

Dorchester County Health Department

Community First Choice Nurse Monitoring

Request for Proposals RFP # 250401

Dorchester County Health Department Key Information Sheet

Request for Proposals: **Community First Choice Monitoring**

Advertise in local newspaper: **February 7, 2024, and February 11, 2024**

Pre-Proposal Meeting: **Friday, February 16, 2024**

Proposals are to be sent to: **Donielle Jorette
Dorchester County Health Department
3 Cedar Street
Cambridge, MD 21613**

Closing Date and Time: **March 1, 2024, 4:30 pm EST**

Summary Statement

Dorchester County Health Department is 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 on July 1, 2024. 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.

It is this agency's intention to obtain services, as specified in this RFP, for a contract between the successful Offeror and the Dorchester County Health Department.

This agency intends to make one award to a single Offeror whose proposal is deemed the most advantageous to the Dorchester County Health Department.

Offerors must be able to provide all services and meet all of the requirements requested in this solicitation.

Abbreviations 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 services including, but not limited to: assisted living, senior center plus, family training, behavioral consultation and case management services.

Contractor - The selected Offeror that is awarded a Contract by the Dorchester County Health Department.

Delegated Nursing Functions - Nursing services provided to a participant by a personal assistance provider under the supervision of a registered nurse Request for Proposals (RFP) – Request for Proposals Community First Choice No. 250401 issued on February 5, 2024 and February 8, 2024.

Supports Planner – An individual who provides (a) support planning services including assisting participants and applicants with accessing Medicaid and non-Medicaid in accordance with COMAR 10.27.11 or nurse practitioner in accordance with COMAR 10.27.07.

DCHD – Dorchester County Health Department

MDH or the Department – Maryland Department of Health and Mental Hygiene

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

Offeror – An entity that submits a proposal in response to this RFP.

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.

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.

Units 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.

Contract Duration

The contract resulting from this RFP shall remain in effect from July 1, 2024 through June 30, 2029. The contract can be extended if agreed upon by both parties, provided available funding. The contract period is normally July 1 through June 30.

Cancellations; Rejections

The Dorchester 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. DCHD also reserves the right, in its sole discretion, to award a contract based upon the written proposals received without discussions or negotiations.

Termination of the Contract

The Dorchester County Health Department has the right to rescind the administering agency's contract upon written request with no less than 90 calendar days' notice.

Compliance with Laws/Arrearages

By submitting a proposal in response to this RFP, the Offeror, if selected for award, agrees that it will comply with all Federal, State, and local laws applicable to its activities and obligations under the Contract. The Offeror will comply with the Title VI of the "Civil Rights Act of 1964", Sections 503 and 504 of the "Rehabilitation Act of 1973", "Health Insurance Portability and Accountability Act of 1996" and will agree to the terms of the Sexual Harassment Policy – MDH 01.02.02". Services provided under the contract will be governed by the MDH Human Services Agreement Manual (available for review at DCHD).

Specific Regulations

The Nurse Monitoring subcontractor cannot be the personal assistance provider for any participant for whom they provide Nurse Monitoring services. The Contractor shall immediately contact DCHD in the event of identifying potential conflict related to a personal services provider who is also employed by the Contractor.

Questions

Written questions from prospective Offerors will be accepted. Questions may be submitted via e-mail, with RFP #250401 in the subject line to:

Donielle Jorette

E-mail: donielle.jorette@maryland.gov

SCOPE OF WORK

Purpose

The purpose of this Request for Proposals (RFP) is to solicit sealed proposals from agencies to provide RN Nurse Monitoring services for participants in the Adult Evaluation and Review Services (AERS), who are served in Dorchester County.

Target Population

Nurse Monitoring services will be provided for a projected 175 participants in Dorchester County, who are enrolled in the Community First Choice (CFC) program, Community Personal Assistance Program (CPAS), or Home Community Based Options Waiver (HCBOW).

Services

The Contractor 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. Employ or contract with two or more registered nurses who hold a current professional license to practice in Maryland to perform all nurse monitored tasks.
3. The Nurse Monitor will provide Nurse Monitoring Services as defined in COMAR 10.09.84.20.
4. Nurse Monitoring Services shall be performed in accordance to at least the minimum frequency as stated in COMAR 10.09.20 and 10.09.20.11.
5. Nurse monitors do not provide nursing services, delegate, train or supervise RSA workers. While delegation and supervision are firmly outside the scope of nurse monitoring services, the nurse monitor **may elect to** assist the RSA in understanding its responsibilities with respect to licensure and, where applicable, standards of nursing practice set forth in COMAR.
6. The Nurse Monitor shall bill MDH for services at the approved Maryland Medicaid rate for Nurse Monitoring services. **DCHD will pay the Contractor (Provider) the negotiated contract rate only for the units approved by MDH and reimbursed to DCHD by MDH. The negotiated contract rate is the rate agreed upon between DCHD and Contractor (Provider).**

7. The Contractor shall develop a Quality Monitoring Plan defining all the goals and standards for each responsibility outlined in this RFP and submit to DCHD before implementation.

Reporting

The Contractor shall:

1. Utilize the LTSSMaryland tracking system
2. Provide staff licensure and trainings upon request

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PROPOSAL FORMAT

Preparation

A complete proposal package shall include the following: Cover Letter (Attachment #1), Transmission Letter, Proposal Narrative, Proposed Rate, and the most recent Financial Statement.

1. Transmission Letter: Formal letter from the decision-making authority in the organization stating the organization's intent to provide the services proposed, if selected. Provide name or organization, address and all contact information, including primary contact person.
2. Proposal Narrative: Describe proposal and include responses to the below questions. Proposal narrative should be a maximum of ten pages, single spaced, size 12 Times New Roman font, and 1" margins. A table of contents (optional) does not count toward the ten page maximum. Any tables used within the narrative should conform to the same font style and size specified above.
3. Proposed Rate including detailed justification. Preferable proposal would be a percentage ratio versus a flat fee ratio.
4. Most Recent Financial Statement (audited if available).
5. Description/documentation of a company substance abuse policy.
6. Must provide a minimum of three (3) references (preferably health organizations) from unrelated organizations for which successful services of similar scope have been performed. All references must include the name, title, and telephone number of a contact that is familiar with the Contractor's performance.
7. Description/documentation of liability insurance coverage for the organization.
8. Description/documentation of any unfulfilled contracts with another Medicaid program.

Section 1 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. 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 2 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 3 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 number.
- 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 customer/patient base information for your organization and references that can be contacted
- F. 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.
- G. Provide the information about bankruptcy/legal issues (including any pertinent lawsuits and complaints closed or pending filed against the agency).

Section 4 Staffing

- A. Employ or contract with one (1) or more licensed RN to perform all activities delineated in Section 2;
- B. Ensure that each staff providing nurse monitoring services maintains an active license as an RN while employed or contracted by routinely reviewing licensure information on the MBON website
- C. Conduct a background check through Maryland Criminal Justice Information Systems (CJIS) for all staff providing nurse monitoring services prior to the initiation of services to ensure that they do not have a history of behavior that could potentially harm participants or convictions relating to the abuse, neglect and/or exploitation of vulnerable populations;
- D. Develop training materials, to be approved by the Department upon entering into this Agreement, to include, at a minimum, training related to: Medicaid HCBS, applicable COMAR, including regulations related to licensure requirements of RSA, LTSS*Maryland* and any internal policies and procedures pertaining to this Agreement

- E. Provide training, using the materials approved by the Department, to all staff providing nurse monitoring services prior to initiation of services;
- F. Ensure that staff providing nurse monitoring attend all mandatory meetings and trainings held by the Department; and
- G. Disseminate to all staff providing nurse monitoring, all subregulatory guidance contained in transmittals, memos, policies and procedures issued by the Department

Section 5 Administration

- A. Enroll as a Medicaid provider through the Electronic Provider Revalidation and Enrollment Portal (ePREP), or other mechanism designated by the Department, and revalidate enrollment as required;
- B. Provide an accessible environment, in compliance with the Americans with Disabilities Act (ADA) Part 36. Nondiscrimination on the Basis of Disability by Public Accommodations and in Commercial Facilities, Subpart C. Specific Requirements, Sections 36.301-36.310;
- C. Accommodate reasonable date, time and location preferences for the participants to whom services are provided under this Agreement. Similar accommodations should be made for individuals supporting participants, including family members, friends, legal guardians, authorized representatives and others as identified by the participant
- D. Accommodate all requests for accessible communications, including written materials in large print, digital communication, infographics and/or the use of assistive technology, including TeleTypewriter (TTY)/Telecommunications Relay Services (TRS) and qualified sign language interpreters;
- E. Comply with the Department's Limited English Proficiency (LEP) Policy, including maintaining an active contract with one (1) or more interpretation and translation services vendors
- F. Establish and maintain a phone number and ensure that a representative of the Provider is available during the Provider's normal business hours, which are generally 8:00 a.m. - 5:00 p.m., Monday through Friday, excluding state holidays
- G. Ensure compliance with Health Insurance Portability and Accountability Act of 1996 (HIPAA) in the use, storage and transportation of data, including:
 - a. a. Take measures to prudently safeguard and protect unauthorized disclosure of participant information in the Provider's possession,
 - b. b. Maintain confidentiality of all participant records and transactions in accordance with all federal and state laws and regulations, and
 - c. c. Not disseminate or use Personally Identifiable Information (PII) or Protected Health Information (PHI) outside of their duties as a covered entity;
- F. Develop and implement an effective disaster recovery plan for restoring software, master files and hardware if information management systems are disabled, which includes the timeframe anticipated to restore all functions
- G. Create and maintain an accurate user profile in *LTSSMaryland*, including assignment of appropriate roles, for each staff providing nurse monitoring services
- H. Deactivate the user profile in *LTSSMaryland* for each staff providing nurse monitoring services within two (2) business days of termination of employment or contract
- I. Retain all relevant files, excluding those data in *LTSSMaryland*, in accordance with the [Record Retention and Disposal Schedule for LHD](#); and

- J. Provide, upon request, all files for the purpose of facilitating federal and state inspections, reviews and audits

Section 6 Technology

- A. Operate, at a minimum, a 28.8 speed fax machine, 24 hours a day, and provide access to that fax machine to staff providing nurse monitoring services;
- B. Provide access to a computer, an Internet Service Provider (ISP), an email address and telephone to each staff providing nurse monitoring services;
- C. Purchase, install and maintain an active license for antivirus software, encryption software and Microsoft Office 2007, or a later version, on each device issued by the Provider;
- D. Ensure that any Provider-owned systems and devices responsible for sending, retrieving or storing data from a system owned by the Department are in compliance with the State of Maryland Information Security Policies and guidance published by the Department of Information Technology

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INSTRUCTION TO BIDDERS

Submission of Proposals:

Offerors shall submit one (1) unbound original and three (1) copies of the proposal package. Proposals should be in a sealed envelope. **ON THE ENVELOPE CLEARLY IDENTIFY: “RFP #250401 Community First Choice Nurse Monitoring Program-DO NOT OPEN”**. Packages should be mailed or hand delivered to the Dorchester County Health Department, 3 Cedar Street, Cambridge, MD 21613. Attention: Donielle Jorette.

Each proposal must include:

- Cover Letter
- Transmission Letter
- Proposal Narrative
- Proposed Rate
- Most Recent Financial Statement.

Delivery of Proposals

All proposals must be received on or before 4:30 pm, March 01, 2015. Submission, modification, or withdrawal of proposals after the due date/time will not be considered. The Dorchester County Health Department is not responsible for failure of a public carrier to promptly deliver proposal documents.

DCHD reserves the right to request an electronic copy of the RFP response. **Facsimile or electronic submissions are not acceptable.**

Evaluation

Proposals will be evaluated by DCHD using 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 capacity 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 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 capability and the staffing to provide Nurse Monitoring services for the projected number of participants in Dorchester County? (20 pts)

RFP Time Line

Advertising in local newspaper	February 7, 2024 and February 11, 2024
Pre-Proposal Meeting	February 16, 2024
Proposal Submission Due	March 1, 2024, 4:30 pm EST
Opening of BID	March 4, 2024 @ 10:00 am
Tentative Award Date	March 11, 2024

Pre-Proposal Meeting

A pre-proposal meeting will be held on Friday, February 16, 2024 at 10:00 am at the Dorchester County Health Department Conference Room 1 & 2. Enter at the Environmental Health Entrance. This will be to discuss the proposal criteria and answer any questions regarding submission of information. This meeting is not mandatory.

Award

DCHD intends to award this contract on the basis of a combination of the evaluation of the Offeror’s experience and qualifications, as well as the fee proposed.

Method of Payment

The selected Contractor (Provider) will bill DCHD for services at the negotiated contract rate on a bi-monthly basis.

ATTACHMENT I

Community First Choice

Nurse Monitoring

**Dorchester County Health Department
RFP #250401**

COVER SHEET

(Please complete this page and submit with a proposal.)

Name of Organizations: _____

Name of Facility/Program Director: _____

Contact Person (*if different from above*): _____

Mailing Address: _____

Telephone Number (daytime): _____ Fax Number: _____

E-mail Address: _____

I hereby declare that the information submitted in 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