

AGING AHEAD

**PART 2: SPECIFICATIONS FOR SERVICE FY25
EVIDENCE-BASED DISEASE PREVENTION AND HEALTH PROMOTION (DPHP)
PROGRAMS**

CONTRACT PERIOD: July 1, 2024 to June 30, 2025
Aging Ahead reserves the right to consider extension of the contract on an annual basis up to a total of three years. A provider would be notified prior to the end of the contract year of any offer of extension.

SERVICE: Evidence Based Disease Prevention & Health Promotion (DPHP) Programs

SERVICE AREA: The counties of St. Louis, St. Charles, Jefferson, and Franklin.

SERVICE OBJECTIVE: Provide ACL-approved DPHP classes that teach individuals with chronic conditions how to self-manage and to maintain and/or increase life's activities.

SPECIFICATIONS: Service specifications as outlined in 19 CSR 15-7.010 will be adhered to if a contract is awarded. The provider will outline adherence to specified CSR's as part of Section E of the bid packet.

ELIGIBLE PERSONS: The target population for all *Aging Ahead* services is persons who are 60 years of age or older in the *Aging Ahead's* Planning and Service Area.

UNIT OF SERVICE: One unit is one participant hour.

FUNDING SOURCE: Of the total *Aging Ahead* dollars available for Evidence Based services, an estimated 80% is from federal Older Americans Act funds and should be considered when determining if an A133 audit is required.

ELIGIBLE EVIDENCE BASED COURSES INCLUDE:

1. **A Matter of Balance** – An eight-week class for adults who will learn how to reduce fall risk and fear of falling, improve falls self-management, improve falls self-efficacy, and promote physical activity. Structured group intervention activities include group discussion, problem solving, skill building, assertiveness training, sharing practical solutions and exercise training. All classes are co-facilitated either in person or virtually. Two coaches teach the class to participants and a guest therapist visits one session for one hour.
2. **Tai Chi for Arthritis and Falls Prevention** – an eight-week class to improve

movement, balance, strength, flexibility, and relaxation and decrease pain and falls. The target audience is adults with or without arthritis, rheumatic diseases or related musculoskeletal conditions. The program is appropriate for people with mild, moderate and severe joint involvement and back pain. It is especially appropriate for adults who have a higher risk of falling. Class can be done face-to-face or remotely.

3. **Aging Mastery Program** – 10 core classes focused on behavior change for aging well. The core classes combine evidence-informed knowledge sharing with goal setting and feedback routines, peer support, and small rewards. The goal of the 10 core classes is to provide participants with an overview of the challenges encountered while navigating life in old age and offer support to master new skills.
4. **Wellness Recovery Action Program** – an evidence-based manualized group intervention for illness self-management delivered in a self-help group context (in-person or online). WRAP guides participants through the process of identifying and understanding their personal wellness resources (“wellness tools”) and then help them to develop an individualized plan to use these resources to manage daily stress and systems. WRAP is primarily used by people with mental illnesses of varying severity and people coping with various health issues (such as arthritis, diabetes, Hepatitis C, HIV).
5. **Others to be determined by the Agency.**

SERVICE PROVIDER REQUIREMENTS:

- Ensure that all leaders teaching the class have first completed the facilitator training.
 - Active leader certification must be maintained and up to date in order to be compensated.
 - Additional peer leaders may be required depending on program requirements.
1. **Workshop Requirements**
 - a. Two (2) certified leaders scheduled and present to lead in-person workshop or three (3) certified leaders scheduled and present for virtual workshops.
 - b. Crisis plan present in manual.
 - c. SMRC certification present in manual.
 - d. Leaders are using required program materials specific to each program, as defined by SMRC.
 - e. All leaders must sign a memorandum of understanding (MOU) which is stored by the provider for four (4) years.
 - f. All leaders that facilitate a workshop for ***Aging Ahead*** must sign confidentiality agreements, which are stored by the provider for four (4) years.
 - g. Leader has the following workshop survey materials: participant information survey, attendance log, and program release.
 - h. Leaders completed security training and understand how to securely handle paperwork per HIPAA requirements. Training include Privacy and Security Basics for Data Collection and HIPAA.

- i. Providers review all completed workshop paperwork for accuracy before submitting to *Aging Ahead*.
- j. Providers securely transmit paperwork to *Aging Ahead* maintaining HIPAA.
- k. Providers monitor completion goals and workshop participation rates among Leaders.
- l. Providers report scheduled workshops to *Aging Ahead* as soon as they are scheduled.
- m. Providers notify *Aging Ahead* if there are any cancellations or changes in dates.
- n. Providers make best efforts to ensure workshops begin with no less than ten (10) participants in urban areas and no less than (8) in rural areas.

2. Leader Monitoring

- a. Newly trained leaders are observed one time in the first year using the CQI monitoring form.
- b. Leaders complete a peer leader evaluation, as needed.
- c. Monitor Leader activity to ensure they are currently certified to lead classes
- d. Newly trained Leaders facilitate one workshop within six (6) months of completing training
- e. Leaders facilitate two (2) workshops per year.
- f. Monitor Leader improvement plans and monitor goal attainment, as needed.
- g. All workshop paperwork is uploaded/delivered to *Aging Ahead* per secure pathways as prescribed for storage, and entered into the appropriate databases, including Aging IS.
- h. Develop and monitor performance improvement plans for Leaders identified as needing support; counsel out of the program, as necessary.

3. Operational Fidelity

- a. Providers have signed subcontractor agreements.
- b. All individuals with access to workshop paperwork sign NDA's, which are filed with the provider for four (4) years.
- c. *Aging Ahead* is an additional insured on provider insurance policies.
- d. Staff and Leaders complete privacy and security basics for data collection and signed completion certificate stored with the provider for four (4) years.
- e. Providers monitor staff and ensure compliance with HIPAA information sharing protocols.
- f. Store all documents securely according to policies and procedures.
- g. Workshop materials are locked and stored for one year.
- h. Shred workshop paperwork after one year.
- i. Maintain regular communication with *Aging Ahead* to identify support needed to continue offering classes as outlined in service specifications; monitor Leader performance and meet program delivery goals, and implement improvement strategies as necessary.

METHOD OF BIDS

Special, Contractual and Budgetary Considerations

1. Proposal must have a plan to meet all specifications as stated in Service Delivery System and the Request for Proposal Document. **Failure to address each item will make a proposal ineligible for review.**
2. The Area Agency shall submit, for the Missouri Department of Health and Senior Services (DHSS) prior approval, any proposed contracts with profit making organizations for the provision of service under the Area Plan.
3. Funds for this program will be supplied by Older Americans Act Funds which has a 15% Cost Sharing or Matching requirement.
4. Maximum allowable administration costs shall not exceed 12% of total budget request.

WRITTEN METHOD OF BID

Complete RFP Section E addressing each of the following requirements. **Failure to adequately respond to any portion of this bid will result in its disqualification.**

1. A written plan must be completed to describe the provider's system to provide classes detailing such items as:
 - advance notice (days) required to provide classes in each geographic area
 - recruitment method to ensure sufficient number of completers for each class
 - proposed schedule for including classes throughout PSAhistory of success delivering DPHP programs and the necessary qualifications to deliver programming ensuring Workshop Administration, Leader Monitoring, and Operational Fidelity tasks are met.
2. Must complete a written plan to assure compliance with Code of State Regulations General Requirements for All Service Providers, 19 CSR 15-7.010.
3. A written plan for staff orientation and In-Service Training Plans, including:
 - A. Description of the Orientation Training Plan:
 1. List classes to be provided;
 2. Identify orientation methods to be used; i.e., classroom, on-the-job, etc.;
 3. Identify staff and/or outside organizations primarily responsible for providing orientation training/certification;
 4. Describe documentation procedures for orientation training.
 5. Frequency of training.
 - B. Describe the In-Service Training Plan, as applicable:
 1. List topics to be addressed;
 2. Identify in-service training methods to be used; i.e., class room, on-the-job, etc.
 3. Identify staff and/or outside organizations primarily;
 4. Describe documentation procedures for in-service training.
 5. Frequency of training.
4. Describe training and orientation for volunteers. A minimum of four hours of training is required annually for each volunteer.
5. Describe the record keeping and contribution system:
 - A. Identify location of records;
 - B. Specify confidentiality safeguards;
 - C. Explain the procedures for invoicing;
 - D. Explain the methods used to ask for client contributions including the frequency of opportunity to contribute; describe methods for collecting and recording contributions;
 - E. Include copies of the procedures used to assure that all contributions are used to expand services.

6. Include copies of the policies below for the provider and scheduled program days:
 - Grievance and complaint procedure
 - Denial of service policy
 - Inclement weather policy for class
 - Conflict of interest policy
 - Nepotism policy
 - Policy for dealing with incidents of (bowel and/or bladder) incontinence
 - Bodily spills clean up policy
 - Smoking policy
 - Emergency procedure.

7. Describe the outreach plan or communication network used to inform the target population about the proposed service. Consider items such as a toll-free number, methods to reach clients who do not have telephones, brochures, newspaper ads, and other marketing activities. Include specific plan to reach socially and economically needy with emphasis on low-income minority individuals.

8. Provide a detailed plan of how the provider will:
 - Provide for active citizen participation. Consider the use of an advisory committee, a suggestion box system and area meetings.
 - Coordinate a planned program for recruiting, training and utilizing volunteers. Volunteers must conform to any pertinent *Aging Ahead* standards and be certified to teach the corresponding classes.
 - Plan for implementing fund-raising activities if desired. Consider items such as local government agency support, service club support, private sector support, special events, and social gatherings.
 - Secure transportation for participants when necessary for them to attend an in-person class.
 - The plan must include:
 - Minimum number of persons required to hold a class
 - Criteria for cancelling and rescheduling a class
 - Process for informing *Aging Ahead* of changes in class schedules
 - Inter- and intra- agency coordination of service plan.

Providers must have a written plan to meet the following requirements. Failure to meet these conditions makes a proposal ineligible for review.

1. Disease Prevention/Health Promotion contractors must comply with Federal and State Regulations, Department of Health and Senior Services Standards, *Aging Ahead* Standards and Assurances and all licensing requirements now in force or under development.

Written plan must address such issues as:

- a. secure record keeping and confidentiality
- b. written method for collecting and recording contributions
- c. grievance and complaint procedures

- d. affirmative action plan
 - e. orientation and in-service training.
2. Reporting the following information monthly and submit with monthly invoice:
 - a. Number of attendees per class per month;
 - b. Number of completers per class per month;
 - c. Number of 60+ completers per month;
 - d. Number of 60+ frail elderly units per month;
 - e. Separate count of persons by low income status;
 - f. Separate count of persons by gender;
 - g. Separate count of persons by minority;
 3. Completing and maintaining the following records in a local office within *Aging Ahead's* PSA:
 - a. Client Identification File: (name, address, date of birth, race, low income, telephone number, rural, etc.);
 - b. Current schedule of classes;
 - c. Record of client attendance;
 - d. Record of clients denied service and reasons for action;
 - e. Records of contributions by month by county;
 - h. Original or copy of source document used for billing (Class sign-in sheets, etc.);
 - i. Leader records which include all CSR mandated information, signed confidentiality forms and updated certifications;
 - j. All analysis and records of operation must be available for review by the agency on an as needed basis at the discretion of *Aging Ahead*.
 6. Developing/maintaining sufficient telephone answering/scheduling capability and sufficient staff or volunteers to efficiently handle calls regarding service (class registration). Calls must be taken at least five days per week (excluding holidays or days when offices are closed due to inclement weather), a minimum of five hours per day.
 7. Referrals for transportation for individuals when needed to attend an in-person class.
 8. A policy statement describing its anti-drug and alcohol abuse policy and procedures including ramifications of prohibited drug and alcohol abuse.
 9. Providers must be able to service all counties in the *Aging Ahead* PSA (Franklin, Jefferson, St. Charles and St. Louis).
 10. Registering all Leaders (volunteer or staff) who have contact with *Aging Ahead* clients with Missouri Family Care Registry and have no history of felony convictions or adult (and/or) child abuse.
 11. Meeting the accessibility requirements of the Americans with Disabilities Act for in-person and virtual sessions.