

DETROIT AREA AGENCY ON AGING
FY 2023-2025 MULTI-YEAR PLAN REQUEST FOR PROPOSAL

SERVICE REQUEST & DESCRIPTION

PERSONAL CARE

Applicant/Organization's Name:

Geographic Area to be Served:

Funding Sources: Title III B, State In-Home

Reference: AASA Operating Standard for Service Programs VII. B-8.

Unit of Service: One hour spent performing allowable personal care activities.

Instructions: Read the following service standards and check (X) the boxes in the 'Agree' column to indicate if the organization agrees to abide by that standard. Asterisks in the 'Agree' column indicate the need to respond to the statement or question in bold italics. Responses should be typed in the text box given. *Note: Refer to AASA Operating Standards for Service Programs for more information.*

ALL questions must be completed. Any questions not completed may delay or prohibit approval of this application.

	Agree (X)
Definitions & Service Delivery	
<p>1. Personal care services include the Provision of in-home assistance with activities of daily living (ADL) for an individual including assistance with bathing, dressing, grooming, toileting, transferring, eating, and ambulation. Personal care does not include health-oriented services as specified for Home Health Aide Services. <i>Describe the types of tasks that your staff will be performing during their work as a Personal Care assistant:</i></p> <p><i>How do you ensure that personal care staff (and clients) understand the limits of what a Personal Care assistant can do under this program?</i></p>	<input type="checkbox"/> *
<p>2. Each program must have written eligibility criteria. Each in-home service program shall conduct a face-to-face assessment of individual need for each client. <i>Describe how your organization assesses individuals requesting service, and who is responsible to determine the need of each participant:</i></p>	<input type="checkbox"/> *
<p>3. All workers performing personal care services must be directly supervised by a professionally qualified person. Each worker must be trained for each task to be performed. The supervisor must approve tasks to be performed by each worker. Completion of a recognized nurse aide training course by each worker is recommended. <i>Describe the supervisory staff that will oversee Personal care assistance program staff; please be specific in addressing their level of expertise, training, and education:</i></p>	<input type="checkbox"/> *

<p>4. Semi-annual in-service training is required for all personal care assistance workers. Required topics include safety, sanitation, household management, nutrition and meal preparation.</p> <p><i>Describe your training policy, including potential topics that will/could be covered in the next three years for Personal Care assistance staff:</i></p>	<div style="border: 1px solid black; width: 30px; height: 30px; display: flex; align-items: center; justify-content: center;">*</div>
---	---

Please answer these additional questions specific to the delivery of Personal Care assistance services:

- A. Indicate why you feel providing this service is important in your geographical area. Specifically, how will it impact socially isolated, low-income and/or minority individuals?
Please provide your area's demographic data, recent outcomes achieved, etc. to explain your answers.

- B. Will any part of the proposed service be sub-contracted? ☐ YES ☐ NO

If yes, please explain: