



Ray County Senior Services Board

Working to enable Senior Citizens of Ray County to be more independent and healthy.

Ray County Senior Service Board
P.O. BOX 228
1015 West Royle
Richmond, MO 64085
816-470-5570 or 1-888-781-1121(toll free)
www.raycountyseniors.org

2015 APPLICATION FOR FUNDING **CARE MANAGEMENT RFP**

This application to the Ray County Senior Service Board (RCSSB) is to request funding to provide *Care Management* services to residents of Ray County who are 60 years of age or older.

Questions related to proposal procedure, proposal requirements or proposal evaluations will be answered by calling Jane Bartlett, RCSSB Chairperson at 816-217-3596 E-mail djb_bartlett@sbcglobal.net or Joan Judd , RCSSB Secretary at 816-506-1494 E-mail juddj64@hotmail.com.

Sealed proposals, to be considered for funding for fiscal year January 01 through December 31, 2015 will be received at Ray County Senior Service, P.O. BOX 228, Richmond, MO 64085 by November 3, 2014. RCSSB reserves the right to award contracts to successful respondents for care management and services as a package. Proposals may be downloaded from the RCSSB website at www.raycountyseniors.org.

RCSSB affirmatively ensures that all respondents will be afforded full opportunity to submit proposals and that no respondents will be discriminated against on the grounds of race, color, nationality, origin, disability or sex in consideration of an award.

I. MINIMUM REQUIREMENTS OF ALL RESPONDENTS

Responses to this RFP will be accepted from organizations meeting the following minimum requirements:

- A. A corporate entity eligible to do business in the State of Missouri. Proposals from individuals are not acceptable.
- B. An agency or organization that has current licenses and/or permits, as required, for proposed service(s).
- C. An organization that has developed and implemented programs for compliance with federal and state regulations for equal opportunity, drug-free workplace, and ADA.
- D. An organization that has at least two years of corporate experience in the provision of services to the target population
- E. Verification of workers' compensation insurance for all employees, staff, and agents (enclose a copy of the dated face sheet.)
- F. Verification of insurance covering provider, its employees and agents in the form of general liability, personal injury liability and broad form contractual liability coverage in the amount of not less than \$500,000.00 per occurrence and not less than \$1,000,000.00 annual aggregate limit (enclose a copy of the dated policy face sheet). RCSSB must be named as an "additional insured as their interest may appear in regards to general liability".



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- G. Verification of identification to be shown to RCSSB clients by your employees, staff, and agents.
- H. Provide performance records and references.
- I. All employees must clear the EDL list.
- J. A signed and dated Proposal Sheet (see page 5 of this document) must be attached to the front of your bid.

II. CARE MANAGEMENT AND PROVIDER OF PERSONAL CARE, HOMEMAKER, AND RESPITE CARE REQUESTED.

This solicitation requests proposals from qualified providers of in-home services and care management for the following categories of services. RCSSB reserves the right to award contracts to successful respondents for care management and services as a package.

A. CARE MANAGEMENT AND RELATED SERVICES

1. Definition:

- a. Care management involves in-home evaluation/assessment by an R.N. or licensed Social Worker to determine overall functional status and mental status to determine needs and financial eligibility for co-payment fees by the RCSSB with a re-assessment only when a real likelihood of a change in service provision exists. It involves assignment of appropriate personnel and oversight of the services provided. Once this is done, the provider will set up contract fees for client and RCSSB according to predetermined sliding scale and have client/responsible party sign contract.
 - i. Assessments will utilize the Missouri Division of Health and Senior Services Home and Community Based Services Referral/Assessment MO-580-2880 form dated 12-09 for the medically oriented assessment.
 - ii. Assessments will utilize the RCSSB Client Income Verification form to determine co-pay or eligibility for no co-pay.
- b. Provider will handle all billing of direct home care services to client and RCSSB. They will assign appropriate staff or contracted agency able to perform the services needed. Provider will provide RCSSB with information regarding agency evaluations, client satisfaction surveys and statistical reports as to area served by zip codes, ages, gender, length of services and other information as may be determined by the RCSS Board.
- c. Limitations on the care provided by RCSSB:
 - i. Respite care will only be provided in lieu of personal care and/or homemaker care. Clients receiving respite care may not also receive personal care or homemaker care. Clients may receive up to 96 units (15 minute increments of 28 hours) of Respite care monthly paid by RCSSB)



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- ii. Homebound clients will be limited to a total of 64 units of care paid by RCSSB, whether personal care or homemaker care.
 - iii. Non-homebound clients will be limited to a total of 32 units of care paid by RCSSB, whether personal care or homemaker care.
2. **Personal Care**
 - a. Assistance with bathing, oral hygiene, toileting, shampooing, shaving, dressing, and linen change by a certified nurse's aid or personal care attendant.
 - b. **Average: one to two hours two times weekly.**
 3. **Bath Visit**
 - a. Please provide separate rate fee for bath visit only.
 - b. **Average: 1 hr visit**
 4. **Homemaker Care**
 - a. Light housekeeping, laundry, light meal preparation, errand running, and grocery shopping.
 - b. **Average: Homebound clients – two hours one time weekly. Non-homebound clients – two to three hours one to two times a month.**
 5. **Respite Care**
 - a. Caregiver relief provided by a certified nurse's aid or personal care attendant if hands on care or personal care needed. If only supervision is needed may utilize the care of a homemaker/companion/sitter. Caregiver must be providing 24-hour care/supervision for a homebound or bedfast individual.
 - b. **Average: four to six hours a week. The maximum of six hours is allowed only in extreme cases of need.**
 6. **Medication Management:**
 - a. Medication management can be obtained by Ray County Seniors from the Ray County Health Department and is **not** approved for reimbursement under terms of this grant.

III. CRITERIA FOR RCSSB REVIEW, EVALUATION AND SELECTION OF PROPOSALS

- A. All responses to this RFP must be submitted with Eight (8) copies and required documentation including brochure and or annual report to Ray County Senior Services at P.O. BOX 228 Richmond, MO 64085 by November 3, 2014 in order to be given consideration. The envelope containing the proposal must be clearly marked "SEALED PROPOSAL". When a proposal is mailed, the respondent should request a delivery receipt from the transporting entity to verify delivery. The respondent assumes responsibility for the delivery of the proposal. Late proposals will be returned to sender unopened.
- B. RCSSB reserves the right to select or reject any proposal, in whole or in part.



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- C As part of any negotiations, RCSSB reserves the right to require any data that would support the reasonableness and acceptability of the proposal. Respondents may be asked to further define and/or refine the services they propose as part of contract negotiation. If so, they will be afforded the opportunity to refine their proposed cost to reflect RCSSB requested changes from the original proposal. Similarly RCSSB may wish to increase or decrease the total amount of services required relative to those proposed.
- D. Respondents will be invited to attend a public hearing on their RFP.
- E. RCSSB reserves the right, in the event of only one response to this RFP, to negotiate the terms and conditions, including the price included in the sole respondent's proposal.

IV. PROPOSAL CONTENTS AND FORMAT

- A. Proposal Forms must be signed by an executive officer who is legally authorized to sign for the respondent. Specify the service(s) being proposed.
- B. Properly completed proposals for all services must be submitted to RCSSB on the provided forms. Computer generated facsimiles are acceptable.
- C. Please send eight (8) copies of the RFP along with documents stated above.
- D. If you are currently providing services to RCSSB clients through another contract, name the agency or agencies with whom you are contracted and explain how you plan to continue serving these clients if you are awarded an individual contract to provide care management and in-home services directly from the Ray County Senior Services Board.



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CARE MANAGEMENT PROPOSAL

DATE: _____

TO: **Ray County Senior Services**
P.O. BOX 228
Richmond, MO 64085

SERVICES:

- | | |
|----------|----------|
| 1. _____ | 2. _____ |
| 3. _____ | 4. _____ |
| 5. _____ | 6. _____ |

PERIOD: January 1, 2015 – December 31, 2015

- A. The undersigned, in compliance with your Request for Proposals, having examined the proposal instructions and specifications, hereby proposes to perform the service(s) in accordance with the RCSSB requirements, specifications and standards at the price(s) stated on the attached proposal form.
- B. The undersigned further agrees as follows:
1. Upon receiving official RCSSB notification of approval, respondent shall within thirty (30) days begin work and carry on regularly and expeditiously thereafter (unless RCSSB shall in writing specifically direct otherwise) with such force as to insure the full completion within the time specified in the Agreement guaranteeing the faithful performance of the services.
 2. That RCSSB has the right to reject any and all proposals.
 3. To return any unspent funds if requested should RCSSB determine that the undersigned is not in compliance with the terms or intent of this proposal or the guidelines which become part of the contract between the agency and RCSSB when signed.

_____ (Signature of Authorized Individual)	_____ (Date)
_____ (Typed Name and Title)	_____ (Telephone Number)
_____ (Agency)	_____ (Address)
_____ (City, State)	_____ (Zip Code)
_____ (Contact Person)	_____ (Telephone Number)
_____ (Email Address)	



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CARE MANAGEMENT SERVICE PROPOSAL FORM

Include one form for each type of service proposed.

Service: _____

SERVICE AREA	PROPOSED UNITS OF SERVICE	PROPOSED UNIT RATE Flat rate, per hour, per mile

ANY ADDITIONAL PER UNIT CHARGES: _____

UNIT COST DETERMINATION (Total): _____

- A. RCSSB will contract for the purchase of service up to a maximum dollar amount. The contractor will be reimbursed per unit of service delivered unless RCSSB has determined that reimbursement will be otherwise. All contractors must provide services during the entire contract period January 1, 2015 through December 31, 2015.
- B. Unit Cost Determination and Service Proposal must be completed for one service only. If different services are proposed, a Unit Cost Determination and Service Proposal must be completed for each different service. If different areas for the same service have different unit costs, these must be specified on the Service Proposal Form.
- C. Units billed to RCSSB shall not be double-billed to other funding sources.