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October 16, 2008

ADDENDUM #2

**REQUEST FOR PROPOSALS (RFP) #08-027
ASSESSMENT, COORDINATION & REFERRAL SERVICES**

1. Please see the attached questions and answers submitted in response to the above mentioned RFP.

Indicate on the exterior of the envelope containing your proposal:

“ADDENDUM #2 RECEIVED”

**ALL PROPOSALS MUST BE RECEIVED AT:
GENESEE COUNTY PURCHASING DEPARTMENT
1101 BEACH STREET, ROOM 200
FLINT, MI 48502**

Eric F. Hopson

Eric F. Hopson, Purchasing Director

G:/bid2/2008/08-027add2

**GENESEE COUNTY SENIOR MILLAGE
ASSESSMENT, COORDINATION & REFERRAL RFP# 08-027
QUESTIONS and ANSWERS**

- Q1. Page 9, Section 5, #3: What are the criteria for financial stability?**
- A1.** In responding to this question, the County is making the assumption based on the content of your question that you are referring to Page 9, Section 5, #2, rather than #3. Financial stability refers to an organization's overall, basic financial statements, audit presentation and management memoranda, and any other disclosures as to the accounting liquidity and solvency of the organization that is proposing a response to this RFP.
- Q2. Page 10, Section 7, B, 1, Scope of Work, paragraph 2, 3rd sentence: Is the word “unique” interpreted as personalized and/or individualized. Also, see page 16, Section 9, 2, P, 5, g.**
- A2.** Again, the County is making the assumption, based on the content of your question, that you are referring to Page 10, Section 7, B, 1 4th sentence, rather than 3rd sentence. The word "unique", as in "unique client service plan" as written in the 4th sentence, should be interpreted as both personalized and individualized. Unique client service plans should be tailored (i.e. personalized) to the individual client and his/her need(s) as determined by the assessor during the course of conducting a comprehensive assessment.
- Q3. Page 10, Section 7, B, 1, Scope of Work, paragraph, 2, 4th and 5th sentences: Will conduct coordination efforts that are “decisively” performed and “decisive” referrals. What is definition of “decisive?” Does this mean services based on an individualized needs assessment?**
- A3.** Assuming this question is in regards to Page 10, Section 7, B, 1, paragraph 2, 5th and 6th sentences, the following response applies: It is anticipated that any successful service provider(s) will perform assessments, coordinate direct contacts on behalf of senior clients with community agencies and other entities as may be needed by the client; may negotiate (coordinate direct service delivery on behalf of client(s); conduct prompt referrals for necessary services, whether initiating services or in response to a client's changing needs; and provide monitoring through documented contacts to assure that referrals are culminating with provision of adequate, supportive services as may be needed by each client.
- Q4. Page 10, Section 7, B, 2, Scope of work, paragraph 1, 3rd sentence: What is definition of single coordination service need on a “one-time” or infrequent basis? Also, please define extent of “follow up” required. Is the frequency of follow up for a partial/modified assessment (i.e., a determination that an individual is eligible for MTA Door to Door or Door Through Door Services), the same frequency as when you do a full comprehensive assessment?**
- A4.** Although this sentence is actually the 5th in the respective page, section, and paragraph, "one time" or "infrequent basis" services simply describe a client's need for one time services or the need for episodic services. Ongoing, continual

services without interruption are typically not required by the client who needs services on a one time or infrequent basis.

The frequency of need for follow-up is a function of the individualized client services and/or plan under comprehensive assessments. For each action taken, there must be follow-up conducted to determine results of the action in order to ensure that clients are receiving necessary supportive services. (i.e. higher levels of services provision require higher frequencies of follow-up and documentation.)

- Q5. Page 10, Section 7, B, 2, Scope of work, paragraph 1, 3rd sentence: What is required for documentation of outcomes?**
- A5.** This sentence is actually the 5th in the respective page, section, and paragraph. Documentation of outcomes is a requirement for this program of services and is one component of utilizing uniform intake procedures and maintaining consistent records. At a minimum, each successful organization must maintain confidential, comprehensive, and complete client files including details of client's referral to program, initial / prescreening records, any comprehensive assessments and reassessments, any services plans with notations of any revisions where they may occur, listing of all contacts (dates) with clients (including units of service per client), case notes in response to all client or family or authorized representative's contacts (telephone, fax, email, personal), listing of all contacts (dates) with service providers on behalf of client, documented comments verifying client's receipt of services from other providers and whether service(s) adequately addressed client need(s), records of all releases of information about the client, signed release of information forms (inclusive of electronic forms). For each step taken, outcomes develop and must be documented.
- Q6. Page 11, B, 2, item d: What is difference between items *a* and *d* if both individuals reside at the same address? Think item *d* should read, "name and any alternate telephone number of the person with whom the individual resides if not sole resident."**
- A6.** Item *a* refers to client information and item *d* refers to information about other person(s) residing at the same residence. The client has a different name and may have a different telephone number than other resident(s) at the same residence.
- Q7. Page 11, B, 3, Comprehensive Assessments: Inconsistency in comprehensive assessments shall be performed within 10 days and page 12, section B4, Service Plan, 4th paragraph, which states must maintain a list of any persons waiting for their organization's services. This would suggest a waiting list is permitted, but page 12 states comprehensive assessments must be performed within 10 days. Should "shall be" in Section, B, 3, be changed to "should be?" We believe inconsistency in these two sections can be eliminated by stating "if initial pre-assessment suggests the client is at high risk, has ongoing and/or multiple service needs, a comprehensive assessment should be performed within 10 days**

of the client's high risk determination. Other clients will be assessed on a first, come, first serve basis."

- A7a.** The following language distinctly conveys the intent of this RFP. "A comprehensive assessment shall be performed within 10 days of every initial or prescreening assessment, or contact, or referral from another community human services network provider." If respondents to this RFP wish to offer an alternate method to provide assessment, coordination, and referral services, for example, such as prioritizing or ranking senior clients' need for services, they should address any such alternate method(s) within their proposal.
- A7b.** "Waiting lists" for services may arise where program resources are insufficient to meet the number of demands for services. Each proposer shall explain their organization's methods and processes for establishing and utilizing written procedures for serving clients in need of assessment, coordination, and referral services under this RFP. Further, please refer to Page 14, Section 7 C, Coordinating Services Responsibilities for additional information.
- Q8. Page 11, B, 3, Comprehensive Assessments, 1st paragraph, last sentence: How is respondent expected to demonstrate extensive knowledge of Genesee County human services network of agencies?**
- A8.** Documentation demonstrating references; staff resumes and qualifications; written agreements; professional associations; memoranda of agreement demonstrating partnerships; and letters of good standing from community organizations can be considered examples of means of demonstrating knowledge of Genesee County human services network of agencies.
- Q9. Page 11, B, 3, Comprehensive Assessments, 2nd paragraph, 1st sentence: Is the phrase, "all comprehensive assessments and reassessments shall be conducted in person," to be interpreted as "all comprehensive assessments and 'comprehensive' reassessments shall be conducted in person." If so, what types of cases require a comprehensive reassessment? There is a discrepancy in frequency of reassessments between page 11, section B, 3, and bullet point 14 on page 13.**
- A9a.** Yes, all comprehensive assessments and reassessments shall be conducted in person.
- A9b.** The successful proposer(s) shall demonstrate extensive knowledge of the types of cases that require a comprehensive reassessment within their response to this RFP.
- A9c.** The frequency of comprehensive reassessments shall be at 180 days minimal, inclusive of activities of daily living reassessments shall be conducted more frequently, as needed, to determine the effectiveness of client service plan(s).
- Q10. Page 11, B, 3, k, Condition of Living Environment: It should be noted that this cannot be assessed if comprehensive assessment is being conducted at a service agency or at a health care institution or long term care facility as referenced in 2nd paragraph on page 11, B, 3.**
- A10.** Please refer to answer to Question #9.

Q11. Page 12, B, 4, Service Plans, paragraph 1: Would recommend changing the word “unique” to “individualized.” Should the phrase “approved in writing” be interpreted as “acknowledged in writing?” (It should be noted that some clients/families have unrealistic expectations of the service plans the County can afford to provide.) Also, recommend deleting word “approved” in last sentence of 1st paragraph.

A11. Recommendations to change "unique" to "individualized"; "approved" to "acknowledged"; and deleting the word "approved" in last sentence...is not approved by the County. The wording remains as is. It may be noted that successful service provider(s) must demonstrate capabilities of working with senior aged persons (60 years and older); guardians/conservators authorized representatives; and others to provide necessary services as required for this program of services.

Q12. Page 12, B, 4, Service Plans, paragraph 2: Can phrase “(d) Identification of services and the respective timeframes they are to be coordinated, obtained, and or provided from the community human services network providers;” be interpreted as identification of services and the *estimated* respective timeframes they are to be coordinated, obtained, and or provided from the community human services network providers.” We request the word estimated be used because we do not control the response time or the service plans of community human services network providers we refer to.

A12. The request to supplement the RFP sentence as referenced above with the word "estimated" is not approved. Establishing respective timeframes for performing assessments, coordination, and referral services processes enable capable service providers to plan for and provide services within established time frames necessary to solely benefit the respective senior citizen they are providing services to and for.

Note: Item (e): This item should be deleted because it is a care management function and not an assessment, coordination, & referral function.

Proposer(s) should Reference Page 10, B. Scope of Work. This RFP requests proposer(s) to demonstrate capabilities of performing services based upon a continuum of levels for the sole purpose of providing necessary services to clients aged 60 years and older. This RFP does not set limitations on levels or functions, but rather defines services provision as a continuum of assessments, coordination, and referrals, regardless of preconceived "service function labels". Accordingly, Item e is not deleted and is required for services under this RFP, when applicable.

Q13. Page 12, B, 4, Service Plans,, paragraph 3: As a successful service provider, if we receive an assessment or reassessment from another agency, are we expected to just provide case coordination and referral services, or are we expected to do a partial assessment before making a

referral? Will we be able to bill for any time spent on a partial assessment if it doesn't accumulate to one full hour of service; i.e., 60 minutes?

A13. Successful proposer(s) will demonstrate established referral protocol processes that they are proposing to utilize to perform services should their proposal(s) be successful. Partial hours of service are acceptable if documentation demonstrates that partial hours of service were performed. One unit of service ends at the end of performing service(s) for one hour. The following information is provided for clarity.

HOURS / UNITS CONVERSION TABLE

The standard unit of service provision for this RFP is one hour. It is anticipated, however, that services will routinely be provided that do not require a full hour to perform.

Minutes		Tenths	
1 through 6	=	0.1	(greater than 0 and less than or equal to 6)
7 through 12	=	0.2	(7 to less than or equal to 12)
13 through 18	=	0.3	(13 to less than or equal to 18)
19 through 24	=	0.4	(19 to less than or equal to 24)
25 through 30	=	0.5	(25 to less than or equal to 30)
31 through 36	=	0.6	(31 to less than or equal to 36)
37 through 42	=	0.7	(37 to less than or equal to 42)
43 through 48	=	0.8	(43 to less than or equal to 48)
49 through 54	=	0.9	(49 to less than or equal to 54)
55 through 60	=	1.0	(55 to less than or equal to 60)

Example:

Client A is provided service taking 2 hrs 45 minutes.	Client A can be billed for 2.8 units
Client B is provided service taking 17 minutes.	Client B can be billed for .3 units
Client C is provided service taking 7 minutes.	Client C can be billed for .2 units
Total Units of Service for reimbursement request is:	3.3 units

Q14. Page 12, B, 4, Service Plans, paragraph 3, 3rd sentence: Please clarify data expected to be kept in electronic record system.

A14. The sentence states: "The contracted service provider(s) shall maintain electronic data recordkeeping systems that permit evaluation and reporting on its operational and programmatic performance." Each proposer should demonstrate their processes for providing operational and programmatic recordkeeping as well as for maintaining consistent, confidential, accurate, and systematic recordkeeping and reporting capabilities. Each service provider should describe their method(s) for developing monthly, and quarterly, and end of year reports on operational and programmatic performance for services proposed in response to this RFP, and the electronic methods they propose to utilize for their recordkeeping and reporting systems.

Q15. Page 12, B, 4, Service Plans, paragraph 3, last sentence: What is meant by "all efforts shall be documented and reported to the County on a monthly

basis?” Does this replace old RFP requirement of providing a quarterly summary report? If not, what is expected on a monthly basis by the County?

A15. This is a new RFP with a new Scope of Services. Reporting will be required on a monthly basis for any successful proposal(s) that may culminate in any contract award as a result of this RFP.

Q16. Page 13, bullet point 10: Should word “probation” be “prohibition”?

A16. Yes. This is a typographical error; the correct word is "prohibition".

Q17. Page 13, bullet point 13: There are no federal, state, or local requirements for hepatitis testing of health care or food service workers. Why is this a requirement? Why are we using limited County resources for this unnecessary test? If it must be done, for which type of hepatitis must staff and volunteer worker be tested?

A17. The requirement for annual hepatitis testing has been eliminated. Any contracts that may arise subsequent to any award that may occur as a result of this RFP will require compliance with Federal, State, and Local laws and regulations, including but not limited to Genesee County Health Department, and Michigan Occupational Health Standards (MiOSHA).

Q18. Page 13, bullet point, 14: Discrepancy with page 11, B, 3, paragraph 2, 2nd sentence: “Reassessments must be conducted every six (6) months or more frequently.

A18. The frequency of comprehensive reassessments shall be at 180 days minimal, inclusive of activities of daily living reassessments shall be conducted more frequently, as needed, to determine the effectiveness of client service plan(s).

Q19. Page 13, bullet point 17: This appears to be a care management function unless simply asking for provider to maintain a list of medications client says they are taking. Please clarify. What is the County’s expectation for this requirement for partial assessments versus comprehensive assessments?

A19. Please refer to answer to question # 12 b.

Q20. Page 13, bullet points 19, 20, and 21: What is expectation for respondent to demonstrate their knowledge for these requirements?

A20. Within their proposal, respondent(s) should be able to describe and demonstrate their level of knowledge and familiarity of Medicaid/Medicare eligibility requirements; Genesee Health Plan; Genesee County Health Department Programs and regulations; and demonstrate knowledge of the Genesee County Human Services Network that may have any bearing on performing assessments, coordination, and referral services for senior citizens aged 60 years and older.

Q21. Page 13, bullet point 22: What does it take to qualify an ADL tool? Activities of Daily Living (ADL) are defined by Medicare/Medicaid as

"Activities that all people generally do habitually and universally such as eating, bathing, and dressing, etc."

A21. Instrumental Activities of Daily Living (IADL) are defined as "Activities that concern a person's ability to adapt to or function in his environment, e.g. laundry, housework, meal preparation, etc."

Responsive proposer(s) will demonstrate their level of knowledge and familiarity with standardized human ADL and IADL assessment tools within their response to this RFP.

Q22. Page 15, Section 9, P, 5, Work Plan: Language states, "One delivery unit of service ends at one hour of service provided to one Genesee County Resident aged 60 years or older." Does the County expect the respondent to absorb the cost of any service provided that does not equal one hour of service per client? Or, is the intent for the respondent to track all time for multiple clients' services rendered, total such time, and divide by 60 minutes in order to bill in one hour increments? This sentence appears to be inconsistent with page 18, section Q, Cost Proposal, item 1, Labor Costs which states one delivery unit ends at one hour of service, however, billing will be in 6 minute increments. We would propose that this section read, "....for purposes of this proposal, one delivery unit of service equals the accumulation of one hour of service (provided the recipient of the services are Genesee County residents age 60 or older).

A22. Please reference answer to question #13.

Q23. Page 16, Section 9, 2, P, 5, Work Plan, letter *h*: Is the word "system" to be interpreted as "process" as described in the letter *j* following? This would be found on Page 15 rather than Page 16.

A23. This is in reference to your system for performing and documenting uniform contacts, coordination procedures, and referral processes. A system would encompass processes.

Q24. Page 16, letter *I*: We question the phrase "provide written agreements/arrangements...." Does the County expect the respondent to obtain formal, written relationships with the community human service network providers? We believe proposal should request, provide written protocols and policies to be utilized. For example, an organization such as ours would not have a written contract with Veteran's Administration.

A24. If any proposer anticipates utilizing partnership(s) or subcontractor(s) for any part of the performance of proposed services, each partnership/subcontractual relationship must be documented and agreements must be submitted with the proposal. If the proposer has developed formal referral protocol between community human services network providers, those should be submitted with response.

- Q25. Page 16, letter m: To be defined as “one case”, does the client have to receive all three segments of assessment, coordination, and referral services?**
- A25.** Yes.
- Q26. Page 16, letter n: Please specify the categories to be utilized to define the nature of cases.**
- A26.** Please describe the categories your organization is proposing to utilize to define the nature of assessment, coordination, and referral cases.
- Q27. Page 17, Section 9, 2, P, 7, Licensing Requirements: Is it the County’s intent to specify that the make up of a team must include RN, LPN, and Social Worker, or is the respondent free to design an effective team of their choosing with any combination of qualified personnel?**
- A27.** Page 10, B. Scope of Work, Section 1. Paragraph 2, sentence 2 should read. "Qualified teams shall consist of intake specialists, certified and licensed professionals which **may** include Master Social Workers (MSW), Bachelors Social Workers (BSW), Registered Nurses (RN), and Licensed Practical Nurses (LPN) to perform comprehensive human assessments, and who are currently licensed in the State of Michigan. The respondent is encouraged to design an effective team of qualified, certified, and licensed personnel with intake specialists.
- Q28. Page 17, Section 9, Q, Cost Proposal: Language states, “One delivery unit of services equals one hour of service(s) provided to one Genesee County Resident aged 60 years or older.” This language in this phrase is inconsistent with the language of the phrase quoted on page 15, Section 9, 2, P, paragraph 5, Work Plan. We would propose that this section read, “....for purposes of this proposal, one delivery unit of service equals the accumulation of one hour of service (provided the recipient of the services are Genesee County residents aged 60 or older).**
- A28.** Please refer to answer to question #13.
- Q29. On page 10, Section 7 B.1., it states that the contracted service provider will be utilized to increase the level of Assessment, Coordination and Referral service delivery currently provided to senior citizen residents of Genesee County. This statement infers that a vendor is currently providing these services? What vendor is currently contracted by Genesee County to provide these services outlined in the RFP? How long have they been contracted for? What is the amount of the contract? What is the amount of the unit of service? How many residents has the vendor assisted during the contract? How many assessments have been conducted?**

Does the vendor have a wait list for residents seeking services? If so, how many residents are on the wait list and what is the average length of time a resident waits on the list?

- A29.** Service delivery of these types of services has obviously been ongoing within Genesee County before the millage. The statement on page 10 is intended to make clear that services funded by the millage are not intended to supplant previously provided services. This statement should not be construed as to assume that the specific service requested by this RFP is currently provided. While similar to the RFP issued in 2007, this is a new scope of service intended to clarify issues that arose from the 2007 RFP. Also, see response to question #35 below.
- Q30. On page 13, it states that the provider must require that health exams inclusive of negative test results for tuberculosis and hepatitis be documented prior to the time any paid staff and/or volunteer worker has direct, in-person contact with senior residents during the provision of services. Please clarify. What is meant by documented? In a resident's medical file?**
- A30.** For reimbursement purposes, a check ledger copy with expenditures identified for health tests or some other form of supporting documentation should be submitted for costs associated with agency expenditures for health tests for workers/ volunteers. Documentation for each employee and/or volunteer worker should be maintained in staff files.
- Q31. What about a non-medical referral? Will the resident be required to provide the documentation? How does this impact the 10 day rule on page 12 if resident does not have the documentation and the contractor has to search for the documentation, including the sending of a release of information for the resident to sign and return to begin the search?**
- A31.** This requirement covers contractor staff or volunteers, not the person receiving the service.
- Q32. On page 16, item q., it says the bidder is to provide Letters of Good Standing. Please define what these letters are.**
- A32.** Letters of Good Standing are considered to be correspondence provided to your organization from other community agencies. These would include references from other agencies that demonstrate the level of satisfaction those agencies enjoyed for work performed by your organization.
- Q33. Number of clients expected to require services?**
- A33.** As with some of the other senior millage programs, the County has no way to approximate this need. From September 2007 to date, however, there have been approximately 5400 hours of millage funded assessment services performed at various levels. That covered about 1700 seniors. A vendor's proposal would be expected to address only what the individual vendor's capacity can provide.
- Q34. Number of current providers?**
- A34.** There were three vendors with whom the County entered contracts for the 2007-08 fiscal year under the former scope of service. There will be no contracted

providers under the former scope of service as of November 30. Because the scope of service has been restructured, all of these contracts have been noticed for termination.

Q35. Number of providers that will be approved for this RFP providing the same services?

A35. There is no set number. The number of providers will depend on the volume each proposer can maintain.

Q36. Will a list be provided of those agencies that are approved for various sections of this RFP to the other approved agencies?

A36. Yes, as well as a list of all providers of the various services funded by the senior millage.

Q37. Intake activities are not specifically delineated in the language of the document. Are we to infer that references to “initial or pre-screening” kinds of activities/functions can be considered to mean “intake activities”?

A37. Yes.

Q38. Section 7B3 states that the provider of Assessment, Coordination and Referral Services must have the capability of accepting assessments and reassessments from Genesee County Senior Citizen Services Program network service providers as well as qualified outside the network service providers. Does this language imply that assessments from qualified non-GCSCSP should be taken at face value and as such not require a comprehensive assessment from the contracted service provider? If so, might this provision be in conflict with the requirements of individual service delivery components?

A38. As stated on Page 13 of the RFP, "Successful proposer(s) shall develop and effect policies, procedures, and protocol inclusive of referral protocol for implementing a collaborative, community wide system of referrals." These capabilities must include accepting assessments and reassessments from organizations seeking assistance from any successful assessment, coordination, and referral service provider(s) receiving any award as a result of this RFP. Proposer(s) should describe referral protocol, agreements, partnerships, and ways of ensuring that assessments and reassessments from other organizations are qualified and complete. Responsibility for ensuring that assessments/reassessments are performed according to established standards as well as for receiving and accepting assessments and reassessments performed by outside agencies will be placed on any accepting organization.

Q39. MTA has listed certain agencies for seniors to contact for certification for door-through-door transportation, which is funded through the millage. Should agencies applying through this RFP consider this a part of the assessment process? If so, what is the uniform assessment tool for certification we should use, and how should we address the referral and coordination process with MTA in this proposal?

- A39.** Each respondent to this RFP must demonstrate their knowledge of uniform assessment, coordination, referral and outcomes procedures including any senior client's need for transportation services.
- Q40. What is the effective contract period of RFP #08-027?**
- A40.** A ten and one-half month contract is anticipated--November 15, 2008-September 30, 2009—with the possibility of extending the contract for two one-year terms.
- Q41. Many Intake & Referral calls are from people under 60 years of age on behalf of an older person. Who would the county consider to be client for reporting purposes?**
- A41.** As with most of the senior millage funded programs, an eligible client is a senior individual residing in Genesee County who is 60 years or older in need of the service. To be reimbursed under this program, the service must have been provided to an eligible client.
- Q42. For Intake, should the caller request a one time service such as a list of nursing homes in the community, must the agency collect the information listed in a-I in order to count the hours of service?**
- A42.** All work for which an organization may request reimbursement for under this program should be verifiable by supportive documentation. It might not be necessary to collect the referenced information under this example. However, note that to be reimbursed under this program, the service must have been provided to an eligible senior individual. In this example, it will be difficult to verify eligibility for senior funding versus having simply provided information to someone of any age or residency in need of a list of nursing homes.
- Q43. Should clients refuse to provide income and financial resources will they become ineligible for the program?**
- A43.** Senior millage funding is limited by age and residency only. There are no income restrictions applied to the senior millage program at this time. Accordingly, the answer to this question is no.
- Q44. Please explain what you consider to be an electronic data recordkeeping system that would permit evaluation and reporting of operational and programmatic performance.**
- A44.** Please refer to the answer to question #14. Electronic data recordkeeping would mean a computerized system that offers capabilities to produce both hardcopy and electronic media format. The County utilizes Microsoft products.