The Three Lower Shore County Health Departments *Wicomico, Worcester, and Somerset Counties* are seeking an agency to provide Registered Nurse (RN) Nurse Monitoring services for clients in the Community First Choice program as set forth in COMAR 10.09.84 beginning *April 15, 2014*. To participate in the program as a Nurse Monitoring provider under Regulation .20 of COMAR 10.09.84 a provider shall be designated by the Department through a process approved by the Centers for Medicare and Medicaid Services in accordance with § 1915(b)(4) of the Social Security Act; employ or contract with registered nurses who hold a current professional license to practice in Maryland; agree to accept all referrals from the Department; and agree to be monitored by the Department minimally twice a year during the initial contract period with additional oversight review to be determined. The agency must be licensed as a Residential Service Agency under COMAR 10.07.05, a Home Health Agency under COMAR 10.07.10, Nursing Referral Service Agency under COMAR 10.07.07, or a Nursing Staff Agency under COMAR 10.07.03.
Relevant Terms and Definitions

Activities of Daily Living (ADLs) - Tasks or activities which include, but are not limited to: bathing and completing personal hygiene routines; toileting; mobility; eating; dressing and changing clothes.

COMAR - Code of Maryland Regulations available on-line at www.dsd.state.md.us

Community First Choice (CFC) - A program created by Section 2401 of the Patient Protection and Affordable Care Act that allows states the option to offer community-based services as a state plan benefit to individuals who meet an institutional level of care.

Community Options Waiver (CO) - The new merged waiver program that combines the Living at Home and Waiver for Older Adults. This waiver became effective January 1, 2014 and serves adults aged 18 years and older. It provides assisted living, senior center plus, family training, behavioral consultation, and case management services.

Delegated nursing functions - Nursing services provided to a participant by a personal assistance provider under the supervision of a registered nurse in accordance with COMAR 10.27.11 or nurse practitioner in accordance with COMAR 10.27.07.

DHMH or the Department - Maryland Department of Health and Mental Hygiene.

Nurse Monitor - A registered nurse who assesses participants and evaluates the delivery of care.

Participant - Has been determined to meet the qualifications for participation in Community First Choice and is enrolled to receive Medicaid services.

Personal assistance services - Assistance specific to the functional needs of a participant with a chronic illness, medical condition, or disability and includes assistance with activities of daily living (ADLs) and instrumental activities of daily living (IADLs). This also includes the performance of some delegated nursing functions.

Supports Planner - Means an individual who provides (a) supports planning services including assisting participants and applicants with accessing Medicaid and non-Medicaid funded home and community based services and supports and (b) case management services including assisting participants and applicants with waiver and eligibility maintenance and determination.

Unit of Service - A fifteen (15) minute increment of service that is approved by the Department and rendered to a participant by a qualified Nurse Monitor.
**Introduction and Overview**

The Wicomico, Worcester, and Somerset County Health Departments are seeking an agency to contract with to provide RN Nurse Monitoring services for a projected 350 participants in the Community First Choice program who are served in the tri-county area **beginning April 15, 2014**. The contract is renewable annually provided funding is available. The contract period is normally July 1 to June 30. The selected provider will bill for services at a rate of $71.00 per hour in 15 (fifteen) minute increments using the Department of Mental Hygiene’s (DHMH) web-based tracking system called the LTSS Maryland tracking system.

**Target Population**

Nurse Monitoring services will be provided for a projected 350 participants in the tri-county area who are enrolled in the Community First Choice (CFC) program. Section 2401 of the Patient Protection and Affordable Care Act (PPACA), created a program called Community First Choice (CFC), which provides states the option to offer certain community based services as a state plan benefit to individuals who meet an institutional level of care. The state of Maryland is consolidating personal care services across three existing programs; the State Plan Medical Assistance Personal Care Program (MAPCP), Living at Home Waiver (LAH) and Waiver for Older Adults (WOA) under one state program that offers both self-direction and agency model services. The Community Options Waiver (CO) is the name of the new merged waiver program that combines the Living at Home and Waiver for Older Adults.

**Services**

The proposed Agency shall:

1. Be licensed as a Residential Service Agency under COMAR 10.07.05, a Home Health Agency under COMAR 10.07.10, Nursing Referral Service Agency under COMAR 10.07.07, or a Nursing Staff Agency under COMAR 10.07.03.

2. The Nurse Monitor will provide Nurse Monitoring Services as defined in COMAR 10.09.84.20:
   a. Develop provider instructions for personal assistance.
   b. Instruct the individual providing personal assistance services concerning the services required under the participant’s provider instructions, and about conditions which should be brought to the attention of the supports planner, nurse monitor, or personal physician.
   c. Be available to give instructions to and answer questions from the provider.
   d. Comply with DHMH’s reportable events policy. This policy is available on-line.
3. Nurse Monitoring Services shall be performed in accordance to the following schedule adhering to the Plan of Service as developed by the Supports Planning Agency:
   a. Contact with the participant for the purpose of evaluating participant status at a minimum of every 6 months with at least one in-person home or workplace visit every 12 months.
   b. Additional Nurse Monitoring services in accordance with COMAR 10.27.09 and 10.27.11 at a frequency established in conjunction with the participant, and the representative when applicable, based on the participant’s medical condition or clinical status.

4. The Nurse Monitor shall have the ability to perform home and workplace visits:
   a. The Nurse Monitor shall use the home or workplace visit for the following purposes:
      1) To assess the participant’s condition.
      2) To delegate nursing tasks to a CNA, CMT, GNA, or Home Health Aide in accordance with COMAR 10.27.09 and 10.27.11.
      3) To assess the quality of personal assistance services.
      4) To provide instruction and training to the individual providing personal assistance services.
      5) To determine the need for discharge from personal assistance services or referral to other services.
   b. The Nurse Monitor shall assess the quality of personal assistance services delivered by both Agency employed and Independent Providers by:
      1) Reviewing the provider instructions
      2) Observing the interactions and relationship between the participant and the individual providing personal assistance services.
      3) Observing the performance of the individual providing personal assistance services.
      4) Observing the performance of the individuals to whom nursing tasks have been delegated.

**Description of Proposal**

The proposal shall adhere to the following format. Pages shall be numbered and each section shall be divided and labeled including the following sections:

**Section 1** Program Summary- a one page summary of how the organization will provide

at: [https://mmcp.dhmh.maryland.gov/docs/Appendix_C-1_Reportable_Events.pdf](https://mmcp.dhmh.maryland.gov/docs/Appendix_C-1_Reportable_Events.pdf)

- Maintain an up-to-date client profile in the LTSS database.
the services and implement the proposal. This summary should include the services to be provided and an estimate of how many clients will be served.

Section 2  Scope of Services and Service Delivery Plan

A. Describe in detail the specific population to be served and how the services will be provided. The service description should include the following: service delivery, population to be served, estimated number of individuals to be served, performance indicators, outcome evaluations, internal reporting mechanisms, and quality improvement measures.

B. Participants in CFC have the right to choose their own personal assistance provider. The provider can choose an independent provider or one that is employed by an Agency. Describe how the organization will provide conflict free Nurse Monitoring services when evaluating personal assistance providers who may also be employed by the organization.

C. Where applicable, list quantifiable and measurable performance objectives with detailed action steps and time frames. Performance objectives should have the capacity to be measured monthly.

Section 3  Service and System Integration

A. Describe specific requirements of any formal or informal agreements proposed or currently in existence, which are made with other agencies in order to facilitate accomplishment of services. A copy of any coordination agreement (formal or informal) should be included with the proposal submission.

Section 4  Organizational and Capacity Statement

A. Include the organizational history, nature, and scope of business activities, and organizational structure.

B. If incorporated, provide a copy of the most current articles of incorporation. Additionally provide a roster of all members of the organization’s Board of Directors, including addresses and telephone numbers.

C. Include an organizational chart depicting the relationship of the project to the current organization.

D. Describe experience and relevant former activities of the organization, which demonstrate an ability to provide the specific services of the proposed project.

E. Provide the date of licensure as a Residential Service Agency, a Home Health Request for Proposals  Community First Choice  Nurse Monitoring  March 1, 2014
Agency, Nursing Referral Service Agency, or a Nursing Staff Agency. Include the approval status, approval time period and any program improvement plans.

Section 5 Staffing

A. Provide a list of staff and their qualifications. Include position descriptions and the total number of full-time equivalent (FTE) and part-time (PT) positions. Include a statement indicating that recruitment, training, and supervision procedures are in compliance with the Equal Employment Opportunity (EEO) guidelines; and the Americans with Disabilities Act ADA).
Instructions to Bidders

A. Submission of Proposals:

One original proposal packet bearing signature of authorized signers of the agency/organization and (5) five copies are to be submitted in a sealed envelope. **ON THE ENVELOPE CLEARLY IDENTIFY: “RFP# 0226-14 Community First Choice/Nursing Monitoring.”**

Each proposal must include:
- Completed Cover Sheet
- Technical Proposal
- Budget information

B. Delivery of Proposals:

Proposals are due on or before **Wednesday, April 2, 2014 at 3:00 p.m. EST.** They should be mailed or hand carried to Rodney Dawson, Wicomico County Health Department, 108 E. Main Street, Salisbury, MD 21801, prior to the stated deadline. Proposals received after that time will be returned unopened. It is the full responsibility of the bidder to insure that the proposal is received on time. No telegraphic or facsimile proposals will be accepted. The Wicomico County Health Department is not responsible for failure of a public carrier to promptly deliver proposal documents.

C. Evaluation:

Each proposal will be evaluated utilizing the criteria outlined in the proposal packet.

D. RFP Time Line:

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<tr>
<th>Event</th>
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<tr>
<td>Advertising in Local Newspaper</td>
<td>3/05/14 and 3/09/14</td>
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<tr>
<td>Pre-Proposal Meeting</td>
<td>Wednesday, March 18, 2014</td>
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<td>10:00 a.m.</td>
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<tr>
<td>Proposal Submissions Due</td>
<td>Wednesday, April 2, 2014</td>
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<td>3:00 p.m. EST</td>
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<tr>
<td>Tentative Award Date</td>
<td>Thursday, April 10, 2014</td>
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Request for Proposals       Community First Choice   Nurse Monitoring   March 1, 2014
E.  Pre-Proposal Meeting

A pre-proposal meeting will be held on March 18, 2014 at 10:00 a.m. in the Seth H. Hurdle Building, 2nd floor, Administration Conference Room, to discuss the proposal criteria and answer any questions regarding submission of information. This meeting is not mandatory but is recommended for vendors in order to review criteria in the proposal specifications.

III.  General Terms and Conditions

A.  Bid Bond

No performance or bid bond is required.

B.  Right to Reject
The Wicomico County Health Department reserves the right to reject any, and/or all proposals or to waive any technicality it deems in the best interest of the agency.

C.  Maryland Law Prevails
The Provisions of this proposal/contract shall be governed by the laws of the State of Maryland.

D.  Non-Appropriation
All funds for payment by the Wicomico County Health Department under this contract are subject to the availability and approval of an appropriation or granting agency. Future funding is therefore, not guaranteed and the Health Department is not liable for any costs incurred by proposers or the awarded vendor in responding to this RFP.
E. **Errors in Proposals**
The Wicomico County Health Department will not be liable for any errors in vendor proposals. Vendors will not be allowed to alter proposal documents after the deadline for proposal submission. The Health Department reserves the right to make corrections or amendments due to errors identified in proposals by the Health Department or vendor. This type of correction or amendment will only be allowed for such errors as typing, transposition, or any other obvious errors. Any changes will be date and time stamped and attached to proposals. All changes must be coordinated in writing with, authorized by, and made by, the Purchasing Agent. Vendors are liable for all errors or omissions contained in their proposals.

F. **Evaluation**
Each proposal will be evaluated utilizing the criteria outlined in the application packet.

G. **Basis for Award**
This contract will be awarded to responsible parties deemed to have the most advantageous and beneficial offers as set forth in the proposal. The awards will be contingent upon the approval of the Evaluation Committee. Awards will be tentatively announced on Thursday April 10, 2014 at 10:00 a.m. EST.

H. **Term of Contract**
Contract shall remain in effect from award date through June 30, 2014. The contract is renewable annually provided funding is available.

I. **Termination of Contract**
Wicomico County Health Department has the right to rescind the administering agency’s contract immediately upon receipt by contracting agency of written notice from WICH and at the sole discretion of the Health Department.
Proposal Format and Evaluation Criteria

Applications will be disqualified if all points of format are not followed. Number all pages and clearly specify attachments. Proposal must include the following items in the stated order.

A. **Cover Sheet** (Attachment I) – completed and signed.

B. **One original proposal packet** bearing signature of authorized signers of the agency/organization and **(5) five copies** are to be submitted in a sealed envelope. **ON THE ENVELOPE CLEARLY IDENTIFY:** “RFP#0226-14”
Criteria for Selection

This is a competitive bid process. A review committee will evaluate proposals on the basis of the following criteria:

1. Does the proposal indicate an understanding of the services and the needs of the client population to be served? (15 pts)

2. Does the proposal demonstrate experience and capability in serving the target population? (15 pts)

3. Does the proposal reveal a comprehensive, innovative, well-developed approach in response to the needs of the target population? (15 pts)

4. Does the proposal demonstrate the existence of or plan for strong linkages with a range of community-based service providers and adequate referral mechanisms to ensure that clients will receive needed services? (15 pts)

5. Does the proposal indicate that the agency is capable of providing Nurse Monitoring services to both Agencies employed and Independent providers? (20 pts)

6. Does the proposal indicate that the Agency has the capacity and the staffing to provide Nurse Monitoring services for the projected amount of participants in the tri-county area? (20 pts)
Community First Choice
Nursing Monitoring

RFP #0226-14
Wicomico, Worcester & Somerset County Health Departments

COVER SHEET
(Please complete this page and submit with proposal.)

Name of Organization: ____________________________________________

Name of Facility/Program Director: __________________________________

Contact Person (if different from above): _______________________________

Mailing Address: _________________________________________________
________________________________________________________________

Tel. Number (daytime): _____________________ Fax Number: _________

E-mail Address: ___________________________________________________

I hereby declare that the information submitted on this proposal is accurate and correct to the best of my knowledge. If the application is approved, I will be responsible for keeping necessary records and completing a progress and final report of the program.

________________________________________________________________
Applicant’s Signature
________________________________________________________________
Date

Submit to: Rodney Dawson, Procurement Officer
Wicomico County Health Department
108 E. Main Street, Salisbury, MD 21801

Applications can be mailed or hand-delivered, however:
APPLICATIONS MUST BE RECEIVED BY
Wednesday, April 2, 2014 AT 3:00 P.M. EST