

March 18, 2026

Ms. Heather Nicholson  
Area IV Agency on Aging  
Rocky Mountain Development Council  
PO Box 1717  
Helena, MT 59624-1717

Dear Ms. Nicholson:

Thank you for providing **A Plus Health Care, Inc.** with the opportunity to present our Letter of Intent for the provision of Personal Care Assistance and Skilled Nursing to members of the Lewis and Clark, Broadwater and Jefferson Counties.

To accommodate elevated costs of recruitment and retention caused by the industry-wide workforce shortage of direct care professionals, as well as stay in compliance with Medicaid Program funding service the newly billed rates will be as follows:

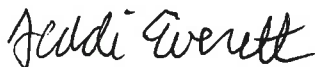
\$43.00 /hour with a match of \$5.00/hour for Personal Care, Respite, and travel time.  
\$63.00/hour with a match of \$5.00/ hour for LPN Skilled Nursing and Nurse travel time.

We take our role as a provider seriously and are committed to our belief that we need to do our part if we are to continue providing these important services to our members.

We look forward to presenting this information to yourself and the rest of the Council in May. Should you have any questions, or if I can be of service to you, please feel free to contact me at 406-443-3866.

Thank you, Ms. Nicholson, for your consideration.

Sincerely,



Teddi Everett, Operations Manager

Cc: Contracting Department  
File

LETTER OF INTENT TO APPLY FOR CONTRACT

Under Title III of the Older Americans Act  
Fiscal Year July 1, 2026 through June 30, 2027

Summary Sheet

Applicant Agency: A Plus Health Care, Inc Project Director: Teddi Everett, Operations Manager  
Mailing Address: 1310 S Main Street Street Address: 1528 9th Avenue  
City, State, Zip: Kalispell, MT 59901 City, State, Zip: Helena, MT 59601  
E-Mail: teverett@aplushc.com E-Mail: AHawley@aplushc.com

Type of Organization:


City  County  Private Non-Profit  Other (specify): For-Profit Corporation

Geographic area to be served: Jefferson, Lewis & Clark

List services to be provided:	Estimated # of unduplicated <i>persons</i> to be served during project period for each service type:	Estimated # of unduplicated <i>units</i> of service during project period for each listed service type:
<u>Personal Care</u>	<u>15</u>	<u>1000</u>
<u>Nursing</u>	<u>5</u>	<u>100</u>
<u> </u>	<u> </u>	<u> </u>

Applicant agrees that the project described in this Letter of Intent will be operational July 1, 2026 through June 30, 2027 and certifies that to the best of my knowledge and belief, the information in this application is true and correct and the attached conditions will be complied with if the contract is awarded.

Darby Anderson  
Type or print person authorized to sign  
EVP & CGRO  
Title

  
Signature  
03/18/2026  
Date

   
Type or print person authorized to sign  
   
Title

   
Signature  
   
Date



4. Statement of how your project will fulfill the mission of the Older Americans Act. (Include a description of criteria for selection of clients, outreach and targeting activities and how the project fulfills the objectives of the Older Americans Act.)

A Plus HealthCare is committed to providing help to our aging population. This includes services such as shopping assistance, transportation, personal care, homemaking services and nursing services. We have a sliding scale to determine those in the most economical need. We provide services to people in rural areas. We have a range of clients from those with terminal illnesses, blindness, heart failure, cancer, etc. Our top priority is to provide quality care for our aging population.

5. If extra funding was available, what would you do to increase services and how would you plan to spend the money?

If additional funding were available, we would use these funds to take on more clients, serve for hours and provide more nursing care. We would also take clients off our wait list and service more aging clients in our community.

The Older Americans Act requirements state that aging providers are supposed to “target resources from all appropriate sources to meet the needs of older persons with the greatest economic or social need, with particular attention to low income, low income minority, those residing in rural areas, and elders who are disabled and frail. Providers are also required to ensure access to service based on certain economic, demographic and geographic factors.”

- 6. Please provide letters of support from other local community-based and/or institutional programs, agencies or organizations involved with older adults.
- 7. List wage range of all employees funded in full or in part by this contract: \$ 18.00 to \$ \$42.00.
- 8. Is this project covered by liability insurance? yes How much? \$1M/\$3M - see attached
- 8. How many years has this project received Title III funds: 19
- 10. Please provide a **detailed** estimated budget for this Title III service for the fiscal year 2026-2027 as follows (list appropriate estimated resources):

**PLEASE FILL IN THE FORM BELOW, YOU MAY SUBMIT ADDITIONAL SUPPORTING DOCUMENTATION IF NECESSARY.**  
 (Your expenses should equal your resources)

<b>Expenses:</b>	<b>Resources:</b>
Personnel and fringe: <u>\$43,180</u>	Area IV Funds: <u>\$40,700</u>
Supplies: _____	Project income: _____
Raw food/meals: _____	Other Resources: _____
Commodities: _____	Cash in Lieu: _____
Communications: _____	Commodities: _____
Utilities: _____	Match: <u>\$5,000</u>
Repairs/maintenance: _____	Other: _____
Travel/training: <u>\$7,165</u>	Other: _____
Building space: _____	
Insurance: _____	
Equipment: _____	
Contracted services: _____	
Audit: <u>\$945</u>	
Other: _____	
<b>TOTAL:</b> <u>\$ 45,700</u>	<b>TOTAL:</b> <u>\$ 45,700</u>

**Application deadline - The electronic application and 2 copies must be received by Rocky before 4 p.m. Friday, March 27, 2026. Applications received after this deadline date will not be considered for funding.**

**The contractor presentations will be on Zoom again this year.  
 The date of the Area IV Board Meeting is May 21, 2026 at 9:00am.**

**Letter of Intent  
Addendum A  
2025**

**Statement of how your project will coordinate services with other community programs (include a description of referral systems).**

Title III Grant funding will serve as a resource for **A Plus Health Care, Inc.** a wholly owned subsidiary of Addus Healthcare, Inc., to provide in home services for clients who do not have access or financial means to obtain needed services to remain safely in their homes. Services that will be provided include personal care, respite care, homemaking, nursing services, shopping, transportation, and medical transportation. Upon admission to our agency, the LPN or RN will assess the ongoing needs of the client in their home and refer to Home Health, Hospice, Medicaid, Medicaid Waiver Programs, Mental Health Program, Senior Companion, Meals on Wheels, Lifeline, and other community services. **A Plus Health Care, Inc.** nursing staff communicates with various entities such as hospital case managers, Medicaid case managers, social workers, physicians, nurses, family, and friends of our community seniors as well as the seniors themselves who live in our community. Referrals from any source will be accepted and assessed for appropriateness to be placed in this program. We will maintain a waiting list when we do not have enough funds to provide assistance to new referrals.

**Statement of how your project will fulfill the mission of the Older American Act. (Include a description of criteria for selection of clients, outreach, and targeting activities and how the project fulfills the objective of the Older American Act)**

The mission of **A Plus Health Care, Inc.** is to provide the highest quality home health care available so clients may remain safe and comfortable in their own homes. Eligibility criteria include the following:

- 1) 60 or more years of age
- 2) The requested service is not available from family, other programs or funding sources.
- 3) The income is within the sliding scale (see attachment)
- 4) The client is at risk without services, or s/he has extenuating circumstances limiting his/her ability to afford private services.

These criteria will allow **A Plus Health Care, Inc.** to reach clients who are not served by another program due to the custodial nature of their medical condition, excessive income, or no available resources for entitlement program, eligibility, or other program eligibility criteria. **A Plus Health Care, Inc.** can offer a continuum of services while they are negotiating through the Medicaid eligibility process for the Personal Assistance Service Program, waiting for a Medicaid Waiver slot, or awaiting placement in a supportive living setting.

Recipient's eligibility is re-evaluated yearly or upon a significant break in services due to hospitalization or nursing home admission. Based on the sliding income scale some clients contribute toward the cost of their services. The ability to contribute towards their services, foster feelings of self-reliance and freedom from total dependency on public assistance.

**References**

Barbara Brooks, Consumer  
John Clawson, Consumer  
Marjorie Pings, Consumer  
Patricia Seierow, Consumer  
Jane Shelley, Consumer

Household/ Family Size	2026 Federal Poverty Level for the 48 Contiguous States (Monthly Income)						
	100%	133%	138%	150%	200%	300%	400%
1	\$1,330	\$1,768.92	\$1,835.42	\$1,995	\$2,660	\$3,990	\$5,320
2	\$1,803.33	\$2,398.42	\$2,488.58	\$2,705	\$3,606.67	\$5,410	\$7,213.33
3	\$2,276.66	\$3,028	\$3,141.83	\$3,415	\$4,553.33	\$6,830	\$9,106.67
4	\$2,750	\$3,657.50	\$3,795	\$4,125	\$5,500	\$8,250	\$11,000
5	\$3,223.33	\$4,287	\$4,448.17	\$4,835	\$6,446.67	\$9,670	\$12,893.33
6	\$3,696.66	\$4,916.58	\$5,101.42	\$5,545	\$7,393.33	\$11,090	\$14,786.67
7	\$4,170	\$5,544.42	\$5,754.58	\$6,255	\$8,340	\$12,510	\$16,680
8	\$4,643.33	\$6,175.66	\$6,407.83	\$6,965	\$9,286.67	\$13,930	\$18,573.33
Each person over 8, add	\$473	\$630	\$653	\$710	\$947	\$1,420	\$1,893

### Sliding Scale Grant Clients Contributions

Client pays ____% of total Billing	0%	0%	25%	50%	75%	100%	100%
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<https://www.medicaidplanningassistance.org/federal-poverty-guidelines/>



[stjude.org/givehope](http://stjude.org/givehope)

I know having  
A-Plus person  
Tonja come out  
2x a week helps  
me shower & other  
things I have probl  
with.

Patricia  
Seierd



1-20-25

20- The  
Grant Program,

I am very grateful  
for this program.

Without it I could  
not afford it. My

son is my caretaker  
and POA for Health  
but works full time.

He takes me to Drs.

but doesn't have time  
to help with everything.

So thank you so much  
for my Helper!

Sincerely, Barbara Brooks

The help I get through A Phase is  
very beneficial because I am 77y old  
I called live in home care housing  
and would be living on the streets  
without the help I get.

I am recovering from cancer  
and had severe Rheumatoid  
Arthritis. Without the help I would be  
unable to live independently.

Maryone King

1-24-26

Dear A +,

I just want you to know how much this service means to me. Without this help I would not be able to live independently. Bamboo spine has caused paralysis of my spine, Rib cage, shoulders, neck, Pelvis and thoracic girdle with tendons and muscles calcified. I have fusion of most of the joints in my body including my hands and feet. I am also incontinent. I can walk with a cane. It keeps me from falling and leaning too far and becoming overbalanced. Ellie shops, picks up mail, and cleans up the mess I constantly make, she mops, sweeps, takes out garbage she also sets out things I can't reach because of shoulders I cannot reach above my head. there is more

Including, Peripheral  
Neuropathy. I do not have much  
sensation of feeling. I have  
diabetes, I had heart surgery  
I think in Nov. It was an emergency  
I have stomach issues and  
diverticulitis. All my chairs  
have wheels so I can move  
around my kitchen, laundry  
room, I cook most of my own food  
from scratch. I have dental  
problems, systemic heart disease  
If I fall, I am not able to get  
up so I spend almost all of my  
time sitting. I am very great-  
ful for the help A+ provides  
for me. Thank you!

Janet Shelley





# ADDITIONAL REMARKS SCHEDULE

AGENCY Aon Risk Services Southwest, Inc.		NAMED INSURED Addus HealthCare, Inc.	
POLICY NUMBER See Certificate Number: 570114426607			
CARRIER See Certificate Number: 570114426607	NAIC CODE	EFFECTIVE DATE:	

**ADDITIONAL REMARKS**

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,  
**FORM NUMBER:** ACORD 25 **FORM TITLE:** Certificate of Liability Insurance

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER	
INSURER	
INSURER	
INSURER	

**ADDITIONAL POLICIES** If a policy below does not include limit information, refer to the corresponding policy on the ACORD certificate form for policy limits.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS	
	EXCESS LIABILITY							
C				P03HC0000087090 01 \$5M XS \$2M	07/15/2025	06/01/2026	Aggregate	\$5,000,000
							Each Occurrence	\$5,000,000
D				HAF30092677000 02 \$3M XS \$7M	07/15/2025	06/01/2026	Aggregate	\$3,000,000
							Each Occurrence	\$3,000,000