



Request for Proposals

Homecare and Health Aide Services

INTRODUCTION

Through this Request for Proposals (“RFP”), Rhode Island Housing seeks proposals from qualified firms as Home Nursing Care Providers or Home Care Providers to submit proposals to provide Homemaker and Home Health Aid (Homemaker/HHA) services to elderly and young disabled residents of Rhode Island Housing-assisted developments

Since 1988, Rhode Island Housing and the Section 8 subsidized housing developments listed in Attachment B have been supporting the Foundations of Senior Health Program (FOSH Program). The purpose of the program is to allow elderly and disabled residents to remain in the least restrictive environment for as long as possible through the provision of Homemaker and Home Health Aid (HHA) services.

The Homemaker/HHA component of the FOSH Program consists of all aspects of housekeeping, laundry and shopping errands as well as personal care. Residents in each development are eligible for the program if they require assistance with the tasks previously mentioned. Resident’s co-pay fees range from \$4.50 to \$7.50 per hour. Rhode Island Housing and development owners supplement the difference. To qualify for the Program, each participating development must have a Resident Services Coordinator (RSC) on-site to monitor and manage the program (see Appendix B for the RSC job description as it pertains to the FOSH Program). The RSC works closely with homemaker agency staff to provide and maintain quality service to the residents.

The contract period is July 1, 2012 through June 30, 2014. In June, 2013, Rhode Island Housing will evaluate the performance of the Provider and reserves the right to alter the conditions of the contract.

INSTRUCTIONS

One original and five copies of the proposal should be submitted to Rhode Island Housing, 44 Washington Street, Providence, RI 02903, Attn: William Valentine
wvalentine@rhodeislandhousing.org Proposals should be concise and include all attachments and work samples. Proposals should be presented on business letterhead.

Proposals must be postmarked and received no later than 5:00 p.m. on April 20, 2012.

Keep each proposal, excluding attachments, within a limit of 5 pages. A one page executive letter should accompany each proposal.

All potential applicants are urged to attend a meeting at Rhode Island Housing, 44 Washington Street, Providence, RI 02903, on March 21, 2012 from 2:00pm until 4:00pm, to review the RFP with Rhode Island Housing staff, ask questions and declare their intent to submit a proposal.

Subject to the approval of Rhode Island Housing's Board of Commissioners, it is expected that the contract award will be made in June 2012.

Respondents are advised that all submissions (including those not selected for engagement) may be made available to the public on request upon completion of the process and award of a contract(s). Accordingly, any information included in the proposal that the respondent believes to be proprietary or confidential should be clearly identified as such.

SCOPE OF WORK

Please see Attachment A.

ITEMS TO BE INCLUDED WITH YOUR PROPOSAL

A. General Firm Information

1. Provide a brief description of your firm, including but not limited to the following:
 - a. Name of the principal(s) of the firm
 - b. Name, telephone number and email address of a representative of the firm authorized to discuss your proposal.
 - c. Address of all offices of the firm.
 - d. Number of employees of the firm.

B. Experience and Resources

- 1 Describe your firm and its capabilities. In particular, support your capacity to perform the Scope of Work.
- 2 Indicate which principals and associates from your firm would be involved in providing services to Rhode Island Housing. Provide appropriate background information for each such person and identify his or her responsibilities.
- 3 Provide a detailed list of references including a contact name and telephone number for organizations or businesses for whom you have performed similar work.

- 4 Identify any conflict of interest that may arise as a result of business activities or ventures by your firm and associates of your firm, employees, or subcontractors as a result of any individual's status as a member of the board of directors of any organization likely to interact with Rhode Island Housing.
- 5 Identify any material litigation, administrative proceedings or investigations in which your firm is currently involved. Identify any material litigation, administrative proceedings or investigations, to which your firm or any of its principals, partners, associates, subcontractors or support staff was a party, which has been settled within the past two (2) years.
- 6 Describe how your firm will handle actual and/or potential conflicts of interest.
- 7 Identify individuals in your firm with multi-lingual skills, who are available to assist with communication in languages other than English. Please identify the language(s).
- 8 Include written materials which include policies and procedures for, but are not limited to, issues such as:
 - a. A billing dispute/failure to pay a bill (neither Rhode Island Housing or the development's owners are responsible for the resident payments)
 - b. A resident complaint of theft by Homemaker
 - c. Persons accompanying Homemaker not employed by the Contractor
 - d. A significant change in resident's behavior from one visit to another noted by the Homemaker
 - e. No vehicle available by Homemaker for errand running
- 9 Describe your recruitment, training and supervision for Homemakers and Home Health Aides.
- 10 Provide a certification guaranteeing provision of services at all times. Applicant should include information demonstrating that they have this capacity, or can subcontract with another qualified provider should staffing shortages occur.
- 11 Please provide evidence that all necessary requirements (insurance, licensing, certifications, etc.) have been met to operate as a Home Nursing Care Provider or Home Care Provider. Also include the most recent review conducted by the RI Department of Health as noted in the requirements of Section 23-17-10 of reference 1.

- 12 It has been shown that the most successful programs are in those developments with consistent, reliable providers. Describe how your company insures consistent Homemakers to clients, including the procedure by which Homemaker services are provided during vacations, illness and other short-term absences of the assigned Homemaker. Include the rate of turnover of Homemaker Staff in 2011.
- 13 Describe your personnel procedures for determining previous criminal behavior. Rhode Island Housing requires a clear national BCI check for all personnel involved with FOSH participants.

C. Fee Structure

The cost of services is one of the factors that will be considered in awarding this contract. The information requested in this section is required to support the reasonableness of your fees.

1. Please provide a cost proposal which you propose to provide services and the number of hours proposed for each development (Attachment B). Rhode Island Housing strongly encourages applicants to submit a proposal for the total 22,880 hours statewide. However, if you are unable to provide services statewide, please indicate your proposed fee structure, the minimum number of hours necessary to support that cost, and location by region in which you propose to provide services.
2. Provide an itemized breakdown of billing rates and hourly costs, list of key personnel and their hourly rates, reimbursable expenses, etc. for any services that may be requested in addition to the services previously described.
3. Please provide any other fee information applicable to the engagement that has not been previously covered that you wish to bring to the attention of Rhode Island Housing.

D. Miscellaneous

1. Rhode Island Housing encourages the participation of persons of color, women, persons with disabilities and members of other federally and State-protected classes. Describe your firm's affirmative action program and activities. Include the number and percentage of members of federally and State-protected classes who are either principals or senior managers in your firm, the number and percentage of members of federally and State-protected classes in your firm who will work on Rhode Island Housing's engagement and, if applicable, a copy of your Minority- or Women-Owned Business Enterprise state certification.

2. Discuss any topics not covered in this Request for Proposals that you would like to bring to Rhode Island Housing's attention.

E. Certifications

Rhode Island Housing insists upon full compliance with Chapter 27 of Title 17 of the Rhode Island General Laws, Reporting of Political Contributions by State Vendors. This law requires State Vendors entering into contracts to provide services to an agency such as Rhode Island Housing, for the aggregate sum of \$5,000 or more, to file an affidavit with the State Board of Elections concerning reportable political contributions. The affidavit must state whether the State Vendor (and any related parties as defined in the law) has, within 24 months preceding the date of the contract, contributed an aggregate amount in excess of \$250 within a calendar year to any general officer, any candidate for general office, or any political party.

2. Does any Rhode Island "Major State Decision-maker," as defined below, or the spouse or dependent child of such person, hold (i) a ten percent or greater equity interest, or (ii) a Five Thousand Dollar or greater cash interest in this business?

For purposes of this question, "Major State Decision-maker" means:

- (i) All general officers; and all executive or administrative head or heads of any state executive agency enumerated in § 42-6-1 as well as the executive or administrative head or heads of state quasi-public corporations, whether appointed or serving as an employee. The phrase "executive or administrative head or heads" shall include anyone serving in the positions of director, executive director, deputy director, assistant director, executive counsel or chief of staff;
- (ii) All members of the general assembly and the executive or administrative head or heads of a state legislative agency, whether appointed or serving as an employee. The phrase "executive or administrative head or heads" shall include anyone serving in the positions of director, executive director, deputy director, assistant director, executive counsel or chief of staff;
- (iii) All members of the state judiciary and all state magistrates and the executive or administrative head or heads of a state judicial agency, whether appointed or serving as an employee. The phrase "executive or administrative head or heads" shall include anyone serving in the positions of director, executive director, deputy director, assistant director, executive counsel, chief of staff or state court administrator.

If your answer is “Yes,” please identify the Major State Decision-maker, specify the nature of their ownership interest, and provide a copy of the annual financial disclosure required to be filed with the Rhode Island Ethics Commission pursuant to R.I.G.L. §§36-14-16, 17 and 18.

3. Please include a letter from your president, chairman or CEO certifying that (i) no member of your firm has made inquiries or contacts with respect to this Request for Proposals other than in an email or written communication to William Valentine seeking clarification on the Scope of Work set forth in this proposal, from the date of this RFP through the date of your submission of proposal, (ii) no member of your firm will make any such inquiry or contact until after June 21, 2012, (iii) all information in your proposal is true and correct to the best of her/his knowledge, (iv) no member of your firm gave anything of monetary value or promise of future employment to a Rhode Island Housing employee or Commissioner, or a relative of the same, based on any understanding that such person’s action or judgment will be influenced and (v) your firm is in full compliance with Chapter 27 of Title 17 of the Rhode Island General Laws, Reporting of Political Contributions by State Vendors.

EVALUATION AND SELECTION

A selection committee consisting of Rhode Island Housing employees and resident coordinators (the “Committee”) will review all proposals and make a determination based on the following factors:

- Professional capacity to undertake the scope of work.
- Proposed fee structure
- Ability to perform within time and budget constraints
- Evaluation of potential work plans
- Previous work experience and performance with Rhode Island Housing and/or similar organizations
- Recommendations by references
- Firm minority status and affirmative action program or activities
- Foreign language capabilities of the firm
- Other pertinent information submitted.

Rhode Island Housing may invite one or more finalists to make presentations.

In its sole discretion, Rhode Island Housing may negotiate with one or more firms who have submitted qualifications to submit more detailed proposals on specific projects as they arise.

By this Request for Proposals, Rhode Island Housing has not committed itself to undertake the work set forth. Rhode Island Housing reserves the right to reject any and all proposals, to rebid the original or amended scope of services and to enter into negotiations with one or more

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respondents. Rhode Island Housing reserves the right to make those decisions after receipt of responses. Rhode Island Housing's decision on these matters is final.

**For additional information contact: William Valentine, Support Service Program
Coordinator, 401-457-1162 wvalentine@rhodeislandhousing.org**

Together with its partners, Rhode Island Housing works to ensure that all people who live and work in Rhode Island can afford a healthy, attractive home that meets their needs. Rhode Island Housing uses all of

its resources to provide low-interest loans, grants, education and assistance to help Rhode Islanders find, rent, buy, build and keep a good home. Created by the General Assembly in 1973, Rhode Island Housing is a privately funded public purpose corporation

Attachment A

Scope of Work

Rhode Island Housing seeks to engage Homecare/ Home Health Aids to

Homecare and Health Aid

- 1 Specific tasks include light housekeeping, laundry, shopping/errands, in-home meal preparation, and personal care tasks such as assistance with bathing and shampooing, assistance with range of motion tasks, and provision of back, foot and skin care.

Services provided for the resident will be determined by an RSC assessment (see Attachment C for assessment form), and if personal care is necessary, by the assessment conducted by the Contractor's nurse supervisor as required by Rhode Island law.

Applicants are to bid on Homemaker/HHA services for up to 22,880 hours per year. Actual hours awarded may be some what lower depending on the cost of services and the approved budget level. Actual usage by participating developments may be less than the contracted amount.

Applicants are strongly encouraged to submit proposals to provide for 22,880 hours of Homemaker/HHA services statewide.

Proposals can be made to provide services in certain regions of the state for fewer hours. Please review the list of developments in Attachment B to identify potential locations of services.

Each of the participating developments will contract for no more than 40 hours per week of Homemaker/HHA services.

Homemaker/HHA services are to be available to the residents during usual business hours (8:00 AM to 5:00 PM, Monday through Friday). Furthermore, services will

be available to the residents on Monday holidays depending upon the contracting agency. Services will not be offered on Thanksgiving, Christmas or New Years Day.

Administrative Services

The Contractor will be required to submit a bill monthly to Rhode Island Housing describing the number of hours of service provided the total amount for services, the amount of resident payments and the balance due by Rhode Island Housing. Rhode Island Housing will collect the owner's amount due. The Contractor will collect from the residents. Neither Rhode Island Housing nor the development owners are responsible for the resident's share.

Along with the bill, the Contractor will provide the name of residents receiving the service, number of hours received, and resident co-pay amount. Chore and/or time sheets are reviewed by Rhode Island Housing against the billing printout provided by the home care agency.

If a resident qualifies for third party coverage through Medicare, Medicaid or another licensed insurer for Homemaker services, that resource shall be used in place of the FOSH Program. That is, if the Contractor for the FOSH Program is also providing services to a resident through another program, the hours of service provided to that resident shall not be counted towards meeting the contract's obligations. In the event that a resident is eligible for third party coverage, the resident shall remain responsible for his/her co-payment share according to that plan.

Applicants should assist in marketing the Rhode Island Housing program by participating in up to two (2) informative sessions per year to residents in each participating development. Time spent in these sessions may be applied against the hours allotted to these developments.

Attachment B

**These developments are currently participating in the FOSH program
 and will receive first priority for hours**

Bradford Court 45 North Main Street Pascoag, RI 02859	98 Units Currently 20 hours/week contracted
Centennial Towers 35 Goff Avenue Pawtucket, RI 02860	100 Units Currently 5 hours/week contracted
Charlesgate East 100 Randall Street Providence, RI 02904	100 Units Currently 20 hours/week contracted
Matthew XXV 359 Greenwich Avenue Warwick, RI 02886	94 Units Currently 20 hours/week contracted
Charlesgate South 100 Randall Street Providence, RI 02904	100 Units Currently 20 hours/week contracted
Chimney Hill Apartments 2065 Mendon Road Cumberland, RI 02864	130 Units Currently 40 hours/week contracted
Anthony House 51 Middle Road Portsmouth, RI 02871	70 Units Currently 20 hours/week contracted
Parkis Place 9 Parkis Place Providence, RI 02907	107 Units Currently 20 hours/week contracted
Charlesgate Park West 369 Montgomery Ave Providence, RI 02905	100 Units Currently 20 hours/week contracted
Esmond Village Sebille Road Smithfield, Rhode Island 02917	140 Units Currently 40 hours/week contracted
Gatewood Apartments 403 Mendon Road North Smithfield, RI 02896	60 Units Currently 10 hours/week contracted
Heritage Village I & II 24 Union Drive North Kingstown, RI	200 Units Currently 20 hours/week contracted

02852	
Indian Run Village 453 Kingstown Road Wakefield, RI 02879	115 Units Currently 40 hours/week contracted
Meshanticut Vista Apartments 225 New London Ave. Cranston, RI 02910	140 Units Currently 5 hours/week contracted
Shoreside Apartments 300 Sixth Avenue East Greenwich, RI 02818	106 Units Currently 40 hours/week contracted
Simmons Village I, II, III 339 Simmonsville Avenue Johnston, RI 02919	402 Units Currently 20 hours/week contracted

Attachment C

FOUNDATIONS OF SENIOR HEALTH
Resident Assessment Tool

This record is confidential and not a public record

REASON FOR ASSESSMENT

Person conducting the assessment:

Initial Assessment () Annual Assessment () Termination ()

Years in Program _____

Date of Assessment: _____ Development: _____

DEMOGRAPHICS

Annual or Monthly

Income:

Name: _____ (Use adjusted income) \$ _____

Address: _____

Apartment #: _____ Co-Payment Amount: _____

Telephone #: _____ **Handicapped/Disabled:** Yes () No ()

Gender: M() F() DOB: _____ **Service Quantity:**

Spouse: M() F() DOB: _____ Day(s) Preferred: _____

SS #: (last four digits) _____ Hour(s) Preferred: _____

Reason for Termination: _____

Living Arrangements:	Assistive Devices:	
() Alone () With Spouse only	() Glasses	
() With Spouse and other Relatives	() Hearing Aid	
() With other Relative only	() Walking Aid	
() With Non-relative Name & Relationship of Non-Relative: _____	() Other: _____	
English Speaking: Yes () No (): Native American () Other () _____	Race: Black () Caucasian () Asian ()	
In Case of Emergency, Call (<i>please note two persons</i>):		
Name	Relationship	Phone #
1) _____	_____	_____
2) _____	_____	_____
COMMENTS:		

Are there any health problems that you would like us to know about?		

Do you currently receive other medical/home care services () yes () no If yes please list _____		

Bathing	5	4	3	2	1		
Grooming	5	4	3	2	1		
Dressing	5	4	3	2	1		
Eating/Feeding	5	4	3	2	1		
Transferring	5	4	3	2	1		
Incontinence	5	4	3	2	1		
Finances	5	4	3	2	1		

IADL'S

Telephone	5	4	3	2	1		
Laundry	5	4	3	2	1		
Shopping	5	4	3	2	1		
Meal Prep.	5	4	3	2	1		
Public Transp.	5	4	3	2	1		
Heavy Chores	5	4	3	2	1		
Medications	5	4	3	2	1		

ADL's = Activities of Daily Living
IADL's = Independent Activities of Daily Living
AADL's = Advanced Activities of Daily Living (*next page*)

NOTE: Circle the most appropriate response for each activity. If explanation is needed, check the corresponding "See Notes" box and elaborate in the "Notes" section.

II. NOTES

(Work Plan)

DATE:

CLIENT:

DEVELOPMENT:
