

| 2024000460 | Vendor N | ame: | | |
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| Da 1 of 1 | 921 | sent; | sent; | Explain needed |
| Pg 1 of 1 Preface: | Agency is a licensed Home Health Agency: | Yes | Pre | Ä |
| T T CTUCC. | AHCA must be attached to this matrix. If not a | 1 65 | | |
| | licensed home health agency, stop here, bid is | | | |
| | disqualified. | | | |
| 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 | | |
| | Certification regarding Lobbying for Contracts, Grants, Loans and | | | |
| Section 5 | Agreements Statement of No Involvement | Yes | | |
| Section 6 | Certification Regarding Data Integrity Compliance for Agreements, | Yes | | |
| Section 7 | Grants, Loans and Cooperative Agreements | Yes | | |
| Section 8 | Assurance of Non-Construction Programs | Yes | | |
| Section 9 | HIPAA / Confidentiality Compliance Assurance | Yes | | |
| | Health Insurance Portability and Accountability Act (HIPAA) agency | w 00 | | |
| Section 10 | policy. | Yes | | |
| Section 11 | Agency Background Screening Policy Background Screening Affidavit of Compliance Employer | 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 | | |
| | State of Florida, Department of Elder Affairs' Civil Rights Compliance | | | |
| Section 15 | Checklist | Yes | | |
| Section 16 | Availability of Documents | Yes | | |
| Section 17 | Documentation of Satisfactory Prior Performance | Yes | | |
| Section 18 | Staff Development and Training Plan Emergency Management / Disaster Plan | Yes | | |
| Section 19 Section 20 | Certification of availability of 60 days operating funds | Yes Yes | | |
| Section 21 | Audited financial statement with management letter provided. (Note: If a recent audited 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 | | |
| | Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance | | | |
| Section 23 | certificate must be submitted prior to full contract execution. | Yes | | |
| Section 24 | Service Questionnaires | | | |
| | Chore | | NO | |
| | Enhanced Chore | W | NO | |
| | Companionship | res | No | |
| | Emergency Alert Response Homemaker | Vec | No | |
| | Housing Improvement | 103 | No | |
| | Material Aid | | No | |
| | Personal Care | Yes | | |
| | Pest Control (Initiation) | | No | |
| | Pest Control (Maintenance) | | No | |
| | Respite (In-Home) | Yes | | |
| | Respite (Facility) | | No | |
| 011 6- | Specialized Medical Equipment, Services, and Supplies Completed and signed rate sheet submitted with bid. | | No | |
| Section 25 | | Yes | | |
| Add'l Required | Source of Supply and Subcontractors & Drug Free Workplace Form | | L | |
| | Recommended for Contract: | Yes | No | see Explain |



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| 2024000460 | Vendor N | lame: | | |
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| Pg 1 of 1 | | Prese | Prese | Explain needed |
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| | licensed home health agency, stop here, bid is | Alert Respon | nse, which do | es not fall |
| | disqualified. | under ACHA | L | |
| Section 1 | Subcontracted Vendor Information | Yes | | |
| | Agency Contacts; Contract Manager, designated HIPAA Officer, | | | |
| Section 2 | Service Scheduler, Fiscal/Invoice Manager | Yes | | |
| Section 3 | Copies of current state/local licenses to provide services | Yes | | |
| | Certification regarding Debarment, Suspension, Ineligibility and | | | |
| Section 4 | Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included. | Yes | | |
| | Certification regarding Lobbying for Contracts, Grants, Loans and | 103 | | |
| Section 5 | Agreements | Yes | | |
| Section 6 | Statement of No Involvement | Yes | | |
| | Certification Regarding Data Integrity Compliance for Agreements, | | | |
| Section 7 | Grants, Loans and Cooperative Agreements | Yes | | |
| Section 8 | Assurance of Non-Construction Programs | Yes | | |
| Section 9 | HIPAA / Confidentiality Compliance Assurance | Yes | | |
| 0140 | Health Insurance Portability and Accountability Act (HIPAA) agency | V | | |
| Section 10 | policy. Agency Background Screening Policy | Yes | | |
| Section 11 | Background Screening Affidavit of Compliance – Employer | Yes | | |
| Section 12 | Completed and notarized. | Yes | | |
| Section 13 | Assurance of Emergency / Urgent Service Delivery | Yes | | |
| Section 14 | Statement of Compliance with Service Standards | Yes | | |
| | State of Florida, Department of Elder Affairs' Civil Rights Compliance | . 55 | | |
| Section 15 | 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 | | |
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| Section 21 | Determination Letter Granting Tax Exempt Status along with the latest IRS Form 990 must be provided.) | Yes | | |
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| | insurance currently does not meet county standard, insurance | | | |
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| Section 24 | Service Questionnaires | | | |
| | Chore | | No | |
| | Enhanced Chore | - | NO | |
| | Companionship | | No | |
| | Emergency Alert Response | | 110 | <u> </u> |
| | 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 | Agency is a cu |
| | ixecommended for Contract. | 163 | INO | Agency is a cu |

| Bid No. | |
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| | | Yes | | |
| | AHCA must be attached to this matrix. If not a | | | |
| | licensed home health agency, stop here, bid is disqualified. | | | |
| Section 1 | Subcontracted Vendor Information | Yes | | |
| Occilon 1 | Agency Contacts; Contract Manager, designated HIPAA Officer, | 163 | | |
| Section 2 | 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 | | |
| 0 " - 5 | Certification regarding Lobbying for Contracts, Grants, Loans and Agreements | , , , , , , , , , , , , , , , , , , , | | |
| Section 5 Section 6 | Statement of No Involvement | Yes Yes | | |
| Section 6 | Certification Regarding Data Integrity Compliance for Agreements, | res | | |
| Section 7 | Grants, Loans and Cooperative Agreements | Yes | | |
| Section 8 | Assurance of Non-Construction Programs | Yes | | |
| Section 9 | HIPAA / Confidentiality Compliance Assurance | Yes | | |
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| Section 12 | 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 | | |
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| Section 22 | Administrative Checklist | Yes | | |
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| Section 24 | Service Questionnaires | | INO | |
| | Chore | | NO | |
| | Enhanced Chore | Voc | NO | |
| | Companionship Emergency Alert Response | 162 | No | |
| | Homemaker | Yes | INO | |
| | Housing Improvement | | No | |
| | Material Aid | | No | |
| | Personal Care | Yes | | |
| | Pest Control (Initiation) | | No | |
| | Pest Control (Maintenance) | | No | |
| | Respite (In-Home) | Yes | | |
| | Respite (Facility) | | No | |
| 0 | Specialized Medical Equipment, Services, and Supplies Completed and signed rate sheet submitted with bid. | Vac | No | |
| Section 25 | · · | Yes Yes | | |
| Add'l Required | Source of Supply and Subcontractors & Drug Free Workplace Form | | l N | |
| | Recommended for Contract: | Yes | No | see Explain |



| 2024000460 | Vendor Name: | |
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| | Alternative Homemaking with | a Heart |

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| Preface: | Agency is a licensed Home Health Agency: | Yes | <u>ā</u> | <u> </u> |
| | AHCA must be attached to this matrix. If not a | | | |
| | licensed home health agency, stop here, bid is | e | | |
| | disqualified. | | | |
| Section 1 | Subcontracted Vendor Information | Yes | | |
| 0 | Agency Contacts; Contract Manager, designated HIPAA Officer, Service Scheduler, Fiscal/Invoice Manager | V | | |
| Section 2 Section 3 | Copies of current state/local licenses to provide services | Yes Yes | | |
| Section 3 | Certification regarding Debarment, Suspension, Ineligibility and | res | | |
| Section 4 | Voluntary Exclusion for Lower Tier Covered Transactions. Agency DUNS# to be included. | Yes | | |
| | Certification regarding Lobbying for Contracts, Grants, Loans and | | | |
| Section 5 | 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 | | |
| | State of Florida, Department of Elder Affairs' Civil Rights Compliance Checklist | | | |
| Section 15 Section 16 | Availability of Documents | Yes 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 | | |
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| Section 22 | Administrative Checklist | Yes | | |
| COOLIGIT EE | Assurance of Insurance coverage must be submitted with bid. (If insurance currently does not meet county standard, insurance | 103 | | |
| Section 23 | certificate must be submitted prior to full contract execution. | Yes | | |
| Section 24 | Service Questionnaires | | | |
| | Chore | | NO | |
| | Enhanced Chore | | NO | |
| | Companionship | Yes | No | |
| | Emergency Alert Response Homemaker | Vec | No | |
| | Housing Improvement | 163 | 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 | Completed and signed rate sheet submitted with bid. | Yes | | |
| Add'l Required | | Yes | | |
| | Recommended for Contract: | Yes | No | see Explain |
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| Section 1 | Subcontracted Vendor Information | | No | |
| | Agency Contacts; Contract Manager, designated HIPAA Officer, | | | |
| Section 2 | Service Scheduler, Fiscal/Invoice Manager | | No | |
| Section 3 | Copies of current state/local licenses to provide services | | No | |
| | Certification regarding Debarment, Suspension, Ineligibility and | | | |
| 2 " 4 | Voluntary Exclusion for Lower Tier Covered Transactions. Agency | | | |
| Section 4 | DUNS# to be included. | | No | |
| Section 5 | Certification regarding Lobbying for Contracts, Grants, Loans and Agreements | | No | |
| Section 6 | Statement of No Involvement | | No | |
| JCCIIOII O | Certification Regarding Data Integrity Compliance for Agreements, | | INO | |
| Section 7 | Grants, Loans and Cooperative Agreements | | No | |
| Section 8 | Assurance of Non-Construction Programs | | No | |
| Section 9 | HIPAA / Confidentiality Compliance Assurance | | No | |
| | Health Insurance Portability and Accountability Act (HIPAA) agency | | | |
| Section 10 | policy. | | No | |
| Section 11 | Agency Background Screening Policy | | No | |
| | Background Screening Affidavit of Compliance – Employer | | | |
| Section 12 | 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 | |
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| Section 23 | certificate must be submitted prior to full contract execution. | Yes | | |
| Section 24 | Service Questionnaires | 103 | | |
| 30011011 21 | Chore | Yes | | |
| | Enhanced Chore | | NO | |
| | Companionship | | No | |
| | 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 | 1 | |
| | Respite (Facility) | . 23 | No | |
| | Specialized Medical Equipment, Services, and Supplies | | No | |
| Section 25 | Completed and signed rate sheet submitted with bid. | | No | |
| Add'l Required | Source of Supply and Subcontractors & Drug Free Workplace Form | | No | |
| | The second secon | Yes | | |



| 2024000460 | Vendor N | lame: | | |
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| | Guardian Medical Monitoring | | | |
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| Pg 1 of 1 | 7920 | resent; | resent; | xplain |
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| | 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 | |
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| Section 25 | | Yes Yes | | |
| Add'l Required | Source of Supply and Subcontractors & Drug Free Workplace Form | | | |
| | Recommended for Contract: | Yes | No | |



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| | Health Ai | d Compar | ny |
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| Pg 1 of 1 | 921 | esent; | esent; | plain |
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| Section 15 | Checklist Availability of Decuments | Yes | | |
| Section 16 | Availability of Documents Documentation of Satisfactory Prior Performance | Yes | | |
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| | Chore | | NO | |
| | Enhanced Chore | | NO | |
| | Companionship | | NO | |
| | Emergency Alert Response | | No | |
| | Homemaker | | NO | |
| | Housing Improvement 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 | | | |
| Section 25 | Completed and signed rate sheet submitted with bid. | Yes | | |
| Add'l Required | | Yes | | |
| | Recommended for Contract: | Yes | No | see Explain |
| | | | | |



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



| 2024000460 | Vendor N Life Statio | | |
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| | STORY TO SERVICE STATE OF THE | Present; Complete | Present; Incomplete | Explain needed |
|--------------------------|---|----------------------------|---------------------|----------------|
| Pg 1 of 1 | | Pre | Pres | Exp |
| Preface: | Agency is a licensed Home Health Agency: | | | |
| | AHCA must be attached to this matrix. If not a | | y provides En | |
| | licensed home health agency, stop here, bid is disqualified. | Alert Respon under ACHA | ise, which doe | es not fall |
| Section 1 | | Yes | | |
| Occilon 1 | Agency Contacts; Contract Manager, designated HIPAA Officer, | 163 | | |
| Section 2 | 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. Certification regarding Lobbying for Contracts, Grants, Loans and | Yes | | |
| Section 5 | 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 | | |
| | Health Insurance Portability and Accountability Act (HIPAA) agency | | | |
| Section 10 | 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 | | |
| | State of Florida, Department of Elder Affairs' Civil Rights Compliance | | | |
| Section 15 | Checklist | Yes | | |
| Section 16 | Availability of Documents | Yes | | |
| Section 17 | Documentation of Satisfactory Prior Performance Staff Development and Training Plan | Yes | | |
| Section 18 Section 19 | Emergency Management / Disaster Plan | Yes Yes | | |
| Section 19 | Certification of availability of 60 days operating funds | Yes | | |
| Section 21 | Audited financial statement with management letter provided. (Note: If a recent audited 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 | Service Questionnaires | | | |
| | Chore | | No | |
| | Enhanced Chore | | NO | |
| | Companionship | | No | |
| | Emergency Alert Response | | No | |
| | Homemaker Housing Improvement | | No No | - |
| | Material Aid | | No | |
| | Personal Care | | No | |
| | Pest Control (Initiation) | | No | |
| | Pest Control (Maintenance) | | No | |
| | Respite (In-Home) | | No | |
| | Respite (Facility) | | No | |
| - 11 | Specialized Medical Equipment, Services, and Supplies | | No | |
| Section 25 | Completed and signed rate sheet submitted with bid. | Yes | | |
| Add'l Required | | | | |
| | Recommended for Contract: | Yes | No | |



| 2024000460 | Vendor N | lame: | | |
|------------|-------------|---------------|-------|----------|
| | Personal | Response | Corp. | |
| | t; Complete | t; Incomplete | | n needed |

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|----------------|--|------------------|---------------------|----------------|
| | 3 | resent; Complete | Present; Incomplete | pap |
| | 7927 | it; Co | t; Inc | Explain needed |
| Pg 1 of 1 | - 322 | resen | eseni | .plair |
| | Agency is a licensed Home Health Agency: | P | 된 | Ř |
| | AHCA must be attached to this matrix. If not a | N/A . A | u provid P | orgor |
| | licensed home health agency, stop here, bid is | | y provides En | |
| | disqualified. | under ACHA | nse, which doe | es not tan |
| | Subcontracted Vendor Information | Yes | <u> </u> | |
| | Agency Contacts; Contract Manager, designated HIPAA Officer, | 165 | | |
| Section 2 | Service Scheduler, Fiscal/Invoice Manager | Yes | | |
| Section 3 | Copies of current state/local licenses to provide services | Yes | | |
| | Certification regarding Debarment, Suspension, Ineligibility and | | | |
| | Voluntary Exclusion for Lower Tier Covered Transactions. Agency | | | |
| Section 4 | DUNS# to be included. | Yes | | |
| | Certification regarding Lobbying for Contracts, Grants, Loans and | | | |
| Section 5 | Agreements | Yes | | |
| Section 6 | Statement of No Involvement | Yes | | |
| | Certification Regarding Data Integrity Compliance for Agreements, | | | |
| Section 7 | Grants, Loans and Cooperative Agreements | Yes | | |
| Section 8 | Assurance of Non-Construction Programs | Yes | | |
| Section 9 | HIPAA / Confidentiality Compliance Assurance | Yes | | |
| Cootion 40 | Health Insurance Portability and Accountability Act (HIPAA) agency policy. | Voc | | |
| Section 10 | Agency Background Screening Policy | Yes | - | |
| Section 11 | | Yes | | |
| Section 12 | Background Screening Affidavit of Compliance – Employer Completed and notarized. | Yes | | |
| Section 12 | Assurance of Emergency / Urgent Service Delivery | Yes | - | |
| Section 13 | Statement of Compliance with Service Standards | Yes | | |
| Occilon 14 | State of Florida, Department of Elder Affairs' Civil Rights Compliance | 163 | | |
| Section 15 | Checklist | Yes | | |
| Section 16 | Availability of Documents | Yes | | |
| | 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 | | |
| OGOLIOI1 20 | | 163 | | |
| | 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 | | |
| | Assurance of Insurance coverage must be submitted with bid. (If | | | |
| | insurance currently does not meet county standard, insurance | | | |
| Section 23 | certificate must be submitted prior to full contract execution. | Yes | | |
| Section 24 | Service Questionnaires | | | |
| | Chore | | No | |
| | Enhanced Chore | | NO | |
| | Companionship | | No | |
| | Emergency Alert Response | | 110 | |
| | Homemaker | | No | |
| | Housing Improvement | | No | |
| | Material Aid | | No | - |
| | Personal Care | | | |
| | | | No | - |
| | Pest Control (Maintenance) | | No | |
| | Pest Control (Maintenance) | | No | |
| | Respite (In-Home) | | No | |
| | Respite (Facility) | | No | |
| Caatian Co | Specialized Medical Equipment, Services, and Supplies Completed and signed rate sheet submitted with bid. | | No | |
| Section 25 | · · · · · · · · · · · · · · · · · · · | Yes | | |
| Add'l Required | Source of Supply and Subcontractors & Drug Free Workplace Form | Yes | | |
| | Recommended for Contract: | Yes | No | There is not a |
| | | | - | |