

**REQUEST FOR PROPOSALS FOR PROFESSIONAL SERVICES
NATIONAL CORE INDICATORS – AGING & DISABILITIES PROGRAM
ISSUED BY DIVISION OF SERVICES FOR AGING AND ADULTS WITH PHYSICAL DISABILITIES
REQUEST FOR PROPOSAL NUMBER HSS-15-026**

I. Overview

The State of Delaware Department of Health & Social Services, Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) seeks professional services to provide National Core Indicators – Aging & Disabilities (NCI-AD) Program. This request for proposals (“RFP”) is issued pursuant to 29 Del. C. §§ [6981 and 6982](#).

The proposed schedule of events subject to the RFP is outlined below:

Public Notice	Date: July 2, 2015
Deadline for Questions	Date: July 17, 2015
Pre-Bid Meeting	Date: July 29, 2015
Response to Questions Posted by:	Date: August 12, 2015
Deadline for Receipt of Proposals	Date: September 17, 2015 at 11:00 AM (Local Time)
Estimated Notification of Award	Date: October 1, 2015

Each proposal must be accompanied by a transmittal letter which briefly summarizes the proposing firm’s interest in providing the required professional services. The transmittal letter must also clearly state and justify any exceptions to the requirements of the RFP which the applicant may have taken in presenting the proposal. (Applicant exceptions must also be recorded on Attachment 3). Furthermore, the transmittal letter must attest to the fact that no activity related to this proposal contract will take place outside of the United States. The State of Delaware reserves the right to deny any and all exceptions taken to the RFP requirements.

PRE-BID MEETING

A pre-bid meeting will be held on **Wednesday, July 29, 2015 at 10:00AM** at the **Main Administration Building, Room 198; 1901 N. DuPont Hwy. New Castle, DE. 19720.**

While attendance is not mandatory, entities who wish to bid on this proposal are strongly encouraged to take advantage of this opportunity for face to face discussion with state personnel responsible for managing the contract(s) resulting from this solicitation.

To better ensure the meeting space will accommodate those desiring to attend, it is requested that bidders limit representation to 2 individuals. Bidders should RSVP by calling (302) 255-9290.

II. Scope of Services – National Core Indicators – Aging & Disabilities

The program Service Specifications can be found under [Appendix B](#)

III. Required Information

The following information shall be provided in each proposal in the order listed below. Failure to respond to any request for information within this proposal may result in rejection of the proposal at the sole discretion of the State.

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A. Minimum Requirements

1. Provide Delaware license(s) and/or certification(s) necessary to perform services as identified in the scope of work.

Prior to the execution of an award document, the successful Vendor shall either furnish the Agency with proof of State of Delaware Business Licensure or initiate the process of application where required.

2. Vendor shall provide responses to the Request for Proposal (RFP) scope of services (Section II) and clearly identify capabilities as presented in the General Evaluation Requirements below.
3. Complete all appropriate attachments and forms as identified within the RFP.
4. Proof of insurance and amount of insurance shall be furnished to the Agency prior to the start of the contract period and shall be no less than as identified in the bid solicitation, Section D, Item 7, subsection F.
5. Provide response to Employing Delawareans Report (Attachment 9)

IV. Professional Services RFP Administrative Information

A. RFP Issuance

1. Public Notice

Public notice has been provided in accordance with 29 *Del. C.* [§6981](#).

2. Obtaining Copies of the RFP

This RFP is available in electronic form through the State of Delaware Procurement website at www.bids.delaware.gov. Paper copies of this RFP will not be available.

3. Assistance to Vendors with a Disability

Vendors with a disability may receive accommodation regarding the means of communicating this RFP or participating in the procurement process. For more information, contact the Designated Contact no later than ten days prior to the deadline for receipt of proposals.

4. RFP Designated Contact

All requests, questions, or other communications about this RFP shall be delivered via electronic mail (e-mail) correspondence to the State of Delaware. Address all communications to the contact person listed below. Communications made to other State of Delaware personnel or attempting to ask questions by phone or in person will not be allowed or recognized as valid and may disqualify the vendor. Vendors should rely only on written statements issued by the RFP designated contact.

Carolyn Morris - Carolyn.morris@state.de.us

5. Consultants and Legal Counsel

The State of Delaware may retain consultants or legal counsel to assist in the review and evaluation of this RFP and the vendors' responses. Bidders shall not contact the State's consultant or legal counsel on any matter related to the RFP.

6. Contact with State Employees

Direct contact with State of Delaware employees other than the State of Delaware Designated Contact regarding this RFP is expressly prohibited without prior consent. Vendors directly contacting State of Delaware employees risk elimination of their proposal from further consideration. Exceptions exist only for organizations currently doing business in the State who require contact in the normal course of doing that business.

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7. Organizations Ineligible to Bid

Any individual, business, organization, corporation, consortium, partnership, joint venture, or any other entity including subcontractors currently debarred or suspended is ineligible to bid. Any entity ineligible to conduct business in the State of Delaware for any reason is ineligible to respond to the RFP.

8. Exclusions

The Proposal Evaluation Team reserves the right to refuse to consider any proposal from a vendor who:

- a. Has been convicted for commission of a criminal offense as an incident to obtaining or attempting to obtain a public or private contract or subcontract, or in the performance of the contract or subcontract;
- b. Has been convicted under State or Federal statutes of embezzlement, theft, forgery, bribery, falsification or destruction of records, receiving stolen property, or other offense indicating a lack of business integrity or business honesty that currently and seriously affects responsibility as a State contractor;
- c. Has been convicted or has had a civil judgment entered for a violation under State or Federal antitrust statutes;
- d. Has violated contract provisions such as;
 - 1) Knowing failure without good cause to perform in accordance with the specifications or within the time limit provided in the contract; or
 - 2) Failure to perform or unsatisfactory performance in accordance with terms of one or more contracts;
- e. Has violated ethical standards set out in law or regulation; and
- f. Any other cause listed in regulations of the State of Delaware determined to be serious and compelling as to affect responsibility as a State contractor, including suspension or debarment by another governmental entity for a cause listed in the regulations.

B. RFP Submissions

1. Acknowledgement of Understanding of Terms

By submitting a bid, each vendor shall be deemed to acknowledge that it has carefully read all sections of this RFP, including all forms, schedules and exhibits hereto, and has fully informed itself as to all existing conditions and limitations.

2. Proposals

To be considered, all proposals must be submitted in writing and respond to the items outlined in this RFP. The State reserves the right to reject any non-responsive or non-conforming proposals. Each proposal must be submitted with two (2) hard copies and two (2) electronic copies on CD or DVD media disk.

All properly sealed and marked proposals are to be sent to the State of Delaware and received no later than **11:00AM (Local Time)** on **September 17, 2015**. The Proposals may be delivered by Express Delivery (e.g., FedEx, UPS, etc.), US Mail, or by hand to:

KIERAN MOHAMMED
DELAWARE HEALTH AND SOCIAL SERVICES PROCUREMENT BRANCH
MAIN ADMIN BLDG, SULLIVAN STREET
2ND FLOOR – ROOM 257
1901 NORTH DUPONT HIGHWAY
HERMAN M. HOLLOWAY SR. HEALTH AND SOCIAL SERVICES CAMPUS
NEW CASTLE, DELAWARE 19720
PHONE: (302) 255-9291

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Vendors are directed to clearly print “BID ENCLOSED” and “RFP NO. HSS-15-026” on the outside of the bid submission package.

Any proposal submitted by US Mail shall be sent by either certified or registered mail. Proposals must be received at the above address no later than **11:00AM (Local Time) on September 17, 2015**. Any proposal received after this date shall not be considered and shall be returned unopened. The proposing vendor bears the risk of delays in delivery. The contents of any proposal shall not be disclosed as to be made available to competing entities during the negotiation process.

Upon receipt of vendor proposals, each vendor shall be presumed to be thoroughly familiar with all specifications and requirements of this RFP. The failure or omission to examine any form, instrument or document shall in no way relieve vendors from any obligation in respect to this RFP.

3. Proposal Modifications

Any changes, amendments or modifications to a proposal must be submitted in the same manner as the original response and conspicuously labeled as a change, amendment or modification to a previously submitted proposal. Changes, amendments or modifications to proposals shall not be accepted or considered after the hour and date specified as the deadline for submission of proposals.

4. Proposal Costs and Expenses

The State of Delaware will not pay any costs incurred by any Vendor associated with any aspect of responding to this solicitation, including proposal preparation, printing or delivery, attendance at vendor’s conference, system demonstrations or negotiation process.

5. Proposal Expiration Date

Prices quoted in the proposal shall remain fixed and binding on the bidder at least through June 30, 2016. The State of Delaware reserves the right to ask for an extension of time if needed.

6. Late Proposals

Proposals received after the specified date and time will not be accepted or considered. To guard against premature opening, sealed proposals shall be submitted, plainly marked with the proposal title, vendor name, and time and date of the proposal opening. Evaluation of the proposals is expected to begin shortly after the proposal due date. To document compliance with the deadline, the proposal will be date and time stamped upon receipt.

7. Proposal Opening

The State of Delaware will receive proposals until the date and time shown in this RFP. Proposals will be opened only in the presence of the State of Delaware personnel. Any unopened proposals will be returned to the submitting Vendor.

There will be no public opening of proposals but a public log will be kept of the names of all vendor organizations that submitted proposals.

8. Non-Conforming Proposals

Non-conforming proposals will not be considered. Non-conforming proposals are defined as those that do not meet the requirements of this RFP. The determination of whether an RFP requirement is substantive or a mere formality shall reside solely within the State of Delaware.

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9. Concise Proposals

The State of Delaware discourages overly lengthy and costly proposals. It is the desire that proposals be prepared in a straightforward and concise manner. Unnecessarily elaborate brochures or other promotional materials beyond those sufficient to present a complete and effective proposal are not desired. The State of Delaware's interest is in the quality and responsiveness of the proposal.

10. Realistic Proposals

It is the expectation of the State of Delaware that vendors can fully satisfy the obligations of the proposal in the manner and timeframe defined within the proposal. Proposals must be realistic and must represent the best estimate of time, materials and other costs including the impact of inflation and any economic or other factors that are reasonably predictable.

The State of Delaware shall bear no responsibility or increase obligation for a vendor's failure to accurately estimate the costs or resources required to meet the obligations defined in the proposal.

11. Confidentiality of Documents

Subject to applicable law or the order of a court of competent jurisdiction to the contrary, all documents submitted as part of the vendor's proposal will be treated as confidential during the evaluation process. As such, vendor proposals will not be available for review by anyone other than the State of Delaware/Proposal Evaluation Team or its designated agents. There shall be no disclosure of any vendor's information to a competing vendor prior to award of the contract unless such disclosure is required by law or by order of a court of competent jurisdiction.

The State of Delaware and its constituent agencies are required to comply with the State of Delaware Freedom of Information Act, [29 Del. C. § 10001, et seq. \("FOIA"\)](#). FOIA requires that the State of Delaware's records are public records (unless otherwise declared by FOIA or other law to be exempt from disclosure) and are subject to inspection and copying by any person upon a written request. Once a proposal is received by the State of Delaware and a decision on contract award is made, the content of selected and non-selected vendor proposals will likely become subject to FOIA's public disclosure obligations.

The State of Delaware wishes to create a business-friendly environment and procurement process. As such, the State respects the vendor community's desire to protect its intellectual property, trade secrets, and confidential business information (collectively referred to herein as "confidential business information"). Proposals must contain sufficient information to be evaluated. If a vendor feels that they cannot submit their proposal without including confidential business information, they must adhere to the following procedure or their proposal may be deemed unresponsive, may not be recommended for selection, and any applicable protection for the vendor's confidential business information may be lost.

In order to allow the State to assess its ability to protect a vendor's confidential business information, vendors will be permitted to designate appropriate portions of their proposal as confidential business information.

Vendor(s) may submit portions of a proposal considered to be confidential business information in a separate, sealed envelope labeled "Confidential Business Information" and include the specific RFP number. The envelope must contain a letter from the Vendor's legal counsel describing the documents in the envelope, representing in good faith that the information in each document is not "public record" as defined by 29 Del. C. § 10002, and briefly stating the reasons that each document meets the said definitions.

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Upon receipt of a proposal accompanied by such a separate, sealed envelope, the State of Delaware will open the envelope to determine whether the procedure described above has been followed. A vendor's allegation as to its confidential business information shall not be binding on the State. The State shall independently determine the validity of any vendor designation as set forth in this section. Any vendor submitting a proposal or using the procedures discussed herein expressly accepts the State's absolute right and duty to independently assess the legal and factual validity of any information designated as confidential business information. Accordingly, Vendor(s) assume the risk that confidential business information included within a proposal may enter the public domain.

12. Multi-Vendor Solutions (Joint Ventures)

Multi-vendor solutions (joint ventures) will be allowed only if one of the venture partners is designated as the "**prime contractor**". The "**prime contractor**" must be the joint venture's contact point for the State of Delaware and be responsible for the joint venture's performance under the contract, including all project management, legal and financial responsibility for the implementation of all vendor systems. If a joint venture is proposed, a copy of the joint venture agreement clearly describing the responsibilities of the partners must be submitted with the proposal. Services specified in the proposal shall not be subcontracted without prior written approval by the State of Delaware, and approval of a request to subcontract shall not in any way relieve Vendor of responsibility for the professional and technical accuracy and adequacy of the work. Further, vendor shall be and remain liable for all damages to the State of Delaware caused by negligent performance or non-performance of work by its subcontractor or its sub-subcontractor.

Multi-vendor proposals must be a consolidated response with all cost included in the cost summary. Where necessary, RFP response pages are to be duplicated for each vendor.

a. Primary Vendor

The State of Delaware expects to negotiate and contract with only one "prime vendor". The State of Delaware will not accept any proposals that reflect an equal teaming arrangement or from vendors who are co-bidding on this RFP. The prime vendor will be responsible for the management of all subcontractors.

Any contract that may result from this RFP shall specify that the prime vendor is solely responsible for fulfillment of any contract with the State as a result of this procurement. The State will make contract payments only to the awarded vendor. Payments to any-subcontractors are the sole responsibility of the prime vendor (awarded vendor).

Nothing in this section shall prohibit the State of Delaware from the full exercise of its options under Section IV.B.16 regarding multiple source contracting.

b. Sub-contracting

The vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

Use of subcontractors must be clearly explained in the proposal, and major subcontractors must be identified by name. **The prime vendor shall be wholly responsible for the entire contract performance whether or not subcontractors are used.** Any sub-contractors must be approved by State of Delaware.

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c. Multiple Proposals

A primary vendor may not participate in more than one proposal in any form. Sub-contracting vendors may participate in multiple joint venture proposals.

13. Sub-Contracting

The vendor selected shall be solely responsible for contractual performance and management of all subcontract relationships. This contract allows subcontracting assignments; however, vendors assume all responsibility for work quality, delivery, installation, maintenance, and any supporting services required by a subcontractor.

Use of subcontractors must be clearly explained in the proposal, and subcontractors must be identified by name. Any sub-contractors must be approved by State of Delaware.

14. Discrepancies and Omissions

Vendor is fully responsible for the completeness and accuracy of their proposal, and for examining this RFP and all addenda. Failure to do so will be at the sole risk of vendor. Should vendor find discrepancies, omissions, unclear or ambiguous intent or meaning, or should any questions arise concerning this RFP, vendor shall notify the State of Delaware's Designated Contact, in writing, of such findings at least ten (10) days before the proposal opening. This will allow issuance of any necessary addenda. It will also help prevent the opening of a defective proposal and exposure of vendor's proposal upon which award could not be made. All unresolved issues should be addressed in the proposal.

Protests based on any omission or error, or on the content of the solicitation, will be disallowed if these faults have not been brought to the attention of the Designated Contact, in writing, at least ten (10) calendar days prior to the time set for opening of the proposals.

a. RFP Question and Answer Process

The State of Delaware will allow written requests for clarification of the RFP. All questions will be consolidated into a single set of responses and posted on the State's website at www.bids.delaware.gov by the date of **August 12, 2015**. Vendor names will be removed from questions in the responses released. Questions should be submitted to the following e-mail address(s) carolyn.morris@state.de.us and franklin.jones@state.de.us using the following format. Deviations from this format will not be accepted.

Section number
Paragraph number
Page number
Text of passage being questioned

15. State's Right to Reject Proposals

The State of Delaware reserves the right to accept or reject any or all proposals or any part of any proposal, to waive defects, technicalities or any specifications (whether they be in the State of Delaware's specifications or vendor's response), to sit and act as sole judge of the merit and qualifications of each product offered, or to solicit new proposals on the same project or on a modified project which may include portions of the originally proposed project as the State of Delaware may deem necessary in the best interest of the State of Delaware.

16. State's Right to Cancel Solicitation

The State of Delaware reserves the right to cancel this solicitation at any time during the procurement process, for any reason or for no reason. The State of Delaware makes no commitments expressed or implied, that this process will result in a business transaction with any vendor.

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This RFP does not constitute an offer by the State of Delaware. Vendor's participation in this process may result in the State of Delaware selecting your organization to engage in further discussions and negotiations toward execution of a contract. The commencement of such negotiations does not, however, signify a commitment by the State of Delaware to execute a contract nor to continue negotiations. The State of Delaware may terminate negotiations at any time and for any reason, or for no reason.

17. State's Right to Award Multiple Source Contracting

Pursuant to 29 *Del. C.* [§ 6986](#), the State of Delaware may award a contract for a particular professional service to two or more vendors if the agency head makes a determination that such an award is in the best interest of the State of Delaware.

18. Notification of Withdrawal of Proposal

Vendor may modify or withdraw its proposal by written request, provided that both proposal and request is received by the State of Delaware prior to the proposal due date. Proposals may be re-submitted in accordance with the proposal due date in order to be considered further.

Proposals become the property of the State of Delaware at the proposal submission deadline. All proposals received are considered firm offers at that time.

19. Revisions to the RFP

If it becomes necessary to revise any part of the RFP, an addendum will be posted on the State of Delaware's website at www.bids.delaware.gov. The State of Delaware is not bound by any statement related to this RFP made by any State of Delaware employee, contractor or its agents.

20. Exceptions to the RFP

Any exceptions to the RFP, or the State of Delaware's terms and conditions, must be recorded on Attachment 3. Acceptance of exceptions is within the sole discretion of the evaluation committee.

21. Award of Contract

The final award of a contract is subject to approval by the State of Delaware. The State of Delaware has the sole right to select the successful vendor(s) for award, to reject any proposal as unsatisfactory or non-responsive, to award a contract to other than the lowest priced proposal, to award multiple contracts, or not to award a contract, as a result of this RFP.

Notice in writing to a vendor of the acceptance of its proposal by the State of Delaware and the subsequent full execution of a written contract will constitute a contract, and no vendor will acquire any legal or equitable rights or privileges until the occurrence of both such events.

a. RFP Award Notifications

After reviews of the evaluation committee report and its recommendation, and once the contract terms and conditions have been finalized, the State of Delaware will award the contract.

The contract shall be awarded to the vendor whose proposal is most advantageous, taking into consideration the evaluation factors set forth in the RFP.

It should be explicitly noted that the State of Delaware is not obligated to award the contract to the vendor who submits the lowest bid or the vendor who receives the highest total point score, rather the contract will be awarded to the vendor whose proposal is the most advantageous to the State of Delaware. The award is subject to the appropriate State of Delaware approvals.

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After a final selection is made, the winning vendor will be invited to negotiate a contract with the State of Delaware; remaining vendors will be notified in writing of their selection status.

22. Cooperatives

Vendors, who have been awarded similar contracts through a competitive bidding process with a cooperative, are welcome to submit the cooperative pricing for this solicitation.

C. RFP Evaluation Process

An evaluation team composed of representatives of the State of Delaware will evaluate proposals on a variety of quantitative criteria. Neither the lowest price nor highest scoring proposal will necessarily be selected.

The State of Delaware reserves full discretion to determine the competence and responsibility, professionally and/or financially, of vendors. Vendors are to provide in a timely manner any and all information that the State of Delaware may deem necessary to make a decision.

1. Proposal Evaluation Team

The Proposal Evaluation Team shall be comprised of representatives of the State of Delaware. The Team shall determine which vendors meet the minimum requirements pursuant to selection criteria of the RFP and procedures established in 29 *Del. C.* §§ [6981](#) and [6982](#). The Team may negotiate with one or more vendors during the same period and may, at its discretion, terminate negotiations with any or all vendors. The Team shall make a recommendation regarding the award to the Division of Services for Aging & Adults with Physical Disabilities Director, who shall have final authority, subject to the provisions of this RFP and 29 *Del. C.* § [6982](#), to award a contract to the successful vendor in the best interests of the State of Delaware.

2. Proposal Selection Criteria

The Proposal Evaluation Team shall assign up to the maximum number of points for each Evaluation Item to each of the proposing vendor's proposals. All assignments of points shall be at the sole discretion of the Proposal Evaluation Team.

The proposals shall contain the essential information on which the award decision shall be made. The information required to be submitted in response to this RFP has been determined by the State of Delaware to be essential for use by the Team in the bid evaluation and award process. Therefore, all instructions contained in this RFP shall be met in order to qualify as a responsive and responsible contractor and participate in the Proposal Evaluation Team's consideration for award. Proposals which do not meet or comply with the instructions of this RFP may be considered non-conforming and deemed non-responsive and subject to disqualification at the sole discretion of the Team.

The Team reserves the right to:

- Select for contract or for negotiations a proposal other than that with lowest costs.
- Reject any and all proposals or portions of proposals received in response to this RFP or to make no award or issue a new RFP.
- Waive or modify any information, irregularity, or inconsistency in proposals received.
- Request modification to proposals from any or all vendors during the contract review and negotiation.
- Negotiate any aspect of the proposal with any vendor and negotiate with more than one vendor at the same time.
- Select more than one vendor pursuant to 29 *Del. C.* §[6986](#).

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 All proposals shall be evaluated using the same criteria and scoring process. The following
 criteria shall be used by the Evaluation Team to evaluate proposals:

Criteria	Points
Corporate Qualifications	15
Work Plan	50
Program Staffing	25
Budget Proposal	10
Total	100

Corporate Qualifications

Describe the organization’s expertise in area of the proposed project, and experience in operating any similar projects. A summary of similar current and completed projects should be included. Also supply three (3) references of people who will receive no financial gain or are not members of the board. Give a contact person, name of organization and telephone number.

Work Plan

This section must explain your approach for operating a program, which meets the Service Specification requirements (Appendix B). At a minimum, the Work Plan description must provide information, which describes how you will meet the criteria listed in the National Core Indicators-Aging & Disabilities (NCI-AD) Program Service Specifications (Appendix B) for each of the following areas:

1. Service Goal
2. Service Area (geographical)
3. Service Location
4. Time frames to accomplish Work Plan
5. Describe how you plan to meet the Program Description (Section 7.0) duties listed in the program’s service specifications.
6. Describe how you plan to meet the Service Standards (Section 8.0) listed in the program’s service specifications.
7. Describe agency’s internal program evaluation and monitoring process.

Proposals will be evaluated by the soundness of the bidder’s proposed approach to operating the program. Emphasis will be given to the comprehensiveness of the bidder’s understanding of the tasks to be completed and the methodologies to be used.

Program Staffing

For this section, the following areas must be addressed:

- Identify the staff involved in the project, including identification of the bidder’s project manager. The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement.
- Summarize their qualifications related to specific requirements of this project.
- Resumes of professional staff must be included. Please redact private identifiers such as home addresses, home phones, and social security numbers.
- Job descriptions for all project staff must be included. Descriptions must include the hours the staff person works each week and the number of hours assigned to this program each week.
- A Program Organizational Chart must be included. If you operate more than one program, also include an Agency Organizational Chart showing the line of authority.

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The specific individuals who will work on this project must be identified, along with the nature and extent of their involvement. The qualifications of these individuals shall be presented (in resumes or other formats). If conducting this project will require hiring of one or more individuals who are not currently employed by the bidding organization, applications shall provide detailed job descriptions, including required qualifications and experience.

If subcontractors are to be used, the proposal shall also contain similar information regarding each subcontractor.

Budget Workbook/Proposal

Complete the required budget workbook (Appendix D) according to the instruction provided in (Appendix C). The Budget Worksheet Supplement pages are intended to more fully explain items and costs associated with the budget you will complete for this project proposal. Every effort should be made to supply a clear, concise, and accurate budget. Some of the general topics that should be addressed include, but are not limited to:

- Justification should be given for budgeted items based on projections and/or assumptions. Briefly describe the basis for the cost calculations and any rationale that serves to support the process used.
- Explain the method of allocation for specific costs prorated to the program based on the agency's total budget.
- It is important that the bidder provide any information that may help reviewers understand items in the budget.
- The contract shall be awarded to the bidder whose proposal is deemed to be the most advantageous to the State, considering the criteria set forth in the Request for Proposal.

NOTE: The Budget must be submitted in the original EXCEL format.

Vendors are encouraged to review the evaluation criteria and to provide a response that addresses each of the scored items. Evaluators will not be able to make assumptions about a vendor's capabilities so the responding vendor should be detailed in their proposal responses.

3. Proposal Clarification

The Evaluation Team may contact any vendor in order to clarify uncertainties or eliminate confusion concerning the contents of a proposal. Proposals may not be modified as a result of any such clarification request.

4. References

The Evaluation Team may contact any customer of the vendor, whether or not included in the vendor's reference list, and use such information in the evaluation process. Additionally, the State of Delaware may choose to visit existing installations of comparable systems, which may or may not include vendor personnel. If the vendor is involved in such site visits, the State of Delaware will pay travel costs only for State of Delaware personnel for these visits.

5. Oral Presentations

After initial scoring and a determination that vendor(s) are qualified to perform the required services, selected vendors may be invited to make oral presentations to the Evaluation Team. All vendor(s) selected will be given an opportunity to present to the Evaluation Team.

The selected vendors will have their presentations scored or ranked based on their ability to successfully meet the needs of the contract requirements, successfully demonstrate their product and/or service, and respond to questions about the solution capabilities.

The vendor representative(s) attending the oral presentation shall be technically qualified to respond to questions related to the proposed system and its components.

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All of the vendor's costs associated with participation in oral discussions and system demonstrations conducted for the State of Delaware are the vendor's responsibility.

D. Contract Terms and Conditions

1. Contract Use by Other Agencies

REF: Title 29, Chapter 6904(e) Delaware Code. If no state contract exists for a certain good or service, covered agencies may procure that certain good or service under another agency's contract so long as the arrangement is agreeable to all parties. Agencies, other than covered agencies, may also procure such goods or services under another agency's contract when the arrangement is agreeable to all parties.

2. Cooperative Use of Award

As a publicly competed contract awarded in compliance with 29 DE Code Chapter 69, this contract is available for use by other states and/or governmental entities through a participating addendum. Interested parties should contact the State Contract Procurement Officer identified in the contract for instruction. Final approval for permitting participation in this contract resides with the Director of Government Support Services and in no way places any obligation upon the awarded vendor(s).

3. General Information

- a. The term of the contract between the successful bidder and the State shall be for one (1) year with four (4) optional extensions for a period of one (1) year for each extension.
- b. The selected vendor will be required to enter into a written agreement with the State of Delaware. The State of Delaware reserves the right to incorporate standard State contractual provisions into any contract negotiated as a result of a proposal submitted in response to this RFP. Any proposed modifications to the terms and conditions of the standard contract are subject to review and approval by the State of Delaware. Vendors will be required to sign the contract for all services, and may be required to sign additional agreements.
- c. The selected vendor or vendors will be expected to enter negotiations with the State of Delaware, which will result in a formal contract between parties. Procurement will be in accordance with subsequent contracted agreement. This RFP and the selected vendor's response to this RFP will be incorporated as part of any formal contract.
- d. The State of Delaware's standard contract will most likely be supplemented with the vendor's software license, support/maintenance, source code escrow agreements, and any other applicable agreements. The terms and conditions of these agreements will be negotiated with the finalist during actual contract negotiations.
- e. The successful vendor shall promptly execute a contract incorporating the terms of this RFP within twenty (20) days after award of the contract. No vendor is to begin any service prior to receipt of a State of Delaware purchase order signed by two authorized representatives of the agency requesting service, properly processed through the State of Delaware Accounting Office and the Department of Finance. The purchase order shall serve as the authorization to proceed in accordance with the bid specifications and the special instructions, once it is received by the successful vendor.
- f. If the vendor to whom the award is made fails to enter into the agreement as herein provided, the award will be annulled, and an award may be made to another vendor. Such vendor shall fulfill every stipulation embraced herein as if they were the party to whom the first award was made.

4. Collusion or Fraud

Any evidence of agreement or collusion among vendor(s) and prospective vendor(s) acting to illegally restrain freedom from competition by agreement to offer a fixed price, or otherwise, will render the offers of such vendor(s) void.

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By responding, the vendor shall be deemed to have represented and warranted that its proposal is not made in connection with any competing vendor submitting a separate response to this RFP, and is in all respects fair and without collusion or fraud; that the vendor did not participate in the RFP development process and had no knowledge of the specific contents of the RFP prior to its issuance; and that no employee or official of the State of Delaware participated directly or indirectly in the vendor's proposal preparation.

Advance knowledge of information which gives any particular vendor advantages over any other interested vendor(s), in advance of the opening of proposals, whether in response to advertising or an employee or representative thereof, will potentially void that particular proposal.

5. Lobbying and Gratuities

Lobbying or providing gratuities shall be strictly prohibited. Vendors found to be lobbying, providing gratuities to, or in any way attempting to influence a State of Delaware employee or agent of the State of Delaware concerning this RFP or the award of a contract resulting from this RFP shall have their proposal immediately rejected and shall be barred from further participation in this RFP.

The selected vendor will warrant that no person or selling agency has been employed or retained to solicit or secure a contract resulting from this RFP upon agreement or understanding for a commission, or a percentage, brokerage or contingent fee. For breach or violation of this warranty, the State of Delaware shall have the right to annul any contract resulting from this RFP without liability or at its discretion deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

All contact with State of Delaware employees, contractors or agents of the State of Delaware concerning this RFP shall be conducted in strict accordance with the manner, forum and conditions set forth in this RFP.

6. Solicitation of State Employees

Until contract award, vendors shall not, directly or indirectly, solicit any employee of the State of Delaware to leave the State of Delaware's employ in order to accept employment with the vendor, its affiliates, actual or prospective contractors, or any person acting in concert with vendor, without prior written approval of the State of Delaware's contracting officer. Solicitation of State of Delaware employees by a vendor may result in rejection of the vendor's proposal.

This paragraph does not prevent the employment by a vendor of a State of Delaware employee who has initiated contact with the vendor. However, State of Delaware employees may be legally prohibited from accepting employment with the contractor or subcontractor under certain circumstances. Vendors may not knowingly employ a person who cannot legally accept employment under state or federal law. If a vendor discovers that they have done so, they must terminate that employment immediately.

7. General Contract Terms

a. Independent Contractors

The parties to the contract shall be independent contractors to one another, and nothing herein shall be deemed to cause this agreement to create an agency, partnership, joint venture or employment relationship between parties. Each party shall be responsible for compliance with all applicable workers compensation, unemployment, disability insurance, social security withholding and all other similar matters. Neither party shall be liable for any debts, accounts, obligations or other liability whatsoever of the other party or any other obligation of the other party to pay on the behalf of its employees or to withhold from any

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compensation paid to such employees any social benefits, workers compensation insurance premiums or any income or other similar taxes.

It may be at the State of Delaware's discretion as to the location of work for the contractual support personnel during the project period. The State of Delaware may provide working space and sufficient supplies and material to augment the Contractor's services.

b. Temporary Personnel are Not State Employees Unless and Until They are Hired

Vendor agrees that any individual or group of temporary staff person(s) provided to the State of Delaware pursuant to this Solicitation shall remain the employee(s) of Vendor for all purposes including any required compliance with the Affordable Care Act by the Vendor. Vendor agrees that it shall not allege, argue, or take any position that individual temporary staff person(s) provided to the State pursuant to this Solicitation must be provided any benefits, including any healthcare benefits by the State of Delaware and Vendor agrees to assume the total and complete responsibility for the provision of any healthcare benefits required by the Affordable Care Act to aforesaid individual temporary staff person(s). In the event that the Internal Revenue Service, or any other third party governmental entity determines that the State of Delaware is a dual employer or the sole employer of any individual temporary staff person(s) provided to the State of Delaware pursuant to this Solicitation, Vendor agrees to hold harmless, indemnify, and defend the State to the maximum extent of any liability to the State arising out of such determinations.

Notwithstanding the content of the preceding paragraph, should the State of Delaware subsequently directly hire any individual temporary staff employee(s) provided pursuant to this Solicitation, the aforementioned obligations to hold harmless, indemnify, and defend the State of Delaware shall cease and terminate for the period following the date of hire. Nothing herein shall be deemed to terminate the Vendor's obligation to hold harmless, indemnify, and defend the State of Delaware for any liability that arises out of compliance with the ACA prior to the date of hire by the State of Delaware. Vendor will waive any separation fee provided an employee works for both the vendor and hiring agency, continuously, for a three (3) month period and is provided thirty (30) days written notice of intent to hire from the agency. Notice can be issued at second month if it is the State's intention to hire.

c. Licenses and Permits

In performance of the contract, the vendor will be required to comply with all applicable federal, state and local laws, ordinances, codes, and regulations. The cost of permits and other relevant costs required in the performance of the contract shall be borne by the successful vendor. The vendor shall be properly licensed and authorized to transact business in the State of Delaware as provided in 30 *Del. C.* § [2502](#).

Prior to receiving an award, the successful vendor shall either furnish the State of Delaware with proof of State of Delaware Business Licensure or initiate the process of application where required. An application may be requested in writing to: Division of Revenue, Carvel State Building, P.O. Box 8750, 820 N. French Street, Wilmington, DE 19899 or by telephone to one of the following numbers: (302) 577-8200—Public Service, (302) 577-8205—Licensing Department.

Information regarding the award of the contract will be given to the Division of Revenue. Failure to comply with the State of Delaware licensing requirements may subject vendor to applicable fines and/or interest penalties.

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d. Notice

Any notice to the State of Delaware required under the contract shall be sent by registered mail to:

Carolyn Morris

Division of Services for Aging & Adults with Physical Disabilities

Main Building Annex – 1st Floor – Room 117

1901 N. DuPont Hwy.

Carolyn.morris@state.de.us

e. Indemnification

1. General Indemnification

By submitting a proposal, the proposing vendor agrees that in the event it is awarded a contract, it will indemnify and otherwise hold harmless the State of Delaware, its agents and employees from any and all liability, suits, actions, or claims, together with all costs, expenses for attorney's fees, arising out of the vendor's, its agents and employees' performance work or services in connection with the contract, regardless of whether such suits, actions, claims or liabilities are based upon acts or failures to act attributable, whole or part, to the State, its employees or agents.

2. Proprietary Rights Indemnification

Vendor shall warrant that all elements of its solution, including all equipment, software, documentation, services and deliverables, do not and will not infringe upon or violate any patent, copyright, trade secret or other proprietary rights of any third party. In the event of any claim, suit or action by any third party against the State of Delaware, the State of Delaware shall promptly notify the vendor in writing and vendor shall defend such claim, suit or action at vendor's expense, and vendor shall indemnify the State of Delaware against any loss, cost, damage, expense or liability arising out of such claim, suit or action (including, without limitation, litigation costs, lost employee time, and counsel fees) whether or not such claim, suit or action is successful.

If any equipment, software, services (including methods) products or other intellectual property used or furnished by the vendor (collectively "Products") is or in vendor's reasonable judgment is likely to be, held to constitute an infringing product, vendor shall at its expense and option either:

- a. Procure the right for the State of Delaware to continue using the Product(s);
- b. Replace the product with a non-infringing equivalent that satisfies all the requirements of the contract; or
- c. Modify the Product(s) to make it or them non-infringing, provided that the modification does not materially alter the functionality or efficacy of the product or cause the Product(s) or any part of the work to fail to conform to the requirements of the Contract, or only alters the Product(s) to a degree that the State of Delaware agrees to and accepts in writing.

f. Insurance

1. Vendor recognizes that it is operating as an independent contractor and that it is liable for any and all losses, penalties, damages, expenses, attorney's fees, judgments, and/or settlements incurred by reason of injury to or death of any and all persons, or injury to any and all property, of any nature, arising out of the vendor's negligent performance under this contract, and particularly without limiting the foregoing, caused by, resulting from, or arising out of any act of omission on the part of the vendor in their negligent performance under this contract.

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2. The vendor shall maintain such insurance as will protect against claims under Worker's Compensation Act and from any other claims for damages for personal injury, including death, which may arise from operations under this contract. The vendor is an independent contractor and is not an employee of the State of Delaware.
3. During the term of this contract, the vendor shall, at its own expense, also carry insurance minimum limits as follows:

a.	Commercial General Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
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And at least one of the following, as outlined below:

b.	Medical or Professional Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate
c.	Misc. Errors and Omissions	\$1,000,000 per occurrence / \$3,000,000 aggregate
d.	Product Liability	\$1,000,000 per occurrence / \$3,000,000 aggregate

The successful vendor must carry (a) and at least one of (b), (c), or (d) above, depending on the type of Service or Product being delivered.

If the contractual service requires the transportation of departmental clients or staff, the vendor shall, in addition to the above coverage's, secure at its own expense the following coverage;

a.	Automotive Liability (Bodily Injury)	\$100,000/\$300,000
b.	Automotive Property Damage (to others)	\$ 25,000

4. The vendor shall provide a Certificate of Insurance (COI) as proof that the vendor has the required insurance. The COI shall be provided prior to agency contact prior to any work being completed by the awarded vendor(s).
5. The State of Delaware shall not be named as an additional insured.
6. Should any of the above described policies be cancelled before expiration date thereof, notice will be delivered in accordance with the policy provisions.

g. Performance Requirements

The selected Vendor will warrant that it possesses, or has arranged through subcontractors, all capital and other equipment, labor, materials, and licenses necessary to carry out and complete the work hereunder in compliance with any and all Federal and State laws, and County and local ordinances, regulations and codes.

h. Vendor Emergency Response Point of Contact

The awarded vendor(s) shall provide the name(s), telephone, or cell phone number(s) of those individuals who can be contacted twenty four (24) hours a day, seven (7) days a week where there is a critical need for commodities or services when the Governor of the State of Delaware declares a state of emergency under the Delaware Emergency Operations Plan or in the event of a local emergency or disaster where a state governmental entity requires the services of the vendor. Failure to provide this information could render the proposal as non-responsive.

In the event of a serious emergency, pandemic or disaster outside the control of the State, the State may negotiate, as may be authorized by law, emergency performance from the

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Contractor to address the immediate needs of the State, even if not contemplated under the original Contract or procurement. Payments are subject to appropriation and other payment terms.

i. Warranty

The Vendor will provide a warranty that the deliverables provided pursuant to the contract will function as designed for a period of no less than one (1) year from the date of system acceptance. The warranty shall require the Vendor correct, at its own expense, the setup, configuration, customizations or modifications so that it functions according to the State's requirements.

j. Costs and Payment Schedules

All contract costs must be as detailed specifically in the Vendor's cost proposal. No charges other than as specified in the proposal shall be allowed without written consent of the State of Delaware. The proposal costs shall include full compensation for all taxes that the selected vendor is required to pay.

The State of Delaware will require a payment schedule based on defined and measurable milestones. Payments for services will not be made in advance of work performed. The State of Delaware may require holdback of contract monies until acceptable performance is demonstrated (as much as 25%).

k. Penalties

The State of Delaware may include in the final contract penalty provisions for non-performance, such as liquidated damages.

l. Termination of Contract

The contract resulting from this RFP may be terminated as follows by the Division of Services for Aging & Adults with Physical Disabilities (DSAAPD)

1. **Termination for Cause:** If, for any reasons, or through any cause, the Vendor fails to fulfill in timely and proper manner its obligations under this Contract, or if the Vendor violates any of the covenants, agreements, or stipulations of this Contract, the State shall thereupon have the right to terminate this contract by giving written notice to the Vendor of such termination and specifying the effective date thereof, at least twenty (20) days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs, and reports or other material prepared by the Vendor under this Contract shall, at the option of the State, become its property, and the Vendor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents and other materials which is usable to the State.

On receipt of the contract cancellation notice from the State, the Vendor shall have no less than five (5) days to provide a written response and may identify a method(s) to resolve the violation(s). A vendor response shall not effect or prevent the contract cancellation unless the State provides a written acceptance of the vendor response. If the State does accept the Vendor's method and/or action plan to correct the identified deficiencies, the State will define the time by which the Vendor must fulfill its corrective obligations. Final retraction of the State's termination for cause will only occur after the Vendor successfully rectifies the original violation(s). At its discretion the State may reject in writing the Vendor's proposed action plan and proceed with the original contract cancellation timeline.

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2. **Termination for Convenience:** The State may terminate this Contract at any time by giving written notice of such termination and specifying the effective date thereof, at least twenty (20) days before the effective date of such termination. In that event, all finished or unfinished documents, data, studies, surveys, drawings, models, photographs, reports, supplies, and other materials shall, at the option of the State, become its property and the Vendor shall be entitled to receive compensation for any satisfactory work completed on such documents and other materials, and which is usable to the State.
3. **Termination for Non-Appropriations:** In the event the General Assembly fails to appropriate the specific funds necessary to enter into or continue the contractual agreement, in whole or part, the agreement shall be terminated as to any obligation of the State requiring the expenditure of money for which no specific appropriation is available at the end of the last fiscal year for which no appropriation is available or upon the exhaustion of funds. This is not a termination for convenience and will not be converted to such.

m. Non-discrimination

In performing the services subject to this RFP the vendor, as set forth in Title 19 Delaware Code Chapter 7 section [711](#), will agree that it will not discriminate against any employee or applicant with respect to compensation, terms, conditions or privileges of employment because of such individual's race, marital status, genetic information, color, age, religion, sex, sexual orientation, gender identity, or national origin. The successful vendor shall comply with all federal and state laws, regulations and policies pertaining to the prevention of discriminatory employment practice. Failure to perform under this provision constitutes a material breach of contract.

n. Covenant against Contingent Fees

The successful vendor will warrant that no person or selling agency has been employed or retained to solicit or secure this contract upon an agreement of understanding for a commission or percentage, brokerage or contingent fee excepting bona-fide employees, bona-fide established commercial or selling agencies maintained by the Vendor for the purpose of securing business. For breach or violation of this warranty the State of Delaware shall have the right to annul the contract without liability or at its discretion to deduct from the contract price or otherwise recover the full amount of such commission, percentage, brokerage or contingent fee.

o. Vendor Activity

No activity is to be executed in an off shore facility, either by a subcontracted firm or a foreign office or division of the vendor. The vendor must attest to the fact that no activity will take place outside of the United States in its transmittal letter. Failure to adhere to this requirement is cause for elimination from future consideration.

p. Vendor Responsibility

The State will enter into a contract with the successful Vendor(s). The successful Vendor(s) shall be responsible for all products and services as required by this RFP whether or not the Vendor or its subcontractor provided final fulfillment of the order. Subcontractors, if any, shall be clearly identified in the Vendor's proposal by completing Attachment 6, and are subject the approval and acceptance of the Division of Services for Aging & Adults with Physical Disabilities.

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q. Personnel, Equipment and Services

1. The Vendor represents that it has, or will secure at its own expense, all personnel required to perform the services required under this contract.
2. All of the equipment and services required hereunder shall be provided by or performed by the Vendor or under its direct supervision, and all personnel, including subcontractors, engaged in the work shall be fully qualified and shall be authorized under State and local law to perform such services.
3. None of the equipment and/or services covered by this contract shall be subcontracted without the prior written approval of the State. Only those subcontractors identified in Attachment 6 are considered approved upon award. Changes to those subcontractor(s) listed in Attachment 6 must be approved in writing by the State.

r. Fair Background Check Practices

Pursuant to 29 Del. C. [§6909B](#) and effective November 4, 2014 the State does not consider the criminal record, criminal history, credit history or credit score of an applicant for state employment during the initial application process unless otherwise required by state and/or federal law. Vendors doing business with the State are encouraged to adopt fair background check practices. Vendors can refer to 19 Del. C. [§711\(g\)](#) for applicable established provisions.

s. Vendor Background Check Requirements

Vendor(s) selected for an award that access state property or come in contact with vulnerable populations, including children and youth, shall be required to complete background checks on employees serving the State's on premises contracts. Unless otherwise directed, at a minimum, this shall include a check of the following registry:

- Delaware Sex Offender Central Registry at:
<https://desexoffender.dsp.delaware.gov/SexOffenderPublic/>

Individuals that are listed in the registry shall be prevented from direct contact in the service of an awarded state contract, but may provide support or off-site premises service for contract vendors. Should an individual be identified and the Vendor(s) believes their employee's service does not represent a conflict with this requirement, may apply for a waiver to the primary agency listed in the solicitation. The Agency's decision to allow or deny access to any individual identified on a registry database is final and at the Agency's sole discretion.

By Agency request, the Vendor(s) shall provide a list of all employees serving an awarded contract, and certify adherence to the background check requirement. Individual(s) found in the central registry in violation of the terms stated, shall be immediately prevented from a return to state property in service of a contract award. A violation of this condition represents a violation of the contract terms and conditions, and may subject the Vendor to penalty, including contract cancellation for cause.

Individual contracts may require additional background checks and/or security clearance(s), depending on the nature of the services to be provided or locations accessed, but any other requirements shall be stated in the contract scope of work or be a matter of common law. The Vendor(s) shall be responsible for the background check requirements of any authorized Subcontractor providing service to the Agency's contract.

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t. Work Product

All materials and products developed under the executed contract by the vendor are the sole and exclusive property of the State. The vendor will seek written permission to use any product created under the contract.

u. Contract Documents

The RFP, the purchase order, the executed contract and any supplemental documents between the State of Delaware and the successful vendor shall constitute the contract between the State of Delaware and the vendor. In the event there is any discrepancy between any of these contract documents, the following order of documents governs so that the former prevails over the latter: contract, State of Delaware's RFP, Vendor's response to the RFP and purchase order. No other documents shall be considered. These documents will constitute the entire agreement between the State of Delaware and the vendor.

v. Applicable Law

The laws of the State of Delaware shall apply, except where Federal Law has precedence. The successful vendor consents to jurisdiction and venue in the State of Delaware.

In submitting a proposal, Vendors certify that they comply with all federal, state and local laws applicable to its activities and obligations including:

1. the laws of the State of Delaware;
2. the applicable portion of the Federal Civil Rights Act of 1964;
3. the Equal Employment Opportunity Act and the regulations issued there under by the federal government;
4. a condition that the proposal submitted was independently arrived at, without collusion, under penalty of perjury; and
5. that programs, services, and activities provided to the general public under resulting contract conform with the Americans with Disabilities Act of 1990, and the regulations issued there under by the federal government.

If any vendor fails to comply with (1) through (5) of this paragraph, the State of Delaware reserves the right to disregard the proposal, terminate the contract, or consider the vendor in default.

The selected vendor shall keep itself fully informed of and shall observe and comply with all applicable existing Federal and State laws, and County and local ordinances, regulations and codes, and those laws, ordinances, regulations, and codes adopted during its performance of the work.

w. Severability

If any term or provision of this Agreement is found by a court of competent jurisdiction to be invalid, illegal or otherwise unenforceable, the same shall not affect the other terms or provisions hereof or the whole of this Agreement, but such term or provision shall be deemed modified to the extent necessary in the court's opinion to render such term or provision enforceable, and the rights and obligations of the parties shall be construed and enforced accordingly, preserving to the fullest permissible extent the intent and agreements of the parties herein set forth.

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x. Scope of Agreement

If the scope of any provision of the contract is determined to be too broad in any respect whatsoever to permit enforcement to its full extent, then such provision shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of the contract shall not thereby fail, but the scope of such provisions shall be curtailed only to the extent necessary to conform to the law.

y. Affirmation

The Vendor must affirm that within the past five (5) years the firm or any officer, controlling stockholder, partner, principal, or other person substantially involved in the contracting activities of the business is not currently suspended or debarred and is not a successor, subsidiary, or affiliate of a suspended or debarred business.

z. Audit Access to Records

The Vendor shall maintain books, records, documents, and other evidence pertaining to this Contract to the extent and in such detail as shall adequately reflect performance hereunder. The Vendor agrees to preserve and make available to the State, upon request, such records for a period of five (5) years from the date services were rendered by the Vendor. Records involving matters in litigation shall be retained for one (1) year following the termination of such litigation. The Vendor agrees to make such records available for inspection, audit, or reproduction to any official State representative in the performance of their duties under the Contract. Upon notice given to the Vendor, representatives of the State or other duly authorized State or Federal agency may inspect, monitor, and/or evaluate the cost and billing records or other material relative to this Contract. The cost of any Contract audit disallowances resulting from the examination of the Vendor's financial records will be borne by the Vendor. Reimbursement to the State for disallowances shall be drawn from the Vendor's own resources and not charged to Contract cost or cost pools indirectly charging Contract costs.

aa. Other General Conditions

1. **Current Version** – “Packaged” application and system software shall be the most current version generally available as of the date of the physical installation of the software.
2. **Current Manufacture** – Equipment specified and/or furnished under this specification shall be standard products of manufacturers regularly engaged in the production of such equipment and shall be the manufacturer's latest design. All material and equipment offered shall be new and unused.
3. **Volumes and Quantities** – Activity volume estimates and other quantities have been reviewed for accuracy; however, they may be subject to change prior or subsequent to award of the contract.
4. **Prior Use** – The State of Delaware reserves the right to use equipment and material furnished under this proposal prior to final acceptance. Such use shall not constitute acceptance of the work or any part thereof by the State of Delaware.
5. **Status Reporting** – The selected vendor will be required to lead and/or participate in status meetings and submit status reports covering such items as progress of work being performed, milestones attained, resources expended, problems encountered and corrective action taken, until final system acceptance.
6. **Regulations** – All equipment, software and services must meet all applicable local, State and Federal regulations in effect on the date of the contract.
7. **Changes** – No alterations in any terms, conditions, delivery, price, quality, or specifications of items ordered will be effective without the written consent of the State of Delaware.

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8. **Purchase Orders** – Agencies that are part of the First State Financial (FSF) system are required to identify the RFP number **HSS-15-026** on all Purchase Orders (P.O.) and shall complete the same when entering P.O. information in the state’s financial reporting system.
9. **Additional Terms and Conditions** – The State of Delaware reserves the right to add terms and conditions during the contract negotiations.

E. RFP Miscellaneous Information

1. No Press Releases or Public Disclosure

The State of Delaware reserves the right to pre-approve any news or broadcast advertising releases concerning this solicitation, the resulting contract, the work performed, or any reference to the State of Delaware with regard to any project or contract performance. Any such news or advertising releases pertaining to this solicitation or resulting contract shall require the prior express written permission of the State of Delaware.

The State will not prohibit or otherwise prevent the awarded vendor(s) from direct marketing to the State of Delaware agencies, departments, municipalities, and/or any other political subdivisions, however, the Vendor shall not use the State’s seal or imply preference for the solution or goods provided.

2. Definitions of Requirements

To prevent any confusion about identifying requirements in this RFP, the following definition is offered: The words *shall*, *will* and/or *must* are used to designate a mandatory requirement. Vendors must respond to all mandatory requirements presented in the RFP. Failure to respond to a mandatory requirement may cause the disqualification of your proposal.

3. Production Environment Requirements

The State of Delaware requires that all hardware, system software products, and application software products included in proposals be currently in use in a production environment by a least three other customers, have been in use for at least six months, and have been generally available from the manufacturers for a period of six months. Unreleased or beta test hardware, system software, or application software will not be acceptable.

F. Attachments

The following attachments and appendixes shall be considered part of the solicitation:

- Attachment 1 – No Proposal Reply Form
- Attachment 2 – Non-Collusion Statement
- Attachment 3 – Exceptions
- Attachment 4 – Confidentiality and Proprietary Information
- Attachment 5 – Business References
- Attachment 6 – Subcontractor Information Form
- Attachment 7 – Monthly Usage Report
- Attachment 8 – Subcontracting (2nd Tier Spend) Report
- Attachment 9 – Employing Delawareans Report
- Attachment 10 – Office of Supplier Diversity Application
- Appendix A – Minimum Response Requirements
- Appendix B – Service Specifications
- Appendix C – Budget Workbook Instructions
- Appendix D – Budget Workbook
- Appendix E - Delaware Cloud & Offsite Hosting Terms & Conditions

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IMPORTANT – PLEASE NOTE

- **Attachments 2, 3, 4, 5 and 9 must be included in your proposal**
- Attachment 6 must be included in your proposal if subcontractors will be involved
- Attachments 7 and 8 represent required reporting on the part of awarded vendors. Those bidders receiving an award will be provided with active spreadsheets for reporting.

REQUIRED REPORTING

One of the primary goals in administering this contract is to keep accurate records regarding its actual value/usage. This information is essential in order to update the contents of the contract and to establish proper bonding levels if they are required. The integrity of future contracts revolves around our ability to convey accurate and realistic information to all interested parties.

A complete and accurate Usage Report (Attachment 7) shall be furnished in an **Excel format and submitted electronically**, no later than the 15th (or next business day after the 15th day) of each month, detailing the purchasing of all items on this contract. The reports shall be submitted and sent as an attachment to Carolyn Morris @ this e-mail address: Carolyn.morris@state.de.us. Submitted reports shall contain accurate descriptions of the products, goods or services procured, purchasing agency information, including the six-digit department and organization code, quantities procured and prices paid. Any exception to this mandatory requirement or failure to submit complete reports, or in the format required, may result corrective action, up to and including the possible cancellation of the award. Failure to provide the report with the minimum required information may also negate any contract extension clauses. Additionally, Vendors who are determined to be in default of this mandatory report requirement may have such conduct considered against them, in assessment of responsibility, in the evaluation of future proposals.

In accordance with Executive Order 44, the State of Delaware is committed to supporting its diverse business industry and population. The successful Vendor will be required to accurately report on the participation by Diversity Suppliers which includes: minority (MBE), woman (WBE), veteran owned business (VOBE), or service disabled veteran owned business (SDVOBE) under this awarded contract. The reported data elements shall include but not be limited to; name of state contract/project, the name of the Diversity Supplier, Diversity Supplier contact information (phone, email), type of product or service provided by the Diversity Supplier and any minority, women, veteran, or service disabled veteran certifications for the subcontractor (State OSD certification, Minority Supplier Development Council, Women's Business Enterprise Council, VetBiz.gov). The format used for Subcontracting 2nd Tier report is shown as in Attachment 8.

Accurate 2nd tier reports shall be submitted to the contracting Agency's Office of Supplier Diversity at vendorusage@state.de.us on the 15th (or next business day) of the month following each quarterly period. For consistency quarters shall be considered to end the last day of March, June, September and December of each calendar year. Contract spend during the covered periods shall result in a report even if the contract has expired by the report due date.

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Attachment 1

NO PROPOSAL REPLY FORM

Request for Proposal: HSS-15-026

Contract Title: National Core Indicators – Aging & Disabilities Survey Program

To assist us in obtaining good competition on our Request for Proposals, we ask that each firm that has received a proposal, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Vendor's List by so indicating below, or do not return this form or bona fide proposal.

Unfortunately, we must offer a "No Proposal" at this time because:

- _____ 1. We do not wish to participate in the proposal process.
- _____ 2. We do not wish to bid under the terms and conditions of the Request for Proposal document. Our objections are:

- _____ 3. We do not feel we can be competitive.
- _____ 4. We cannot submit a Proposal because of the marketing or franchising policies of the manufacturing company.
- _____ 5. We do not wish to sell to the State. Our objections are:

- _____ 6. We do not sell the items/services on which Proposals are requested.
- _____ 7. Other: _____

FIRM NAME

SIGNATURE

_____ We wish to remain on the Vendor's List **for these goods or services.**

_____ We wish to be deleted from the Vendor's List **for these goods or services.**

STATE OF DELAWARE
DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

Attachment 2

REQUEST FOR PROPOSAL NO.: HSS-15-026

CONTRACT TITLE: National Core Indicators – Aging & Disabilities Survey Program

DEADLINE TO RESPOND: September 17, 2015 at 11AM (Local Time)

NON-COLLUSION STATEMENT

This is to certify that the undersigned Vendor has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this proposal, **and further certifies that it is not a sub-contractor to another Vendor who also submitted a proposal as a primary Vendor in response to this solicitation** submitted this date to the State of Delaware, Division of Services for Aging & Adults with Physical Disabilities

It is agreed by the undersigned Vendor that the signed delivery of this bid represents, subject to any express exceptions set forth at Attachment 3, the Vendor's acceptance of the terms and conditions of this solicitation including all specifications and special provisions.

NOTE: Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Division of Services for Aging & Adults with Physical Disabilities

COMPANY NAME _____ Check one)

<input type="checkbox"/>	Corporation
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Individual

NAME OF AUTHORIZED REPRESENTATIVE
(Please type or print) _____

SIGNATURE _____ TITLE _____

COMPANY ADDRESS _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

FEDERAL E.I. NUMBER _____ STATE OF DELAWARE LICENSE NUMBER _____

COMPANY CLASSIFICATIONS: CERT. NO.: _____	Certification type(s)	Circle all that apply	
	Minority Business Enterprise (MBE)	Yes	No
Woman Business Enterprise (WBE)	Yes	No	
Disadvantaged Business Enterprise (DBE)	Yes	No	
Veteran Owned Business Enterprise (VOBE)	Yes	No	
Service Disabled Veteran Owned Business Enterprise (SDVOBE)	Yes	No	

[The above table is for informational and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:
(COMPANY NAME) _____

ADDRESS _____

CONTACT _____

PHONE NUMBER _____ FAX NUMBER _____

EMAIL ADDRESS _____

AFFIRMATION: Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner, Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES _____ NO _____ if yes, please explain _____

THIS PAGE SHALL HAVE ORIGINAL SIGNATURE, BE NOTARIZED AND BE RETURNED WITH YOUR PROPOSAL

SWORN TO AND SUBSCRIBED BEFORE ME this _____ day of _____, 20 _____

Notary Public _____ My commission expires _____

City of _____ County of _____ State of _____

STATE OF DELAWARE
DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

Attachment 5

Request for Proposal: HSS-15-026
Contract Title: National Core Indicators – Aging & Disabilities Survey Program

BUSINESS REFERENCES

List a minimum of three business references, including the following information:

- Business Name and Mailing address
- Contact Name and phone number
- Number of years doing business with
- Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please provide a separate list of the contract(s).

1.	Contact Name & Title:	
	Business Name:	
	Address:	
	Email:	
	Phone # / Fax #:	
	Current Vendor (YES or NO):	
	Years Associated & Type of Work Performed:	

2.	Contact Name & Title:	
	Business Name:	
	Address:	
	Email:	
	Phone # / Fax #:	
	Current Vendor (YES or NO):	
	Years Associated & Type of Work Performed:	

3.	Contact Name & Title:	
	Business Name:	
	Address:	
	Email:	
	Phone # / Fax #:	
	Current Vendor (YES or NO):	
	Years Associated & Type of Work Performed:	

STATE OF DELAWARE PERSONNEL MAY NOT BE USED AS REFERENCES.

STATE OF DELAWARE
DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

Attachment 6

SUBCONTRACTOR INFORMATION FORM

PART I – STATEMENT BY PROPOSING VENDOR		
1. RFP NO. HSS-15-026	2. Proposing Vendor Name:	3. Mailing Address
4. SUBCONTRACTOR		
a. NAME	4c. Company OSD Classification: Certification Number: _____	
b. Mailing Address:	4d. Women Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4e. Minority Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4f. Disadvantaged Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4g. Veteran Owned Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No 4h. Service Disabled Veteran Owned Business Enterprise <input type="checkbox"/> Yes <input type="checkbox"/> No	
5. DESCRIPTION OF WORK BY SUBCONTRACTOR		
6a. NAME OF PERSON SIGNING	7. BY (<i>Signature</i>)	8. DATE SIGNED
6b. TITLE OF PERSON SIGNING		
PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR		
9a. NAME OF PERSON SIGNING	10. BY (<i>Signature</i>)	11. DATE SIGNED
9b. TITLE OF PERSON SIGNING		

* Use a separate form for each subcontractor

STATE OF DELAWARE
DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

Attachment 8

SAMPLE REPORT - FOR ILLUSTRATION PURPOSES ONLY

State of Delaware																				
Subcontracting (2nd tier) Quarterly Report																				
Prime Name:							Report Start Date:													
Contract Name/Number							Report End Date:													
Contact Name:							Today's Date:													
Contact Phone:							*Minimum Required		Requested detail											
Vendor Name*	Vendor TaxID*	Contract Name/ Number*	Vendor Contact Name*	Vendor Contact Phone*	Report Start Date*	Report End Date*	Amount Paid to Subcontractor*	Work Performed by Subcontractor UNSPSC	M/WBE Certifying Agency	Veteran /Service Disabled Veteran Certifying Agency	2nd tier Supplier Name	2nd tier Supplier Address	2nd tier Supplier Phone Number	2nd tier Supplier email	Description of Work Performed	2nd tier Supplier Tax Id				

Note: A copy of the Subcontracting Quarterly Report will be sent by electronic mail to the Awarded Vendor.

Completed reports shall be saved in an Excel format, and submitted to the following email address: vendorusage@state.de.us

STATE OF DELAWARE
DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

Attachment 9

Request for Proposal: HSS-15-026
Contract Title: National Core Indicators – Aging & Disabilities Survey Program

EMPLOYING DELAWAREANS REPORT

As required by House Bill # 410 (Bond Bill) of the 146th General Assembly and under Section 30, No bid for any public works or professional services contract shall be responsive unless the prospective bidder discloses its reasonable, good-faith determination of:

1. Number of employees reasonable anticipated to be employed on the project: _____
2. Number and percentage of such employees who are bona fide legal residents of Delaware: _____
Percentage of such employees who are bona fide legal residents of Delaware: _____
3. Total number of employees of the bidder: _____
4. Total percentage of employees who are bona fide resident of Delaware: _____

If subcontractors are to be used:

1. Number of employees who are residents of Delaware: _____
2. Percentage of employees who are residents of Delaware: _____

“Bona fide legal resident of this State” shall mean any resident who has established residence of at least 90 days in the State.

State of Delaware
Office of Supplier Diversity
Certification Application

The most recent application can be downloaded from the following site:

<http://gss.omb.delaware.gov/osd/certify.shtml>

Submission of a completed Office of Supplier Diversity (OSD) application is optional and does not influence the outcome of any award decision.

The minimum criteria for certification require the entity must be at least 51% owned and actively managed by a person or persons who are eligible: minorities, women, veterans, and/or service disabled veterans. Any one or all of these categories may apply to a 51% owner.



Complete application and mail, email or fax to:

Office of Supplier Diversity (OSD)
100 Enterprise Place, Suite 4
Dover, DE 19904-8202
Telephone: (302) 857-4554 Fax: (302) 677-7086
Email: osd@state.de.us
Web site: <http://gss.omb.delaware.gov/osd/index.shtml>

**THE OSD ADDRESS IS FOR OSD APPLICATIONS ONLY.
NO BID RESPONSE PACKAGES WILL BE ACCEPTED BY THE OSD.**

STATE OF DELAWARE
DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

**APPENDIX A
MINIMUM MANDATORY SUBMISSION REQUIREMENTS**

Each vendor solicitation response should contain at a minimum the following information:

1. Transmittal Letter as specified on page 1 of the Request for Proposal including an Applicant's experience, if any, providing similar services.
2. The remaining vendor proposal package shall identify how the vendor proposes meeting the contract requirements and shall include pricing. Vendors are encouraged to review the Evaluation criteria identified to see how the proposals will be scored and verify that the response has sufficient documentation to support each criteria listed.
3. Pricing as identified in the solicitation
4. One (1) complete, signed and notarized copy of the non-collusion agreement (See Attachment 2). Bid marked "ORIGINAL", **MUST HAVE ORIGINAL SIGNATURES AND NOTARY MARK.** All other copies may have reproduced or copied signatures – Form must be included.
5. One (1) completed RFP Exception form (See Attachment 3) – please check box if no information – Form must be included.
6. One (1) completed Confidentiality Form (See Attachment 4) – please check if no information is deemed confidential – Form must be included.
7. One (1) completed Business Reference form (See Attachment 5) – please provide references other than State of Delaware contacts – Form must be included.
8. One (1) complete and signed copy of the Subcontractor Information Form (See Attachment 6) for each subcontractor – only provide if applicable.
9. One (1) complete Employing Delawareans Report (See Attachment 9)
10. One (1) complete OSD application (See link on Attachment 10) – only provide if applicable

The items listed above provide the basis for evaluating each vendor's proposal. **Failure to provide all appropriate information may deem the submitting vendor as "non-responsive" and exclude the vendor from further consideration.** If an item listed above is not applicable to your company or proposal, please make note in your submission package.

Vendors shall provide proposal packages in the following formats:

1. Two (2) paper copies of the vendor proposal paperwork. **One (1) paper copy must be an original copy, marked "ORIGINAL" on the cover, and contain original signatures.**
2. Two (2) electronic copies of the vendor proposal saved to CD or DVD media disk. Copy of electronic price file shall be a separate file from all other files on the electronic copy. (If Agency has requested multiple electronic copies, each electronic copy must be on a separate computer disk or media).

STATE OF DELAWARE
DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

APPENDIX B
SERVICE SPECIFICATIONS

	<p>DELAWARE HEALTH AND SOCIAL SERVICES</p> <p>Division of Services for Aging and Adults with Physical Disabilities</p>	<p>National Core Indicators Aging & Disabilities Program Service Specifications</p>
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1.0 SERVICE DEFINITION

- 1.1 The National Core Indicators – Aging & Disabilities (NCI-AD) program is an initiative designed to support states' interest in assessing the performance of their programs and delivery systems and improving services for older adults, individuals with physical disabilities, and caregivers. The NCI-AD initiative is collaboration between the National Association of States United for Aging and Disabilities (NASUAD), the Human Services Research Institute (HSRI), and the National Association of State Directors of Developmental Disabilities Services (NASDDDS).
- 1.2 Data for the project is gathered through yearly in-person consumer surveys (the NCI-AD Consumer Survey instrument) administered by state agencies to a sample of at least 400 participants, which includes older adults and individuals with physical disabilities accessing publicly-funded services through skilled nursing facilities, Medicaid waivers, Medicaid state plans, and/or state-funded programs, as well as older adults served by Older Americans Act programs.
- 1.3 The NCI-AD is designed with the desire to obtain information about state services provided across the entire spectrum of long-term services and supports (LTSS), regardless of funding source or service setting that would also be comparable across states and across programs.

2.0 SERVICE GOAL

- 2.1 NCI-AD's primary aim is to collect and maintain valid and reliable data that give states a broad view of how their publicly-funded LTSS impact the quality of life and outcomes of service participants.
- 2.2 A survey of a random sample of at least 400 participants, as described above in 1.0 Service Definition, must be administered to yield data for the project.
- 2.3 Program data will be collected and furnished to HSRI so that HSRI may interpret each state's data and produce reports that can support state efforts to strengthen LTSS policy, inform quality assurance activities, and compare their performance with national norms.

3.0 SERVICE UNIT

- 3.1 The unit of service is one completed in-person survey for one participant for the program year.

4.0 SERVICE AREA

- 4.1 Program services must be provided Statewide.

5.0 SERVICE LOCATION

- 5.1 NCI-AD Program services are generally provided in the consumer's home/residence but background data about the consumer gathered from agency records prior to administering the survey in-person may be performed at the agency or state offices.
- 5.2 NCI-AD Program services may be provided in other community settings based on the needs of the consumer.

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6.0 ELIGIBILITY

6.1 Any older adult or person with a physical disability who receives services provided by the state, regardless of where they live or what funding source is paying for services, is eligible to be included in the sample. Individuals accessing publicly-funded services through skilled nursing facilities, Medicaid waivers, Medicaid state plans, and/or state-funded programs, and older adults served by Older Americans Act programs are eligible to participate in the NCI-AD survey instrument. However, the state may choose to oversample one or more subpopulations in order to look more closely at that population's outcomes.

7.0 PROGRAM DESCRIPTION

7.1 Because of the likelihood of some refusals to participate or inaccurate/outdated contact information, the Division of Services for Aging and Adults with Physical Disabilities (DSAAPD) will provide some background information for a sample pool of roughly 700 participants of older adults and individuals with physical disabilities accessing publicly-funded services (as described in 6.0 Eligibility). The NASUAD recommends that the background data for approximately 700 participants be available to facilitate the successful completion of 400 in-person surveys. In the event a pool of 700 proves to be insufficient, the DSAAPD will provide an additional pool of potential participants.

7.2 States are required to work closely with NASUAD and HSRI staff as they design their sample.

7.3 The NCI-AD project has three major components for the contracting agency (see Service Unit description):

7.3.1 Training: Interviewers must attend one- to two-day, in-person; training conducted by HSRI and NASUAD staff. Interviewers may also be required to participate in refresher webinars (as needed) run by HSRI and NASUAD.

7.3.2 Administration of the in-person NCI-AD Consumer Survey and related activities:

7.3.2.1 Contractor will schedule a minimum of 400 face-to-face Consumer Surveys from a sample provided by DSAAPD (collected from various programs).

7.3.2.2 After scheduling the interview and prior to administering the survey in person, the contractor will fill out Background Information sections for the 400 clients to be surveyed from data provided by DSAAPD (collected from the various programs). This is data about the consumer from agency records, but the contractor may need to obtain answers for any missing information for this section during the in person interview. To ensure that any missing background data is captured at the time of the interview, those unanswered questions should be included at the end of the in-person interview.

7.3.2.3 Interviewers will administer the subjective satisfaction-related questions to 400 consumers directly and the objective questions that can be answered by the 400 consumers or, if needed, their proxies.

7.3.2.4 Contractor is responsible for collecting and storing survey data.

7.3.3 Providing project compliant data to HSRI for analysis:

7.3.3.1 Interviewers will complete the interviewer feedback form for each client survey to capture the interviewer's experience conducting the survey and provide feedback on any questions/wording that were consistently problematic;

7.3.3.2 Contractor will provide data to HSRI for analysis using the Online Data Entry System (ODESA).

7.3.3.3 Contractor will complete and transmit monthly reports including work schedule to DSAAPD.

7.4 The contracting agency will determine staffing required in performing the activities within these service specifications.

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8.0 SERVICE STANDARDS

- 8.1 General Service Standards:
 - 8.1.1 The provider will conduct the NCI-AD survey instrument only with those persons deemed eligible
 - 8.1.2 The provider must comply with all applicable Federal, State, and local rules, regulations, and laws applying to the provision of the service.
 - 8.1.3 All staff providing the service must be qualified, must adhere to training guidelines as determined by HRSI (based on the NCI-AD training guide that will be released by April 2015), and must provide services under the direction of a supervisor.
 - 8.1.4 The provider must develop and maintain policies and procedures for the delivery of NCI-AD program services.
 - 8.1.5 The provider must notify the consumer, in advance, of any change in schedule for administration of the survey instrument.
 - 8.1.6 The provider must keep DSAAPD informed of all service delivery concerns.
 - 8.1.7 The provider must maintain the participant's right of privacy and confidentiality.
 - 8.1.8 The provider must establish a system through which participants may present grievances/complaints about the operation of the service.
 - 8.1.9 The provider must comply with DSAAPD quality assurance initiatives related to this program.
- 8.2 Prohibited Activities:
 - 8.2.1 Including out-of-state residents in the NCI-AD Consumer Survey instrument.
 - 8.2.2 If at any point in the process, a client refuses to participate or to continue to participate, contracting staff are not to pressure the client to continue.

9.0 PROVIDER QUALIFICATIONS

- 9.1 The provider must utilize staff member(s) with knowledge, experience, and abilities sufficient to administer the NCI-AD Consumer Survey.
- 9.2 The provider must have the capacity, either internally or through established networks, to communicate with non-English-speaking consumers.

10.0 INVOICING REQUIREMENTS

- 10.1 The provider will invoice DMMA and DSAAPD separately. Sample invoicing workbooks for each participating division will be attached to the RFP.
- 10.2 The provider must invoice DSAAPD pursuant to the DSAAPD Policy Manual for Contracts, Policy X-Q, and Invoicing.
- 10.3 The following information must be included in the invoice, in addition to the items referenced in the Policy Manual:
 - 10.3.1 Number of service units provided
 - 10.3.2 Number of unduplicated clients interviewed
 - 10.3.3 Amount of DSAAPD funds expended

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DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

NATIONAL CORE INDICATORS – AGING AND DISABILITIES

CONSUMER SURVEY

Pre-Survey Form

The Pre-Survey Form is intended to provide interviewers with the information they will need to schedule and conduct interviews. The State should review this form and decide what information will be provided to interviewers in advance (e.g., name, phone number, communication needs, etc.), how the information will be gathered (e.g., service coordinators, databases, etc.), and determine the administrative procedures (including informed consent) that must be followed when arranging interviews.

It is strongly suggested that as many Pre-Survey items as possible be filled out and reviewed before starting the interview. Experience has shown that using familiar names and terms helps the respondent understand the questions being asked and facilitates the interview process.

None of the Pre-Survey information is submitted to HSRI. **Actual procedures for using the Pre-Survey Form should be determined by the State's NCI-AD coordinator and communicated to interviewers during training.**

Additional instructions regarding your state's specific administrative procedures may be noted below:

Survey Code: _____

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A. Person completing this Pre-Survey form:

Name: _____

Date: ____ / ____ / ____

B. Person to be interviewed:

Individual Name: _____

Gender: 1____ Male 2____ Female

Age: _____

Phone: _____ - _____

Home address: _____

City _____ State _____ Zip _____

Source of funding for long-term care:

C. Legal guardian information, IF APPLICABLE:

Legal Guardian: 1____ No 2____ Yes 3__ Don't know

Guardian Name: _____

Relationship: _____

Phone: _____ - _____

Home address: _____

City _____ State _____ Zip _____

E-mail: _____

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D. Other contact information

Contact... Who should the interviewer call to arrange an interview with this person (individual, family member, service coordinator, paid caregiver, etc.)?

Name: _____ Relationship: _____

Daytime Phone: _____ Evening Phone: _____

Cell Phone: _____ E-mail address: _____

Living Arrangement... Please indicate with whom this person lives.

___ lives alone

___ lives with partner, spouse, and/or children

___ lives with other family member/relative or friends

___ other _____

Housing... Please indicate where this person lives.

___ lives in own house or apartment

___ lives in shared house or apartment or adult family home

___ lives in an assisted living

___ lives in other senior housing

___ lives in large residential care facility, nursing home, hospital, etc.

___ other

If applicable, provide first names of spouse/relatives/roommates or housemates:

Do you recommend that a caregiver or somebody else be present while this person is interviewed?

___ Yes ___ No

If yes, who do you recommend is present while this person is interviewed and why?

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Accommodations... Does this person need any special accommodations for the interview? (Examples: Communication - e.g., primary language other than English, sign language, communication device, voice amplifier, someone familiar with the person's communication style; Accessibility - e.g., transportation, space issues; Other - e.g., medical, allergies). Please explain what arrangements are needed for the interview.

Case manager/service coordinator... What is the name and contact information of this person's case manager/service coordinator?

Name: _____ Phone: _____ / _____

Cell Phone: _____ E-mail address: _____

Support Staff... If there are any people who are paid to provide supports in this person's home, at their work or at their day program, please indicate their first names. If there are several workers, please list the primary staff that spend the most time with this person.

Support Staff (name and location): _____

E. Contact outcome

___ Appointment made: date, time, location _____

___ Refused: reason (if given)

___ Incorrect contact information

___ Unable to contact

___ Deceased

STATE OF DELAWARE
DIVISION OF SERVICES FOR AGING & ADULTS WITH PHYSICAL DISABILITIES

NCI – AD
Background Information

State _____
Survey Code _____

DEMOGRAPHIC

BI-1. What is the person's age? _____
Source of data: () 1-records/administrative () 2-during interview

BI-2. What is the person's gender?
Source of data: () 1-records/administrative () 2-during interview
__1 Male
__2 Female
__3 Other
__98 Don't know

BI-3. Is the person of Hispanic/Latino ethnicity?
Source of data: () 1-records/administrative () 2-during interview
__2 Yes
__0 No
__98 Don't know

BI-4. What is the person's race? **(CHECK ALL THAT APPLY)**
Source of data: () 1-records/administrative () 2-during interview
__1 American Indian or Alaska Native
__2 Asian (Chinese, Filipino, Japanese, Korean, Vietnamese or Other Asian)
__3 Black or African-American
__4 Pacific Islander (Native Hawaiian, Guamanian or Chamorro, Samoan, or Other Pacific Islander)
__5 White
__6 Other race not listed **(FILL IN)** _____
__98 Don't know

BI-5. What is the person's marital status?
Source of data: () 1-records/administrative () 2-during interview
__1 Single, never married
__2 Married or has domestic partner
__3 Separated or divorced
__4 Widowed
__98 Don't know

BI-6. What is the person's primary language?
Source of data: () 1-records/administrative () 2-during interview
__1 English
__2 Spanish
__3 Other **(FILL IN)** _____
__98 Don't know

BI-7. What is this person's preferred means of communication?
Source of data: () 1-records/administrative () 2-during interview
__1 Spoken
__2 Gestures/body language
__3 Sign language or finger spelling
__4 Communication aid/device
__5 Other **(FILL IN)** _____
__98 Don't know

STATE OF DELAWARE
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RESIDENCE

BI-8. What describes the area the person lives in?

Source of data: () 1-records/administrative () 2-during interview

- 1 Urbanized area (population 50,000 and more)
- 2 Urban cluster (population at least 2,500 to 50,000)
- 3 Rural (population under 2,500)
- 98 Don't know

BI-9. Where does the person currently live?

Source of data: () 1-records/administrative () 2-during interview

- 1 Own or family house or apartment (owned or rented)
- 2 Group home
- 3 Adult Family Home, Foster Home, Host Home (round-the-clock services provided in a single family residence where one or more receiving services live with a person or family who furnishes services)
- 4 Assisted living facility, residential care facility (housing that may provide some nursing and personal care in addition to housekeeping and other basic help)
- 5 Nursing facility, nursing home
- 6 Homeless or temporary shelter
- 7 Other **(FILL IN)** _____
- 98 Don't know

BI-10. Who does the person live with? (CHECK ALL THAT APPLY)

Source of data: () 1-records/administrative () 2-during interview

- 1 Lives alone
- 2 With spouse or partner
- 3 With other family (e.g. child, sibling, parent, etc)
- 4 With friends/roommates
- 5 With live-in personal care assistant/ worker
- 6 With others who are not family, friends, or PCAs
- 7 Other **(FILL IN)** _____
- 98 Don't know

BI-11. Has the person's address changed in the past 6 months?

Source of data: () 1-records/administrative () 2-during interview

- 1 No – **GO TO QUESTION BI-13**
- 2 Yes
- 98 Don't know – **GO TO QUESTION BI-13**

BI-12. Where did the person move from? (IF "YES" TO QUESTION BI-11)

Source of data: () 1-records/administrative () 2-during interview

- 50 DID NOT MOVE IN THE PAST 6 MONTHS**
- 1 Own or family house or apartment (owned or rented)
- 2 Group home
- 3 Adult Family Home, Foster Home, Host Home (round-the-clock services provided in a single family residence where one or more receiving services live with a person or family who furnishes services)
- 4 Assisted living facility, residential care facility (housing that may provide some nursing and personal care in addition to housekeeping and other basic help)
- 5 Nursing facility, nursing home
- 6 Other **(FILL IN)** _____
- 98 Don't know

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SELF-DIRECTION

BI-13. Is this person currently participating in a self-directed supports option? *“Self-directed” or “participant-directed” supports options offer individuals (and their representatives, including family members) the opportunity to manage some or all of their services. They may hire & fire their own support workers and/or control how their budget is spent.*

Source of data: () 1-records/administrative () 2-during interview

- _2 Yes
- _0 No
- _98 Don't know

HEALTH

BI-14. Does the person have a formal diagnosis of any of the following conditions? *Has the person been told that he/she have any of the following?*

	<input type="checkbox"/> _2 Yes	<input type="checkbox"/> _0 No	<input type="checkbox"/> _98 Don't Know	Source of data
Physical disability (total or partial loss of a person's bodily function or part of body with no possibility of recovery which substantially limits one or more major life activities)				() 1-Records/administrative () 2- During interview
Alzheimer's disease or other dementia				() 1-Records/administrative () 2-During interview
Acquired brain injury, traumatic brain injury				() 1-Records/administrative () 2- During interview
Intellectual or other developmental disability (diagnosed before the age 22)				() 1-Records/administrative () 2- During interview
Mental Health diagnosis (anxiety, depression, bipolar disorder, schizophrenia, manic-depressive disorder)				() 1-Records/administrative () 2- During interview
Seizure disorder /neurological problem				() 1-Records/administrative () 2- During interview

BI-15. What is the person's level of hearing impairment?

Source of data: () 1-records/administrative () 2-during interview

- _1 None
- _2 Some/moderate
- _3 Complete or almost complete
- _98 Don't know

BI-16. What is the person's level of vision impairment?

Source of data: () 1-records/administrative () 2-during interview

- _1 None
- _2 Some/ moderate (wears glasses or contacts)
- _3 Complete or almost complete, legally blind
- _98 Don't know

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BI-17. How many times has the person been to the ER in the last 6 months? **(FILL IN)**
 Source of data: () 1-records/administrative () 2-during interview

BI-18. How many times has the person been hospitalized (overnight) in the last 6 months? **(FILL IN)**
 Source of data: () 1-records/administrative () 2-during interview

FUNCTIONING

BI-19. What is the person's level of mobility?
 Source of data: () 1-records/administrative () 2-during interview

- 1 Non-ambulatory
- 2 Moves self with wheelchair
- 3 Moves self with other aids
- 4 Moves self without aids
- 98 Don't know

BI-20. Does the person have a history of frequent falls (more than two falls in a six-month period)?
 Source of data: () 1-records/administrative () 2-during interview

- 1 No
- 2 Yes
- 98 Don't know

SERVICES and SUPPORTS

BI-21. What is the person's **primary source of funding for long-term care services?** *(WE ARE LOOKING FOR THE NAMES AND TYPES OF THE WAIVERS OR THE PROGRAMS THAT FUND THE PERSON'S SERVICES)*

Source of data: () 1-records/administrative

- 1. CCFP (Waiver)
- 2. HCBS (Older American Act Program)
- 3. SNF (Nursing home/personal care home program)
- 4. CIL (Center for Independent Living)

BI-22. What type of paid long-term care supports is the person receiving? **(CHECK ALL THAT APPLY)**

Source of data: () 1-records/administrative

- 1 **Round-the-clock services** (services by a provider that has round-the-clock responsibility for the health and welfare of residents)
- 2 **Home-based habilitation** (assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills provided in the person's home when the provider does NOT have round-the-clock responsibility for the person's health and welfare)
- 3 **Personal care services** including attendant care, personal assistance, PCA (assistance with activities of daily living (ADLs) and/or health-related tasks provided in a person's home and possibly other community settings, NOT including services required to be provided by a licensed home health agency or under a supervision of a licensed nurse or therapist. Does NOT include assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills)
- 4 **Homemaker services** (performance of light housekeeping tasks provided in a person's home)
- 5 **Chore services** (performance of heavy household chores provided in a person's home)
- 6 **Home health aide services** (assistance with ADLs and/or health-related tasks provided in a person's home and possibly other community settings that are supervised by a registered nurse or licensed therapist and provided by a licensed home health agency. Does NOT include assistance in acquiring,

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- retaining, and improving self-help, socialization, and/or adaptive skills)
- __7 **Companion services** (supervision and/or social support provided in a person's home and possibly other community settings. Does NOT include assistance with ADLs or assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills)
- __8 **Adult day health care services** (services other than supported employment usually provided on a regularly scheduled basis at a site specifically established to provide such services. Included skilled health services and other support services, NOT including assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills)
- __9 **Adult day habilitation services** (services other than supported employment usually provided on a regularly scheduled basis at a site specifically established to provide such services. Focus on assistance in acquiring, retaining, and improving self-help, socialization, and/or adaptive skills, NOT including habilitation and not including skilled health services)
- __10 **Supported employment** (assistance to help a person obtain or maintain paid employment or self-employment)
- __11 **Personal emergency response system** (devices that enable participants to signal a response center to secure help in an emergency)
- __12 **Home and/or vehicle modifications** (physical changes to a private residence, automobile, or van, to accommodate the participant or improve his or her ability to function)
- __13 **Assistive technology, specialized medical equipment** (the purchase or rent of items, devices, or product systems to improve or maintain a person's functional status)
- __14 **Transportation** not provided as part of another category such as round-the-clock services or a day services. May include transportation to and from other waiver services, transportation to community activities, and/or the purchase of public transit tokens or passes
- __15 **Case management**
- __16 **Peer specialist, peer support** (mental health support services provided by a trained and credentialed person with a mental illness)
- __17 **Caregiver support, respite** (assistance to people who provide ongoing support to the person with a disability - individual's caregiver is benefiting from respite)
- __18 **Home delivered meals**(prepared meals sent to a person's home)
- __19 **Congregate meals** (a meal provided in a congregate or group setting)
- __20 **Other (fill in)** _____
- __100 **None**

BI-23. Does the person receive Medicare?

Source of data: () 1-records/administrative () 2-during interview

- __2 Yes
- __0 No
- __98 Don't know

BI-24. How long has the person been receiving **long-term care supports** through his or her **primary current program**? (the latest episode of receiving long-term care supports through the current program)

Source of data: () 1-records/administrative () 2-during interview

- __1 1-6 months
- __2 6 months-1year
- __3 1year-3years
- __4 More than 3 years
- __98 Don't know

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NCI – AD

Consumer Survey

Notes on survey organization:

- Parts of questions/responses that should not be read out loud are in CAPS.
- Instructions are gray-highlighted and in CAPS.
- Do not read response options unless the instructions specifically state so.
- Box **PROXY** next to the question indicates that proxy responders are allowed. If there is no **PROXY** box, only individual receiving the services should be responding.

Survey code _____

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SERVICE SATISFACTION

Let's talk about the services and supports you are receiving. We are not talking about medical services. We are talking about what is called "long-term care services" – that is, services that help you with your everyday life, such as homemaker services, transportation services, personal care assistance, meals and nutritional assistance, home health, etc. To clarify, we are talking about formal services – services that the government, Medicaid or Medicare pays for, services for which you or your family do not pay the whole cost out of pocket.

1. Are you currently getting any of these paid services and supports? **(READ RESPONSE OPTIONS) (CHECK ALL THAT APPLY)**

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 1 **Personal care assistance, personal care services** (like assistance with dressing, bathing, eating)
- 2 **Home maker/ chore services** (like assistance buying groceries, cleaning the house, cooking meals, shoveling snow)
- 3 **Companion services** (like assistance with planning community outings, staying connected with friends)
- 4 **Healthcare home services, home health** (medical or nursing care in your home)
- 5 **Home delivered meals** (prepared meals sent to your home)
- 6 **Congregate dining** (a meal provided in the community)
- 7 **Adult day services** (place where you go during the day that provides social or health-related activities to promote your well-being)
- 8 **Transportation** (either actual transportation or a voucher or pass for public transit T)
- 9 **Case management or care coordination** (someone who helps to set up and coordinate your services)
- 10 **Other services (FILL IN)** _____
- 50 PERSON SAID THEY ARE NOT RECEIVING ANY OF THE ABOVE SERVICES - **GO TO QUESTION 13**
- 98 DON'T KNOW - **GO TO QUESTION 13**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 13**

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2. How did you first find out about the services that you are getting? **(TRY TO CLASSIFY) (CHECK ALL THAT APPLY)**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES** **PROXY**
- 1 FRIEND
- 2 FAMILY
- 3 AREA AGENCY ON AGING
- 4 AGING AND DISABILITY RESOURCE CENTER
- 5 CENTER FOR INDEPENDENT LIVING
- 6 NEWSPAPER/ADVERTISEMENT/BILLBOARD
- 7 PROVIDER (E.G. HEALTH CARE AGENCY, NURSING HOME, HOME HEALTH WORKER, PERSONAL ATTENDANT)
- 8 STATE OR COUNTY AGENCY (E.G. DIVISION OF AGING, COUNTY OFFICE ON DISABILITY)
- 9 DOCTOR
- 10 MANAGED CARE ORGANIZATION
- 11 CASE MANAGER OR CARE COORDINATOR
- 12 OTHER **(FILL IN)** _____
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

3. **(ONLY ASK PERSONS WHOSE PREFERRED LANGUAGE IS NOT ENGLISH)** Do you receive information about your services in the language you prefer? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES**
- 51 N/A – ENGLISH IS PERSON'S PREFERRED LANGUAGE**
- 2 YES, ALL INFORMATION
- 1 SOME INFORMATION
- 0 NO
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

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4. (ONLY ASK IF PERSON SAID THEY HAVE CASE MANAGEMENT/CARE COORDINATION IN QUESTION 1) Can you reach your case manager/care coordinator when you need to? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES
- 51 N/A – PERSON SAID THEY DO NOT HAVE A CASE MANAGER
- 2 YES, ALWAYS
- 1 USUALLY, BUT NOT ALWAYS
- 0 NO, OR ONLY SOMETIMES
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

5. Do the services you receive meet your needs and goals? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES
- 3 YES, COMPLETELY, ALL NEEDS AND GOALS - **GO TO QUESTION 8**
- 2 MOSTLY, MOST NEEDS AND GOALS
- 1 SOMEWHAT, SOME NEEDS AND GOALS
- 0 NO, NOT AT ALL, NEEDS OR GOALS ARE NOT MET
- 98 DON'T KNOW - **GO TO QUESTION 8**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 8**

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6. What additional services and supports might help you? *(TRY TO CLASSIFY) (CHECK ALL THAT APPLY) (FOR ANSWERS THAT MAY FIT INTO TWO CATEGORIES, CODE THE MORE SPECIFIC ANSWER WHEN POSSIBLE)*
PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES**
- 51 N/A – SERVICES MEET ALL NEEDS**
- 1 PERSONAL CARE ASSISTANCE, PERSONAL CARE SERVICES** (LIKE ASSISTANCE WITH DRESSING, BATHING, EATING)
- 2 HOME MAKER/ CHORE SERVICES** (LIKE ASSISTANCE BUYING GROCERIES, CLEANING THE HOUSE, COOKING MEALS, SHOVELING SNOW)
- 3 COMPANION SERVICES** (LIKE ASSISTANCE WITH PLANNING COMMUNITY OUTINGS, STAYING CONNECTED WITH FRIENDS)
- 4 HEALTHCARE HOME SERVICES, HOME HEALTH** (MEDICAL OR NURSING CARE IN YOUR HOME)
- 5 HOME DELIVERED MEALS** (PREPARED MEALS SENT TO YOUR HOME)
- 6 CONGREGATE DINING** (A MEAL PROVIDED IN THE COMMUNITY)
- 7 ADULT DAY SERVICES** (PLACE WHERE YOU GO DURING THE DAY THAT PROVIDES SOCIAL AND HEALTH-RELATED ACTIVITIES TO PROMOTE YOUR WELL-BEING)
- 8 TRANSPORTATION** (EITHER ACTUAL TRANSPORTATION OR A VOUCHER OR PASS FOR PUBLIC TRANSIT)
- 9 PERSONAL EMERGENCY ALERT SYSTEM** (BUTTON YOU CAN PUSH IN CASE OF EMERGENCY)
- 10 CASE MANAGEMENT OR CARE COORDINATION** (SOMEONE WHO HELPS TO SET UP AND COORDINATE SERVICES)
- 11 BENEFITS/INSURANCE INFORMATION**
- 12 ASSISTIVE TECHNOLOGY, SPECIALIZED MEDICAL EQUIPMENT** (ITEMS, DEVICES, OR PRODUCT SYSTEMS TO INCREASE OR MAINTAIN A FUNCTIONAL STATUS)
- 13 HOME AND/OR VEHICLE MODIFICATIONS** (PHYSICAL CHANGES TO A PRIVATE RESIDENCE, AUTOMOBILE, OR VAN, TO ACCOMMODATE THE PARTICIPANT OR IMPROVE HIS OR HER FUNCTION)
- 14 RESPITE/FAMILY CAREGIVER SUPPORT**
- 15 MEDICATION ASSISTANCE**
- 16 HEALTH CARE**
- 17 MENTAL HEALTH CARE**
- 18 DENTAL CARE**
- 19 HOUSING ASSISTANCE** (PAYING FOR, FINDING, MAINTAINING, OR CHANGING HOUSING)
- 20 HEATING/COOLING ASSISTANCE**
- 21 ASSISTANCE FINDING, MAINTAINING OR CHANGING JOBS**
- 22 EDUCATION OR TRAINING**
- 23 OTHER (FILL IN)** _____
- 98 DON'T KNOW**
- 100 UNCLEAR/REFUSED/NO RESPONSE**

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7. (ONLY ASK IF PERSON SAID THEY HAVE CASE MANAGEMENT/CARE COORDINATION IN QUESTION 1) Has your case manager/care coordinator talked to you about services that might help with your needs and goals? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES

51 N/A – PERSON SAID THEY DO NOT HAVE A CASE MANAGER

52 N/A – SERVICES MEET ALL NEEDS

2 YES

0 NO

98 DON'T KNOW

100 UNCLEAR/REFUSED/NO RESPONSE

8. If you have a complaint about the services you are getting right now, do you know who to call? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES

2 YES

1 MAYBE, NOT SURE

0 NO

100 UNCLEAR/REFUSED/NO RESPONSE

9. If your needs change and you need new or different types of services and supports, do you know who to call or how to get information? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES

2 YES

1 MAYBE, NOT SURE

0 NO

100 UNCLEAR/REFUSED/NO RESPONSE

10. Can you choose or change what kind of services you get and determine how often and when you get them? This is what people often refer to as being in charge of or directing your services. **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES

2 YES, ALL SERVICES

1 SOMETIMES, OR SOME SERVICES

0 NO

98 DON'T KNOW

100 UNCLEAR/REFUSED/NO RESPONSE

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11. Can you choose who provides your services?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES**
- 2 YES, ALL SERVICES
- 1 SOMETIMES, OR SOME SERVICES
- 0 NO
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

12. In general, how satisfied are you with the services you receive?

- 50 N/A – PERSON SAID THEY ARE NOT RECEIVING SERVICES**
- 5 VERY SATISFIED
- 4 SOMEWHAT SATISFIED
- 3 NEUTRAL - NEITHER SATISFIED OR DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 1 VERY DISSATISFIED
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

DIRECT CARE WORKERS/DAILY ACTIVITIES

Now lets talk about what your everyday life looks like.

13. How much assistance with everyday activities do you generally need? *(Things like preparing meals, housework, shopping or taking your medications)* **(READ RESPONSE OPTIONS)** **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 2 A lot
- 1 Some
- 0 None - **GO TO QUESTION 15**
- 98 DON'T KNOW - **GO TO QUESTION 15**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 15**

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14. Do you always get enough assistance with your everyday activities?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 **N/A – DOES NOT NEED HELP**
- 2 YES, ALWAYS
- 0 NO, NOT ALWAYS
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

15. How much assistance with self-care do you generally need? *(Things like bathing, dressing, going to the bathroom, eating or moving around your home)* **(READ RESPONSE OPTIONS)**

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 2 A lot
- 1 Some
- 0 None - **GO TO QUESTION 17**
- 98 DON'T KNOW - **GO TO QUESTION 17**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 17**

16. Do you always get enough assistance for self-care?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 **N/A – DOES NOT NEED HELP**
- 2 YES, ALWAYS
- 0 NO, NOT ALWAYS
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

17. How much assistance do you generally need with keeping track of your finances or doing bills? **(READ RESPONSE OPTIONS)**

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 2 A lot
- 1 Some
- 0 None - **GO TO QUESTION 19**
- 98 DON'T KNOW - **GO TO QUESTION 19**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 19**

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18. Do you always get enough assistance with keeping track of your finances?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 N/A – DOES NOT NEED HELP**
- 2 YES, ALWAYS**
- 1 SOMETIMES, BUT NOT ALWAYS**
- 0 NO**
- 98 DON'T KNOW**
- 100 UNCLEAR/REFUSED/NO RESPONSE**

I would like to talk to you about people who may be helping you - like family members, personal care attendants or personal assistants, other direct care workers, or whoever helps you with everyday life, regardless of whether or not they get paid for it.

19. Is there anyone who helps you at home or in the community on a regular basis (at least once a week)?

We are talking about any kind of help – either with self-care needs, or everyday activities.

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 2 YES**
- 0 NO – GO TO QUESTION 28**
- 98 DON'T KNOW - GO TO QUESTION 28**
- 100 UNCLEAR/REFUSED/NO RESPONSE - GO TO QUESTION 28**

20. Who is the person who helps you most often? *(SELECT ONE)*

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- 50 N/A - NOBODY PROVIDES SUPPORT ON A REGULAR BASIS**
- 1 PAID SUPPORT WORKER WHO IS NOT FRIEND OR RELATIVE**
- 2 PAID FAMILY MEMBER OR SPOUSE/PARTNER**
- 3 PAID FRIEND**
- 4 UNPAID FAMILY MEMBER OR SPOUSE/PARTNER**
- 5 UNPAID FRIEND OR VOLUNTEER**
- 6 OTHER (FILL IN) _____**
- 98 DON'T KNOW - GO TO QUESTION 28**
- 100 UNCLEAR/REFUSED/NO RESPONSE - GO TO QUESTION 28**

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21. Who else provides assistance for you when you need help? **(CHECK ALL THAT APPLY)**

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

__50 N/A - NOBODY PROVIDES SUPPORT ON A REGULAR BASIS

__1 OTHER PAID SUPPORT WORKER

__2 PAID FAMILY MEMBER OR SPOUSE/PARTNER

__3 PAID FRIEND

__4 UNPAID FAMILY MEMBER OR SPOUSE/PARTNER

__5 UNPAID FRIEND OR VOLUNTEER

__6 OTHER (FILL IN) _____

__7 NO ONE ELSE PROVIDES SUPPORT

__98 DON'T KNOW

__100 UNCLEAR/REFUSED/NO RESPONSE

IF THERE ARE PAID SUPPORT WORKERS, PAID FAMILY MEMBERS OR PAID FRIENDS IN EITHER QUESTION 20 OR

21, ASK QUESTIONS 22 THROUGH 27. IF THERE ARE NO PAID SUPPORT PERSONS, GO TO QUESTION 28.

IF PAID SUPPORT WORKERS (OR THE PAID FRIEND OR FAMILY MEMBER) ARE

PRESENT AT THIS INTERVIEW, ASK THEM TO STEP OUT OF THE ROOM. IF THEY DO NOT STEP OUT OR THE PERSON NEEDS THEM TO BE PRESENT, DO NOT ASK QUESTIONS 22 THROUGH 27 AND GO TO QUESTION 28

22. (DO NOT ASK IF PAID SUPPORT WORKERS ARE PRESENT OR IF THERE ARE NO PAID WORKERS) Do the people who are currently paid to help you change too often?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

__50 N/A - NO PAID SUPPORT PERSONS

__51 N/A - QUESTION NOT ASKED BECAUSE PAID SUPPORT PERSONS ARE PRESENT

__52 N/A - PAID SUPPORT PERSON/S ARE LIVE-IN

__2 YES

__1 SOME BUT NOT ALL PAID SUPPORT PERSONS

__0 NO

__98 DON'T KNOW

__100 UNCLEAR/REFUSED/NO RESPONSE

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23. **(DO NOT ASK IF PAID SUPPORT WORKERS ARE PRESENT OR IF THERE ARE NO PAID WORKERS)** Do the people who are paid to help you show up and leave when they are supposed to? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- __50 N/A - NO PAID SUPPORT PERSONS**
- __51 N/A - QUESTION NOT ASKED BECAUSE PAID SUPPORT PERSONS ARE PRESENT**
- __52 N/A – PAID SUPPORT PERSON/S ARE LIVE-IN**
- __2 YES, ALL PAID SUPPORT WORKERS, ALWAYS
- __1 SOME BUT NOT ALL PAID SUPPORT PERSONS, OR SOMETIMES
- __0 NO, NEVER OR ALMOST NEVER
- __98 DON'T KNOW
- __100 UNCLEAR/REFUSED/NO RESPONSE

24. **(DO NOT ASK IF PAID SUPPORT WORKERS ARE PRESENT OR IF THERE ARE NO PAID WORKERS)** Do you feel that the people who are paid to help you treat you with respect?

- __50 N/A - NO PAID SUPPORT PERSONS**
- __51 N/A - QUESTION NOT ASKED BECAUSE PAID SUPPORT PERSONS ARE PRESENT**
- __2 YES, ALL PAID SUPPORT WORKERS, ALWAYS
- __1 SOME BUT NOT ALL PAID SUPPORT PERSONS, OR USUALLY
- __0 NO, NEVER OR ALMOST NEVER
- __98 DON'T KNOW
- __100 UNCLEAR/REFUSED/NO RESPONSE

25. **(DO NOT ASK IF PAID SUPPORT WORKERS ARE PRESENT OR IF THERE ARE NO PAID WORKERS)** Do the people who are paid to help you do things the way you want them done?

- __50 N/A - NO PAID SUPPORT PERSONS**
- __51 N/A - QUESTION NOT ASKED BECAUSE PAID SUPPORT PERSONS ARE PRESENT**
- __2 YES, ALL PAID SUPPORT WORKERS, ALWAYS
- __1 SOME BUT NOT ALL PAID SUPPORT PERSONS, OR USUALLY
- __0 NO, NEVER OR ALMOST NEVER
- __98 DON'T KNOW
- __100 UNCLEAR/REFUSED/NO RESPONSE

26. **(DO NOT ASK IF PAID SUPPORT WORKERS ARE PRESENT OR IF THERE ARE NO PAID WORKERS)** Do you feel safe around the people who are paid to help you?

- __50 N/A - NO PAID SUPPORT PERSONS**
- __51 N/A - QUESTION NOT ASKED BECAUSE PAID SUPPORT PERSONS ARE PRESENT**
- __2 YES, ALL PAID SUPPORT WORKERS, ALWAYS
- __1 SOME BUT NOT ALL PAID SUPPORT PERSONS, OR USUALLY
- __0 NO, NEVER OR ALMOST NEVER
- __98 DON'T KNOW
- __100 UNCLEAR/REFUSED/NO RESPONSE

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27. **(DO NOT ASK IF PAID SUPPORT WORKERS ARE PRESENT OR IF THERE ARE NO PAID WORKERS)** Overall, how satisfied are you with the people who are paid to help you?

- 50 N/A - NO PAID SUPPORT PERSONS**
- 51 N/A - QUESTION NOT ASKED BECAUSE PAID SUPPORT PERSONS ARE PRESENT**
- 5 VERY SATISFIED
- 4 SOMEWHAT SATISFIED
- 3 NEUTRAL - NEITHER SATISFIED OR DISSATISFIED
- 2 SOMEWHAT DISSATISFIED
- 1 VERY DISSATISFIED
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

LIVING SPACE

Now let's talk about where you live.

28. In general, do you like where you are living right now?

- 2 YES - **GO TO QUESTION 30**
- 1 IN-BETWEEN, SOMEWHAT, MOST OF THE TIME
- 0 NO
- 98 DON'T KNOW - **GO TO QUESTION 30**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 30**

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29. What don't you like about where you live? **(CHECK ALL THAT APPLY)**

- 50 N/A- LIKES WHERE LIVES**
- 1 ACCESSIBILITY OF HOUSE/BUILDING
- 2 FEELS UNSAFE IN/ DISLIKES THE NEIGHBORHOOD
- 3 FEELS UNSAFE IN HOME
- 4 HOME/BUILDING NEEDS REPAIRS OR UPKEEP
- 5 DOES NOT FEEL LIKE HOME
- 6 LAYOUT/SIZE OF HOME/BUILDING
- 7 PROBLEMS WITH NEIGHBORS/OTHER RESIDENTS/HOUSEMATES/ROOMMATES
- 8 PROBLEMS WITH STAFF
- 9 INSUFFICIENT AMOUNT/ TYPE OF STAFF
- 10 WANTS MORE INDEPENDENCE AND CONTROL
- 11 WANTS MORE PRIVACY
- 12 WANTS TO BE CLOSER TO FAMILY/FRIENDS
- 13 FEELS ISOLATED FROM THE COMMUNITY/ FEELS LONELY
- 14 OTHER **(FILL IN)** _____
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

30. Would you prefer to live somewhere else?

- 2 YES
- 0 NO - **GO TO QUESTION 33**
- 98 DON'T KNOW - **GO TO QUESTION 33**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 33**

31. Where would you prefer to live?

- 50 N/A – WOULD NOT PREFER TO LIVE SOMEWHERE ELSE**
- 1 DIFFERENT OWN HOUSE/APARTMENT
- 2 FAMILY MEMBER'S HOUSE/APARTMENT
- 3 ASSISTED LIVING FACILITY
- 4 GROUP HOME
- 5 ADULT FAMILY HOME, SHARED LIVING
- 6 NURSING FACILITY
- 7 OTHER **(FILL IN)** _____
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

32. What has prevented you from moving to where you would like to live?

FILL IN _____

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33. Many people make changes to their homes such as adding grab bars, ramps, bathroom modifications, emergency response systems, or remote monitoring to make it easier living at home. Do you need any of the following changes made to your home (or an upgrade to the one you have)? (READ EACH MODIFICATION OPTION) (CHECK ALL THAT APPLY)

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6-Other

- Grab bars (either in the bathroom or elsewhere in home)
__2 NEEDS NEW ONE __1 NEEDS UPGRADE __0 DOESN'T NEED
- Other bathroom modifications
__2 NEEDS NEW ONE __1 NEEDS UPGRADE __0 DOESN'T NEED
- Specialized bed
__2 NEEDS NEW ONE __1 NEEDS UPGRADE __0 DOESN'T NEED
- Ramp or stair lift
__2 NEEDS NEW ONE __1 NEEDS UPGRADE __0 DOESN'T NEED
- Remote monitoring (a system like a video or a computer camera or a radio that checks that you are okay)
__2 NEEDS NEW ONE __1 NEEDS UPGRADE __0 DOESN'T NEED
- Personal emergency response system (like a button you can push in case of an emergency)
__2 NEEDS NEW ONE __1 NEEDS UPGRADE __0 DOESN'T NEED
- Other home modification (FILL IN) _____
__2 NEEDS NEW ONE __1 NEEDS UPGRADE __0 DOESN'T NEED
- __98 DON'T KNOW
- __100 UNCLEAR/REFUSED/NO RESPONSE

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SAFETY/SECURITY/PRIVACY

I would like to ask you some personal questions about how you feel about your safety and security.

34. Do you have an emergency plan in place? For example, do you know what to do in a case of a natural disaster, disease outbreak or another wide-scale emergency?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- _2 YES
- _0 NO
- _98 DON'T KNOW, NOT SURE
- _100 UNCLEAR/REFUSED/NO RESPONSE

35. Are you afraid of falling or being unstable?

- _2 YES, OFTEN
- _1 SOMETIMES
- _0 NO – **GO TO QUESTION 37**
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

36. Has somebody talked to you about or worked with you to reduce your risk of falling or being unstable?

- _51 **N/A – PERSON IS NOT AFRAID OF FALLING OR BEING UNSTABLE**
- _2 YES
- _1 MAYBE, NOT SURE
- _0 NO
- _100 UNCLEAR/REFUSED/NO RESPONSE

37. Do you feel safe at home/where you live?

- _2 YES, ALWAYS
- _1 MOST OF THE TIME
- _0 RARELY OR NEVER
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

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38. Are you ever worried for the security of your personal belongings?

- _2 YES, OFTEN
- _1 SOMETIMES
- _0 NO, NEVER
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

39. Has anyone used or taken your money without your permission?

- _2 YES
- _1 MAYBE, NOT SURE
- _0 NO
- _100 UNCLEAR/REFUSED/NO RESPONSE

IF PERSON LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS, SKIP QUESTIONS 40 THROUGH 43 AND GO TO QUESTION 44.

The next few questions are about your privacy at home. Some of these questions may seem like they do not apply or may not seem relevant to you. However, they are important for many people, so please try to answer them as best you can.

40. **(DO NOT ASK IF PERSON LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS)** Do you have enough privacy in your home? *(Can you have time to yourself?)*

- _50 **N/A – LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS**
- _2 YES, ALWAYS
- _1 SOMETIMES, BUT NOT ALWAYS
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

41. **(DO NOT ASK IF PERSON LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS)** Do you have privacy with visitors at home if you want it?

- _50 **N/A – LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS, OR NO FRIENDS OR VISITORS WHO VISIT HOME**
- _2 YES, CAN BE ALONE WITH FRIENDS OR VISITORS
- _0 NO, THERE ARE RULES AGAINST BEING ALONE WITH VISITORS
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

42. **(DO NOT ASK IF PERSON LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS)** Can you use the phone privately whenever you want to?

- _50 **N/A – LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS, OR DOESN'T USE PHONE**
- _2 YES, CAN USE ANYTIME, EITHER INDEPENDENTLY OR WITH ASSISTANCE
- _0 NO, THERE ARE RULES/RESTRICTIONS/INTERFERENCE WITH PRIVATE USE OF PHONE
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

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43. **(DO NOT ASK IF PERSON LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS)** Do people read your mail or email without asking you first?

- 50 N/A – LIVES ALONE AND NO ONE HELPS ON A REGULAR BASIS, OR DOES NOT GET MAIL/EMAIL**
- 2 YES – MAIL/EMAIL WAS READ WITHOUT PERMISSION
- 0 NO – PERSON READ OWN MAIL/EMAIL OR OTHERS READ WITH PERMISSION
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

44. Do people let you know before coming into your home/room **(DETERMINE WHETHER TO SAY "HOME" OR "ROOM" BASED ON WHERE THE PERSON LIVES)**?

- 2 YES, ALWAYS
- 1 USUALLY, BUT NOT ALWAYS
- 0 SOMETIMES/RARELY, OR NEVER
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

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COMMUNITY

Now let's talk about the community you live in.

45. Are you able to do things you enjoy outside of your home whenever you want to and with whoever you want? (For example, visit with friends or neighbors, go shopping, to a movie or a show, out to eat, to religious functions, volunteer in the community)?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other
--

- 50 N/A – DOESN'T WANT TO - GO TO QUESTION 47**
- 2 YES - GO TO QUESTION 47**
- 1 SOMETIMES**
- 0 NO**
- 98 DON'T KNOW - GO TO QUESTION 47**
- 100 UNCLEAR/REFUSED/NO RESPONSE - GO TO QUESTION 47**

46. Why not (or why only sometimes)? Is it any of the following? (READ RESPONSES 1-10) (CHECK ALL THAT APPLY)

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other
--

- 50 N/A – CAN DO THINGS OUTSIDE OF HOME WHEN WANTS TO**
- 51 N/A – DOES NOT WANT TO**
- 1 Cost/money**
- 2 Transportation**
- 3 Accessibility/lack of equipment**
- 4 Health limitations**
- 5 Not enough help/staffing/personal assistance**
- 6 Feeling unwelcome in the community**
- 7 Feeling unsafe**
- 8 No community activities outside of home available**
- 9 Lack of information/doesn't know what type of community activities are available**
- 10 Other (FILL IN) _____**
- 98 DON'T KNOW**
- 100 UNCLEAR/REFUSED/NO RESPONSE**

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47. Do you have transportation when you want to do things outside of your home, like visit a friend, go for entertainment, or do something for fun? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other
--

- 50 N/A – DOES NOT WANT TO**
- 2 YES**
- 1 SOMETIMES**
- 0 NO**
- 98 DON'T KNOW**
- 100 UNCLEAR/REFUSED/NO RESPONSE**

48. Do you have transportation to get to medical appointments or pick up medications when you need it? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other
--

- 50 N/A – DOES NOT GO TO MEDICAL APPOINTMENTS OR PICK UP MEDICATIONS**
- 2 YES**
- 1 SOMETIMES**
- 0 NO**
- 98 DON'T KNOW**
- 100 UNCLEAR/REFUSED/NO RESPONSE**

49. Many people use devices like a cane, walker, scooter, or a wheelchair to help them get around or things like hearing aids, glasses or communication devices to help with their everyday lives. Do you need any of the following (or an upgrade to the one you have)? **(READ EACH DEVICE) (CHECK ALL THAT APPLY)** **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other
--

- | | | | |
|-------------------------------------|-------------------|-------------------|------------------|
| Walker
NEED | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T |
| Scooter | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T NEED |
| Cane
NEED | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T |
| Wheelchair
NEED | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T |
| Hearing aids
NEED | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T |
| Glasses
NEED | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T |
| Communication device | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T NEED |
| Portable oxygen
NEED | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T |
| Other device (FILL IN) _____ | __2 NEEDS NEW ONE | __1 NEEDS UPGRADE | __0 DOESN'T |
| NEED | | | |
- 98 DON'T KNOW**
 - 100 UNCLEAR/REFUSED/NO RESPONSE**

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EVERYDAY LIVING

Now let's talk about what your typical day looks like.

50. Do you have a paying job in the community, either full-time or part-time?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- _2 YES, FULL-TIME
- _1 YES, PART-TIME
- _0 NO - **GO TO QUESTION 52**
- _98 DON'T KNOW - **GO TO QUESTION 52**
- _100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 52**

51. Does your job pay at least minimum wage?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- _50 **N/A – DOESN'T HAVE A JOB**
- _2 YES
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

52. **(ASK THIS QUESTION ONLY IF PERSON DOES NOT HAVE A FULL- OR A PART-TIME JOB IN QUESTION 50)**

Would you like a job?

- _50 **N/A – HAS A JOB**
- _2 YES
- _1 MAYBE, NOT SURE
- _0 NO – **GO TO QUESTION 54**
- _100 UNCLEAR/REFUSED/NO RESPONSE – **GO TO QUESTION 54**

53. Has someone talked to you about job options?

- _50 **N/A – HAS A JOB**
- _51 **N/A – DOES NOT WANT A JOB**
- _2 YES
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

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54. Do you do any volunteer work?

- _2 YES
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

55. Do you like how you usually spend your time during the day?

- _2 YES, ALWAYS, OR ALMOST ALWAYS
- _1 SOME DAYS, SOMETIMES
- _0 NO, NEVER
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

56. Can you eat your meals when you want to? *(no one else decides for you when you eat)*

- _2 YES
- _1 SOMETIMES
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

57. Do you get up and go to bed at the time when you want to? *(no one else decides for you when you get up or go to bed)*

- _2 YES
- _1 SOMETIMES
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

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RELATIONSHIPS

I am going to ask you about family and friends.

58. Do you have friends or family (*who do not live with you*) that you like to see or talk to? **IF THE PERSON LIVES WITH FAMILY, ASK ABOUT OTHER FAMILY MEMBERS THAT DO NOT LIVE AT HOME.**

- 2 YES
- 0 NO - **GO TO QUESTION 61**
- 98 DON'T KNOW - **GO TO QUESTION 61**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 61**

59. Can you see or talk to your friends and family (*who do not live with you*) when you want to?

- 50 **N/A - NO FAMILY OR FRIENDS, OR NO FAMILY INVOLVEMENT**
- 2 YES, CAN SEE/TALK TO FAMILY AND FRIENDS WHEN WANTS TO, OR CHOOSES NOT TO - **GO TO QUESTION 61**
- 1 SOMETIMES, OR SOME FAMILY AND/OR FRIENDS
- 0 NO
- 98 DON'T KNOW - **GO TO QUESTION 61**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 61**

60. Why not/ why only sometimes? **(READ RESPONSE OPTIONS) (CHECK ALL THAT APPLY)**

- 50 **N/A - NO FAMILY OR FRIENDS, OR NO FAMILY INVOLVEMENT**
- 51 **N/A – CAN SEE/TALK TO FAMILY AND FRIENDS AS OFTEN AS WANTS TO, OR CHOOSES NOT TO**
- 1 Availability of transportation
- 2 Accessibility
- 3 Staffing/personal assistance unavailable
- 4 Health limitations
- 5 Somebody prevents from or there are rules that restrict seeing or talking to friends or family
- 6 OTHER **(FILL IN)** _____
- 100 UNCLEAR/REFUSED/NO RESPONSE

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HEALTH AND WELLNESS

Now let's talk about your health

61. How would you describe your overall health? (READ RESPONSE OPTIONS)

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend ()
6- Other

- __5 Excellent
- __4 Very good
- __3 Good
- __2 Fair
- __1 Poor
- __98 DON'T KNOW
- __100 UNCLEAR/REFUSED/NO RESPONSE

62. During the past 12 months, do you forget things more often than before? Does it seem to be getting worse?

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend ()
6- Other

- __2 YES
- __0 NO - GO TO QUESTION 64
- __98 DON'T KNOW - GO TO QUESTION 64
- __100 UNCLEAR/REFUSED/NO RESPONSE - GO TO QUESTION 64

PROXY

63. Have you or anyone else discussed your forgetting things or memory loss with a health care professional?

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend ()
6- Other

- __50 N/A – DOES NOT FORGET THINGS MORE OFTEN
- __2 YES
- __0 NO
- __98 DON'T KNOW
- __100 UNCLEAR/REFUSED/NO RESPONSE

PROXY

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64. How often do you feel lonely, sad or depressed? *(READ RESPONSE OPTIONS)*

- 3 Often
- 2 Sometimes
- 1 Not often - **GO TO QUESTION 67**
- 0 Never or almost never - **GO TO QUESTION 67**
- 98 DON'T KNOW - **GO TO QUESTION 67**
- 100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 67**

65. Do you have someone you can talk to about how you are feeling emotionally?

- 50 **N/A – DOES NOT OFTEN OR SOMETIMES FEEL SAD OR DEPRESSED**
- 51 **N/A – DOES NOT WANT TO TALK TO ANYONE ABOUT IT**
- 2 YES
- 0 NO
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

66. During the last 12 months, did you talk to a health care professional about feeling sad and depressed?

- 50 **N/A – DOES NOT OFTEN OR SOMETIMES FEEL SAD OR DEPRESSED**
- 2 YES
- 0 NO
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

67. Do you take any medications that help you feel less sad or depressed?

- 2 YES
- 1 MAYBE, NOT SURE
- 0 NO
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

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HEALTHCARE

68. Do you have a primary care doctor? *(a regular doctor that you go to)*

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend ()
6- Other

_2 YES

_0 NO - **GO TO QUESTION 70**

_98 DON'T KNOW - **GO TO QUESTION 70**

_100 UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 70**

69. Can you get an appointment to see your primary care doctor when you need to?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend ()
6- Other

_50 **N/A – DOES NOT HAVE A PRIMARY CARE DOCTOR**

_2 YES, ALWAYS

_1 USUALLY

_0 SOMETIMES OR RARELY

_98 DON'T KNOW

_100 UNCLEAR/REFUSED/NO RESPONSE

70. In the past year, have you gone to the emergency room or hospital because of any of the following: **(READ EACH REASON) (CHECK ALL THAT APPLY)**

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend ()
6- Other

Tooth or mouth pain

_2 YES _0 NO _98 DON'T KNOW

Having a fall or losing your balance

_2 YES _0 NO _98 DON'T KNOW

Any other reason

_2 YES _0 NO _98 DON'T KNOW

_100 UNCLEAR/REFUSED/NO RESPONSE

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71. **(DO NOT ASK IF PERSON IS CURRENTLY IN THE HOSPITAL OR REHAB/NURSING FACILITY, GO TO QUESTION**

74) In the past year, have you stayed overnight in the hospital or a rehab/nursing facility? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- __50 N/A – CURRENTLY IN THE HOSPITAL OR REHAB/NURSING FACILITY - GO TO QUESTION 74**
- __2 YES, HOSPITAL**
- __1 YES, REHAB/NURSING FACILITY**
- __0 NO - GO TO QUESTION 74**
- __98 DON'T KNOW - GO TO QUESTION 74**
- __100 UNCLEAR/REFUSED/NO RESPONSE - GO TO QUESTION 74**

72. **(DO NOT ASK IF PERSON IS CURRENTLY IN THE HOSPITAL OR REHAB/NURSING FACILITY, GO TO QUESTION**

74) When leaving the hospital or the rehab/nursing facility, did you feel comfortable going home/ ready to go home? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- __50 N/A – CURRENTLY IN THE HOSPITAL OR REHAB/NURSING FACILITY**
- __51 N/A – HAS NOT STAYED IN HOSPITAL OR REHAB/NURSING FACILITY IN PAST 6 MONTHS**
- __2 YES**
- __1 IN-BETWEEN**
- __0 NO**
- __98 DON'T KNOW**
- __100 UNCLEAR/REFUSED/NO RESPONSE**

73. **(SKIP QUESTION IF PERSON IS CURRENTLY IN THE HOSPITAL OR REHAB/NURSING FACILITY, GO TO QUESTION**

74) After leaving the hospital or rehab/nursing facility and going home, did anyone follow-up with you to make sure you had the services, supports and help you needed? *This could be a doctor, case manager, social worker, or others.* **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- __50 N/A – HAS NOT STAYED IN HOSPITAL OR REHAB/NURSING FACILITY IN PAST 6 MONTHS**
- __51 N/A – DID NOT NEED OR WANT FOLLOW-UP CARE**
- __2 YES**
- __0 NO**
- __98 DON'T KNOW**
- __100 UNCLEAR/REFUSED/NO RESPONSE**

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74. Have you had the following preventive care? **(READ EACH EXAM) (CHECK ALL THAT APPLY)** **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- Physical exam/wellness visit (past year)
__50 N/A (E.G. NOT RECOMMENDED) __2 YES __1 NO __98 DON'T KNOW __100
 UNCLEAR/REFUSED/NO RESPONSE
- Hearing exam (past year)
__50 N/A (E.G. NOT RECOMMENDED) __2 YES __1 NO __98 DON'T KNOW __100
 UNCLEAR/REFUSED/NO RESPONSE
- Vision exam (past year)
__50 N/A (E.G. NOT RECOMMENDED) __2 YES __1 NO __98 DON'T KNOW __100
 UNCLEAR/REFUSED/NO RESPONSE
- Flu shot (past year)
__50 N/A (E.G. NOT RECOMMENDED) __2 YES __1 NO __98 DON'T KNOW __100
 UNCLEAR/REFUSED/NO RESPONSE
- Routine dental visit (past year)
__50 N/A (E.G. NOT RECOMMENDED) __2 YES __1 NO __98 DON'T KNOW __100
 UNCLEAR/REFUSED/NO RESPONSE
- Cholesterol screening (in past 5 years)
__50 N/A (E.G. NOT RECOMMENDED) __2 YES __1 NO __98 DON'T KNOW __100
 UNCLEAR/REFUSED/NO RESPONSE

75. Have you been diagnosed with a chronic condition or conditions, *such as diabetes, asthma or respiratory disease, arthritis, heart disease, high blood pressure, pressure or bed sores or any others?* **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- __2** YES
- __0** NO - **GO TO QUESTION 77**
- __98** DON'T KNOW - **GO TO QUESTION 77**
- __100** UNCLEAR/REFUSED/NO RESPONSE - **GO TO QUESTION 77**

76. Do you feel that you know how to manage that chronic condition or conditions? **PROXY**

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- __50** **N/A – HAS NOT BEEN DIAGNOSED WITH A CHRONIC CONDITION**
- __2** YES
- __1** SOMEWHAT, SOME CONDITIONS
- __0** NO
- __98** DON'T KNOW
- __100** UNCLEAR/REFUSED/NO RESPONSE

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77. Do you take or are supposed to take any medications?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- _2 YES
- _0 NO - **GO TO QUESTION 80**
- _98 DON'T KNOW - **GO TO QUESTION 80**
- _99 UNCLEAR RESPONSE - **GO TO QUESTION 80**
- _100 REFUSED/NO RESPONSE - **GO TO QUESTION 80**

78. Do you feel that you understand why you take your medications and what they are for?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- _50 **N/A – DOES NOT TAKE MEDICATIONS**
- _2 YES
- _1 SOMEWHAT, SOME MEDICATIONS
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

79. Do you ever split or skip a pill because of price?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- _50 **N/A – DOES NOT TAKE MEDICATIONS**
- _2 YES, OFTEN OR ALWAYS
- _1 YES, SOMETIMES
- _0 NO, NEVER
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

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PLANNING FOR FUTURE

Finally, I want to ask a few more questions about you.

80. Which of the following forms of decision making assistance do you have in place, if any? (**READ RESPONSE OPTIONS**) (**CHECK ALL THAT APPLY**).

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- _1 Durable power of attorney
- _2 Health care proxy
- _3 Supported decision making (you voluntarily appointed someone to assist you with making decisions about your life)
- _4 Court-appointed legal guardianship (someone else was appointed by the court to make decisions for you in at least one of these areas:: medical, personal or financial)
- _5 Living will (written instruction for end of life care)
- _6 NONE OF THE ABOVE
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

81. Do you need any help planning for your future need for services?

PROXY

Respondent: () 1-individual () 2-spouse/partner () 3-other family () 4-PCA () 5-Friend () 6- Other

- _2 YES
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

INDEPENDENCE/FUNCTIONAL COMPETENCE

82. Do you feel that you are as independent as you can be?

- _2 YES
- _1 IN-BETWEEN
- _0 NO
- _98 DON'T KNOW
- _100 UNCLEAR/REFUSED/NO RESPONSE

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Q83. Do you feel in control of your life?

- 2 YES
- 1 IN-BETWEEN
- 0 NO
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

This next one is the last question.

84. Please tell me, out of these four things *(READ LIST BELOW OUTLOUD)*, which one is the most important to you right now? *(MARK '1' NEXT TO THE ONE CHOSEN)* Okay, now out of the three remaining things *(READ OUTLOUD)*, which is the most important? *(MARK '2' NEXT TO THE ONE CHOSEN)* Okay, now there are two left *(READ OUTLOUD)* – which is more important to you right now? *(MARK '3' NEXT TO THE ONE CHOSEN AND MARK '4' NEXT TO THE REMAINING ONE)*

- Health
- Safety
- Being independent
- Being engaged with your community and friends
- 98 DON'T KNOW
- 100 UNCLEAR/REFUSED/NO RESPONSE

85. Is there anything else you'd like to tell me that we did not cover today?

THANK YOU!!!!!!

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4. Were other people (besides interviewer/s and person being interviewed) present during the interview?

- 1 Yes
- 2 No

5. If yes to 4, who else was present during the interview?

- 1 Spouse
- 2 Child
- 3 Other family
- 4 Personal care attendant/direct care worker
- 5 Friend
- 6 Other _____

6. Indicate all respondents during the interview (check all that apply):

- 1 Person receiving services
- 2 Spouse
- 3 Child
- 4 Other family
- 5 Personal care attendant/direct care worker
- 6 Friend
- 7 Other _____

7. Could questions where no proxies are allowed be completed?

- 1 Yes, person answered independently or with some assistance
- 2 Yes, person answered using alternate/picture response format
- 3 No, person could not communicate sufficiently to complete these questions
- 4 No, person was unwilling to participate
- 5 No, other reason

8. In your opinion, did the individual appear to understand most of these questions or not?

- 8 N/A – questions where no proxies are allowed were not completed
- 2 Yes, appeared to understand most questions (even if prompted) and could give an opinion
- 1 Not sure
- 0 No, appeared to have very little understanding or comprehension

9. In your opinion, did the individual seem to answer these questions in a consistent manner? (Do you feel his/her responses were valid?)

- 8 N/A – questions where no proxies are allowed were not completed
- 2 Yes, seemed to give consistent and valid responses
- 1 Not sure
- 0 No, did not seem to give consistent and valid responses

10. Please note anything you or the respondent feels is not covered in the survey

STATE OF DELAWARE
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APPENDIX C: *Budget Workbook Instructions*

The Budget Workbook instructions (SOP # CP-013) will be supplied to all requesting bidders and all the pre-bid meeting attendees.

Contract franklin.jones@state.de.us for an electronic copy of the Budget Workbook Instructions.

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APPENDIX D: *Budget Workbook*

The Budget Workbook (FORM # CF-023) will be supplied to all requesting bidders and all the pre-bid meeting attendees.

Contract franklin.jones@state.de.us for an electronic copy of the Budget Workbook form.

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APPENDIX E: *Cloud & Offsite Hosting Terms & Conditions Template*

Public

<http://dti.delaware.gov/pdfs/pp/CloudandOffsiteHostingTemplatePublic.pdf>

Non-Public

<http://dti.delaware.gov/pdfs/pp/CloudandOffsiteHostingTemplateNonPublic.pdf>