 AM and 5:00 PM. During all other hours, telephone coverage via answering service must be provided. The office or facility should be reasonably accessible to persons seeking assistance and / or information; it is preferable for the Lead Agency to be centrally located within the Community Care Service Area, and meets ADA standards for accessibility.

Lead Agencies must demonstrate they have sufficient resources, in terms of trained staff and equipment, to complete timely eCIRTS data entry and have the ability for secure electronic mail communication with the AAA. Lead Agencies must present evidence of an adequate number of trained staff to meet the case management, data entry and data maintenance requirements of the programs in a timely fashion.

Case coordination by a Lead Agency case manager must be available on a 24 hour / seven day per week basis for elderly victims of abuse, neglect or exploitation who are referred by an APS investigator as high risk referrals.

Training
All DOEA services require a general pre-service orientation along with training specific to the service being provided. Lead Agencies shall be responsible for provision of the pre-service and in-service training for all paid and volunteer staff. Required training topics are provided in the DOEA Programs and Services Handbook.

Service Provider Training
It is essential Lead Agencies meet with all subcontractors to establish necessary protocols and procedures for authorization of services, paperwork and reporting, unusual incident reports and general expectations for service coordination. Service provider agencies must recognize case managers are responsible for coordinating and authorizing service to clients.

Personnel Standards and Employee Benefits
Personnel policies, which are incorporated into agency operating procedures, must be developed which address at least, the following topics:

1. Employee recruitment and hiring
2. Lines of authority and supervision
3. Working schedules and hours of operation
4. Employee compensation
5. Employee fringe benefits
6. Employee evaluation and promotion
7. Leave
8. Confidentiality and privacy
9. Employee discipline and termination
10. Employee grievance procedures
11. Accidents, safety, and unusual incidents
12. Travel and transportation policies
13. Employee conduct
14. Employee pre-and in-service training and staff development
15. Assurance of agency compliance with all applicable federal and state laws and regulations

Job descriptions must be established for each funded and associated unpaid position. Job descriptions for funded positions must include salary ranges, and must be submitted as part of the proposal. In addition, the minimum education, training, experience and qualifications necessary for each position must be included.

A salary range for each paid position must be established and approved by the Board of Directors or other governing body. Salary ranges must be reasonably consistent with equivalent positions in the Community Care Service System.

12. Description of Service Delivery

A "Description of Service Delivery" form must be completed for each funded SGR service provided within the CCE, HCE, and ADI programs. To complete item d. Activities, the DOEA Programs and Services Handbook should be reviewed for a description of services and specific standards, record keeping and reporting requirements. Case management agencies must specify how clients in common programs, i.e., CCE, HCE and ADI will be case managed on the Description of Service Delivery page for Case Management.

13. Goals and Objectives

The DOEA has identified five goals that the AAAs and Lead Agencies are required to develop implementation strategies to assist the Department in achieving statewide goals. Lead Agencies are to include explanations and strategies with specific action steps for objectives, to address compliance issues, and improve quality assurance. To complete this section of the SPA, Lead Agencies should document the action steps required to meet each goal listed below identified by DOEA.

- Strengthen and streamline the aging network's capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.
- Ensure that Florida is the nation's most dementia and age friendly state by increasing awareness and caregiver support, while enhancing collaboration across the aging network.
- Enhance efforts to maintain and support healthy living, active engagement, and a sense of community for all older Floridians.
- Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidence of abuse, injury, exploitation, violence and neglect.
- Increase Disaster Preparation and Resiliency.

All Lead Agencies are required to describe in detail the strategies and actions they intend to implement and follow to meet and / or exceed the DoEA goals and objectives for PSA 3. Measurable strategies with numeric goals and dates of achievement should be included.

14. SPA Appendix

The SPA Appendix is to include requested Program Module general requirement documentation as referenced in the SPA (i.e. Policies and Procedures, Consumer Complaint and Client Confidentiality documents and Sample Survey).

II.B. Match Commitment

The Match Commitment Assurance of Compliance with Program Requirements form is provided to ensure the applicant will achieve compliance with established goals. The required match (CCE only) is 10% of the total budgeted funds ($1 dollar of matching funds for every $9 dollars of state appropriated CCE funding). The required match can be donations of cash, building space, or in-kind (supplies, equipment, services, volunteer personnel and travel).

II.C. Availability of Documents, Certifications and Assurances, and Resolution of Authority

The Availability of Documents form identifies required documentation that must be maintained and available at the applicant's administrative office. If requested, the documentation identified on this form must be accessible for review by Elder Options. The form must be signed and dated by the applicant's authorized agency official.

The Assurance and Resolution forms attest to the understanding of requirements. The Assurances form is signed by the applicant's authorized agency official and the Resolution by the Board Chair.

1. Availability of Documents
2. Certifications and Assurances
3. Resolution Authorization of Signatories

II.D. Subcontracts

Subcontracts which cover at least the contract period are required for each contracted service. Each subcontract must be submitted, even if not yet executed. Subcontracts may be submitted without signatures for the application process. Executed subcontracts are to be submitted within 30 days of the application effective date. Each subcontract must include the contracted unit rate.

II.E. Contract Module/Unit Cost Methodology

The Contract Module/Unit Cost Methodology (UCM) is a cost allocation worksheet designed to allocate costs across all programs and services to distribute an equitable unit rate for each service. The Lead Agency must use this module to indicate all of their costs.

Lead Agencies that note multiple counties of interest on the Notice of Intent to Submit a Proposal form will receive a Unit Cost Methodology file that includes the counties of interest.

The following instructions provide guidance on how to fill out each of the tabs and produce an adjusted unit rate. An adjusted unit rate is a rate that has accounted for the cash match contributed to the services to produce an actual unit rate of service. Read each portion carefully. There will be instructions that indicate specific needs for each of the tabs.

Instructions Tab: This provides basic instructions on how to navigate the UCM.

Services Description Listing Tab: This portion should have all the services that are allowed per the Department of Elder Affairs, which should already list each of those services.

Personnel Allocations Tab: In this tab, list all salaries for the Lead Agency. The personnel allocations must include all agency staff.

Staff Name – Specify each person's first and last name.
Position Title – Specify each position tile including open positions.
Current Wages – Indicate the salary for each person as a whole not for just Elder Options programs. This is in the form of an annual base.
Annual Hours – Indicate total number of hours for the position, i.e. 2080 for FTE.
Holiday Hours – Indicate total number of holiday paid hours that the agency offers for each staff, i.e. 10 holiday hours is 80.
Leave Hours – Whether it be annual, sick, or PTO; indicate the number of accrued leave that the agency offers each staff.
Non-Billable Hours – Some positions may not pay for certain administrative leave time that is offered to staff throughout the year for retreats, staff meetings, etc. Indicate total number of administrative leave hours.

Unit Cost Worksheet Tab: Please report all expenses (costs) for the related column regardless of funding source for each line item. Budgeted expenditures that can be directly identified with one or more services should be manually allocated to those services. Budgeted expenditures that apply to all services should be allocated to the "General Cost Pool".

The total cost for the agency should be indicated under the Agency Cost column next to the categories under the Line Item Description. Be sure that the cost is agency wide and not funding specific.

Supporting Budget Worksheet: Each of these program tabs will indicate the amount needed for each program to provide the services. This portion will summarize the match, non-match, and in-kind amounts that will help support the program.

Additional Instruction and Training: Review Appendix Vb Overview of Cost Principles for the UCM and Appendix Vc Supporting Documentation for UCM. Training for the Unit Cost Methodology is provided in Appendix Vd UCM Training Presentation.