

Attachment Two: Scope of Work

Background and Overview

It is the intent of home52, a subsidiary of Council on Aging of Southwestern Ohio (COA), to find a contractor and partner that provides quality fiscal intermediary services through the Home Health Aide App (HHAA) by leveraging technology. This scope of work is tentative and negotiable upon reward.

The contractor shall provide fiscal intermediary services to eligible clients (Employers) and their employees in the Elderly Services Program (“ESP”) to assist with the enhancement of Consumer Directed Care (“CDC”). The Elderly Services Program (ESP) helps older adults from Cincinnati to Oxford, Mason to Wilmington, and everywhere in between remain safe and independent in their homes by providing senior home care services such as personal care, housekeeping, meals, transportation and more. ESP expands care seniors may already receive from family and friends and prevents unnecessary nursing home placement. COA administers the Elderly Services Program in Butler, Clinton, Hamilton, and Warren counties. These programs are funded by [county tax levies](#).

Services included in the program are meant to be direct hands-on care to clients for their functional needs with activities of daily living, and include assistance with personal care, mobility, elimination, nutrition, and safety.

Clients in this program work with their care manager, who is employed by the Area Agency on Aging or an Independent Care Management entity, in the locale where the client lives. The care manager offers service options pursuant to the waiver. Contractor will be responsible for enrolling the client (Employer) and their chosen employee(s) in the program and for paying the employee(s) for their services.

Stakeholders in this program include county leadership, care managers, participants, and participant’s employee(s).

Referrals

Program Care Managers will screen potential clients (Employer) for program eligibility. The care manager will initiate the client (Employer) profile in HHAA which will contain the potential client’s (Employer) basic information; information about their authorized representative/agent, if applicable; and the Care Manager’s contact information. Care Managers will ensure the client (Employer) is informed on how to complete the contractor’s enrollment process.

Enrollment packets, containing the appropriate paperwork for client’s (Employer’s) and their employees, will be available to the participant in a timely manner. The appropriate paperwork includes a criminal background records check, as well as an Office of the Inspector General exclusion list check

on employees. Contractor shall notify home52 and the Care Manager within one (1) business day if pertinent results are found in the employee's pre-employment screen.

Contractor will receive a notice of action giving the enrollee final approval from home52 through the final vendor system.

Goals for Contractor

1. Partner to Manage API
2. Provide complete Fiscal Intermediary services
3. Serves as the Home Health Aide App (HHAA) fiduciary agent for COA Clients. Duties include contracting with home52, developing and issuing subcontracts to the Client's "employees", developing invoice procedures, and disbursing funds to employees through the HHAA.
4. Provides fiscal technical assistance to Clients ("employers"), including general accounting, invoice processing, tax management, and recordkeeping support.
5. Disburses at least 90% of funds to "employees" within five (5) business days of receiving the request for funds.
6. Maintains all fiscal records including accounting records, backup documentation, taxes, and contracts.
7. Prepares and submits monthly financial status reports to home52.
8. Submits a financial disclosure certification at the end of the contract period, demonstrating appropriate use of funds and financial controls.
9. Complies with all applicable laws and policies related to financial management of County, State, and Federal funds.

Qualifications of Contractor

- Strong financial management experience (i.e., managing large contracts or grants).
- Minimum of three (3) years providing fiscal technical assistance and issuing contracts.
- Functioning computer/accounting system that can operate through the app for this program.
- Minimum of three (3) months of cash reserves as demonstrated by financial statements.
- Ability to prepare/disseminate accurate financial reports to home52.

Work Plan

The contractor shall provide a written work plan. The plan must show how the work will be performed in a logical sequence, in a timely manner, and with an efficient use of resources. Contractor shall provide a complete work plan, meeting the listed requirements of this contract and scope of work, no later than thirty (30) days after home52 has approved the contract. All services must be provided as set forth in the approved work plan. The **work plan shall address all the key expectations and performance indicators;** workflow charts are encouraged. The work plan will cover the following services:

1. Detail and create internal policies on how employers and employees will be enrolled and develop enrollment packages for employers and employees.
2. Detail and create internal policies of the bi-weekly payroll process for employees. And an example(s) of shorter timeframes.
3. The web portal and web-based provider directory and their specific uses for identifying employers and their employee's electronic timesheets, including API supports.

4. Technical support, ongoing operational needs, training and customer support to employers and employees, including having a live person to take calls during weekdays and making sure that calls going to voicemail are returned in twenty-four (24) hours during weekdays.
5. Keeping updated resources explaining all aspects of the payroll and enrollment process for employers and their employees.

Communication Plan

Good communication is essential. The contractor must maintain a clear, effective, and accessible communication process for employers, employees, care managers and home52. This process must answer all questions, resolve problems, and provide information in a timely manner. If contractor is unable to answer a question themselves, they are committed to contacting home52 or Care Manager for assistance.

Expectations

1. Contractor will provide customer service that, at a minimum includes a live person to answer phone calls on a toll-free line during business hours; returning voicemails within twenty-four (24) hours during weekdays and returning calls the following business day for holiday and weekend calls; and timely responding to requests for enrollment packets within three (3) business days of the request. The toll-free line shall be operational during regular business hours. Contractor shall also provide home52 with an emergency contact number that is always reachable.
2. Contractor will provide a liaison as a point of contact for home52.
3. Contractor is required to provide training sessions to employers and their representatives via web access, or by telephone if participants do not have online access. In each employer-directed training session, the contractor will:
 - a. Provide written information and web access to policies for the contractor's service on participant-self-directed care to stakeholders, during the training session. This material must be available in alternative formats. All written material must be approved by home52 prior to use.
 - b. Inform the employer about the role of the fiscal intermediary.
4. Contractor shall follow the pertinent guidelines established in the Consumer Directed Care Program referenced in the background and overview section.
5. Contractor will be sensitive to the employer and employee confidentiality, especially concerning any discussion of protected health information or records and dealing with social security numbers.
6. Contractor will not take any actions that materially impacts multiple employers or employees without receiving advance approval from home52.
7. Contractor will update enrollment policies only after consultation with, and approval from, home52.
8. Provide enrollment support for employers/employees. The contractor will:
 - a. Notifying the HHAA, home52, and Care Manager of positive results from a criminal background check within one (1) business day.
 - b. Enter employee demographic data into payroll system.

- c. Distribute employee application packet online or by mail with clearly stated return address.
 - d. Provide instructions for completion of the following forms:
 - 1) Employee Data form.
 - 2) USCIS Form I-9. US Citizenship and Immigration Services Employment Eligibility Verification.
 - 3) OH IT-4 Employee's Withholding Exemption Certificate.
 - 4) IRS Form 8821. Tax Information Authorization.
 - 5) IRS Form 2678. Employer/Payer Appointment of Agent.
 - 6) Ohio Department of Job and Family Services Employer's Representative Authorization.
 - d. Make sure each employee packet is correct and complete; if it is not, work with the employee until all problems are corrected.
 - e. Data from enrollment packets must be entered completely and accurately into the contractor's system within three (3) business days after receipt
5. Process Employer Enrollment.
- a. Process payroll in forty-eight (48) hours.
 - b. Note whether the client is the employer or whether the client uses a representative.
 - c. Establish the correct Employer of Record (EoR).
 - d. Show authority to serve as employer-appointed agent.
 - e. Process IRS forms to obtain limited Power of Attorney.
 - f. Process Tax Information Authorization form.
 - g. Process related state forms for tax processing.
 - h. Establish electronic tax filing employer accounts.
 - i. Verify the employee does not have any of these relationships with the participant:
 - 1) Spouse.
 - 2) Legal guardian of the participant.
 - 3) Individuals who are serving as the participant's representative in the capacity of attorney-in-fact (POA) or health care representative (HCR); or
 - 4) The person directing the care of the consumer.
 - j. Verify that the employee has a current driver's license and car insurance if they plan to transport the participant in their car.
 - k. Establish Participant or Employer of Record (EOR) files for each participant.
 - l. Provide bilingual, TTY, or Telecommunications Relay Service (TRS) Customer Service assistance as needed.
 - m. Follow up with the IRS and participant or employee as necessary to resolve issues.

6. Process Employee Enrollment.
 - a. Process USCIS Employment Eligibility Verification.
 - b. Process Employee Withholding Allowance Certificate (Federal and State).
 - c. Process Earned Income Credit Advance Payment Certificate, if applicable.
 - d. Process documentation for Electronic Funds Transfer (EFT).
 - e. Process criminal background check and notify home52 if the record shows any arrests or convictions.
 - f. Verify provider SSN and EIN numbers.
 - g. Establish provider files in Financial Operations Center.
 - h. Provide bilingual, TTY, or TRS customer service assistance as required.
 - i. Follow-up with the IRS, Ohio Department of Taxation, Ohio Jobs and Family Services, or other regulatory federal and state agencies and the participant and employee as necessary to resolve issues.
 - j. Distribute provider payment schedule.
6. Contractor must complete essential paperwork to obtain an Employer Identification Number (EIN) for the employer of record. The contractor must provide names and telephone numbers of contact persons for the participant to call if questions arise. This work requires the contractor to:
 - a. Enter participant demographic data into payroll system.
 - b. Pre-populate the employer package with data and distribute the package.
 - c. Process the employer package, provide instructions, and provide all assistance required for employers to complete the forms.
 - d. Review the participant packet for completeness and coordinate with employer for resolution of issues.
 - e. Forms include, but are not restricted to:
 1. IRS Form SS-4. Application for Employer Identification Number.
 2. IRS Form 2678. Employer Appointment of Agent.
 3. IRS Form 2848. Power of Attorney & Declaration of Representative.
 4. IRS Form 8821. Tax Information Authorization.
7. Data from participant packets must be entered completely and accurately into the contractor's system within three (3) business days after receipt.
8. Make sure each employer packet is correct and complete; if it is not, work with the employer until all problems are corrected.

Glossary

General Terms	Definition
Account	Refers to the individual's unique profile and settings.

General Terms	Definition
Aide (Home Health Aide)	An assistant to an individual. A personal aide through COA, will assist an individual in helping with personal care, homemaking tasks or assistance to complete tasks within the community. Services provided will be designated and authorized by the employer and/or Care Manager who will authorize specific units based on clinical justification of needs. The aide may also be referred to as “employee”.
API	API stands for Application Programming Interface. It is the way for an application to interact with a certain system/application/library/etc.
Audit	An official inspection of an individual's or organization's account, typically by an independent body.
Authorization	Refers to the approval of services by the Care Manager. An authorization must be in place prior to delivery of services.
Background Checks	A background check is a process a person or company uses to verify that a person is who they claim to be and provides information about a person's criminal record, education, employment history, and other activities.
Broker	A broker is an individual or firm that acts as an intermediary or agent.
Bid/Bidder	The submission and submitter to this RFP.
Care Plan	After a Care Manager has completed assessment and eligibility of an individual’s needs, a Care Plan is established to maintain service authorizations. The care plan is this established plan that includes authorized units of service and frequency of support.
Caregiver	The unpaid individual(s) who helps care for and support the Client. This person is typically a relative or close friend.
Care Manager	A Care Manager, also often referred to as a Case Manager, is a staff member who is responsible for reviewing eligibility and program authorizations through Council on Aging.
Certification	The process of providing someone with an official document attesting to a status or level of achievement.
Client	An individual who receives services through COA authorized by a Care Manager. An authorization must be in place prior to delivery of services. May be used interchangeably with Senior or Individual. Client is the employer of the aide (employee).
COA	Refers to the agency - Council on Aging of Southwestern Ohio.
Contractor	Refers to the selected bidder.

General Terms	Definition
Employer	COA client or individual receiving services in the HHAA program.
Employee	Aide or individual providing service in the HHAA program.
Eligibility Standards	Criteria set to determine if an individual is eligible for using HHAA programming.
ESP Applicant	An individual who has applied to receive ESP services as a COA Client.
HHAA	Refers to the Home Health Aide Application or reference name for the project.
HIPAA	The Health Insurance Portability and Accountability Act of 1996 (HIPAA) is a federal law that required the creation of national standards to protect sensitive patient health information from being disclosed without the patient’s consent or knowledge.
home52	COA’s subsidiary and operator for the Home Health Aide App (HHAA).
Internal	Refers to the group of employees of COA who are decision makers or actors in the function of HHAA.
Interview	A designated meeting (in person, telephone or virtual) to review the prospect and/or informed decision of employment.
Oversight	“Oversight” of a system or process is the responsibility for making sure that it works efficiently and correctly.
Payment	The action or process of paying someone or of being paid.
POC	Refers to Point of Contact.
Rating	The classification or ranking of someone or something based on a comparative assessment of their quality, standard, or performance.
Services	Work to be performed as specified in this RFP.
Service Need	To demonstrate clinical justification for a service, an individual must demonstrate a need for the service which is clinically justified based on physical barriers and limitations. A service need also cannot be supplanted if another community support is able to provide the service.
System	A set of procedures according to which something is done; an organized scheme or method.
Training	The action of teaching a person a skill required for their employment position.