

3.2 Conditions of Participation

Condition 1: Agency Structure

Provider must be a legally organized business or service agency that has operated in the Central Ohio area for at least one year at the time of application.

Condition 2: Administrative Capacity

Provider must have a physical location from which to conduct business and provide its services.

Condition 3: Administrative Policies

Provider must have the capacity to conduct some administrative functions.

Condition 4: Personnel Policies

Provider must have written personnel policies that support lawful personnel practices, with the exception of sole proprietors that have no employees.

Condition 5: Compliance and Quality

Provider must comply with all contractual requirements, these Conditions of Participation, and relevant service specification(s), monitoring, and reporting requirements established by Franklin County Office on Aging (FCOA).

Condition 6: Billing

Provider shall submit billing to the Franklin County Office on Aging (FCOA) in accordance with current procedures, with Provider's request for payment due **no later than 60 days after the service was completed.**

Condition 7: Computer Requirements

Providers that are approved to utilize the FCOA Case Management System (CMS) must review, accept, and decline requests for services in the CMS.

PLEASE NOTE: *It is recognized that these general conditions may, in some circumstances not be appropriate for all service settings. Specific conditions may also not be feasible in certain situations for certain providers. FCOA may waive specific conditions where it is demonstrated to FCOA's satisfaction that the condition is not appropriate, or where FCOA determines that strict enforcement of a condition would so limit the availability of service that a hardship for clients would be created.*

CONDITION 1: AGENCY STRUCTURE

Provider must be a lawfully organized and existing business or service agency operating in the Central Ohio area at least one year prior to the time of application.

Required Elements:

- 1.1 Provider must provide disclosure of ownership, and provide at least a 60 day notice of any change in ownership, and provide a written statement defining provider's purpose.
- 1.2 Provider must provide a Certificate of Good Standing/Articles of Incorporation with the Secretary of State effective at least one year prior to the date of application.
- 1.3 Provider must operate in compliance with all applicable Federal, State or Local laws.
- 1.4 Provider shall submit a written statement certifying compliance with Federal and State wage & hour laws and State Worker's Compensation laws (not applicable to sole proprietors with no employees).
- 1.5 Provider shall submit a policy and provide a written statement certifying compliance with non-discrimination laws in service delivery in accordance with the Americans with Disabilities Act and in employment in accordance with all Federal, State, and Local laws.
- 1.6 Provider shall submit a properly completed IRS form W-9.
- 1.7 Provider shall submit a current Bureau of Worker's Compensation certificate.
- 1.8 Provider shall submit a completed "Provider Information Form."
- 1.9 Provider shall submit a table of organization/list of the employees in the business, including name and title.
- 1.10 Provider must promptly provide a copy of any notice from any governmental agency or authority of violation or alleged violation by the Provider of any Federal, State, or Local law or regulation.

CONDITION 2: ADMINISTRATIVE CAPACITY

Provider must have the capacity to conduct some administrative functions.

Required Elements

- 2.1 Provider must have a telephone, email, and computer to receive referrals for service and availability to take referrals from 8 a.m. to 4:00 p.m., Monday through Friday.

- 2.2 Provider must designate and utilize a locked storage space or box for the maintenance of all hard-copy client records for a minimum of 6 years unless retention for a particular type of record for specific client(s) is required by an applicable Federal, State, or Local law or regulation. Electronic records must be HIPAA compliant and maintained for the same period of time.

CONDITION 3: ADMINISTRATIVE POLICIES

The Provider must have written procedures for the operation of the business and the provision of services.

Required Elements:

- 3.1 Provider shall submit evidence of business insurance coverage and provide certificates of insurance to demonstrate compliance throughout the term of the contract. The Provider shall obtain and maintain a comprehensive insurance program affording, at a minimum, the coverage indicated below (to be submitted with proposal submission).
 - 3.1.1 Comprehensive Public General Liability: \$1,000,000 single limit occurrence including coverage for Personal injury and Property Damage and:

Excess Annual Aggregate Limit: \$1,000,000
- 3.2 The following must be named as additional insured: **The Franklin County Board of Commissioners and the Franklin County Office on Aging.**
- 3.3 Provider shall submit a Grievance or Complaint Procedure which provides clients instruction on how to file a grievance or complaint and how to file a liability claim against the provider's insurance. The procedure must list the Provider's contact person and phone number.
- 3.4 Provider shall submit a Confidentiality Policy which specifies that client information will be kept confidential and that the provider will obtain written approval from the client prior to any release of client specific information to sources outside of FCOA.
- 3.5 Provider shall submit an Incident Reporting Policy or Procedure which specifies how incidents that occur during service and allegations or suspicion of abuse, neglect and exploitation of an older adult, will be reported in accordance with Ohio law (ORC 5101.61).
 - 3.5.1 Provider must document adverse incidents on an Incident Report Form and provide the form to FCOA within 24 hours of the date of occurrence or the date the incident is made known.

CONDITION 4: PERSONNEL POLICIES

Provider must have written personnel policies that support lawful personnel practices, with the exception of sole proprietors that have no employees.

Required Elements:

4.1 Provider must maintain a personnel file on every staff member (including volunteers and contract workers when applicable), who provides direct contracted service or supervise those who provide such direct service. These personnel files are subject to review at anytime during the term of this contract. Each file shall include the following:

- a. A resume or application for employment;
- b. FCOA Code of Ethics signed by the employee;
- c. Documented verification of licenses;
- d. Bureau of Criminal Identification and Investigations (BCII) checks;
- e. Results of 7 database checks.

4.2 Prior to hiring, the Provider shall review the applicant’s status in the following seven (7) free databases (OAC 173-9-03) for prohibited offenses. For assistance in using these databases please visit <http://aging.ohio.gov/information/rules/faq.aspx>.

Abuser Registry	The Department of Developmental Disabilities’ online abuser registry that lists people cited for abuse, neglect, or misappropriation.	https://its.prodapps.dodd.ohio.gov/ABR_Default.aspx
Sex Offender Search	Ohio Attorney General’s sex offender and child-victim offender database.	http://www.icrimewatch.net/index.php?AgencyID=55149&disc=
Offender Search	Department of Rehabilitation and Correction’s database of inmates.	https://appgateway.drc.ohio.gov/OffenderSearch

4.3 Provider shall provide written procedures that require it to conduct background checks on all applicants as well as procedures that do not permit hiring an applicant who has been convicted of a disqualifying offense, as defined in Ohio Revised Code Section 3701.881 and Ohio Administrative Code Section 173-9-01 through 173-9-10 or other actions that pose a risk to the clients.

4.4 The Bureau of Criminal Identification and Investigations fingerprint check is to be conducted on all employees (including volunteers and contract workers) who provide direct service or supervision of direct service staff.

CONDITION 5: COMPLIANCE AND QUALITY

Provider must comply with all contractual requirements, these Conditions of Participation and relevant service specification(s), and with monitoring and reporting requirements established by FCOA.

Required Elements:

- 5.1 When requested, provider must furnish documentation demonstrating that all requirements outlined in the applicable service specification(s) have been met.
- 5.2 Provider must allow representatives of FCOA full access to policies, procedures, records, and other documents related to the provision of services for FCOA clients.
- 5.3 FCOA reserves the right to temporarily suspend a provider's participation in the provision of services for the following reasons:
 - a. Failure to comply with our conditions, specifications, policies or procedures
 - b. Failure to correct quality of service or client safety issues

CONDITION 6: BILLING

Provider shall submit billing to the Franklin County Office on Aging (FCOA) in accordance with current procedures, with Provider's request for payment due no later than 60 days after the service was completed.

Required Elements:

- 6.1 Provider may agree to allow FCOA to make electronic funds transfers as the method payment for FCOA contracted services and provide FCOA with bank account information, including the routing and account numbers.
 - 7.1.1 Office on Aging will only remit payments to the contracted vendor agency.
- 6.2 Provider must bill for only those units authorized and delivered which have dated documentation (signed by the client*) for each unit of service delivered. FCOA is not liable to pay costs arising from changes, modifications or extra work orders without prior authorization by FCOA.

**Note: In the event a client is physically or mentally unable to sign the documentation of service delivery, the client's Power of Attorney, family member or other individual authorized by the client may sign on the client's behalf.*
- 6.3 Provider must only bill one payment source for a provided unit of service.
- 6.4 FCOA has the right to refuse payment to the provider when requests for payment are not received within sixty days from the date of service delivery. Extenuating circumstances that will cause a delay in billing should be promptly reported to FCOA.

- 6.5 Provider shall not bill any FCOA clients for service(s) delivered OR solicit clients for donations.
- 6.6 The Provider may not bill until completion of the specific service.
- 6.7 FCOA reserves the right to change billing procedures as needed including systems utilized to process billings. FCOA will provide notice of changes and training on any new systems utilized.

(For Providers Utilizing Case Management System)

- 6.8 Provider shall input service units into the FCOA Case Management System (CMS) electronically.
- 6.9 Franklin County normally makes payments within forty-five (45) days from the date the invoice is received.
- 6.10 Provider's request for payment is due no later than the 15th of the subsequent month following the date of service.

CONDITION 7: COMPUTER REQUIREMENTS

Providers that are approved to utilize the FCOA Case Management System (CMS) must review, accept, and decline requests for services in the CMS.

Required Elements:

- 7.1. General Cleaning Services shall be required to utilize the CMS at the effective date of this contract. Providers of all other services will be notified when use of FCOA's Case Management System (CMS) is required.
- 7.2 To receive technical support while utilizing the CMS the provider must utilize equipment that meets or exceeds the following requirements:
- Microsoft Windows desktop operating that is fully patched and actively supported by Microsoft (<https://support.microsoft.com/lifecycle/search>)
 - Up-to-date and fully patched version of Microsoft Edge (Chromium), Google Chrome or Mozilla Firefox web browser
 - Microsoft Windows Defender or another antivirus solution that is always running and maintained with the latest antivirus signatures
 - Stable internet connection with download speeds of 10Mbps or higher
- 7.3 Every user of the CMS is required to have their own user account and password. **The sharing of user accounts and passwords is strictly prohibited.** All users will be required to sign a network security agreement to indicate understanding and acceptance of the security policy. Violations of this agreement may result in penalties, including but

not limited to, the suspension of provider participation in FCOA programs, a \$250 fine and prosecution.

- 7.4 To ensure proper utilization of the CMS, the provider must have at least one staff member who has attended CMS training with FCOA. CMS users who do not attend training must have documentation that they have been trained by a provider's staff member who has trained with FCOA.
- 7.5 Remote support will be provided to assist with technical issues related to the CMS at no charge to the provider.
- 7.6 The CMS will be used by providers to receive and respond to referrals, submit billings, and other related communication. Therefore, providers should check the CMS for these items at least once per day.
- 7.7 Provider shall notify FCOA if they are unable to access the CMS for any reason. This will allow FCOA to identify and respond to these problems in the most efficient and effective manner possible.
- 7.8 Given the realities of continual technology changes and risks, these requirements may be updated as needed by FCOA. The provider is required to comply with computer-related policies and procedures as directed in other sections of the Conditions of Participation and Service Specifications or as defined by FCOA.

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