

10-279

**CONTRACT DOCUMENTS**

***City of Lincoln  
Nebraska***

**In - Home Supportive Services for the Elderly  
Bid No. 10-181**

**Elite Professionals Home Care Company  
3901 Faulkner Dr.  
Lincoln, NE 68516  
402.464.2422**

**City of Lincoln, Nebraska  
Contract Agreement**

THIS CONTRACT, made and entered into this \_\_\_\_\_ day of \_\_\_\_\_ 2010, by and between **Elite Professionals Home Care Company, 3901 Faulkner Dr., Lincoln, NE 68516** hereinafter called Contractor, and the City of Lincoln, Nebraska, a municipal corporation, hereinafter called the City.

WHEREAS, the City has caused to be prepared, in accordance with law, Specifications, Plans, and other Contract Documents for the Work herein described, and has approved and adopted said documents and has caused to be published an advertisement for and in connection with said Work, to-wit:

**In-Home Supportive Services for the Elderly, Bid No. 10-181**

and,

WHEREAS, the Contractor, in response to such advertisement, has submitted to the City, in the manner and at the time specified, a sealed Proposal/Supplier Response in accordance with the terms of said advertisement; and,

WHEREAS, the City, in the manner prescribed by law has publicly opened, read aloud, examined, and canvassed the Proposals/Supplier Responses submitted in response to such advertisement, and as a result of such canvass has determined and declared the Contractor to be the lowest responsible bidder for the said Work for the sum or sums named in the Contractor's Proposal/Supplier Response, a copy thereof being attached to and made a part of this Contract;

NOW, THEREFORE, in consideration of the sums to be paid to the Contractor and the mutual covenants herein contained, the Contractor and the City have agreed and hereby agree as follows:

1. The Contractor agrees to (a) furnish all tools, equipment, supplies, superintendence, transportation, and other accessories, services, and facilities; (b) furnish all materials, supplies, and equipment specified to be incorporated into and form a permanent part of the complete work; (c) provide and perform all necessary labor in a substantial and workmanlike manner and in accordance with the provisions of the Contract Documents; and (d) execute and complete all Work included in and covered by the City's award of this Contract to the Contractor, such award being based on the acceptance by the City of the Contractor's Proposal, or part thereof, as follows:

**Agreement to full proposal**

2. The City agrees to pay to the Contractor for the performance of the Work embraced in this Contract, the Contractor agrees to accept as full compensation therefore, the following sums and prices for all Work covered by and included in the Contract award and designated above, payment thereof to be made in the manner provided by the City:
  - A. **The overall rate for all services provided by the vendor is \$18.50/hour for Personal Care and \$16.50/hour for Homemaker.**
  - B. **The under the Supportive Services Program the City will pay the agreed upon rate and the Vendor shall bill the client for their share of the cost on a sliding fee scale. The reimbursable rate from the City to the Vendor is \$9.50/hour for Homemaker and \$10.50/hour for Personal Care.**
  - C. **Under the Congregate Housing Services Program (CHSP), the City will pay the full cost of the service as listed in A.**

3. EQUAL EMPLOYMENT OPPORTUNITY: In connection with the carrying out of this project, the Contractor shall not discriminate against any employee, applicant for employment, or any other person because of race, color, religion, sex, national origin, ancestry, disability, age or marital status. The Contractor will take affirmative action to ensure that applicants are employed, and that employees are treated during employment, without regard to their race, color, religion, sex, national origin, ancestry, disability, age or marital status. Such action shall include, but not be limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other compensation; and selection for training, including apprenticeship.
  
4. E-VERIFY: In accordance with Neb. Rev. Stat. 4-108 through 4-114, the contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A 1324b. The contractor shall require any subcontractor to comply with the provisions of this section.
  
5. Termination. This Contract may be terminated by the following:
  - 5.1) Termination for Convenience. Either party may terminate this Contract upon thirty (30) days written notice to the other party for any reason without penalty.
  - 5.2) Termination for Cause. The City may terminate the Contract for cause if the Contractor:
    - 5.2.1) Refuses or fails to supply the proper labor, materials and equipment necessary to provide services and/or commodities.
    - 5.2.2) Disregards Federal, State or local laws, ordinances, regulations, resolutions or orders.
    - 5.2.3) Otherwise commits a substantial breach or default of any provision of the Contract Document. In the event of a substantial breach or default the City will provide the Contractor written notice of said breach or default and allow the Contractor ten (10) days from the date of the written notice to cure such breach or default. If said breach or default is not cured within ten (10) days from the date of notice, then the contract shall terminate.
  
6. INDEPENDENT CONTRACTOR: It is the express intent of the parties that this contract shall not create an employer-employee relationship. Employees of the Contractor shall not be deemed to be employees of the City and employees of the City shall not be deemed to be employees of the Contractor. The Contractor and the City shall be responsible to their respective employees for all salary and benefits. Neither the Contractor's employees nor the City's employees shall be entitled to any salary, wages, or benefits from the other party, including but not limited to overtime, vacation, retirement benefits, workers' compensation, sick leave or injury leave. Contractor shall also be responsible for maintaining workers' compensation insurance, unemployment insurance for its employees, and for payment of all federal, state, local and any other payroll taxes with respect to its employees' compensation.
  
7. The term of the Contract for Services shall be for the period of two (2) years from date of execution with the option for one (1) additional two (2) year renewal.

8. The Contract Documents comprise the Contract, and consist of the following:

1. Instructions to Bidders
2. Insurance Requirements
3. Accepted Proposal
4. Contract Agreements
5. Specifications
6. Appendix A
7. Sliding Fee Scale
8. Sales Tax Exemption Form 13

These Contract Agreements, together with the other Contract Documents herein above mentioned, form this Contract, and they are as fully a part of the Contract as if hereto attached or herein repeated.

The Contractor and the City hereby agree that all the terms and conditions of this Contract shall by these presents be binding upon themselves, and their heirs, administrators, executors, legal and personal representatives, successors, and assigns.

IN WITNESS WHEREOF, the Contractor and the City do hereby execute this contract.

**EXECUTION BY THE CITY OF LINCOLN, NEBRASKA**

**ATTEST:**

CITY OF LINCOLN, NEBRASKA

\_\_\_\_\_  
City Clerk

\_\_\_\_\_  
Mayor

**Approved by:**

Resolution No. \_\_\_\_\_

Dated \_\_\_\_\_

**EXECUTION BY CONTRACTOR**

**IF A CORPORATION:**

**ATTEST:**

\_\_\_\_\_  
Name of Corporation

\_\_\_\_\_  
Secretary (SEAL)

\_\_\_\_\_  
Address

By: \_\_\_\_\_

Duly Authorized Official

\_\_\_\_\_  
Legal Title of Official

**IF OTHER TYPE OF ORGANIZATION:**

\_\_\_\_\_  
Name of Organization

\_\_\_\_\_  
Type of Organization

\_\_\_\_\_  
Address

By: \_\_\_\_\_

Member

By: \_\_\_\_\_

Member

**IF AN INDIVIDUAL:**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

# City of Lincoln/Lancaster County (Lincoln Purchasing) Supplier Response

Bid Information		Contact Information		Ship to Information	
Bid Creator	Robert Walla Asst. Purchasing Agent	Address	Purchasing 440 S. 8th St. Lincoln, NE 68516	Address	
Email	rwalla@lincoln.ne.gov	Contact	Robert Walla Asst. Purchasing Agent	Contact	
Phone	1 (402) 441-8309			Department	
Fax	1 (402) 441-6513			Building	
Bid Number	10-181	Department		Floor/Room	
Title	Rebid - In-Home Supportive Services For The Elderly	Building	Suite 200	Telephone	
Bid Type	RFP	Floor/Room		Fax	
Issue Date	08/25/2010	Telephone	1 (402) 441-8309	Email	
Close Date	9/8/2010 12:00:00 PM CST	Fax	1 (402) 441-6513		
Need by Date		Email	rwalla@lincoln.ne.gov		

## Supplier Information

Company	Elite Professionals Home Care Company
Address	3901 Faulkner Dr  Lincoln, NE 68516
Contact	Stephanie Wiese
Department	
Building	
Floor/Room	
Telephone	402 (464) 2422
Fax	402 (464) 2922
Email	swiese@eliteprohomecare.com
Submitted	8/27/2010 11:48:39 AM CST
Total	\$0.00

Signature \_\_\_\_\_

## Supplier Notes

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## Bid Notes

This proposal only requires an electronic response! All documents are to be attached to the Ebid response.

## Bid Messages

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Please review the following and respond where necessary

#	Name	Note	Response
1	Insurance Requirements	I acknowledge reading and understanding the Insurance Requirements.	Yes

2	Sample Contract	I acknowledge reading and understanding the sample contract.	Yes
3	Specifications	I acknowledge reading and understanding the specifications.	Yes
4	Electronic Signature	Please check here for your electronic signature.	Yes
5	Instructions to Proposers	I acknowledge reading and understanding the Instructions to Proposers.	Yes
6	Renewal is an Option	Contract Extension Renewal is an option.	Yes
7	Contact	Name of person submitting this bid:	Jennifer Gibbons

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Line Items

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#	Qty	UOM	Description	Response
1	1	EA	This is to notify you that RFP 10-181 for In-Home Supportive Services For The Elderly for Aging Partners is available. Please prepare your written response including pricing on company letterhead and attach it to the Response Attachment section of your Ebid response.	\$0.00

Item Notes: PLEASE ENTER A "0" IN THE UNIT PRICE BOX TO THE RIGHT!<BR>  
YOUR PRICING FOR SERVICES WILL BE INCLUDED IN YOUR RESPONSE ATTACHED TO THE RESPONSE ATTACHMENT SECTION.

Supplier Notes:

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Response Total: \$0.00

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*Elite Professionals Home Care Company*

3901 Faulkner Dr. Lincoln, NE 68516 phone: (402) 464-2422

Request for Proposal  
Lincoln Area Agency on Aging  
Supportive Service Program

Elite Professionals Home Care Company  
3901 Faulkner Dr.  
Lincoln, NE 68516  
(402) 464-2422 phone  
(402) 464-2922 fax

Established August 1, 2003 as Elite Professionals Home Care Company – Private Corporation

Types of Service provided include: Skilled Nursing, Physical Therapy, Occupational Therapy, Home Health Aide, and Homemaking.

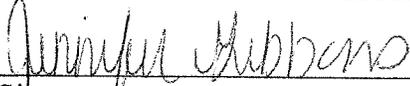
Mission of Elite Professionals: It is the mission of Elite Professionals Home Care Company to provide quality home health care services in the most comprehensive, cost-effective way possible to all individuals as a basic human right. It is our goal to develop relationships with referral sources to effectively meet all of our client's home needs and to maintain clients in their homes, in the least restrictive setting, for as long as safely feasible.

Geographical areas served: Lancaster, Douglas, Dodge, Cass, Sarpy, Saline, and Seward counties in Nebraska.

Staff employed include 45 nurses: 21 RNs and 24 LPNs, 60+ home health aides and homemaker staff members, 1 Physical Therapist, 2 Physical Therapist Assistants, 1 Occupational Therapist. To total over 110 employees and hiring regularly.

Chief Executive authorized to submit proposal:

Jennifer Gibbons – President/Administrator

  
\_\_\_\_\_  
Signature

Elite Professionals Home Care Company is willing and able to meet proposal 10-182 time requirements.

### **Introduction**

Elite Professionals Home Care Company was incorporated in August of 2003 by Jennifer Gibbons who is a registered nurse and owner of Elite Professionals Home Care Company. Elite Professionals Home Care Company has grown tremendously over the last seven years and currently has contracts to provide client services with a number of state agencies. Our agency is Medicare and Medicaid certified. Home care is a passion for the staff at Elite; we pride ourselves in being a close-knit company where each staff member knows each patient by name. We achieve this with regular office staff meetings and conferences. It is our goal to never lose sight of the closeness and small-business minded ideals that have brought us as far as we have come. As we continue to grow we will continue to provide our clients with the full and utmost attention, respect, thoroughness, concern, and compassion. (See attachments 1-1C: Brochures and Business Card)

It is the mission of Elite Professionals Home Care Company to provide quality home health care services in the most comprehensive, cost-effective way possible to all individuals as a basic human right. It is our goal to develop relationships with referral sources to effectively meet all client's home needs and to maintain those clients in their homes, in the least restrictive setting, for as long as safely feasible.

### **Rationale for applying for proposal for Supportive Service Program:**

Elite Professionals Home Care Company feels it appropriate to re-apply for this proposal, as we have enjoyed the opportunity to work with the elderly and disabled clientele included in the grant. The elderly and disabled populations are one of the main focus' and specialties of Elite's practice thus far. We feel that we have assisted in maintaining these clients' independence, safety, and quality of living and would like to continue to do so. We currently work with the Lincoln Housing Authority employees to ensure that the safest and most appropriate living arrangements are provided for our clients. We wish to also ensure this through a working relationship with Lincoln's Area Agency on Aging in order to assist in maintaining the independence and safety of the residents in our community. We care about our clients and are available to them twenty-four hours per day seven days per week. We feel that the Elite staff has a lot to offer these individuals, we strive to build life-long relationships with our clients and do all we can to assist them in fulfilling their personal life goals. Patient satisfaction is top priority and will be assessed by Elite nursing staff regularly. We will do all we can as a provider of home care services to ensure all clients are receiving appropriate and quality care. (See attachments 3-3B: Client Satisfaction Letters and 4-4B: Quality Improvement/ Assurance)

### **Background:**

Any staff member of Elite Professionals Home Care Company that is providing hands on care to clients are required to have a certified license in the state of Nebraska. Elite employs persons of all ages, ethnicity's, races, backgrounds, genders, and sexual orientation. With a wide variety of employees we are able to properly and appropriately pair employees with multiple clientele preferences.

Our home health aides must have and maintain their Certified Nursing Assistant license and become licensed Medication Aides through training provided at Elite. Home health aides must also obtain twelve in-service hours per year to maintain their C.N.A. license, these are provided by office staff at Elite. All home health aides are given a one-hundred question test prior to being employed at Elite. They must pass this exam with a score of eighty percent or higher. On the medication aide test they must receive an eighty percent or higher also. Each home health aide has two reference checks, an abuse and neglect background check, and a criminal background check through the Nebraska State patrol office.

All of our nurses are Licensed Practical Nurses or Registered Nurses. Nurses must maintain their license requirements of having 20 continuing education hours every 2 years through a variety of in-services and seminars. Elite nurses are encouraged to attend a variety of seminars throughout Lincoln to keep up on all of the latest technology and treatment plans for a variety of illnesses and diagnosis's. All nurses also maintain their two-year Basic Life Support CPR certification through taking a class provided at Elite every year. All nurses have two reference checks done, an abuse and neglect background check, and a criminal background check through the Nebraska State patrol office.

All of Elite's Case Managers are Registered Nurses. These RN's maintain all aspects of a client's case from admission to discharge and all that lies in-between. (See attachment 9: Organizational Chart)

Our Physical Therapist and Occupational Therapist have licenses through the state of Nebraska and maintain in-service hours as appropriate to their license requirements. The PT and OT staffs receive two reference checks, an abuse and neglect background check, and a criminal background check through the Nebraska State patrol office.

### **Operational Experience**

As a corporation Elite Professionals Home Care Company has continued to grow rapidly in size over the last seven years. We have widely increased the referral sources we work with on a regular basis. As a rapidly growing company we are hiring and training new staff members regularly and are always willing to provide extra training and orientation sessions to fit and meet client needs. Being in business since 2003, Elite has built many

new and cherished relationships with new referral sources including, but not limited to, The League of Human Dignity: Medicaid Waiver Program and The Lincoln Aging Partners: Private and Medicaid Waiver Programs, Children's Medicaid Waiver, Centerpointe, CHSP and SSP programs. We have been providing a variety of services for their clients including homemaker, companion/chore provider, home health aide, and nursing. Thus far our success with these clients has been phenomenal. Most of these clients are still with us today and are expected to be under Elite services long term. We continue to grow daily with continued referrals from these program managers. We also provide many home care services for the Veterans Affairs Hospital of Lincoln. We have maintained many long-term VA clients and continue to begin new cases frequently providing them with home health aides and nursing staff.

### **Geographical Areas Served**

Elite has expanded the geographical areas that we serve. Our staff currently serves clients in Lancaster County, Seward County, Saline County, Dodge County, and Sarpy County. We have seen patient's as far as Pottawattamie County in Iowa. Currently in Lancaster County Elite serves over 130 patients. If we have a client who has a need in a rural area, or an area we have not yet served, we are always willing to attempt to find the staff to assist them and then add that area to our license with the state of Nebraska. As we have expanded so rapidly this has come up in the past and has been an easy process to go through. All of our staff is hired under the stipulation that they will need to travel when a rural client has a need for our services. Our patient visits are scheduled in blocks with back to back times to assist with ADL's throughout the day. Consistent caregivers are sent to client visits so that a bond can be made between the caregiver and client. This method of scheduling has helped build relationships between clients and staff, which we hope to maintain for years to come and carry over into future contracts, and clientele.

### **Past Outcomes**

Elite Professionals Home Care Company has had multiple good outcomes as far as client satisfaction. (See attachments 11-11C: Patient Satisfaction Surveys) We have also had a variety of satisfied physicians with approval of their patient outcomes. (See attachments 12-12B: Physician Satisfaction Surveys) We have a variety of physician offices that now contact Elite when they have a patient who has home care needs. We have, of course, had clients that have had to go to nursing homes in order to maintain their safety. This, however, is rare, as we are usually able to maintain a client in their home through providing a wide variety of home health services. Our agency has staff available twenty-four hours per day seven days per week and can accommodate patients and families with a variety of hours and options. Our complaints and grievances over the past few years have been minimal and our office staff works hard to keep it that way. Our office staff handles a client complaint immediately and proper measures are taken to ensure no future problems of the same nature. Our current clients' trust us to maintain their feelings of privacy and safety in their homes and that is what Elite strives to do.

### Closing

Elite Professionals Home Care Company would love to continue to work with the Lincoln Area on Aging and Supportive Service Program. We are capable of and willing to provide companion and personal care services. If further needs arise on specific clients we are also able to accommodate those needs without the client having to change home care companies, as we are Medicare and Medicaid certified. We are confident in our services and in our ability to assist in maintaining the safety and independence of the elderly and disabled clients that would be receiving our services. Elite will help these clients maintain the highest possible quality of living. We are a fast growing and competent company who will put the hard work into having a new clientele and making them feel welcome in our organization. We will strive to pair staff members and clients that are compatible with one another. We will have separate office staff dedicated to staffing and case managing these clients only. We invite you to contact the agencies listed on the following page for reference checks on Elite Professionals. We hope you will find that using our company will benefit our elderly and disabled populations in Lincoln and we welcome the opportunity to be able to prove to you that we will!

### Service Costs

Care Companion/ Chore Provider services \$ 18.00 per hour  
Home Health Aide /Personal Care Aide services \$ 23.00 per hour

**\*Rates decrease with extended hours of care – please call Elite for further information.**

### Management and Supervisory Staff (See Attachment 9: Organizational Chart)

Owner/Administrator and RN: Jennifer Gibbons  
Client Scheduling Supervisor: Darlene Thomas  
Billing and Payroll: Stephanie Wiese  
Supervisor of Case Managers/Nursing Staff: Kelly Haney  
Managing QI and Oasis RNs: Jessica Murdock, Jean Obermier, Nancy Blackman, and Chris Kaczmarczyk  
Case Managers: Joan Jilek, Tina Hale, Angela Miller, Barb Lamb, and Ruth Foster

**SSP/LAAA SLIDING FEE SCALE - SINGLE**

**BASE: \$10,830.00**

ANNUAL INCOME	MONTHLY INCOME	% POVERTY	CLIENTS %
\$0.00 - \$10,830.00	\$0.00 - \$903.00	100%	40%
\$10,831.00 - \$13,538.00	\$904.00 - \$1,128.00	125%	45%
\$13,539.00 - \$15,162.00	\$1,129.00 - \$1,264.00	140%	50%
\$15,163.00 - \$16,245.00	\$1,265.00 - \$1,354.00	150%	55%
\$16,246.00 - \$18,953.00	\$1,355.00 - \$1,579.00	175%	60%
\$18,954.00 - \$21,660.00	\$1,580.00 - \$1,805.00	200%	65%
\$21,661.00 - \$23,285.00	\$1,806.00 - \$1,940.00	215%	70%
\$23,286.00 - \$24,368.00	\$1,941.00 - \$2,031.00	225%	75%
\$24,369.00 - \$27,075.00	\$2,032.00 - \$2,256.00	250%	80%
\$27,076.00 - \$29,783.00	\$2,257.00 - \$2,482.00	275%	85%
\$29,784.00 - \$31,407.00	\$2,483.00 - \$2,617.00	290%	90%
\$31,408.00 - OVER	\$2,618.00 - OVER	300%	100%

\*Subtract \$311.67 from the total Monthly Income to adjust for each additional family member.

**SSP/LAAA REIMBURSEMENT RATE**

PC	HMK
\$10.00	\$9.00

**SSP/LAAA SLIDING FEE SCALE**

**SEPTEMBER 1, 2009 THRU AUGUST 31, 2010**

**PC \$18.50  
HMK \$16.00**

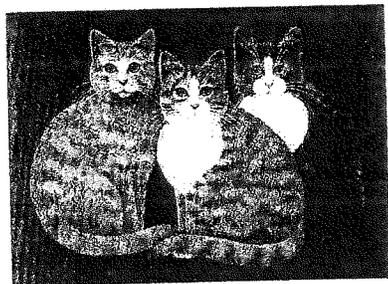
ANNUAL INCOME	MONTHLY INCOME	PC	HMK
\$0.00 - \$10,830.00	\$0.00 - \$903.00	\$7.40	\$6.40
\$10,831.00 - \$13,538.00	\$904.00 - \$1,128.00	\$8.30	\$7.20
\$13,539.00 - \$15,162.00	\$1,129.00 - \$1,264.00	\$9.25	\$8.00
\$15,163.00 - \$16,245.00	\$1,265.00 - \$1,354.00	\$10.20	\$8.80
\$16,246.00 - \$18,953.00	\$1,355.00 - \$1,579.00	\$11.10	\$9.60
\$18,954.00 - \$21,660.00	\$1,580.00 - \$1,805.00	\$12.00	\$10.40
\$21,661.00 - \$23,285.00	\$1,806.00 - \$1,940.00	\$12.95	\$11.20
\$23,286.00 - \$24,368.00	\$1,941.00 - \$2,031.00	\$13.90	\$12.00
\$24,369.00 - \$27,075.00	\$2,032.00 - \$2,256.00	\$14.80	\$12.80
\$27,076.00 - \$29,783.00	\$2,257.00 - \$2,482.00	\$15.70	\$13.60
\$29,784.00 - \$31,407.00	\$2,483.00 - \$2,617.00	\$16.65	\$14.40
\$31,408.00 - OVER	\$2,618.00 - OVER	\$18.50	\$16.00

**LAAA REIMBURSEMENT RATE**

\*Subtract \$311.67 from the total Monthly Income to adjust for each additional family member.

THANK YOU FOR THE PEACE  
LILY PLANT IN HONOR OF  
DEBORAH [REDACTED] SHE WAS  
GIVEN EXCELLENT CARE BY ELITE  
THESE PAST YEARS AND THAT IS  
MUCH APPRECIATED. I'M ESPECIALLY  
GRATEFUL FOR SHELLY WILKINSON.  
SHE MADE DEBORAH'S LAST FEW  
YEARS COMFORTING AND PEACEFUL.

TOM [REDACTED]



Dec 08

To Clite—

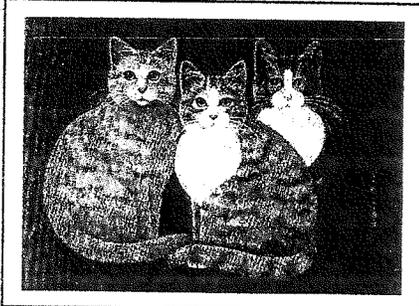
I want to tell everyone  
how much I am indebted to you  
for your wonderful care.

There has not been a  
single one of you, who hasn't  
treated with kindness and  
professional care.

You have accepted my  
family - all of my Bets - as well.

The treatments and bandaging  
have been done with a care to cause  
me as little pain as possible.

You have helped me to ease  
with and ease to causing me as little



embarrassment and gentleness as I have  
ever been treated.

I can <sup>recommend</sup> recommend you to ~~anyone~~  
and I talk too

you all are the best I've ever  
had.

Thank you!

Linda ~~\_\_\_\_\_~~

# **QUALITY ASSURANCE/ PERFORMANCE IMPROVEMENT**

## **POLICY**

Agency shall establish a performance improvement plan to continuously measure, assess, and improve the performance of clinical and other processes. This plan will be based on the organization's mission and goals and designed to improve client outcomes and the perceptions of clients/families about the quality and value of services. The agency will adopt a performance improvement model to guide the process.

## **PURPOSE**

To design processes, which through collaboration of all services and disciplines, will meet the needs of clients, staff and the community.

To improve client and agency outcomes through a coordinated collaborative approach to assessing and improving organizational performance.

## **OBJECTIVES OF THE PROGRAM**

- To assess and evaluate the quality of client care services provided, appropriateness of services, and satisfaction of clients and families.
- To identify deviations from agency and professional standards and pursue improvement opportunities by assessment, planning and evaluation.
- To identify, address, track and resolve problems in client care services and satisfaction to insure resolution and/or improvement.
- To increase the awareness of each staff member of their role within the organization and foster involvement and participation in agency's performance improvement program.
- To meet state and federal regulatory requirements.

6. Intensive assessment will be completed when undesirable variation in performance is detected.
7. The plan will target the performance of existing processes and outcomes and identify/design new processes based on priorities, standards and resources.
8. Performance improvement activities, minutes, reports, correspondence are considered to be confidential and privileged.

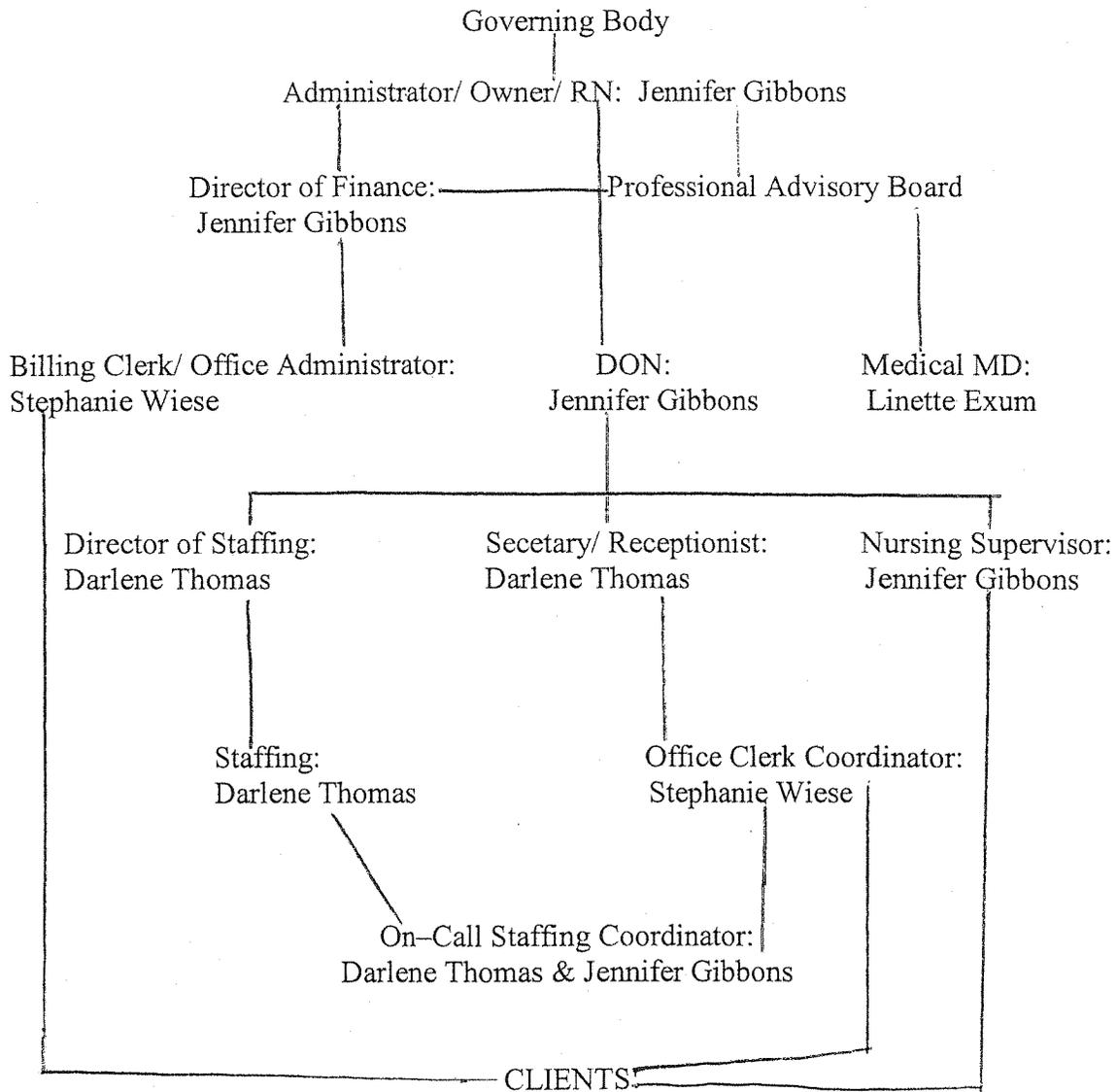


**Elite Professionals**  
HOME CARE COMPANY

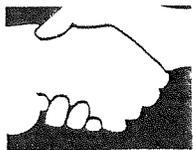
3901 Faulkner Drive  
Lincoln, Nebraska 68516  
Phone 402.464.2422  
Fax 402.464.2922

**Elite Professionals Home Care Company's Organization Chart**

Effective 7-11-08



\* 7-7-06 organizational chart re-instated as per confusion related to nursing supervisor vs. nursing assistant/assistant to D.O.N. position.



## SATISFACTION QUESTIONNAIRE

DATE 3/13/09

Thank you for allowing us to provide care for you or your family member. We are interested in your ideas or opinions about our care/services. Please take a moment to answer the following questions. Additional comments are welcome and can be recorded on the back of this form. If you need assistance in completing this form, please feel free to contact our office.

**For questions 1 - 10, please circle the appropriate number that best describes your opinion.**  
**1-Strongly Agree 2-Agree 3-Disagree 4-Strongly Disagree 5-No Opinion or Not Applicable**

1. I was satisfied with the care provided by the:	
a. Nurse(s)	(1) 2 3 4 5
b. Physical Therapist	1 2 3 4 (5)
c. Occupational Therapist	1 2 3 4 (5)
d. Home Health Aide(s)	(1) 2 3 4 5
e.	1 2 3 4 5
f.	1 2 3 4 5
2. Staff explained the care/services to be provided and the expected outcomes of care.	1 (2) 3 4 5
3. I was involved in the decision-making process about my plan of care from admission through discharge.	(1) 2 3 4 5
4. Staff treated me, my family, my home and belongings with respect.	(1) 2 3 4 5
5. Staff explained my conditions, rights and responsibilities, and other procedures related to the care I received.	(1) 2 3 4 5
6. Staff assisted me with managing my pain and discomfort.	(1) 2 3 4 5
7. The staff generally arrived as scheduled.	(1) 2 3 4 5
8. When I called the agency, office staff were courteous and available and directed my call correctly.	1 2 3 4 (5)
9. I would use this agency again.	(1) 2 3 4 5
10. I would recommend this agency to friends and relatives.	(1) 2 3 4 5

11. Suggestions for improvements/additional comments: *Nicole was sweet, caring and very gentle. She was prompt and courteous. I was impressed with her quiet, caring personality. Please convey my thanks to her for a job well done.*

12. What most impressed me about the agency's care/service was:

*Their punctuality and caring demeanor*

Thank you for your valuable feedback. This confidential information will be used only in efforts to improve care/service.

Sincerely,

*[Signature]*  
Organization Director or Administrator Signature

I  would/ would not like to discuss my responses further.

Please return the completed questionnaire in the enclosed, self-addressed, stamped envelope.

*[Signature]*  
Optional Signature of Person Completing Form

3/13/09  
Date



## SATISFACTION QUESTIONNAIRE

DATE 3/14/09

Thank you for allowing us to provide care for you or your family member. We are interested in your ideas or opinions about our care/services. Please take a moment to answer the following questions. Additional comments are welcome and can be recorded on the back of this form. If you need assistance in completing this form, please feel free to contact our office.

**For questions 1 - 10, please circle the appropriate number that best describes your opinion.**  
**1-Strongly Agree 2-Agree 3-Disagree 4-Strongly Disagree 5-No Opinion or Not Applicable**

1. I was satisfied with the care provided by the:					
a. Nurse(s)	1	2	3	4	5
b. Physical Therapist	1	2	3	4	5
c. Occupational Therapist	1	2	3	4	5
d. Home Health Aide(s)	1	2	3	4	5
e.	1	2	3	4	5
f.	1	2	3	4	5
Staff explained the care/services to be provided and the expected outcomes of care.	1	2	3	4	5
3. I was involved in the decision-making process about my plan of care from admission through discharge.	1	2	3	4	5
4. Staff treated me, my family, my home and belongings with respect.	1	2	3	4	5
5. Staff explained my conditions, rights and responsibilities, and other procedures related to the care I received.	1	2	3	4	5
6. Staff assisted me with managing my pain and discomfort.	1	2	3	4	5
7. The staff generally arrived as scheduled.	1	2	3	4	5
8. When I called the agency, office staff were courteous and available and directed my call correctly.	1	2	3	4	5
9. I would use this agency again.	1	2	3	4	5
10. I would recommend this agency to friends and relatives.	1	2	3	4	5

11. Suggestions for improvements/additional comments: MY SCHEDULE NOW IS JUST THE WAY I LIKE IT. I REALLY APPRECIATE HAVING THE SAME TWO LADIES EVERY WEEK. IT MAKES ME FEEL SECURE.

12. What most impressed me about the agency's care/service was:

Thank you for your valuable feedback. This confidential information will be used only in efforts to improve care/service.  
Sincerely,  
[Signature]  
Organization Director or Administrator Signature

I would like to discuss my responses further.  
 I would not like to discuss my responses further.  
Please return the completed questionnaire in the enclosed, self-addressed, stamped envelope.  
[Signature]  
Optional Signature of Person Completing Form  
Date 3/14/09



**SATISFACTION QUESTIONNAIRE**

DATE 3/11/09

Thank you for allowing us to provide care for you or your family member. We are interested in your ideas or opinions about our care/services. Please take a moment to answer the following questions. Additional comments are welcome and can be recorded on the back of this form. If you need assistance in completing this form, please feel free to contact our office.

**For questions 1 - 10, please circle the appropriate number that best describes your opinion.**  
**1-Strongly Agree 2-Agree 3-Disagree 4-Strongly Disagree 5-No Opinion or Not Applicable**

1. I was satisfied with the care provided by the:					
a. Nurse(s)	1	2	3	4	5
b. Physical Therapist	1	2	3	4	5
c. Occupational Therapist	1	<del>2</del>	3	4	5
d. Home Health Aide(s)	1	2	3	4	5
e.	1	2	3	4	5
f.	1	2	3	4	5
Staff explained the care/services to be provided and the expected outcomes of care.	1	2	3	4	5
3. I was involved in the decision-making process about my plan of care from admission through discharge.	1	2	3	4	5
4. Staff treated me, my family, my home and belongings with respect.	1	2	3	4	5
5. Staff explained my conditions, rights and responsibilities, and other procedures related to the care I received.	1	2	3	4	5
6. Staff assisted me with managing my pain and discomfort.	1	2	3	4	5
7. The staff generally arrived as scheduled.	1	2	3	4	5
8. When I called the agency, office staff were courteous and available and directed my call correctly.	1	2	3	4	5
9. I would use this agency again.	1	2	3	4	5
10. I would recommend this agency to friends and relatives.	1	2	3	4	5

11. Suggestions for improvements/additional comments:

12. What most impressed me about the agency's care/service was: *I am pleased to have the same nurse aid, as that person know my*

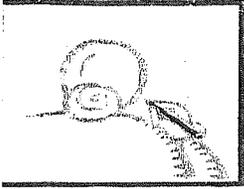
Thank you for your valuable feedback. This confidential information will be used only in efforts to improve care/service.

I  would/ would not like to discuss my responses further.

Please return the completed questionnaire in the enclosed, self-addressed, stamped envelope.

Sincerely,  
*[Signature]*  
Organization Director or Administrator Signature

Optional Signature of Person Completing Form: \_\_\_\_\_ Date: 3/11/09



# Elite Professionals Home Care Co. 12/11

301 S. 70<sup>th</sup> Street, Suite 350 Lincoln, NE 68510 (402) 464-2422

## Physician Satisfaction Survey

Our Agency is happy to assist in caring for your patients, and we would like to hear from you whether those services met your expectations and the needs of the patient. Please take a moment to complete the questions below and return to us in the prepaid envelope provided. Your comments or suggestions are welcome. Re: Shailee [redacted], Charlie [redacted], Jerrie [redacted], Alex [redacted]

**Please rank the quality of service you received as follows:**

1 — Strongly Agree      2 — Agree      3 — Disagree  
 4 — Strongly Disagree      5 — No Opinion or Not Applicable

	1	2	3	4	5
1. I was satisfied with the care provided by the:					
a. Nurse(s)					✓
b. Physical Therapist					✓
c. Occupational Therapist					✓
d. Speech/Language Pathologist					✓
e. Medical Social Worker					
f. Home Health Aide(s)		✓			
2. The agency services are provided promptly.			✓		
3. Staff are knowledgeable of the patient's condition when they contact me.			✓		
4. I am satisfied with the agency's procedure for reporting to me.		✓			
5. I would recommend the agency to others.		✓			

**Additional comments or suggestions for improving our service:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

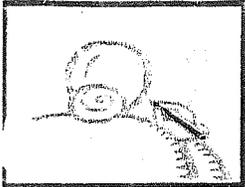
\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Thank You



# Elite Professionals Home Care Co.

301 S. 70<sup>th</sup> Street, Suite 350 Lincoln, NE 68510 (402) 464-2422

## Physician Satisfaction Survey

Our Agency is happy to assist in caring for your patients, and we would like to hear from you whether those services met your expectations and the needs of the patient. Please take a moment to complete the questions below and return to us in the prepaid envelope provided. Your comments or suggestions are welcome.

RE: Bassima [redacted]  
Kathleen [redacted]

Please rank the quality of service you received as follows:

- 1 — Strongly Agree      2 — Agree      3 — Disagree  
 4 — Strongly Disagree      5 — No Opinion or Not Applicable

	1	2	3	4	5
1. I was satisfied with the care provided by the:					
a. Nurse(s)		X			
b. Physical Therapist					X
c. Occupational Therapist					X
d. Speech/Language Pathologist					X
e. Medical Social Worker					X
f. Home Health Aide(s)		X			
2. The agency services are provided promptly.		X			
3. Staff are knowledgeable of the patient's condition when they contact me.		X			
4. I am satisfied with the agency's procedure for reporting to me.		X			
5. I would recommend the agency to others.		X			

Additional comments or suggestions for improving our service:

- Appreciate great culturally competent care.

I strive to empower my patients to be as independent as they can be, with assistance as needed.

Signature: [redacted]

Thank You

**Request for Proposals  
for  
In-home Supportive Services for the Elderly**

**1. SCOPE AND SUPPLEMENTAL INSTRUCTIONS**

- 1.1 The City of Lincoln through its Aging Partners, Personal and Family Services, has funds for the purchase of personal care and homemaking services through two programs:
  - 1.1.1 The Supportive Services Program
  - 1.1.2 The Congregate Housing Services Program
- 1.2 The intent of this contract for services is to enable the Provider to furnish more affordable services to clients of these two programs who are frail elderly and/or disabled and reside:
  - 1.2.1 In private homes and apartments in Lancaster County.
  - 1.2.2 In Housing Authority facilities.
    - 1.2.2.1 Mahoney Manor
    - 1.2.2.2 Burke Plaza
    - 1.2.2.3 Crossroads House
- 1.3 Vendor shall provide a per hour cost for each of the services being provided.
  - 1.3.1 Vendor may provide pricing for one or both areas of service.
  - 1.3.2 Pricing shall be included on company letterhead in addition to any other correspondence required and attached to the Response Attachment section of your Ebid response.
  - 1.3.1 Price will not be the only factor in determining who the awarded Vendor will be.
  - 1.3.2 Reference checks, past work history and company integrity will be taken into consideration.
  - 1.3.3 The City has the option of contracting with more than one Provider if it is in the best interest of the City and the clients that are being served.
  - 1.3.6 Vendor pricing shall be based on the estimated funding for these services:
    - 1.3.6.1 Supportive Services - \$37,605.00
    - 1.3.6.2 Congregate Housing Services - \$40,434.00
    - 1.3.6.3 These are funding estimates and are not intended to guarantee any amount of funding to Vendor/s awarded a contract for providing these services.
- 1.4 Vendors shall only submit an electronic response via the City/County Ebid system.
  - 1.4.1 Any documentation or submittals shall be scanned and attached to the Response Attachment section of your Ebid response.
- 1.5 All inquiries regarding these specifications shall be directed via e-mail or faxed request to Bob Walla, Asst. Purchasing Agent ([rwalla@lincoln.ne.gov](mailto:rwalla@lincoln.ne.gov)) or Fax: (402) 441-6513.
  - 1.5.1 These inquiries and/or responses shall be distributed to prospective bidders electronically as an addenda.
  - 1.5.2 The City/County Purchasing Office shall only reply to written inquiries received within five (5) calendar days of bid opening.

**2. ELIGIBLE CLIENTS**

- 2.1 Supportive Services Program:
  - 2.1.1 The client must be at least 60 years of age and a resident of Lancaster County.
  - 2.1.2 Is ineligible to receive duplicated services under the Social Services Block Grant (SSBG), Medicare, Medicaid Waiver, or Private Health Insurance benefits.
  - 2.1.3 Has an adjusted net income of less than 300% of the Federal poverty guidelines, after subtracting out of pocket expenses, which will include: medication costs and health insurance premiums.
    - 2.1.3.1 Existing client hourly rates will be adjusted with their annual or semi-annual reauthorizations.

- 2.2 Congregate Housing Services Grant:
  - 2.2.2 To be eligible to receive services a resident must be:
    - 2.2.1 A lessee of Lincoln Housing Authority, and a resident of one of the three facilities.
    - 2.2.2 Elderly (aged 62 years of age or older) and at least deficient in at least three activities of daily living.
    - 2.2.3 A resident with permanent disabilities, regardless of age.
    - 2.2.4 A person who is temporarily disabled, and who is 62 years of age or older.
    - 2.2.5 Determined to be eligible by the Professional Assessment Committee (PAC).

3. **SELECTION OF PROVIDERS**

- 3.1 Eligible residents will be presented with a list of contracting Providers during the negotiations of their care plan.
- 3.2 The Provider will be competitively selected from the list by the individual residents.
- 3.3 All selections are subject to final approval by the PAC.
- 3.4 The PAC may advance policies in the interest of improved service coordination, cost savings, improved service, etc. which may affect the selection process.

4. **AUTHORIZATION OF SERVICES AND SERVICE HOURS**

- 4.1 Supportive Services Program:
  - 4.1.1 Complete and submit the City's Authorization Request Form and Service Plan, identifying the clients needs, the days the client will be served, and the length of each service visit.
  - 4.1.2 Aging Partners will review authorizations as soon as received and approve those that meet program guidelines.
- 4.2 Congregate Housing Service Program:
  - 4.2.1 Each resident eligible for subsidized services will be allocated a specific number of service units, based on his/her formally assessed long term care needs.
  - 4.2.2 The PAC will review assessments, determine eligibility, approve care plans and authorize services.
  - 4.2.3 Services will be provided daily in pre-scheduled blocks to multiple recipients.
  - 4.2.4 The Service Coordinator will prepare recurring, daily schedules for 2-4 residents, with visits occurring sequentially.
  - 4.2.5 The Provider will receive a written service authorization.
  - 4.2.6 The service authorization will prescribe type of service, frequency, the amount of service to be delivered and the term of services.
- 4.3 In circumstances where there is an urgent need for service, Aging Partners will issue a verbal authorization that will precede the written authorization.
- 4.4 Reimbursement will be based on the actual hours of service provided to each client, and shall not exceed the maximum authorized number of hourly units.
- 4.5 The Provider will agree to provide the following services in 15 or 30 minute units of service:
  - 4.5.1 Medication reminders
  - 4.5.2 Assistance with dressing
  - 4.5.3 Assistance applying TED hose, braces, or prosthetic devices
  - 4.5.4 Meal setup
- 4.6 If the Provider is unable or unwilling to agree to this clause you must indicate so on your written response to this Proposal.

**5. IDENTIFICATION OF NEW OR INCREASED NEED**

- 5.1 Should the Provider observe that a client of either program has new or additional needs, the Provider can:
  - 5.1.1 Request additional hours of service from Aging Partners.
    - 5.1.1.1 Provider must be able to address changes in the client's functional ability or circumstances.
- 5.2 The Provider may find the resident is facing other significant concerns, question, or problems.
  - 5.2.1 With the residents permission, the Provider may refer these matters to Aging Partners Personal and Family Services for social work services.

**6. TERMINATION AND REINSTATEMENT OF ELIGIBILITY**

- 6.1 Due to changes in a functional ability, financial status, or limits placed on the dollar amount of subsidized service, clients may lose and regain eligibility over time.
- 6.2 **Termination**
  - 6.2.1 Aging Partners will provide a minimum of 48 hours advance notification of the termination of a resident's eligibility for subsidized services.
  - 6.2.2 Provider may negotiate with Aging Partners for the continuation of services on a private fee-for-services basis.
- 6.3 **Reinstatement**
  - 6.3.1 Aging Partners will monitor the functional ability and financial eligibility of residents who have been terminated.
  - 6.3.2 Residents who regain eligibility will do so under the previously described provisions.

**7. CLIENT BILLING**

- 7.1 Supportive Services Program:
  - 7.1.1 Provider will bill clients in accordance with Aging Partners Supportive Service Program sliding fee scale.
  - 7.1.2 Provider must bill clients on a regular monthly for any outstanding balance.
- 7.2 Congregate Housing Services Program:
  - 7.2.1 Rules require that recipients of services are responsible for ten (10%) of the cost of the services, not to exceed twenty (20%) of each individual's adjusted annual income.
  - 7.2.2 Aging Partners will be responsible for the billing and collection of these fees.
  - 7.2.3 Providers will not be responsible for billing and collecting the resident's share of services.

**8. RESPONSIVENESS AND SERVICE QUALITY**

- 8.1 Aging Partners will maintain quality assurance files on each Provider of service.
- 8.2 Aging Partners will survey current and former clients regarding service satisfaction.
- 8.3 The files will contain incident reports and the results of satisfaction surveys.
  - 8.3.1 Incidents of unsatisfactory service will be discussed and maybe negotiated with the provider, on such occurrences.
- 8.4 Providers will be furnished a complete copy of any survey results.
- 8.5 Quality assurance files will be carefully reviewed by the PAC and considered in determining eligibility for the continuation as a qualified provider.
- 8.6 Provider must apply for, and obtain, any and all necessary permits, certifications, licenses, variances, certifications and approvals required by any applicable laws or regulations that relate to the Provider of the Services.

- 8.7 Provider shall perform all necessary labor in a professional and workmanlike manner and in accordance with the provisions of the Agreement.
- 8.8 Provider shall supply only trained, qualified employees to provide Services.
- 8.9 These employees shall be under the supervision of the Provider at all times.

**9. ADDITIONAL PROVIDER DUTIES**

- 9.1 Provide the following in-home assistance services to older persons, and the selection of such persons shall be done in cooperation and in coordination with Aging Partners:
- 9.2 Escort/Shopping is defined as accompanying and personally assisting a client to obtain a service; providing assistance in the purchase of food, clothing, medical supplies, household items and/or recreational materials for a client.
  - 9.2.1 Escort services are not reimbursed when they are a "stand alone" service.
  - 9.2.2 Reimbursement for escort services will only occur when they are provided with other approved in-home services.
  - 9.2.3 The unit of service will be one unit equals one hour.
  - 9.2.4 The service will be provided 7 days a week, 24 hours a day.
  - 9.2.5 Amount of time needed to fulfill a request will depend on client's needs, usually within 1-2 hours.
- 9.3 General Homemaking/Housekeeper is defined as help or training for house cleaning, laundry, essential shopping, errands and meal preparation.
  - 9.3.1 Does not require trained personnel since emphasis is on tasks usually performed by domestic workers.
  - 9.3.2 The unit of service will be one unit equals one hour.
  - 9.3.3 The service will be provided 7 days a week, 24 hours a day.
  - 9.3.4 Amount of time needed to fulfill a request will depend on client's need.
- 9.4 Personal Care is defined as assisting the client with bathing, medication, dressing, personal appearance, feeding, and toileting.
  - 9.4.1 The unit of service will be one unit equals one hour.
  - 9.4.2 The service will be provided 7 days a week, 24 hours a day.
  - 9.4.3 Amount of time needed to fulfill a request will depend on client's need.
- 9.5 The Provider shall adhere to the Policies and Procedures of the Aging Partners Supportive Services Program set out in Appendix A.
  - 9.5.1 Aging Partners reserves the right to amend these Policies and Procedure as necessary to ensure the precise control of expenditures, equitable treatment of clients, and delivery of benefits to those in greatest need.

**10. INABILITY OF PROVIDER TO SERVE AN AUTHORIZED CLIENT**

- 10.1 The Provider will notify Aging Partners immediately if it is necessary to decline entirely or reduce the amount of service to an authorized resident.
  - 10.1.1 In this event, Aging Partners may transfer the resident to another qualified Provider.

**11. PAYMENT PROCESS**

- 11.1 The City of Lincoln/ Aging Partners shall reimburse the Provider for the actual units of service provided to authorized residents.

- 11.2 The Provider will claim payment by submitting a monthly billing document furnished by Aging Partners.
  - 11.2.1 The monthly billing document will be reviewed by the Department.
  - 11.2.2 The Departments finance office will forward approved billings to the City's Finance Department.
  - 11.2.3 Upon filing and approval, the City finance Department shall issue a warrant within thirty (30) days of receiving this document.
- 11.3 Aging Partners will not pay a Provider for any services provided without prior approval.
- 11.4 The Provider shall account, on a monthly basis, for any discrepancy between units authorized and units delivered.
- 11.5 Providers will be paid per unit hour of service provided on a performance based method.
- 11.6 The cost for one unit hour of service will continue throughout the contract period:

**12. CONTRACT ASSIGNMENT**

- 12.1 Provider shall not execute any contract, or obligate itself in any manner, with a third party, with respect to these services, without prior written consent of Aging Partners.
- 12.2 Aging Partners shall not be obligated or liable hereunder to any party other than the Provider.

**13. PRIVACY**

- 13.1 Aging Partners is not a "covered entity" for purposes of HIPAA, however, the Provider agrees that it will treat patient information in a manner consistent with HIPAA's requirements for Protected Health Information (PHI). Specifically, the Provider agrees that it shall:
  - 13.1.1 Use appropriate safeguards to prevent misuse or inappropriate disclosure of patient information.
  - 13.1.2 Make patient information available to patients in a manner consistent with HIPAA.
  - 13.1.3 Require all employees to comply with such restrictions.
  - 13.1.4 Report any improper use or disclosure of patient information immediately to Aging Partners.
- 13.2 All services, including reports, opinions, and information to be furnished shall be considered confidential and shall not be divulged, in whole or in part, to any person other than to duly authorized representatives of Aging Partners, without the prior written approval of Aging Partners staff.
  - 13.2.1 The Provider assumes liability for any breach of confidentiality that may occur through the action of the Provider, Provider employees, and anyone directly or indirectly employed by the Provider.

**14. TERM**

- 14.1 The term of the Contract for Services shall be for the period of two (2) years from date of contract with option for one (1) additional two (2) year renewal.
- 14.2 Either party may, upon sixty (60) days advance notice in writing to the other party, terminate its agreement for convenience.

**15. SUBMITTAL PROCEDURES**

- 15.1 ALL submittals must be attached to the electronic response. No written response is required.
- 15.2 Vendor shall submit your company's estimate of the proposed fees for services as outlined in Section 1.
  - 15.2.1 Vendor may propose alternate pricing in addition to it's hourly fees if such alternate pricing would be a benefit to the agency and provide additional services to the elderly they serve.

- 15.3 Vendor shall attach an information sheet to the Response Attachment section of their ebid response listing the following information:
- Firm name,
  - Mailing address,
  - Telephone number,
  - Fax number;
  - Years established and former names;
  - Mission or types of services that makes your company qualified to perform this contract
  - Geographic business area
  - Number of staff usually and currently employed
  - Statement of willingness and capability to meet the project's time requirements.
  - Operational experience
  - Staff qualifications
  - Number of clients currently being served
  - Other qualifications which would prove valuable in the provision of this service

**SSP/LAAA SLIDING FEE SCALE - SINGLE**

**BASE: \$10,830.00**

ANNUAL INCOME	MONTHLY INCOME	% POVERTY	CLIENTS %
\$0.00 - \$10,830.00	\$0.00 - \$903.00	100%	40%
\$10,831.00 - \$13,538.00	\$904.00 - \$1,128.00	125%	45%
\$13,539.00 - \$15,162.00	\$1,129.00 - \$1,264.00	140%	50%
\$15,163.00 - \$16,245.00	\$1,265.00 - \$1,354.00	150%	55%
\$16,246.00 - \$18,953.00	\$1,355.00 - \$1,579.00	175%	60%
\$18,954.00 - \$21,660.00	\$1,580.00 - \$1,805.00	200%	65%
\$21,661.00 - \$23,285.00	\$1,806.00 - \$1,940.00	215%	70%
\$23,286.00 - \$24,368.00	\$1,941.00 - \$2,031.00	225%	75%
\$24,369.00 - \$27,075.00	\$2,032.00 - \$2,256.00	250%	80%
\$27,076.00 - \$29,783.00	\$2,257.00 - \$2,482.00	275%	85%
\$29,784.00 - \$31,407.00	\$2,483.00 - \$2,617.00	290%	90%
\$31,408.00 - OVER	\$2,618.00 - OVER	300%	100%

\*Subtract \$311.67 from the total Monthly Income to adjust for each additional family member.

**SSP/LAAA REIMBURSEMENT RATE**

<b>PC</b>	<b>HMK</b>
<b>\$10.00</b>	<b>\$9.00</b>

**SSP/LAAA SLIDING FEE SCALE**

**SEPTEMBER 1, 2009 THRU AUGUST 31, 2010**

**PC \$18.50**

**HMK \$16.00**

ANNUAL INCOME	MONTHLY INCOME	PC	HMK
\$0.00 - \$10,830.00	\$0.00 - \$903.00	\$7.40	\$6.40
\$10,831.00 - \$13,538.00	\$904.00 - \$1,128.00	\$8.30	\$7.20
\$13,539.00 - \$15,162.00	\$1,129.00 - \$1,264.00	\$9.25	\$8.00
\$15,163.00 - \$16,245.00	\$1,265.00 - \$1,354.00	\$10.20	\$8.80
\$16,246.00 - \$18,953.00	\$1,355.00 - \$1,579.00	\$11.10	\$9.60
\$18,954.00 - \$21,660.00	\$1,580.00 - \$1,805.00	\$12.00	\$10.40
\$21,661.00 - \$23,285.00	\$1,806.00 - \$1,940.00	\$12.95	\$11.20
\$23,286.00 - \$24,368.00	\$1,941.00 - \$2,031.00	\$13.90	\$12.00
\$24,369.00 - \$27,075.00	\$2,032.00 - \$2,256.00	\$14.80	\$12.80
\$27,076.00 - \$29,783.00	\$2,257.00 - \$2,482.00	\$15.70	\$13.60
\$29,784.00 - \$31,407.00	\$2,483.00 - \$2,617.00	\$16.65	\$14.40
\$31,408.00 - OVER	\$2,618.00 - OVER	\$18.50	\$16.00

**LAAA REIMBURSEMENT RATE**

\*Subtract \$311.67 from the total Monthly Income to adjust for each additional family member.

## Appendix A

### Supportive Services Program

Lincoln Area Agency on Aging  
Policies and Procedures

1. **Eligibility.** To be eligible to receive payment for services from the City, the Contractor shall determine that the client:
  - a. Is at least 60 years of age and residing in Lancaster County.
  - b. Is ineligible to receive duplicated services under the Social Services Block Grant (SSBG), Medicare, Medicaid Waiver, or Private Health Insurance benefits.
  - c. Has an adjusted net income of less than 300% of the Federal poverty guidelines, after subtracting out of pocket expenses, which will include: medication costs and health insurance premiums. Existing client hourly rates will be adjusted with their annual or semi-annual reauthorizations.
  - d. Cannot obtain the service without charge from another source.
  - e. Is not able to perform the service for him or herself.
  - f. Agrees to a home assessment visit by professional staff who will by their assessment determine the need and basis on which service will be given.
  - g. Gives consent for the Contractor to share necessary information with the Lincoln Area Agency on Aging for the exclusive purpose of an inter-agency care plan for the client.
  - h. Client must not reside in a facility which should provide the needed services.
2. **Access.** An older person may become a client of the Contractor through several options. These are examples, and not inclusive of all options:
  - a. Self-referral (client contacts Contractor).
  - b. Referral by a community agency.
  - c. Referral by an individual knowledgeable of the person's condition, such as a neighbor, family member, etc.
  - d. Referral by the Supportive Services Program of Aging Services (City).
  - e. Referral by the Contractor of an eligible client.

**3. Client Assessments.** All clients:

- a. Requesting covered services will participate in an in-home assessment by the Contractor to determine an appropriate plan of care.
- b. Who receive a high level of supportive services and are not care managed by LIFE or another agency, and who appear to have unmet needs, may be referred to LIFE for a needs assessment.

**4. Prior Authorization.** The Contractor will:

- a. Complete and submit the City's Authorization Request Form and Service Plan, identifying the clients needs, the days the client will be served, and the length of each service visit.
- b. Lincoln Area Agency on Aging/LIFE Staff will review authorizations as soon as received and approve those that meet program guidelines.

**5. Admissions and Increased Hours.** City will maintain a waiting list for older persons who are seeking services through SSP.

**6. Priorities.** City will draw names from waiting lists and pre-authorized service in priority order:

- a. Highest priority will be assigned to clients whose immediate independence is threatened. Special circumstances may be described in the comments section of the City Authorization Request Form or submitted by phone.
- b. Otherwise, service will be authorized first come, first serve, in date-of-receipt order.
- c. In the event of a waiting list, priority will be given to clients with declared savings and investments of less than \$50,000.

**7. Authorization of Service Hours.**

- a. The Contractor shall request authorization from the City to provide services to a client on forms approved by the City.
- b. All authorizations will be for a set duration and a specific number of service units based on their assessed needs and circumstances
- c. The Contractor will be reimbursement monthly for the actual hours of authorized service provided to each client. The City will not pay for unauthorized service hours.
- d. Provision of service to older persons not authorized for service by the City shall be at the discretion and cost of the Contractor.

- e. Total annual expenditures for the purchase of services for any client shall not exceed \$5,000 in any fiscal year.
  - f. Service authorizations may cross fiscal years and will be paid at the respective rates for each year.
  - g. Emergency service may be authorized retroactively but only with telephone notification to the City's Supportive Service Unit within 1 working day of initiating services. A written request and client assessment must be submitted within one week of initial service. The City reserves the right to authorize additional services which are not included in this purchase of services.
8. **Denial or Reduction of Service.** The Contractor will notify the Supportive Services Program when it is necessary for the Contractor to deny or reduce services to a client.
9. **Notification of Termination.** To enable the Supportive Services Program to make full use of service hours, the Contractor will notify the Supportive Services Program of any service terminations.
10. **Client Service Forms.** The following are to be completed and submitted to City by the Contractor for each client:
- a. Assessment (*at intake; updated at least every twelve months*)
  - b. Informed Consent (*at intake; updated as necessary*)
  - c. Care Plan (*at intake; updated at least every six months*)
  - d. Request for Service Authorization (*at intake and at least every twelve months*)  
Termination (*when client no longer receives service*)
  - e. At the discretion of the City, some clients will be authorized for up to twelve months of service. This will be determined by the City staff at the time the client re-authorization list is sent to the vendor.

**INSTRUCTIONS TO PROPOSERS**  
**CITY OF LINCOLN, NEBRASKA**  
**PURCHASING DIVISION**

**1. PROPOSAL PROCEDURE**

- 1.1 All responses to electronic RFP's will be completed as outlined in this document and the specifications using a two step process.
  - A) Proposers shall respond electronically to all attributes and addendums as required.
  - B) All written responses and information shall be mailed or delivered to the office of the Purchasing Division as outlined in the specifications.
- 1.2 Proposer shall submit complete sets of the RFP documents and all supporting material as indicated in the specifications. Any interlineation, alteration or erasure on the specification document shall be initialed by the proposer. Proposer shall not change the proposal form nor make additional stipulations on the specification document. Any amplified or qualifying information shall be on the proposer's letterhead and firmly attached to the response/offer document.
- 1.3 Proposed prices shall be submitted on company letterhead with the proposal if the specifications indicate that price will be evaluated as part of the award criteria.
- 1.4 Failure to complete the electronic and written portions of the RFP may cause the proposal to be rejected.
- 1.5 Response by a firm / organization other than a corporation must include the name and address of each member.
- 1.6 A response by a corporation must be signed in the name of such corporation by a duly authorized official thereof.
- 1.7 Any person signing a response for a firm, corporation, or other organization must show evidence of his authority so to bind such firm, corporation, or organization.
- 1.8 Proposals received after the time and date established for receiving offers will be rejected.

**2. EQUAL OPPORTUNITY**

- 2.1 Each proposer agrees that it shall not discriminate against any employee or applicant for employment because of race, color, religion, sex, disability, national origin, age, or marital status. In the employment of persons, proposer shall take affirmative action to ensure that applicants are employed and that employees are treated during employment without regard to race, color, religion, sex, disability, national origin, age, or marital status.

**3. DATA PRIVACY**

- 3.1 Proposer agrees to abide by all applicable State and Federal laws and regulations concerning the handling and disclosure of private and confidential information concerning individuals and corporations as to inventions, copyrights, patents and patent rights.
- 3.2 The proposer agrees to hold the City harmless from any claims resulting from the proposer's unlawful disclosure or use of private or confidential information.
- 3.3 Proposer agrees to comply with the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and implementing regulations pertaining to confidentiality of health information.
  1. If applicable to the work requested a sample "Business Associate Contract" will be included, which will be part of the contract and incorporated by this reference.

**4. PROPOSER'S REPRESENTATION**

- 4.1 Each proposer by signing and submitting an offer, represents that he/she has read and understands the proposal documents, and the offer has been made in accordance therewith.
- 4.2 Each offer represents the proposer is familiar with the local conditions under which the work will take place and has correlated observations with the RFP requirements

**5. INDEPENDENT PRICE DETERMINATION**

- 5.1 By signing and submitting this RFP, the proposer certifies that the prices offered have been arrived at independently, without consultation, communication or agreement, for the purpose of restricting competition, with any other proposer competitor; unless otherwise required by law, the prices which have been quoted in this offer have not been knowingly disclosed by the proposer prior to RFP opening directly or indirectly to any other competitor; no attempt has been made, or will be made, by the proposer to induce any person or firm to submit, or not to submit, a response for the purpose of restricting competition.

**6. SPECIFICATION CLARIFICATION**

- 6.1 Proposers shall promptly notify the Purchasing Agent of any ambiguity, inconsistency or error which they may discover upon examination of specification documents.
- 6.2 Proposers desiring clarification or interpretation of the specification documents shall make a written request which must reach the Purchasing Agent at least seven (7) calendar days prior to date and time for response receipt.
- 6.3 Interpretations, corrections and changes made to the specification documents will be made by electronic addenda.
- 6.4 Oral interpretations/changes to Specification Documents made in any other manner than written form, will not be binding on the City; proposers shall not rely upon oral interpretations.

## **7. ADDENDA**

- 7.1 Addenda are instruments issued by the City prior to the date for receipt of offers which modify or interpret the specification document by addition, deletion, clarification or correction.
- 7.2 Changes made to the specification documents will be made by electronic addenda to all bidders via e-mail notice.
- 7.3 No addendum will be issued later than forty-eight (48) hours prior to the date and time for receipt of offers, except an addendum withdrawing the RFP, or addendum including postponement.
- 7.4 Proposers shall verify addendum receipt electronically prior to bid closing or RFP may be rejected.

## **8. ANTI-LOBBYING PROVISION**

- 8.1 During the period between the advertised date and the contract award, bidders, including their agents and representatives, shall not directly discuss or promote their proposal with any member of the City Council or City Staff except in the course of City-sponsored inquiries, briefings, interviews, or presentations, unless requested by the City.

## **9. SITE VISITATION**

- 9.1 Proposers shall inform themselves of the conditions under which work is to be performed, including: site of work, the structures or obstacles which may be encountered and all other relevant matters concerning work performance.
- 9.2 The proposer will not be allowed any extra compensation by or for any condition which he/she might fully have informed themselves of prior to submitting the offer.

## **10. EVALUATION AND AWARD**

- 10.1 The signed proposal shall be considered an offer on the part of the proposer. Such offer shall be deemed accepted upon issuance by the City of purchase orders, contract award notifications, or other contract documents appropriate to the work.
- 10.2 No offer shall be withdrawn for a period of ninety (90) calendar days after the time/ date established for receiving offers, and each proposer agrees in submitting an offer.
- 10.3 **Fee envelopes MAY be opened** and evaluated as part of the criteria for ranking interested proposers.
- 10.4 The RFP process is designed to be a competitive negotiation platform, where price is not required to be the sole determinative factor; also the City has the flexibility to negotiate with a select firm or selected firms to arrive at a mutually agreeable relationship.
- 10.5 A committee will be assigned the task of reviewing the proposals received.
  1. The committee may request documentation from Proposer(s) of any information provided in their proposal response, or require the Proposer to clarify or expand qualification statements.
  2. The committee may also require a site visit and/or verbal interview with a Proposer or select group of Proposers to clarify and expand upon the proposal response.
- 10.6 The RFP will be awarded to the most responsible proposer whose proposal will be most advantageous to the City, and deemed to best serve City requirements.
- 10.7 The City reserves the right to accept or reject any or all offers, parts of offers; request rebids; waive irregularities and technicalities in offers; such as shall best serve the requirements and interests of the City.

## **11. TERMINATION/ASSIGNMENT**

- 11.1 The City may terminate the Contract if the Contractor:
  1. Refuses or fails to supply enough properly skilled workers or proper equipment to satisfactorily provide/ complete the work as requested.
  2. Disregards laws, ordinances, or regulations or orders of a public authority having jurisdiction over the Contract.
  3. Otherwise commits a substantial breach of any provision of the Contract Document.
- 11.2 *By mutual agreement both parties of the contract agreement*, upon receipt and acceptance of not less than a thirty (30) calendar days written notice, the contract may be terminated on an agreed upon date, prior to the end of the contract period, without penalty to either party.
  1. Upon any such termination, the Contractor agrees to waive any claims for damages, including loss of anticipated profits, on account thereof, and as the sole right and remedy of the Contractor, the City shall pay Contractor in accordance with this section.
  2. Upon such termination, the obligations of the Contract shall continue as to options of the work already performed and as to bona fide obligations the Contractor assumed prior to the date of termination.
- 11.3 In the event of any proceedings by or against either party, voluntary or involuntary, in bankruptcy or insolvency, or for the appointment of a receiver or trustee for the benefit of creditors, of the property of the Contractor, the City may cancel this contract or affirm the contract and hold the Contractor responsible for damages.
- 11.4 The contract established as a result of this RFP process shall not be transferred to/or assigned without prior written consent of the City.

## **12. INDEMNIFICATION**

- 12.1 The proposer shall indemnify and hold harmless the City, its members, its officers and employees from and against all claims, damages, losses, and expenses, including, but not limited to attorney's fees arising out of or resulting from the performance of the contract, provided that any such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property other than goods, materials and equipment furnished under this contract, including the loss of use resulting therefrom; is caused in whole or in part by any one of them or anyone for whose acts made by any one of them or anyone for whose acts made by any of them may be liable, regardless of whether or not it is caused by a party indemnified hereunder.

12.2 In any and all claims against the City or any of its members, officers or employees by an employee of the proposer, any subcontractor, anyone directly or indirectly employed by any of them or by anyone for whose acts made by any of them may be liable, the indemnification obligation under paragraph 9.1 shall not be limited in any way by any limitation of the amount or type of damages, compensation or benefits payable by or for the proposer or any subcontractor under worker's or workmen's compensation acts, disability benefit acts or other employee benefit acts.

### **13. TERMS OF PAYMENT**

13.1 Unless other specification provisions state otherwise, payment in full will be made by the City within thirty (30) calendar days after all labor has been performed and all equipment or other merchandise has been delivered, and all such labor and equipment and other materials have met all contract specifications.

### **14. LAWS**

14.1 The Laws of the State of Nebraska shall govern the rights, obligations, and remedies of the Parties under this proposal and any agreement reached as a result of this process.

### **15. LIVING WAGE**

15.1 The bidders agree to pay all employees employed in the performance of this contract, a base wage of not less than the City Living Wage per Section 2.81 of the Lincoln Municipal Code. This wage is subject to change every July.

### **16. AFFIRMATIVE ACTION**

16.1 The City of Lincoln-Lancaster County Purchasing Division provides equal opportunity for all bidders and encourages minority businesses and women's business enterprises to participate in our bidding process.

### **17. TAXES AND TAX EXEMPT CERTIFICATE**

17.1 The City is generally exempt from any taxes imposed by the State or Federal Government. A Tax Exemption Certificate will be provided as applicable.

### **18. CITY AUDIT ADVISORY BOARD**

18.1 All parties of any City agreement shall be subject to audit pursuant to Chapter 4.66 of the Lincoln Municipal Code and shall make available to a contract auditor, as defined therein, copies of all financial and performance related records and materials germane to the contract/purchase order, as allowed by law.

### **19. E-VERIFY**

19.1 In accordance with Neb. Rev. Stat. 4-108 through 4-114, the contractor agrees to register with and use a federal immigration verification system, to determine the work eligibility status of new employees performing services within the state of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program of the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324 a, otherwise known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of a newly hired employee pursuant to the Immigration Reform and Control Act of 1986. The Contractor shall not discriminate against any employee or applicant for employment to be employed in the performance of this section pursuant to the requirements of state law and 8 U.S.C.A 1324b. The contractor shall require any subcontractor to comply with the provisions of this section. For information on the E-Verify Program, go to [www.uscis.gov/everify](http://www.uscis.gov/everify).

# INSURANCE REQUIREMENTS FOR ALL CITY CONTRACTS

## 1. GENERAL PROVISIONS

- A. **Indemnification.** The Contractor shall indemnify and save harmless the City of Lincoln, Nebraska from and against all losses, claims, damages, and expenses, including attorney's fees, arising out of or resulting from the performance of the contract that results in bodily injury, sickness, disease, death, or to injury to or destruction of tangible property, including the loss of use resulting therefrom and is caused in whole or in part by the Contractor, any subcontractor, any directly or indirectly employed by any of them or anyone for whose acts any of them may be liable. This section will not require the Contractor to indemnify or hold harmless the City of Lincoln for any losses, claims, damages, and expenses arising out of or resulting from the sole negligence of the City of Lincoln, Nebraska.
- B. **Approved Coverage Prior to Commencing Work/Subcontractors Included.** Contractor shall purchase and maintain in place insurance to Protect Contractor and City against all liabilities and hazards as provided in this article throughout the duration of the Contract. Contractor shall not commence work under this contract until the Contractor has obtained all insurance required under this Section and such insurance has been approved by the City Attorney for the City of Lincoln, nor shall the Contractor allow any subcontractor to commence work on any subcontract until all similar insurance required of the subcontractor has been so obtained and approved.
- C. **Occurrence Basis Coverage.** All insurance shall be provided on an **occurrence basis** and not on a claims made basis, except for hazardous materials, errors and omissions, or other coverage not reasonably available on an occurrence basis; provided that all such claims made coverage is subject to the prior written approval of the City Attorney and must be clearly indicated as such in any certificate showing coverage.
- D. **Authorized and Rated Insurers Required.** All insurance coverage are to be placed with insurers authorized to do business in the State of Nebraska and must be placed with an insurer that has an A.M. Best's Rating of no less than A:VII unless specific approval has been granted by the City Attorney.
- E. **Certificates Showing Coverage.** All certificates of insurance shall be filed with the City Attorney, and may utilize an appropriate standard ACORD Certificate of Insurance form showing the specific limits of insurance coverage required by this Article; provided that restrictions, qualifications or declarations inconsistent with the requirements of this Article shall not relieve the Contractor from providing insurance as required herein. Such certificates shall show the City of Lincoln as additional insured, including by specific endorsement where necessary, as indicated in the following requirements. Such certificate shall specifically state that the related insurance policies are to be endorsed to require the insurer to provide the City of Lincoln thirty days, notice of cancellation, non-renewal or any material reduction in the stated amounts or limits of insurance coverage.
- F. **Terminology.** The terms "insurance," "insurance policy," or "coverage" as used in this article are used interchangeably and shall have the same meaning as "insurance" unless the context clearly requires otherwise. References to "ISO®" forms are merely for convenience and ease of reference, and an equivalent or better form as determined acceptable by the City Attorney may be used. (Note: ISO® is a registered trademark of ISO Properties, Inc.)

## 2. INSURANCE REQUIREMENTS

- A. **Scope of Required Coverage.** The Contractor shall take out and maintain during the life of Contract such insurance in the forms and minimum amounts as specified in this Article and as will protect Contractor and City from the following claims arising out of or resulting from or in connection

with the Contractor's operations, undertakings or omissions directly or indirectly related to the Contract, whether by the Contractor or any Subcontractor or anyone directly or indirectly employed by any of them, or by anyone for whose acts any of them may be liable:

- (1) Claims under workers' compensation, disability benefit, or other employee benefit acts;
- (2) Claims arising out of bodily injury, occupational sickness or disease, or death of an employee or any other person;
- (3) Claims customarily covered under personal injury liability coverage;
- (4) Claims other than to the work itself arising out of an injury to or destruction of tangible property, including the loss of use resulting therefrom;
- (5) Claims arising out of ownership, maintenance or use of any motor vehicle;
- (6) Railroad protective liability coverage in the event the contract involves work to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or crossing.

B. **Worker's Compensation Insurance and Employer's Liability Insurance.** The Contractor shall provide applicable statutory Worker's Compensation Insurance with minimum limits as provided below covering all Contractor's employees, and in the case of any subcontracted work, the Contractor shall require the subcontractor similarly to provide Worker's Compensation Insurance for Subcontractor's employees.

The Contractor shall provide Employer's Liability Insurance with minimum limits as provided below placed with an insurance company authorized to write such insurance in all states where the Contractor will have employees located in the performance of this contract, and the Contractor shall require each Subcontractor similarly to maintain Employer's Liability Insurance on the Subcontractor's employees.

Coverage	Listing	Min Amt	Notes
<b>Worker's Comp.</b>			
	State	Statutory	
	Applicable Federal	Statutory	
<b>Employer's Liability</b>			
	Bodily Injury by accident	\$500,000	each accident
	Bodily Injury by disease	\$500,000	each employee
	Bodily Injury	\$500,000	policy limit

C. **Commercial General Liability Insurance.**

- (1) The Contractor shall provide Commercial General Liability Insurance in a policy form providing no less comprehensive and no more restrictive coverage than provided under the ISO® form CG00010798 or newer with standard exclusions "a" through "o" and with minimum limits as provided below. Any other exclusions that operate to contradict or materially alter the standard exclusions shall be specifically listed on the certificate of insurance and shall be subject to the prior written approval of the City Attorney.

Coverage	Min Amt	Notes
General	\$2,000,000	Aggregate
Products and Completed Operations	\$2,000,000	Aggregate
Personal and Advertising Injury	\$1,000,000	
Each Occurrence	\$1,000,000	
Fire Damage Limit	\$ 100,000	any one fire
Medical Damage Limit	\$ 10,000	any one person

(2) The required Commercial General Liability Insurance shall also include the following:

- Coverage for all premises and operations
- Endorsement to provide the general aggregate per project endorsement
- Personal and advertising injury included
- Operations by independent contractors included
- Contractual liability coverage included
- X.C.U. Coverage including coverage for demolition of any building or structure, collapse, explosion, blasting, excavation and damage to property below the surface of ground.
- Any fellow employee exclusions shall be deleted
- Coverage shall not contain an absolute pollution exclusion, and applicable remaining coverage shall apply for pollution exposures arising from products and completed operations.
- Coverage for products and completed operations maintained for duration of work and shall be maintained for a minimum of three years after final acceptance under the Contract or the warranty period for the same whichever is longer, unless modified in any Special Provisions.
- Contractual Liability coverage shall include contractually assumed defense costs in addition to any policy limits.

(3) If work is to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or crossing, Railroad Contractual Liability Endorsement (ISO® form CG24170196 or newer).

(4) City may at its sole option, and in lieu of being additional insured on the Contractor's policy, by written requirement in the Special Provisions or by written change order, require Contractor to provide a separate Owner's Protective liability policy. The premium cost to obtain such insurance shall be as paid as provided in the Special Provision or change order, with any related cost savings as reasonably determined by the City being reimbursed or paid to the City.

**D. Vehicle liability insurance coverage.**

- The Contractor shall provide reasonable insurance coverage for all owned, non-owned, hired and leased vehicles with specific endorsements to include contractual liability coverage and delete any fellow employee exclusion.
- If specifically required in the Special Provisions, the required coverage shall also include an endorsement for auto cargo pollution (ISO® form CA 99 48).

**E. Railroad Protective Liability.** If work is to be performed within 50 feet of any railroad property and affecting any railroad bridge or trestle, tracks, road beds, tunnel, underpass or crossing or otherwise required by the Special Provisions or applicable requirements of an affected railroad, the Contractor shall provide Railroad Protective Liability Insurance naming the affected railroad/s as insured with

minimum limits for bodily injury and property damage of \$2,000,000 per occurrence, \$6,000,000 aggregate, or such other limits as required in the Special Provisions or by the affected railroad. The original of the policy shall be furnished to the railroad and a certified copy of the same furnished to the City Attorney's office prior to any related construction or entry upon railroad premises by the Contractor or for work related to the Contract.

F. **Umbrella or Excess Insurance.** The Contractor shall provide Umbrella or Excess insurance coverage with minimum coverage limits of \$3,000,000 each occurrence and aggregate.

G. **City included as Insured on Contractor's Policy – Endorsements required.**

The Contractor shall provide adequate written documentation, including applicable ACORD certificates, declarations pages or other acceptable policy information demonstrating that the City is included as an additional insured along with the Contractor with respect to all of the coverages required in this "Section 2A Insurance Requirements," except for applicable Worker's Compensation coverage, to include all work performed for the City and specifically including, but not limited to, any liability caused or contributed to by the act, error, or omission of the Contractor, including any related subcontractors, third parties, agents, employees, officers or assigns of any of them. The documentation or endorsement shall specifically include the city as an additional insured for purposes of Products and Completed Operations. The inclusion of the City as additional insured shall be for coverage only on a primary basis for liability coverage, and no coverage shall contain a policy or other restriction or attempt to provide restricted coverage for the City, whether on an excess, contributory or other basis regardless of any other insurance coverage available to the City.

### 3. **CONTRACTOR'S INDEMNITY – CONTRACTUAL LIABILITY INSURANCE**

A. To the same extent as specified for minimum coverage requirements in Section 2 above, the required insurance shall include contractual liability coverage to include indemnification and hold harmless agreements and provisions in the related Contract Documents, specifically including the following provision:

(1) To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless the City, its officers, agents, employees, volunteers and consultants from and against any and all claims, damages, losses, costs, and expenses, including but not limited to attorney's fees and costs arising out of or related to the Contract or the Contractor's activities, errors, or omissions related to the Contract including liabilities or penalties imposed by applicable, law, rule or regulation in connection therewith; provided that such claims, damages, losses, costs, and expenses, including but not limited to attorney's fees and costs:

- is attributable to bodily injury, sickness, disease or death, or to injury to or destruction of tangible property including the loss of use therefrom, and
- is caused in whole or in part by any act or omission of the Contractor, any subcontractor, agent, officer, employee, or assigns of the same or by anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable, regardless of whether or not it is caused in whole or in part by a party indemnified hereunder.

(2) Such indemnification shall not be construed to negate, abridge, limit or otherwise reduce any other right or obligation of indemnity which would otherwise exist as to any party or person described in this section.

B. In any and all claims by any employee (whether an employee of the Contractor or subcontractor, or their respective agents or assigns by anyone directly or indirectly employed by any of them or anyone for whose acts any of them may be liable as an employer) in whole or in part against the City, its officers, agents, employees, volunteers or consultants, the above indemnification shall not be limited in any way by the amount of damages, compensation, benefits or other contributions payable by or on behalf of a the employer under Worker's Compensation statutes, disability benefit acts, or any other employee benefit or payment acts as the case may be.

- C. The obligations of indemnification herein shall not include or extend to:
- (1) Any outside engineer's or architect's professional errors and omissions involving the approval or furnishing of maps, drawings, opinions, reports, surveys, change orders, designs or specifications within the scope of professional services provided to the City and related to the Contract; and
  - (2) Any claims arising out of the negligence of the City to the extent the same is the sole and proximate cause of the injury or damage so claimed.
- D. In the event of any litigation of any such claims shall be commenced against the City, Contractor shall defend the same at Contractor's sole expense upon notice thereof from the City. Contractor shall notify the insuring company that the City reserves and does not waive any statutory or governmental immunity and neither Contractor, nor Contractor's counsel whether employed by Contractor or by an insurer on behalf of the Contractor shall waive such defenses or enter into any settlement or other disposition requiring waiver of any defenses or immunity of the City without the express written consent of the City.

**4. CONTRACTOR'S INSURANCE FOR OTHER LOSSES.**

- A. Contractor shall assume full responsibility for all loss or damage from any cause whatsoever to any tools owned, rented or used in connection with the Contract including any tools, machinery, equipment, storage devices, containers, sheds, temporary structures, staging structures, scaffolding, fences, forms, braces, jigs, screens, brackets, vehicles and the like owned or rented by Contractor, or Contractor's agents, subcontractors, suppliers, or employees.
- B. In connection with the above, Contractor shall cause or require any applicable insurance related to physical damage of the same to provide a waiver of a right of subrogation against the City.

**5. NOTIFICATION IN EVENT OF LIABILITY OR DAMAGE.**

- A. The Contractor shall promptly notify the City in writing and provide a copy of all claims and information presented to any of Contractor's insurance carrier/s upon any loss or claim or upon any occurrence giving rise to any liability or potential liability related to the Contract or related work. The notice to the City shall include pertinent details of the claim or liability and an estimate of damages, names of witnesses, and other pertinent information including the amount of the claim, if any.
- B. In the event the City receives a claim or otherwise has actual knowledge of an any loss or claim arising out of the Contract or related work and not otherwise known to or made against the Contractor, the City shall promptly notify the Contractor of the same in writing, including pertinent details of the claim or liability; Provided, however the City shall have no duty to inspect the project to obtain such knowledge, and provided further that the City's obligations, if any, shall not relieve the Contractor of any liability or obligation hereunder.

**6. PROPERTY INSURANCE/ BUILDER'S RISK.**

- A. The Contractor shall provide property insurance (a/k/a Builder's Risk or installation Floater) on all Projects involving construction or installation of buildings or structures and other projects where provided in the Special Provisions. Such insurance shall be provided in the minimum amount of the total contract sum and in addition applicable modifications thereto for the entire work on a replacement cost basis. Such insurance shall be maintained until the City completes final acceptance of the work as provided in the Contract. Such insurance shall be written and endorsed, where applicable, to include the interests of the City, Contractor, Subcontractors, Sub-subcontractors in the related work. The maximum deductible for such insurance shall be \$5,000 for each occurrence, which deductible shall be the responsibility of the Contractor. Such insurance shall contain a "permission to occupy" endorsement.

- B. All related Property Insurance shall be provided on a "Special Perils" or similar policy form and shall at a minimum insure against perils of fire including extended coverage and physical loss or damage including without limitation or duplication of coverage: flood, earthquake, theft, vandalism, malicious mischief, collapse, and debris removal, including demolition whether occasioned by the loss or by enforcement of applicable legal or safety requirements including compensation or costs for City's related costs and expenses (as owner) including labor required as a result of such loss.
- C. All related Property Insurance shall include coverage for falsework, temporary buildings, work stored off-site or in-transit to the site, whether in whole or in part. Coverage for work off-site or in-transit shall be a minimum of 10% of the amount of the policy.
- D. The Contractor's Property Insurance shall be primary coverage for any insured loss related to or arising out of the Contract and shall not be reduced by or coordinated with separate property insurance maintained by the City.

**Advertise 1 time  
Wednesday, August 25, 2010**

**REQUEST FOR PROPOSALS (RFP)  
SPECIFICATION NO. 10-181**

City of Lincoln intends to enter into a contract and invites you to submit a sealed proposal for:

**In-Home Supportive Services for the Elderly**

Sealed proposals will be received by City of Lincoln, Nebraska on or before 12:00 NOON, **Wednesday, September 8, 2010** in the office of the Purchasing Agent, Suite 200, "K" Street Complex, 440 South 8th Street, Lincoln, Nebraska 68508. Only the names of respondents will be listed on the City's website after the closing date.

Proposal specifications are available on our electronic bidding system. Prospective submitters must be registered on the City/County's E-Bid site in order to receive electronic notices of bids or addendums.

To register go to: [lincoln.ne.gov](http://lincoln.ne.gov) (type:"e-bid" - into search box, then click "supplier registration")

Questions concerning this process may be directed to the City/County Purchasing Agent at (402) 441-8309 or 441-7410 or [rwalla@lincoln.ne.gov](mailto:rwalla@lincoln.ne.gov)



# Nebraska Resale or Exempt Sale Certificate

FORM  
13

for Sales Tax Exemption

• Read instructions on reverse side/see note below

NAME AND MAILING ADDRESS OF PURCHASER				NAME AND MAILING ADDRESS OF SELLER			
Name City of Lincoln				Name Elite Professionals Home Care Company			
Street or Other Mailing Address 555 South 10th Street				Street or Other Mailing Address 3901 Faulkner Dr.			
City Lincoln	State NE	Zip Code 68508		City Lincoln	State NE	Zip Code 68516	

### Check Type of Certificate

Single Purchase     Blanket    If blanket is checked, this certificate is valid until revoked in writing by the purchaser.

I hereby certify that the purchase, lease, or rental by the above purchaser is exempt from the Nebraska sales tax for the following reason:

Check One     Purchase for Resale (Complete Section A)     Exempt Purchase (Complete Section B)     Contractor (Complete Section C)

## SECTION A—Nebraska Resale Certificate

Description of Item or Service Purchased

I hereby certify that the purchase, lease, or rental of from the above seller is exempt from the Nebraska sales tax as a purchase for resale, rental, or lease in the normal course of our business, either in the form or condition in which purchased, or as an ingredient or component part of other property to be resold.

I further certify that we are engaged in business as a:     Wholesaler     Retailer     Manufacturer     Lessor  
of    Description of Product Sold, Leased, or Rented

If None, State Reason

and hold Nebraska Sales Tax Permit Number    01-

or Foreign State Sales Tax Number

State

## SECTION B—Nebraska Exempt Sale Certificate

The basis for this exemption is exemption category    1    (Insert appropriate category as described on reverse of this form.)

If exemption category 2 or 5 is claimed, enter the following information:

Description of Item(s) Purchased    Intended Use of Item(s) Purchased

If exemption categories 3 or 4 are claimed, enter the Nebraska Exemption Certificate number.    05-

If exemption category 6 is claimed, seller must enter the following information and sign this form below:

Description of Item(s) Sold    Date of Seller's Original Purchase    Was Tax Paid when Purchased by Seller?    Was Item Depreciable?  
 YES     NO     YES     NO

## SECTION C—For Contractors Only

### 1. Purchases of Building Materials or Fixtures:

As an Option 1 or Option 3 contractor, I hereby certify that purchases of building materials and fixtures from the above seller are exempt from Nebraska sales tax. My Nebraska Sales or Consumer's Use Tax Permit Number is:    01-

2. Purchases Made Under Purchasing Agent Appointment on behalf of \_\_\_\_\_: (exempt entity)

Pursuant to an attached Purchasing Agent Appointment and Delegation of Authority for Sales and Use Tax, Form 17, I hereby certify that purchases of building materials, and fixtures are exempt from Nebraska sales tax.

Any purchaser, or their agent, or other person who completes this certificate for any purchase which is other than for resale, lease, or rental in the regular course of the purchaser's business, or is not otherwise exempted from the sales and use tax under Neb. Rev. Stat. §§77-2701 through 77-27,135, shall in addition to any tax, interest, or penalty otherwise imposed, be subject to a penalty of \$100 or ten times the tax, whichever amount is larger, for each instance of presentation and misuse. With regard to a blanket certificate, this penalty shall apply to each purchase made during the period the blanket certificate is in effect. Under penalties of law, I declare that I am authorized to sign this certificate, and to the best of my knowledge and belief, it is correct and complete.

sign  
here

Authorized Signature

Purchasing Agent

Title

10/22/10

Date

NOTE: Sellers must keep this certificate as part of their records. DO NOT SEND TO THE NEBRASKA DEPARTMENT OF REVENUE.

Incomplete certificates cannot be accepted.

www.revenue.ne.gov, (800) 742-7474 (toll free in NE and IA), (402) 471-5729

NOTE: This form cannot be used to purchase materials used for WATER services. Materialised used for WATER services are taxable per Reg. 066.14A.

## INSTRUCTIONS

**WHO MAY ISSUE A RESALE CERTIFICATE.** Form 13, Section A, is to be issued by persons or organizations making purchases of property or taxable services in the **normal** course of their business for the purpose of resale either in the form or condition in which it was purchased, or as an ingredient or component part of other property.

**WHO MAY ISSUE AN EXEMPT SALE CERTIFICATE.** Form 13, Section B can only be issued by persons or organizations exempt from payment of the Nebraska sales tax by qualifying for one of the six enumerated **Categories of Exemption** (see below). Nonprofit organizations that have a 501(c) designation and are exempt from federal and state income tax are **not** automatically exempt from sales tax. Only the entities listed in the referenced regulations are exempt from paying Nebraska sales tax on their purchases when the exemption certificate is properly completed and provided to the seller. Organizations claiming a sales tax exemption may do so only on items purchased for their own use. For health care organizations, the exemption is limited to the specific level of health care they are licensed for. The exemption is not issued to the entire organization when multiple levels of health care or other activities are provided or owned by the organization. Items purchased by an exempt organization that will be resold must be supported by a properly completed Nebraska Resale Certificate, Form 13, Section A.

Indicate the category which properly reflects the basis for your exemption. Place the corresponding number in the space provided in Section B. If category 2 through 6 is the basis for exemption, you must complete the information requested in Section B.

Nebraska Sales and Use Tax Reg-1-013, Sale for Resale – Resale Certificate, and Reg-1-014, Exempt Sale Certificate, provide additional information on the proper issuance and use of this certificate. These and other regulations referred to in these instructions are available on our Web site: [www.revenue.ne.gov/legal/reg/slstaxregs](http://www.revenue.ne.gov/legal/reg/slstaxregs).

**Use Form 13E for purchases of energy sources which qualify for exemption. Use Form 13ME for purchases of mobility enhancing equipment on a motor vehicle.**

**CONTRACTORS.** Form 13, Section C, Part 1, must be completed by contractors operating under Option 1 or Option 3 to document their tax-free purchase of building materials or fixtures from their suppliers. Section C, Part 2, may be completed to exempt the purchase of building materials or fixtures pursuant to a Purchasing Agent Appointment, Form 17. See the contractor information guides on our Web site [www.revenue.ne.gov](http://www.revenue.ne.gov) for additional information.

**WHERE TO FILE.** Form 13 is given to the seller at the time of the purchase of the property or service or when sales tax is due. The certificate must be retained with the seller's records for audit purposes. Do not send to the Department of Revenue.

**SALES TAX NUMBER.** A purchaser who completes Section A and is engaged in business as a wholesaler or manufacturer is not required to provide an identification number. Out-of-state purchasers can provide their home state sales tax number. Section B does not require an identification number when exemption category 1, 2, or 5 is indicated.

**PROPERLY COMPLETED CERTIFICATE.** A purchaser must complete a certificate before issuing it to the seller. To properly complete the certificate, the purchaser must include: (1) identification of the purchaser and seller, (2) a statement whether the certificate is for a single purchase or is a blanket certificate,

(3) a statement of basis for exemption including completion of all information for the basis chosen, (4) the signature of an authorized person, and (5) the date the certificate was issued.

**PENALTIES.** Any purchaser who gives a Form 13 to a seller for any purchase which is other than for resale, lease, or rental in the **normal** course of the purchaser's business, or is not otherwise exempted from sales and use tax under the Nebraska Revenue Act, shall be subject to a penalty of \$100 or ten times the tax, whichever amount is larger, for each instance of presentation and misuse.

Any purchaser, or their agent, who fraudulently signs a Form 13 may be found guilty of a Class IV misdemeanor.

### CATEGORIES OF EXEMPTION

1. Purchases made directly by certain governmental agencies identified in Nebraska Sales and Use Tax Reg-1-012, Exemptions; Reg-1-072, United States Government and Federal Corporations; and Reg-1-093, Governmental Units, are exempt from sales tax. A list of specific governmental units are provided in the above regulations. Governmental units are not assigned exemption numbers.

Sales to the United States government, its agencies, and corporations wholly owned by the United States government are exempt from sales tax. However, sales to institutions chartered or created under federal authority, but which are not directly operated and controlled by the United States government for the benefit of the public, generally are taxable. Construction projects for federal agencies have specific requirements, see Reg-1-017 Contractors.

Purchases that are **not** exempt from Nebraska sales and use tax include, but are not limited to, governmental units of other states, sanitary and improvement districts, urban renewal authorities, rural water districts, railroad transportation safety districts, and county historical or agricultural societies.

2. Purchases when the intended use renders it exempt as set out in paragraph 012.02D of Reg-1-012, Exemptions. Complete the description of the item purchased and the intended use as required on the front of Form 13. Sellers of **repair parts** for agricultural machinery and equipment cannot accept a Form 13 to exempt such sales from tax.

3. Purchases made by organizations that have been issued a Nebraska Exempt Organization - Certificate of Exemption are exempt from sales tax. Reg-1-090, Nonprofit Organizations; Reg-1-091, Religious Organizations; and Reg-1-092, Educational Institutions, identify such organizations. These organizations will be issued a Nebraska state exemption identification number. This exemption number must be entered in Section B of the Form 13.

4. Purchases of common or contract carrier vehicles and repair and replacement parts for such vehicles.

5. Purchases of manufacturing machinery or equipment by a taxpayer engaged in business as a manufacturer for use predominantly in manufacturing. This includes the installation, repair, or maintenance of such qualified manufacturing machinery or equipment (see Revenue Ruling 01-08-2).

6. A sale that qualifies as an occasional sale, such as a sale of depreciable machinery and equipment productively used by the seller for more than one year and the seller previously paid tax on the item. The **seller** must sign and give the exemption certificate to the purchaser. The certificate must be retained by the purchaser for audit purposes (see Reg-1-014, Exempt Sale Certificate).