

Memorandum

To: Direct Service Providers/ADH Providers
Home & Community Based Services
Elderly & Disabled Medicaid Waiver Program
HIV/AIDS Waiver Program
ACT Waiver Program
TA Waiver Program

From: Delia Brand
Area Agency on Aging Director

Re: **Request for Proposal**

Attached, please find **Request for Proposal** packet. Proposals provided to this office are considered on an open enrollment basis. Please note that the Scope of Services for all services is subject to change.

Service rates are established by the Executive Committee of the Alabama-Tombigbee Regional Commission and are subject to change each fiscal year. Service rates for the successive years are subject to change and if so will be incorporated as amendment to any contracts that are let as a result of this Request for Proposal.

Thank you for your interest in providing services to elderly and disabled Medicaid eligible participants. If you have questions, or if we may be of service, please do not hesitate to contact us at 1-888-617-0500 or 1-877-777-4234.

SECTION I
REQUEST FOR PROPOSAL

**GENERAL INFORMATION FOR THE DIRECT SERVICE PROVIDER/ADULT
DAY HEALTH PROVIDER**

PURPOSE

This **Request For Proposal (RFP)** provides interested **Direct Service Providers/Adult Day Health Providers** with sufficient information to enable them to submit for consideration by the **ALABAMA-TOMBIGBEE REGIONAL COMMISSION** a proposal for providing certain Home and Community Based Services under **Title XIX of the Older Americans Act**. A complete definition of the **Scope of Services** is given in **Section III – Scope of Services – in this RFP**.

ISSUING OFFICE

This **RFP** is issued by the **ALABAMA – TOMBIGBEE REGIONAL COMMISSION** as a subcontractor of the **ALABAMA DEPARTMENT OF SENIOR SERVICES**. All contracts entered into for the purpose of providing direct services must have the written concurrence of the **ALABAMA DEPARTMENT OF SENIOR SERVICES**.

PROPOSAL

To be considered, the **Direct Service Provider/Adult Day Health Provider** must submit a complete response using the forms provided. Proposal must be submitted in duplicate to the **ALABAMA-TOMBIGBEE REGIONAL COMMISSION**. Proposal must be signed by an official authorized to bind the contractor in the event a contract ensues.

REJECTION OF PROPOSAL

The **ALABAMA-TOMBIGBEE REGIONAL COMMISSION** reserves the right to reject or accept any or all proposals or any portion thereof.

PRE-PROPOSAL ASSISTANCE

All questions relative to the completion of the proposal may be directed to **Mr. John Clyde Riggs, Executive Director, ALABAMA-TOMBIGBEE REGIONAL COMMISSION, 107 Broad Street, Camden, Alabama 36726. Telephone number: 1-877-777-4234, local: (334) 682-4234, or in his absence to Delia Brand, Area Agency on Aging Director.**

PREPARATION

Proposals should be completed providing a concise description of the contractor's ability to provide the service(s) to be contracted. Proposals may be mailed to **ALABAMA-TOMBIGBEE REGIONAL COMMISSION, 107 Broad Street, Camden, Alabama 36726, or by fax to (334) 682-9851; Attention: Mr. John Clyde Riggs, Executive Director.**

ACCEPTANCE OF PROPOSAL

The contents of the proposals submitted by the **Direct Service Provider/Adult Day Health Provider** may become contractual obligations, if a contract ensues. Failure of the **Direct Service Provider/Adult Day Health Provider** to accept these obligations may result in a cancellation of the contract award.

DIRECT SERVICE PROVIDER/ADULT DAY HEALTH PROVIDER RESPONSIBILITY

Direct Service Providers/Adult Day Health Providers will be required to assume the responsibility for all services offered whether or not he possesses them within his organization. Furthermore, the **ALABAMA-TOMBIGBEE REGIONAL COMMISSION** will consider **Direct Service Provider/Adult Day Health Provider** to be the sole point of contact with regard to all contractual matters, including payment of any and all charges resulting from this contract. No sub-contract will be entered into without the written authorization of the **ALABAMA-TOMBIGBEE REGIONAL COMMISSION** and have the concurrence of the **ALABAMA DEPARTMENT OF SENIOR SERVICES.**

DIRECT SERVICE PROVIDER/ADULT DAY HEALTH PROVIDER

The **Direct Service Provider/Adult Day Health Provider** has the responsibility of providing sufficient trained personnel as required in a contract to provide certain home and community based services. The **Direct Service Provider/Adult Day Health Provider** will assume all responsibility for his personnel and indemnify and save harmless the **ALABAMA-TOMBIGBEE REGIONAL COMMISSION**.

PAYMENT FOR CONTRACTED SERVICES

Payment under a contract for home and community based services is reimbursement on a monthly basis. The **Direct Service Provider/Adult Day Health Provider** is responsible for recording units of services rendered and submitting a documented invoice on a monthly basis in a timely manner.

EQUAL EMPLOYMENT OPPORTUNITY

Direct Service Providers/Adult Day Health Providers will be required to have an Affirmative Action Plan which declares that the contractor does not discriminate on the basis of race, sex, creed, color, religion, national origin, age, or handicap.

INSURANCE REQUIREMENTS

Direct Service Providers/Adult Day Health Providers will be required to carry adequate comprehensive liability and/or malpractice insurance in an amount of coverage consistent with the type of services to be delivered. It is the responsibility of the **Direct Service Provider/Adult Day Health Provider** to maintain this insurance coverage during the term of the contract.

ENROLLMENT

Enrollment is open and a contract may be initiated at any time with a qualified direct service provider once a proposal has been submitted for the delivery of services.

SECTION II
SERVICE PROPOSAL
FOR THE
HOME & COMMUNITY BASED SERVICES
ELDERLY & DISABLED
MEDICAID WAIVER PROGRAM
HIV/AIDS WAIVER PROGRAM
ACT WAIVER PROGRAM
TA WAIVER PROGRAM

BACKGROUND INFORMATION

The Omnibus Budget Reconciliation Act of 1981 (OBRA) granted the Secretary of the Department of Health and Human Services the authority to waive Medicaid statutory requirements in order to allow the states to use Medicaid funding to finance Home and Community Based Services for persons who meet nursing home level of care criteria. Congress intended the Home and Community Based Services Waivers (Section 2176, Public Law 97-35) to reduce the institutional bias of the state's Medicaid programs by granting the states the flexibility in providing community care.

The Home and Community Based Service Program (HCBS) is designed to serve the Medicaid eligible who require intermediate or skilled nursing care and are at risk of nursing home placement.

The HCBS Program is a cooperative effort among the **ALABAMA MEDICAID AGENCY**, the **ALABAMA DEPARTMENT OF PUBLIC HEALTH**, and the **ALABAMA DEPARTMENT OF SENIOR SERVICES**. The basis for this program is two-fold. First, it is assumed that it is much less costly to provide community based services than to subsidize nursing home care. Secondly, it is most often the desire of the elderly to remain in their own homes for as long as possible. Remaining in familiar surroundings with friends, family, and neighbors contributes to mental and physical well being.

PROJECT WORK STATEMENT

This proposal involves the provision of specific services in the Home and Community Based Service Programs. Services are to be provided on an as needed basis. Activities to be included are:

- A. Provision of certain contractual services to only those clients as referred specifically by the Case Manager or Area Agency on Aging Director of the **ALABAMA-TOMBIGBEE REGIONAL COMMISSION**, as a Medicaid Waiver, HIV/AIDS Waiver, or ACT Waiver client.
- B. **Direct Service Providers/Adult Day Health Providers** are to adhere to the Plan of Care as approved by the **ALABAMA MEDICAID AGENCY** and the attending physician and submitted to the **Direct Service Provider/Adult Day Health Provider** by the Case Manager.
- C. Provide only those certain services contracted for.
- D. Maintain all records and accounts, including personnel and financial records, as are deemed necessary by the **ALABAMA-TOMBIGBEE REGIONAL COMMISSION**, the **ALABAMA DEPARTMENT OF SENIOR SERVICES** and the **ALABAMA MEDICAID AGENCY**.
- E. Provide sufficient trained personnel to maintain the level of services ordered per client and provide services within a specific time frame for new clients.
- F. **Direct Service Providers/Adult Day Health Providers** must comply with and maintain, any and all applicable, federal and/or state licensing and certification standards. All facilities will be accredited by an appropriate public authority or professional organization.
- G. **Direct Service Provider/Adult Day Health Provider** will have written policies and procedures for maintenance of client case records. Reasonable security measures shall be provided to safeguard both the clients' records and its contents against loss, tampering, and unauthorized disclosure or use. **Direct Service Provider/Adult Day Health Provider** shall have written policy and procedures regarding client's rights to privacy. **Direct Service Provider/Adult Day Health Provider** shall designate an individual as administrator should a contract be negotiated.

H. **Direct Service Providers/Adult Day Health Providers** will comply with the **SCOPE OF SERVICE** requirements for all services to be provided.

NOTE: THE SCOPE OF SERVICES IS SUBJECT TO CHANGE. FAILURE OF THE CONTRACTING AGENCY TO ACCEPT ANY CHANGES IN THE SCOPE OF SERVICES AS MANDATED BY THE FUNDING AGENCIES WILL BE GROUNDS OF CANCELLATION OF THE CONTRACT AWARD.

SECTION III

SCOPE OF SERVICES

FISCAL YEAR: 2017

The **STATE OF ALABAMA** was granted a waiver by **The Centers for Medicare and Medicaid Services** to offer **Home and Community Based Services** under **TITLE XIX** of the **Older Americans Act**. The **Alabama Medicaid Agency** with the oversight of **The Centers for Medicare and Medicaid Services** is responsible for administering the **Elderly & Disabled Medicaid Waiver Program**, the **HIV/AIDS Medicaid Waiver Program**, the **ACT Waiver Program** and the **TA Waiver Program in the State of Alabama**. These programs are designed to serve Medicaid eligible clients who require intermediate or skilled nursing care and are at risk of nursing home placement.

The **ALABAMA – TOMBIGBEE REGIONAL COMMISSION**, a designated **AREA AGENCY ON AGING**, plans to contract for the following services:

DEFINITIONS AND DESCRIPTIONS:

<u>SERVICE</u>	<u>DEFINITION</u>
1. <u>Homemaker</u>	Services provide assistance with general household activities (meal preparation and routine household care) provided by a trained homemaker, when the individual regularly responsible for these activities is temporarily absent or unable to manage the home care for him or herself or others in the home. This service also includes obtaining prescription medications, paying bills, writing and mailing letters. (See Scope of Services for Homemaker Exhibit A)

2. **Personal Care**

Assisting with eating, bathing, dressing, personal hygiene, activities of daily living.

This service may include assistance with meals but does not include the cost of the meals themselves. When specified in the Plan of Care this service may also include such household chores as bed making, dusting and vacuuming, which are incidental to the care furnished or which are essential to the health and welfare of the individual, rather than the individual's family. Personal care provider must meet State Standards for this service. Supervision of personal care workers will be furnished by a Registered Nurse or Licensed Practical Nurse licensed in the State of Alabama. Frequency or intensity of supervision: as needed but at least every 60 days. Personal Care must be provided by an attendant that is qualified and employed by a Certified Home Health Agency or other Health Care Agency approved by the ALABAMA MEDICAID AGENCY. (See Scope of Services for Personal Care Exhibit B)

3. **Unskilled Respite care:**

Unskilled respite services will provide the homemaker or personal care services ordinarily performed by the family member or primary caregiver that is being relieved. The direct care worker must meet the personal care or homemaker qualifications as appropriate and designated by the case manager. Unskilled respite duties will include, but or not limited to, any household care, meal preparation and personal care services needed by the patient during the in-home period. (See Scope of Services for Respite Care Exhibit C)

4. **Skilled Respite Care** Skilled respite services will provide skilled medical observation and are for the relief of the family member or primary caregiver. (See Scope of Services for Respite Care Exhibit C)

5. **Companion Services** Non-medical care, supervision and socialization, provided to a functionally impaired adult. (See Scope of Services for Companion Services Exhibit D)

6. **Adult Day Health Services** Services furnished four or more hours per day on a regularly scheduled basis, for one or more days per week, in an outpatient setting, encompassing both health and social services needed to ensure the optimal functioning of the individual. Meals provided as part of these services shall not constitute a full regimen (three meals per day). The cost of transportation provided as a component part of adult day health services is included in the per unit reimbursement rate. (See Scope of Services for Adult Day Health Services Exhibit E)

NOTE: THE SCOPE OF SERVICES IS SUBJECT TO CHANGE. FAILURE OF THE CONTRACTING AGENCY TO ACCEPT ANY CHANGES IN THE SCOPE OF SERVICES AS MANDATED BY THE FUNDING AGENCIES WILL RESULT IN THE CANCELLATION OF THE CONTRACT AWARD.

CALL TO REQUEST THE SCOPE OF SERVICES FOR ALL SERVICES

Service Proposal

DIRECT SERVICE PROVIDER/ADULT DAY HEALTH PROVIDER AGENCY INFORMATION AND CERTIFICATION OF DESIGNATED PROGRAM ADMINISTRATOR

Agency Name: _____

Address: _____

Contact Person: _____

Telephone No: _____

Email: _____

Chief Executive of Agency: _____

Fiscal Year: _____

Day/Hours of Operation: _____

Agency Liability Insurance: Yes _____ No _____

A copy of the Organization's current Certificate of Liability Insurance is required to be included in this Proposal.

The Direct Service Provider/Adult Day Health Provider intends to perform the necessary services to be covered under contract in the following county/counties:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Note: the ATRC encompasses ten counties, including: Choctaw, Clarke, Conecuh, Dallas, Marengo, Monroe, Perry, Sumter, Washington, and Wilcox

The Contractor agrees that in order to assure that the program is administered properly and that the requirements of the agreement are fulfilled, the person designated to be the program administrator will be responsible for the following:

- Supervision of project staff and project services
- Serve as the point of contact
- Be responsible for the provision of training for program staff.
- Be responsible for the timely submission of all reports and requests dictated by the ATRC/AAA Medicaid Waiver staff and the Alabama Department of Senior Services.
- Be responsible for monitoring the program.
- Be responsible for the contractor's compliance with Contract requirements.

Designated Program Administrator: _____

Address: _____

Telephone No: _____ Cell Phone No. _____

Email: _____

Person(s) Authorized to Sign for Direct Service Provider

Name/Title

Signature

Name/Title

Signature

Person(s) Authorized by Direct Service Provider to Sign Monthly Billing
(if other than above)

Name

Signature

Name

Signature

Name

Signature

Initial Approval Process

If a need is identified in an area you serve, ATRC will inquire with the Alabama Department of Senior Services (ADSS) to ensure that you are in good standing. ADSS will approve or deny proceeding with the approval process. If approved, your agency will be provided additional information and document regarding the contracting process, auditing process, rules and regulations, and audit tools.

Please, along with the completed service proposal provide the following information:

- History of Organization
- Directions to Agency Office
- Organization Chart
- Written Infection Control Procedures
- Written confidentiality (HIPAA) policy and files locked up
- Written Complain and Grievance Policy and Procedures (Maintain Complaint Log)
- Hours of Operation (must be open during normal business hours)
- List of Holidays observed by the Contractor and Closure Days (cannot be closed more than four consecutive days at a time and then only if a holiday falls in conjunction with a weekend)
- Liability Insurance (current and valid for the entire fiscal year)
- Workman's Compensation Insurance (current)
- Copy of Articles of Incorporation
- Written Hiring Practices (Criminal Check/Medical Exam/TB Test)
- Written Emergency Plan
- Annual Budget
- Orientation/Initial and Annual Training Approval List (on ADSS form)
- Completed Service Proposal

After all requested information and completed forms have been returned to ATRC, an on-site audit will be scheduled with your facility. Key staff (Administrator/supervisor) must be present during the audit. This audit is to assure compliance with all Waiver standards and regulations. The audit will consist of an administrative review to include policies and procedures, personnel file review, documentation of employee orientation/training and a tour of the facilities. Orientation and training may be provided at this audit if needed. Prior to the audit you should thoroughly review the audit tools so that you can be well prepared doer the audit. Please be aware that files for all prospective employees who provide direct service or have access to client files must be audited.

ADSS must review and approve the initial audit before a contract can be finalized. Some addition information may be requested to finalize the contract once ADSS provides approval.