

RESOLUTION APPROVING SENIOR LEVY SERVICES CONTRACT AMENDMENT FOR PERSONAL CARE SERVICES, ACDJFS CONTRACT NO. 23-4016-S

WHEREAS, Patrick Arcaro, Director of the Ashtabula County Department of Job & Family Services has presented a Contract Amendment for the approval of the Board, to-wit:

Original Contract Date: January 1, 2023 **Contract No.** 23-4016-S

Provider: Country Neighbor Program, Inc. 39 South Maple Street, Orwell, OH 44076

Service: Amendment to Senior Levy contract, increase funds.

Amendment: Article V-Availability of Funds:
Increases available funds in the amount of **\$10,000.00**

Total available funds increase from **\$36,600.00 to \$46,600.00**

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio that the Contract Amendment is approved in accordance with the copy now on file in this office.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2023-575

November 21, 2023

**RESOLUTION APPROVING SENIOR LEVY SERVICES CONTRACT AMENDMENT
FOR PERSONAL CARE SERVICES, ACDJFS CONTRACT NO. 23-4016-S**

Upon the motion of Kathryn L. Whittington, seconded by Casey R. Kozlowski.


VOTE:

**Casey R. Kozlowski
Kathryn L. Whittington
J.P. Ducro IV**

**Aye
Aye
Absent**

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.


Crystal Sturgill, *Acting* Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

**SENIOR SERVICES LEVY
SUBGRANT AGREEMENT
IN-HOME CARE**

This Subgrant Agreement is entered into on the 1st day of January, 2023 between the Ashtabula County Job and Family Services and The Ashtabula County Board of County Commissioners or its governing body (hereinafter referred to as the “Grantor”) and Country Neighbor Program, Inc., located at 39 South Maple Street Orwell, Ohio 44076 to provide Personal Care Services to individuals determined eligible for this service, provided with Ashtabula County Senior Services Levy funds.

Therefore, in consideration of the mutual covenants contained in this Subgrant Agreement, the parties agree as follows:

1. **Purpose of the Subgrant:** Subject to the terms and conditions set forth in this Subgrant Agreement and the attached exhibits (such exhibits are deemed to be part of this Subgrant Agreement as fully as if set forth herein), Grantor agrees to provide funding for, and the Subgrantee agrees to furnish to, eligible individuals those specific services detailed in Exhibit I (the RFP and Subgrantee’s Proposal) of this agreement.

2. **Responsibilities of Grantor:**
Grantor agrees to:
 - A. Provide funding to Subgrantee in accordance with this Subgrant Agreement and state and local laws.
3. **Responsibilities of Subgrantee:**
Subgrantee agrees to:
 - A. Ensure the funds subject to this Subgrant Agreement are used in accordance with conditions, requirements and restrictions of federal, state and local laws, as well as the terms and conditions of the Subgrant Agreement.
4. **Effective Date of the Subgrant:** This Subgrant Agreement will be in effect from January 1, 2023, through December 31, 2023.
5. **Renewal Option:** Subject to renewal, at Grantor’s option, for up to two (2) additional time periods unless otherwise terminated.
6. **Availability of Funds:** Payments for services provided in accordance with provisions of this Subgrant are contingent upon availability of Senior Services Levy funds allocated for this service. The total amount of reimbursement available under this Subgrant Agreement will not exceed:

Personal Care: \$36,600.00 and shall not exceed the actual cost of service.
7. **Unit Cost:** Subject to the limitations specified in Article 6 hereof, the amount to be paid for each unit of service will be based on the following criteria and remain in effect for the duration of the Subgrant Agreement Period:

\$30.50 per unit of Personal Care as described in Exhibit II (subgrantee budget)(A unit = one hour of direct service)

8. **Payment:** The Subgrantee will submit a detailed invoice to Grantor on a monthly basis in a format approved by Grantor. Monthly invoices must be received by Grantor no later than 15 days following the month of service provided. Grantor will review such invoices for completeness and any information necessary before making payment within forty-five (45) days after receipt of an accurate invoice. Payments based on the unit rate will be reconciled periodically to ensure that total payments do not exceed total actual expenses for the Subgrant period. Subgrantee will submit actual expenses monthly for items included in the Subgrantee budget in a format approved by Grantor. Participant donations must be reported as required by Grantor.
9. **Client Database:** Subgrantee is required to submit to ACJFS a roster (in an Excel or Excel compatible electronic file format) of all clients being served by program category. The file is to include: client name, address, township, and age. The file is to be submitted within the month of January. After the initial file is provided, the Subgrantee will submit to ACJFS monthly included with the monthly invoice, the names of any new clients added for the month with the same demographic information and the names of those clients who are no longer receiving services from the previous month.
10. **Invoice Format:** Subgrantee's invoice will consist of:
- (1) A one-page summary invoice signed by an authorized representative and will include:
 - Subgrant Agreement number
 - Service month and year
 - Subgrantee's name, address, telephone number and billing contact person's name
 - Total amount invoiced for the month
 - (2) A spreadsheet (or another approved format agreed to by both Grantor and Subgrantee). Subgrantee will include all service provided during the service month on the spreadsheet and the following information for each client served:
 - Date of Service
 - Client last name
 - Client first name
 - Client Contact Information (Address, Phone Number)
 - Number of Units of Service Received
 - Client Township of Residence
 - Total number of non-duplicated clients served per month by township of residence
 - Total number of non-duplicated clients served per month by age, 60-64, 65-75, 76-85 and 86+
 - Monthly waiting list report relevant to the requirements of the RFP
11. **Eligibility of Services:** Residents of Ashtabula County, age 60 and older, who meet all eligibility criteria for this program, are eligible for services provided under this agreement. (See Exhibit I for further eligibility criteria.) Subgrantee will perform client intake and determine eligibility.
12. **Priority of Service:** The Subgrantee agrees to provide service immediately to clients identified as a "Priority" by ACJFS Adult Protective Services. "Non-Priority" Adult Protective Services referrals should follow the standard assessment process. All Adult Protective Services clients must be assessed every ninety (90) days for need.

13. **Monetary Transactions:** There shall not be any exchange of money between a Senior Levy client and Subgrantee's staff. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.
14. **Handling of Medications:** Subgrantee's staff will not pick up and/or deliver over the counter or prescription medications to a Senior Levy client. Exceptions to this article can be made by the Senior Services Levy Program Administrator through discussion with the Subgrantee.
15. **Restriction of Client Transportation:** This Subgrant Agreement does not provide for the transportation of Senior Levy clients.
16. **Duplicate Billing:** The Subgrantee warrants that claims made to Grantor for payment shall be for actual services rendered to eligible individuals and do not duplicate claims made by the Subgrantee to other sources of funds for the same service.
17. **Amendment of the Subgrant Agreement:** This Subgrant Agreement may be amended at any time by a written amendment signed by all parties.
18. **Termination:**
 - (A) In the event that the Subgrantee does not faithfully and promptly perform its responsibilities and obligations under this agreement, Grantor may terminate the agreement by providing the Subgrantee with written notice thirty days in advance of the termination date. Grantor will take appropriate action to recover funds that are not used in accordance with the conditions, requirements or restrictions applicable to funds provided.
 - (B) In the event that Grantor does not faithfully and promptly perform its responsibilities and obligations under this agreement, the Subgrantee may terminate the agreement by providing Grantor with written notice thirty days in advance of the termination date.
 - (C) This agreement may be terminated by mutual agreement of the parties. If terminated under this provision, the effective date of termination will be thirty days after the date on which the two parties reach their decision.
 - (D) Notwithstanding sections (A), (B), and (C) of this Article, if the funds designated for the service are not available, or substantially reduced to Grantor in an amount adequate to support the activities under this agreement as determined by Grantor, Grantor may terminate this Subgrant . Such termination is not subject to advance written notice but will be effective on the date funds are no longer available, or later as stipulated by Grantor and all reimbursement to the Subgrantee will cease as of that time.
19. **Subcontracting:** Subgrantee must perform all duties contemplated by this Subgrant Agreement. None of Subgrantee's duties or actions pursuant to this Subgrant Agreement may be subcontracted, nor shall this Subgrant Agreement be assigned, or any subawards made by Subgrantee, without the prior express written authorization of Grantor. All such subcontracts shall be in the same form as this Subgrant Agreement and subject to the same terms, conditions, and covenants contained herein. No such subcontracts shall in any case release the Subgrantee of their liability under this Subgrant Agreement. The Subgrantee is responsible for making direct payment for such services.

Any subgrants made by Subgrantee to a unit of local government, university, hospital, other nonprofit, or commercial organization will be made in accordance with 45 CFR 92.37 and will impose upon any subgrantee(s) the requirements of 45 CFR Part 74 and 45 CFR Part 92, as applicable, as well as federal, state and local law. Any award of a subgrant to another entity shall be made by means of a subgrant agreement which requires the entity awarded the county subgrant to comply with all conditions, requirements, and restrictions applicable to Subgrantee regarding the grant that Subgrantee subgrants to the entity including the conditions, requirements, and restrictions of section 5101.21 of the Revised Code.

Procurement: While Subgrantee and its subgrantee's may use their own procurement procedures, the procedures must conform to all applicable federal, state, and local laws, including, as applicable, 45 CFR 92.36 and 45 CFR 74.40 through 45 CFR 74.48. In the event of conflict between federal, state, and local requirements, the most restrictive must be used.

20. **Financial Records:** The Subgrantee shall maintain independent books, records, payroll, documents, accounting procedures and practices which sufficiently and properly reflect all direct and indirect costs of any nature expended in the performance of this agreement. Such records shall be subject at all reasonable times for inspection, review, or for audit by duly authorized federal, state, and Grantor personnel. Such records shall also be subject to inspection by the individual or entity selected for the audit required by this Subgrant Agreement.
21. **Responsibility for Audit Exceptions:** The Subgrantee agrees to accept responsibility for receiving, replying to, and/or complying with any audit exceptions by appropriate state or federal authorities directly related to the provisions of this agreement. Subgrantee agrees to take prompt corrective action, including paying amounts resulting from an adverse finding, sanction, or penalty, If Grantor or the Ohio Auditor of State determines compliance has not been achieved.
22. **Availability and Retention of Records:** All records relating to costs, work performed, and supporting documentation for invoices submitted to grantor by the Subgrantee shall be retained and made available by the Subgrantee for audit by the State of Ohio (including but not limited to ODJFS, the Auditor of the State of Ohio, Inspector General, or duly appointed law enforcement officials and agencies of the United States government) for a minimum of three years after payment under this agreement. If an audit is initiated during this time period, the Subgrantee shall retain such records until the audit is concluded and all issues resolved.
23. **Confidentiality:** The Subgrantee agrees that information concerning eligible individuals shall only be used in support of the service program. Disclosure of information for any other purpose is prohibited except upon the written consent of the eligible individual. Both the Subgrantee and Grantor will complete the necessary consent forms with participants so that information can be exchanged as needed.
24. **Civil Rights:** Grantor and the Subgrantee agree that as a condition of this agreement there shall be no discrimination against any client or any employee because of race, color, sex, religion, national origin, or any factor as specified in Title VI of the Civil Rights Act of 1964 and subsequent amendments. In addition, the Subgrantee agrees to provide assistance to persons with Limited English Proficient (LEP) in their programs and activities as further outlined in Executive Order 13166, reprinted at 65 FR of the Title VI Civil Rights Act. It is further agreed that the Subgrantee will comply with all appropriate federal and state laws regarding such discrimination and the right to any method of appeal will be made available to all persons served under this Subgrant Agreement.

Any non-compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.

25. **Limitation of Liability:** To the extent permitted by law, Grantor agrees to be responsible for any liability directly relating to any and all acts of negligence by Grantor. To the extent permitted by law, Subgrantee agrees to be responsible for any liability directly relating to any and all acts of negligence by Subgrantee. In no event shall either party be liable for any indirect or consequential damages, even if Grantor or Subgrantee knew or should have known of the possibility of such damages.
26. **Indemnity and Insurance:**
- (A) Indemnity: Subgrantee agrees that it will at all times during the existence of this Subgrant Agreement indemnify and save harmless Grantor and the Ohio Department of Job & Family Services and their employees, and the Ashtabula County Board of Commissioners, against any and all liability, loss, damage, and/or related expenses incurred through the provision of services under this Subgrant Agreement.
- (B) Insurance: The Subgrantee agrees to contract for such insurance as is reasonably necessary to adequately secure the persons and estates of eligible individuals against reasonable foreseeable torts which could cause injury or death.
27. **Monitoring and Evaluations:** Grantor and the Subgrantee will monitor the manner in which the terms of the agreement are being carried out. Grantor reserves the right to schedule monitoring visits at regular intervals or may request detailed reports from the Subgrantee. The Subgrantee agrees to provide Grantor with reports relative to the effective operation of the program as specified in Exhibit I. Grantor may perform at least one on-site monitoring visit throughout the Subgrant Agreement period.
28. **Accessibility to the Handicapped:** The Subgrantee agrees as a condition of this Subgrant Agreement to comply with Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794), all requirements imposed by the applicable HHS regulations (45 CFR, Part 84) and all guidelines and interpretations issued pursuant thereto. Any agency found to be out of compliance with this paragraph may be subject to investigation by the Office of Civil Rights of the Department of Health and Human Services and termination of this Subgrant Agreement.
29. **Maintenance of Service:** The Subgrantee certifies that the services being reimbursed are not available from the Subgrantee on a non-reimbursable basis or for less than the unit cost. The Subgrantee certifies that they will not use Senior Service Levy funds to supplant any other funding.
30. **Publicity:** Any program descriptions, publicity releases, or other public references including, but not limited to, both internal and external informational pamphlets, brochures, and media releases on the services provided under this agreement **MUST** clearly state that the services are funded by the Ashtabula County Senior Services Levy.
31. **Equal Employment Opportunity:** The Subgrantee will comply with Executive Order 11246, entitled Equal Employment Opportunity, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations 41 CFR Part 60.

32. **Patent Rights, Copyrights, and Rights in Data:** All Subgrant agreements and agreements are subject to the provision and conditions of Patent Rights and Copyrights and Rights in Data.
33. **Clean Air:** For Subgrants exceeding \$100,000.00, the Subgrantee agrees to comply with all applicable standards, orders or regulations issued pursuant to the Clean Air Act, as amended (42 U.S.C. ' ' AA 7401, et seq.).
34. **Debarment:** The Subgrantee certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any federal department or agency. For Subgrant agreements exceeding \$100,000.00, the Subgrantee shall submit an Integrity Certification regarding debarment, suspension, and other responsible matters.
35. **Licensing:** The Subgrantee agrees to possess all applicable permits, certificates, and licenses.
36. **Americans with Disabilities Act:** The Subgrantee agrees to comply with the American's with Disabilities Act of 1990.
37. **Child Support Enforcement:** The Subgrantee agrees to cooperate with Grantor and any Ohio Child Support Enforcement Agency (CSEA) in ensuring employees of the Subgrantee meet child support obligations established under state law. Further, by executing this Subgrant Agreement, the Subgrantee certifies present and future compliance with any court order for the withholding of support which is issued pursuant to sections 3113.21 and 311.214 of the O.R.C.
38. **Dispute Resolution:** In case of any disagreement between the parties as to the operation of the program, the interpretation or application of any and all federal, state, local, or departmental statutes, rules, regulations, laws, or ordinances, the matter must be immediately submitted to Grantor, which shall review, and after consultation with the Subgrantee, shall resolve same and such decision shall be binding on the parties to this Subgrant Agreement. The Subgrantee, however, retains any administrative and/or legal remedies including, but not limited to, termination of this Subgrant Agreement or appeal to the State of Ohio.
39. **Equitable Adjustments:** Grantor may at any time, by written order, make changes within the general scope of its agreements and Subgrant Agreements and if any such changes cause an increase or decrease in the cost of, or time required for performance of any provision of such agreement or Subgrant Agreement, whether changed or not by any order, an equitable adjustment shall be made in the amount or obligation, completion date, or both, and the agreement shall be modified in writing accordingly. Any claim by the Subgrantee for adjustments under this paragraph must be asserted within thirty (30) days from the date of receipt by Subgrantee of this notification of such change; provided, however, that Grantor, if it decides that the facts justify such action, may receive and act upon any such claim asserted at any time prior to final payment under such a agreement. No proposal for an equitable adjustment shall be allowed if asserted after final payment under this Subgrant Agreement.
40. **Prohibition of Assignment of Claims:** The assignment of claims under the Assignment of Claims Act of 1940, as amended, 31 U.S.C. 3727, 41 U.S.C. 15 is prohibited.
41. **Conflict of Interest:** Subgrantee's shall not engage in any conflict of interest actual or apparent, or attempt to influence the selection, award, or administration of a subgrant agreement under Grantor.

42. **Accreditation and Compliance with Tax, License, and Insurance Requirements:** The Subgrantee shall comply with all federal, state, and local laws and accreditation and compliance with tax, license, and insurance requirements. All required insurance shall be kept current throughout the term of the Subgrant Agreement.

43. **Drug Free Workplace:** The Subgrantee agrees to comply with all federal, state, and local laws relating to the Drug Free Workplace Act.

44. **Miscellaneous Provisions**

A. This Subgrant Agreement will be governed, construed, and enforced in accordance with the laws of the State of Ohio. Should any portion of this Subgrant Agreement be found unenforceable by operation of statute or by administrative or judicial decision, the remaining portions of this Subgrant Agreement will not be affected as long as the absence of the illegal or unenforceable provision does not render the performance of the remainder of the Subgrant agreement impossible.

B. Nothing in this Subgrant Agreement is to be construed as to providing an obligation for any amount or level of funding, resources or other commitment by Grantor to Subgrantee that is not specifically set forth in state and federal law. Nothing in this Subgrant Agreement is to be construed as providing a cause of action in any state or federal court or in an administrative forum against the State of Ohio, the Ashtabula Board of County Commissioners or Grantor, or any of the officers or employees of the State of Ohio, the Ashtabula Board of County Commissioners or Grantor.

Therefore, the below listed parties enter into this Subgrant Agreement as stated in Sections 1 through 44 inclusive.

SIGNATURES:



Patrick J. Arcaro, Executive Director
Ashtabula County Job & Family Services

11/2/22

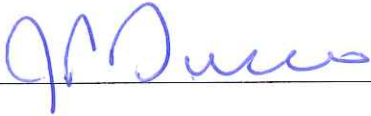
Date



Barbara Klingensmith, Executive Director
Country Neighbor Program, Inc.

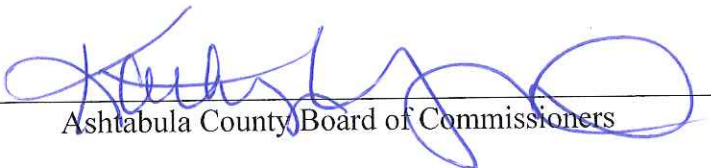
11-7-22

Date



11-29-22

Date

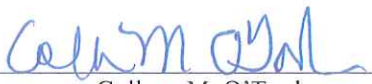


Ashtabula County Board of Commissioners

Signature Page

Re: An agreement between Ashtabula County Job & Family Services and **Country Neighbor Programs, Inc.** for **Personal Care** services

Approved as to Legal Form Only:

By: 
Colleen M. O'Toole
Ashtabula County Prosecutor

Date: 11-8-2022

CD 11/4/2022
2022-CON-0159

EXHIBIT I

Appendix I
ACJFS RFP #6-23
Ashtabula County Senior Services Levy
Personal Care
Program Description

Personal Care for Seniors

Term: January 1, 2023 – December 31, 2023

Unit of Service: One (1) Hour of service.

Area to be served: Ashtabula County or portions thereof.

Personal Care for Seniors

The purpose of the personal care program is to offer in-home services that would be an alternative to institutional care, where appropriate. Personal Care services are provided only in cases where neither the senior, nor anyone in the household, can perform or financially providing for the services, and where no relative, caregiver, community/volunteer agency, or third-party payer is capable or responsible for their provision. Should the client receiving Senior Levy Services relocate from their home to a facility for hospitalization, rehabilitation, or institutionalization, the Senior Levy services will cease. Through funds generated by Ashtabula County Senior Levy, we can offer support services to those who meet the criteria. Eligible participants must: a) have a verified need for the service b) be age 60 or over, c) and reside in Ashtabula County.

The personal care program provides basic health maintenance and/or personal hygiene assistance to individuals in their homes. Care received will assist seniors in their Activities of Daily Living (ADL's) and Instrumental Activities of Daily Living (IADL's) but not at the level provided in a nursing home. This program may include but not be limited to trained paramedical care, bedside nursing care therapy (i.e., occupational, physical, or speech), and personal hygiene which may include using the bed, tub, shower, and partial bath techniques. Personal hygiene can also include providing nail and skin care and oral hygiene. The administration of prescribed medications may also be included under medical supervision. In emergency situations, personal care services may also be used to provide respite for a participant's caregiver. Services must be provided in the participant's residence. It is the clients' responsibility to provide all necessary consumable supplies.

A provider representative will personally interview all persons who are referred to the services by a physician or other referral source, to determine the range of services required and the length of time for which the services will be provided. Ongoing assessments are the responsibility of the Provider and will need to occur every 180 days when initial assessment has been broken due to institutionalization or hospitalization. A case is considered closed when a person is totally independent, capable of self-care, or has decided to receive the necessary support from another source or has moved into an institution.

Applicant Information

AGENCY / ORGANIZATION NAME: Country Neighbor Program, Inc.

ADDRESS: 39 South Maple Street, PO Box 212, Orwell, OH 44076

PHONE: (440)437-6311 FAX: (440)437-1031

SERVICE SITE (if different than above): _____

ADDRESS: _____

PHONE: _____ FAX: _____

FEDERAL TAX I.D. NUMBER: 34-1331627

EXECUTIVE DIRECTOR/DIRECTOR: Barbara Klingensmith

PROGRAM COORDINATOR: Kelley Kemp EMAIL: Kelley.kemp@countryneighbor.org

FISCAL CONTACT: Tina Hansel EMAIL: tina.hansel@countryneighbor.org

TERMS AND CONDITIONS

It is understood and agreed upon by the undersigned authorized individual that: Funds granted as a result of this request are to be expended for the purposes set forth and in accordance with all applicable laws, regulations, policies and procedures of this State, County, and the Ashtabula County Job and Family Services (ACJFS). Any proposed changes in the proposal as approved will be submitted in writing by the applicant and upon notification of approval by the ACJFS shall be deemed incorporated into and become a part of this agreement. This request for proposal is being issued on the basis of the presumed availability of funds. ACJFS will not be liable should funds be eliminated or reduced. Completion of a proposal does not imply that ACJFS will fund a proposal. Proposals are subject to review by representatives of ACJFS. At its sole discretion, ACJFS may negotiate the unit price, or any other factors, prior to determining to enter or not to enter a contract based on a proposal.

NAME, TITLE AND SIGNATURE OF AUTHORIZED INDIVIDUAL:

NAME: Barbara Klingensmith SIGNATURE: 

(Note: original signature must be in blue ink)

TITLE: Executive Director DATE: August 1, 2022

ACIFS RFP #6 23
Personal Care

July 2022

Country Neighbor Program, Inc.
Section 2 (F)
Required Documents
Documents Used for Monitoring Goals and Outcomes

**COUNTRY NEIGHBOR PROGRAM, INC.
PERSONAL CARE DAILY CHECKLIST**

D.O.B.

FUNDING SOURCE

NAME:

PHONE:

ADDRESS:

TOWNSHIP:

EMERGENCY CONTACT: PHONE:

SERVICE DAYS TIMES

YEAR: PRIORITY:

MAILING ADDRESS: (If different than residential)

	DATE							
	TIME							

PERSONAL HYGIENE & CARE

1. BATHING:	BED	TUB	SHOWER						
2. ORAL HYGIENE / DENTURE CARE									
3. HAIR CARE									
4. SHAVING									
5. SKIN CARE / PERINEAL CARE									
6. DRESSING & GROOMING									

MOBILITY

1. TURNING & POSITIONING								
2. ASSISTED TRANSFERS & AMBULATION								
3. RANGE OF MOTION								

ELIMINATION

1. ASSIST WITH	BEDPAN	BSC	TOILETING					
2. INCONTINENT CARE								

NUTRITION

1. MEAL PREPARATION							
2. CLEANING OF EATING & PREP AREA							
3. ENCOURAGE NUTRITIONAL INTAKE							
4. REPORTING WEIGHT & INTAKE AS REQUESTED							

CONSUMER'S INITIALS							
---------------------	--	--	--	--	--	--	--

COUNTRY NEIGHBOR PROGRAM, INC.
PERSONAL CARE DAILY CHECKLIST

DATE							
TIME							

HOMEMAKING (INCIDENTAL TO P.C.)

1. BED MAKING	OCCUPIED	UN-OCCUPIED					
2. CLEANING BATHROOM							
3. LAUNDRY (CLIENT'S LAUNDRY ONLY)							
4. DISHWASHING							
5. TRASH REMOVAL (FROM HOME)							

SAFETY

1. REPORT HAZARDS TO FAMILY & SUPERVISOR							
2. ELIMINATE HAZARDS (WITH CLIENT & SUPERVISOR APPROVAL)							

OTHER

1. LISTEN AND CONVERSE							
2. COMPLETE ERRANDS (GROCERY SHOPPING & PRESCRIPTIONS)							
3. ACCOMPANY (NOT TRANSPORT) TO APPOINTMENTS							

TOTAL HOURS PER VISIT
STAFF INITIALS
CONSUMER'S INITIALS

SUPERVISOR'S SIGNATURE _____

DATE _____

STAFF SIGNATURE	CONSUMER'S SIGNATURE (DAILY)	DATE

CLIENT NAME:

COUNTRY NEIGHBOR PROGRAM, INC
PLAN OF CARE FOR
PERSONAL CARE

PERSONAL HYGIENE

- Bathing: bed / tub / shower
- Oral hygiene / denture care
- Hair care
- Shaving
- Perineal care
- Skin care
- Nail and foot care
- Dressing and grooming

MOBILITY

- Turning and positioning
- Assisted / supervised transfers / ambulation
- Passive range of motion

SAFETY

- > Identify and report hazards to immediate supervisor
- > Eliminate hazards with consumer and supervisor approval

PSYCHO/SOCIAL

- > Reality orientation and sensory stimulation
- > Listen and Converse

ELIMINATION

- Measure intake and output
- Assist with bed pan / BSC / toileting
- Incontinence care
- Catheter Care

NUTRITION

- Meal planning and prep
- Special Diet
- Cleaning of eating and prep areas
- Encourage and facilitate adequate nutritional intake
- Report Weights and intake as requested

OTHER

- Bed Making / Linen Change
- Laundry
- Errands" Grocery & Scripts

Comments: _____

LPN Signature _____ Date: _____

RN Signature _____ Date: _____

CLIENT NAME:

COUNTRY NEIGHBOR PROGRAM, INC
SUPERVISORY VISIT

Aide: _____ Date: _____

	Excellent	Good	Average	Unsatisfactory
Promptness				
Attendance				
Adherence to care plan				
Quality of service				
Rapport				
Dress Code				

Comments: _____

Client Signature _____ Date _____

LPN Signature _____ Date: _____

RN Signature _____ Date: _____

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

Company Name: Country Neighbor Program, Inc.

Company Address: 39 South Maple Street, PO Box 212, Orwell, OH 44076

Telephone Number: (440)437-6311 FAX: (440)437-1031

The name and telephone number of the person(s) who has the authority to submit Proposal:

Barbara Klingensmith, Executive Director, (440)437-6311

The name and telephone number of the person(s) who has the authority to sign contracts:

Barbara Klingensmith, Executive Director, (440)437-6311

The legal status of the Applicant's organization 501c(3) Not for Profit

Date of establishment/incorporation: March of 1981

Federal Employer Identification Number (FEIN): 34-1331627

Is the Company co-owned or controlled by a parent company? Yes No

If yes, name of parent company: _____

Is the Applicant authorized/licensed to do business in the state of Ohio? Yes No

Is the Applicant bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? Yes No

If yes, has the company filed all required EEO reports to the necessary agencies? Yes No

The Applicant certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. Yes No

Does the company have current or future plans for a buyout or sale? Yes No

The Applicant certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this RFP. Yes No

The Applicant certifies it is a drug-free work place? Yes No

The Applicant certifies it is not delinquent on any Federal debt? Yes No

ACIPS RFP #6-23
Personal Care

July 2023

Country Neighbor Program, Inc.
Section 3
Program Planning and Development

COUNTRY NEIGHBOR PROGRAM, INC.
PERSONAL CARE
PROGRAM PLANNING AND DEVELOPMENT

A. PROGRAM DESCRIPTION

1. Narrative of Proposed Service

Country Neighbor will provide southern Ashtabula County individuals, 60 and older, with basic health maintenance and/or hygiene assistance in their homes.

Country Neighbor provides a wide variety of services such as transportation, homemaker, home delivered meals, congregate meals, prescription assistance and health education. Our staff is trained to meet the physical health needs of the customer and we see personal care services as crucial to providing a continuum of care.

Personal care is a service designed to enable a client to achieve optimal functioning with ADLS and IADLS. Personal care services include but is not limited to assisting the client with bathing, eating, dressing, personal hygiene, grooming, and other activities of daily living and instrumental activities of daily living. The Aide may also do housekeeping tasks related to the personal care such as cleaning the bathroom, including tub/shower, commode and floor, changing the linens on the bed, laundry, cleaning the eating and food preparations areas.

Tasks the personal care aide will not do are moving heavy furniture, climbing ladders to clean walls, windows or mirrors, or yard work. The personal care aide will not do banking that consists of check cashing or credit card cash advances.

Typically, personal care clients receive 2 hours of service *once or twice per week*, depending upon each individual situation and/or staffing available. Most of our clients need service at least twice per week. At times, Country Neighbor has made the decision based on the limited staffing and/or funding, to provide limited service *once per week* thus enabling us to serve as many individuals as possible. By doing it this way, it enables us to get at least a little bit of service to them rather than put them on a waiting list.

We try to maximize the services for full efficiency. For example, if an individual only needs lunch preparation, we provide a home delivered meal rather than a home health aide since it is less costly to provide a meal. If the individual is both a personal care client and a homemaker client, the homemaker performs all the household tasks and the home health aide only does the bathing/shaving, etc. since the homemaker service is not as costly as the personal care service.

2. Need for the Service

Generally, personal care clients have more serious health conditions when they enter the program and are at greater risk of institutionalization. Assistance with their personal care needs enables them to age in place and to remain in their home for as long as possible. It is much more cost effective, as well. Studies also indicate that their quality of life is greater if they can remain in their own home with community-based care.

For the 2023 funding cycle, Country Neighbor is proposing to provide 1,200 hours (a reduction of 985 hours) of personal care for 17 individuals at a unit rate of \$30.50, (a 15% increase over 2022). The increase is necessary due to the rising cost of operations and the need to offer more competitive wages in today's job market.

While there is a huge need for personal care in south county, we are not comfortable to request additional service hours at this time until we can get our staffing to full capacity. Competition for STNAS or qualified Home Health Aides is extremely challenging!

3. Experience of the Provider

Country Neighbor has provided personal care services for well over 33 years for the southern half of Ashtabula County. We meet all the service requirements as a Medicaid Waiver PASSPORT provider of Personal Care.

4. Statistics of Past Performance

From January 2021 through December 2021 Country Neighbor provided 1,651.25 units of Personal Care for 33 individuals in southern Ashtabula County. Of the individuals served 75.8% are over the age of 75.

JANUARY 2021 THROUGH DECEMBER 2021

Service Area Township, Village, or City	Units Provided & Unduplicated Clients in Past 12 Months 60 to 74	Proposed Units & Unduplicated Clients 60 to 74	Units Provided & Unduplicated Clients Served Past 12 Months 75+	Proposed Unit & Unduplicated Clients 75+
Andover	117.25/5	118/2	357.75/6	216/3
Cherry Valley	0/0	0/0	0/0	0/0
Colebrook	0/0	0/0	2.5/1	16.5/1
Dorset	0/0	0/0	0/0	0/0
Hartsgrove	0/0	0/0	76.75/2	0/0
Lenox	0/0	0/0	4.75/1	87.25/1
Morgan	58.25/1	54.75/1	114/2	60.25/1
New Lyme	0/0	0/0	0/0	0/0
Orwell	0/0	0/0	518.25/6	387.75/3
Richmond	0/0	0/0	0/0	48.5/1
Rome	0/0	0/0	0/0	0/0
Trumbull	0/0	0/0	10.5/1	0/0
Wayne	0/0	0/0	0/0	0/0
Williamsfield	0/0	0/0	129.75/1	0/0
Windsor	5.25/1	6/1	65.75/1	91/1
Jefferson	49.25/1	34/1	140.5/3	80/1
Austinburg	0/0	0/0	.75/1	0/0
Geneva	0/0		0/0	

5. Days and Hours Service is Available

Service is available 5 days per week and hours will be scheduled, per customer need. Weekend service is available only in extreme situations. All personal care will be provided from the Orwell facility, 39 South Maple Street, in Orwell in the client's home.

6. CLIENT INTAKE AND ASSESSMENT

a. Method of Client Intake

When a referral is received into our office, the In-Home Services Supervisor's office is responsible to contact the client or representative to set up an in-home, face to face assessment appointment for the LPN. Initial contact is generally made within 1-2 business days. As part of the initial assessment, the LPN reviews the HIPAA form, completes the Basic NAPIS Form, the Care Plan for Personal Care, the Personal Care Prioritization form, a medication list, and a narrative describing the clients need for the service(s). He/she then completes a Consumer Service Summary listing the service(s) that are to begin for the client.

The completed forms are returned to the office for the RN's review and signoff. The client is scheduled for the recommended service(s).

b. Provider Assessment Process

A visit to the home will be made by the LPN and a Service Intake and Assessment tool is completed which includes name, address, telephone number, date of birth, demographics, financial information, medical history, ADL/IADL, service plan and emergency contact. A Care Plan and Client Prioritization Form will also be completed. All customers must sign a Release of Information. Eligibility will be based on medical status and availability of family support.

When the LPN goes out to do the assessment, he/she does a prioritization checklist for each client, so we know who has the most need. If a personal care aide calls off, and has a client in greater need than another client, we send another personal care aide to the client with the greatest need, when possible. When we have to implement a waiting list, a prioritization checklist is also completed so that we know the clients with the most need, as they would be the first clients to receive services when we have openings.

Priority Level 1 is the level of highest priority and level 5 is the lowest. In addition to medical or mental conditions, consideration is given to age, the availability of family or community support and the need for multiple services. We have included a copy of our Prioritization Policy and Checklist.

We try to move clients off wait lists as soon as possible. If an individual is on the list for more than 30 days, we will look to see if we can move existing client services, without jeopardizing their physical situation, to make room for the "waiting" individual, even if, temporarily on a limited basis.

The LPN will provide a supervisory visit to update the client's care plan and evaluate the personal care aide's performance every 62 days. If the client calls to end service(s), the service(s) is stopped. Or, if during the care plan update, it is determined that the service(s) is no longer needed, the service(s) will be stopped. Later, should the client need to resume, the LPN would go back out and evaluate the situation, and if it is determined that the service(s) needs to resume, the client would be put back on the schedule.

c. Submit Client Assessment Tool

An Assessment Tool is attached.

7. Sources and Amounts of Federal, State or Local Funding Within the Past 5 Years and Unit Rates

Country Neighbor is a PASSPORT provider for Personal Care. The rates have been capped at \$4.92 per quarter unit (\$19.68/hour). We heavily subsidize the program. We are limiting the number of PASSPORT clients we serve.

8. Service Collaboration/Coordination

Country Neighbor works with the social service agencies, Veterans Administration, Department of Job & Family Services staff, hospitals, and physician's offices located throughout Ashtabula County. With personal care services, Regional Home Health provides the program in the north and Country Neighbor provides the service in the south. When we get in the central area of the County, we check to see which agency is a better fit for the specific situation, taking into consideration such things as waiting lists and distance from current clients.

9. Vision and Mission

The mission of the organization is to help people remain independent by providing supportive services, thus enhancing their quality of life.

Country Neighbor's vision is to provide high quality and effective programs that promote self-sufficiency, independence, address conditions of poverty, promote wellness and education as well as reducing isolation and loneliness.

C. Organizational Structure

Country Neighbor began in 1977 and was incorporated in March of 1981. Country Neighbor provides a wide variety of services to include, but not limited to, homemaker, chore, transportation, home delivered meals, congregate meals, personal care, prescription assistance, emergency food, rental/utility assistance, summer meals for children, socialization, wellness education, and wellness activities.

Our service area is dependent upon the funding sources for the variety of programs we provide.

The Ashtabula County Food Bank (Country Neighbor) serves 20 food pantries, 4 soup kitchens/senior feeding sites, and 2 shelters throughout Ashtabula County. In 2021, we distributed over 1.2 million pounds of food to our partner organizations.

The largest funding sources are the Ashtabula County Senior Services Levy, Direction Home of Eastern Ohio, Ashtabula County Job & Family Services, Ohio Department of Job and Family

Services, United States Department of Agriculture, Trumbull County Senior Services Levy, and the United Way of Ashtabula County.

Country Neighbor is governed by a thirteen-member Board of Directors who meets one time per month, generally the last Monday of each month. (*List attached*)

An Organizational Chart is attached.

D. Provider Staff/Qualifications

1. Staff Assigned to Project (*Job Descriptions Attached*)

RN Supervisor: Supervises the LPN, approves all care plans and monitors for adherence to program requirements.

Home Health Aides: Responsible for the direct service such as bathing, cooking, light cleaning, hair care, etc. for each customer

LPN Assessor: Completes in home assessment, develops care plans and provides ongoing monitoring of adherence to the care plan by the Aides. Also responsible for the initial assessment and service eligibility with regard to ADL/IADLS. Works closely with the Executive Assistant and the RN Supervisor.

Executive Director: Responsible for the overall implementation, fiscal accountability and administration of the project

Assistant Director: Directly responsible for fiscal responsibilities, payroll, financial reporting processes of the program and the human resources function of staff training schedules and benefit activities of the agency. Also assist the Executive Director with the day-to-day operations of the program.

Administrative Assistant/Bookkeeper: Assist the Assistant Director with fiscal responsibilities, payroll, financial reporting, clerical duties, reporting, etc.

In-Home Services Supervisor: Is responsible for the implementation of the program. She reports to the Executive Director and is responsible for ensuring home visit/assessment completion with the customers in partnership with the LPN and the Registered Nurse. Assists the Executive Director with the overall implementation of the program and employee management.

Receptionist: Answer telephone, direct calls/walk-ins to appropriate staff, clock in the home health aides on appropriate funding sources when they call in from each customer's home, perform general office duties to assist administration, as requested

Data Entry/Backup Receptionist: Covers the desk and telephone when the receptionist is not available. Responsible for all data entry and accuracy of client information. She clocks in the

home health aides on appropriate funding sources when they call in from each client's home, perform general office duties to assist administration, as requested.

2. Organization's Training Requirements for Personal Care Aides

When a new Personal Care Aide is hired, we try to hire a STNA who is listed on the Ohio Department of Health's Nurse Aide Registry; or has successfully completed the Medicare Competency Evaluation Program for home health aides, as a direct health care worker without a twenty-four month lapse in employment as a home health aide or nurse aide; or who has at least one year employment experience as a supervised home health aide or a nurse aide, and have successfully completed written testing and skills testing by return demonstration; or who has successfully completed the COALA home health training program, or a certified vocational program in a health care field and successfully completed written testing and skills testing by return demonstration.

All personal care aides will receive at least eight hours of continuing education every twelve months, excluding agency and program specific orientation. All training will be provided by the RN or LPN under the direction of the RN, or other qualified professional dependent upon the subject matter.

3. Volunteer Capacity

We do not use volunteers in Personal Care.

EXHIBIT II

ACIPS REF #6-21
Personal Care

July 2023

Country Neighbor Program, Inc.
Section 4
Applicant Budget
(Attachment B)

Applicant Budget
Summary

Applicant: Country Neighbor Program, Inc. (Personal Care)	
Date From: January 1, 2023 To: December 31, 2023	
	Amount
I. Staff	
A. Salaries	\$ 27,610.00
B. Payroll-Related Expenses	\$ 2,898.00
Total Staff Costs	\$ 30,508.00
II. Operations	
A. Travel and Short-Term Training	\$ 2,150.00
B. Consumable Supplies	\$ 450.00
C. Occupancy Costs	\$ 1,089.00
D. Contract and Professional Services	\$ 2,325.00
E. Other - Miscellaneous	\$ 78.00
Total Operational Costs	\$ 6,092.00
III. Equipment	
A. Equipment Depreciation	\$ -
B. Small Equipment Purchases	\$ -
C. Leased and Rented Equipment	\$ -
Total Equipment Costs	\$ -
Sub- Total of All Costs	\$ 36,600.00
IV. Minus Other Program Resources	\$ -
Total Program Costs	\$ 36,600.00

Budget Computation

Total Operating Expenses	\$ 36,600.00
Divided by Total Operating Units	1,200.00
= Unit Rate	\$ 30.50
Unit Rate	\$ 30.50
X number of units purchased	1,200.00
= Total Contract Amount	\$ 36,600.00

Unit = 1 mile

II. A. Travel and Short-Term Training

	Amount
Mileage Reimbursement rate per mile: 62.5 per mile	\$ 2,000.00
Short-Term, Training	\$ 150.00
Total Travel and Short-Term Training	\$ 2,150.00

II. B. Consumable Supplies

Type	Amount
Office Supplies	\$ 270.00
Cleaning Supplies	\$ 180.00
Other (<i>identify</i>)	
Other (<i>identify</i>)	
Total Consumable Supplies	\$ 450.00

II. C. Occupancy Costs

	Amount
Rent	
Usage allowance/depreciation @ rate of original acquisition cost of Program Square Footage divided by Provider Square Footage	
Maintenance and Repairs	\$ 25.00
Utilities (if not included in rent) must be itemized	
Heat	\$ 120.00
Electric	\$ 360.00
Water	\$ 20.00
Telephone	\$ 516.00
Sewer	\$ -
Other (<i>Garbage</i>)	\$ 48.00
Other (<i>identify</i>)	
Total Occupancy Costs	\$ 1,089.00

II. D. Contract & Professional Services - Consulting, System Support, etc.

Identify Each Contract of Service	Amount
Audit	\$ 275.00
D&O Insurance	\$ 250.00
Employee Testing	\$ 250.00
Liability Insurance	\$ 350.00
Technology & Software	\$ 1,200.00
Total Contract & Services Costs	\$ 2,325.00

II. E. Other-Miscellaneous

Identify Miscellaneous Expenses	Amount
Advertising	\$ 25.00
Equipment Mtn & Repair	\$ 25.00
Miscellaneous Expense	\$ 28.00
Total Miscellaneous Costs	\$ 78.00

III. B. Small Equipment Purchases (Equipment costing under \$25,000)

Item	Quantity	Amount
Total Small Equipment Purchases		\$ -

III. C. Leased and Rented Equipment

Item	Quantity	Amount
Total Leased and Rented Equipment		\$ -

IV. Other Program Resources

Source	Amount
Total Other Resources	\$ -



Office of Auditor of
88 East Broad
Post Office Bo:
Columbus, OH 43216

Auditor of State - Unresolved Findings for Recovery Certified Search

(614) 466
(800) 282

I have searched The Auditor of State's unresolved findings for recovery database using the following criteria:

Contractor's Information:

Name: ,
Organization: **Country Neighbor Program Inc.**
Date: **11/2/2022 3:12:22 PM**

This search produced the following list of 7 possible matches:

Name/Organization	Address
Harrison County Democratic Executive Committee	80900 Slab Camp Road
Lawrence County Educational Service Center	304 N. 2nd Street
Lawrence County Schools Council of Governments	304 N. 2nd Street
Lucas County Republican Party	10 S. Superior St.
Lucas County Republican Party	10 S. Superior Street
Noble County Law Library Association	300 County Court House
Village of Bethel Mayor's Court	

The above list represents possible matches for the search criteria you entered. Please note that pursuant to ORC 9.24, only the person (which includes a organization) actually named in the finding for recovery is prohibited from being awarded a contract.

If the person you are searching for appears on this list, it means that the person has one or more findings for recovery and is prohibited from being awarded a contract described in ORC 9.24, unless one of the exceptions in that section apply.

If the person you are searching for does not appear on this list, an initialed copy of this page can serve as documentation of your compliance with ORC 9.24(E).

Please note that pursuant to ORC 9.24, it is the responsibility of the public office to verify that a person to whom it plans to award a contract does not appear in the Auditor of State's database. The Auditor of State's office is not responsible for inaccurate search results caused by user error or other circumstances beyond the Auditor of State's control.

**Senior Services Levy
Personal Care Services
Amendment # 1 Subgrant Agreement # 23-4016-S**

An amendment to the Subgrant Agreement between the Ashtabula County Job and Family Services (Grantor) and Country Neighbor Program Inc. located at 39 South Maple Street Orwell, Ohio 44076 (Subgrantee) to provide Personal Care services for individuals determined eligible for these services which was entered into on the 1st day of January 2023.

I. Article V - Availability of Funds

This amendment increases Personal Care funds for the period 01/01/23 – 12/31/23 in the amount of \$10,000.00 from \$36,600.00 to \$46,600.00.

Signatures:

Arcaro, Executive Director
Ashtabula County Dept. of Job & Family Services

11/14/23

Date Patrick J.

Barb Klingensmith, Executive Director
Country Neighbor Program Inc.

Date

Date

Ashtabula County Board of Commissioners

Approved as to Legal Form Only:

By: 
Colleen M. O'Toole, Prosecutor

Date: _____

ASHTABULA COUNTY COMMISSIONERS / AGENDA ITEM REQUEST FORM

This form outlining all item(s) to be placed on the Agenda for official action by the Board of Commissioners, must be submitted to Lisa Hawkins, Clerk of the Board a minimum of 8 days prior to the Agenda date, no later than Monday. At a public work session held on Tuesday at 10:00a.m., the Board will meet with you to discuss the item(s). Following the work session, the item(s) will be placed on the next week's agenda session for action by the Board. Please contact Lisa Hawkins at 576-3754 with questions.

Name of Department, with Title and phone number of person recommending item:

Ashtabula County Job & Family Services
Patrick J. Arcaro, Executive Director
Phone: (440) 994-1200



Patrick J. Arcaro, Executive Director

11/14/23
Date

Presented by:

Darcy Mosier, Social Program Specialist, ACJFS; phone: 994-1240

Proposed Agenda Date:

November 14th, 2023

Brief Description of Item and Recommendation:

Attached is an FY 2023 Senior Levy Personal Care Services Sub-Grant Agreement #23-4016-S; recommendation for Country Neighbor Program, Inc. funded by the Ashtabula County Senior Services Levy, which provides Personal Care Services to Ashtabula County residents aged 60 and older. The amendment adds Senior Levy funds in the amount of \$10,000.00.

Name and Address of Provider(s):

Country Neighbor Program, Inc.
39 South Maple Street
Orwell, OH 44076

Cost (include where funds are coming from):

\$36,600.00 = FY 2023 Senior Levy Base Funds for Sub-Grant #23-4016-S
+\$10,000.00 = FY 2023 Senior Levy Funds for Sub-Grant #23-4016-S (Amendment #1)
\$46,600.00 = Total Senior Levy Base Funds for FY 2023

Term (beginning and ending date, if applicable):

FY 2023 ~ January 1, 2023, to December 31, 2023