

SENIOR CONNECTIONS
RESPIRE AND IN-HOME SERVICES VENDOR APPLICATION

Agency Name: _____

Address: _____

Telephone: _____

E-Mail Address: _____

Personal Care Supervisor/Nurse Manager: _____

Person who will sign client service agreement: _____

List any additional Branches (Addresses and Phone Numbers):

Please check those that apply:

Geographic areas covered in Planning District 15: City of Richmond _____ Counties of:

Charles City _____ New Kent _____ Hanover _____ Henrico _____ Chesterfield _____

Powhatan _____ Goochland _____

Please provide the following information:

1) How long has your company been in operation in the Commonwealth of Virginia? _____

2) What is your State of Virginia Home Care Organization License number? _____

3) If you are Medicare certified (in lieu of state licensure), what is your Medicare provider number?

4) Are you a Medicaid approved provider? _____ Medicaid Provider # _____

5) Does a national accrediting organization accredit your agency? JCAHO _____

CHAP _____ Other _____

6) Is your company certified as a Small, Woman-Owned and Minority-Owned (SWaM) Business?

Yes _____ No _____ If yes, what is the certification number? _____

7) What are your standard private pay weekday and weekend/holiday rates? _____

8) Have you or any of your staff ever completed a 12 page Uniform Assessment Instrument

(UAI)? _____

9) What is your agency's shift coverage percentage? _____%

10) What scheduling software do you use? _____

Please circle the services provided by certified nurse aides:

Bathing /Grooming / Transfers / Feeding / Toileting / Meal Preparation / Medication Reminders /

Dishes / Changing Linens / Laundry / Shopping / Light Housekeeping / Transportation of Client

If your agency is selected as a provider you must comply with the following:

- 1) Accept an agreed upon hourly rate, as payment in full, for each hour of care provided to a Recipient of Care:
 - \$18.00 per hour for Homemaker Services
 - \$22.00 per hour for Personal Care Services provided to recipients of care in Chesterfield County, eastern Hanover County, Henrico County and Richmond City.
 - \$24.00 per hour for Personal Care Services, at the discretion of Senior Connections, for service provided to recipients of care in underserved areas in Charles City County, Goochland County, New Kent County, Powhatan County, and Western Hanover County.
- 2) For most cases, a Senior Connections' Care Coordinator will complete the Uniform Assessment Instrument (UAI). If the provider is requested to complete a UAI, the 12-page assessment will be reimbursed at a fee of \$75.00 when an invoice is submitted to Senior Connections along with the Uniform Consent to Exchange Information Form. The 5-page UAI reimbursement fee will be \$25.00.
- 3) Provide a Certified Nurse Aide (CNA), Nurse Aide (NA), or Personal Care Aide (PCA) who has successfully completed a training course approved by the Board of Nursing or the Department of

Medical Assistance Services (DMAS) to care for recipients of care receiving Personal Care services.

- 4) Maintain individual records documenting services provided to recipients of care paid for with the Senior Connections funding. Recipient of care records must include:
 - Part A of the UAI for Homemaker Services and a 12-page UAI for Personal Care Services
 - Federal Poverty Level Form
 - Caregiver Service Form
 - Agency Plan of Care (DMAS-97 A/B or a printed version of an equivalent electronic form)
 - Uniform Consent to Exchange Information Form
 - Service Authorization (Calendar)
 - Service Documentation/Aide Record (DMAS-90 or a printed version of an equivalent electronic form)
 - Service Supervision Documentation (DMAS-99) after 30 days of service, when needed
 - Service Termination Policy
 - Bill of Rights
- 5) RN supervisory visitation of the aide on cases that exceed 30 days is recommended, as needed.
- 6) Allow Senior Connections to monitor and reassess services provided to recipients of care with Senior Connections funding to ensure compliance with the Virginia Department for Aging and Rehabilitative Services' Service Standard. Provide access to Personnel files as well as recipients of care files and other documents as requested.
- 7) Provide training of home care agency employees and meet or exceed personnel requirements as set forth by licensure standards.
- 8) Submit invoices for services provided to Senior Connections' recipients of care on a monthly basis according to the date stated in the monthly e-mail.

Agency Representative/Title

Date

Please return the completed application and a copy of your state license or Medicare certification to:

Brandi Friday
Respite & In-Home Services
Senior Connections, The Capital Area Agency on Aging
24 East Cary Street
Richmond, VA 23219