

# **Exhibit X**

## **Organizational Forms**

**Board Members**

**Staff**

**Volunteers**

**VOLUNTEER STAFF REPORT FORM**

PROVIDER: \_\_\_\_\_

	NAME	POSITION	HOURS/DAY	SEX	RACE	AGE ("Above"/ "Below" 60 Years of Age)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						

(If Necessary, Use Additional Pages)

**Total Number of Volunteers** \_\_\_\_\_

Number of Female Volunteers \_\_\_\_\_ %

Number of Male Volunteers \_\_\_\_\_ %

Number of Minority \_\_\_\_\_ %

Number of Non-Minority \_\_\_\_\_ %

Number of Volunteers Over 60 \_\_\_\_\_ %

Number of Volunteers Under 60 \_\_\_\_\_ %

Prepared By: \_\_\_\_\_ Date \_\_\_\_\_

If awarded contract, this information to be provided to SLAAA on or before June 15, 2015.

# **Exhibit Y**

## **Metro Bus Program**

## EXHIBIT Y

### METRO BUS PASS PROGRAM

#### Scope of Work

All Contractors participating in the Metro Bus Pass program through the City of St. Louis will comply with the following Scope of Work:

1. The Contractor will complete the approved training, if required, and must meet all qualifications as required to provide services for this program.
2. The PROVIDER must receive approval from SLAAA to participate in the Metro Bus Pass Program. To request approval, e-mail the Senior Services Coordinator (SSC) at [lanel@stlouis-mo.gov](mailto:lanel@stlouis-mo.gov).
3. The Contractor will follow the processes described throughout this exhibit. Exceptions to these processes may be requested thru the SSC at SLAAA. No action will be taken until approval has been given.
4. Once approved, the PROVIDER will send a e-mail stating the number of monthly Bus Passes requested by the 15th of the month prior to use. The SSC will respond that the request has been submitted and will notify the PROVIDER of the date that the Bus Passes can be picked up.
5. The SSC will deliver the Bus Passes to each PROVIDER during the last week of the month prior to use. The PROVIDER must count the Bus Passes, write the number of Bus Passes they are receiving on the Receipt Letter, sign the Receipt Letter, and give to the SSC.
6. The PROVIDER will check to ensure that each client is eligible. To be eligible, the client must have: a current (meaning "not expired") State ID stating that the person lives in the **City of St. Louis**; a current **Reduced Fare Permit** issued by Metro; the **\$20** to purchase the bus pass.
7. The PROVIDER will sell the Bus Pass to eligible clients for \$20.
8. The PROVIDER will enter 40 units into NAPIS using the Local Service Code "10S3BusP Transportation - Bus Pass" for each client receiving a bus pass by the 7th of the following month.
9. The PROVIDER must return any unused Bus Passes by the 12th of the following month to the SSC.
10. The PROVIDER will keep \$3 per Bus Pass sold. These funds will be counted as "Other Cash" in the financial reporting on NAPIS using the Local Service Code "10S3BusP -Transportation - Bus Pass"
11. The PROVIDER mails an agency check in the amount of the remaining money collected (\$17 per client). The agency check will be made out to **City of St. Louis** and mailed to: *SLAAA, 1520 Market, Room 4086, St. Louis, MO 63103* by the end of each month. The PROVIDER will mail a copy of the Receipt Letter with the check.

# **Exhibit Z**

## **Transportation Information**

**Vehicle Inventory Status**

**Driver Record**

**VEHICLE INFORMATION**  
**SLAAA All Services RFP - FY 16**

Bidder Name	YEAR	MAKE / MODEL	TYPE	OWNERSHIP L-Leased POV-Private C-Center	CAPACITY	WHEELCHAIR CAPABLE (N0 / Yes - #)	ODOMETER READING a/o 12/31/14
<i>Example</i>	2012	DODGE RAM B3500	VAN	C	10	No	46,289
Vehicle 1							
Vehicle 2							
Vehicle 3							
Vehicle 4							
Vehicle 5							
Vehicle 6							
Vehicle 7							

**DRIVER AUTHORIZATION**

(ONE FOR EACH DRIVER)

**HEALTH VERIFICATION**

I, \_\_\_\_\_, am in good health and have no physical or health limitations that prevent me from operating a motor vehicle in a competent manner or to help any rider in and out of the vehicle.

\_\_\_\_\_ Date of Last Examination

\_\_\_\_\_ Date

\_\_\_\_\_ Driver's Signature

\*\*\*\*\*

**ORIENTATION TRAINING**

Driver has successfully completed the required orientation and annual training that is specified in the Transportation Standards.

**QUALIFICATIONS**

I have received the State Chauffeur's License and the Moving Violations Report of this driver and determine that he/she is qualified to provide transportation services for senior citizens.

(Copy attached)

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Authorized Agency Representative

**\*Complete one (1) for each driver.  
If awarded contract, this information to be provided to SLAAA on or before June 15, 2015.**

Driver's License Bureau  
P.O. Box 200  
Jefferson City, Missouri 65102-0200

**REQUEST FOR MOVING VIOLATIONS RECORD**

I request a copy of my Moving Violation Record (Type or Print):

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

Date of Birth: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_

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

Please forward the requested information to my employer:

Name of Agency: \_\_\_\_\_

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

City & State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Current Address

\_\_\_\_\_  
City & State ZIP

**\*Complete one (1) for each Driver.  
If awarded contract, this information to be provided to SLAAA on or before June 15, 2015.**

## VEHICLE EQUIPMENT REQUIREMENTS

VEHICLE: \_\_\_\_\_  
Describe (Year & Make)
License #

CLASS 1 VEHICLE – CAR WITH CAPACITY OF SEVEN (7) OR LESS

CLASS 2 VEHICLE – CAR WITH CAPACITY GREATER THAN SEVEN (7)

CLASS 3 VEHICLE – VAN OR BUS

REQUIRED EQUIPMENT	CLASS 1	CLASS 2	CLASS 3
1. Extra Electrical Fuses	*		
2. Fire Extinguisher (2 ½ lb.) (A.B.C. Type) or (A.B. Type per DHSS approval)	*		
3. Three (3) Reflective Triangles (Flares)	*		
4. Spare Tire and Jack (Not Required on Radio-Equipped Vehicles)	*		
5. Flashlight	*		
6. Ice Scraper	*		
7. First Aid Kit (Fed. Spec. GG-K391 (A))	*		
8. Blood-Borne Pathogen Kit	*		
9. Removable Boarding Step (No higher than 12"; Non-Skid Surface 8" x 12")	N.A.	N.A.	Not Required for Vans with stationary boarding steps
10. Accessible Emergency Exit	N.A.	N.A.	
11. Emergency Procedures Posted (Motor Vehicle Safety Standard #217)	N.A.	N.A.	
12. Usable Seat Belt for Each Passenger			Not Required for Bus but Recommended
13. Clean Vehicle			
14. Vehicle in Good Repair			
15. Equipped with Radial/Snow Tires During Icy and Snowy Weather			

**\*Complete one (1) for each vehicle.**

**If awarded contract, this information to be provided to SLAAA on or before June 15, 2015.**

# **Exhibit AA**

# **HIPAA**

## Exhibit AA

### Health Insurance Portability and Accountability Act of 1996 (HIPAA)

Effective July 1, 2008 The CITY has been designated a "Business Associate" of the MO Department of Health and Senior Services. This exhibit spells out all provisions for Business Associates with the State. Various sections of this exhibit apply to all Contractors. Revised (9/5/13)

#### Business Associate Provisions

1.1.1 The CONTRACTOR acknowledges that CITY and the Missouri Department of Health and Senior Services (MDHSS), which is a HIPAA covered entity, have entered into a contract whereby CITY has agreed to perform certain services for or on behalf of MDHSS. The CONTRACTOR further acknowledges under such service contract with the MDHSS, CITY has agreed that it is a business associate of the MDHSS and has agreed to certain business associate provisions which set forth the terms and conditions under which Protected Health Information created or received by CITY from or on behalf of the MDHSS pursuant to the aforesaid service contract may be used or disclosed. The CONTRACTOR and CITY have entered into a service contract whereby the CONTRACTOR performs services for or on behalf of CITY (Contract). The CONTRACTOR, therefore, acknowledges that as a subcontractor of the MDHSS, the CONTRACTOR is a Business Associate under HIPAA and subject to the Administrative Simplification provisions of Title II, subtitle F, of the Health Insurance Portability and Accountability Act of 1996, as amended by the Health Information Technology for Economic and Clinical Health Act (Pub. L. 111-5) (HITECH) and all standards and regulations, including the Privacy, Security, Breach Notification, and Enforcement Rules, now or later promulgated pursuant to authority granted therein (collectively HIPAA). The CONTRACTOR hereby agrees to the following Business Associate Provisions to protect and safeguard Protected Health Information which the CONTRACTOR creates, receives, maintains, accesses, or transmits on behalf of CITY pursuant to the Contract:

- a. The CONTRACTOR shall agree and understand that for purposes of the Business Associate Provisions contained herein, terms used but not otherwise defined shall have the same meaning as those terms defined in 45 CFR parts 160, 162, and 164, including, but not limited to the following:
  - 1) "Access", "administrative safeguards", "confidentiality", "covered entity", "data aggregation", "designated record set", "disclosure", "information system", "physical safeguards", "required by law", "technical safeguards", "use" and "workforce" shall have the same meanings as defined in 45 CFR §§ 160.103, 164.103, 164.304, and 164.501 and HIPAA.
  - 2) "Breach" shall mean the unauthorized acquisition, access, use, or disclosure of Protected Health Information which compromises the security or privacy of such information, except as provided in 45 CFR § 164.402. This definition shall not apply to the term "breach of contract" as used within the contract.

- 3) "Breach Notification Rule" shall mean the Standards and Implementation Specifications for Notification in the Case of Breach of Unsecured Protected Health Information at 45 CFR part 164, subpart D.
- 4) "Business Associate" shall generally have the same meaning as the term "business associate" at 45 CFR § 160.103.
- 5) "Covered Entity" shall generally have the same meaning as the term "covered entity" at 45 CFR § 160.103.
- 6) "Electronic Protected Health Information" shall mean information that comes within paragraphs (1)(i) or (1)(ii) of the definition of Protected Health Information as specified below.
- 7) "Enforcement Rule" shall mean the HIPAA Administrative Simplification: Enforcement; Final Rule at 45 CFR parts 160 and 164.
- 8) "Individual" shall have the same meaning as the term "individual" in 45 CFR 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR 164.502 (g).
- 9) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
- 10) "Protected Health Information" as defined in 45 CFR 160.103, shall mean Individually Identifiable Health Information:
  - (1) Except as provided in paragraph (2) of this definition, that is: (i) Transmitted by electronic media; or (ii) Maintained in electronic media; or (iii) Transmitted or maintained in any other form or medium.
  - (2) Protected Health Information excludes Individually Identifiable Health Information in (i) Education records covered by the Family Educational Rights and Privacy Act, as amended, 20 U.S.C. § 1232g; (ii) Records described at 20 U.S.C. § 1232g(a)(4)(B)(iv); and (iii) Employment records held by a covered entity in its role as employer.
- 11) "Security Incident" shall be defined as set forth in the "Obligations of the Contractor" section of the Business Associate Provisions.
- 12) "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 CFR part 164, subpart C.
- 13) "Unsecured Protected Health Information" shall mean Protected Health Information that is not secured through the use of a technology or methodology determined in accordance with 42 U.S.C. § 17932 or as otherwise specified by the Secretary of the U.S. Department of Health and Human Services.

- b. The CONTRACTOR agrees and understands that wherever in this document the term Protected Health Information is used, it shall also be deemed to include Electronic Protected<sub>2</sub> Health Information.

- c. The CONTRACTOR must appropriately safeguard Protected Health Information which the CONTRACTOR receives from or creates or receives on behalf of CITY. To provide reasonable assurance of appropriate safeguards, the CONTRACTOR shall comply with the Business Associate Provisions stated herein, as well as HIPAA.
- d. CITY and the CONTRACTOR agree to amend the Contract, including the Business Associate Provisions in this Exhibit AA as is necessary for the parties to comply with the requirements of HIPAA. Any such amendment or modification there of must be by written agreement of the parties. Any ambiguity in the Contract or in these Business Associate Provisions shall be interpreted to permit compliance with HIPAA.

1.1.2 Permitted uses and disclosures of Protected Health Information:

- a. The CONTRACTOR may use or disclose Protected Health Information to perform functions, activities, or services for, or on behalf of, CITY as specified in the Contract, provided that such use or disclosure would not violate HIPAA.
- b. The CONTRACTOR may use Protected Health Information to report violations of law to appropriate Federal and State authorities, consistent with 45 CFR § 164.502(j)(1) which pertains to "Disclosures by whistleblowers," and shall notify CITY by no later than seven (7) calendar days after the CONTRACTOR becomes aware of such disclosure of the Protected Health Information.
- c. If required to properly perform the Contract and subject to the terms of the Contract, the CONTRACTOR may use or disclose Protected Health Information if necessary for the proper management and administration of the CONTRACTOR's business.
- d. If the disclosure is required by law, the CONTRACTOR may disclose Protected Health Information to carry out the legal responsibilities of the CONTRACTOR.
- e. If applicable, the CONTRACTOR may use Protected Health Information to provide Data Aggregation Services to CITY or MDHSS, as permitted by 45 CFR § 164.504(e)(2)(i)(B).
- f. The CONTRACTOR may not use Protected Health Information to de-identify or re-identify the information in accordance with 45 CFR § 164.514(a)-(c) without specific written permission from the CITY to do so.
- g. The CONTRACTOR agrees to make uses and disclosures and requests for Protected Health Information consistent with the CITY's minimum necessary policies and procedures.

1.1.3 Obligations of the CONTRACTOR:

- a. The CONTRACTOR shall not use or disclose Protected Health Information other than as permitted or required by the Contract or as otherwise required by law, and shall comply with the minimum necessary disclosure requirements set forth in 45 CFR § 164.502(b) and 42 U.S.C. § 17935(b).
- b. The CONTRACTOR shall use appropriate administrative, physical and technical safeguards to prevent use or disclosure of the Protected Health Information other than as provided for by the contract. Such safeguards shall include, but not be limited to:
  - 1) Workforce training on the appropriate uses and disclosures of Protected Health Information pursuant to the terms of the contract
  - 2) Policies and procedures implemented by the CONTRACTOR to prevent inappropriate uses and disclosures of Protected Health Information by its workforce and subcontractors, if applicable;
  - 3) Encryption of any portable device used to access or maintain protected health information or use of equivalent safeguard;
  - 4) Encryption of any transmission of electronic communication containing protected health information or use of equivalent safeguard; and
  - 5) Any other safeguards necessary to prevent the inappropriate use or disclosure of Protected Health Information.
- c. With respect to Electronic Protected Health Information, the CONTRACTOR shall use appropriate administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity and availability of the Electronic Protected Health Information that CONTRACTOR creates, receives, maintains or transmits on behalf of CITY and comply with Subpart C of 45 CFR Part 164, to prevent use or disclosure of Protected Health Information other than as provided for by the Contract.
- d. In accordance with 45 CFR § 164.502(e)(1)(ii) and § 164.308(b)(2), the CONTRACTOR shall require that any agent or subcontractor to whom the CONTRACTOR provides any Protected Health Information and who creates, receives, maintains, or transmits Protected Health Information on behalf of the CONTRACTOR, in order to perform functions, activities, or services for, or on behalf of, CITY as specified in the Contract, also agrees to the same restrictions and conditions stated herein that apply to the CONTRACTOR with respect to such information.
- e. By no later than ten (10) calendar days of receipt of a written request from CITY, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by CITY, the CONTRACTOR shall make the CONTRACTOR's internal practices, books, and records, including policies and procedures and Protected Health Information, relating to the use and disclosure of Protected Health Information received by the CONTRACTOR from CITY, or created or received by the CONTRACTOR on behalf of CITY available to CITY and/or to the Secretary of the Department of Health and Human Services or designee for purposes of determining compliance with HIPAA and the Contract.
- f. The CONTRACTOR shall document any disclosures and information related to such disclosures of Protected Health Information as would be required for

CITY to respond to a request by an individual for an accounting of disclosures of Protected Health Information in accordance with 42 U.S.C. §17932, 42 U.S.C. § 17935(c), and 45 CFR § 164.528. By no later than three (3) calendar days of receipt of a written request from CITY, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by CITY, the CONTRACTOR shall provide an accounting of disclosures of Protected Health Information regarding an individual to CITY. If requested by CITY or the individual, the CONTRACTOR shall provide an accounting of disclosures directly to the individual. The CONTRACTOR shall maintain a record of any accounting made directly to an individual at the individual's request and shall provide such record to CITY upon request.

- g. In order to meet the requirements under 45 CFR § 164.524, regarding an individual's right of access of PHI, the CONTRACTOR shall, within three (3) calendar days following a CITY request, or as otherwise required by state or federal law or regulation, or by another time as may be agreed upon in writing by CITY, provide CITY access to the Protected Health Information in an individual's Designated Record Set. However, if requested by CITY, the CONTRACTOR shall provide access to the Protected Health Information in a Designated Record Set directly to the individual for whom such information relates.
- h. At the direction of CITY, the CONTRACTOR shall promptly make any amendment(s) to Protected Health Information in a Designated Record Set pursuant to 45 CFR § 164.526.
- i. The CONTRACTOR shall report to CITY's Security Officer any security incident immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. For purposes of this paragraph, security incident shall mean the attempted or successful unauthorized access, use, modification or destruction of information or interference with systems operations in an information system. This does not include trivial incidents that occur on a daily basis, such as scans, "pings," or unsuccessful attempts that do not penetrate computer networks or servers or result in interference with system operations. By no later than three (3) days after the CONTRACTOR becomes aware of such incident, the CONTRACTOR shall provide CITY's Security Officer with a description of any remedial action taken to mitigate any harmful effect of such incident and a proposed written plan of action for approval that describes plans for preventing any such future security incidents.
- j. The CONTRACTOR shall report to CITY's Privacy Officer any unauthorized use or disclosure of Protected Health Information not permitted or required as stated herein immediately upon becoming aware of such use or disclosure and shall take immediate action to stop the unauthorized use or disclosure. By no later than three (3) calendar days after the CONTRACTOR becomes aware of any such use or disclosure, the CONTRACTOR shall provide CITY's Privacy Officer with a written description of any remedial action taken to mitigate any harmful effect of such disclosure and a proposed written plan of action for approval that

describes plans for preventing any such future unauthorized uses or disclosures.

- k. The CONTRACTOR shall report to CITY's Security Officer any breach immediately upon becoming aware of such incident and shall take immediate action to stop the continuation of any such incident. By no later than three (3) days after the CONTRACTOR becomes aware of such incident, the CONTRACTOR shall provide the CITY's Security Officer with a description of the breach, the information compromised by the breach, and any remedial action taken to mitigate any harmful effect of such incident and a proposed written plan for approval that describes plans for preventing any such future incidents.
- l. The CONTRACTOR's reports required in the preceding paragraphs shall include the following information regarding the security incident, improper disclosure/use, or breach, (hereinafter "incident"):
  - 1) The name, address, and telephone number of each individual whose information was involved if such information is maintained by the CONTRACTOR;
  - 2) The electronic address of any individual who has specified a preference of contact by electronic mail;
  - 3) A brief description of what happened, including the date(s) of the incident and the date(s) of the discovery of the incident;
  - 4) A description of the types of Protected Health Information involved in the incident (such as full name, Social Security Number, date of birth, home address, account number, or disability code) and whether the incident involved Unsecured Protected Health Information; and
  - 5) The recommended steps individuals should take to protect themselves from potential harm resulting from the incident.
- m. Notwithstanding any provisions of the Terms and Conditions attached hereto, in order to meet the requirements under HIPAA, the CONTRACTOR shall keep and retain adequate, accurate, and complete records of the documentation required under these provisions for a minimum of six (6) years as specified in 45 CFR part 164.
- n. CONTRACTOR shall not directly or indirectly receive remuneration in exchange for any Protected Health Information without a valid authorization.
- o. If the CONTRACTOR becomes aware of a pattern of activity or practice of CITY that constitutes a material breach of contract regarding CITY's obligations under the Business Associate Provisions of the contract, the CONTRACTOR shall notify CITY's Privacy Officer of the activity or practice and work with CITY to correct the breach of contract.
- p. The CONTRACTOR shall indemnify CITY from any liability resulting from any violation of the Privacy Rule or Security Rule or Breach arising from the conduct or omission of the CONTRACTOR or its employee(s), agent(s) or subcontractor(s). The CONTRACTOR shall reimburse CITY for any and all actual and direct costs and/or losses, including those incurred under the civil penalties implemented by legal requirements, including but not limited to

HIPAA, and including reasonable attorney's fees, which may be imposed upon CITY under legal requirements, including but not limited to HIPAA, arising from or in connection with the CONTRACTOR's negligent or wrongful actions or inactions or violations of the Business Associate Provisions set forth in this Exhibit AA of the Contract.

1.1.4 Obligations of CITY:

- a. CITY shall notify the CONTRACTOR of limitation(s) that may affect the CONTRACTOR's use or disclosure of Protected Health Information.
- b. CITY shall notify the CONTRACTOR of any changes in, or revocation of, authorization by an individual to use or disclose Protected Health Information.
- c. CITY shall notify the CONTRACTOR of any restriction to the use or disclosure of Protected Health Information that CITY or MDHSS has agreed to in accordance with 45 CFR § 164.522.
- d. CITY shall not request the CONTRACTOR to use or disclose Protected Health Information in any manner that would not be permissible under HIPAA.

1.1.5 Expiration/Termination/Cancellation - Except as provided in the subparagraph below, upon the expiration, termination, or cancellation of the contract for any reason, the CONTRACTOR shall, at the discretion of CITY, either return to CITY or destroy all Protected Health Information received by the CONTRACTOR from CITY, or created or received by the CONTRACTOR on behalf of CITY pursuant to the contract, and shall not retain any copies of such Protected Health Information. This provision shall also apply to Protected Health Information that is in the possession of subcontractor or agents of the CONTRACTOR.

- a. In the event CITY determines that returning or destroying the Protected Health Information is not feasible, the CONTRACTOR shall extend the protections of the Business Associate Provisions herein to the Protected Health Information for as long as the CONTRACTOR maintains the Protected Health Information and shall limit the use and disclosure of the Protected Health Information to those purposes that made return or destruction of the information infeasible.

If at any time it becomes feasible to return or destroy any such Protected Health Information maintained pursuant to this paragraph 1.15, the CONTRACTOR must notify CITY and obtain instructions from CITY for either the return or destruction of the Protected Health Information.

1.1.6 Breach of Contract – In the event the CONTRACTOR is in breach of contract with regard to the Business Associate Provisions included herein, the CONTRACTOR shall agree and understand that in addition to the requirements of the Contract related to cancellation of Contract, if CITY determines that cancellation of the Contract is not feasible, CITY may elect not to cancel the Contract, but CITY shall report the breach of contract to the Secretary of the U.S. Department of Health and Human Services.

END

## **Exhibit BB**

# **Driver Guidelines**

## EXHIBIT BB

### DRIVER GUIDELINES FOR SERVICE DELIVERY

Driver must meet all Federal, State, and local safety and compliance standards.

Driver must adhere to all Federal, State, and local traffic laws.

Driver must observe all posted speed limits and must modify driving according to weather hazards.

Driver must not use alcohol prior to or while driving.

Driver must not use any prescribed or patent medication that may impair driving ability prior to or while driving.

Driver must not smoke during transport of passengers.

Driver must not use a cell phone or text device during the transport of passengers.

Driver must properly identify/announce their presence at the entrance of the building or with attending facility staff at the specified pick-up location, if a suitable curbside pick-up is not apparent.

Driver must assure that all passengers are seated before vehicle is put into motion.

Driver must assist each passenger to enter and exit the vehicle as needed.

Driver must assure that passengers enter and exit the vehicle in unobstructed and safe locations.

Driver must encourage passengers to use seat belts properly.

Driver must allow service animals in the vehicle as needed; however, other animals shall not be allowed in the vehicle.

Driver must assure that all packages are safely stored before putting the vehicle in motion.

Drivers must not allow passengers to smoke in the presence of passengers being transported.

Driver must refuse transportation to a passenger who is intoxicated and/ or to a passenger who is too ill or experiencing an emergency health episode.

Driver understands that in the event a driver or passenger feels there is a need for emergency medical assistance, the driver must immediately call 911.

Driver must refuse transportation services to a passenger who has a mobility limitation that prevents safe entry or exit from the vehicle, even with reasonable human or mechanical assistance.

Driver must refuse services to a passenger who demonstrates violent or unruly behavior.

Driver must assure that all passengers are safely in their residence or destination location, or in the care of someone, before departing

## **Exhibit CC**

# **Affordable Care Act - Navigator Program**

## EXHIBIT CC

### Affordable Care Act - Navigator Program

#### Scope of Work

All SLAAA Providers contracted to perform services under funding from the MO Association of Area Agencies on Aging (MA4) will comply with the following Scope of Work:

1. Contractor will have at least one trained individual who has completed the on-line Navigator training at [www.marketplace.medicarelearningnetworklms/Default.aspx](http://www.marketplace.medicarelearningnetworklms/Default.aspx) and has passed the test as required to assist individuals with enrolling in the marketplace.
2. Upon completion of the training, the navigator must print his/her certificate of completion, complete the MO Department of Insurance Navigator License Application, and mail in a \$25 check or money order as indicated: The application can be found at the following link (<http://insurance.mo.gov/otherlicensees/navigators.php>) and must be mailed with the check and certificate of completion to: MO DIFP – Insurance, PO Box 4001, Jefferson City, MO 65102-4001
  - A. The Case Management Coordinator (CMC) will provide detailed instructions on completing the above application.
  - B. Contractor will submit a copy of the official Certificate to the CMC once received.
  - C. Contractor must meet all training requirements necessary to give presentations, provide counseling, and provide application assistance. The training requirements will be determined by the CMC in accordance with the Federal and State policy.
  - D. Contractor must have at least one Navigator attend the monthly trainings and will be reimbursed at the rate specified in the contract per meeting for that attendee.
3. Prior to initiation of Navigator Activities, each Navigator must complete and submit to the CMC:
  - A. The signed Navigator Code of Ethics
  - B. The signed Conflict of Interest Disclosure Statement
  - C. A copy of their Family Care Safety Registry Check and
  - D. A St. Louis City/County Police Department Criminal Background Check.Once said documents have been received, the CMC will contact the Navigator by e-mail giving permission to begin Navigator activities.
4. Contractor will be responsible for providing presentations, outreach and education to raise awareness about the Health Insurance Marketplace and the Affordable Care Act (hereafter referred to as the Marketplace/ACA). These presentations should be at times most convenient to the proposed audience [Note: this might include weekends and evenings].
  - A. Outreach Education Definition - Outreach is a presentation or educational event for a group. This can be a community presentation (e.g. a library presentation), a presentation to civic group or employee group (e.g. small business employees or a community association) or tabling at a community event (e.g. at a health fair passing out information and talking with the public about the Marketplace/ACA).
  - B. Contractor will target low income groups with high numbers of uninsured and underinsured consumers.
  - C. Contractor will target culturally diverse communities including individuals that speak languages other than English and report figures related to reaching limited

English proficiency individuals.

- D. The Contractor will be reimbursed at the rate in the contract per presentation, provided that all presentations are based on the most current, approved MA4 SLAAA PowerPoint®, are at least 15 minutes in length, and that all information and materials are current.
  - E. Contractor will complete the Events portion of the Navigator Report. All outreach activities will be documented in the most current version of the weekly Navigator Report provided by the CMC. The weekly navigator report will be completely filled out for each outreach activity, with all needed data provided. This report will be submitted by the Close of Business every Wednesday.
5. Contractor will provide counseling, per this contract, to persons that may be uninsured or underinsured at a rate specified in the contract. Contractor agrees to use the Counseling Consent Form for all clients and will document counseling activities completely in the "Registration for Assistance" form and the weekly Navigator report.

Counseling Definition - Meeting with a client one on one (including over the phone) to provide education and answer questions about the Marketplace/ACA. This can include screening the person for potential tax credits and/or cost sharing. All counseling activities will be documented reported in the most up to date monthly Navigator Report provided by the CMC. The monthly navigator report will be completely filled out for each counseling session, with all needed data provided.

- 6. Contractor agrees to use SLAAA provided forms for all Navigator activities, including:
  - A. Registration for Assistance
  - B. Marketplace Counseling Consent
  - C. Navigator Code of Ethics
  - D. Conflict of Interest Disclosure Statement
- 7. Contractors must post in their offices the Privacy and Security Standards and post the Privacy and Security Standards at every public event. The Privacy and Security Standards statement will be supplied by the CMC.
- 8. Contractor will provide assistance with enrollments.
  - A. Enrollment Assistance will be documented in the Navigator Report. Enrollment Assistance Definition - an enrollment is any time the navigator assists the person to fill out an application (on paper or at healthcare.gov). It is not necessary to finish and submit the application. All enrollment assistance will be documented in the most current weekly Navigator Report provided by the CMC. The monthly navigator report will be completely filled out for each enrollment assistance, with all needed data provided.
  - B. The number of appointments for a new Qualified Health Plan,
  - C. The number of appointments for renewing a Qualified Health Plan,
  - D. The number of consumers assisted with the various criteria listed in the weekly report (e.g. eligibility determination, creating an account, comparing plans, etc)
- 9. Upon submission of the initial Navigator report, the Contactor will also include an invoice requesting 50% reimbursement for the completion of training of one Navigator, and the MO DIFP Navigator License, for up to the maximum allowed in the contract. When the Contractor has provided services at 50% of the total funding for

contracted services (for counseling, enrollment and outreach/events), the remaining reimbursement for the completion of training may be requested. All invoices must be submitted on agency letterhead and include a signature and date.

10. Contractor may submit in their proposal request for reimbursement of IT supplies directly related to provision of services.
11. The Contractor will
  - A. Comply with and provide services in accordance with the Navigator policies, procedures, and guidelines set forth by the CMC
  - B. Abide by the policies and procedures set forth by SLAAA. Policies and procedures are subject to revision.
  - C. Work cohesively with the CMC and other Navigators to ensure the success of the program.
  - D. E-mail the CMC weekly during the duration of the program to resolve any issues.
  - E. Utilize and implement all forms provided by SLAAA to develop, implement, and evaluate the Navigator program.
12. Contractor will request reimbursement on the monthly SCAR as per SLAAA policy. Upon verification of services provided, SLAAA will request that payment be made to the Contractor
13. Contractors will avoid selling or advertising any items, will avoid promoting religious beliefs, and will avoid bringing in other speakers or guests during Navigator activities. Navigator will avoid recruitment of participants for any type of campaigns.
14. Contractor will keep the participants' identity and contact information confidential. Contractor will use participant's telephone numbers only to follow-up on Navigator related activities. Contractor will follow HIPAA privacy rules. For example, the contractor will keep all Navigator forms with names and phone numbers under lock and key. All electronic forms with names and phone numbers will be stored on password protected computers. Unsecured email will not be used to transmit information with names and phone numbers.
15. Abuse and/or neglect must be immediately reported to the MO DHSS Hotline by calling 1-800-392-0210. The Contractor will then notify the CMC immediately. The CMC will then notify SLAAA's Community Programs Manager.
16. Contractor will assist CMC to ensure handouts and materials are available prior to presentations and Navigator related activities.
17. Contractor will complete any and all tasks agreed upon in writing after the start of this contract.

# **Exhibit DD**

## **Disclosure Form**

## EXHIBIT DD

### Disclosure and Use of Client Information Forms

All SLAAA providers contracted to perform services under this contract will ensure that clients receiving services funded by SLAAA will have the attached Disclosure and Use of Client Information Form signed by the client. All Clients starting after July 1, 2015 will have forms uploaded to the NAPIS database.

All previous versions of this form that have been signed by the client are acceptable. These forms should be uploaded into NAPIS as soon as possible after the upload feature is completed.

Clients who refuse to check the first box and sign this form will no longer be eligible to receive services. All other boxes do not have to be signed.



**DEPARTMENT OF HUMAN SERVICES  
ST. LOUIS AREA AGENCY ON AGING**

1520 MARKET STREET, ROOM 4086  
ST. LOUIS, MO. 63103  
(314) 612-5900 FAX: (314) 612-5915



Francis G. Slay  
MAYOR

William F. Siedhoff  
DIRECTOR

**Instructions for Disclosure and Use of Client Information Forms**

Every client provided with services that are funded in any way by the St. Louis Area Agency on Aging (SLAAA) will be given the 2 page **Disclosure and Use of Client Information** form. Every client will sign the Authorization form which will be retained by the provider agency by uploading the signed form into the NAPIS database. A copy of the form will be given to the client. The following are suggestions for information that should be highlighted to the client regarding the **Disclosure and Use of Client Information** form and instructions for the signed Authorization form. Clients not completing and signing the form will not receive services.

**SLAAA Authorization of Disclosure and Use of Information**

Inform your client that the purpose of this form is to describe how their personal information will be used. In order to provide the client with the services that they have requested their information may need to be shared. For example, if the client needs utility assistance, transportation or minor home repairs, the appropriate agency may need information such as the client's name, address, social security number and date of birth. For this reason, the first box of the Authorization form must be checked, initialed, and the Authorization form must be signed.

**Medicaid Home Delivered Meal (HDM) Program**

This section informs the client that if the state is paying for the clients HDM, they will not be asked to contribute. All clients will check the second box on the Authorization form and initial. Checking this box if a client is not enrolled in Medicaid or the HDM program only means that they understand the information. This is convenient if a client eventually becomes involved in these programs.

**SLAAA Functional Needs Registry**

This section informs the client that if they are eligible, they will be placed on the Functional Needs Registry and their information may be used to assist them if needed. The third box on the Authorization form will be checked and initialed. A client may decline placement on the registry by checking the declination box and initialing it.

**SLAAA Collaborative Projects**

This section informs the client that they may be eligible for other projects which may include research studies and additional assessments. Checking the 4<sup>th</sup> box on the Authorization form **only means that the client wishes to be notified** if they are eligible. If the client is contacted they may decline participation. Please note to the client that participation in such projects may include the offer of additional services or gift cards.

**Confidentiality and Privacy**

This section informs the client that their information is only shared as part of their requested services or as part of their agreed participation.

**Non-Discrimination Policies**

This informs the client that they will not be discriminated against in any form.



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### Disclosure and Use of Client Information

The St. Louis Area Agency on Aging (SLAAA) is a division of the Department of Human Services which serves seniors and people with disabilities living in the City of St. Louis. SLAAA is funded with federal, state and local monies as well as grants and fundraising endeavors. The mission of SLAAA is to enhance the lives of older adults, adults with disabilities, and caregivers, and help them live independently in their own homes by offering a variety of services to meet their needs. To better serve the citizens of the City of St. Louis, SLAAA and their contracted providers routinely collect client information through registration and assessments, questionnaires, and other intake forms. During the registration / assessment process, information regarding the client's medical, social and demographic situation is discussed. The information is considered confidential and is shared only to provide these services. Information may also be used as follows:

#### **Medicaid Home Delivered Meal Program**

Clients who are eligible for Home Delivered Meals (HDM) and have these services reimbursed through the State of Missouri's Medicaid program will not be asked for a contribution for services. SLAAA has the right to certain records of Medicaid Home Delivered Meal participants. Clients consent to the release of information with designated agents when they became eligible for the Medicaid program. This information will only be shared on a need to know basis.

#### **SLAAA FUNCTIONAL NEEDS REGISTRY**

The Functional Needs Registry contains information about individuals residing in the City of St. Louis who may require assistance in the event of an emergency. Eligible applicants include persons of any age with special needs. Such applicants may need assistance with evacuation and/or maintaining independence during emergencies such as power outages, extreme heat, tornadoes, and other disasters in the city. The registry will assist the city in identifying individuals that rely on special medical equipment, oxygen, persons that use wheelchairs, people in need of dialysis, or persons that do not have an available support system in times of emergencies. The registry helps the City, in attempting to contact residents in need of assistance, or their caregivers, during a disaster or other related situation. Placement on the registry does not guarantee assistance.

#### **SLAAA Collaborative Projects**

As a client of SLAAA and/or its contracted providers, you may have the opportunity to participate in collaborative projects such as additional assessments or research studies. Collaborative projects may be established to provide clients with services, to develop programs, or to study issues such as mental health, lifestyles or other community concerns. Agreeing to be contacted regarding projects does not commit a client to participate.

### **Confidentiality and Privacy**

The St. Louis Area Agency on Aging is subject to and must comply with provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPPA) and all regulations promulgated pursuant to authority granted therein. Client information will not be shared with the general public and will only be used to provide services. Participating in SLAAA programs, services and collaborative projects is voluntary. A client may choose not to be placed on the Functional Needs Registry and may choose not to participate in additional projects. Clients have the right to revoke the Authorization of Disclosure and Use of Information at any time and must do so in writing to SLAAA. Authorization is in compliance with federal privacy regulations including the U.S. Department of Health and Human Services privacy rule at 45 CFR 164.508.

Under 45 CFR 160-164, individuals have the right to:

- Request restrictions on certain uses and disclosures; however SLAAA is not required to agree to a requested restriction. If disclosure is required by state or federal law, the consent of the individual is not required and disclosure will be made accordingly.
- Inspect and receive a copy of their health care information.
- Review and amend or update their health care information if inaccurate.
- Receive an accounting of disclosures
- Receive confidential communications of protected health information.
- Receive a paper copy of this notice.

### **Non-Discrimination Policy**

The Department of Human Services, the St. Louis Area Agency on Aging, and its contracted providers shall not discriminate against any person seeking services on the basis of race, color, religion, gender, age, national origin, disability or sexual orientation. It is the policy and practice of SLAAA and its contracted providers to comply fully with federal and state laws, regulations and requirements in respect to non-discrimination, affirmative action, equal employment and civil rights.

For questions or more information regarding SLAAA Disclosure and Use of Client Information policy, please contact the SLAAA Case Management Coordinator at (314) 657-1675.



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MAYOR

William F. Siedhoff  
DIRECTOR

**Authorization of Disclosure and Use of Client Information**

In order to better serve the citizens of St. Louis City, the St. Louis Area Agency on Aging, and its contracted provider, disclose and use client information to provide services. Please check the appropriate boxes, initial next to each one checked, and sign below.

\_\_\_\_\_

I (we) the undersigned have received a copy of the Disclosure and Use of Client Information form. The St. Louis Area Agency on Aging and its contracted providers are authorized to release and/or receive information as part of providing services. I understand that I have the right to revoke this authorization at any time and must do so in writing to the St. Louis Area Agency on Aging. I understand that by refusing to sign this form or by revoking such authorization I will not be eligible to receive services.

\_\_\_\_\_

I (we) the undersigned understand that if Home Delivered Meals are part of my service plan and such meals are reimbursed through the State of Missouri Medicaid program, I will not be asked to supplement such services with contributions.

\_\_\_\_\_

I (we) the undersigned hereby authorize the St. Louis Area Agency on Aging to place me and/or my family on the Functional Needs Registry if eligible, in order to better identify my needs and assist in an emergency situation. I realize that placement on the registry does not guarantee assistance.

\_\_\_\_\_ I do not wish to be placed on the Functional Needs Registry.

\_\_\_\_\_

I (we) the undersigned do hereby authorize the St. Louis Area Agency on Aging to contact me if I am eligible for collaborative projects.

Printed Name of Client / Legal Guardian (circle)	Street Address / Zip Code
Signature of Client / Legal Guardian (circle)	Date
Printed Name of Agency Staff	Name of Provider Agency
Signature of Agency Staff	Date

*Signed form to be uploaded into NapisPak. Provider will verify Name/Address before input.*

## **Exhibit EE**

# **Medicaid Assessment / Reassessment**

## EXHIBIT EE

### MO DHSS Medicaid Assessments and Reassessments

#### Scope of Work

SLAAA Providers contracted to perform assessments or reassessments of Medicaid clients for the MO Department of Health and Senior Services (DHSS) and funded by Medicaid will comply with the following Scope of Work:

1. Contractor will complete the DHSS approved Assessment and/or Reassessment Training and pass the test (80%) as required. Staff must meet state requirements for minimum work experience and/or education.
2. Upon completion of the training, the Contractor will:
  - A. Submit a copy of the official Certificate to the SLAAA Case Management Coordinator (CMC). If training was provided by SLAAA, internal SLAAA documentation is sufficient.
  - B. Meet all training requirements as determined by the CMC in accordance with the State, City, and agency policies.
  - C. Attend the quarterly training meetings and be reimbursed at the rate specified in the contract per meeting.
3. Prior to initiation of Assessment and/or Reassessment Activities, each Contractor must complete and submit to the CMC:
  - A. The signed Reassessment Code of Ethics
  - B. A copy of their Family Care Safety Registry Check
  - C. A St. Louis City/County Police Department Criminal Background Check

Once the documents have been received, the CMC will contact the Contractor by e-mail giving permission to begin Assessment and/or Reassessment activities.

4. Contractors will receive a list of clients needing to be assessed or reassessed monthly from the CMC. Contractors will contact the client to schedule the assessment or reassessment. Contractor agrees to use the Disclosure and Use of Client Information Forms for all clients and will document:
  - A. If they are able to make contact with the individuals
  - B. Whether the client has met level of care criteria for long term care services
  - C. Whether the client is referred for case management services
  - D. What date the complete reassessment was entered into the Cyber Access System
5. The Contractor will:
  - A. Comply with and provide services in accordance with the assessment or reassessment policies, procedures, and guidelines set forth by the CMC.
  - B. Abide by the policies and procedures set forth by SLAAA. Policies and procedures are subject to revision.
  - C. Work cohesively with the CMC and other Contractors to ensure the success of the program.
  - D. Maintain contact with the CMC on a weekly basis during the duration of the program to resolve any problems.
  - E. Submit a weekly progress report at least every Monday via MyVaultMail

- F. Utilize and implement all forms provided by SLAAA to develop, implement, and evaluate the Assessment and/or Reassessment Program.
  - G. Ensure that all activities are reported in the Monthly Report by the 15th of every month.
  - H. Ensure that all client registration data is entered into the NAPIS database and a unit of service is entered as directed.
6. Contractor will request reimbursement, per SLAAA policy, monthly by the third business day. Upon verification of services provided, SLAAA will request that payment be made to the Contractor.
  7. Contractors will avoid promoting their agency in-home service program and related business activities.
  8. Contractor will keep the participants' identity and contact information confidential. Contractor will use the MyVaultMail (secure Email) process to receive and send client lists and/or client data. Contractor will use participant's telephone numbers only to follow-up on Assessment and/or Reassessment or Case Management related activities. Contractor will follow all HIPAA privacy rules.
  9. All Abuse and/or neglect must be immediately reported to the MO DHSS Hotline by calling 1-800-392-0210. The Contractor will then notify the CMC immediately.
  10. The CMC will assist the Contractor to ensure handouts, and necessary equipment and materials are available prior to Reassessment related activities.
  11. Contractor will complete any and all tasks agreed upon in writing after the start of this contract.

## **Exhibit FF**

# **Money Follows the Person**

## EXHIBIT FF

### Money Follows the Person

#### Scope of Work

The Centers for Medicare and Medicaid Services (CMS) awarded a Money Follows the Person (MFP) Demonstration grant to Missouri in January, 2007. The demonstration was awarded for the time period of January 1, 2007, and has been renewed through September 30, 2016 with an additional four years to spend any awards.

The overall goal of MFP is "to support people who have disabilities and those who are aging to move from a nursing facility or habilitation center to a quality community setting that meets their needs and wants."

CONTRACTORS participating in the MFP program through the City of St. Louis and funded by Medicaid will be reimbursed as indicated below and will comply with the following:

1. The Contractor will complete the MO DHSS approved training, if required, and will have met all qualifications as required to participate in the program.
2. All services conducted by the Contractor, with the exception of the Supplemental Services, will be considered Case Management services. In the event that Medicaid does not reimburse the Case Management Units for a particular Client, those units will be reimbursed through the Title III Supportive Services Program.
3. The Contractor will follow the processes described throughout this exhibit. Exceptions to these processes may be requested from the SLAAA Community Programs Manager (CPM). No action will be taken until approval has been given.
4. Referral Process
  - A. Non-Section Q. Referral
    - a. If a participant or NH contacts the CONTRACTOR indicating a participant is interested in transitioning to the community, this is a Non-Section Q. Referral. CONTRACTOR will contact the (CPM), at SLAAA within 24 hours of the notification by phone 314-657-1669.
    - b. The CPM will immediately contact the MFP Regional Coordinator for approval to conduct Options Counseling.
    - c. Once approved by the MFP Regional Coordinator, the CPM will immediately notify CONTRACTOR to initiate the Options Counseling process and the CONTRACTOR will initiate the process.
  - B. Section Q. Referral
    - a. The NH Social Worker should complete the Section Q. Referral as part of the MDS which is administered every 90 days.

- b. Section Q Referrals are e-mailed to the CPM. The same day the referral is received, the referral is sent to the CONTRACTOR.
  - c. The CONTRACTOR will then initiate the Options Counseling process.
4. Options Counseling
- A. Purpose of the Options Counseling meeting is to educate participants on options and determine participant's eligibility.
  - B. CONTRACTOR shall discuss any concerns the nursing home has regarding the participant's ability to safely transition to a community setting prior to the Options Counseling session.
  - C. The CONTRACTOR will attempt to make contact with parties involved with Options Counseling within 24 hours of being notified of the approval. The Options Counseling session will be scheduled within 3 working days. The date to meet will be agreed upon by CONTRACTOR and client. If cancelled, a session must be rescheduled at the time of cancellation or as soon as possible. The Options Counseling Session will take place within 9 working days.
  - D. The participant is allowed to have persons present for the Options Counseling.
  - E. At a minimum, finances, housing options, and identified support systems will be discussed during the Options Counseling session. A checklist will be used to ensure the minimum discussion topics are covered during the Options Counseling session. CONTRACTOR will complete the MFP Options Counseling Tool during the Options Counseling session. Once completed, CONTRACTOR will try to complete the ma4 assessment.
  - F. CONTRACTOR will determine if the participant anticipates moving within the State of Missouri.
  - G. CONTRACTOR shall provide the participant with a listing of community resources, which shall include all available resources regardless of how the resource is funded.
  - H. Upon completion of the counseling session, CONTRACTOR will obtain the participant's signature verifying the date of the counseling session.
  - I. CONTRACTOR will notify the nursing facility and the CPM of the date and outcome of the counseling session within two (2) working days.
  - J. CONTRACTOR shall document all information pertaining to the services identified herein from the date of referral through completion of the Options Counseling session within five (5) business days in a case record.
  - K. To be eligible, a participant must have resided in a nursing facility for no less than 90 consecutive days (minus Medicare paid days and minus days in the nursing home for rehabilitation), the participant must move within the state of Missouri, and the participant must be eligible for Medicaid for at least one day

and maintain Medicaid eligibility through the transition. CONTRACTOR will complete the Attachment K Referral Notification if the client is either not eligible or not interested in transitioning. CONTRACTOR will fax the form to the CPM.

- L. The MFP Regional Coordinator will assess the results of the Options Counseling session, and possibly talk to the client. If the client is not eligible, the MFP Regional Coordinator will then send an adverse action notice to the participant.

5. Transitioning

- A. If the participant meets level of care (LOC) determined by the MFP Regional Coordinator, the CPM will be sent the "Eligibility Approval Notification." The CPM will immediately notify CONTRACTOR of the approval.
- B. CONTRACTOR will schedule a face-to-face meeting with the participant within two (2) working days of the MFP approval notification. CONTRACTOR shall hold the meeting within five (5) working days of the approval notification. CONTRACTOR will focus on inviting all involved parties including but not limited to: the participant, participant approved family members, legal representatives, the NH discharge planner, and MFP Regional Coordinator. The transition plan will be developed along with the involved above parties.
- C. CONTRACTOR will provide the nursing facility and participant with all brochures and pamphlets provided by the Regional MFP Coordinator. CONTRACTOR will ensure the following brochures are available for distribution: MFP brochure, Missouri's Guide for Housing Assistance Programs, Our Parents, Ourselves, Silence is Not Golden.
- D. A transition plan is necessary to move from a licensed, skilled nursing facility to one of the following: a home owned or leased by the individual or the individual's family member; an apartment with an individual lease; or a residence, in a community-based residential setting (no more than four non-related people).
- E. The CONTRACTOR will complete the approved Transition Plan. The participant must identify a minimum of three (3) individuals which the participant may contact in the event of an emergency. The CONTRACTOR will contact the emergency contact persons to alert them that they are listed.
- F. The CONTRACTOR shall tour the housing unit identified in the transition plan to ensure safety and accessibility of the MFP participant. If concerns are identified, CONTRACTOR shall discuss the concerns with the CPM. The CPM will immediately notify the MFP Regional Coordinator. The state agency shall have the final authority to determine if the housing is safe and accessible for the MFP participant.
- G. The CONTRACTOR will send the transition plan to the CPM within two (2) working days upon completion. The CPM will immediately submit the transition plan to the MFP Regional Coordinator.

6. Services Funds Requested for Transition
  - A. Maximum amount to be requested per participant is \$2,400.
  - B. CONTRACTOR will only be reimbursed for items that have been approved by the state.
  - C. Prior to transition, CONTRACTOR will submit an itemized form, Attachment E, that will be submitted to the CPM. The CPM will fax the form to the state for approval to spend the funds. Once approved, the CPM will notify CONTRACTOR of approval to spend the funds.
  - D. CONTRACTOR will keep all receipts pertaining to the MFP transition. CONTRACTOR will submit a copy of receipts to the CPM. CONTRACTOR will only be reimbursed for amount on receipts minus the tax amount. CONTRACTOR should use their tax exempt status when purchasing items.
  - E. CONTRACTOR will document the transition process and the steps taken toward transition. CONTRACTOR will update the CPM at least monthly regarding the status of the applicant's transition.
  - F. The CPM can not bill for the supplemental funds until the client has remained in the community for at least 24 hours. The CPM will notify CONTRACTOR when SLAAA has received the supplemental funds. CONTRACTOR will then bill SLAAA to receive reimbursement.
  - G. In the event that anticipated funds are not received the CPM has the responsibility to notify the subcontractor, in writing, that invoices will not be reimbursed.
7. After Transition
  - A. CONTRACTOR will help the participant with Case Management needs which enable them to live in the community for up to a year. During that time, CONTRACTOR will conduct at a minimum of two (2) face to face meetings during the first three (3) months the individual resides in the community. After the first three (3) months, CONTRACTOR shall then visit at a minimum of one (1) time per month until the individual has been in the community for 365 days, excluding any days which the participant was hospitalized or re-institutionalized. If an individual is hospitalized or re-institutionalized, CONTRACTOR will help the participant transition back into the community.
  - B. Quality of Life (QOL) Surveys will be administered at the nursing facility. A second QOL will be completed at the completion of the first year. The QOL survey is requested by the central office Contract Oversight MFP staff and scheduled by the MFP Project Director's support staff. CONTRACTOR will assist in helping surveyors locate the participants for the 2<sup>nd</sup> QOL survey at the completion of the first year.
  - C. CONTRACTOR will document all information pertaining to the services identified from the date of the transition through completion of the MFP

program. Services will be documented within five (5) business days of providing the service. Notes will be entered into the web based system once it is in place.

- D. Abuse/neglect must be immediately reported to the MO DHSS Hotline 1-800-393-0210. The Contractor will then notify the CPM immediately. The CPM will then immediately notify the MFP Regional Coordinator.
- E. All reimbursement is contingent upon documentation of services provided.
- F. In the event that anticipated funds are not received the CPM has the responsibility to notify the subcontractor, in writing, that invoices will not be reimbursed.



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES  
 DIVISION OF SENIOR AND DISABILITY SERVICES

**MONEY FOLLOWS THE PERSON REQUEST FOR SUPPLEMENTAL TRANSITION FUNDS**

VENDOR NAME			
PARTICIPANT'S NAME AND COMMUNITY ADDRESS		DCN	
AMOUNT REQUESTED		TRANSITION DATE	
Indicate the items needed by the participant and anticipated cost of each item.			
ITEM	COST	ITEM	COST
Rent Deposit		Household Items:	
Utility Deposits		• Dishes	<input type="checkbox"/>
Cleaning Supplies:		• Utensils	<input type="checkbox"/>
• Dish Soap	<input type="checkbox"/>	• Pots/Pans	<input type="checkbox"/>
• Mop/Bucket	<input type="checkbox"/>	• Cups/glasses	<input type="checkbox"/>
• Dish Cloths/towels	<input type="checkbox"/>	• Measuring cups/spoons	<input type="checkbox"/>
• Laundry Detergent	<input type="checkbox"/>	• Mixing/serving bowl	<input type="checkbox"/>
• Broom/dust pan	<input type="checkbox"/>	• Leftover storage containers	<input type="checkbox"/>
• All-purpose cleaner	<input type="checkbox"/>	• Can Opener	<input type="checkbox"/>
• Other:	<input type="checkbox"/>	• Trash can	<input type="checkbox"/>
Toiletries:		• Garbage bags	<input type="checkbox"/>
• Razor	<input type="checkbox"/>	• Towels	<input type="checkbox"/>
• Soap	<input type="checkbox"/>	• Sheets	<input type="checkbox"/>
• Shampoo	<input type="checkbox"/>	• Blanket	<input type="checkbox"/>
• Toothpaste/denture cleaner	<input type="checkbox"/>	• Pillow	<input type="checkbox"/>
• Deodorant	<input type="checkbox"/>	• Toilet paper	<input type="checkbox"/>
Furniture:		• Clock	<input type="checkbox"/>
• Bed	<input type="checkbox"/>	• Other:	<input type="checkbox"/>
• Kitchen table	<input type="checkbox"/>	Groceries*	
• Chair	<input type="checkbox"/>	Miscellaneous Items (explain below)	
• Sofa	<input type="checkbox"/>		
• Other:	<input type="checkbox"/>		
NAME OF THE PERSON REQUESTING THE FUNDS		DATE	

\*Note: Food pantries, churches, and other sources of obtaining food should be considered before requesting funding for groceries. This category is limited to basic food needs and is a **one-time only** expense.

Please submit this form via fax to the Bureau of Program Integrity (BPI) at 573/526-5047. BPI staff will notify you at time of approval, adjustment, or denial of requested funds.

# **Exhibit GG**

## **Home Meds**

## EXHIBIT GG

### HOMEMEDS PROGRAM

#### Scope of Work

The HomeMeds program is an evidence-based program that addresses medication safety in the home. It is a technology-assisted intervention designed to support non-medical providers to collect and record medication information in the home. The program identifies potential medication issues and generates alerts to be reviewed by a pharmacist.

SLAAA seeks to contract with a Pharmacist or community entity to review medications and comply with the following Scope of Work. Additional contract specifics will be negotiated after funding sources are determined.

All Contractors participating in the HomeMeds program through the City of St. Louis will:

1. Complete the approved training, if required, and meet all qualifications as required to provide services for this program.
2. Follow the processes described throughout this exhibit.
3. Review all alerts generated by the HomeMeds software. The PROVIDER will collect any required follow-up information from the case manager, patient, or family. When advisable, PROVIDER may complete home visit.
4. Generate and send a recommendation letter to the physician when indicated.
5. Document status of recommendation, and record any follow-up communication with physician.
6. Communicate any issues with the Healthcare Coordinator.
7. Receive reimbursement upon completion of review and follow-up communication of all alerts.

**Exhibit HH**

**Vendor Transportation  
Application**

## EXHIBIT HH

### Vendor Transportation Application

All BIDDERS wanting to contract for Vendor Transportation Services must provide the requested information. Please answer the following questions in a separate document (Attachment Z)

1. **Name of Organization**
2. **References:** List the name & phone numbers of three transportation contracts you previously were awarded. If you do not have three contracts, list as many as you have had and specify the time you have been performing this service and for whom.
3. **List** any of the following programs that your organization's transit system has or is currently participating in:  
\_\_\_\_ Section 5309, \_\_\_\_ Section 5310; \_\_\_\_ Section 5311  
\_\_\_\_ MO Elderly & Handicapped Transportation Assistance Program (MEHTAP);  
\_\_\_\_ Motor Carrier Safety Certification;  
\_\_\_\_ Medicaid Non-Emergency Medical Transportation (NEMT).
4. **Describe** the transportation services you will be providing in order to meet the goals of Vendor Transportation as listed in **Exhibit S, Part 3**.
5. **Provide documentation of the following required SLAAA standards:**
  - (a) Appropriate legal license/certificates for operations
  - (b) Appropriate legal driver license for drivers
  - (c) Proof of meeting state minimums for auto insurance
  - (d) Proof of passing state vehicles safety inspection and/or vehicle emission test for all vehicles servicing SLAAA clients
  - (e) Moving Violation Report for drivers
  - (f) Family Care Safety Registry background check for all drivers; City and County Background Check for all drivers; MO Sex Offender Registry check for all drivers
  - (g) Health verification of drivers' ability to assist passengers on and off the vehicles
  - (h) Documentation of drivers' training plan that includes: Basic First Aid, Defensive Driving, Methods of Assisting Passengers with Mobility Limitations
  - (i) Certificates of Bonding/Workers Comp/Vehicle & Liability Insurance (Attachment F).
  - (j) Current list of vehicles that will be used to transport SLAAA passengers. List VIN, passenger capacity, lift information, model, year, and type.

If you do not possess the above documentation, state how you will come into compliance [steps and timeline] prior to the start of the service under this contract.

6. **Service Area:** Describe the service area. What areas will clients be picked up from and where will they be taken? County and Citywide transportation is preferred.
7. **Please list Days of Service and Hours of Service**
8. **Referrals:** What is the referral process to request transportation? How much notice do you require?
9. **Rates of Service:** Provide documentation of your publicly advertised rates for transporting the general public. Specify the discount you will provide SLAAA, if any. This is supported by the Bid Submission Sheets (Attachment D)
10. **Accessibility:** How will you provide services to persons with physical disabilities?
11. **Unique features:** Describe the unique features of your organization's transit services. For example, if you have flexible service hours, door-to-door services, weeknight and/or weekend services, passes/coupons or a voucher system in place.
12. **Training:** Assurance that training for drivers has included Methods of Assisting Passengers with Mobility Limitations, Training in Proper Loading, Unloading And Wheelchair Tie-Down Procedures for drivers responsible for transporting passengers in wheelchairs. If Vendor has not provided stated trainings, Vendor must state how they will come into compliance [steps and timeline] prior to the start of the contract.
13. State that the Vendor has read and agrees to the guidelines in **Exhibit II**.

**Exhibit II**

**Vendor Transportation  
Guidelines**

## **EXHIBIT II**

### **VENDOR GUIDELINES FOR SERVICE DELIVERY**

Vendor/driver shall ensure that services available to SLAAA passengers exceeds or is comparable in quality to services available to the general public.

Vendor agrees to respond to complaints within forty-eight (48) hours to provide resolution and/or a corrective action plan.

Vendor must prominently show the Vendor's business name on the outside of the vehicle for security purposes.

Vendor must provide transportation services as ordered by SLAAA and accepted by the vendor in an efficient and timely manner.

Vendor must give the passenger a ½ hour "window", fifteen (15) minutes before and after ideal pick-up time, ensuring the passenger will arrive on time for the appointment.

Vendor must establish, where applicable, an internal schedule for the passenger's return "will call" trip pick-up which does not impose unreasonable waiting time for the passenger, not to exceed one (1) hour maximum from time of passenger's call.

The wait time for a pre-scheduled return trip, such as dialysis, rehabilitation, etc., after an appointment, shall not exceed thirty (30) minutes.

Vendor must not cause a passenger to arrive more than thirty (30) minutes prior to an appointment, unless requested or pre-authorized by SLAAA or the passenger.

Vendor must allow a minimum of five (5) minutes "wait time" at pick-up location for scheduled passenger(s) to enter vehicle.

Passengers that call the Vendor directly (except for the "will call" situation or if prior authorization has been received from SLAAA to schedule trips) must be notified to call the SLAAA Transportation Coordinator ( 314-612-5918) to arrange and authorize their transportation.

Vendor agrees to complete any pre-scheduled round trips even under the circumstance when the medical service extends past the approximate expected completion time.

Vendor understands that, due to disability, age or mental condition, some passengers utilizing SLAAA services require assistance and/or the use of an escort/attendant. The escort/attendant must be recruited by the passenger. Such escort/attendant's travel is to be provided by the Vendor free of charge.

Vendor will instruct drivers to not use wheelchair lift devices for the loading and unloading of passengers unless a wheelchair is used and the lift meets all ADA Accessibility Guidelines.

**EXHIBIT II**  
**VENDOR GUIDELINES FOR SERVICE DELIVERY**

If a Vendor uses a wheelchair lift van for ambulatory passengers, the lower ambulatory rate must apply.

Vendor must maintain a signed trip or log sheet, or an individual voucher for each leg of the trip. The daily trip log sheet must include: Vendor's Name, Driver's Name Printed, Driver's Signature, Passenger's Signature (for each leg of the trip), Passenger's Name Printed, Date, Pick-up Address, Drop-off Address, Exact time of Drop-off, Indication of Ambulatory or Wheelchair.

Vendor understands records requested by SLAAA must be original documents sent at Vendor's expense, and will not be returned. Vendor must maintain copies at their expense.

Vendor must not require the passenger to sign the trip/log sheet on any leg of the trip that is not completed; to include passenger no-shows.

Vendor understands lack of passenger signatures or date of transport may result in SLAAA denial of the payment to Vendor or the recoupment of trip charges.