



2024000460

Vendor Name: A Better Solution		
Present; Complete	Present; Incomplete	Explain needed

Preface:	<b>Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.	Yes		
Section 1	Subcontracted Vendor Information	Yes		
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes		
Section 3	Copies of current state/local licenses to provide services	Yes		
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes		
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes		
Section 6	Statement of No Involvement	Yes		
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes		
Section 8	Assurance of Non-Construction Programs	Yes		
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes		
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes		
Section 11	Agency Background Screening Policy	Yes		
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes		
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes		
Section 14	Statement of Compliance with Service Standards	Yes		
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes		
Section 16	Availability of Documents	Yes		
Section 17	Documentation of Satisfactory Prior Performance	Yes		
Section 18	Staff Development and Training Plan	Yes		
Section 19	Emergency Management / Disaster Plan	Yes		
Section 20	Certification of availability of 60 days operating funds	Yes		
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes		
Section 22	Administrative Checklist	Yes		
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes		
Section 24	<b>Service Questionnaires</b>			
	Chore		NO	
	Enhanced Chore		NO	
	Companionship	Yes		
	Emergency Alert Response		No	
	Homemaker	Yes		
	Housing Improvement		No	
	Material Aid		No	
	Personal Care	Yes		
	Pest Control (Initiation)		No	
	Pest Control (Maintenance)		No	
	Respite (In-Home)	Yes		
	Respite (Facility)		No	
	Specialized Medical Equipment, Services, and Supplies		No	
Section 25	<b>Completed and signed rate sheet submitted with bid.</b>	Yes		
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes		
<b>Recommended for Contract:</b>		Yes	No	see Explain



Vendor Name: ADT		
Present; Complete	Present; Incomplete	Explain needed

<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		N/A: Agency provides Emergency Alert Response, which does not fall under ACHA	
Section 1	Subcontracted Vendor Information	Yes	
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes	
Section 3	Copies of current state/local licenses to provide services	Yes	
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes	
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes	
Section 6	Statement of No Involvement	Yes	
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes	
Section 8	Assurance of Non-Construction Programs	Yes	
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes	
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes	
Section 11	Agency Background Screening Policy	Yes	
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes	
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes	
Section 14	Statement of Compliance with Service Standards	Yes	
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes	
Section 16	Availability of Documents	Yes	
Section 17	Documentation of Satisfactory Prior Performance	Yes	
Section 18	Staff Development and Training Plan	Yes	
Section 19	Emergency Management / Disaster Plan	Yes	
Section 20	Certification of availability of 60 days operating funds	Yes	
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes	
Section 22	Administrative Checklist	Yes	
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes	
Section 24	<b>Service Questionnaires</b>		
	Chore		No
	Enhanced Chore		NO
	Companionship		No
	Emergency Alert Response	Yes	
	Homemaker		No
	Housing Improvement		No
	Material Aid		No
	Personal Care		No
	Pest Control (Initiation)		No
	Pest Control (Maintenance)		No
	Respite (In-Home)		No
	Respite (Facility)		No
	Specialized Medical Equipment, Services, and Supplies		No
Section 25	<b>Completed and signed rate sheet submitted with bid.</b>	Yes	
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes	

**Recommended for Contract:** Yes No Agency is a current vendor, but no longer accept County's method of payment.



Vendor Name:		
All Stat		
Present: Complete	Present: Incomplete	Explain needed

<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		Yes		
Section 1	Subcontracted Vendor Information	Yes		
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes		
Section 3	Copies of current state/local licenses to provide services	Yes		
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes		
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes		
Section 6	Statement of No Involvement	Yes		
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes		
Section 8	Assurance of Non-Construction Programs	Yes		
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes		
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes		
Section 11	Agency Background Screening Policy	Yes		
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes		
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes		
Section 14	Statement of Compliance with Service Standards	Yes		
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes		
Section 16	Availability of Documents	Yes		
Section 17	Documentation of Satisfactory Prior Performance	Yes		
Section 18	Staff Development and Training Plan	Yes		
Section 19	Emergency Management / Disaster Plan	Yes		
Section 20	Certification of availability of 60 days operating funds	Yes		
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes		
Section 22	Administrative Checklist	Yes		
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes		
Section 24	<b>Service Questionnaires</b>  Chore Enhanced Chore Companionship Emergency Alert Response Homemaker Housing Improvement Material Aid Personal Care Pest Control (Initiation) Pest Control (Maintenance) Respite (In-Home) Respite (Facility) Specialized Medical Equipment, Services, and Supplies		NO	
Section 25	Completed and signed rate sheet submitted with bid.	Yes		
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes		
<b>Recommended for Contract:</b>		Yes	No	see Explain





		Present; Complete	Present; Incomplete	Explain needed
<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		Yes		
Section 1	Subcontracted Vendor Information	Yes		
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes		
Section 3	Copies of current state/local licenses to provide services	Yes		
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes		
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes		
Section 6	Statement of No Involvement	Yes		
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes		
Section 8	Assurance of Non-Construction Programs	Yes		
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes		
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes		
Section 11	Agency Background Screening Policy	Yes		
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes		
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes		
Section 14	Statement of Compliance with Service Standards	Yes		
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes		
Section 16	Availability of Documents	Yes		
Section 17	Documentation of Satisfactory Prior Performance	Yes		
Section 18	Staff Development and Training Plan	Yes		
Section 19	Emergency Management / Disaster Plan	Yes		
Section 20	Certification of availability of 60 days operating funds	Yes		
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes		
Section 22	Administrative Checklist	Yes		
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes		
Section 24	<b>Service Questionnaires</b>  Chore Enhanced Chore Companionship Emergency Alert Response Homemaker Housing Improvement Material Aid Personal Care Pest Control (Initiation) Pest Control (Maintenance) Respite (In-Home) Respite (Facility) Specialized Medical Equipment, Services, and Supplies		NO NO No No No No No No No No	
Section 25	Completed and signed rate sheet submitted with bid.	Yes		
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes		
<b>Recommended for Contract:</b>		Yes	No	see Explain



Vendor Name: Granny Nannies		
Present; Complete	Present; Incomplete	Explain needed

<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		Yes		
Section 1	Subcontracted Vendor Information		No	
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager		No	
Section 3	Copies of current state/local licenses to provide services		No	
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.		No	
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements		No	
Section 6	Statement of No Involvement		No	
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements		No	
Section 8	Assurance of Non-Construction Programs		No	
Section 9	HIPAA / Confidentiality Compliance Assurance		No	
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.		No	
Section 11	Agency Background Screening Policy		No	
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.		No	
Section 13	Assurance of Emergency / Urgent Service Delivery		No	
Section 14	Statement of Compliance with Service Standards		No	
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist		No	
Section 16	Availability of Documents		No	
Section 17	Documentation of Satisfactory Prior Performance		No	
Section 18	Staff Development and Training Plan		No	
Section 19	Emergency Management / Disaster Plan		No	
Section 20	Certification of availability of 60 days operating funds		No	
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)		No	
Section 22	Administrative Checklist		No	
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes		
Section 24	<b>Service Questionnaires</b>  Chore Enhanced Chore Companionship Emergency Alert Response Homemaker Housing Improvement Material Aid Personal Care Pest Control (Initiation) Pest Control (Maintenance) Respite (In-Home) Respite (Facility) Specialized Medical Equipment, Services, and Supplies	Yes		
Section 25	Completed and signed rate sheet submitted with bid.		No	
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form		No	
<b>Recommended for Contract:</b>		Yes	No	Incomplete Bid Package



2024000460

Vendor Name: Guardian Medical Monitoring		
Present; Complete	Present; Incomplete	Explain needed

<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		N/A: Agency provides Emergency Alert Response, which does not fall under ACHA	
Section 1	Subcontracted Vendor Information	Yes	
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes	
Section 3	Copies of current state/local licenses to provide services	Yes	
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes	
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes	
Section 6	Statement of No Involvement	Yes	
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes	
Section 8	Assurance of Non-Construction Programs	Yes	
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes	
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes	
Section 11	Agency Background Screening Policy	Yes	
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes	
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes	
Section 14	Statement of Compliance with Service Standards	Yes	
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes	
Section 16	Availability of Documents	Yes	
Section 17	Documentation of Satisfactory Prior Performance	Yes	
Section 18	Staff Development and Training Plan	Yes	
Section 19	Emergency Management / Disaster Plan	Yes	
Section 20	Certification of availability of 60 days operating funds	Yes	
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes	
Section 22	Administrative Checklist	Yes	
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes	
Section 24	<b>Service Questionnaires</b>  Chore Enhanced Chore Companionship Emergency Alert Response Homemaker Housing Improvement Material Aid Personal Care Pest Control (Initiation) Pest Control (Maintenance) Respite (In-Home) Respite (Facility) Specialized Medical Equipment, Services, and Supplies	No NO No Yes No No No No No No No No No No No No No No No	
Section 25	Completed and signed rate sheet submitted with bid.	Yes	
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes	
<b>Recommended for Contract:</b>		Yes	No





		Present; Complete	Present; Incomplete	Explain needed
<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		Yes		
Section 1	Subcontracted Vendor Information	Yes		
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes		
Section 3	Copies of current state/local licenses to provide services	Yes		
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes		
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes		
Section 6	Statement of No Involvement	Yes		
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes		
Section 8	Assurance of Non-Construction Programs	Yes		
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes		
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes		
Section 11	Agency Background Screening Policy	Yes		
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes		
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes		
Section 14	Statement of Compliance with Service Standards	Yes		
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes		
Section 16	Availability of Documents	Yes		
Section 17	Documentation of Satisfactory Prior Performance	Yes		
Section 18	Staff Development and Training Plan	Yes		
Section 19	Emergency Management / Disaster Plan	Yes		
Section 20	Certification of availability of 60 days operating funds	Yes		
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes		
Section 22	Administrative Checklist	Yes		
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes		
Section 24	<b>Service Questionnaires</b>  Chore Enhanced Chore Companionship Emergency Alert Response Homemaker Housing Improvement Material Aid Personal Care Pest Control (Initiation) Pest Control (Maintenance) Respite (In-Home) Respite (Facility) Specialized Medical Equipment, Services, and Supplies		NO	
			NO	
			NO	
			No	
			NO	
			No	
		Yes		
			NO	
			No	
			No	
			No	
		Yes		
Section 25	Completed and signed rate sheet submitted with bid.	Yes		
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes		
<b>Recommended for Contract:</b>		Yes	No	see Explain



		Present, Complete	Present, Incomplete	Explain needed
<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		Yes		
Section 1	Subcontracted Vendor Information	Yes		
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes		
Section 3	Copies of current state/local licenses to provide services	Yes		
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes		
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes		
Section 6	Statement of No Involvement	Yes		
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes		
Section 8	Assurance of Non-Construction Programs	Yes		
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes		
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes		
Section 11	Agency Background Screening Policy	Yes		
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes		
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes		
Section 14	Statement of Compliance with Service Standards	Yes		
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes		
Section 16	Availability of Documents	Yes		
Section 17	Documentation of Satisfactory Prior Performance	Yes		
Section 18	Staff Development and Training Plan	Yes		
Section 19	Emergency Management / Disaster Plan	Yes		
Section 20	Certification of availability of 60 days operating funds	Yes		
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes		
Section 22	Administrative Checklist	Yes		
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes		
Section 24	<b>Service Questionnaires</b>			
	Chore		NO	
	Enhanced Chore		NO	
	Companionship	Yes		
	Emergency Alert Response		No	
	Homemaker	Yes		
	Housing Improvement		No	
	Material Aid		No	
	Personal Care	Yes		
	Pest Control (Initiation)		No	
	Pest Control (Maintenance)		No	
	Respite (In-Home)	Yes		
	Respite (Facility)		No	
	Specialized Medical Equipment, Services, and Supplies		No	
Section 25	<b>Completed and signed rate sheet submitted with bid.</b>	Yes		
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes		
<b>Recommended for Contract:</b>		Yes	No	see Explain





Vendor Name:		
Life Station		
Present: Complete	Present: Incomplete	Explain needed

<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		N/A: Agency provides Emergency Alert Response, which does not fall under ACHA	
Section 1	Subcontracted Vendor Information	Yes	
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes	
Section 3	Copies of current state/local licenses to provide services	Yes	
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes	
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes	
Section 6	Statement of No Involvement	Yes	
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes	
Section 8	Assurance of Non-Construction Programs	Yes	
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes	
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes	
Section 11	Agency Background Screening Policy	Yes	
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes	
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes	
Section 14	Statement of Compliance with Service Standards	Yes	
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes	
Section 16	Availability of Documents	Yes	
Section 17	Documentation of Satisfactory Prior Performance	Yes	
Section 18	Staff Development and Training Plan	Yes	
Section 19	Emergency Management / Disaster Plan	Yes	
Section 20	Certification of availability of 60 days operating funds	Yes	
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes	
Section 22	Administrative Checklist	Yes	
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes	
Section 24	<b>Service Questionnaires</b>  Chore Enhanced Chore Companionship Emergency Alert Response Homemaker Housing Improvement Material Aid Personal Care Pest Control (Initiation) Pest Control (Maintenance) Respite (In-Home) Respite (Facility) Specialized Medical Equipment, Services, and Supplies	No NO No Yes No No No No No No No No No No No	
Section 25	Completed and signed rate sheet submitted with bid.	Yes	
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes	
<b>Recommended for Contract:</b>		Yes	No



2024000460

Vendor Name: Personal Response Corp.		
Present; Complete	Present; Incomplete	Explain needed

<b>Preface: Agency is a licensed Home Health Agency:</b> AHCA must be attached to this matrix. If not a licensed home health agency, stop here, bid is disqualified.		N/A: Agency provides Emergency Alert Response, which does not fall under ACHA	
Section 1	Subcontracted Vendor Information	Yes	
Section 2	Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager	Yes	
Section 3	Copies of current state/local licenses to provide services	Yes	
Section 4	Certification regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included.	Yes	
Section 5	Certification regarding Lobbying for Contracts, Grants, Loans and Agreements	Yes	
Section 6	Statement of No Involvement	Yes	
Section 7	Certification Regarding Data Integrity Compliance for Agreements, Grants, Loans and Cooperative Agreements	Yes	
Section 8	Assurance of Non-Construction Programs	Yes	
Section 9	HIPAA / Confidentiality Compliance Assurance	Yes	
Section 10	Health Insurance Portability and Accountability Act (HIPAA) agency policy.	Yes	
Section 11	Agency Background Screening Policy	Yes	
Section 12	Background Screening Affidavit of Compliance – Employer Completed and notarized.	Yes	
Section 13	Assurance of Emergency / Urgent Service Delivery	Yes	
Section 14	Statement of Compliance with Service Standards	Yes	
Section 15	State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist	Yes	
Section 16	Availability of Documents	Yes	
Section 17	Documentation of Satisfactory Prior Performance	Yes	
Section 18	Staff Development and Training Plan	Yes	
Section 19	Emergency Management / Disaster Plan	Yes	
Section 20	Certification of availability of 60 days operating funds	Yes	
Section 21	Audited financial statement with management letter provided. (Note: If a recent <i>audited</i> financial statement is unavailable, a current financial statement must be submitted with bid. If not-for-profit, IRS Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.)	Yes	
Section 22	Administrative Checklist	Yes	
Section 23	Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance certificate must be submitted prior to full contract execution.	Yes	
Section 24	<b>Service Questionnaires</b>		
	Chore	No	
	Enhanced Chore	NO	
	Companionship	No	
	Emergency Alert Response	Yes	
	Homemaker	No	
	Housing Improvement	No	
	Material Aid	No	
	Personal Care	No	
	Pest Control (Initiation)	No	
	Pest Control (Maintenance)	No	
	Respite (In-Home)	No	
	Respite (Facility)	No	
	Specialized Medical Equipment, Services, and Supplies	No	
Section 25	Completed and signed rate sheet submitted with bid.	Yes	
Add'l Required	Source of Supply and Subcontractors & Drug Free Workplace Form	Yes	

**Recommended for Contract:** Yes No There is not a need at this time for more than two vendors, and we are opting to go with other bids