



East Tennessee Human Resource Agency
East Tennessee Area Agency on Aging and Disability

9111 Cross Park Drive; Suite D-100
Knoxville, Tennessee 37923

Tennessee Home and Community Based Services

REQUEST FOR PROPOSAL

TO DELIVER

IN-HOME SERVICES

UNDER OPTIONS FOR COMMUNITY LIVING, OLDER AMERICANS
ACT AND THE NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM

Application Service Period:

Contract Period: July 1, 2026 – June 30, 2027

RFP ISSUED: February 17, 2026 (Tuesday)

SUBMISSION DEADLINE: March 31, 2026 (Tuesday)

QUESTION SUBMISSIONS TO: ETAAAD_RFP_Questions@ethra.org

1.0. Purpose / Background

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

Funding sources include, State of Tennessee Options for Community Living, Federal Older Americans Act Title IIIB Supportive Services, and Older Americans Act Title III E Family Caregiver.

Following is a brief description of each program:

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

2.0. General Requirements for Providers

The following general requirements apply to all AAAD Service Providers and must be agreed to unless otherwise specified.

- i) Service providers may only use federal and state funds from an AAAD for services for which they have received service authorizations.
- ii) Each service provider must comply with all service descriptions as provided in the TNDDA Home and Community Based Services policy chapter Policy Manual, 4-2-.04(1)(b)(ii).
- iii) Services shall be provided only to consumers who meet eligibility criteria as determined by an AAAD.

- iv) Distance from a provider shall not be used to deny services. This practice denies special emphasis for rural residents, residents with disabilities and isolated consumers.
- v) No provider staff shall, without prior approval of a supervisor, pay bills, cash checks, or in any way handle a consumer's money. All transactions involving money must be documented on a standardized form. The form must state worker(s) name, purpose of errand, dollar amount given to worker, and be signed by worker and consumer. Receipt and amount of change returned to the consumer shall be on the form.
- vi) Solicitation or acceptance of gratuities, favors, or anything of monetary value from a consumer, service provider, contractor, or potential contractor shall not be allowed
- vii) No person representing any service provider may offer for sale any type of merchandise or service; nor may they seek to encourage the acceptance of any particular belief or philosophy by any consumer.
- viii) Providers must have procedures to protect consumer information confidentiality. The procedures must ensure that no confidential consumer information shall be obtained or disclosed by a service provider in any way that identifies the person without "informed written consent" of that person or his/her legal representative. Disclosure may be allowed by court order, or for program quality assurance by authorized federal, state, or AAAD staff, only in conformity with the Privacy Act of 1974. All consumer information must be maintained in secure access files. (Exception: Written release of information when referring to Adult Protective Services is not required.)
- ix) Each service provider who is considered a Covered Entity or Business Associate, as governed by the laws of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), shall follow HIPAA laws to protect consumer privacy.
- x) All service providers shall respond to TNDDA and AAAD information requests.
- xi) Each service provider shall have and maintain payments of premiums on policies of insurance coverage to sufficient casualty/fraud insurance to cover loss of federal, state, and local resource TNDDA Aging and Disability Program & Policy Manual, 2-6-.07
- xii) Each service provider shall employ a responsible supervisor designated by name and title for contracted service activities. The supervisor shall ensure that services are provided as contracted, adhering to governing statutes and Provider Authorization/Notification of Change documents.
- xiii) Service providers should offer influenza vaccine to employees and 1099 contractors. A policy shall be in place to assure that personnel and contractors with infectious illness/disease do not provide services to consumers until they are symptom free.
- xiv) All service provider agencies, contractors and subcontractors, prior to contract with consumers, shall verify background information for employees, 1099 contractors and volunteers who provide direct care for, have direct contact with, or have direct responsibility for the safety and care of consumers in their homes.

- xv) Each provider agency (who provides direct care for, has direct contact with, or has direct responsibility for safety and care of consumers in their homes), for every employee or volunteer, must document the following in its personnel files:
 - a) The applicant's statement of any prior convictions;
 - b) The results of personal and/or employment reference checks;
 - c) The results from checking all Tennessee Department of Health databases of licenses of health professionals including Certified Nursing Assistants (CNA);
 - d) The results of any other checks requested by the provider agency, including background checks by the National Sex Offender Registry, Tennessee Felony Offender Registry, Tennessee Abuse Registries, and local or state law enforcement background checks; Substantial Investigations Report Inquiry Database ("Siri Database" link: <https://ddasiri.dda.tn.gov/>) and
 - e) Provide justification/explanation for a decision to employ an individual if a background check identifies negative information.
- xvi) Every provider staff, 1099 contractor or volunteer who enters a consumer home in an official capacity shall display proper identification, (1) either an agency picture identification card; or, (2) some other form of agency identification along with a valid driver's license.
- xvii) Service provider staff /1099 contractor shall participate in training relevant to their job responsibilities and/or which is designated by the AAAD or TNDDA.
- xviii) Each service provider must follow grievance procedures developed by the AAAD for consumer dissatisfaction with service(s) being provided. All consumers must be informed of their right to file a grievance and the procedure to be followed.
- xix) Any individual applying for or receiving services funded through an AAAD or TNDDA has a right to disagree with decisions made about services received.
- xx) Quality Assurance will be an ongoing process in which all entities including TNDDA, AAAD, service providers and consumers will play a role.
- xxi) Service providers shall be monitored by an AAAD at least annually using monitoring tools approved by TNDDA that are based on TNDDA's Program and Policy Manual.
- xxii) All provider agencies will comply with all federal, state, and local civil rights rules and regulations.

3.0. Service Description

Adult Day Care – 1 hour – Provision of personal care for dependent adults in a supervised, protective congregate setting during some portion of a twenty-four-hour day. Services sites may include intermediate and skilled care facilities, hospitals, churches, community centers, senior centers, and other appropriate, accessible facilities. Services offered in conjunction with adult day care include social and recreational activities, training, and counseling, meals; and/or services such as rehabilitation, medication assistance, and home health aide services.

Chore – 1 hour – Programs that offer services of domestic workers who go into people’s homes and help with heavy house cleaning work. Activities include providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: heavy housework, yard work, or sidewalk maintenance.

Home Modifications/Repairs – Programs that provide labor and supplies for people to make essential repairs to address health or safety hazards, such as weatherization, installing safety or accessibility features such as ramps, hand rails, grab bars, or repairing or replacing steps, repair of heating, plumbing, or electrical systems.

Homemaker – 1 hour – Providing assistance to persons having difficulty with one or more of the following instrumental activities of daily living: preparing meals, shopping for personal items, managing money, using the telephone, and doing light housework. Activities include routine household management tasks such as menu planning, budgeting, shopping, meal preparation, and light housekeeping.

In-home Respite – 1 hour – Programs that offer respite care for caregivers, to be temporarily relieved from their caregiving responsibilities.

Individual Counseling – 1 hour – Programs that offer personal therapeutic sessions where a therapist works one-to-one with clients to help resolve mental, emotional or social problems. Provided by a Licensed Professional Counselor, Licensed Clinical Social Worker, or a Licensed Clinical Psychologist.

Medical Equipment/Supplies – Programs that provide necessary health care equipment, medical bandages, respiratory aids, and other medical supplies needed by those convalescing following surgery or illness. Amount of funding determines purchase(s).

Personal Care – 1 hour – Providing personal assistance, supervision or cues for a person having difficulties with one or more of the following five activities of daily living: eating, dressing, bathing, toileting, and transferring in and out of bed.

Pest Control – Programs that combat established infestations of insects, rodents and other pests which may endanger the health of a family or cause damage to homes.

Support Groups – 1 session – Program sessions where unrelated groups of seniors and/or their families discuss attitudes, feelings and problems and, with input from other members in the group, attempt to achieve greater understanding, adjustment, and solutions to problems.

The Self-Direction Program - Providing services (including programs, benefits, supports, and technology) under the Older Americans Act to assist individuals with activities of daily living.

Self-Direct service definition: -

- a) Consumers define their own goals, select support staff, set schedules, and determine the use of their allocated budgets
- b) Rather than receiving AAAD-assigned care, consumers often hire personal support staff including friends or family members
- c) Covered services include community-based supports, personal supports, hourly respite and individual day support.
- d) Program services include a person-centered planning process, an individualized budget, and a support broker to assist with navigation.

The AAAD or the State agency will provide oversight of self-directed services to ensure service quality and appropriate use of OAA funds.

Assisted Transportation – 1 unit –This transportation service is part of the care plan and provides transportation and assistance, including escort services, for individuals with physical or cognitive difficulties using regular transportation. One unit is defined as one hour.

Grocery Shopping – 1 unit monthly - This grocery shopping service is part of the care plan and is authorized only on a case-by-case basis for Options clients. Services include:

- a) Obtaining the shopping list, shopping for and delivering the groceries to the client's home, and may include putting groceries away as needed. The service provider will pay for the groceries, and invoice AAAD for reimbursement.

Errands / Delivery – 1 unit monthly - This errands/delivery service is part of the grocery shopping service care plan and is authorized only on a case-by-case basis for Options clients. For the service definition, refer to Grocery Shopping, item (a).

Home Delivered Meals – This home-delivered meals service provides eligible individuals (age 60+) who are homebound or unable to prepare meals with a meal delivered to their residence that meets Dietary Guidelines for Americans (formerly RDA) requirements consistent with Congregate Meals.

4.0. Submission Requirements

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

1. Applicants that neglect to accurately fill out and return the completed RFP Application by the designated deadline (including required signatures, certifications, additional documentation, and proof of licenses) shall be disqualified from this process.
2. The Applicant must submit:
 - a. One (1) Hard Copy of the requested RFP with an original, authorized signature to: ETHRA/ETAAAD, 9111 Cross Park Drive, Suite D-100, Knoxville, TN 37923. The Proposal must be clearly marked "Attention: RFP 2026-2027-"Cynthia Bender" on the outside of the package. The applicant should retain a copy.
 - b. One (1) Electronic Copy via email: to Cynthia Bender at CBender@ethra.org
3. Acceptance of a Provider Application (and subsequent approval of that provider) does not guarantee selection by eligible consumers, or reimbursement of services by an AAAD.
4. Have all current Required Licenses for services being offered (the below are subject to change):

- a. Homemaker, Personal Care, In Home Respite- PSSA License with the Department of Mental Health or Department of Intellectual Disabilities OR Home Health Agency license with Department of Health.
 - b. Adult Day Care: Adult Day Services License with the Department of Human Services (DHS).
 - c. Institutional Respite: Licensed by the Tennessee Office of Health Care Facilities.
 - d. Or, a copy of any licensures related to the proposed services.
5. If changes in application information occur during the course of the contract period, Providers must report those updates to the appropriate AAAD.
 6. Provider must complete and include with the RFP the Normal and Customary cost worksheet.
 7. Organizations with less than one year of experience will not be eligible to complete an RFP.
 8. Questions must be submitted in writing to Aaron Bradley at ETAAAD_RFP_questions@ethra.org with Options – HCBS RFP in the subject line. Questions will be added to an FAQ and sent to the agency asking the question and all organizations who are on the potential provider list.

5.0. Time Frame

The initial contract term will begin July 1, 2026 or immediately upon execution of the contract through June 30, 2027, with the option to renew for three (3) additional one-year periods beginning July through June, with the same terms and conditions and satisfactory performance of all criteria and subject to the availability of funds for each renewal period. The optional renewal periods will be upon mutual written consent of both parties. The Provider must be prepared to begin immediately upon receipt of a fully executed contract and written Notice to Proceed from the Agency.

REQUEST FOR PROPOSAL APPLICATION (RFP)
Contract Period: July 1, 2026 – June 30, 2027

Applicant Organization Name	
Mailing Address	
Is this a virtual office?	Yes <input type="checkbox"/> No <input type="checkbox"/>
If yes, provide the address of the physical location of which files are kept: Physical Address: <i>(This location will need to be made available for monitoring purposes)</i>	Address:
Name & Title:	
Email Address:	
Telephone:	
Fax:	
Emergency Contact (Name & #)	
Fiscal Contact (Name & #)	
Date of Application:	
Employer ID #	
Place of Establishment:	
State where Licensed/Incorporated	

I. Cover Letter

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

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

II. Organizational Structure and Information (Please provide a W-9)**

Indicate the entity type:

<input type="checkbox"/> Minority owned/ operated	<input type="checkbox"/> Small business	<input type="checkbox"/> For Profit Corporation	<input type="checkbox"/> Non-Profit Organization
<input type="checkbox"/> Faith-Based Organization	<input type="checkbox"/> Women owned / operated	<input type="checkbox"/> Government	<input type="checkbox"/> None of the above

Indicate the ownership /control of the Applicant agency (check any / all that apply)
 [Minority Business Enterprise (MBE)]

<input type="checkbox"/>	MBE-African American	<input type="checkbox"/>	MBE – Asian American	<input type="checkbox"/>	Hispanic American	<input type="checkbox"/>	MBE- Native American
<input type="checkbox"/>	Women Business Enterprise (WBE)	<input type="checkbox"/>	Small Business Enterprise	<input type="checkbox"/>	Government	<input type="checkbox"/>	Non-Minority/ Disadvantaged
<input type="checkbox"/>	Other:						

III. License, Certification, Permits, and Accreditation

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

- a. A copy of any licensures related to the proposed services
- b. Any required business license
- c. A copy of the Applicant’s current Certificate of Insurance, Workers Compensation. Automobile Liability Insurance (*for Transportation Services*)

IV. History, Experience, and Mission

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

- a. A brief history of the Applicant and its service delivery system for any proposed Home and Community-Based services.
- b. The number of years the Applicant has been in business.
- c. Organization Chart [for overall agency and single organization unit responsible for delivering proposed service(s).]
- d. The Applicant’s mission statement, values, and guiding principles
- e. Describe organizational experience in working with older persons and/or adults with disabilities.

V. Personnel & Training

Provide the following information related to personnel and training:

- a) Job descriptions for each position that will serve as direct service workers, including the required qualifications and competencies.
- b) Proposed training and curriculum to be used to keep staff current with respect to service delivery requirements and best practices in services and supports.

VI. Financial Capacity

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

- a) If available, the most recently completed audited financial statements of Applicant
- b) If audited financial statements are not available, all of the following:
 - 1. IRS tax reporting forms/tax return for the most recently concluded fiscal year

2. A current written bank reference, in the form of standard business letter, indicating that the Applicant’s business relationship with the financial institution is in positive standing.
 3. Two (2) current written positive credit references in the form of standard business letters from vendors with which the applicant has done business, or documentation of a positive credit rating determined by an accredited credit bureau within the last six (6) months.
- c) A copy of the organization’s business status must be attached (i.e., 501 (c), Business License, etc.)

VII. ASSURANCE & CERTIFICATIONS

By signing this application, the Applicant agrees:

- To certify that, under penalty of perjury, your provider organization has completed this Provider Application independent of any outside influence which may result in your receiving privileged information about this RFP.
- To certify that this RFP factually represents your administrative capabilities and proposed services, and that if your organization is approved, you agree to abide by the terms and conditions of the Provider Contract.
- To certify that if your organization is approved, you agree to contract with the AAAD for services at your usual and customary charges not to exceed the maximum charges outlined in Section V of this provider application.
- To certify that your organization is in compliance with the specific Service Description and Standards required by the State for each proposed service activity. See Attachment 3 for Service Descriptions
- To certify that your organization has written policies regarding the following:

• Personnel Policies	• Affirmative Action Policy
• Non-discrimination in Hiring Policy	• Confidentiality Policy
• Non-discrimination in Service Delivery Policy	• Civil Rights Compliance Policy (Title VI and VII)
• ADA Compliance Policy	• Certification Regarding Lobbying
• Drug Free Policy	• Prohibition on Illegal Immigrants Policy
• Background Check Policy	• Infectious Disease Policy
• Grievance Policy	

- To certify that your organization has secured all required licenses, certifications, permits and accreditation (as required by the State and/or Federal governments). **Attach copies (include most recent PSSA or other licensing entity’s monitoring report).**

VIII. Service Delivery

- a. Explain, in detailed narrative format, the applicant’s plan for service delivery including daily operations, quality assurance measures, providing services during inclement weather, emergencies, etc.
- b. Complete Attachment 1 (3 pages), Scope of Work on attached format indicating services covered under this RFP. In the Service Delivery Area(s) section, check the names of those counties you are interested in serving during the contract period.
- c. Provide a timeline for implementation, which includes number of days between provider notification by service coordinator and start of service
- d. Explain the organization's policy process for conducting and maintaining documentation on criminal background checks for staff and volunteers involved in service delivery related to this Application
- e. Explain the organization’s policy process for conducting Customer Satisfaction Surveys and **attach the results of your most recent Customer Satisfaction Survey Report** showing the percentage of satisfied customers for the period.

XI. Proposed Service Reimbursement Rate

In order to be approved as a Service Provider, the applicant must provide a unit rate for each service proposed. Applicants proposing to provide services through contracts with more than one Area Agency on Aging and Disability may have their proposed service rates jointly reviewed by the respective Area Agencies on Aging and Disability.
<ul style="list-style-type: none"> a) For OAA services, including the NFCSP, the Federal Reimbursement Rate for each authorized service will be established by the AAAD in your proposed service area. b) Complete the Assurance and Certification of Usual and Customary Charge (Attachment 2). Reimbursement rates for OPTIONS and OAA services, including NFCSP are listed below:

OPTIONS for Community Living (State-Funded)
Older Americans Act – Title III (Federally Funded)

Service	Maximum Reimbursement Rate
Personal Care – OAA Title III/ State Funds	<i>The lesser of \$29.00 per hr. or usual and customary charges*</i>
Homemaker Services – OAA Title III / State Funds	<i>The lesser of \$29.00 per hr. or usual and customary charges*</i>
In-home Respite – OAA Title III/ State Funds	<i>The lesser of \$28.65 per hr. or usual and customary charges*</i>
Adult Day Care – OAA Title III/ State Funds	<i>The lesser of \$16.50 per hr. or usual and customary charges*</i>

**For providers who have not established usual and customary charges, the charge should be reasonably related to the provider's cost for providing the service. The same requirements are to be applied in the above noted programs. Thus, only the lesser of the maximum rate as specified above or the usual and customary charges for each service should be billed.*

These are the maximum rates which may not be exceeded; a lesser amount should be billed and reimbursed, if the provider's usual and customary charge to persons not participating in these programs is lower. Reimbursement rates for OAA and State-Funded services shall not exceed the TennCare reimbursement rates.

AUTHORIZATION FOR SUBMISSION

	(Legal Name of Applicant Agency)	

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

Signature

Date

Executive Director/CEO/ President
Applicant Organization

Printed Name and Title of the Signatory

Date

Signature

Chairman, Governing Body

Date

Printed Name and Title of the Signatory

Date

SCOPE OF WORK

APPLICANT AGENCY: _____

(All services may not be available within each Area Agency on Aging and Disability. If you have questions about particular service availability, please contact the AAAD.)

A. SUMMARY OF DIRECT SERVICE ACTIVITIES

Check services to be provided:

NATIONAL FAMILY CAREGIVER SUPPORT PROGRAM	OLDER AMERICANS ACT
<input type="checkbox"/> Individual Counseling (1 hour)	<input type="checkbox"/> Adult Day Care (1 hour)
<input type="checkbox"/> Support Groups (1 session)	<input type="checkbox"/> Homemaker (1 hour)
<input type="checkbox"/> Caregiver Training (1 hour)	<input type="checkbox"/> Personal Care (1 hour)
<input type="checkbox"/> Personal Care (1 hour)	<input type="checkbox"/> Chore (1 hour)
<input type="checkbox"/> Homemaker (1 hour)	<input type="checkbox"/> Home Modification/Repair (1 Repair)
<input type="checkbox"/> Adult Day Care (1 hour)	<input type="checkbox"/> Personal Emergency Response System (Installation, Monthly Fee)
<input type="checkbox"/> Institutional Respite (Overnight, up to 24 hours)	<input type="checkbox"/> Self-Direct
<input type="checkbox"/> Assistive Technology (1 purchase)	
<input type="checkbox"/> Home Modifications/Repairs (1 repair)	
<input type="checkbox"/> Medical Equipment/Supplies (1 purchase)	REQUESTED SERVICES
<input type="checkbox"/> Personal Emergency Response System (Installation, Monthly Fee)	<input type="checkbox"/> Transportation (1 hour)
<input type="checkbox"/> Pest Control	
<input type="checkbox"/> Relative Caregiver Services	
<input type="checkbox"/> In-home Respite (1 hour)	
<input type="checkbox"/> Self-Direct	
OPTIONS PROGRAM	
<input type="checkbox"/> Personal Care (1 hour)	
<input type="checkbox"/> Homemaker (1 hour)	
<input type="checkbox"/> Personal Emergency Response System (Installation, Monthly Fee)	
<input type="checkbox"/> Adult Day Care (1 hour)	
<input type="checkbox"/> Self Direct	
<input type="checkbox"/> Pest Control	
<input type="checkbox"/> Home Delivered Meals	

PROVISION OF SERVICE

A. SERVICE AVAILABILITY:

Days of Service Availability:	
Hours of Services Availability:	
<i>If the applicant agency has multiple offices, please attach a list to the application</i>	

B. NAME OF SUB-CONTRACTOR (if any):

Mailing Address:	
Phone Number:	Fax Number:
Email:	

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

C. QUALITY OF SERVICE:

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

D. TRAINING:

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

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

E. SPECIAL CONTRACT CONDITIONS:

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

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

SERVICE DELIVERY AREA(S)

EAST TENNESSEE AAAD	
<input type="checkbox"/> Anderson	<input type="checkbox"/> Knox
<input type="checkbox"/> Blount	<input type="checkbox"/> Loudon
<input type="checkbox"/> Campbell	<input type="checkbox"/> Monroe
<input type="checkbox"/> Claiborne	<input type="checkbox"/> Morgan
<input type="checkbox"/> Cocke	<input type="checkbox"/> Roane
<input type="checkbox"/> Grainger	<input type="checkbox"/> Scott
<input type="checkbox"/> Hamblen	<input type="checkbox"/> Sevier
<input type="checkbox"/> Jefferson	<input type="checkbox"/> Union

Comments:

**ASSURANCE & CERTIFICATION OF USUAL AND CUSTOMARY CHARGE
Fiscal Year 2027**

By signing below, the Organization agrees:

To certify that your organization has supplied the Area Agency on Aging and Disability with the reasonable, usual, and customary charges that your organization would charge other persons regardless of whether the person is enrolled in services authorized through the Tennessee Department of Disability and Aging Home and Community Based Services.

To certify the unit cost rates charged to the Area Agency on Aging and Disability do not exceed those usual and customary charges applied to persons not served under services authorized through the Tennessee Department of Disability and Aging.

To certify that your organization shall notify the Area Agency on Aging and Disability of any changes to the usual and customary charges and that those usual and customary charges will be provided on request.

The Organizations Usual and Customary Rates

Individual Counseling	\$	Personal Care	\$
Homemaker	\$	Adult Day Care	\$
Institutional Respite	\$	PERS, Installation	\$
PERS, Monthly Fee	\$	Pest Control	\$
In-home Respite	\$	Medical Equipment/Supplies	\$
Home Modification	\$	Transportation	\$
Self-Direct	\$	Grocery Shopping	\$
Errands/Delivery	\$	Home Delivered Meals	\$

Rates Charged to the Area Agency on Aging and Disability

Individual Counseling	\$	Personal Care	\$
Homemaker	\$	Adult Day Care	\$
Institutional Respite	\$	PERS, Installation	\$
PERS, Monthly Fee	\$	Pest Control	\$
In-home Respite	\$	Medical Equipment/Supplies	\$
Home Modification	\$	Transportation	\$
Self-Direct	\$	Grocery Shopping	\$
Errands / Delivery	\$	Home Delivered Meals	\$

Name of Applicant Organization

Name and Title of Authorized Signature

Date _____

Application and Certification

RFP CHECKLIST

- Cover Letter
- W-9
- Current PSSA License
- PSSA licensing or other entity monitoring reports and POC acceptance letters
- Audited financial statement or other requested financial information
- Business License/Business Status
- Valid certificate of liability insurance / Workers Compensation
- Service Delivery explanation, & Attachment 1 – Scope of Work, Timeline for implementation
- Policy for conducting/maintaining background checks
- Attached schedule of holidays, (HDM only – procedures for prioritizing Emergency meals; Caregiver Training only – training curriculum, training schedule for 12-month period)
- History, Governing Body, Organizational Chart, Experience
- Mission Statement, Values/Guiding Principles
- Personnel/ 1099 Contractor – supervisory structure, qualifications/job descriptions, proposed training and curriculum
- Verification of Automobile Liability Insurance
- Customer Satisfaction Survey Results
- Completed Attachment 2: Assurance and Certification of Usual and Customary Charges
- Signed Authorization for submission

This Section is completed by Area Agency Staff only.

RFP EVALUATION AND SCORING

Total Points Earned: _____

Applicant Name: _____ Date: _____

Name of Individual Scoring Application: _____

RFP Requirement	Points Possible	Points Earned	Comments
Minority or Women Owned Business	2		
Documentation of all required licenses to provide services	1		
Organizational information provided	1		
Record of accurate and timely billing	1-3		Applicant fiscal staff to provide documentation of record
Staff Adequacy	1		Applicant to provide sufficient trained staff available (credentialed)
Record of accurate reporting	1		QA /HCBS Staff can provide documentation
Customer Satisfaction rate has been measured and documentation that 80% or more of consumers are satisfied with services	2		Applicant to provide sample of customer satisfaction
Organization has been providing services to consumers for more than 1 year	1-3		1 point per year up to 3 years
Multiple county proposal	1 point per county		1 point per county covered in district
Organization has the capacity to reach all areas of the county they are proposing to serve	1		
Proposal would fill existing gap in services	3		
Only RFP to fill an existing gap in services	5		Scope of Services – Proposal fills a gap in AAAD service network
Cost to provide services is less than the maximum allowable rate	5		
Total			