

**SOUTHERN MISSISSIPPI PLANNING AND
DEVELOPMENT DISTRICT**

REQUEST FOR PROPOSAL

FOR

Respite

July 1, 2025 – June 30, 2026

INDEX

Programmatic Requirements	Page 3
Special Requirements	Page 3
Match Requirements	Page 3
General Information	Page 4
Proposal Deadlines	Page 5
Financial, Program and Administrative Reports	Page 6
Submission of the Proposal	Page 6
Terms and Conditions	Page 7
Renewal Provisions	Page 7
Proposal Package Requirements	Page 7
Proposal Evaluation Criteria and Rating Sheet	Page 9

This project is supported by the Administration for Community Living (ACL), U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$1,333,334.00 with 75% funded by ACL/HHS and \$333,334.00 (25%) funded by non-government sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government.

Programmatic Requirements:

Respite services are to be provided to Mississippians on whom a mini cognition assessment will be performed, indicated as Attachment I. A consumer information form, indicated as Attachment H, will be completed as well. Providers will screen clients and maintain the waiting list.

The geographic areas wherein these respite services may be provided are all the counties within the Southern Mississippi Area Agency on Aging service area. This includes the following counties: Covington, Forrest, George, Greene, Hancock, Harrison, Jackson, Jefferson Davis, Jones, Lamar, Marion, Pearl River, Perry, Stone and Wayne.

Respite services must be provided in the home of the client.

Respite service is the providing of temporary relief time for the regular or primary caregiver (spouse, child, relative) of persons living with Alzheimer's disease and related dementias (ADRD) that requires constant in-home care. The client is the caregiver.

The primary objectives of the respite service are as follows:

- To prevent, delay, or avoid premature or unnecessary institutionalization.
- To prevent abuse.
- To prevent or reduce physical and emotional stress on the family.
- To give the primary caregiver some much needed personal time from the caregiver's role.
- To prevent caregiver's burnout.
- To give the caregiver an interval of rest from the burden of constant care giving.

Special Requirements:

Respite services must be provided in compliance with the Quality Assurance Standards, which is indicated as Attachment B to this proposal package.

Match Requirements:

The percent of non-federal match required on the federal funds that will be used to pay for services is 25%. **This match is to be provided by the proposer.** The match may be in the form of cash from local resources (non-federal) such as funds from cities and counties or from funds earned by the proposer. In-kind match may also be used to meet the match requirement. In-kind match is derived from donated expenditures that if the items were not available at any cost, expenses would have to be paid in order to provide the service. For example, if volunteers are available for the

homemaker service, the fair labor market value of volunteer time or if building space is donated to house the homemaker staff, the fair rental value of the donated building space can be used as match on the homemaker service funds. A match is not required on client contributions/program income, which is addressed below.

Services must be targeted to any ADRD clients to include those with IDD/ADRD. As clients are referred for services and eligibility is determined, a waiting list must be maintained to ensure that the highest priority client is placed at the top of the waiting list.

Clients cannot be charged for services. However, each client must be afforded an opportunity to contribute to the cost of the service and the amount contributed must be kept confidential. Proposers must include a minimum of 1% of the total budget as program income. Client contributions must be safeguarded in compliance with the Program Income Policy, which is indicated as Attachment C to this proposal package. Also, client contributions must be used to expand the service for which the contribution was made and must be expended first, prior to expenditure of Federal and/or State or Local funds.

Amount of funds allocated to this service for a twelve-month period:

Federal \$109,800 **Match** \$36,600 **Program Income** \$1,464

Funding for services will depend upon availability of approved Federal and/or State funds.

General Information:

The name, address and telephone number for the person to contact regarding this proposal package is as follows:

Thania Coyne
Southern Mississippi Planning and Development District
10441 Corporate Drive, Suite 1
Gulfport, MS 39503

Telephone Number (228) 314-1479
Email tcoyne@smpdd.com

All expenditures required to provide these services in compliance with the Quality Assurance Standard will be allowed. All expenditures must be reasonable and necessary to provide the service wherein the expense is budgeted and must be incurred in compliance with applicable Federal and/or State regulations governing the expenditure of these funds. All expenditures required to provide these services must be indicated in the budget, which is addressed below. The applicable Executive Orders, Federal Regulations, and Office of Management and Budget (OMB Circulars) must be adhered to.

Contracts for respite services will be based upon performance with a cost per unit of service.

The method of payment for respite services will be a fixed-price per unit of service basis pending availability of funds. Payments will be made monthly upon receipt of the monthly reporting worksheet as outlined in the core contract model which is indicated as Attachment D to this proposal package.

Contracts for respite services will be awarded based upon performance and unit cost.

Proposal Deadlines:

Notice of intent to submit a proposal must be received by SMPDD no later than May 16, 2025.

SMPDD will offer private RFP training sessions to allow new and current contractors to have the opportunity to ask questions and be informed on what is required in the different sections of the RFP to ensure that SMPDD is receiving qualified proposals. Both new and current contractors are highly encouraged to contact and schedule a session with Thania Coyne, Senior Services Assistant Division Director. Ms. Coyne can be reached at 228-314-1479 or via email at tcoyne@smpdd.com

The proposal must be received no later than June 6, 2025 by 5:00 p.m. to be considered for funding. If mailing proposals, time for delivery must be allowed and proposals must be mailed with return receipt requested. If delivering proposals, retain the receipt issued by the AAA staff member.

Proposals will be opened on June 9, 2025 at the following location:

Southern Mississippi Planning and Development District
10441 Corporate Drive, Suite 1
Gulfport, Mississippi 39503

Evaluation of proposals will be completed by end of day on June 13, 2025.

Notice of a contract will be forwarded to the selected provider(s) by June 18, 2025.

Contracts will be fully executed no later than June 30, 2025.

PROPOSALS RECEIVED AFTER THE DEADLINE ABOVE WILL BE RETURNED, UNOPENED TO THE SUBMITTING PROPOSER.

Financial, Program and Administrative Reports:

Financial reports will be due each month by the 5th calendar day for the previous month.

Client service logs will be due each month by the 5th calendar day for the previous month.

THE AAA RESERVES THE RIGHT TO REJECT ANY AND ALL PROPOSALS IN THE BEST INTEREST OF SMPDD.

All inquiries must be made in writing and copies of responses to inquiries which require that clarification and/or addenda are made to the request for proposal (RFP) will be sent by mail, to those persons or firms who sent a written Notice of Intent to Submit a Proposal by the date and time indicated in the RFP, and to other interested persons who, in writing, request copies of information concerning the RFP.

Three copies of the proposal must be forwarded to SMPDD. At least one copy of the proposal must contain the original signature of an official of the potential provider agency who is authorized to bind the provider to the proposal.

Written notices of contracts will be sent by mail to all proposers who submitted in writing a Notice of Intent to Submit a Proposal and any other interested person who, in writing, requested copies of information concerning the RFP.

SMPDD is not liable for any costs incurred by the applicant in responding to this Request for Proposal.

Submission of the Proposal:

Each proposal package must be delivered by hand or by certified mail to the AAA to the following address:

Physical Address

Southern Mississippi Planning and Development District
10441 Corporate Drive, Suite 1
Gulfport, Mississippi 39503

Mailing Address

Southern Mississippi Planning and Development District
Attn: Thania Coyne
10441 Corporate Drive, Suite 1
Gulfport, Mississippi 39503

The proposal must be delivered or mailed in a sealed envelope and marked "proposal." Each

proposal must be delivered or mailed in a separate envelope by the deadline indicated above and allow time for mail delivery.

Terms and Conditions:

To be considered for a contract, the proposer must agree to the specific provisions of the core contract, which is indicated as Attachment D to this proposal package and to the General Terms and Conditions as indicated in Attachment A.

Renewal Provisions:

The respite service contract will run for a period of twelve months beginning July 1, 2025 and ending June 30, 2026. SMPDD contemplates subsequent contracts for the services discussed in the RFP for the next two years. The decision to renew the contract will be based upon the provider's current year compliance with specifications, quality of service, and proposed price increase. SMPDD reserves the right to negotiate the price based on market conditions. The provider will be notified a minimum of sixty days in advance of SMPDD's intent to renew this contract or let it expire on the normal date. Proposed price changes by the provider shall be submitted to the AAA for review by May 15th of each ensuing year if the contract is renewed. The letter of request shall include a justification for the price change. The requested increase shall not exceed the change in the Consumer Price Index for the previous twelve-month period.

Proposal Package Requirements:

The following topics must be included in the proposal and must be in the order below. The response to these topics will be the basis for proposal evaluations. Each item should be addressed in as much detail as is necessary, but should not include extraneous information. The required proposal format is as follows:

1. Title Page - Each proposal should include a title page with the following information:

- Title of Proposal
- Respondents' name
- Organization to whom the proposal is submitted
- Name, title, phone number and address of the person who can answer questions about the proposal
- Name of Project Director
- Unique Identity Identifier (UEI)

2. Response to Introduction - Each proposal should include:

- A brief Statement of Need for the project as it relates to ADRD

- A brief Statement of Purpose for the project as it relates to ADRD

3. Description of Organizational Capability - At a minimum, the following should be addressed:

- a Table of Organization indicating how the project staff will fit into the Proposer's total agency, and how each member of the project staff relates to one another;
- an explanation of your agency's qualifications indicating your ability to manage and complete the proposed project and documentation of past experience in ADRD and/or IDD/ADRD projects;
- an explanation outlining personnel who will help provide the service, and their qualifications.

4. Statement of Work/Operational Plan - At a minimum, the following should be addressed:

- the project's objective, as viewed by your agency, including every objective contained in the Programmatic Requirements section of the RFP;
- a clear explanation of how the services will be provided;
- an operational plan which lists for each objective the activities that will be conducted to accomplish the objective and a start and a completion date for each activity.

5. Contract Budget or Rate

Each potential service provider needs to submit a line-item budget with justification for the amount of the projected cost in each line item. This budget should be submitted using a Cost Summary Support Sheet for each activity. If the contract is to be based on unit cost, the proposed unit cost needs to be included for each activity. The proposed unit cost must be calculated by dividing the total cost of the activity, as shown on the Cost Summary Support Sheet, by the projected units of service to be provided in the activity. The above referenced forms and instructions are included in Attachment E.

6. Required Proposer's Certifications

- **Terms and Conditions:** The Proposal must include a signed statement indicating that the potential service provider will comply with all of the terms and conditions stated in the RFP and in the core model contract. Attachment F

- **Statement of Non-Involvement:** The proposal must include a signed statement indicating that the potential service provider has not had any prior involvement in performing a feasibility study of the implementation of the subject contract, participating in the drafting of the RFP, or in developing the subject program. Attachment G

7. Other Required Information - this includes the following:

- audit report most recently completed (if the proposer is a municipality with annual revenues or expenditures less than \$1,000,000, a compilation prepared by a CPA should be

submitted.)

- most recent peer review of the auditor who conducted the most recent audit report
- proof of workers' compensation insurance
- proof of bonding
- proof of comprehensive and liability insurance
- evidence indicating that the potential service provider has the physical facilities necessary to provide the services; i.e., liens, proof of ownership

Proposal Evaluation Criteria and Rating Sheet:

The SMPDD Proposal Review Team will analyze and evaluate each proposal. The proposal evaluation criteria are organized into a rating sheet. The rating sheet has the following characteristics:

1. It separates evaluation items that require the same response from all Proposers from evaluation items that can be addressed differently by other Proposers.
2. It includes evaluation criteria for every element that the Proposer must address in their response to the RFP.
3. It assigns values to each evaluation criteria, which reflect the relative importance of these criteria.
4. It establishes a minimum score below which a proposal will not be considered.

Proposal Rating Sheet

Title of Proposal: _____ Date: _____

Proposer: _____ Rater: _____

Five points will be awarded for each Yes answer: _____ **Total score for #1-6**

1. The proposal includes a statement by the Proposer agreeing to the terms and conditions in the core model contract. Yes/No
2. The proposal for the project includes a line item budget with justification. Yes/No
3. The proposal includes a non-involvement statement. Yes/No
4. The proposal includes the Proposer's most recent audit. Yes/No
5. The proposal includes the most recent peer review of the auditor who conducted the most recent audit report. Yes/No

6. The proposal includes proof of current workers' compensation insurance coverage or statement of exemption from coverage. Yes/No

Weighted Value of Major Categories

Category #1 Response to Introduction (WV = 1)

Criterion #1: the Statement of Need reflects a clear understanding of why the project is necessary (0 - 10) _____

Criterion #2: the Statement of Purpose indicates a clear understanding of what the project is intended to accomplish (0 - 10) _____

Total possible score for this category 20 **Total** _____

Category #2 Statement of Work (WV = 5)

Criterion #1: the proposal contains clear objectives, which are consistent with the intent of the project (0 - 10) _____

Criterion #2: the proposal contains an operational plan, which lists all objectives and gives a complete date for each (0 - 10) _____

Criterion #3: the completion dates in the operational plan are reasonable (0-10) _____

Criterion #4: the way (method) the Proposer intends to conduct the project (provide the services) is clearly explained (0 - 10) _____

Total possible score for this category 200 **Total** _____

Category #3 Organizational Capability (WV = 3)

Criterion #1: the proposal contains sufficient numbers of staff to provide the services (0-10) _____

Criterion #2: the proposal contains the type of staff necessary to provide the services (0 - 10) _____

Criterion #3: the evidence provided by the Proposer related to their previous experience clearly indicates the Proposer's ability to provide the services (0 - 10) _____

Criterion #4: the table of organization included in the proposal indicates an adequate span of control (0 - 10) _____

Total possible score for this category 120 **Total** _____

Category #4 Budget and Cost (WV = 10)

Criterion #1: the costs proposed in the line item budget are reasonable (0 - 10) _____

Criterion #2: the proposed cost per unit rate is justified and one understands how they were determined (0 - 10) _____

Total possible score for this category 200 **Total** _____

Total possible score for this proposal 570 **GRAND TOTAL** _____

The following formula for scoring each proposal is as follows:

- a. Rate each criterion under each category from 0 to 10
- b. Multiply the rating of each criterion under each category by the category's weighted value (WV). This gives a score to each criterion.
- c. Add the scores under each category.
- d. Add the total scores of each category to get a total proposal score.
- e. The minimum score for considerations is 264.

Notes: _____

ATTACHMENT A

CONTRACT NO. 2025-xx

GENERAL TERMS AND CONDITIONS

1. **Termination of Contract for Cause** – If, through any cause, the Contractor shall fail to fulfill in a timely and proper manner its obligations under this Contract, or if the Contractor shall violate any of the terms of this Contract, the Agency shall thereupon have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof at least five days before the effective date of such termination. In that event, all personal property, cash, or other assets which, if the Contract had been completed, would have been required to be furnished to the Agency or were purchased with funds furnished to the Contractor under this Contract and all finished or unfinished documents, reports or other material prepared by the Contractor under this Contract shall at the option of the Agency, become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials.

Notwithstanding the above, the Contractor shall not be relieved of liability to the Agency for damages sustained by the Agency by virtue of any breach of this Contract by the Contractor, and the Agency may withhold any payments to the Contractor for the purpose of the setoff until such time as the exact amount of damages due the Agency from the Contractor is determined.

This Section shall apply to all representatives, third parties, and/or consultants/contractors selected or employed by the Contractor.

2. **Termination for Convenience of Agency** – The Agency may terminate this Contract by giving written notice to the Contractor at least thirty days before the effective date of such termination, and specifying the effective date thereof. In that event, all finished or unfinished documents and other materials as described in Paragraph 1 above shall, at the option of the Agency, become its property. If the Contract is terminated by the Agency as provided herein, the Contractor will be paid an amount which bears the same ratio to the total services of the Contractor covered by the Contract, less payments of compensation previously made.
3. **Renegotiations or Modifications** – The Agency may, from time to time, require renegotiations or modifications in the Scope of Work of the Contractor to be performed hereunder. Such renegotiations or modifications, including any increase or decrease in the amount of the Contractor's compensation, which are mutually agreed upon by and between the Agency and the Contractor, shall be incorporated in written amendments to this Contract.
4. **Assignability** – The Contractor shall not assign any interest in this Contract, and shall not transfer any interest in the same without the prior written consent of the agency thereto; provided, however, that claims for money due or to become due to the Contractor from the Agency under this Contract may be assigned to a bank, trust company or other financial institution without such approval.

5. **Interest of Contractor** – The Contractor covenants that he presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services required to be performed under this Contract. The Contractor further covenants that in the performance of this Contract no person having any such interest shall be employed.
6. **Confidentiality** – The Contractor shall comply with The Privacy Act of 1974 (5 USC 552a). Any reports, information, data, etc., given to or prepared or assembled by the Contractor under this Contract which the Agency requests to be kept as confidential shall not be made available to any individual or organization by the Contractor without the prior written approval of the Agency.

All information regarding applicants for and recipients of services under this program shall be available only to those persons authorized in writing to receive same by the Agency and Client. The Contractor assumes any and all liability and responsibility for such authorized disclosures.

7. **Fidelity Bond and Liability Insurance** – Prior to the commencement of performance of this Contract by the Contractor, the Contractor shall procure a fidelity bond for an amount of not less than **25%** of the total amount of the cost of the Contract. The bond shall insure the faithful performance of all staff receiving or disbursing funds under this Contract. The Contractor shall furnish proof of the required bond to the Agency. The required fidelity bond shall be one which does not limit the period of discovery or recovery of a loss for less than three (3) years from the expiration date of the Contract. A loss payable provision shall be included in the bonding policy to the effect that any loss will be payable to both the Contractor and the Agency.

Prior to the commencement of performance of this Contract by the Contractor, the Contractor shall procure a comprehensive general liability insurance policy which covers premises, operation, products/completed operations, hazard, and independent contractors, if any, with a limit of liability of not less than five hundred thousand (\$500,000) bodily injury and property damage plus an appropriate medical expense coverage.

Prior to the commencement of performance of this Contract by the Contractor, the Contractor shall procure workers' compensation insurance, in accordance with Mississippi laws and regulations, which shall inure to the benefit of all Contractor's personnel performing services under this Contract.

The Contractor shall furnish to the Agency proof of the required insurance and shall have the Agency and the Division of Aging and Adult Services named as an additional insured on all parties.

8. **Participants Complaints** – The Contractor shall adhere to procedures for resolving complaints of program participants of clients as outlined in the Division of Aging's Policies and Procedures Manual.

9. It is expressly agreed by the parties that no payments made or accepted under this Contract shall be used as or deemed to be evidence of the acceptance of performance under the Contract as satisfactory or the satisfactory compliance with its provisions.

It is expressly agreed that strict performance of the terms and provisions of this instrument shall be deemed the essence of the Contract.

10. **Indemnification** – It is expressly agreed that the Contractor and/or its officers, representatives, agents, and employees shall release and hold harmless the Agency, the Administration for Community Living, and the U.S. Government from and against any and all claims, demands, liabilities, suits, damages, and costs of every kind and nature whatsoever, including court costs and attorneys' fees, arising out of or caused by the Contractor and/or its officers, representatives, agents, and employees in the performance of such services.
11. **Property** – Title to any and all property purchased by the Contractor, including equitable title to leased or rental property, the cost of which the Contractor is reimbursed by the Agency, shall at the time of reimbursement pass to and vest in the Agency. The Contractor agrees to relinquish any and all such property upon termination or expiration of this Contract or upon thirty days notice from the Agency. It is understood and agreed that all equipment, the title of which is not vested in the Agency, shall be returned to the owner within a reasonable time after expiration of this agreement. In the event of default by the Contractor of this agreement, the Contractor waives right to receive notice from the Agency with respect to the possession or disposition of property to which the Agency has title.
12. **Non-Waiver of Breach** – No assent, express or implied by these parties to the breach of any of the covenants, terms, provisions, or assurances of this Contract shall be deemed to be waiver of any succeeding breach of the same or any other covenant, term, provision, or assurance of the Contract.
13. **Monitoring** – The Agency and other authorized officials retain the right to conduct onsite fiscal and program monitoring evaluations and assessments of any aspect of this Contract without notice. All documentation shall be available for inspection without prior notice.
14. **Fiscal Management and Accountability** – The Contractor will establish for funds under this Contract accurate and current accounting records in accordance with Generally Accepted Accounting Principles that meet all local, state and federal regulations. Contractor will maintain documentation that reflects expenses were incurred properly and required match is adequately met. Contractor shall provide for an audit to be conducted at the end of the Contractor's fiscal year at the Contractor's expense and a copy of the audit will be electronically provided to the Agency within 6 months from the end of the Contractor's fiscal year. If the Contractor is a municipality with revenues or expenditures less than \$1,000,000.00, they may submit a compilation prepared by their CPA instead of an audit.

All non-Federal entities, (State, local government, or nonprofit organization), that expend \$750,000 or more during the non-Federal entity's fiscal year in total Federal awards from all funding sources must have a single audit conducted for that year, in accordance with 2 CFR 200. All for-profit organizations that expend \$750,000 or more during the for-profit's fiscal year in total Federal awards from all funding sources must have a single audit conducted for that year in accordance with 2 CFR 200. The Contractor shall adhere to all applicable Office

of Management and Budget (OMB) Circulars and other applicable Federal, State of Mississippi, and SMPDD/ACL regulations, policies and procedures governing audits and monitoring.

If the audit report submitted includes questioned costs or findings, the Contractor shall take steps to clear questioned costs and findings within ninety (90) days after audit report has been filed. In order for the Agency to continue funding the program, the Contractor shall see that the auditor reviews the corrections and submits to the Agency a letter verifying that the findings and questioned costs have been cleared. The Contractor shall retain all fiscal and program records and documents relative to the Contract for three (3) years after expiration of this Contract.

Contractor shall not utilize funds for any unbudgeted item without prior written authorization from the Agency. Accordingly, any modifications, changes, or waivers pertaining to this Contract shall be valid only when both parties have agreed in writing and acknowledged their agreement with signatures.

15. **Program Income** – The Contractor shall provide recipients with an opportunity to contribute to the cost of the service. The Contractor shall assure the following guidelines:

- a) Each respite care recipient shall be provided with an opportunity to voluntarily contribute to the cost of the service.
- b) The privacy of each respite care recipient shall be protected with respect to his or her contributions.
- c) Appropriate procedures shall be established to safeguard and account for all contributions.
- d) Supportive services and nutrition services contributions shall be used to expand the service that generated the contributions.
- e) No respite care recipient may be denied a service because the older person will not or cannot contribute to the cost of the service.
- f) Program income will be safeguarded in accordance with policy established by Division of Aging and Adult Services.
- g) Program Income will be expended first prior to expenditure of any federal, state or local funds.

16. **Service Provider Requirements**

- a) Provide SMPDD, in a timely manner, with statistical and other information which SMPDD requires in order to meet its planning, coordination, evaluation and reporting requirements.
- b) Specify how the provider intends to satisfy the service needs of ADRD and IDD/ADRD individuals in the area served by the provider.

- c) Provide recipients with an opportunity to contribute to the cost of the service.
- d) With the consent of the respite care recipient, or his or her representative, bring to the attention of appropriate officials for follow-up, conditions or circumstances which place the older person, or the household of the older person, in imminent danger.
- e) Where feasible and appropriate, make arrangements for the availability of services to respite care recipients in weather related emergencies.
- f) Assist participants in taking advantage of benefits under other programs; and
- g) Assure that all services funded under this part 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.

17. **Equal Employment Opportunity and Civil Rights**

The Contractor shall comply with all Federal and State statutes relating to discrimination, including, but not limited to:

Title VI of the Civil Rights Act of 1964, prohibiting discrimination on the basis of race, color, or national origin;

Title VII of the Civil Rights Act of 1964, relating to non-discrimination in matters of recruitment, hiring, promotion, and other employment practices;

Title VIII of the Civil Rights Act of 1968, as amended, relating to non-discrimination the sale, rental, or financing of housing;

Title IX of the Education Amendments of 1972, as amended, prohibiting discrimination on the basis of gender in federally assisted education programs and activities;

Age Discrimination Act of 1975, prohibiting discrimination on the basis of age;

Section 504 of the Rehabilitation Act of 1973, prohibiting discrimination on the basis of handicaps;

Subtitle A, Title II of the Americans with Disabilities Act (ADA) (1990);

Omnibus Reconciliation Act of 1981, prohibiting discrimination on the basis of race, color, religion, sex, national origin, age, and handicap;

Drug Abuse Office and Treatment Act of 1972, as amended, relating to non-discrimination on the basis of drug abuse;

Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment, and Rehabilitation Act of 1970, as amended, relating to non-discrimination on the basis of alcohol abuse or alcoholism;

Sections 523 and 527 of the Public Health Service Act of 1912, as amended, relating to confidentiality of alcohol and drug abuse patient records; and

Any other non-discrimination provisions in the specific statute(s) under which these monies will be granted or awarded and the requirements of any other non-discrimination statute(s) which may apply to this contract or award.

18. The Contractor will comply with requirements of the provisions of the Uniform Relocation Assistance and Real Property Acquisitions Act of 1970 which provides for fair and equitable treatment of persons displaced or whose property is acquired as a result of federal and federally assisted programs. These provisions apply to all interests in real property acquired for project purposes regardless of federal participation in purchases.
19. The Contractor will give the Agency, the Federal Grantor Agency, or the Comptroller General through any authorized representative the access to and the right to examine and copy all records, items, and financial statements related to this Contract at any time for as long as these records are to be retained.
20. The Contractor will comply with all requirements imposed by the Federal Grantor Agency concerning special requirements of law, program requirements, and other administrative requirements approved in accordance with 2 CFR 200. The Contractor shall carry out all regulations, rules and orders issued by the U. S. Government Grantor Agency. The requirements of said regulations may include, but are not limited to, development and implementation of an Affirmative Action Plan for utilizing business concerns located within or owned in substantial part by persons residing in the area of the project; the making of a good faith effort, as defined by the regulations, to provide training, employment, and business opportunities. The Contractor certifies and agrees that it is under no contractual or other disability which would prevent it from complying with these requirements.

Compliance with all regulations, rules and order of the U. S. Government Grantor Agency or its designated representative issued prior to approval by the Government of the Application for this Contract, shall be a condition of the Federal Financial Assistance provided to the project, binding upon the Contractor, its successors and assigns. Failure to fulfill these requirements shall subject the Contractor and contractors, its successors and assigns to the sanctions specified by this Contract, and to such sanctions as are specified in the regulations.

21. The Contractor shall provide services at consistent levels throughout the Contract period.
22. The Contractor will submit a completed closeout package within thirty (30) days of the expiration of the Contract with all refunds due.
23. The Contractor will provide services in accordance with the proposal submitted to SMPDD.
24. The Contractor will comply with 29 CFR Part 71 regarding notifying employees about their rights under the National Labor Relations Act.
25. The Contractor represents and warrants that it will ensure its compliance with the Mississippi Employment Protection Act (Senate Bill 2988 from 2008 regular Legislative Session) and will register and participate in the status verification system for all newly hired employees. The

term “employee” as used herein means any person that is hired to perform work within the State of Mississippi. As used herein, “status verification system” means the Illegal Immigration Reform and Immigration Responsibility Act of 1996 that is operated by the United States Department of Homeland Security, also known as the E-Verify Program. Or any other successor’s electronic verification system replacing the E-Verify Program. Contractor agrees to maintain records of such compliance and, upon request of the State, to provide a copy of each such verification to SMPDD and State. Contractor further represents and warrants that any person assigned to perform services hereunder meets the employment eligibility requirements of all immigration laws of the State of Mississippi. Contractor understands and agrees that any breach of these warranties may subject Contractor to the following: (a) termination of this Contract and ineligibility for any state or public Contract in Mississippi for up to (3) years, with notice of such cancellation/termination being made public, or (b) the loss of any license, permit, certification or other document granted to Contractor by an agency, department or governmental entity for the right to do business in Mississippi for up to one year, or both. In the event of such termination/cancellation, Contractor would also be liable for any additional cost incurred by SMPDD and State due to Contract cancellation or loss of “license or permit.” Any Agreements entered into between the Contractor and its contractors shall contain the E-Verify clause with which said contractors shall comply in hiring their own employees.

26. The Contractor must be registered with www.sam.gov and maintain no active exclusions.
27. The Contractor must comply with the pilot program for enhancement of contractor employee whistleblower protections (48 CFR 3.908-3, 48 CFR 52.203-17 and 41 U.S.C. 4712). Specifically, the Contractor shall provide written notification to all employees of the Contractor of employee whistleblower rights and protections under 41 U.S.C. 4712, as described in 48 CFR 3.908 of the Federal Acquisition Regulation. Contractors shall also include in each agreement with lower-tier Contractors, if any, the required whistleblower provisions, as mandated in 48 CFR 52.203-17.
28. If the Contractor advertises or prints brochures, flyers or any other material, printed or otherwise, relating to, or promoting, the services which it is providing through this Contract, it shall acknowledge that said funding for said contract and for said advertising was provided by the Administration for Community Living , U.S. Department of Health and Human Services through the Southern Mississippi Planning and Development District. It must state that the contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by ACL/HHS, or the U.S. Government. SMPDD must be contacted for specific language to be used.
29. The Contractor assures it has the legal authority to apply for and receive the Contract; that a resolution, motion, or similar action has been duly adopted or passed as an official act of the Contractor’s governing body authorizing the Contract, including all understandings and assurances contained therein, and directing and authorizing the person identified as the official representative of the Contractor to act in connection with the Contract and to provide such additional information as may be required.
30. The Contractor shall provide, in a timely manner, written disclosure, all violations of Federal criminal law involving fraud, bribery, or gratuity violations potentially affecting the Contract.

31. The Contractor will establish safeguards to prohibit employees from using their position for a purpose that is or gives the appearance of being motivated by a desire for private gain for themselves or others, particularly those with whom they have family, business or other ties.
32. The Contractor shall ensure that buildings and facilities owned, occupied, or financed by the United States government are accessible to and usable by physically handicapped persons in accordance with the Architectural Barriers Act of 1968.
33. The Contractor shall comply, as applicable, with the provisions of the Davis-Bacon Act, the Copeland Act, and the Contract Work Hours and Safety Standards Act, regarding labor standards for federally assisted construction Contracts.
34. The Contractor shall comply with the Intergovernmental Personnel Act of 1970 relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standards for a Merit System of Personnel Administration.
35. The Contractor shall comply, if applicable, with Section 102(a) of the Flood Disaster Protection Act of 1973, which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
36. The Contractor shall comply with the Lead-Based Paint Poisoning Prevention Act, which prohibits the use of lead-based paint in construction or rehabilitation of residence structures.
37. The Contractor shall assist the Federal grantor agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended; EO 11593; and the Archaeological and Historic Preservation Act of 1974.
38. The Contractor shall comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 and EO 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetlands pursuant to EO 11990; (d) evaluation of flood hazards in flood plains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972; (f) conformity of Federal actions to State (Clean Air) Implementation Plans under Section 176 of the Clean Air Act of 1955, as amended; (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended; (h) protection of endangered species under the Endangered Species Act of 1973, as amended; (I) Section 6002 of the Resource Conservation and Recovery Act; and (j) the Coastal Barriers Resources Act.
39. The Contractor shall comply with the Wild and Scenic Rivers Act of 1968 related to protecting components or potential components of the national wild and scenic rivers system.

40. The Contractor shall comply with Public Law (PL) 93-348 regarding the protection of human subjects involved in research, development and related activities supported by this contract.
41. The Contractor shall comply with the Laboratory Animal Act of 1966 pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this contract.
42. The Contractor shall comply with Federal regulations regarding criteria for cost sharing or matching contributions.
43. The Contractor shall assure all funds received shall be used only to supplement services and activities that promote the purposes for which the Contract is awarded, and not supplant, unless specifically authorized by the program regulations and ACL.
44. The Contractor shall provide the required certification regarding their exclusion status and that of their principal's prior to the Contract in accordance with EOs 12549 and 12689 Debarment and Suspension.
45. The Contractor shall provide certification to comply with the Drug-Free Workplace Act of 1988.
46. The Contractor shall comply with all requirements of the Federal Funding Accountability and Transparency Act (FFATA). This includes providing the grantor a DUNS number and other information such as executive compensation data when required so the grantor can meet the reporting requirements of FFATA.
47. The Contractor shall comply with the Byrd Anti-Lobbying Amendment (31 U.S.C. 1352).

Attachment B

Quality Assurance Standards

RESPITE SERVICE

A. Definition and Purpose

Respite care is the providing of temporary relief time for the regular or primary caregiver (spouse, child, relative) of persons living with Alzheimer's disease and related dementias (ARD) that require constant in-home care, including those with intellectual developmental disabilities (IDD) and ARD.

The purpose of respite care is to:

1. prevent, delay, or avoid premature or unnecessary institutionalization;
2. prevent elder abuse;
3. prevent or reduce physical and emotional stress on the family;
4. reduce and give the primary caregiver some much needed personal time away from home and the caregiver's role;
5. prevent caregiver's burnout; and
6. give the caregiver an interval of rest from the burden of constant care.

B. Eligibility

A family caregiver, grandparent or an adult individual who is a relative caregiver. Priority is given to older individuals with the greatest social and economic need, (with particular attention to low-income individuals) and adult individuals providing care and support to ARD persons with mental disability and related developmental disabilities.

C. Unit of Service:

One unit of service equals one hour (1) of relief to the caregiver.

D. Minimum Program Requirements:

Each service provider of Respite for the Family Caregiver Support Program must comply with the following program requirements.

1. Service Activities

- a. The Respite Care worker must provide one or more of the following primary activities: feeding, personal care needs, companionship, support or general supervision.
- b. Respite Care is provided by placing a respite worker in the client's or caregiver's home.
- c. A minimum of one hour and no more than 8 hours per month, unless for emergency or unusual circumstances.

2. Location of Service

Respite services are provided only in the caregiver/care recipient's home by trained ADRD respite care workers.

3. Access to Service

The caregiver may enter the service system at any point through an appropriate referral.

4. Delivery Characteristics

a. Each caregiver shall have a record to include:

- (1) Screening/intake/caregiver assessment;
- (2) A plan of care;
- (3) Referral form, if applicable;
- (4) Authorization releases, where appropriate;
 - a. to share information with emergency personnel
 - b. to provide skilled services; and
 - c. to provide recreational or medical emergency transportation.
- (5) Documentation of services provided, date and time, and respite worker's name providing the service; and
- (6) Notice of termination of service, if applicable.

b. Respite services may be available day or night, seven days a week, including holidays, during the hours that will best meet the needs of the caregivers.

c. The caregiver/care recipient shall be allowed the opportunity to contribute to the cost of the service.

5. Staffing

a. There shall be a person responsible for the day-to-day operation of the service at SMPDD.

b. There must be an adequate number of staff to meet the goals of the program.

c. The respite worker should:

- (1) have past experience in caring for persons living with ADRD;
- (2) have the ability to communicate with the caregiver/care recipient with speech/hearing or visual impairments; (No formal training is needed to detect a speech problem);
- (3) be able to maintain confidentiality;
- (4) have reliable transportation.

- d. It will be the responsibility of each provider agency to ensure that respite staff is available to provide various levels of care.
- e. Quarterly training should consist of ADRD education.
- f. Annual training should consist of:
 - (1) safety education;
 - (2) elderly abuse detection and prevention;
 - (3) emergency procedures;
 - (4) confidentiality;
 - (5) first aid, CPR and the Heimlich;
 - (6) communication skills;
 - (7) the Aging process; and
 - (8) orientation to the Respite Program (policies and procedures).

6. Prohibited Service Activities

The following activities are prohibited by the Respite Worker:

- a. Use of caregiver/care recipient's cars.
- b. Consumption of caregivers' food or drink.
- c. Use of caregivers' telephones for any reason other than an emergency or respite related activities.
- d. Breach of caregivers' confidentiality.
- e. Acceptance of gifts or tips.
- f. Bringing friends or relatives of respite worker to caregivers' homes.
- g. Consumption of alcoholic beverages or drugs in caregivers' home or consumption of alcoholic beverages prior to or during service delivery to clients.
- h. Smoking in caregivers' homes.
- i. Solicitation of money or goods from caregivers.
- j. Providing yard maintenance
- k. Grooming pets
- l. Making home repairs
- m. Unauthorized/unannounced visits
- n. No show without prior notice

7. Monitoring

Southern MS Planning and Development District shall monitor quarterly and obtain records from provider for evaluation purposes

Attachment C

CONTRACT NO. 2025-xx

Southern Mississippi Planning and Development District PROGRAM INCOME POLICY

I. SCOPE AND PURPOSE

The purpose of this document is to transmit the policy regarding program income collection for services rendered with funds administered by SMPDD and the Administration for Community Living. A provision must be made for safeguarding program income contributed by the elderly clients served with aging funds in the most cost effective manner.

II. REQUIREMENTS

- A. Each service that is provided in a centralized location must have the following in place:
 - 1. A lock box must be placed in each location where a service is provided which clearly indicates the service that the funds will expand, such as congregate meals, senior center and day care.
 - 2. The box must be kept locked at all times with a space at the top of the box through which contributions can be placed.
 - 3. The staff member who has access to the lock box on a daily basis should not have access to the key. The key should be maintained by a second staff member. A set time should be established, at least weekly, for the box to be accessed by both staff members and program income counted, and the amount certified by both staff members.
 - 4. Program income generated must be deposited on the same day that the lock box is opened. The form that is used by the two staff members to certify the amount of program income generated should then be attached to the copy of the bank deposit slip and forwarded to the appropriate fiscal officer to account for the funds. The bank deposit slip should clearly indicate the service that generated the program income.
- B. A mechanism must be in place to allow participants to contribute program income for each service funded through funds administered by SMPDD and ACL. When the service is not provided in a centralized location, a plan must be developed by each provider for soliciting and safeguarding program income contributions. Examples of these services include homemaker, respite, home delivered meals, etc.

- C. Program income must be expended first, prior to the expenditures of federal, state or local cash. Program income must be used to expand the service that generated the funds.
- D. The purchase of lock boxes for safeguarding program income is allowable. The cost should be charged to the service where the box will be used. For instance, a lock box purchased for a congregate meals site should be charged to the congregate meals project management funds.
- E. Program income generated by the nutrition program must be applied to the cost of the meal and will not be budgeted for the project management. Procedures for submittal of nutrition program income will be established with each individual provider.
- F. Contractor should develop a suggested contribution schedule for services. In developing such a schedule, contractor must consider the income ranges for older persons in the community. Means tests may not be used.
- G. No ADRD person will be denied a service because the ADRD person will not or cannot contribute to the cost of the service.

III. EFFECTIVE DATE

This policy is effective immediately and shall remain in effect until modified or replaced by the Southern Mississippi Planning and Development District.

Attachment D

Example Contract

**SOUTHERN MISSISSIPPI
PLANNING AND DEVELOPMENT DISTRICT**

COUNTY OF: Insert County

CONTRACT NO.: 2025-xx

CONTRACT FOR: Insert Service

1. Parties -The parties to this contract are the Southern Mississippi Planning and Development District (herein called the Agency) and **Insert Contractor Name** (herein called Contractor).
2. Purpose - The purpose of this contract is to engage the services of the Contractor to perform the following services: **XXXXXXX Services**, per Quality Assurance standards under the following sources of funding: **XXXXXXXXX**. Any change of the intent of this contract must be in writing and mutually assented to by both parties.
3. Service Objectives and Cost -The Contractor shall provide, in an expedient and satisfactory manner as determined by normal, reasonable circumstances, the services described in Exhibit **X**, entitled Service Objective and Cost. Services shall be performed in accordance with the Quality Assurance Standards attached hereto and made a part of the contract hereof by reference as Exhibit **X**.
4. Period of Performance – The contract will run for a period of twelve months beginning July 1, 2025 and ending June 30, 2026.
5. Location of Service - Services will be provided in the area(s) of Insert county or counties in which service will be provided.

6. Cost of Contract -Funding for this contract will not exceed the amounts shown below for a one year period:

Funding Source	Federal	State	Local Cash	Contractor Cash / In-Kind	Program Income	Total
Total Contract						

This contract is subject to the availability of funds from all resources. Of the total contract amount of \$X, the Contractor agrees to furnish a total of \$X contractor cash, \$X in contractor in-kind match and \$X in program income.

The Federal portion reimbursable to the Contractor by the Agency shall not exceed \$X.

7. Method of Payment - This is to be a Unit Cost contract. The Contractor shall submit to the Agency a Contractor Report Form and service logs by the 5th day of each month. The Agency shall process the Contractor Report Form in its normal course of business, and, if it is found in order, shall cause payment thereon to be made. For payment to be processed, the Agency must receive monthly Program Reports and Financial Reports as outlined in Section 8 of this contract.

8. Financial and Program Reporting Requirements:

The Contractor shall submit to the Agency program reports and financial reports as follows:

	<u>Frequency</u>	<u>Due Date</u>
Service Provider Logs	<u>Monthly</u>	<u>5th Calendar Day</u>
Waiting List	<u>Monthly</u>	<u>5th Calendar Day</u>

Contractor Report Form

Monthly

5th Calendar Day

Closeout Package(s)

Annually

July 20, 2026

9. General Terms and Conditions - This contract is hereby made subject to the terms and conditions included in Exhibit X entitled "General Terms and Conditions", which is attached hereto and made a part hereof by reference.

10. Special Terms and Conditions -

The Program Income Policy is herein made a part of this contract by reference as reflected in Exhibit X.

IN WITNESS WHEREOF the Agency and Contractor have executed this contract on
the _____ day of _____.

AGENCY:

ATTEST: _____

BY: _____

Leonard Bentz, Executive Director
Southern Mississippi Planning and Development
District

ATTEST: _____

BY: _____

Madeline Walker, Division Director
Senior Services

CONTRACTOR:

ATTEST: _____

BY: _____

TITLE: _____

*****Example Contract*****

Attachment E

Budget Summary

This sheet is used to identify each of the line items requested and to provide a description of the item and the basis for valuation or cost. Line items that may be used are: salaries, fringe benefits, travel, contractual services, commodities, equipment and indirect costs. Total amount must equal the total cost shown on the Contract Unit Cost Proposal form.

1. Applicant Agency: _____ 2. Contract Number: <u>not applicable</u> 3. Grant ID: <u>not applicable</u> 4. Beginning: <u>7/1/2025</u> 5. Ending: <u>6/30/2026</u> 6. Submitted as Part of (check one): A. Funding Request <u>X</u> B. Modification <u>n/a</u> Modification Effective Date <u>n/a</u>				
---	--	--	--	--

FUNDING SOURCES

7. For SMPDD	8. Activity	Federal	State	SMPDD Local	Program Income	Contractor Cash	Contractor In- Kind	Total
	TOTAL							

CONTRACT TERMS AND CONDITIONS

The proposing agency agrees to comply with all terms and conditions stated in the request for proposal and in the core model contract. This agreement applies to the proposed contract with Southern Mississippi Planning and Development District for services for the period of July 1, 2025 to June 30, 2026.

AGENCY: _____

BY: _____

Signatory Official

STATEMENT OF NON-INVOLVEMENT

The bidder has not had any prior involvement in performing a feasibility study of the implementation of the subject, in participating in drafting of the RFP, or in developing the subject program.

AGENCY:_____

BY:_____

Signatory Official

CERTIFICATE REGARDING LOBBYING

Certification for Contracts, Grants, Loans, and Cooperative Agreements

The undersigned certifies, to the best of his or her knowledge and belief, that:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, Member of Congress in connection with the awarding of any Federal contract, making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan or cooperative agreement.**
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.**
- 3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.**

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization

State

Authorized Signature

Date

Title

Attachment H

Screening Form

Mississippi Department of Human Services | Division of Aging and Adult Services
Mississippi Consumer Information Form

1. CLIENT IDENTIFICATION

Client's Last Name	First Name	Middle Initial	Suffix
Date of Birth		Email Address	
<input type="checkbox"/> Homeless	<input type="checkbox"/> Requires Assistance in an Emergency	Case Manager	
Family Members			
Address of Client	<input type="checkbox"/> Unknown <input type="checkbox"/> Home	County	
Physical Address	City	State	Zip Code
Mailing Address	City	State	Zip Code
Directions to Client's Home			
Phone Number		Alternate Phone Number	

2. ADDITIONAL CONTACT INFORMATION

☐ Voluntary ☐ Involuntary ☐ No

Contact Type (Guardian/Conservator Type/Durable Power of Attorney)	Relationship to Client		
Name (Last, First, M.I.)			
Address	City	State	Zip Code
Phone Number		Alternate Phone Number	

3. DEMOGRAPHICS

Gender: ☐ Male ☐ Female ☐ Unknown Gender Identity: ☐ Non-Binary ☐ Trans-Male ☐ Trans-Female ☐ Other ☐ Non-Disclose
Client less than 60: ☐ Spouse ☐ Meal-Volunteer ☐ Disabled ☐ Lives in Senior Housing ☐ Lives with Client
Race _____ Ethnicity: ☐ Hispanic ☐ Non-Hispanic

4. IS THE CLIENT A MINORITY? ☐ Yes (3) ☐ No (0) 5. CLIENT'S PRIMARY LANGUAGE ☐ Needs Translation ☐ English Limited ☐ English

6. RELATIONSHIP STATUS ☐ Divorced ☐ Married ☐ Separated ☐ Widowed ☐ Single/Never Married

7. EMPLOYMENT STATUS ☐ Full-Time ☐ Part-Time ☐ Retired ☐ Unemployed ☐ Volunteer ☐ Disabled

8. VETERAN STATUS ☐ Yes ☐ No ☐ Spouse of Veteran ☐ Child of Veteran 9. IS THE CLIENT'S ADDRESS RURAL? ☐ Yes (3) ☐ No (0)

10. HOUSING TYPE ☐ Home/Own ☐ Home/Rent ☐ Other ☐ Apartment/Duplex ☐ Adult Care Residence/Personal Care/Assisted Living

11. LIVES WITH ☐ Lives Alone ☐ Other Family ☐ With Spouse ☐ Other Non-Relative

12. REFERRAL SOURCE _____

13. SOURCES OF SUPPORT (LIST) _____

14. PRIMARY TRANSPORTATION _____ 15. CLIENT/FAMILY MONTHLY INCOME _____

16. INCOME BELOW THE NATIONAL POVERTY LEVEL? ☐ Yes (3) ☐ No (0)

17. SOCIAL SECURITY ☐ No ☐ SS Retirement ☐ SS Disability ☐ Receives SSI ☐ Receives Private Pension

18. MEDICARE? # _____ Part A B C D 19. MEDICAID? # _____

Date of Completion: _____

20. ACTIVITIES OF DAILY LIVING (ADL)

Assessment Date: _____

	INDEPENDENT (0)	SUPERVISION (1)	REQUIRES SOME ASSISTANCE (2)	ASSISTANCE MOSTLY (3)	TOTAL ASSISTANCE (4)	ACTIVITY DOES NOT OCCUR (5)
Bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toilet Use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transfer Mobility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Eating	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walking in Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTALS: _____

Please list other observations of activities of daily living: _____ Total ADL Score: _____

21. INSTRUMENTAL ACTIVITIES OF DAILY LIVING (IADL)

	INDEPENDENT (0)	SUPERVISION (1)	REQUIRES SOME ASSISTANCE (2)	ASSISTANCE MOSTLY (3)	TOTAL ASSISTANCE (4)	ACTIVITY DOES NOT OCCUR (5)
Meal Preparation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Medicines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Managing Money	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heavy Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shopping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Transportation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Light Housework	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TOTALS: _____

Comments: _____ Total IADL Score: _____

22. NUTRITION RISK ASSESSMENT: The score for each yes answer is in parenthesis. Total YES answers only and assign a Nutrition Risk Score based on the scoring scale below.

- | | | | |
|---|----------------------------------|----------------------------------|-----------------------------|
| 1. Has the Client made any changes in lifelong eating habits because of health problems? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No |
| 2. Does the Client eat fewer than 2 meals per day? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (3) | <input type="checkbox"/> No |
| 3. Does the Client eat fewer than 5 servings of fruits and vegetables every day? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No |
| 4. Does the Client eat fewer than 2 servings of dairy products every day (such as milk, yogurt, or cheese)? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No |
| 5. Does the Client sometimes not have enough money to buy food? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (4) | <input type="checkbox"/> No |
| 6. Does the Client have trouble eating well due to problems with chewing/swallowing? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (2) | <input type="checkbox"/> No |
| 7. Does the Client eat alone most of the time? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No |
| 8. Without wanting to, has the Client lost or gained 10 pounds in the past six months? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (2) | <input type="checkbox"/> No |
| 9. Does the Client need help to shop, cook, and/or feed themselves (or get someone to do it for them)? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (2) | <input type="checkbox"/> No |
| 10. Does the Client have 3 or more drinks of beer, liquor, or wine almost every day? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (2) | <input type="checkbox"/> No |
| 11. Does the Client take 3 or more different prescribed or over the counter drugs per day? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (1) | <input type="checkbox"/> No |
| 12. Does the Client have diabetes? | <input type="checkbox"/> Unknown | <input type="checkbox"/> Yes (6) | <input type="checkbox"/> No |

Additional Comments: _____

Nutrition Risk Score: _____

23. SERVICES REQUESTED

Score 0-5 LOW (Score 0) | Score 6-20 HIGH (Score 6)

Service Date: _____	Start Date: _____	Notes: _____
Service Date: _____	Start Date: _____	Notes: _____
Service Date: _____	Start Date: _____	Notes: _____
Service Date: _____	Start Date: _____	Notes: _____
Service Date: _____	Start Date: _____	Notes: _____

I certify that all the information I have given on this form is true and complete to the best of my knowledge. In applying for services through the Division of Aging and Adult Services and its providers, I give my permission for the information on this form to be shared with appropriate providers.

Signature or Mark of Consumer Client: _____ Date: _____

I certify that information concerning this client will not be disclosed except with the written consent of the client.

Signature of Person Completing Form: _____ Date: _____

Service Denied Date: _____ Date Entered into WellSky: _____

24. CONSUMER SCORE: circle the score from questions 4,9,16, and 22 add ADL's and IADL's scores for Total Consumer Score

Minority Status _____ Rural Status _____ Income Status _____ ADL Score _____ IADL Score _____ Nutrition Risk _____ Total Consumer Score _____

Attachment I

Dementia Screening

AD8 Dementia Screening Interview

Patient ID#: _____

CS ID#: _____

Date: _____

Remember, "Yes, a change" indicates that there has been a change in the last several years caused by cognitive (thinking and memory) problems.	YES, A change	NO, No change	N/A, Don't know
1. Problems with judgment (e.g., problems making decisions, bad financial decisions, problems with thinking)			
2. Less interest in hobbies/activities			
3. Repeats the same things over and over (questions, stories, or statements)			
4. Trouble learning how to use a tool, appliance, or gadget (e.g., VCR, computer, microwave, remote control)			
5. Forgets correct month or year			
6. Trouble handling complicated financial affairs (e.g., balancing checkbook, income taxes, paying bills)			
7. Trouble remembering appointments			
8. Daily problems with thinking and/or memory			
TOTAL AD8 SCORE			

Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, Neurology 2005;65:559-564

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The AD8 Administration and Scoring Guidelines

A spontaneous self-correction is allowed for all responses without counting as an error.

The questions are given to the respondent on a clipboard for self-administration or can be read aloud to the respondent either in person or over the phone. It is preferable to administer the AD8 to an informant, if available. If an informant is not available, the AD8 may be administered to the patient.

When administered to an informant, specifically ask the respondent to rate change in the patient.

When administered to the patient, specifically ask the patient to rate changes in his/her ability for each of the items, **without** attributing causality.

If read aloud to the respondent, it is important for the clinician to carefully read the phrase as worded and give emphasis to note changes due to cognitive problems (not physical problems). There should be a one second delay between individual items.

No timeframe for change is required.

The final score is a sum of the number items marked "Yes, A change".

Interpretation of the AD8 (Adapted from Galvin JE et al, The AD8, a brief informant interview to detect dementia, *Neurology* 2005;65:559-564)

A screening test in itself is insufficient to diagnose a dementing disorder. The AD8 is, however, quite sensitive to detecting early cognitive changes associated many common dementing illness including Alzheimer disease, vascular dementia, Lewy body dementia and frontotemporal dementia.

Scores in the impaired range (see below) indicate a need for further assessment. Scores in the "normal" range suggest that a dementing disorder is unlikely, but a very early disease process cannot be ruled out. More advanced assessment may be warranted in cases where other objective evidence of impairment exists.

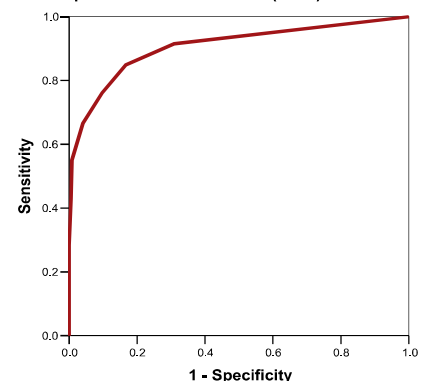
Based on clinical research findings from 995 individuals included in the development and validation samples, the following cut points are provided:

- 0 – 1: Normal cognition
- 2 or greater: Cognitive impairment is likely to be present

Administered to either the informant (preferable) or the patient, the AD8 has the following properties:

- Sensitivity > 84%
- Specificity > 80%
- Positive Predictive Value > 85%
- Negative Predictive Value > 70%
- Area under the Curve: 0.908; 95%CI: 0.888-0.925

Receiver Operator Characteristics (ROC) curve for AD8



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