|  |  |
| --- | --- |
|  | **Tennessee Department of Human Services****SSBG Service Proposal** |

Each agency receiving Social Services Block Grant (SSBG) funds must submit an annual service proposal to include the following:

|  |
| --- |
| 1. **Need for Service:** Describe the need in your service area for the personal support services (PSS) or adult day services (ADS). Is there any indication that the need is increasing, decreasing, or remaining the same?
 |
|  |
|  |
| 1. **Program Proposal:** Describe the specific PSS or ADS you propose to provide and explain any significant changes between the current and proposed contract cycles.
 |
|  |
|  |
| 1. **Proposed Units of Service:** Estimate, by county, the number of clients you expect to serve as well as the total proposed units of service.
 |
|  |
|  |
| 1. **Estimated Costs:** Provide an estimate of the average cost per unit of service. One (1) unit equals one (1) client day for ADS and one (1) client hour for PSS. Will the cost vary by county, and if so, why? How was the calculation of unit cost made?
 |
|  |
|  |
| 1. **Expenditures:** How does the agency monitor expenditures to ensure all funds are used by contract end?
 |
|  |
|  |
| 1. **Cognizant Agency**
* Which state agency is your cognizant agency?
* Attach cost allocation plan and current indirect cost rate letter (Attachment L).
 |
|  |
|  |
| 1. **Sub-Contract:** If any proposed services during this contract cycle are to be provided by a sub-contractor, identify the business or agency by name, and provide mailing address, phone number, and description of services. The name and position title of the individual overseeing the sub-contract must also be provided.

**Note:** All sub-contracts must be approved by the Tennessee Department of Human Services (TDHS) SSBG Program Director. |
|  |
|  |
| 1. **Funding:** Provide a brief description of your agency’s service plan if SSBG funding is decreased or eliminated. Include:
* an estimation of how much time would be required to implement the plan,
* the percentage of your PSS or ADS budget SSBG currently provides, and
* any other funding sources (and the amounts) your PSS or ADS program receives.
 |
|  |
|  |
| 1. **Staff:**
* For each proposed staff position attach minimum qualifications and a job description (Attachment H).
* Identify which staff positions, by job title, are involved in the delivery of services.
* Describe your agency’s orientation process for new employees.
* Identify which position is responsible for documenting and ensuring employee orientation.
 |
|  |
|  |
| 1. **Training:**
2. In-Service Training
* Describe your agency’s plan for annual in-service employee training.
* Provide specific information on the number of days or hours required per year, category or subject content, and whether the training is provided in-house or through external sources.
* Describe how employee training hours are documented.
* Attach training plan (Attachment H).
* Identify which position is responsible for documenting and ensuring employee training.
1. Civil Rights Training
* Describe your agency’s plan to comply with Title VI of the Civil Rights Act of 1964.
* Describe the training plan for staff and volunteers.
* Describe how complaints are handled.
* Identify which position is responsible for documenting and ensuring employee civil rights training.
 |
|  |
|  |
| 1. **Emergency Preparedness Plan:** Provide a brief description of your agency’s emergency preparedness plan.
* Attach a copy of your Continuity of Operations Plan (Attachment O)
* Provide contact information including names and cell phone numbers of your agency’s administrative and satellite offices for TDHS use in the event of an emergency.
* Describe how clients will know who to contact regarding services.
* Provide an estimation of how much time would be required to implement the Continuity of Operations Plan.
* Identify which position is responsible for documenting and ensuring employee emergency preparedness training.
 |
|  |
|  |
| 1. **Limited English Proficiency (LEP):** All agencies are required to have an LEP plan. It should:
* describe your agency’s mechanism for providing translation services,
* include an estimate of how often translation services will be required and
* identify which languages (including American Sign Language) your agency encounters most often.
 |
|  |
|  |
| 1. **Persons with Disabilities**
* Describe the process by which clients with disabilities can request special accommodations.
* Describe how your facilities are accessible and in compliance with the [Americans with Disabilities Act (ADA) of 1990](https://www.ada.gov/).
 |
|  |
|  |
| 1. **Confidentiality:** Describe how confidentiality and releases of information are handled.
 |
|  |
|  |
| 1. **Conflict of Interest:** Attach Conflict of Interest policy as Attachment J
 |
|  |
| 1. **Waiting Lists:** Describe how your agency:
* remains in communication with clients on the wait list,
* determines removal of clients without services, and
* ensures services will be provided within contractual time frames.
 |
|  |
|  |
| 1. **Community Collaboration:**
* Describe how your agency coordinates with Adult Protective Services (APS).
* Name community organizations with which your agency partners/collaborates and describe how these relationships benefit SSBG clients.
 |
|  |
|  |
| 1. **Delivery Process:** Describe your step-by-step process for providing services starting with intake procedures and ending with case closure.
 |
|  |
|  |
| 1. **Client Engagement:** List the ways your agency encourages input and suggestions from clients.
 |
|  |
|  |
| 1. **Volunteer Engagement:** Describe how volunteers are integrated in to your program.
 |
|  |
|  |
| 1. **Appendices**
2. Agency Contact Information: Provide mailing address, phone numbers, and email information for each position involved with the provision of SSBG services. Include fiscal and administrative employees, and program and agency leadership.
3. Board Member Roster: Include name, phone number, and email address for each board member, indicating the current board chair.
4. Organizational Chart
5. Projected Salary Schedule
6. Title VI Policy
7. Grievance Procedure Form
8. Training Plan
9. Job Qualifications and Descriptions
10. Conflict of Interest Policy
11. Subcontract Agreements
12. Copies of Brochures/Flyers
13. Cost Allocation Plan and Signed Approval Letter
14. Agency Policy and Procedures Manual
15. Authorized Signatures Form
16. Continuity of Operations Plan
 |