

**HARNETT COUNTY
FINANCE/PURCHASING**

REQUEST FOR PROPOSALS

IN-HOME AIDE SERVICES

FOR

HARNETT COUNTY DIVISION ON AGING

**FIRM PROPOSALS FOR SERVICES
FOR THE PERIOD OF JULY 1, 2018 THROUGH JUNE 30, 2019**

DUE DATE: NO LATER THAN 9:30 A.M. APRIL 16, 2018

OPENING DATE: APRIL 20, 2018

TIME: 1:00 PM

**LOCATION: HARNETT DIVISION ON AGING
309 W. CORNELIUS HARNETT BOULEVARD
LILLINGTON, NORTH CAROLINA 27546
TELEPHONE: 910-814-6192
CONFERENCE ROOM**

**QUESTIONS: MARY JANE SAULS – DIVISION ON AGING
MJSAULS@HARNETT.ORG(910) 814-6192**

FAXES OR E-MAILS ARE NOT ACCEPTED FOR THIS QUOTE

**THE COUNTY OF HARNETT RESERVES THE RIGHT TO REJECT ANY OR ALL
PROPOSALS RECEIVED, OR TO SELECT THE PROPOSAL WHICH, IN OUR
OPINION, IS THE BEST OVERALL INTEREST OF THE COUNTY.**

**MAIL OR DELIVER PROPOSALS IN A SEALED ENVELOPE IDENTIFIED “QUOTE
ENCLOSED HCDA 042202018”, YOUR FIRM NAME AND THE OPENING DATE ON
THE OUTSIDE OF THE ENVELOPE**

**TO: Renea Warren-Ford
Purchasing Specialist
420 McKinney Pkwy, Lillington, North Carolina 27546
P.O. Box 760**

*Harnett County Division On Aging
In-Home Aide Services Request for Proposals*

Lillington, N.C. 27546

***Harnett County
Division on Aging***

Request for Proposals

In-Home Aide Services

Harnett County (the “County”) is soliciting firm PROPOSALS to provide in-home aide services to clients in accordance with the Division Aging & Adult Services (DAAS) Standards. There are two levels of care. Vendors are required to propose on two levels of care. The In-Home Aide provider will provide care or assistance to person(s) by performing home management tasks/personal care services that are essential to activities of daily living. These tasks are performed to enable individuals to remain in their own homes when they are unable to carry out these activities for themselves and when no responsible person is available to assist with these tasks. *The in-home aide provider is responsible for performing intake, screening assessments, reassessments, service plans, and authorization of services to be provided.* This service will be provided for the period from July 1, 2018 through June 30, 2019.

GENERAL SPECIFICATIONS & INSTRUCTIONS TO PROPOSERS

Scope

It is the intent of this request for proposals to obtain proposals for providing Level I and Level II In-Home Aide services for the Harnett County Division on Aging.

Compliance with Specifications

Vendor’s proposal must be in strict compliance with the specifications and offer the same or equal services. Harnett County Division on Aging (HCDA) reserves the right to allow or disallow minor deviations from the specifications in order to purchase what best meets the needs of the County from a standpoint of quality, price and service to be rendered.

Proposal Price Corrections

No corrections will be permitted after proposal opening.

Rejection of Proposals

The County reserves the right to reject any and all proposals.

Award of Contract

All proposals will be reviewed by the Division on Aging Staff. The award of any contract resulting from this RFP will be made based on evaluation of total proposal. In evaluating the proposals, the County reserves the right to require the proposer to present an oral presentation including questions and answers to the Review Committee. Low unit cost will not necessarily guarantee award. When applicable, the vendor's history of effectiveness and efficiency in utilizing funds will be considered. These criteria should be considered by the vendor during proposal development.

Rate

Vendor shall guarantee the rates quoted against any increase for whatever delivery date is specified and contract period required. Vendors must incorporate a cost for the Division on Aging's Automated Management Information System (MIS) /Aging Resource Management System (ARMS) in the unit cost rate. The current cost per client for reporting in the automated format is \$.15 per client per month.

Payment

Payment will be made to Provider within thirty (30) days of reimbursement from the North Carolina Division of Aging & Adult Services to the Harnett County Division on Aging.

Terms and Conditions

Terms and Conditions included herein are an integral part of the proposal document and shall prevail unless changes or attachments are agreed to and initialed by Harnett County prior to the proposal opening. Terms and Conditions attached to the proposal by the proposer and made a condition of purchase may render the bid non-responsive and may be rejected by Harnett County.

A. Contract Term/Conditions: This is a contract for one year beginning July 1, 2018 and ending June 30, 2019. Although the contract is for one year, said contract may be terminated at any time if funds are not appropriated and made available by the Harnett County Board of Commissioners. Proposer warrants that proposal prices, terms, and conditions quoted in his/her proposal will be firm for acceptance for a period of sixty days.

B. Contract Extension: Harnett County reserves the right to renew this contract after the initial contract term expires subject to the same terms and conditions upon agreement of both parties, provided that funds have been appropriated by the governing board and performance under this contract has been satisfactory. Price increase shall be considered at contract renewal time and may be cause for non-renewal.

Default

Failure to satisfactorily perform the services required by the contract for the project will be grounds for County to declare the successful proposer in default. Unless otherwise provided herein, the contract may be canceled or annulled with a 30-day notice by County in whole or in part by written notice of default to the proposer upon nonperformance or violation of contract terms. An award may be made to another proposer for services specified, or they may be purchased on the open market and the defaulting vendor shall be liable to County for costs to the County in excess of the defaulted contract prices. The proposer shall continue the performance of this contract to the extent that any part is not terminated under the provisions of this clause.

Contractor's Representative for Business Purposes

The name, mailing address, electronic mail address, facsimile number, and telephone number of the vendor's authorized agent with authority to bind the firm and answer official questions concerning the vendor's proposal must be clearly stated.

Tie Bids

In the event of identical bids, the County will base its award recommendation on prior service records.

Indemnity and Insurance

1. **Compliance with Laws.** Vendor shall obtain and maintain all licenses, permits, liability insurance, worker's compensation insurance and comply with any and all other standards or regulations required by Federal, State, or County statute, ordinances and rules during the performance of any contract between Vendor and Agency.

2. **Indemnity & Insurance.** Vendor will indemnify and hold harmless the Agency, its officers, agents, and employees from and against all loss, cost, damage, expense and liability caused by accident or other occurrence resulting in bodily injury, including death and disease to any person, or damage or destruction to property, real or personal, arising directly or indirectly from operations, products, or services rendered or purchased under this Contract. The Vendor, at its sole expense, will purchase and maintain the insurance listed below as A, B, & C.

- A. Automobile – Automobile bodily injury and property damage liability insurance in an aggregate amount of not less than \$1,000,000.00.
- B. Commercial General Liability-Bodily injury and property damage liability as will protect Vendor from claims of bodily injury or property damages which arise from operations of this Contract. The amounts of such insurance coverage shall not be less than \$2,000,000.00 per occurrence and \$3,000,000.00 aggregate coverage. This insurance shall include coverage for completed operations/products liability, personal injury liability and contractual liability.
- C. Professional Errors and Omissions Insurance -- with minimum limits of one million dollars (\$1,000,000.00) per occurrence and three million dollars (\$3,000,000.00) aggregate.

D. Workers' Compensation and employers' liability—minimum amounts meeting the statutory requirements of the State of North Carolina.

Vendor shall provide Agency with a certificate of such insurance that shall name County of Harnett as an additional insured and contain the provision that the County of Harnett will be given thirty (30) days written notice of any intent to amend or terminate said policy by either the insured or the insuring company. However, a ten (10) day notice is sufficient for cancellation by the insuring company due to non-payment of premium.

This schedule establishes the priorities for 85% of the units leaving a 15% margin for the vendor's discretion, based on their business capacity, in placement in the different levels of service. For proposal purposes, vendors shall base proposal on providing service to 55-65 clients. The following matrix is the level of service for the past three years:

	2013/2014	2015/2016	2017/2018
Level I	11930 units	11683	4941
Level II			6428

Transition

If the contract is awarded to an agency other than the current provider, the Harnett County Division on Aging will act as the mediator between the current Provider and the new Provider. The prime concern to all parties should be to provide a smooth transition for the clients. The Provider for the new contract will be given the following information after the award of the proposal *and* after the signing of the contract by the provider.

1. Most current client assessments
2. Most current client care plans
3. Most recent client enrollment forms
4. Any other information pertinent to the clients care

It is the responsibility of the new contractor to assess and develop care plans for all current clients within thirty (30) days of contract beginning date.

Audit Requirements for Receipt of Federal Funds

Providers expending \$500,000 or more in federal financial assistance through the HCCBG, or in combination with other federal funding shall receive an annual independent audit which meet the requirements of the Division on Aging Program Audit Guide for Aging Services, applicable North Carolina General Statutes and Local Government Commission requirements, and OMB Circular A-133. For-profit community service providers shall have an annual compliance audit which meets the requirements of A-133. The audit shall be performed within nine (9) months of the close of the provider's fiscal year. Upon completion of the audit, non-profit and for-profit providers shall provide a copy of the audit report and any opinion letter simultaneously to the

County and the Area Agency. Federal funds will not reimburse the cost of a single audit if the total of all federal funds expended by the provider is less than \$500,000.

Provider Requirements

Provider shall be currently licensed by the North Carolina Department of Health Service Regulation Licensure Standards (NCDHSR) as a home care agency and shall have operated as a licensed home care agency in the State of North Carolina for at least two (2) years.

3. **Duties and Responsibilities.** The duties and responsibilities of all personnel supplied by vendor are those defined by the governing agencies and North Carolina licensing boards, and all policies and regulations of the Agency. Additionally, Vendor and Vendor supplied personnel agree as follows:

- a. Vendor will maintain accurate records and documents for the computation of all charges for services provided to the agency.
- b. Vendor supplied personnel will maintain records and reports in accordance with the policies of the Agency.
- c. All Vendor supplied personnel will attend an orientation program provided by the Agency to familiarization of the Agency policies, objectives and procedures. The personnel are expected to abide by the policies of the Agency when providing services in and for the Agency.
- d. All personnel providing services pursuant to this Agreement shall, for all purposes under this agreement, be considered employees of Vendor. Vendor shall assume sole and exclusive responsibility for the payment of wages to personnel for services performed by them for Agency. Vendor shall, with respect to said personnel, be responsible for withholding federal and state income taxes, paying Federal Social Security Taxes, unemployment insurance and maintaining Worker’s Compensation insurance coverage in an amount and under such terms as required by the State of North Carolina.
- e. Vendor shall maintain an employee file on each of its employees, containing the following:
 - i. A completed application that includes skills, specialties and preferences;
 - ii. Documentation of special education and/or training;
 - iii. Two professional references which reflect satisfactory performance within the job category;
 - iv. Verification that evidence of professional licensure identification, as applicable, have been seen and examined;
 - v. Dates of employment;
 - vi. Job description;
 - vii. Performance evaluation completed annually;
 - viii. Verification of identity and work authority;
 - ix. Criminal history check for the Vendor’s employees, performed at or near the employee’s date of hire. If the employee has been a resident of North Carolina for less than five (5) years, a state and national criminal history check shall have been completed. If the employee has been a resident of

North Carolina for more than five (5) years, a state criminal history record check shall have been completed.

- x. Competency skills evaluation on all Aides.

Vendor shall complete those responsibilities by the governing agencies and North Carolina licensing boards, and all policies and regulations of the Agency for Level One In-Home Aide services.

f. Equal Opportunity Employer

Harnett County is an equal employment opportunity employer. The County is a federal contractor, and therefore the provisions and affirmative action obligations of 41 CFR § 60-1.4(a), 41 CFR 60-741.5(a), and 41 CFR 60-250.4 are incorporated herein by reference, where applicable.

Questions

Please direct all questions concerning the specifications of the RFP for In-Home Aide services to Mary Jane Sauls, Division on Aging, 309 W Cornelius Harnett Blvd., Lillington, NC 27546, (910) 814-6192 or mjsauls@harnett.org.

**COUNTY OF Harnett, NORTH CAROLINA
 PROPOSAL FORM
 IN-HOME AIDE SERVICES
 PROSPOSAL #HCDA 06252012**

I certify that this proposal is made without prior understanding, agreement or connection with any corporation firm, or person submitting a proposal for the same services and is in all respects fair and without collusion or fraud. I understand collusive bidding is a violation of state and federal law and can result in fines, prison sentences, and civil damage awards. I agree to abide by all conditions of this proposal and certify that I am authorized to sign this proposal for the proposer of services.

Proposal

Level of Service	Number of Clients	Number of Units of Service	X	Service Unit Cost**	=	Extended Price
*Level I			X	\$	=	\$
*Level II			X	\$	=	\$
Total		*				\$

Attachments to Proposal

- 1. **Forms Packet**
- 2. **Evidence of Proposer’s insurability** - certificate of insurance from the bidder’s insurance provider or a letter from bidder’s insurance agent summarizing the County’s insurance requirements and stating that the bidder will be approved for the coverage if awarded the contract must be included with the bidder’s proposal.
- 3. **Copy of state license**

Notice to Proceed

The undersigned, if awarded the contract for services, hereby agrees to execute a contract with Harnett County in the form specified within ten (10) days after the award and to begin the implementation process to provide the in-home aide services listed in this proposal effective as of the date stated in the contract.

Addendum

Receipt of the following Addendum is acknowledged:

Addendum No. _____ Date _____, 2018

Addendum No. _____ Date _____, 2018

Addendum No. _____ Date _____, 2018

Addendum No. _____ Date _____, 2018

Bidder Information

Please check as appropriate and complete the items below.

The Bidder is:

____ An Individual

____ A Partnership between: _____

____ A Joint Venture consisting of: _____

_____ A Corporation organized under the laws of the State
of _____.
(List name of state appearing on the corporate seal and affix seal below where indicated.)

(Signature)

(Printed Name)

TITLE: _____

COMPANY: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

Management Questionnaire

Agency/Organizations submitting proposal:

Name: _____ Phone: _____ Fax _____

Address: _____

City: _____ State: _____ Zip: _____

Email: _____ Website: _____

The Management Questionnaire seeks specifics on how the proposer will oversee the actual service delivery to assure:

- ___ Quality and delivery requirements are met;
- ___ Fiscal systems accurately track and report revenue and expenditures; and
- ___ All contract terms are met.

1. Type of Agency: (Check all that apply)

___ State _____ County

___ Private, non profit _____ City

___ Profit _____ School

___ Minority/women business enterprises (*Agencies must be certified through the NC Dept. of Administration*)

___ Other (specify) _____

2. The Governing Body: (Attach a copy of roster of members/board.)

___ Board of Directors _____ Elected officials (State, City, County)

___ Other (specify) _____

3. Agency Information: The following have been approved and adopted by the agency's governing body:

*Harnett County Division on Aging
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Written Personnel Policies	___ Yes ___ No	Date Adopted or Last Date Reviewed
Staff Job Descriptions (relevant to this service only)	___ Yes ___ No	_____
Affirmative Action Plan	___ Yes ___ No	_____
EEO Policy	___ Yes ___ No	_____
Staff Background Checks	___ Yes ___ No	_____
Staff Drug Screening	___ Yes ___ No	_____

4. Service(s) being Bid upon:

SERVICE	COUNTY
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

5. Agency/organization has been in operation _____ years.

6. Agency/organization has been providing service(s) listed below:

Service	# of years
1. _____	_____
2. _____	_____
3. _____	_____

7. Agency/organization is/was an Area Agency on Aging contracted service provider?
yes__ no __.

8. List organizations that you have had contractual experience with during the past three (3) years providing the services detailed in item 6 above.

Year(s)

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

9. Financial Responsibility: Indicate name, address and phone number of bank handling company/agency checking account.

Bank: _____ Phone # _____

Address: _____ City: _____

10. In the chart below, indicate the title(s) of the persons who have primary and secondary responsibility for the administrative functions indicated.

Functions	Title(s)
Selects staff and implements personnel policies and practices	_____
Prepares and monitors annual budget	_____
Provides the governing body with information necessary for them to understand and evaluate the program.	_____
Establishes communication and coordination with community services.	_____
Assures adequate program supervision and service delivery.	_____
Submits fiscal and program reports	_____
Evaluates and refines the service to effectively meet its goal.	_____
Develops policies on client's service.	_____
Provides supervision/performance evaluations	_____

11. List below the specific publicity or public activities which will build community awareness of the service(s) your agency provides.

Activities:

Tentative Schedule of Implementation

12. The following internal monitoring and evaluation activities are considered to be necessary to assure efficient and effective operations. Please indicate when and who (the titles) of persons who will perform these activities.

Activity	Frequency	Who
Reviews client's records for completeness and accuracy	_____	_____
Reviews working agreements with community	_____	_____
Reviews program policies/procedures	_____	_____
Conducts client assessments/ Reassessments	_____	_____

13. Explain your company's current Training and Recruitment Policy. Proposer shall outline how company will manage the initial recruitment and training of personnel to fulfill this contract as well as any modifications that will be made if proposer is successful in receiving award of this contract. Attach additional sheets if necessary.
14. Explain your company's current Staffing Plan. Proposer shall outline any modifications that will be made if proposer is successful in receiving award of this contract. Attach additional sheets if necessary. Proposer must show the number of RN's (FTE or equivalent) who will be assigned to this program. If you have RNs who work in multiple counties, please specify the amount of time designated for this project in Harnett County for each RN assigned.
15. References - Proposer shall list references for work completed during the last two years. Attach additional sheets if necessary. References should be agencies that have contracted with proposer to provide service to their clients. Each reference provided should include the following information:

1. Name of company
2. Address
3. Telephone number
4. Contact person including email address
5. Brief description of the type and length of service provided.

EXECUTION OF PROPOSAL PAGE

In-Home Aide Services

Date: _____

By submitting this proposal, Vendor certifies the following:

An authorized representative of the firm has signed this proposal.

It can obtain insurance certificates as required within 10 calendar days after notice of award.

The Vendor has determined the cost and availability of all equipment, materials and supplies associated with performing the services outlined herein.

All labor costs, direct and indirect, have been determined and included in the proposed cost.

The Vendor is aware of the prevailing conditions associated with performing this contract.

The Vendor agrees to complete the scope of work for this project with no exceptions.

Therefore, in compliance with the foregoing Request for Proposal, and subject to all terms and conditions thereof, the undersigned offers and agrees, if this proposal is accepted within (60) days from the date of the opening, to furnish the services for the prices quoted.

Vendor: _____

Mailing Address: _____

City, State, Zip Code: _____

Telephone Number: _____

Principal Place of Business
if different from above: _____

By _____ Title: _____
(Type or Print Name)

(Signature)

ATTACHED PLEASE FIND
EXHIBIT A
NORTH CAROLINA DIVISION OF AGING
IN-HOME AIDE SERVICES-POLICIES AND PROCEDURES