



1104 England Drive  
Cookeville, TN 38501

**REQUEST FOR PROPOSAL (RFP)**  
**TO PROVIDE IN-HOME SERVICES**  
**UNDER THE OPTIONS FOR COMMUNITY LIVING,  
OLDER AMERICANS ACT, AND NATIONAL FAMILY CAREGIVER  
SUPPORT PROGRAMS**

**RFP ISSUED:** May 4, 2026

**SUBMISSION PERIOD:** May 7, 2026 – May 26, 2026 (4:30 P.M. CST)

**BID OPENING:** May 27, 2026 at 3:30 P.M. CST at the office of the UCDD.

Bids will be scored within five (5) calendar days and posted afterwards at <https://ucdd.org/aaad/rfpa/>

**AWARD PERIOD:** July 1, 2026 - June 30, 2030

## **PURPOSE / BACKGROUND**

The Tennessee Department of Disability and Aging (TNDDA) contracts with nine (9) Area Agencies on Aging and Disability (AAAD) to administer home and community-based programs for older adults and other adults with disabilities in Tennessee. Each AAAD contracts with approved service providers to purchase service delivery. Via the RFP process, the AAAD expects to contract with a minimum of two (2) service providers for each service per county.

Funding sources include Tennessee Options for Community Living, Older Americans Act Title IIIB Supportive Services, and Older Americans Act Title III-E Family Caregiver. The following is a brief description of each program:

- A) Options for Community Living helps consumers live independently at home by providing services such as homemaker, personal care, and/or home delivered meals. With these limited services, along with the support of family and others, older persons may be able to avoid or prolong admission into institutional care.
- B) Older Americans Act (OAA) Title III-B provides supportive services for consumers aged 60+. They are designed to help older consumers live with dignity at home for as long as possible. These services are intended for older persons with greatest economic need, particularly low-income minority persons, those with greatest social needs, and those in rural areas. Older Americans Act funding will be used to provide supportive services such as homemaker, personal care, grocery shopping & delivery, personal emergency response systems.
- C) Title III-E National Family Caregiver Support Program (NFCSP) provides resources for family caregivers, older adults, and grandparent relative caregivers. NFCSP includes information, assistance, and counseling for any caregiver. Respite and supplemental services are limited to caregivers supporting older individuals unable to perform at least two activities of daily living, or who require substantial supervision due to cognitive or other mental challenges.

## **REQUIREMENTS FOR HOME AND COMMUNITY BASE SERVICE (HCBS) PROVIDERS**

The following general requirements apply to all providers delivering services under Options, OAA, and the Family Caregiver Support Program:

1. Service providers may expend federal and state funds only for those services for which they have received authorization through a contract with the AAAD.
2. Service providers shall be licensed in accordance with the regulations of the State prior to performing any services. Service providers providing in-home services (homemaker, personal care, and respite) must have a PSSA license or be licensed as a home health care agency.
3. Service providers, either private for-profit or not-for-profit organizations, must be incorporated under the laws of the state in which their principal place of business is located.
4. Each service provider must comply with all service descriptions as provided in the TNDDA Home and Community Based Services Policy Chapter, available at [Aging Program and Policy Manual.pdf](#) – also included below under **Service Descriptions**.
5. Services shall be provided only to consumers who meet eligibility criteria as determined by the AAAD.

6. Service providers shall provide services and units of service that are consistent with the Provider Authorization.
7. Service providers shall notify the Case Manager of any changes in an individual's condition/health/needs to the AAAD within five (5) business days by phone or email and document in the individual's case note in the state-approved database.
8. Service providers shall keep documentation in the state-approved database of all contact with or on the behalf of the individual and ensure that the assigned tasks identified in the Provider Checklist (signed by the worker and service recipient) are carried out.
9. Service Providers shall specify how they will satisfy the service needs of those identified as in greatest social need, with a focus on low-income minority individuals in the service area. This includes attempting to provide services to low-income minority individuals at least in proportion to the number of low-income minority older individuals and family caregivers in the population serviced by the provider.
10. Distance from provider shall not be used to deny services as this practice violates the mandate for special emphasis to rural residents, residents with disabilities and isolated residents.
11. Service providers shall, where feasible and appropriate, make arrangements for the availability of services to older individuals and family caregivers in weather-related and other emergencies.
12. Service providers shall assist participants in connecting with other resources.
13. Service providers shall assure that all services are coordinated with other appropriate services in the community, and that these services do not constitute an unnecessary duplication of services provided by other sources, as well as ensuring AAAD services are the payor of last resort.
14. No service provider staff shall, without prior approval of the provider agency supervisor, pay bills, cash checks, or in any way handle the consumer's money. All transactions involving money must be documented using a standardized form furnished by the provider. At a minimum, the form must state name of worker(s), purpose of errand, dollar amount given to worker, signature of worker and consumer. A receipt and the amount of change returned to the consumer should also be on the form.
15. No service provider agent shall solicit or accept gratuities, favors, or anything of monetary value from a consumer, service provider, contractor, or potential contractor.
16. Service providers shall provide service recipients with an opportunity to contribute to the cost of their service. Services shall not be denied because the older individual or family caregiver will not or cannot make a voluntary contribution.
17. No paid or volunteer staff person of any service provider may offer for sale any type of merchandise or service; nor may they seek to encourage the acceptance of any particular belief or philosophy by any program consumer.
18. Each service provider must have procedures to protect the confidentiality of information collected about consumers. The procedures must ensure that no information about a consumer is obtained or disclosed by a service provider in a form that identifies the person without the "informed written consent" of that person or of his or her legal representative. Disclosure may be allowed by court order, or when securing client-related services, benefits, or rights. All consumer information must be maintained in controlled access files. (Exception: A written release of information when making a referral for Adult Protective Services is not required.)
19. Service providers shall comply with all state laws relating to mandated reporting of abuse, neglect, and/or exploitation and shall immediately make a report to appropriate officials

- for follow-up, conditions or circumstances which place the individual, or the household of the individual, in danger.
20. Each service provider who is considered a Covered Entity as governed by the laws of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will follow the HIPAA laws to further protect the privacy of consumers.
  21. All service providers must respond to requests for information from TNDDA and AAADs.
  22. Service providers shall have methods and procedures in place for the collection and reporting of individual specific data, and invoices and provide to the AAAD by the fifth (5th) day of the month following the month being reported.
  23. All service providers must obtain sufficient bond coverage for protection of the AAAD and DDA from theft, forgery, embezzlement, and fraud losses by the service provider agency, any of its agents or employees, full or part-time.
  24. Each service provider shall either provide a statement of self-insured status or procure and maintain payment of premiums on policies of insurance coverage to (A) adequately protect personal and real property whose acquisitions cost was borne in whole or in part as a direct charge to Title III or state funds from loss or damage; and (B) adequately cover all claims which may arise related to accidents involving personal injuries and/or use of products and services under the area plan.
  25. Each service provider shall employ a responsible supervisor designated by name and title for contracted service activities. The supervisor shall ensure that services are provided on a day-to-day basis according to the contract, governing statutes, and Provider Authorization/Notification of Change documents.
  26. The provider agency should offer an influenza vaccine to their employees. A policy will be in place to assure that personnel contracting infectious illness/disease do not provide services to the consumer until they are without symptoms.
  27. All service provider agencies, contractors and subcontractors must verify individual background information for employees and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of consumers in their homes prior to contact with consumers. All service providers shall comply with Tennessee Code Annotated § 52-2-1002 on completing background checks for employees and volunteers.
  28. Each provider agency must document in its personnel files for each employee or volunteer (who provide direct care for, has direct contact with, or has direct responsibility for the safety and care of consumers in their homes) the following:
    - The applicant's statement of any prior convictions
    - The results of its check of personal and/or employment references
    - The results of the check of all Tennessee Department of Health databases of licenses health professionals including Certified Nursing Assistants (CNA)
    - The results of any other checks which may have been requested by the provider agency, including background checks by the National Sex Offender Registry, Tennessee Felony Offender Registry, Tennessee Abuse Registries, SIRI (Substantiated Investigations Records Inquiry) Search, and local or state law enforcement background checks
    - Justification/explanation of the decision to employ an individual if the background check identified negative information
    - A current job description
    - A signed confidentiality statement
    - Proof of orientation and subsequent relevant training

29. Every service provider staff or volunteer who enters a consumers' home in an official capacity must display proper identification which is (1) either an agency picture identification card; or, (2) some other form of agency identification presented with a valid driver's license.
30. Service provider staff is to participate in training relevant to their major job responsibilities and/or which is designated by the AAAD or TNDDA.
31. Each service provider must follow grievance procedures developed by the AAAD when a consumer is dissatisfied with service(s) being provided. All individuals must be informed of their right to file a grievance and the procedure to be followed.
32. Any individual applying for or receiving services funded through the AAAD and TNDDA has a right to disagree with decisions made about services received.
33. Quality Assurance will be an ongoing process in which all entities including TNDDA, AAAD, service providers and consumers will play a role.
34. Service providers will be monitored by the AAAD at least annually using monitoring tools approved by TNDDA that are based on TNDDA's Program and Policy Manual.
35. All provider agencies will comply with all federal, state, and local civil rights rules and regulations.

### **SERVICE DESCRIPTIONS**

**Adult Day Care/Health:** Services or activities provided to adults who require care and supervision in a protective setting for a portion of a 24-hour day. Includes out of home supervision, health care, recreation, and/or independent living skills training offered in centers most commonly known as Adult Day, Adult Day Health, Senior Centers, and Disability Day Programs.

**Assistive Technology:** Any item, device, or piece of equipment used to maintain or improve the independence and function of people with disabilities and seniors, in education, employment, recreation, and daily living activities. AT devices can be "low tech" like a built-up handle on a spoon to improve the ability to grasp, to "high tech" computers controlled with eye movement. AT devices can be do-it-yourself or even consumer electronics, like home automation solutions. AT includes the services necessary to get and use the devices, including assessment, customization, repair, and training.

**Counseling (Caregiver):** A service designed to support caregivers and assist them in their decision-making and problem solving. Counselors are service providers that are degreed and/or credentialed as required by state/territory policy, trained to work with older adults and families and specifically to understand and address the complex physical, behavioral, and emotional problems related to their caregiver roles. This includes counseling individuals or group sessions. Counseling is a separate function apart from support group activities or training.

**Home Modifications:** Programs that provide assistance in the form of labor and supplies for people who need to make essential repairs in order to eliminate health or safety hazards, such as weatherization, installing safety or accessibility features such as ramps, handrails, grab bars or repairing or replacing steps, repair of heating, plumbing, or electrical systems.

**Respite (out of home, day):** A respite service provided in settings other than the caregiver/care receiver's home, including adult day care, senior center or other non-residential setting (in the case of older relatives raising children, day camps), where an overnight stay does not occur that allows the caregiver time away to do other activities.

*Respite (out-of-home, overnight):* A respite service provided in residential settings such as nursing homes, assisted living facilities, and adult foster homes (or, in the case of older relatives raising children, summer camps), in which the care receiver resides in the facility (on a temporary basis) for a full 24-hour period of time. The service provides the caregiver with time away to do other activities.

### **SUBMISSION REQUIREMENTS**

In order to be eligible for selection, applicants must observe the following:

1. Applicants that neglect to accurately fill out and return the completed RFP by the designated deadline (including required signatures, certifications, additional documentations, and proof of licenses) shall be disqualified from this process.
2. Acceptance of a Provider Application (and subsequent approval of that provider) does not guarantee selection by eligible consumers, or reimbursement of services by a AAAD.
3. Applicants must have all current Required Licenses for services being offered (the below are subject to change):
  - a. Homemaker, Personal Care, In Home Respite: PSSA License with the Department of Mental Health or Department of Intellectual Disabilities OR Home Health Agency license with Department of Health.
  - b. Adult Day Care: Adult Day Services License with the Department of Human Services (DHS)
  - c. Institutional Respite: Licensed by the Tennessee Office of Health Care Facilities.
  - d. Or, a copy of any licensures related to the proposed services
4. If changes in application information occur during the course of the contract period, Providers must report those updates to the appropriate AAAD.
5. Provider must complete and include with the RFP the Usual and Customary Charge worksheet.
6. Organizations with less than one year of experience will not be considered during the RFP review process.
7. All correspondence and questions concerning the RFP are to be submitted via email to [pfox@ucdd.org](mailto:pfox@ucdd.org). Questions should reference the section of the RFP to which the questions pertain and all contact information for the person submitting the questions. All emailed questions will be answered and posted on the AAAD website at <https://ucdd.org/aaad/rfpa/> mostly within forty-eight (48) hours. In order to prevent an unfair advantage to any respondent, verbal questions will not be answered. These guidelines for communication have been established to ensure a fair and equitable process for all interested applicants.
8. **Applications shall be typed and submitted electronically via email to [UCRFPA@ucdd.org](mailto:UCRFPA@ucdd.org) between May 7, 2026 – May 26, 2026 (4:30 P.M. CST). Under no circumstances will this deadline be extended.**

## **PROPOSAL EVALUATION & SELECTION**

Each responsive proposal application will be reviewed by a special Ad-Hoc Committee. The Committee shall review the responsive proposals and score points, per the completed scorecard included in this RFP. Each proposal response will be evaluated on the criteria outlined in this RFP document. Applicants who neglect to accurately complete and submit the RFP, including required signatures, certifications, and proof of licensure shall be disqualified.

The right is reserved, as the interest of the AAAD may require, to reject any and all applications and to waive any formality in applications received. The AAAD reserves the right to make an award on all items or on any of the items and for an item quantity less than the quantity proposed unless qualified by specific limitation of the Applicant. The contract shall be awarded to the best evaluated responsible Applicant that has submitted a proposal that conforms in all material aspects to the RFP and is scored by an evaluation team to be the best evaluated overall proposal. Responsible Applicant is defined as an applicant that has the capacity in all respects to perform fully the contract requirements, and the integrity and reliability, which will assure good faith performance.

After the evaluation applications and selection of the successful applications, all Applicants will be notified via email.

The Applicant is specifically advised that any person, firm, or other party to whom it is proposed to award a subcontract under this contract must be acceptable to and approved by the AAAD.

All contract requirements will comply with the Tennessee Department of Disability and Aging Policies and Procedures manual. The manual can be accessed at the following link: [Aging Program and Policy Manual.pdf](#) The initial contract dates will be July 1, 2026 through June 30, 2027 with the option to renew for three (3) additional one-year periods subject to the availability of AAAD funds for each renewal period and satisfactory performance by the Applicant.

**REQUEST FOR PROPOSAL APPLICATION (RFP)**

**Award Period: July 1, 2026 – June 30, 2030**

Applicant Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Office Address: \_\_\_\_\_

Contact (Name & Title): \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Fiscal Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Application: \_\_\_\_\_

Employer ID Number: \_\_\_\_\_

**I. Cover Letter**

Applicant must provide a cover letter signed by an authorized individual submitting the proposal on behalf of their agency. This letter shall include:

- a. A statement that the accompanying application is in response to this RFP.
- b. A statement that the applicant is willing, if selected, to execute a contract with the Area Agency on Aging and Disability (AAAD).
- c. A statement identifying the individual(s) authorized to finalize a contract with the AAAD on behalf of the Applicant

**II. Organizational Structure and Information**

Indicate the entity type / ownership characteristics (check any / all that apply):

- Minority Business Enterprise (MBE)
  - African American
  - Asian American
  - Hispanic American
  - Native American
- Woman Business Enterprise (WBE)
- Tennessee Service Disabled Veteran Enterprise (SDVBE)
- Disabled Owned Business (DSBE)
- Tennessee Small Business Enterprise (SBE)
- Government
- Non-Minority/Disadvantaged
- Other: \_\_\_\_\_

Date established: \_\_\_\_\_

Place of establishment: \_\_\_\_\_

State where licensed/incorporated: \_\_\_\_\_

**III. License, Certification, Permits, and Accreditation**

Provide copies of all required licenses, certifications, permits, and accreditation required by the state or federal governments, including the following:

- a. A copy of any licensures related to the proposed services (i.e., PSSA license, etc.)
- b. A copy of the organization's W-9 form

- c. Proof of the organization's business status (i.e., 501(c), business license, etc.)
- d. A copy of the Applicant's current Certificate of Insurance & Workers Compensation (i.e. liability and bond, etc.)

#### **IV. History, Experience, and Mission**

Provide the following information about the Applicant's history, experience, and mission:

- a. A brief history of the Applicant and its service delivery system for any proposed Home and Community-Based services.
- b. The Applicant's Organization Chart [for overall agency and single organization unit responsible for delivering proposed service(s)].
- c. The Applicant's mission statement, values, and guiding principles
- d. Describe organizational experience in working with older persons and/or adults with disabilities. Include the number of years in business.
- e. A description of the structure and responsibilities of the Applicant's governing body. Include a list of the current membership.
- f. If not a current AAAD provider, provide reference letters from at least two (2) current contractors indicating a history of accurate and timely billing and reporting.

#### **V. Personnel & Training**

Provide the following information related to personnel and training:

- a. A description of the supervisory structure and identification of the key personnel to be involved with proposed service delivery. Include job descriptions for each position that will serve as direct service workers, including the required qualifications and competencies.
- b. Proposed training and curriculum to be used to keep staff current with respect to service delivery requirements and best practices in services and supports.

#### **VI. Financial Capacity**

Provide the following documentation to show the Applicant's financial management capacity:

- a. If available, the most recently completed audited financial statements of Applicant
- b. If an audited financial statement is not available, please provide the following:
  1. IRS tax reporting forms/tax return for the most recently concluded fiscal year.
  2. A current written bank reference, in the form of standard business letter, indicating that the Applicant's business relationship with the financial institution is in positive standing.
  3. Two (2) current written positive credit references in the form of standard business letters from vendors with which the applicant has done business, or documentation of a positive credit rating determined by an accredited credit bureau within the last six (6) months.

#### **VII. Assurance & Certifications**

By signing this application, the Applicant agrees:

- To certify that, under penalty of perjury, your organization has completed this Provider Application independent of any outside influence which may result in your receiving privileged information about this RFP.
- To certify that this RFP factually represents your administrative capabilities and proposed services, and that if your organization is approved, you agree to abide by the terms and conditions of the Provider Contract.

- To certify that if your organization is approved, you agree to contract with the AAAD for services at your usual and customary charges not to exceed the maximum charges outlined in Section XI of this provider application.
- To certify that your organization is in compliance with the specific Service Description and Standards required by the State for each proposed service activity.
- To certify that your organization has written policies regarding the following:
  - Personnel Policies
  - Confidentiality
  - Affirmative Action
  - ADA Compliance
  - Drug Free Workplace
  - Non-Discrimination in Hiring
  - Non-Discrimination in Service Delivery
  - Civil Rights & Compliance (*Title VI & VII*)
  - Certification Regarding Lobbying
  - Prohibition on Illegal Immigrants
- To certify that your organization has secured all required licenses, certifications, permits and accreditation (as required by the State and/or Federal governments). **Attach copies (include most recent PSSA or other licensing entity's monitoring report).**

**VIII. Organizational Conduct**

Answer the following questions (if the answer to any is yes, please provide an explanation):

- a. Has the organization and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to any contracted crime involving a public contract? \_\_\_\_\_
- b. and/or any of the organization's employees, agents, independent contractors been convicted of, pled guilty to, or pled no contest to a felony? \_\_\_\_\_
- c. Has the organization and/or any of the organization's employees, agents, independent contractors been civilly liable in an action that involved fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion? \_\_\_\_\_
- d. Has the organization and/or any of the organization's employees, agents, independent contractors been relieved of responsibility by a court, employer, or client for actions involving fraud, misrepresentation, material omission, misappropriation, moral turpitude, theft, or conversion? \_\_\_\_\_
- e. Is your organization currently under Federal or State debarment? \_\_\_\_\_

**IX. Service Delivery**

Please respond to the following regarding the proposed service delivery:

- a. Explain, in detailed narrative format, the applicant's plan for service delivery including daily operations, quality assurance measures, providing services during inclement weather, emergencies, etc.
- b. Complete Attachment 1 (2 pages), Scope of Work indicating services covered under this RFP. In the Service Delivery Area(s) section, check the names of those counties you are interested in serving during the contract period.
- c. Provide a timeline for implementation, which includes number of days between provider notification by service coordinator and start of service.
- d. Explain the organization's policy process for conducting and maintaining documentation on criminal background checks for staff and volunteers involved in service delivery related to this Application.
- e. Explain the organization's policy process for conducting Customer Satisfaction Surveys and attach the results of your most recent Customer Satisfaction Survey Report showing the percentage of satisfied customers for the period.

**X. Proposed Service Reimbursement Rate**

In order to be approved as a Service Provider, the applicant must provide a unit rate for each service proposed. Applicants proposing to provide services through contracts with more than one AAAD may have their proposed service rates jointly reviewed by the respective AAAD's. Complete the Assurance and Certification of Usual and Customary Charge (Attachment 2). The maximum reimbursement rates identified are the maximum rates which may not be exceeded; a lesser amount should be billed and reimbursed if the provider's usual and customary charge is lower. Reimbursement rates for OAA and State-Funded services shall not exceed the TennCare reimbursement rates.

**AUTHORIZATION FOR SUBMISSION**

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Legal Name of Applicant Agency

Submits this application as part of its response to the Request for Proposals solicited by the AAAD. This application and all materials provided in response to the RFP will become part of any contract should the Applicant's proposal be selected.
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Authorized Signatory

Date

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Printed Name & Title of Signatory

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Signature of Chairman, Governing Body (if applicable)

Date

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Printed Name of Chairman

**SCOPE OF WORK**

APPLICANT AGENCY: \_\_\_\_\_

SUMMARY OF DIRECT SERVICE ACTIVITIES

*Check services to be provided:*

	<b>Service</b>	<b>Applicable Funding Program(s)</b>
<input type="checkbox"/>	Adult Day Care / Health	National Family Caregiver Support Program
<input type="checkbox"/>	Assistive Technology	OAA Title III, Options, National Family Caregiver Support Program
<input type="checkbox"/>	Counseling (Caregiver)	National Family Caregiver Support Program
<input type="checkbox"/>	Home Modifications	OAA Title III, Options, National Family Caregiver Support Program
<input type="checkbox"/>	Out-of-Home Respite <input type="checkbox"/> Day <input type="checkbox"/> Overnight	National Family Caregiver Support Program

PROVISION OF SERVICE

A. SERVICE AVAILABILITY:

Days of Service Availability: \_\_\_\_\_

Hours of Service Availability: \_\_\_\_\_

*If the applicant agency has multiple offices, please attach a list to the application*

B. SUB-CONTRACTOR (if any):

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

*(For each additional sub-contractor, attach listing with above information)*

C. QUALITY OF SERVICE:

The Provider shall ensure that quality services are provided to eligible consumers. The determination of quality must be based on an established quality assurance process.

D. TRAINING:

The Provider will attend meetings or workshops sponsored by the Agency and the Tennessee Department of Disability and Aging (TNDDA), where appropriate and indicated.

The provider shall provide a comprehensive training guide that is used for direct care workers.

E. SPECIAL CONTRACT CONDITIONS:

1. Attach a schedule of approved holiday or other planned closings.
2. Caregiver Training Only: Attach a training curriculum that includes class/session objectives along with a copy of the proposed training schedule for the twelve-month period.

Note: The scope of work for delivery of agreed upon services is a part of the contract and must be attached to both the Provider and the AAAD copy of the contract.

SERVICE DELIVERY AREA(S)

<b>UPPER CUMBERLAND AAAD</b>	
<input type="checkbox"/> Cannon	<input type="checkbox"/> Overton
<input type="checkbox"/> Clay	<input type="checkbox"/> Pickett
<input type="checkbox"/> Cumberland	<input type="checkbox"/> Putnam
<input type="checkbox"/> Dekalb	<input type="checkbox"/> Smith
<input type="checkbox"/> Fentress	<input type="checkbox"/> Van Buren
<input type="checkbox"/> Jackson	<input type="checkbox"/> Warren
<input type="checkbox"/> Macon	<input type="checkbox"/> White

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**ASSURANCE & CERTIFICATION OF USUAL AND CUSTOMARY CHARGE**

By signing below, the Organization agrees:

- To certify that your organization has supplied the AAAD with the reasonable, usual, and customary charges that your organization would charge other persons regardless of whether the person is enrolled in services authorized through the AAAD Home and Community-Based Services programs.
- To certify the unit cost rates charged to the AAAD do not exceed those usual and customary charges applied to persons not served under services authorized through TNDDA.
- To certify that your organization shall notify the AAAD of any changes to the usual and customary charges and that those usual and customary charges will be provided on request.

Service	Maximum Reimbursement Rate	Applicant's Usual & Customary Rates	Rates Charged to the AAAD
Adult Day Care / Health (1 hour)	\$16.50 / hour		
Counseling (caregiver), Individual (1 hour)	N/A		
Counseling (caregiver), Group (1 hour)	N/A		
Out-of-Home Respite, Day (1 hour)	N/A		
Out-of-Home Respite, Overnight (1 hour)	N/A		

**Assistive Technology** and **Home Modification** services shall be approved by the AAAD and reimbursed on a case-by-case basis. Applicants proposing to provide these services should attach a separate rate sheet.

*\*For providers who have not established usual and customary charges, the charge should be reasonably related to the provider's cost for providing the service.*

\_\_\_\_\_  
Name of Applicant Organization

\_\_\_\_\_  
Name and Title of Authorized Signatory

\_\_\_\_\_  
Date

## RFPA CHECKLIST

- Cover Letter
- W-9
- Current PSSA License
- PSSA licensing or other entity monitoring reports and POC acceptance letters
- Reference letters from at least two (2) current contractors indicating history of accurate and timely billing and reporting (if not current AAAD provider)
- Audited financial statement or other requested financial information
- Business License/Business Status
- Valid certificate of liability and workers compensation insurance
- Service Delivery explanation; Attachment 1 – Scope of Work, Timeline for implementation
- Policy for conducting/maintaining background checks
- Attached schedule of holidays and other planned closings
- History, Governing Body, Organizational Chart, Experience
- Mission Statement, Values/Guiding Principles
- Personnel – supervisory structure, qualifications/job descriptions, proposed training and curriculum
- Customer Satisfaction Survey Results
- Completed Attachment 2: Assurance and Certification of Usual and Customary Charges
- Signed Authorization for submission

*This Section is completed by Area Agency Staff only.*

## RFP EVALUATION AND SCORING

**Total Points Earned:** \_\_\_\_\_

Applicant Name: \_\_\_\_\_ Date: \_\_\_\_\_

Name of Individual Scoring Application: \_\_\_\_\_

RFP Requirement	Points Possible	Points Earned	Comments
Documentation of all required organizational information	5		Review RFPA Checklist
Years that organization has been providing services to consumers	3		0-1 year: 0 points 1-5 years: 1 point 6-10 years: 2 points 11+ years: 3 points
Multiple county proposal	14		1 point per county covered in district
Proposal would fill existing gap in services	5		
If current AAAD provider, history of accurate and timely billing and reporting. If new provider, reference checks from at least two current contractors of history of accurate and timely billing and reporting	5		Consult appropriate AAAD staff regarding billing/reporting for current providers
Customer Satisfaction rate has been measured and documentation that 80% or more of consumers are satisfied with services	2		Applicant to provide sample of customer satisfaction surveys results / analysis
Monitoring reports from AAAD or other regulatory entity with evidence of timely plan of correction implementation.	5		zero findings: 5 points few findings, resolved timely: 4 points many findings and/or not resolved timely: 0-3 points
Proposed reimbursement rate is below usual and customary rate	3		
<b>Total</b>			