

HOLMES COUNTY BOARD OF DEVELOPMENTAL DISABILITIES
Holmesville, OHIO

REQUEST FOR PROPOSAL
FOR
Provider of Adult Services for Individuals with Developmental Disabilities

Superintendent- Marianne Mader

ISSUED: November 18, 2021

PROPOSAL DUE: December 21, 2021

CONTACT:
Marianne Mader
8001 Township Road 574
Holmesville, OH 44633
Phone: 330.674.8045 Fax: 330.674.5182
mmader@holmesdd.org

Section 1.0 - Introduction

To meet the federal mandate of conflict free case management, the HOLMES County Board of Developmental Disabilities, plans to transition Adult Day Services to a qualified PROVIDER in such a manner that avoids any negative impact to the individuals served by the Board.

- A. The HOLMES County Board of Developmental Disabilities (hereinafter referred to as AGENCY) currently operates a Medicaid Waiver certified program offering Adult Day Services to a total of 58 individuals between two buildings. Twenty-six (26) individuals receive Adult Day Services in Building A and thirty-two (32) receive Vocational Habilitation and Adult Services in Building B. Both buildings are on the grounds of Holmes County Board of DD.

HOLMES County Board of Developmental Disabilities
8001 Township Road 574
Holmesville, OH 44633
Square footage of program area: 8000 (A) 20,000 (B)

The population served includes individuals across the acuity spectrum including individuals with extensive medical and behavioral challenges. These services offer a variety of programming options ranging from a pre-vocational program offering job skills, work options, life enrichment programming and community integration opportunities.

Of these 58 individuals, 36 possess Medicaid Waivers that provide the funding for their services. Upon the transition of the operations of the program the AGENCY will contract with the PROVIDER to serve individuals whose services are funded by the AGENCY. The services funded under this contract would be paid at a rate that is commensurate with Medicaid funded services. It is expected that the number of the individuals served through Medicaid Waiver funding and local funding will increase in the future.

Of the 32 individuals currently receiving vocational habilitation, there is a possibility that 8-10 will may stop receiving these services. Lynn Hope Industries is considering becoming a community employer that will pay at least minimum wage. Some individuals who have been receiving vocational habilitation may choose this option if it is available. Building B is large enough to house LHI's work and the new provider's pre-vocational and adult day services.

The AGENCY is interested in identifying a qualified PROVIDER to assume operations of this program. The details of the services needed are further defined in **Section 2.0, Anticipated Scope of Services.**

Section 1.1 - Contact/Inquiries

The mailing address and contact information to be used to send a statement, or ask questions regarding the RFP process, technical issues, or the scope of service is:

Marianne Mader
8001 Township Road 574
Holmesville, OH 44366
Phone: 330.674.8045 Fax: 330.674.5182
mmader@holmesdd.org

Unauthorized communication with individuals served, families or employees of the HOLMES County Board of Developmental Disabilities may be grounds for rejection of the Bidder's proposal. All communication must be directed to Marianne Mader.

AGENCY may conduct discussions with PROVIDERS who submit proposals for the purpose of clarifications or corrections regarding a proposal to ensure full understanding of, and responsiveness to, the requirements specified in the request for proposals.

Paper Sealed Request for Proposal will be received at the HOLMES County Board of Developmental Disabilities until 4:00 pm on Tuesday, December 21, 2021.

Section 2.0 - Anticipated Scope of Services

The Centers for Medicaid and Medicare Services (CMS) published Conflict of Interest Guidance in 2014 that states that PROVIDERS of Home and Community Based Services (HCBS) for the individual, or those that have an interest in or are employed by a PROVIDER of HCBS for the individual, must not provide case management or develop the person-centered service plan.

We have the following priorities for services:

A transition of services must be completed in such a way as to minimize the disruption in the lives of the individuals served.

A commitment to person centered services by the PROVIDER.

The opportunity to participate in a pre-vocational training program that will prepare the individual for paid work.

Continued opportunities for individuals to develop and maintain community connections.

Many of the individuals served have been attending this program for most of their lives. They feel an attachment to the physical location and find comfort in maintaining the continuity of the location of their day services. As such, an agreement to lease the facility is essential.

The transition of operations to a PROVIDER needs to provide continuity and stability.

Identify a plan for nursing services.

PROVIDER must indicate if they wish to provide services in Building A, Building B or in Both buildings.

Section 3.0 - PROVIDER's Qualifications

For purposes of this Request, the PROVIDER's qualifications include, but are not limited to the following:

Certified by the Ohio Department of Developmental Disabilities to provide Adult Day Support and Vocational Habilitation.

Preferred qualifications:

Certified by the Ohio Department of Developmental Disabilities to provide Group Employment Support, Individual Employment Support, Career Planning, and Non-Medical Transportation.

Section 4.0 - Statement Format/Content

The format/content provisions listed below have been established to assist the AGENCY in its review and evaluation of all qualification proposals. All proposals must comply with the following format to allow the selection committee to fairly evaluate submittals:

The following is a brief description of the desired content for the Qualification Statement(s):

Section 4.1 - Cover Letter

An introductory cover letter of not more than one (1) page specifying in which services and buildings the PROVIDER has interest.

Section 4.2 - Executive Summary

A two (2) - page summary highlighting the contents of the qualification statement.

Section 4.3 - Organization Background/Overview

A summary of the organization's background.

This overview should address items pertinent to understanding the organization's history in the field specifically serving the population that is currently served. This summary should include but not be limited to the following:

Organization's name, address, telephone number, fax number, and name of person to contact.

A brief organizational history including years in existence and geographic office locations.

Explain the structure of the organization's ownership (example - corporation, limited partnership etc.).

A listing of the organization's programs providing day services (or equivalent) indicating the number of individuals served.

Provide evidence of a one month calendar of services provided.

Evidence of the organization's financial stability, examples including:

- Reference from loan institution/bank

- Financial audits

- Or other equivalent documentation

Confidential information must be submitted in an envelope marked "**Confidential**".

Section 4.4 - Certifications

Provide documentation of certification by the Ohio Department of Developmental Disabilities indicating ability to provide services to individuals who have Individual Options, Level One and SELF Waivers.

Section 4.5 - Project Approach

Describe your proposed methodology for providing day services for the portion of the population that we serve that would select the organization as a PROVIDER. Include within the description how you intend to structure the program options available to the individuals who select your program. This discussion should include a detailed description of the various opportunities that will be provided. It is essential that this description address all the items of importance that were identified in Section 2.0, Anticipated Scope of Services.

Section 4.6 - Quality Control

Provide an understanding of the importance that your organization places on providing quality services to the individuals that it serves. This discussion should include but not be limited to the following:

- Your quality assurance history over the last three years as documented by reviews and inspections by appropriate regulatory bodies including but not limited to PROVIDER compliance reviews conducted by the Ohio Department of Developmental Disabilities.

- Independent third-party accreditation, such as CARF.

- Two years' summaries of your programs UI/MUI reporting.

- An overview of your organization's plan to gauge the satisfaction of individuals served including the last two years' program summaries.

Section 4.7 - Transition Schedule

It is anticipated that the new PROVIDER will be in operation on July 1, 2022.

Indicate the proposed timeline required to accomplish the task of the transfer of responsibility for providing day services to the individuals that we currently serve that select the organization as a PROVIDER. This timeline should address items related to individual's services, as well as administrative and business issues.

Provide an organizational chart that identifies key personnel needed in completing the transition of services and a description of the steps required. This description should include the following:

- Seamless transition with no lost days of service
- Hiring of staff
- Communication plan
- Information Technology systems
- Production/payroll system
- Nursing Services

Section 4.8 Required Forms

- Personal Property Tax Statement
- Warranty Unresolved Finding

Section 4.9 - Letters of Reference

Please submit at least three (3), examples include:

- Self-Advocate
- Family members
- Business partner
- Community members
- County Boards

Section 4.10 - Optional Information

Include any additional information or description of resources supporting your organization's qualifications or any other information you find appropriate to the AGENCY's selection.

Section 4.11 - Objections

Objections to any of the requirements of this RFP must be listed in this section of your response. If an objection is not raised in your submittal, it will not be considered during the process. Raising an objection does not necessarily ensure that it will receive consideration. The AGENCY will only entertain objections that are in the best interests of a successful transition for the individuals served.

Section 5.0 - Selection Criteria

The AGENCY will review, evaluate and rank all proposals of qualification received based on the following criteria and the qualifications previously described:

Competence of the PROVIDER to support adults with developmental disabilities in Adult Day Services.

Years of experience in the delivery of Adult Day Services.

The transition of services will be completed in such a way as to minimize the disruption in the lives of the individuals served by the AGENCY.

Ability of the PROVIDER to serve individuals across the acuity spectrum with an emphasis on community connections and person-centered services.

Past performance of the PROVIDER as reflected by the evaluations of quality assurance organizations in locales where the PROVIDER is currently operating.

Past performance of the PROVIDER as reflected in the satisfaction of individuals served.

The PROVIDER's ability to transition from providing vocational habilitation service to Basic Employment Skill training (BEST).

The PROVIDER's commitment to staying abreast of the Blueprint Group's rule revisions planned for the next few years.

The PROVIDER's willingness to utilize the current facility of the AGENCY.

Timeline to complete the transition of these services is specific, measurable, attainable and realistic.

Section 6.0 - Conclusion

The Statement review process will be conducted in two (2) stages. Stage 1 will consist of a preliminary review to ensure that the qualification materials adhere to the minimum requirements (and mandatory conditions) specified in the RFP and the completion of all the required forms. Organization's Proposal, which successfully complete the first stage, will be deemed "Qualified". Those which do not, will be deemed "Non-Qualified". "Non-Qualified" proposals will be placed in the inactive file.

The AGENCY shall not consider any proposal that is submitted late or is otherwise not submitted in compliance with the requirements of this **RFP**.

The AGENCY reserves the right to reject any proposal in which the PROVIDER takes exception to the terms and conditions of the request for proposals; fails to meet the terms and conditions of the request for proposals, including the standards, specifications, and requirements specified in the request for proposals.

The AGENCY reserves the right to reject, in whole or in part, any proposal determined not to be in the best interest of the county.

Stage 1 Review

All proposals must be received at the designated address by 4:00 pm or postmarked by **Tuesday, December 21, 2021**. The Stage 1 Review will be completed to identify all "Qualified proposals". "Qualified proposals" in response to the **RFP** must meet the following requirements:

Timely Submission - proposals received after the deadline will be deemed "Non-Qualified" and will not be considered.

Completeness of submission - proposal submission must include at minimum:

Documentation of required certifications from Ohio Department of Developmental Disabilities

Quality Assurance Documentation

UI/MUI reporting documentation

Required number of copies (2 originals)

All sections defined in **Section 4.0 - Statement Format/Content**

All designated attachments

Qualified proposal will be forwarded to the AGENCY's Selection Process Review Committee to perform the Stage 2 review.

Proposals which do not meet all the above first stage review submission requirements will be deemed "Non-Qualified" and will not be reviewed for Stage 2.

Stage 2 Review

The AGENCY shall evaluate the proposal (as shown in Attachment 5), rank the PROVIDERs using the selection criteria set forth in Section 5. During this review process the AGENCY reserves the right to approve the qualifications based on individual items, or on the list of items or to conclude that none of the proposals indicate an appropriate level of correspondence to the desired service level. At any time during the review, and at any level of the review, the AGENCY may request additional information from the PROVIDER. Such information requests and PROVIDER's responses must always be in writing. Information may be requested from sources other than the written statement to evaluate the PROVIDER.

All information obtained will be used in conjunction with the data from Stages 1 and 2 to make a final selection.

The evaluation will include, but will not be limited to:

Viability of the PROVIDER's Adult Services program to support adults with developmental disabilities, including, but not limited to, general operations and creation of pre-vocational and life enrichment programs in both facility and community based settings;

The PROVIDER's history of offering quality day services as evidenced by quality assurance, satisfaction and incident reporting data;

The ability of the transition of services to be completed in such a way as to minimize the disruption in the lives of the individuals served;

Assurance that services will remain person centered;

Services to be provided in such a manner as to create an environment that mirrors the current services;

Qualifications and other pertinent business history of the PROVIDER;

PROVIDER's financial status;

Plans for use of the current premises;

Ability to create a timely transition of services;

Information in the Executive Summary;

Distinguishing Characteristics;

Any other facts considered relevant by the AGENCY and demonstrated by the proposal or our investigation.

Section 7.0 - Proposal Selection:

The AGENCY shall rank the PROVIDERs using the stated selection criteria and forward a recommendation for PROVIDER selection to the AGENCY's Board. Upon the Board's approval of the recommendation, the Superintendent will negotiate a lease related to the facilities and related furniture and equipment with the selected PROVIDER(s). If the parties can successfully negotiate a contract, the Superintendent will forward the contract to the HOLMES County Board of Developmental Disabilities for formal approval. If the parties are unable to successfully negotiate a contract, consideration of the next highest ranked PROVIDER will be given.

Section 8.0 - Terms and Conditions:

The contents of this RFP and the commitments set forth in the selected proposal shall be considered contractual obligations if a contract results. Failure to accept these obligations may result in cancellation of the award. All legally required terms and conditions shall be incorporated into final contract agreement with the selected PROVIDER(s).

PERSONAL PROPERTY TAX STATEMENT

This document must be notarized and submitted with your proposal packet.

In accordance with Section 5719.042 of the Ohio Revised Code, I hereby certify that the company I represent is not delinquent in the payment of personal property taxes to the State of Ohio or any subdivision thereof.

SIGNATURE

PRINT NAME

TITLE

TO BE COMPLETED BY NOTARY PUBLIC

On _____, there appeared before me
DATE

_____, saying that he/she is
PRINT NAME

_____ of
PRINT TITLE

PRINT NAME OF COMPANY

and that he/she understands all the implications of the above statement and has signed in good faith.

SIGNATURE OF NOTARY PUBLIC

WARRANTY AGAINST AN UNRESOLVED FINDING FOR RECOVERY

(Formerly State of Ohio Debt)

This document must be notarized and submitted with your proposal packet.

In accordance with Section 9.24 of the Ohio Revised Code, I hereby certify that the company I represent does not owe any money to the State of Ohio.

SIGNATURE

PRINT NAME

TITLE

TO BE COMPLETED BY NOTARY PUBLIC

On _____, there appeared before me
DATE

_____, saying that he/she is
PRINT NAME

_____ of,
PRINT TITLE

PRINT NAME OF COMPANY

and that he/she understands all the implications of the above statement and has signed in good faith.

SIGNATURE OF NOTARY PUBLIC

RFP Evaluation Form - Attachment 1

Date of Evaluation: / /

Evaluation Criteria	Possible Points	Points Awarded
<p>Scope of Services - The RFP Statement shall indicate the ability of the PROVIDER to meet the terms of the RFP, especially the ability to address the items delineated in the Anticipated Scope of Services. In determining whether a Respondent is responsible, factors to be considered include, without limitation:</p> <ul style="list-style-type: none"> ● Competence of the PROVIDER to support adults with developmental disabilities in receiving Adult Day Services. ● Years of experience in the delivery of Adult Day Services. ● The transition of services will be completed in such a way as to minimize the disruption in the lives of the individuals served. ● Ability of the PROVIDER to serve individuals across the acuity spectrum with an emphasis on community connections and person centered services. ● The PROVIDER's ability to include pre-vocational services to the day array service model. ● The PROVIDER's willingness to utilize the current facility of the AGENCY. ● Services provided should be established in such a manner as to create a positive environment for individuals served. 	50	
<p>Quality of Services - The RFP Statement shall indicate the competence of personnel whom the PROVIDER intends to assign to the Project.</p> <ul style="list-style-type: none"> ● Past performance of the PROVIDER as reflected by the evaluations of quality assurance organizations in locales where the PROVIDER is currently operating; ● Past performance of the PROVIDER as reflected in the satisfaction of individuals served. 	25	
<p>Transition Plan - The RFP statement shall indicate the methods used by the PROVIDER to address factors needed to complete a timely and efficient transition of services:</p> <ul style="list-style-type: none"> ● Timeline is specific, measurable, attainable and realistic ● Timeline addresses all pertinent factors, including but not limited to: <ul style="list-style-type: none"> ● Enrollment of individuals; ● Demographic database; ● Seamless transition with no lost days of service; ● Hiring of staff ● Communication Plan ● Information Technology Systems ● Production/payroll systems ● Other programmatical options 	25	
Totals		100

List of current individuals served – October 25, 2021

ICF/County Board/Provider/Projected Amounts

<u>Acuity Level</u>	Building A	Building B
A	4	29
B	7	2
C	15	1

Current Attendance

Building A...ADS...26 participants

5 days weekly	4 days weekly	3 days weekly	2 days weekly	1 day weekly
A 2	A	A	A 2	A
B 5	B 1	B	B 1	B
C 10	C 3	C	C 1	C 1

The ADS program in Building A is supported by 8 staff of which 3 will likely retire July 2022. There are 4 2022 High school grads who will need adult service in June 2022. All are C acuity level and may choose to participate in adult day service in Building A.

Building B...pre-vocational, ADS...32 participants

5 days weekly	4 days weekly	3 days weekly	2 days weekly	1 day weekly
A 17	A 3	A 1	A 8	A
B	B 2	B	B	B
C	C	C	C 1	C

The VH program in Building B is supported by 8 staff of which 4 will likely retire in July 2022

PLEASE NOTE: ALL INDIVIDUALS SUPPORTED BY THE HOLMES COUNTY BOARD OF DD HAVE FREE CHOICE OF PROVIDER

RFP Evaluation Form - scoring sheet

Evaluation Criteria	Total Possible Points= 50	Points Awarded
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Scope of Services-The RFP Statement shall indicate the ability of the PROVIDER to meet the terms of the RFP, especially the ability to address the items delineated in the Anticipated Scope of Services. In determining whether a Respondent is responsible, factors to be considered include, without limitation:

- Competence of the PROVIDER to support adults with Developmental disabilities in receiving Adult Day Services. 5

NOTES:

- Years of experience in the delivery of Adult Day Services. 5

NOTES:

- The transition of services will be completed in such a way as to minimize the disruption in the lives of the individuals served. 10

NOTES:

- Ability of the PROVIDER to serve individuals across the acuity spectrum with an emphasis on community connections and person centered services. 10

NOTES:

Evaluation Criteria	Total Possible Points= 50	Points Awarded
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- The PROVIDER's ability to provide pre-vocational services to the day array service model.

5

NOTES:

- The PROVIDER's willingness to utilize the current facility of the Agency.

5

NOTES:

- Services provided should be established in such a manner as to create a positive environment for individuals served.

10

NOTES:

Evaluation Criteria	Total Possible Points= 50	Points Awarded
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Quality of Services-The RFP Statement shall indicate the competence of personnel whom the PROVIDER intends to assign to the Project.

- Past performance of the PROVIDER as reflected by the evaluations of quality assurance organizations in locales where the PROVIDER is currently operating. 10

NOTES:

- Past performance of the PROVIDER as reflected in the satisfaction of individuals serviced. 15

NOTES:

Evaluation Criteria	Total Possible Points= 50	Points Awarded
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Transition Plan-The RFP Statement shall indicate the methods used by the PROVIDER to address factors needed to complete a timely and efficient transition of services:

- Timeline is specific, measurable, attainable and realistic

7

NOTES:

- Timeline addresses all pertinent factors, including but not limited to:

- Seamless transition with no lost days of service; 3
- Hiring of staff 3
- Communication Plan 3
- Information Technology Systems 3
- Production/payroll systems 3
- Other programmatical options 3

NOTES: