

**Request for Proposal**  
**Community First Choice**  
**Nurse Monitoring**  
**Wicomico/Worcester/Somerset County Health Departments**  
**RFP # 0409-19**

The Wicomico, Worcester, and Somerset County Health Departments are seeking an agency to provide RN Nurse Monitoring services for clients in the Community First Choice program as set forth in COMAR 10.09.84 beginning July 1, 2019. 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. 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.

CPAS- Community Personal Assistance Services; Level of Care that includes Personal Assistance Services, Nurse Monitoring, and Supports Planning only.

COMAR- Code of Maryland Regulations available on-line at [www.dsd.state.md.us](http://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.

COW- Community Options Waiver; provides community services and supports to enable older adults and people with physical disabilities to live in their own home.

Instrumental Activities of Daily Living (IADLs)- Instrumental activities of daily living (IADLs) are not necessary for fundamental functioning, but they let an individual live independently in a community. Examples include cleaning and maintaining the house, managing money, moving within the community, preparing meals, shopping for groceries and necessities, and taking prescribed medications.

LHD- Local Health Department

MDH or the Department- Maryland Department of Health.

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).

Reportable Event (RE)- an allegation or actual occurrence of an incident that adversely affects or has the potential to negatively affect the welfare of an individual.

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.

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**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 400 participants in the Community First Choice program who are served in the tri-county area beginning July 1, 2019. The grant is renewable annually provided funding is available. The grant period is normally July 1 to June 30. The selected provider will bill for services rendered using the Maryland Department of Health (MDH) web-based tracking system called the LTSS Maryland tracking system.

**Target Population**

Nurse Monitoring services will be provided for a projected 400 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 or CPAS level of care.

**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. 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.

- b. Be available to give instructions to and answer questions from the provider.
  - c. Comply with MDH's reportable events policy.
  - d. Maintain an up-to-date client profile in the LTSS database.
- 3. Nurse Monitoring Services shall be performed in accordance to the following schedule:
  - a. Contact with the participant for the purpose of evaluating participant status at an interval established by the LHD assessor or at a minimum of every 6 months in the event the client opts to waive the Nurse Monitoring service.
  - 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 assess the quality of personal assistance services.
    - 3) To provide instruction to the individual providing personal assistance services.
    - 4) To alert the LHD to the possible need for discharge from personal assistance services or referral to other services.
  - b. The Nurse Monitor shall assess the quality of personal assistance services 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 as appropriate.

### **Payment for Services**

The selected provider will bill for services at a rate of \$67.00 per hour in 15 (fifteen) minute increments using the Maryland Department of Health's web-based tracking system called the "LTSS Maryland Based Tracking System".

### **Method of Payment**

Invoices should include the Contractor's name and address and Federal Tax Identification Number or Social Security Number, service provided, location of services and total amount due. Contractor shall obtain payment by invoicing each individual LHD on a weekly basis.

## **Terms of Contract**

The contract shall remain in effect from award date through June 30, 2022. This contract will remain in effect for 3 (three) years beginning July 1, 2019 and extended through June 30, 2022. This contract may be renewed for 2 (two) additional years in 1 (one) year increments through June 30, 2024 based on the same terms and conditions, and solely at the discretion of the three Local Health Departments. The contract may be terminated by either party prior to contract expiration by providing 30 (thirty) days written notification.

## **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 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 participant must choose a provider who is employed by an Agency. Describe how the organization will provide conflict free Nurse Monitoring services when monitoring personal assistance providers who are employed by other organizations.
- C. Where applicable, list quantifiable and measureable 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

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 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

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).

### **I.      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 # 0409-19 COMMUNITY FIRST CHOICE /NURSING MONITORING."**

Each proposal must include:

- A completed cover sheet
- Technical Proposal

**B. Delivery of Proposals :**

Proposals are due on or before Monday, May 6<sup>th</sup>, 2019 at 3:00 p.m. EST. Proposals 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 the deadline 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. RFP Time Line :**

Advertising in Local Paper	Thursday April 11, 2019 Sunday April 14, 2019
Pre-Proposal Meeting	Thursday April 18, 2019 @ 1:00 p.m. Fritz Building (Auditorium)
Proposal Submissions Due	Monday May 6, 2019 @ 3:00 p.m. EST
Tentative Award Date	Monday May 20, 2019

**D. Pre- Proposal Meeting:**

A pre-proposal meeting will be held on Thursday, April 18, 2019 at 1:00 p.m. at the Fritz Building located at 300 W. Carroll Street Salisbury, MD. The pre- proposal meeting is used 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.

## **II. 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 cost incurred by proposers or the awarded vendor in responding to this RFP.



**E. Errors in Proposal**

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 must be coordinated in writing with, authorized by, and made by, the Purchasing Supervisor. Vendors are liable for all errors or omissions contained in their proposals.

**F. Evaluation**

Each proposal will be evaluated utilizing the criteria outline in the proposal 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 Monday, April 20, 2019.

**H. Term of Contract**

Contract shall remain in effect from award date through June 30, 2020.

**I. Termination of Contract**

Wicomico County Health Department has the right to rescind the administering agency's contract immediately upon receipt by contacting the agency with written notice. Termination of the contract is at the sole discretion of the Health Department.

## **Proposal Format and Evaluation Criteria**

Application 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 state order.

- A. Cover Sheet (Attached) – completed and signed
- B. 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 needs of the client population to be served? ( 15 pts)
  - 2. Does the proposal demonstrate experience and capability in serving the target population? (15pts)
  - 3. Does the proposal reveal a comprehensive, innovative, well-developed approach in response to the needs of the target population? (15pts)
  - 4. Does the proposal demonstrate the existence of or plan the strong linkages with a range of community-based service providers and adequate referral mechanisms to ensure that clients will receive needed services? (15pts)
  - 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 amounts of participants in the tri-county area? (20 pts)

**Community First Choice**

**Nursing Monitoring**

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**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: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_ 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**



