Area Agency on Aging of Broward County

REQUEST FOR PROPOSAL (RFP)

FOR ALZHEIMER'S DISEASE INITIATIVE SERVICE PROVIDERS

SUBMISSION DEADLINE:

MONDAY, NOVEMBER 10, 2025
5:00 P.M.

AREAWIDE COUNCIL ON AGING OF BROWARD COUNTY, INC.
d/b/a AGING & DISABILITY RESOURCE CENTER OF BROWARD COUNTY (ADRC)
d/b/a AREA AGENCY ON AGING OF BROWARD COUNTY, INC.

PLANNING AND SERVICE AREA 10, BROWARD COUNTY

5300 HIATUS RD.
SUNRISE, FLORIDA 33351
(954)745-9567

TABLE OF CONTENTS

APPENDICES

SECTION I - INTRODUCTION

BACKGROUND STATEMENT

The Areawide Council on Aging of Broward County, Inc. d/b/a The Area Agency on Aging of Broward County (AAABC) is a nonprofit organization serving Broward County's older adult residents, age 60 or older, including those with disabilities, and their family caregivers. The Areawide Council on Aging of Broward County, Inc. was incorporated in 1974. The AAABC is part of a State Network which contains a total of 11 Area Agencies on Aging in the State of Florida which each have their own planning and service areas (PSAs). The AAABC is designated as PSA 10 and is the only PSA comprised of one county, Broward County.

Our mission is to plan, develop, coordinate, evaluate programs and provide services for Broward residents, 60 years of age and older, including those with disabilities, and their family caregivers. We are the prime advocate for Broward County older adults.

The Area Agency on Aging of Broward County exists to improve the quality of life for all older adults living in Broward County. We do this by collaborating with other organizations and providing exceptional, compassionate leadership in a broad array of programs dedicated to allowing those we serve to continue to live life to their fullest potential.

Our programs are funded by the following through the Florida Department of Elder Affairs (DOEA) and the Areawide Council on Aging of Broward County: Titles III-B, III-C, III-D, III-E, V, and VII of the Reauthorized Older Americans Act; Florida's Community Care for the Elderly and Home Care for the Elderly Acts; Alzheimer's Disease Initiative Legislation; Medicaid; Serving Health Insurance Needs of the Elderly; and Emergency Home Energy Assistance for the Elderly.

The AAABC has been designated by DOEA as the Area Agency on Aging (AAA) for PSA 10 which covers Broward County. As such, it is identified by the State as the contracting agency of choice for the coordination and administration of the Alzheimer's Disease Initiative Programs in PSA 10.

The Alzheimer's Disease Initiative (ADI) was legislatively created in 1985 to provide a continuum of services to meet the changing needs of individuals and families affected by Alzheimer's Disease and Related Dementias (ADRD). It is a Florida general revenue-funded program. In conjunction with the 15-member Alzheimer's Disease Advisory Committee (ADAC), of which 11 members are appointed by the Governor, the program is codified in sections 430.501 – 430.504, F.S. and includes the following components:

- Respite services;
- Supportive services such as case management, specialized medical equipment and supplies, and caregiver training;
- Specialized Alzheimer's Services Adult Day Care Centers;
- Memory Disorder Clinics (MDCs) to provide diagnoses, education, training, research, treatment, and referrals; and

- The Florida Brain Bank located at the Wein Center for Alzheimer's Disease and Memory Disorders at Mount Sinai Medical Center to support research.

The AAABC, shall be responsible for the planning and administration of services funded under ADI and shall contract with local service providers for the provision of such services. It is a responsibility of the AAABC to conduct a competitive solicitation in accordance with AAABC's procedures for agencies to provide ADI services.

STATEMENT OF NEED

According to the 2025 Broward County Profile of Older Floridians, provided by the DOEA, 510,632 older adults sixty and over, are year-round Broward County residents. Of that number, 163,483 are seventy-five years of age and older, and 50,556 are eighty-five years of age and older. Seasonal fluctuations may increase these population numbers. Probable Alzheimer's Cases (65+) are approximately 38,225.

According to the Alzheimer's Association, as the size of the U.S. population age 65 and older continues to grow, so too will the number and proportion of Americans with Alzheimer's or other dementias. Florida has the second highest share of older adults in the United States (USA Facts, 2025). By 2030, all members of the baby boom generation (Americans born between 1946 and 1964) will be age 65 or older, the age range of greatest risk of Alzheimer's dementia. By 2050, the number of people age 65 and older with Alzheimer's may grow to a projected 12.7 million, barring the development of medical breakthroughs to prevent or cure Alzheimer's disease. Eighty-three percent of the help provided to older adults in the United States comes from family members, friends, or other unpaid caregivers. Nearly half of all caregivers who provide help to older adults do so for someone living with Alzheimer's or another dementia. Alzheimer's takes a devastating toll on caregivers. Compared with caregivers of people without dementia, twice as many caregivers of those with dementia indicate substantial emotional, financial, and physical difficulties.

STATEMENT OF PURPOSE

The purpose of this RFP is to solicit proposals from qualified agencies/organizations, not presently providing ADI services in Planning and Service Area (PSA) 10, interested in providing services funded under the Alzheimer's Disease Initiative Program, in order to expand the network of providers in Broward County that provide ADI services. The RFP covers the contract period beginning January 1, 2026 and ending June 30, 2026. Existing ADI Providers in PSA 10 are not eligible to apply for this funding announcement.

The contracts procured through this RFP process may be renewed for 2 additional years, contingent upon satisfactory performance and availability of funds. Organizations interested in offering Alzheimer's Disease Initiative services are required to submit proposals detailing their qualifications and plans for providing those services.

Any proposed contract between the AAABC and a for profit entity to provide services being procured through this RFP must receive approval from DOEA and may not receive any advanced funding for contractual services.

All awards are subject to the availability of funds and Area Plan approval by DOEA. Projections of available resources are used to allocate financial awards. If the actual amount of funding made available to the AAABC is less than originally projected, the AAABC will reconsider the awards and/or the amount of the awards. In such circumstances, the AAABC reserves the right, at its sole discretion, to cancel awards or reduce the amounts of any award in any manner determined at the sole discretion of the AAABC. The AAABC reserves the right to amend any contracts arising out of this RFP at any time during their terms, including any renewal periods, to make such contracts consistent with the approved Area Plan, as may be modified from time-to-time, as well as with any changes to state or federal law.

To maximize the use of funds and increase the availability of services, the AAABC reserves the right to amend funding awards, in accordance with its own surplus/deficit policies, when awarded agencies are experiencing an actual or projected surplus or deficit in funding in any particular contract year.

Notwithstanding the foregoing or anything to the contrary in any contract between a service provider and the AAABC, the terms of any contract awarded by the AAABC pursuant to this RFP shall end immediately upon expiration or termination of the AAABC's contract with the DOEA.

SECTION II. PROJECT SCOPE AND SPECIFICATIONS

GENERAL STATEMENT

The Area Agency on Aging of Broward County has tentatively reserved funding to support the coordination and services of the following:

1. Alzheimer's Disease Initiative Program

Funding for the program is contingent upon an annual appropriation from the Legislature and is therefore subject to reduction or elimination from the state budget. The total current amount of appropriation for this planning and service area subject to bid is $358,708.

Proposal respondents must submit a complete application/response, with all appropriate attachments. All responses must include a list of proposed services to be provided as well as the anticipated service units.

All Programs are required to support, collaborate, and refer to other Older Americans Act Projects, particularly with the countywide Nutrition Program, and the ADRC Helpline. In addition, they must continue to play an integral role in the continuum of care as it relates to the State Funded Community Care for the Elderly and Home Care for the Elderly.

SERVICES

Under its contract for ADI funding with DOEA, AAABC is required to ensure the provision of a continuum of services addressing the diverse needs for individuals with Alzheimer's disease and their caregivers. The continuum of services that can be provided under contracts procured through this RFP include those identified by the following service categories:

- Case Management
- Case Aide
- Caregiver Training
- Caregiver Support
- Counseling (Gerontological)
- Counseling (Mental Health/Screening)
- Education / Training
- Respite Care (Facility-Based)
- Respite Care (In-Home)
- Specialized Medical Equipment, Services and Supplies

Based on the needs and priorities of PSA 10, priority will be given to those providing Case Management and Respite (In-Facility) or Respite (In-Home) services.

PLANNING GOALS AND OUTCOME / OUTPUT MEASURES

The major goal of the ADI Program is to provide services to meet the needs of caregivers and individuals with Alzheimer's disease or other related disorders.

Respondents to this RFP are advised that the DOEA and the AAABC have developed goals/objectives and client outcome measures which must be employed during the course of the contract.

The AAABC goals and objectives are established to address identified needs and priorities. There are five goals and multiple objectives. Each provider is required to choose a minimum of 2 goals and a total of 5 objectives that relate to the services they are offering to provide. Strategies must be detailed by the provider on how the chosen goals will be attained. Strategies are action steps detailing how the provider will address the social and economic needs of the older adult population and must be specific, measurable, achievable, relevant, time sensitive and clearly state what the provider plans to do to achieve the objective and outcomes. Words such as "work with" do not provide specific strategies and are to be avoided.

To evaluate the effectiveness of the use of resources in meeting needs the provider should incorporate outcomes/output performance measures for each goal/objective selected. Output is a number, and outcomes is a percentage %.

The AAABC Goals, Objectives, and Explanations are included below in the table format template. Each provider must review and select the ones that are most achievable and develop strategies to attain the defined goals and objectives. Additional goals and objectives may be added.

Goals, Objectives, Strategies, and Performance Measure Table

Goal 1: Strengthen and streamline the aging network's capacity, inspiring innovation, integrating best practices, and building efficiencies to respond to the growing and diversifying aging population.

Objective 1.1: Expand the availability, integration, and access to assistive technology for older adults.
Explanation: The primary intent of this objective is to increase elder Floridians' ability to independently perform daily activities through a promotion of access to assistive technology for older adults.
Strategies
Outcome/Output Measure

Objective 1.2: Increase the AAA's functional capacity to serve older adults through strategic and meaningful partnerships and collaborations.
Explanation: The primary intent of this objective is to encourage the development of partnerships between AAAs and local actors in the elder services sector which will directly lead to increases in the services that AAAs are able to provide older adults residing in their areas.
Strategies
Outcome/Output Measure

Objective 1.3: Explore new opportunities to reach previously underserved and emerging communities across all programs and services.
Explanation: The primary intent of this objective is for the AAA to detail how it plans to reach populations, across all programs and services, that have been previously identified as underserved or are emerging communities of elders towards whom outreach and targeting activities may not have been previously directed.
Strategies
Outcome/Output Measure

Objective 1.4: Help older adults achieve better quality of life by ensuring those who seek assistance are seamlessly connected to supportive programs and services.
Explanation: The primary intent of this objective is to address ways the AAA links elders to information and services and provides referrals to resources.
Strategies
Outcome/Output Measures

Objective 1.5: Bring attention and support to caregivers, enabling them to thrive in this fundamental role.
Explanation: The primary intent of this objective is to strengthen caregiver services to meet individual needs.
Strategies
Outcome/Output Measures

Goal 2: Ensure that Florida is the nation's most dementia and age friendly state by increasing awareness and caregiver support, while enhancing collaboration across the aging network.

Objective 2.1: Directly support communities in becoming dementia friendly.
Explanation: The primary intent of this objective is for the AAA to engage in activities which help to increase their community's support of people living with dementia and their caregivers. The ultimate aim is for people living with dementia to remain in their community, while engaging and thriving, in day to day living.
Strategies
Outcome/Output Measures

Objective 2.2: Increase acceptance across communities by raising concern and building awareness through a commitment to targeted action.
Explanation: The primary intent of this objective is to encourage the AAA to expand education and training opportunities across the spectrum of aging related issues.
Strategies
Outcome/Output Measures

Objective 2.3: Strengthen and enhance information sharing on dementia and aging issues to promote widespread support.
Explanation: The primary intent of this objective is for the AAA to foster increased collaboration with external organizations and stakeholders in order to identify best practices and effective methodologies.
Strategies
Outcome/Output Measures

Objective 2.4: Increase access to supportive housing with services and increase supports for older adults at risk of experiencing residential insecurity.
Explanation: The primary intent of this objective is the exploration of policies to specifically address shortages of supportive housing options in the AAA's area and encouraging targeting of elders that have been identified as facing residential insecurity.
Strategies
Outcome/Output Measures

Goal 3: Enhance efforts to maintain and support healthy living, active engagement, and a sense of community for all older Floridians.

Objective 3.1: Advocate with housing service providers, affordable housing developers, homeless programs, and other stakeholders to establish affordable housing options for older adults.
Explanation: The primary intent of this objective is to increase collaboration with other area organizations and stakeholders on the specific subject of elder housing and other associated residential issues.
Strategies
Outcome/Output Measures

Objective 3.2: Promote empowered aging, socialization opportunities, and wellness, including mental health, healthy nutrition, exercise, and prevention activities.
Explanation: The primary intent of this objective is to promote greater integration opportunities for elders in the AAA's service area in an effort to promote increased health, wellness, mental well-being, and satisfaction. Empowered aging is defined as making sure that older persons have the opportunity to learn, discuss, decide, and act on decisions that directly impact their care, concerns, and quality of life.
Strategies
Outcome/Output Measures
Objective 3.3: Strengthen programs that promote uniting seniors and caregivers with community partners, enabling seniors to directly access service providers to meet their immediate needs.
Explanation: The primary intent of this objective is to promote seamless access to available services.
Strategies
Outcome/Output Measures

Goal 4: Advocate for the safety and the physical and mental health of older adults by raising awareness and responding effectively to incidents of abuse, injury, exploitation, violence, and neglect.

Objective 4.1: Increase effectiveness in responding to elder abuse and protecting older adults through expanded outreach, enhanced training, innovative practices, and strategic collaborations.
Explanation: The primary intent of this objective is for the AAA to use existing mechanisms to increase public awareness, expand learning opportunities, and work with community stakeholders to both respond to instances of elder abuse and promote increased prevention.
Strategies
Outcome/Output Measures

Objective 4.2: Increase capacity and expertise regarding the Department's ability to lead in efforts to stop abuse, neglect, and exploitation (ANE) of older adults and vulnerable populations.
Explanation: The primary intent of this objective is to expand and improve the efficacy of efforts supporting ANE interventions.
Strategies
Outcome/Output Measures

Objective 4.3: Equip older adults, their loved ones, advocates, and stakeholders with information needed to identify and prevent abuse, neglect, and exploitation, and support them in their ability to exercise their full rights.
Explanation: The primary intent of this objective is for the AAA to expand existing education/outreach/awareness efforts such as websites, newsletters, presentations, and/or other community outreach activities to include prevention of abuse, neglect, and exploitation.
Strategies
Outcome/Output Measures

Objective 4.4: Continue to improve older Floridian's access to legal services which have a direct positive impact on their ability to stay independent in their homes and communities, and most importantly, exercise their legal rights.
Explanation: The primary intent of this objective is to enable the AAA to detail efforts to make legal services more accessible to seniors, particularly those seniors in greatest economic or social need, as well as to improve the breadth and quality of legal services available.
Strategies
Outcome/Output Measures

Goal 5: Increase Disaster Preparation and Resiliency

Objective 5.1: Strengthen emergency preparedness through comprehensive planning, partnerships, and education.
Explanation: The primary intent of this objective is to highlight the critical importance of the emergency preparedness plan prepared by the AAA.
Strategies
Outcome/Output Measures

Objective 5.2: Ensure communication and collaboration between the Department, emergency partners, and the Aging Network, before, during, and after severe weather, public health, and other emergency events.
Explanation: The primary intent of this objective is to focus attention on the importance of interagency communication and collaboration in disaster preparedness and response activities.
Strategies
Outcome/Output Measures

Objective 5.3: Explore and support efforts to make community disaster shelters more responsive to elder needs in general, with specific emphasis on providing appropriate emergency shelter to elders with dementia related concerns.
Explanation: The primary intent of this objective is to explore ways in which the AAA can support and extend emergency shelter options available to older adults residing within the PSA.
Strategies
Outcome/Output Measures

Objective 5.4: Collaborate with state-wide and local emergency response authorities to increase levels of elder self-determination to evacuate once notices have been issued.
Explanation: The primary intent of this objective is to initiate or bolster AAA efforts towards increasing levels of voluntary elder evacuation during severe weather or other emergency events.
Strategies
Outcome/Output Measures

PROVIDER RESPONSIBILITIES:

The responsibilities of offering ADI services are to:

1. Establish service priorities and coordinate the delivery of services to clients.

2. Confirm eligibility and collect all necessary documents.

3. Provide case management services as applicable and as specified in its contract with the AAABC.

4. Provide respite, and maintain coordination with the memory disorder clinics and the brain bank as specified in its contract with the AAABC, including receiving annual required in-service training related to Alzheimer's disease.

5. Employ competent and qualified staff to provide the services essential to the achievement of program goals and objectives as specified in its contract with the AAABC.

6. Provide pre-service and in-service training for staff, volunteers, and subcontractors as specified in its contract with the AAABC and in compliance with the most recent DOEA Handbook.

7. Maintain the minimum staffing requirements established in its contract with the AAABC.

8. Maximize the use of volunteers in service delivery.

9. Assess and collect co-payments, as appropriate, pursuant to section 430.503(2) F.S.

10. Ensure all other funding sources available have been exhausted before using ADI funds.

11. Deliver directly, or through subcontracts, contracted services.

12. Maintain client and program records and provide timely and accurate reports, as required.

13. Monitor subcontracted providers to assure quality of service delivery.

14. Make payments to subcontractors within 5 days of receipt of payment from AAABC.

15. Ensure that quality services are delivered to clients and caregivers, as applicable.

16. Initiate and maintain coordination among local community agencies.

17. Demonstrate innovative approaches to program management, staff training and service delivery that have an impact on cost avoidance, cost effectiveness, and program efficiency.

18. Develop and implement procedures for handling client complaints, grievances, and appeals concerning adverse actions such as service termination, suspension, or service reduction.

19. Conduct client satisfaction surveys to evaluate and improve service delivery.

20. Maintain client and program records and provide reports as required by its contract with the AAABC and Florida law.

21. Ensure Enterprise Consumer and Information Registration Tracking System (eCIRTS) data is timely and accurate.

22. Ensure that procedures include a process for identifying and reporting alleged abuse, neglect, or exploitation to the Florida Department of Children and Families Adult Protective Services Abuse Hotline, as required by contract and Florida law.

23. Ensure that conditions that may endanger the health, safety, or welfare of a recipient will be reported to the AAABC within 48 hours of the ADI Agency or subcontractor having knowledge of such conditions.

24. Implement measurable client outcomes directed at:
    a. Maintaining clients in the least restrictive settings
    b. Targeting high risk clients
    c. Improving quality of life
    d. Maintaining or improving functional status

25. In performing these responsibilities, the provider must conform to the regulations and standards in the most recent DOEA Handbook and the Master and Standard Agreements executed with the AAABC. A copy of the most recent DOEA Handbook can be found here: https://elderaffairs.org/publications-reports/programs-services-handbook/

In performing these responsibilities, the ADI Agency must comply with and ensure that all subcontractors comply with all applicable laws, regulations, contract requirements, and standards in the current version of the DOEA Program and Services Handbook (which is amended from time to time and may be amended during the term of the contracts being awarded pursuant to this RFP). The ADI Agency must adhere to any subsequent amendments to the DOEA Program and Services Handbook.

PROGRAM REQUIREMENTS

Service Delivery Methodology

1. Program Coordination

The AAABC is designated as an Aging and Disability Resource Center, hereinafter referred to as the "ADRC," under the provisions of section 430.2053 F.S. The primary functions of an ADRC are to facilitate consumer friendly access to long term care services and benefits for elders and caregivers through a coordinated, multi-access "one stop" system that integrates information, referral, and eligibility determination functions.

The ADRC functions are supported by designated Access Points. ADI Providers are types of ADRC Access Points. An Access Point operates as a local point of contact for elders and caregivers seeking to access long term care services and benefits.

An Access Point agrees to:

Refer to the ADRC all individuals seeking long term care services and benefits, including, but not limited to, information, referral, intake, screening, and eligibility determinations.

- Implement referral protocols and procedures established by the ADRC.
- Provide the ADRC with the most current information on elder resources available in the contractor's county or local community.

As the ADRC, the AAABC agrees to:

- Provide timely and helpful long-term care options to elders and caregivers referred by the Access Point.
- Provide the Access Point with written policies and procedures concerning the Access Point referral process.
- Provide technical assistance and training for Access Point staff, as needed.

The ADRC and Access Point mutually agree to:

Cooperate on efforts to enhance consumer choice, support informed decision-making, minimize service fragmentation and confusion, reduce duplication of administrative paperwork and procedures, and increase cost-effectiveness of long-term care support and delivery systems. Participate in public education programs to increase awareness of ADRC services. Additional coordination and program management responsibilities of the ADI Provider are listed throughout this RFP (including the associated Contract).

2. Case Management and Core Services

Respondents to this RFP are required to submit a proposal detailing the cost for case management services and In-Home or In Facility Respite or both. Case Management must be provided directly by an ADI Agency and by that agency only. Case aides support case management and if charged to this contract, must be reflected as a separate service under case management. All Respite services must be provided either directly by each ADI Provider or through a qualified subcontractor. All other services referenced in Section II must be coordinated or provided, as needed, either directly by each ADI Provider, through a qualified subcontractor, or coordinated through other community resources. Specialized Adult Day Care must be provided in accordance with section 429.918 F.S. The AAABC reserves the right to review and approve all subcontracted entities and reimbursement rates. All bidders must demonstrate experience providing case management services consistent in size and scope of this ADI program.

3. Service System

ADI Providers funding is contingent upon bidder's demonstrated ability to accept referrals. Services must be provided countywide to meet the needs of all eligible clients. In order to ensure countywide services, the ADI Providers must be able to provide Alzheimer's disease services directly, or by managing a service system of providers as needed throughout the term of the contracts being procured through this RFP. In the event of a contract award, bidders will be expected to provide services in accordance with their proposal submitted in response to this RFP and as stipulated in the contract between the ADI Providers and the AAABC.

ADI Agency Requirements

1. Coordination

New bidders must demonstrate a minimum of one-year of business experience servicing individuals with AD or related memory disorders at the time this RFP is posted. ADI Providers will coordinate all Alzheimer's disease resources for Alzheimer's disease functionally impaired persons. Alternative funding (City, County, Local, etc.) must be used to fund client services prior to using the DOEA/AAABC contracted funds. Detailed information on services, program requirements and case management coordination are contained in the most recent DOEA Programs and Services Handbook. Chapter 2 of the DOEA Handbook contains information on all aspects of Case Management, including case manager qualifications, job descriptions, duties, and responsibilities, etc. Respondents to this RFP must agree to comply with these requirements; Co-Pay standards (DOEA Handbook Appendix B), and Grievance standards (DOEA Handbook Appendix D).

2. Confidentiality

ADI Providers will have access to information about functionally impaired persons who receive services under the ADI program pursuant to section 430.504 F.S. Information received through files, reports, inspections, or otherwise by the DOEA or departmental employees, by persons who volunteer services, or by persons who provide services through contracts with the Department, AAABC or other contracting agencies, is confidential and exempt from the provisions of section 119.07(1) F.S. Such information may not be disclosed publicly in a manner to identify a functionally impaired person unless that person or their legal guardian provides written consent.

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

ADI Providers must comply with all requirements of the Health Insurance Portability and Accountability Act (HIPAA) of 1996. The DOEA, AAABC, and ADI Agency recognize each is a Business Associate of the other under the terms of HIPAA. As such, the ADI Provider agrees to the terms included in the Master Contract (Appendix I).

ADI Providers must also comply with all requirements of the Social Security number confidentiality and security measures as required by section 119.071(5), F.S. Whenever possible, the ADI Providers should submit reports to the AAABC with client identifying information using the assigned client eCIRTS identification, in lieu of an individual's social security number.

Consumer Identification

1. Outreach

The ADI Providers are responsible for outreach to identify and inform frail and Alzheimer's disease functionally impaired persons and their caregivers of the range and availability of services. This may be done in cooperation with church, civic, social, and medical organizations. The target audience is those individuals most likely to fall into the high-need category, which is priority levels 4 and 5 when assessed. ADI Agency staff should participate in local networks and consortiums where hospital, home health, social and medical providers are represented as these are often referral sources for high-need individuals. When a potential client is identified, they should be referred to AAABC to begin the Intake process. The Intake is only allowed to be completed by the AAABC.

2. Intake

The intake process begins when an individual or caregiver seeking assistance contacts the ADRC or when an ADI Provider submits a referral for services. The ADRC

performs the intake and screening service functions using the 701S form. Service provider agencies seeking assistance on behalf of an Alzheimer's disease functionally impaired person may make referrals to the ADRC. During intake, essential information is gathered about the person's physical, mental, and functional abilities. Information regarding limitations, problems, and general background is also obtained to assist in eligibility screening for appropriate service referrals. If during preliminary intake the person appears eligible for services from ADI, the intake worker shall explain a more thorough discussion of the person's situation and service needs, called a screening. A screening is required to ensure program eligibility requirements are met. If a person does not meet eligibility requirements for any program administered by the ADRC, the ADRC shall explain the eligibility criteria and reason for determination. Referral to other community-based service agencies should be made, if appropriate. The referral and determination of ineligibility shall be properly documented and filed as part of the service record. Individuals determined ineligible for ADI services shall be informed of their right to appeal per established grievance and appeal policies and procedures.

Initial Screening

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

The Prioritization Assessment Instrument DOEA Form 701S is used to collect common information about applicants applying for services funded by the DOEA.

- The Assessment is used to prioritize persons so those in greatest need, and with the least assistance available, receive services first.
- The Assessment is completed over the phone or in person.
- The client must be contacted within three business days after receiving a referral to complete the Assessment Instrument.
- If an applicant can be served, and is authorized by the ADRC for enrollment, the Assessment Instrument (DOEA Form 701B) must be completed within 14 business days after receiving authorization to enroll.
- If an applicant cannot be served due to a low priority score (priority rank 1 or 2), they may be placed on the Assessed Priority Consumer List (APCL).

Eligibility Determination

As per the DOEA most recent Program and Services Handbook, ADI Service Eligibility is as follows:

- 18 years of age or older and have a diagnosis or be suspected of having Alzheimer's disease or a dementia-related disorder where mental changes appear and interfere with the Activities of Daily Living (ADL); or
- If enrolled in a Specialized Alzheimer's Services Adult Day Care, be a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, licensed physician assistant, or a licensed advanced practice registered nurse; and
- Not be enrolled in any Medicaid capitated long-term care program.

A potential client will be determined eligible only after a DOEA Form 701B Assessment is completed.

The nature of AD is such that the impact on the caregivers is as great as the impact on the person with the disease. The caregiver of the AD client plays a key role in the prevention of premature institutionalization of the AD client. Consequently, caregivers need guidance for obtaining a specific, definitive diagnosis for the client's symptoms and services to assist them in the continuation of care.

In the early stages also known as onset of the disease, the AD client often experiences confusion, short-term memory impairment and difficulty in performing familiar tasks. As the disease progresses, the AD client may experience impaired function.

The caregiver's job becomes even more difficult and demanding as the disease progresses. The ADI program strives to address the needs and resources for the caregiver as well as those of the client.

Prioritization

Individuals seeking services may enter the service system by direct contact with an access point. The Uniform Client Assessment Instrument (Form 701B) developed by the DOEA must be used by the ADI case managers to determine an individual's level of need. Scores obtained using the Form 701B will provide a priority ranking score to help determine the need for services. Those people suspected to be high risk victims of abuse, neglect or exploitation are referred by the APS Unit, and shall be given primary consideration over all others to receive ADI Services.

Referral

Services not available through the agencies under subcontract or vendor agreement with an ADI Agency should be obtained and/or arranged through referrals to other community resources.

Referrals should be made to volunteer agencies, informal networks and proprietary agencies that charge fees a consumer may be able to pay. Services provided under the ADI program should be considered as a 'last resort' to meet the needs of any given consumer. The case manager must conduct follow-up contacts on referrals within fourteen business days to ensure services have begun as authorized.

Enrollment Management

The Assessed Prioritized Consumer List (APCL), also known as the wait list, must be maintained when formal services funded by ADI are not available. Following the screening and assessment process, the client is placed on the APCL, informed about the enrollment management process, and provided alternative sources for assistance that may be available. Further information on APCL or wait list requirements can be found in the most recent DOEA Programs and Services Handbook, Chapter 2.

Comprehensive Assessment of Eligible Consumers

The case managers are responsible for completing the DOEA Uniform Client Assessment Instrument, Form 701B. The assessment determines the person's functional status, existing resources, and service needs. Further information on DOEA Form 701B requirements can be found in the most recent DOEA Programs and Services Handbook.

- **Determination of Functional Status**

  A consumer's functional status is determined by the scores received on the Activities of Daily Living (ADL) and the Instrumental Activities of Daily Living (IADL) sections of the DOEA Form 701B Assessment instrument.

- **Establishing Service Needs**

  The result of the comprehensive assessment process is establishment of a consumer care plan.

  The assessment results allow the case manager to assist the client to identify service needs and resources that help the client remain living safely in the least restrictive setting, appropriate to the individual's needs.

- **Service Care Plan**

  The ADI Agency case managers must prepare a care plan for each eligible consumer using the format prescribed by the most recent DOEA Programs and Services Handbook, Chapter 2. The care plan is developed in coordination with the consumer and/or caregiver, and must address all consumer needs. It is the responsibility of the case manager to consider the most appropriate resources to provide the services needed, as indicated in the care plan. Consumers or caregivers may accept or decline services or providers of services. The option of the consumer to choose from multiple service provider agencies must be observed at all times.

  Case managers must manage consumer care plans by arranging for the services accepted, and monitoring the quality of service delivered to their clients. Periodic review of continued appropriateness of the care plan must be completed and occur at least twice annually. Specific frequency requirements for each Program are prescribed in the most recent DOEA Programs and Services Handbook, Chapter 2. All consumers must be reassessed at least annually, and care plans must reflect changing or ongoing consumer needs.

COORDINATION OF CASE MANAGEMENT AND CONSUMERS TO BE CASE MANAGED

Each consumer will be assigned one and only one case manager, even if the consumer is enrolled in more than one program. This means only one case manager will be reimbursed for their services at any given time. Case management providers are strongly encouraged to cost-share case managers across programs to assure consumers receive the appropriate mix of services. Multiple assessments will not be conducted unless a significant change in consumer status occurs to warrant such action. Providers will check eCIRTS to determine if a current assessment has been completed prior to conducting an assessment.

When a consumer is enrolled in one or more programs that fund case management, the ADI provider(s) serving the consumer will decide which program will provide and fund case management. Additional information about each program to be case managed is available in the most recent DOEA Programs and Services Handbook.

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

Consumer choice is the primary consideration in determining service referrals. In those instances where more than one subcontractor is available for a given service, and the consumer expresses no preference, the agency should make the referral based on geographical and cost efficiency

considerations. The procedures and referral formats used are to be developed by the case manager.

QUALITY ASSURANCE

To assure effective and efficient client care through delivery of quality services, ADI Providers must participate in pre-service and in-service training developed according to standards and requirements specified in rules and the most recent DOEA Programs and Services Handbook. The ADI Providers will self-monitor and self-evaluate the quality-of-service delivery by its own staff. Additionally, the AAABC will conduct independent quality assurance monitoring and performance evaluations of all ADI Providers.

The degree of client satisfaction with service quality and staff effectiveness must be evaluated periodically during the contract period. A consumer survey must be conducted, compiled and results evaluated and reported to the AAABC. A provider should conduct an annual survey. At minimum, a provider should survey 20% of client base to get a representative sample. Anything above 30% is considered a very good response rate. Survey results will be analyzed by the AAABC and used to develop continuous quality assurance initiatives to ensure improvements to service delivery.

RESOURCE MANAGEMENT AND DEVELOPMENT

Funds appropriated by the Florida Legislature for ADI must be used only to provide relevant services, case management and directly related expenditures. ADI Providers must ensure all other funding sources available have been exhausted before using ADI funds. Additionally, ADI Providers must prepare surplus/deficit reports and forward the reports to the AAABC and DOEA, upon request.

Each ADI Provider's governing body must designate an individual with the authority to act on their behalf for purposes of the ADI program. This individual must devote sufficient time to ensure the ADI program is administered and managed pursuant to all applicable DOEA requirements and the ADI contract with the AAABC. All ADI services must be delivered by qualified staff according to service standards included in the most recent DOEA Handbook. The number of staff employed should follow the requirements of the most recent DOEA Handbook and be sufficient to ensure timely and quality service delivery to all ADI clients.

All ADI Providers must be open and accessible to the public for a minimum of 40 hours per week, Monday through Friday between the hours of 8:00 AM and 5:00 PM with the exception of State of Florida official holidays. The ADI Provider's office must be reasonably accessible to persons seeking assistance and/or information. The ADI Providers office must also be ADA compliant.

To provide an effective continuum of care, the agencies must ensure coordination with other community-based health and social services programs for functionally impaired older persons funded wholly or in part by federal, state, and local funds. Voluntary contributions, gifts, and grants must be encouraged and used to expand services to support a comprehensive service array.

Collecting co-payments from clients is an important responsibility for providers of ADI services. State General Revenue resources to support services for the elderly cannot meet the growing needs. Therefore, every eligible client must be given an opportunity to participate in the co-pay for services program.

It is critical case managers assess potential clients for their ability to participate in the cost of their care. It is equally important to identify potential Medicaid-eligible clients and refer them to the ADRC for assistance in obtaining their Medicaid benefits through Department of Children and Families (DCF), and potential eligibility and enrollment in the Medicaid Managed Long-Term Care Program. State General Revenue resources should not be used for clients who meet Medicaid functional impairment criteria and who are Medicaid eligible.

The ADRC provides long-term care options counseling. ADRC Helpline staff conduct long-term care options counseling to assist clients in determining the best and most appropriate selection of services and programs for themselves. For Medicaid-eligible consumers, the ADRC coordinates eligibility determination for publicly funded program services. When it is determined a client may be eligible for Medicaid funded programs, ADRC staff assist with eligibility determinations through coordination with CARES and DCF staff.

CO-PAYMENT

The ADI Agency providers are responsible for assessment and collection of fees for services in accordance with section 430.503 F.S. for the ADI programs. Provider agencies shall assess fees for services rendered according to DOEA rules. To help pay for services, a functionally-impaired person shall be assessed a fee based on an overall ability to pay. The fee assessed shall be fixed according to an established DOEA schedule. Co-pay guidelines and any policy memoranda on this subject issued by the Department are included in the most recent DOEA Programs and Services Handbook. The ADI Providers are responsible for timely billing and collecting assessed co-payments for all services provided under the ADI program. This includes coordinating with other service provider agencies. Case managers must exercise particular attention to the procedures established for termination of services to consumers due to non-payment. The collected funds must be used to expand services and therefore the provider must be able to show proof of the funds assessed, collected, and expended upon request.

DISASTER PREPAREDNESS AND EMERGENCY RELATED SERVICE PROVISION

The ADI Providers are required to enter disaster preparedness data into eCIRTS for all consumers. In addition to basic identification, location, emergency contact and disability information, this data includes fields to indicate if a consumer needs help for emergency evacuation, and if they need a specially equipped shelter and special disaster registry listing. ADI Providers must be prepared to use eCIRTS reports to routinely provide registry information to the local emergency management team and identify, locate, and assist with evacuation and other needs of endangered elderly in the event of disaster, as directed by the DOEA. To prepare for an emergency/disaster event, the ADI Provider will cooperate, coordinate and train with the local emergency management agency to the fullest extent possible.

The ADI Providers must maintain a current DOEA required Disaster Plan to be implemented, at the direction of DOEA, in the event a disaster is declared by federal, state, or local officials. The plan minimally calls for the following measures and procedures:

- Designation of a Disaster Coordinator and alternate.
- Plans for contacting all at-risk consumers, on a priority basis, prior to and immediately following a disaster.
- Plans to receive referrals, conduct outreach, and deliver services, before and after a disaster, to persons who may or may not be current consumers.
- Plans for after-hours coverage of network services, as necessary.
- Plans to dispatch to shelters outside the disaster area to assist evacuees with special needs, if necessary.
- Plans to help at-risk consumers register with the Special Needs Registry of the local emergency management agency.
- Plans to deliver meals to consumers prior to and following a disaster.
- Plans to assign staff to Emergency Operation Centers and/or declared assistance centers to ensure victims in the disaster area receive help.

SOCIAL SECURITY NUMBER (SSN) DISCLOSURE

In accordance with Title XIX of the Social Security Act, the client must be informed disclosure of their SSN is voluntary and will be used for referral and screening for Medicaid purposes. The client is not required to provide the SSN, but is encouraged to do so for staff to screen for Medicaid eligibility and referral to the DCF or ADRC for potential services. All clients shall be provided a written statement that identifies in writing the specific law governing the collection, use, or release of the SSN, including any authorized exceptions to such collection, use or release. This notice is currently included as part of the DOEA Form 701B, Comprehensive Assessment.

CONSUMER GRIEVANCE AND APPEALS PROCEDURES

The ADI Providers must develop and maintain procedures to provide for handling consumer complaints and process appeals regarding denial, reduction, or termination of core services.

These procedures must provide for informing all consumers of the grievance and appeal process, including prior written notification to the consumer of activities related to the grievance/appeal, and assisting consumers desiring to file a grievance/appeal. Information concerning consumer grievance and appeals procedures can be found in the DOEA most recent Programs and Services Handbook, Appendix D.

PERSONNEL STANDARDS AND EMPLOYEE BENEFITS

Personnel policies incorporated into agency operating procedures must be developed to address at a minimum, the following:

- Employee recruitment and hiring;
- Lines of authority and supervision;

- Working schedules and hours of operation;
- Employee compensation;
- Employee fringe benefits;
- Employee evaluation and promotion;
- Leave;
- Confidentiality and privacy;
- Employee discipline and termination;
- Employee grievance procedures;
- Accidents, safety, and unusual incidents;
- Travel and transportation policies;
- Employee conduct;
- Employee pre-and in-service training and staff development;
- Assurance of agency compliance with all applicable federal and state laws and regulations;
- Job descriptions must be established for each funded and any associated unpaid position;
- Job descriptions for funded positions must include salary ranges and must be submitted as part of this proposal;
- The minimum education, training, experience, and qualifications necessary for each position must be included; and
- A salary range for each paid position must be established by the governing body of the agency.

ORGANIZATION CHART

An organizational chart illustrating the structure and relationship of positions, units, supervision, and functions must be developed and submitted by the bidder as part of the proposal response.

REPORTING

The ADI Providers are required to compile respective ADI service delivery statistics and other data and report to the AAABC and DOEA according to reporting requirements developed by the Department. The AAABC monthly reporting requirements for eCIRTS require all client and service data for the previous month to be entered into eCIRTS by the 5th business day of the following month. Information is reported in the following categories: case management, case aide and any core service provided by the agencies. The information must be reported monthly in eCIRTS. All requests for payment reporting requirements must be submitted within the time frame established by the AAABC. Other required reports are identified in the Service Contract. In addition to proper storage, security, and preservation of source documentation, eCIRTS data must also be protected. Maintenance will include valid backup and retention of electronic data on a regular basis.

STAFFING AND FACILITY REQUIREMENTS

Each ADI Agency's governing body must designate a local representative or employee with legal authority to act on behalf of the agency. This individual must devote sufficient time to ensure the ADI program is administered and managed per DOEA requirements.

All ADI services, including case management, must be delivered by qualified staff according to the service standards in the most recent DOEA Programs and Services Handbook. The number of staff employed should follow the most recent DOEA Program and Services Handbook and be sufficient to ensure timely service delivery to all consumers.

All ADI Providers must be open and accessible to the public a minimum of 40 hours per week, Monday through Friday between the hours of 8:00 AM and 5:00 PM. During all other hours, telephone coverage via an answering service must be provided. The office must be reasonably accessible to persons seeking assistance and/or information; it is preferable that the ADI Agency be reasonably located within the Service Area and be accessible to individuals with disabilities.

ADI Providers must demonstrate that they have sufficient resources, in terms of both qualified, trained staff and appropriate equipment, to complete timely eCIRTS data entry, data management requirements and access to electronic mail from the DOEA and AAABC.

A successful bidder must be prepared to assume program responsibilities and service provision at 12:01 AM on the first day covered by the contract period, without interruption to existing consumers. Bidders for ADI Agency designation must provide detailed plans for the transfer of equipment, files, and service care plans to assure a seamless transition with no interruption of service to consumers.

TRAINING

All staff providing services require a general pre-service orientation and training specific to the service being provided. ADI Providers shall be responsible for provision of the pre-service and in-service training for all paid and volunteer staff as referenced in the most recent DOEA Programs and Services Handbook. Each provider agency shall describe and allocate funds for training in the provider application included in this RFP.

It is also essential ADI Providers meet with contracted service providers to establish necessary protocol and procedures for authorization of services, paperwork and reporting unusual incident reports and general expectations for coordination. Service Providers must recognize case managers are the gatekeepers and have responsibility for coordinating and authorizing service to clients. Pre-service orientation for staff and volunteers shall include:

- Overview of the aging process;
- Overview of the aging network (AAA, DCF, AHCA, DOEA and other agencies), and the agency's relationship to the community care service system;
- Overview of ADI services;

- Review the relationship of case management to the ADI services system;
- Communication techniques with the elderly and/or AD functionally impaired persons;
- Observation of abuse, neglect, exploitation, and incident reporting;
- Local agency service procedures and protocol;
- Client confidentiality;
- Use and completion of assessment instruments and care plans;
- Interviewing skills and techniques;
- Record keeping procedures;
- eCIRTS procedures;
- Caregiver training regarding responsibilities and resource development techniques;
- Interagency coordination and informal network development training; and
- DOEA's online 701B assessment training.

In-service training hours and topics shall be provided at the discretion of the agencies. Case managers must successfully complete on-line training on the Uniform Client Assessment Form and pass the certification test as well as attend Care Plan training and receive an acceptable score on the post-test provided by the Training Team.

Additionally, they must have four hours of in-service training per year and document the duration and content in case management staff records. Topics such as Alzheimer's disease, Cultural Sensitivity, Caregivers Needs, Dealing with Difficult Clients, Mental Health and the Elderly, and on-going DOEA Handbook and Policy Reviews are appropriate. Attendance at the AAABC or DOEA sponsored training is required.

Required training will include, but not be limited to, the intake and screening assessment instruments, care plan development and costing and prioritization scoring instrument. It is essential Agencies meet with subcontractors to establish necessary protocol and procedures for authorization of services, paperwork and reporting, unusual incident reports and general expectations for service coordination. Service provider agencies must recognize a case manager's responsibility for coordinating and authorizing services.

SPECIAL CONDITIONS

A) Proposed ADI unit rates for all services will not be allowed to exceed the maximum allowable unit rates shown in Appendix VI (Unit Cost Methodology Worksheet) for year 1 of the contract year for a contract awarded under this RFP.

B) Future unit rate increases for ADI services for Fiscal Years 2027-2028 (and for any subsequent contract renewals) will be negotiated by AAABC following submission of the Annual Service Cost Report.

The AAABC requires all unit rate increase negotiations to have a provider service cost report.

> **Service Cost Reports** – *The AAABC shall require Subcontractors to submit to the AAABC a semi-annual and annual service cost reports, which reflect actual costs of providing each service by program.*

SECTION III – GENERAL INFORMATION

CONTACT PERSON

Shirley Snipes, Planning Director
Area Agency on Aging of Broward County
5300 Hiatus Road Sunrise, Florida 33351
(954) 745-9567 snipess@adrcbroward.org

INQUIRIES

ONLY WRITTEN INQUIRIES WILL BE ADDRSSED CONCERNING THE RFP AND THE PROPOSAL SUBMISSION PROCESS. NO FACSIMILE, OR PHONE INQUIRIES WILL BE ACCEPTED.

Inquiries should be typewritten, and where possible, questions should include reference to precise pages and section(s) of the RFP Package. All inquiries should be emailed to:
RFP@adrcbroward.org

CONE OF SILENCE

Bidders or anyone acting on behalf of an applicant are prohibited from contacting, seeking information, providing information, attempting to influence or persuade or otherwise engaging in discussions relating to this RFP with any AAABC employees, AAABC Board Members, members of the AAABC's Advisory Council, employees of DOEA, any elected officer, or any members of any Review Panel for this RFP, except for the AAABC contact person identified above. Only those written communications from the AAABC's sole point of contact identified in this RFP shall be considered as a duly authorized response on behalf of the AAABC. For violation of this provision, the AAABC reserves the right to reject an application.

FUNDING LEVELS

Funding for the program is contingent upon an annual appropriation from the Legislature and is therefore subject to reduction or elimination from the state budget. The total current amount of appropriation for this planning and service area subject to bid is $385,708 Providers may request up to $385,708. Please note there may be more than one bidder accepted and therefore your amount awarded maybe lower. Acceptable bids must meet the following funding and unduplicated client count criteria:

- Funding for Case Management must be a minimum of 10% of the requested funds.
- Funding for Respite (In-Facility) and/or Respite (In-Home) must be a minimum of 40% of the requested funds.
- ADI Providers must identify the number of unduplicated clients to be served with the dollars requested.

TYPE OF CONTRACT AND METHOD OF PAYMENT

Fixed unit rate contracts will be issued. If the bidder includes requests for consumables to be paid, that would be cost reimbursement. Bidders awarded funds will be reimbursed monthly for the units of service provided, at the contracted unit rate, up to the total amount of the contract. ADI Providers are expected to manage their budgets such that the agencies are able to provide services to enrolled clients for the entire contract period without interruption. Agencies shall monitor overall contract expenditure rates during the contract period. Monthly invoices submitted by the provider agencies are consolidated and submitted to the DOEA for payment.

Service and client information must be maintained in eCIRTS. Case management and core service units must be entered in eCIRTS monthly for ADI Providers to be reimbursed. All requests for payment will be processed using eCIRTS and DOEA required forms. Additional information on method of payment and schedule of reporting is included in the program contract.

Bidders awarded funds through this solicitation agree to maintain and provide, upon request, all programmatic, financial, and eCIRTS reports as required in the program contract. Copies of contracts are attached to this Request for Proposal document as Appendix I. Failure to abide by these terms and conditions may result in disciplinary action, which could include suspension of payment and/or termination of the contract.

The Applicant must ensure fixed rates include only those costs in accordance with all applicable state and federal statutes and regulations and are based on audited historical costs in instances where an independent audit is required. All requests for payment will be processed using the AAABC billing system. Additional information on method of payment and the schedule of reporting is included in the program contract.

ALLOWABLE COSTS, METHOD OF COST PRESENTATION, AND METHOD OF PAYMENT

Allowable Costs: All ADI program costs must be reasonable and necessary. Bidders awarded funds through this solicitation must comply with the provisions of the Florida Single Audit Act as contained in section 215.97 F.S., as applicable.

Method of Cost Presentation: All contract costs and unit rates must be developed using the DOEA Unit Cost Methodology (UCM) formats as described in the SPA Format and Instructions packet. Please visit the AAABC website to obtain related documents for completing this RFP package. Bidders must follow the UCM closely and provide AAABC with information in sufficient detail to allow proposal reviewers to determine the appropriateness and accuracy of all identified costs and rates. The review team must be able to establish through the review of factual information submitted by each bidder that costs are allowable, reasonable, and necessary. Budget notes and any additional narrative that will give the review team a clear picture of the allocation methodology followed by the bidder are recommended and bidders are encouraged to make these available.

PUBLIC RECORDS

Any material submitted in response to this RFP will become a public document pursuant to chapter 119, Florida Statutes.

TRADE SECRETS

The AAABC assumes no liability for disclosure of or use of unmarked material containing trade secrets or other confidential material and may use or disclose the data for any purpose, and may assume the proposal was not submitted in confidence and therefore is a public record pursuant to Chapter 119 F.S.

The AAABC is not obligated to agree with a proposer's claim of exemption for marked materials and, by submitting a proposal, the proposer agrees to be responsible for defending its claim that each and every portion of marked trade secrets are exempt from inspection and copying under Florida's Public Records Law. Proposer agrees that it shall protect, defend, and indemnify, including attorney fees and costs, including any appellate costs and attorney fees, the AAABC, its officers, employees, agents, and legal counsel from any and all claims and litigation arising from or relating to proposer's claim that the marked portions of its proposal are confidential, proprietary, trade secret, or otherwise not subject to disclosure.

COSTS OF PREPARATION OF PROPOSAL

The AAABC assumes no liability for any cost incurred by the bidder in responding to this Request for Proposal nor for any other pre-contract costs.

PROPOSAL DEADLINES

The following schedule is set for actions related to this Request for Proposals process. The AAABC reserves the right to delay the schedule in the best interest of the AAABC or the State of Florida.

1. A Bidders Conference will be held at the Area Agency on Aging of Broward County, 5300 Hiatus Road, Florida, 33351, at 11:30 AM (EST) on Wednesday, October 22, 2025.
2. Deadline to file notice of intent to appeal specs is at 5:00 PM (EST) on Thursday, October 23, 2025.
3. Any addenda to the Request for Proposals will be emailed on or before Friday, October 24, 2025. Correspondence will be sent only to those parties who have submitted a Notice of Intent to Bid or otherwise requested such correspondence in writing.
3. Deadline to submit Notices of Intent to submit a proposal is at 5:00 PM (EST) on Monday, October 27, 2025.
4. Deadline for proposal submission is at 5:00 PM (EST) on Monday, November 10, 2025. PROPOSALS WILL NOT BE ACCEPTED AFTER THIS TIME.

5. It is anticipated that contract award notices, identifying the individual(s) or organization(s) to whom the contract will be awarded, will be emailed to persons and groups responding to the Request for Proposals on or about Monday, December 1, 2025.

The anticipated beginning and ending dates of the contract will be January 1, 2026, through June 30, 2026, with a right to renew the contracts with established rates for each year, up to 2 years. Continuation funding is contingent upon performance, need for the service, and the availability of funds.

Please note: with regard to the Bidders' Conference, attendance by a bidder is not a prerequisite for acceptance of a proposal by the Area Agency on Aging of Broward County.

NOTICE OF INTENT TO SUBMIT A PROPOSAL

Information regarding any addenda to the Request for Proposals solicitation and copies of written responses to questions resulting in clarifications or addenda to the Request for Proposals will only be sent to those bidders who submit a written Notice of Intent to Submit a Proposal and other interested parties who request, in writing, copies of the RFP packet and any other information subsequently sent out in connection with the Request for Proposals process.

Every entity that intends to submit a proposal must deliver the required Notice of Intent to the AAABC at the address below no later than 5:00 PM (EST) on Monday, October 27, 2025.
Notice is to be submitted to:

Shirley Snipes, Planning Director
Area Agency on Aging of Broward County
5300 Hiatus Road
Sunrise, Florida 33351
(954) 745-9567

ACCEPTANCE OF PROPOSAL

Proposals must be received by 5:00 PM (EST) on Monday, November 10, 2025. No changes, modifications or additions to the proposals submitted will be accepted after the submission deadline. However, the AAABC, in its sole discretion, may seek written clarifications from proposers. Proposals not received at either the specified place or by the specified date and time by the AAABC clock, or both, will be rejected and returned unopened to the proposer. All times specified in this RFP are based on the AAABC clock.

The AAABC reserves the right, in its sole discretion, to waive minor irregularities in an application. A minor irregularity is a variation from the RFP that does not affect the price of the proposal, give one bidder an advantage or benefit not enjoyed by other bidders, or adversely affect impact the interests of the AAABC.

The AAABC reserves the right to reject any and all applications or postpone or cancel this RFP if the AAABC determines, in its sole discretion, that such action is in its best interest or in the best interest of the individuals that it serves.

NUMBER OF COPIES REQUIRED AND SUBMISSION PROCEDURE

The Area Agency on Aging of Broward County requires responses through the Submittable Platform and three (3) bound copies of each response to the Request for Proposals be submitted by the Applicant to AAABC by the deadline at 5300 Hiatus Road, Sunrise, FL 33351. The response must be written front side only and bound in 3-ring loose leaf binders. The envelope or box should be securely sealed, and marked on the outside with the Provider and Program Name.

One bound copy of the proposal submitted to the Area Agency on Aging of Broward County must be marked "ORIGINAL" and must contain an original signature of an official of the potential provider agency who is authorized to bind the provider to their proposal.

NOTICE OF INTENT TO AWARD

Written notices of the contract award will be posted on the AAABC website. Selected and non-selected applicants will be notified by email, certified mail, return receipt requested, or hand delivery.

The selection of a specific agency for contract award(s) by the Areawide Council on Aging Board of Directors shall be final and made in accordance with the established timetable. The Areawide Council on Aging Board of Directors will award the contract based upon the recommendation made by the Evaluation Committee. However, that recommendation must reflect the interests of the AAABC, older adults of Broward County, and the State of Florida.

APPEAL PROCESS

The Area Agency on Aging of Broward County has an existing appeals policy in the event of an appeal of the terms, conditions, or specifications of the RFP, or the award of the RFP. Notices of Intent to Appeal must be submitted to:

Charlotte Mather-Taylor, Chief Executive Officer
Area Agency on Aging of Broward County
5300 Hiatus Road
Sunrise, Florida 33351

Notice of Intent to Appeal the terms, conditions, or specifications of this RFP must be hand delivered to AAABC in writing within 72 hours after the posting of this solicitation on AAABC's website, excluding Saturdays, Sundays, or state holidays. A formal written appeal of the terms,

conditions, or specifications of the RFP must be filed within 10 calendar days after the date the notice of intent to appeal is filed, unless the 10th day falls on a Saturday, Sunday, or state holiday, in which case the deadline shall be the next business day. The formal written appeal must state, with particularity, the facts and law upon which the appeal is based.

To appeal the award, a Notice of Intent to Appeal must be hand delivered to AAABC. The envelope must be marked "Notice of Intent to Appeal". Notices of Intent to Appeal must be filed by Wednesday, December 3, at 12:00 PM (EST).

A formal written appeal of the award must be filed by Monday, December 15, 2025, at 5:00 PM (EST). The formal written appeal must state, with particularity, the facts and law upon which the appeal is based. Any entity who files a formal written appeal of the AAABC's RFP Intent to Award decision shall be required to post, at the time of filing the formal written appeal, a bond in the amount equal to one percent of the estimated contract amount. The bond shall be conditioned upon the payment of all costs and charges that are adjudged against the protestor in which the action is brought. If, after completion of the appeal process the AAABC prevails, it shall recover all costs and charges which shall be included in the final order or judgment, excluding attorney's fees.

If, in the sole determination of the Area Agency on Aging of Broward County, a disputed contract may result in an interruption of services to older adults, the AAABC reserves the right to contract with a provider of choice on an interim basis to maintain the delivery of services until the appeal is resolved. A copy of the AAABC Appeal Procedures is attached (Appendix X).

CONTRACT TERMS AND CONDITIONS

Contracts procured through this RFP may be renewed at the end of the initial 6-month term for up to an additional 2 one-year contracts subject to continued legislative appropriations and satisfactory performance.

An example of the anticipated contracts and associated attachments may be found under Appendix I to this RFP. All bidders are instructed to read the document carefully to determine their agency's ability to meet the requirements. Proposals must include a signed and dated Contract Terms and Conditions Affidavit Appendix III that certifies each bidder's intention to abide by all terms and conditions of the Program and Service Contract.

SECTION IV: BIDDERS' INSTRUCTIONS AND EVALUATION

SERVICE PROVIDER APPLICATION

Proposals must include a complete Service Provider Application (SPA).

The instructions are included in

- Appendix V: Service Provider Application Program Format
- Appendix VII: Service Provider Application Minimum Requirements

A completed SPA must include a response to

- Program Module
- Contract Module
- Capability Organizational Items

There is not a page limit assigned to the Service Provider Application.

EVALUATION CRITERIA AND RATING SCALE

The evaluation criteria and rating scale are used to review and rank applications.

Point Value	Description
0	RFP is incomplete. Required item(s) not included; inadequate or no justification provided for omission included in RFP.
1	Fails to meet minimum expectations. Demonstrates insufficient compliance with RFP requirements.
2	Meets minimum expectations. Demonstrates minimal compliance with the RFP requirements. The presentation is unclear and / or inconsistent in some areas.
3	Exceeds minimum expectations. Demonstrates good compliance with the RFP requirements in a consistent manner; information is accurate; presentation is clear, understandable, and concise.
4	Exceeds expectations. Demonstrates highest level of compliance with the RFP requirements. The presentation is superior in its detail, responsiveness, quality, clarity, and organization.

A MINIMUM RATING OF "TWO" IS REQUIRED UNDER THE TOTAL SCORE FOR A PROPOSAL TO BE CONSIDERED

The evaluation criteria have been designed to give due consideration to agencies able to demonstrate:

- Collaboration and partnerships with the AAABC and other service entities

- Experience providing the service(s)
- Ability to meet minimum service standards and contract requirements as set forth by DOEA and AAABC
- Ability to identify areas of need and strategies to address client outcomes.

The three (3) review categories are as follows:

Program Module: Maximum 56 Points
Contract Module: Maximum 16 Points
Organizational Capability Items: Maximum 48 Points

Fatal Flaw Checklist

The criteria listed below must be fully met in order for the proposal to be considered for further evaluation. Failure to receive a "YES" response on any item will result in an automatic rejection of the proposal.

	CRITERIA	Yes	No
1.	Was the proposal entered by the time, date, and manner specified in the RFP?		
2.	Does the proposal include a signed statement certifying that the bidder had no prior involvement with the AAABC by performing a feasibility study concerning the scope of work contained in this RFP; by participating in the drafting of this RFP; or developing a program similar to the ones contained in this RFP?		
3.	Does the proposal contain a signed statement that the bidder agrees to all contract terms and conditions including agreeing to provide continuous and adequate liability insurance coverage during the term of the contract?		
4.	Does at least one copy of the Service Provider Information Page contain the required original signature of the person authorized to bind the agency to all contractual obligations?		

END OF DOCUMENT