

RFP Instructions for Completing Home Care

Date: Enter Date of RFP being completed.

Corporate Office Location: Enter Location of Corporate office if you are part of a corporation. If not enter NA

Address: Enter Address of Entity requesting the Grant Funds. This would be the address where information can be sent to you by the board and a physical address.

Organization Name: This is the name of the Organization requesting the Grant. This is what you are known as and should be your legal name that is tied to your Federal Tax ID number.

Phone Number: Include Area code full 10 digit number. This is the number that if we have questions we can reach you at.

Email: This is the email where we can communicate with you including Meeting notices and other documents to be emailed to.

Organization Status: This is how your Federal Tax ID is listed as for PROFIT or Non-Profit

Specified Dollar Amount Requested: This is the amount of grant you are requesting for the entire Year.

Indicate Contract Period: Our Grant funding is from January 1 to Dec 31 of each year. With disbursements made in February for Grants approved in January. Example of entry January 1 to Dec 31, 2022.

EXPENSE ITEMS: Meeting Definition 13.14 Home Health Aide Services of Mo Medicaid Provider Manual and billing at rate of Maximum Allowable Rate for DHSS Home and Community-Based Services

Personal Care Procedure Code T1019:

- *Number of senior only units:* (Using the standard way you bill Medicaid for each type of services) Enter your projected number of total Units for Camden County Residents both using the grant funds and not you anticipate providing service to for the upcoming Grant period.
- *Number of Units Funded by Co fds:* Enter the number of units using standards of billing Medicaid you anticipate you will be needing for seniors you currently serve and you anticipate serving.
- *County Funds Requested:* Enter the total Amount of funds requested for this type of Service

Advanced Personal Care- Procedure Code T1019TF:

- *Number of senior only units:* (Using the standard way you bill Medicaid for each type of services) Enter your projected number of total Units for Camden County Residents both using the grant funds and not you anticipate providing service to for the upcoming Grant period.
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Personal Care- RCF/ALF Procedure Code T1019U3:

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Advanced Personal Care- RCF/ALF Procedure Code T1019U3TF:

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Authorized Nurse Visits – Procedure code T1001

- *Number of senior only units:* (Using the standard way you bill Medicaid for each type of services) Enter your projected number of total Units for Camden County Residents both using the grant funds and not you anticipate providing service to for the upcoming Grant period.
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Authorized Nurse Visits ALF/RCF – Procedure Code T1001U3

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Homemaker Care (services necessary to keep safe in home ~ not housekeeping services)

Procedure code S5130

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Basic In Home Respite – Procedure Code S5150

- *Number of senior only units:* (Using the standard way you bill Medicaid for each type of services) Enter your projected number of total Units for Camden County Residents both using the grant funds and not you anticipate providing service to for the upcoming Grant period.
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Advanced In Home Respite – Procedure Code S5150TF

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Aged and Disability Waiver Services

Adult Day Care Procedure Code S5100HB and S5100HC

- *Number of senior only units:* (Using the standard way you bill Medicaid for each type of services) Enter your projected number of total Units for Camden County Residents both using the grant funds and not you anticipate providing service to for the upcoming Grant period.
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Adult Day Care Procedure Code S5100HB

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Homemaker Chores Procedure Code S5120

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Other Services

- **Please list and provide associated units and funding:** List any Medicaid billable units and services you anticipate billing for including the MDCD procedure code you would bill if entitled to Medicaid that are not listed in the above section.

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Remaining Funds from Previous Years Grant Enter the total remaining funds available at the time of the application for Grant from current Grant Funds.

Indicate the total number of Camden County seniors projected to be served by your agency in the coming year regardless of funding source. This is the total number of Camden County Seniors projected to be served by your agency regardless if grant money will be used to cover services for them.

Indicate the total number of Camden County seniors projected to be served by your agency in the coming year utilizing Camden Co. funding. This is the total number of Camden County Seniors projected to be served by your agency that will be using Grant funds to cover services for them.

CAMDEN CO. SENIOR CITIZENS' SERVICES FUND BOARD COMMENTS/SUGGESTION and/or SUMMARIZE SERVICES PROVIDED. In this box you will list the services you will provide, identify how the services impact seniors in our County. Why the funds are necessary for your Agency. Please identify the number of seniors that would be at risk if Grant funds were not received and what the impact on those seniors would be.