



REQUEST FOR PROPOSAL

Rolling Release – reviewed quarterly

INTEGRATED CARE NETWORK PARTNER SERVICES

(not-for-profit organizations and government entities)

FUNDED UNDER THE **OLDER AMERICANS ACT** OF 1965,
AS AMENDED

TO BE AWARDED BY:

MID-AMERICA REGIONAL COUNCIL
600 BROADWAY, SUITE 200
KANSAS CITY, MISSOURI

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Part A

1. SUMMARY

If you are already an existing MARC contractor you may not need to respond to this RFP in order to receive MARC funding to provide services. Please contact MARC staff to clarify before writing a proposal.

This is a rolling Request for Proposal (RFP), reviewed quarterly by MARC Aging and Adult Services (AAS) staff to add new community-based partners to deliver Integrated Care Network Services.

The community-based care system is comprised of the total array of public and private resources available to assist older adults in the area. Federal service funds are provided through Title III of the Older Americans Act (OAA) and the Social Services Block Grant. All funds supporting this service to Missouri residents will be derived from [Title III, Part B, CFDA #93.044](#), [Title III, Part D, CFDA #93.043](#) and/or [Title III, Part E, CFDA #93.052](#). No federal funds will be utilized for services to Kansas residents.

This opportunity is limited to not-for-profit community-based organizations (including associations) and city and county governments only.

MARC is seeking proposals from organizations wishing to provide services as part of our integrated care network. Specifically, chosen partners will provide wrap-around services for specific clients who are referred for non-medical, non-clinical supportive social services from health care providers, including hospitals and insurance providers.

MARC will act as the administrative “back office” hub for the network, managing referrals, third-party contracts, regulatory compliance, background checks (as needed), training, technology support, cybersecurity oversight, HIPAA adherence (with breach reporting mechanisms), legal review, finance and administration activities, and public affairs support.

Network partners will act as on-the-ground program providers, offering direct services to clients.

Services eligible for funding through this RFP include Evidence-Based Disease Prevention Programs; Care Management Programs; Home Repair & Modification Programs; and Commodity Foods. Respondents should clearly indicate which services they plan to provide as part of this RFP.

To reduce complexity and administrative burden, funding preference will be given to providers who are able to cover the broadest service areas. Innovative and technology-based solutions that enhance service quality, efficiency, and capacity are strongly

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preferred. MARC embraces the principle of person-centered, consumer-directed care that places individualized client needs at the forefront of service delivery.

Respondents must submit the following documentation:

- 1) **Proposal Narrative (cover page and narrative)**
- 2) **If applicable**, Intent to Perform as a Women and/or Minority Owned Business (WBE/MBE)
- 3) **If applicable**, Request for Waiver
- 4) **All other required documents and certifications**

All forms are available on [MARC's website](#). Proposals and all required documents should be submitted by email to Tonya Boston at tboston@marc.org.

2. PUBLIC NOTICE

Notice is hereby given that the Mid-America Regional Council (MARC) will release Request for Proposal (RFP) documents on a rolling basis for the provision of services to adults in the Missouri counties of Cass, Clay, Jackson, Platte, and Ray, and contract-dependent services for the Kansas counties of Johnson, Leavenworth, Miami, and Wyandotte, and other locations for Integrated Care Network Services.

Interested entities may request a conference on the services included under this RFP by contacting Tonya Boston, tboston@marc.org.

Integrated Care Network Partner Services RFPs will be reviewed quarterly **or sooner if urgent service partners are needed to meet demand**. Proposals will be accepted via email to Tonya Boston, tboston@marc.org. **Respondents should only be certain of electronic submission after receiving the confirmation receipt email.** If a receipt email is not issued within 24 hours (48 hours on a weekend), please call the MARC offices at (816) 701-8290 to inquire directly of the proposal status.

MARC hereby notifies all interested parties that it affirmatively ensures that all respondents to this notice are afforded full opportunity to submit proposals and that no respondent will be discriminated against on the grounds of race, color, national origin, disability, sex or veteran status in consideration of an award.

3. PROPOSAL BACKGROUND

MARC's role as an Area Agency on Aging (AAA) and its authority to conduct this solicitation and to procure contractors for these services is described in the MARC

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Policies and Procedures Manual at <https://www.marc.org/aging-health/aging-and-adult-services>. Refer to this manual for additional information regarding:

- 1) Legislative Authority and Funding Sources
- 2) Definition and Description of the AAA
- 3) Overview of Service System
- 4) Eligibility for Services

4. CONTRACT PERFORMANCE PERIOD

The contract program period coincides with the Missouri state fiscal year (SFY), July 1 through June 30 of the succeeding calendar year. For example, for SFY 2024 the period will be July 1, 2023 through June 30, 2024. This pattern will continue for subsequent years.

5. RENEWAL OPTION

Each contract will initially be for a one (1) year period. If proposals are approved after the fiscal year has already begun, the initial award will be for the remainder of the current fiscal year in addition to another one (1) year period.

If there are no performance concerns, contracts are eligible for automatic renewal for two (2) consecutive one-year periods after the initial contract period. Contractors will receive written notice of renewal from MARC and may contact Tonya Boston with any questions.

6. CONTRACT INCREASE

Contractors may request a contract increase for higher expenses relating to staffing, inflation, and/or service delivery by sending an email to Tonya Boston at any time during the contract period. Contractors seeking such increases shall be required to submit documentation showing the reason for any requested price increase. Under no circumstances shall an increase be granted that is greater than the Federal Consumer Price Index (CPI) for the Kansas City area without approval of MARC.

7. CONTRACT TERMINATION

MARC reserves the right to terminate any contract without cause and solicit new bids for the provided services.

8. MINIMUM REQUIREMENTS OF ALL RESPONDENTS

Respondents to this RFP must:

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- 1) Be a not-for-profit organization or government entity eligible to operate in the States of Missouri or Kansas in the service areas they propose to serve. Respondents who propose to provide services to residents of Missouri must be registered to do business in the State of Missouri. Proposals from individuals will not be accepted.
- 2) Be registered with the Missouri Secretary of State as a not-for-profit agency or exist as a city or county government.
- 3) Hold current licenses and/or permits required for all proposed services, except evidence-based programs. Licenses for evidence-based programs will be secured and administered by MARC as Network Lead Entity.
- 4) Have programs in place to ensure compliance with federal and state regulations related to equal opportunity, drug-free workplace, and ADA.
- 5) Be eligible to receive federal funds. MARC is prohibited from contracting with or making sub-awards under cover transactions to parties that are suspended, debarred, or otherwise excluded from, or ineligible for, participation in federal assistance programs or activities, or whose principles are suspended, debarred or otherwise excluded from, or ineligible for, participation in Federal assistance programs or activities. Covered transactions include procurement contracts for goods or services equal to or in excess of \$25,000 (e.g., sub-awards to sub-recipients).

9. JOINT VENTURES

Joint ventures are acceptable and encouraged provided all parties of the joint venture satisfy the proposal requirements. Any joint venture must be identified as such and information for both entities must be submitted as part of the required RFP documentation.

10. SUBCONTRACTS

Subcontracts are acceptable if they meet the following requirements:

- 1) Both the primary contractor and the proposed subcontractor must agree to all requirements in the primary contract. Municipalities administering programs are exempted from this requirement.
- 2) Prior to MARC approving a subcontract, the primary contractor must submit a written copy of the proposed agreement to subcontract.

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11. WOMEN BUSINESS ENTERPRISE (WBE) AND MINORITY BUSINESS ENTERPRISE (MBE) REQUIREMENTS AND PARTICIPATION

MARC encourages qualified WBE and MBE not-for-profit organizations to actively participate in the procurement of MARC-sponsored contracts as primary contractors, subcontractors, or joint venture partners. MARC does not discriminate based on race, color, sex, national origin, age, military status, or disability.

WBE/MBE respondents must submit a completed [Intent to Perform as a WBE/MBE Firm](http://marc.org/Requests-for-proposals) (<http://marc.org/Requests-for-proposals>) for each proposed WBE/MBE primary contractor, subcontractor, or joint venture partner. MARC does not provide WBE/MBE certifications but will accept certifications of WBE/MBE from the City of Kansas City, MO or any other federal, state, or local agency that participates in a WBE/MBE Certification Program. MARC will accept certified Disadvantage Business Enterprise (DBE) forms as certification of WBE/MBE status.

12. SINGLE AUDIT CERTIFICATION

Successful governmental and non-profit organizations receiving a contract from MARC as a result of submitting a proposal to this solicitation, that expend \$750,000 or more annually in federal financial assistance, must have a single audit performed in accordance with Subpart F Audit Requirements, of the Office of Management and Budget (OMB) Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal, dated December 26, 2013. Successful organizations that expend less than \$750,000 in any given year are exempt from federal audit requirements for that year.

For audit purposes, all service income (voluntary contributions from service recipients) collected through the provision of these services will be considered federal funds and subject to the \$750,000 threshold mentioned above.

13. APPEALS PROCESS

The purpose of the appeals process is to give current, past, and potential service providers of MARC-operated and/or funded programs an opportunity to express their grievance or to appeal a decision in the proposed award of contracts.

- 1) A preliminary provider list submitted by the MARC staff will be reviewed by the MARC Board of Directors at each meeting following a quarterly RFP submission deadline. Please contact Tonya Boston at tboston@marc.org for precise dates for each cycle. A formal response will be sent to all respondents officially notifying them of the Board's recommendations (approval or denial of each proposal) following that meeting. Respondents wishing to submit an appeal of the award decision must submit a formal

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written request, including the reason for appeal, within two weeks of receipt of the denial letter.

- 2) The appeals request should be sent by the individual who sent the original proposal detailing the basis for the appeal and addressed to David Warm, the Executive Director of MARC, at dwarm@marc.org.
- 3) An appeals committee will be appointed by the MARC Director of Aging and Adult Services. The members may be selected from the following categories and will be supported by MARC staff:
 - i. Members of the MARC Commission on Aging (COA), an advisory body to the MARC Board on issues, programs, and services relating to the older adults who reside in the planning and service area
 - ii. Outside parties (non-COA members) who are knowledgeable in the field of social services and/or public service contracting
 - iii. Members of the MARC Board of Directors

An appeals hearing will be arranged promptly, allowing MARC time to schedule convening of the appeals committee members. Please contact Tonya Boston for precise dates. More details on the appeals process can be found in the MARC Policies and Procedures Manual.

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PART B

Statement of Purpose

Investing in an Integrated Care System for Greater Kansas City

THE CHALLENGE: Our health care system is facing transformational changes. Rapid growth in the number of older adults is already straining capacities, and the need is only expected to grow. A pending shift to value-based reimbursements may alter the financial foundation of many health care providers. And a new understanding of the impact that social determinants have on health outcomes has greatly increased focus on non-medical community supports.

OUR SOLUTION: After more than a year of research and exploration, health care stakeholders in the Kansas City region have determined the best way to address these challenges is through an integrated care network, developed under the working title of the Mid-America Community Support Network (MACSN or CSN). Like other integrated care networks across the nation, the CSN will be a community asset that helps improve health outcomes while reducing costs.

In the Community-Integrated Health Network described above, MARC will serve as the Network Lead Entity (NLE). The NLE acts as a single point of entry to community supports for health care business partners, manages billing and reimbursement, coordinates technology and reporting, and ensures a standardized and quality approach to service by network partners among other roles that are benefitted through centralization and collaboration.

For all services, providers receive authorized referrals solely from MARC. MARC will work with a variety of public, private, and government sources to identify participants for eligibility, and authorize units of service. Each funding source may have unique service parameters, which will be clearly specified by MARC.

Only MARC-authorized clients are eligible for service under the terms of the Network Provider Agreement to be signed upon award and finalization of terms, and clients are only eligible for the specific service(s) identified by MARC at the time of referral. "Walk-in" or other referral sources are not authorized under these service lines.

1. INTEGRATED CARE NETWORK PARTNER SERVICES REQUESTED

This solicitation requests proposals from qualified providers for the following categories of service. A proposal may consist of one or more services, but MARC will consider funding each service individually. MARC will award contracts to successful respondents for each specific type of service. Each service contract will specify the service to be provided and the service areas to be served. Proposals will be

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evaluated assuming no inter-dependencies among proposed services, unless otherwise stated by the respondent.

All activities funded by MARC must have appropriate, adequate, and timely reporting tied to those activities. It is the contractor’s responsibility to gather and report all necessary data elements for all activities, programs, and services receiving MARC funding using the software, processes, and formats required by MARC and specified in the Program Requirements and service contract. Usually, data elements are required at the individual client or individual participant level, unless restricted by law.

MARC will use this information to report to business partners and State and Federal agencies for program accountability and analysis of program or service effectiveness.

The following section lists the services covered by this program:

Evidence-Based Programs

Definition: A group of fully-developed and proven evidence-based disease prevention and health promotion courses selected by MARC. These programs are delivered in a virtual or in-person classroom setting, according to standards developed by the specific licensing entity. Providers committing to offer one or more courses may apply for funding to cover the cost of course leaders according to the chart below.

Additional programs may be added during the performance period. Reimbursement is based upon the number of individuals who complete each evidence-based program (“completer”). For most programs, participants may return to subsequent sessions to make up absences and be counted as a completer. Check the specific program fidelity manual for details for each program.

Completer Definition		
Program		Completer*
Chronic Disease Self-Management Education also called Steps to Healthier Living (Self-Management Resource Center)	Steps to Healthier Living	4 of 6 SMRC-defined sessions
	Steps to Healthier Living – Chronic Pain	
	Steps to Healthier Living - Diabetes	
	<i>Tomando Control de su Salud</i>	
	Building Better Caregivers	
	Steps to Healthier Living - Workplace	7 of 12 SMRC-defined sessions
National Council on Aging	Ageing Mastery Program	7 of 10 NCOA-defined sessions
	Ageing Mastery Program for Caregivers**	9 of 12 NCOA-defined sessions

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Tai Chi for Arthritis Institute	Tai Chi for Arthritis	10 of 16 Institute-defined sessions
Maine Health	A Matter of Balance (AMOB)	5 of 8 Maine Health-defined sessions
Arthritis Foundation	Walk with Ease	12 of 18 Arthritis Foundation-defined sessions
University of Illinois at Chicago Institute for Health Research and Policy	Fit & Strong!	16 of 24 University of Illinois defined sessions
Human Kinetics	Active Living Every Day	7 of 12 sessions
Western Kentucky University	Bingocize	12 of 20 sessions
University of Washington and Sound Generations	Enhance Fitness	29 of 48 sessions
University of Missouri Extension	Stay Strong, Stay Healthy	10 of 16 sessions
<p>**Caregiver program – participants must be caregivers, and their care recipients must meet eligibility criteria:</p> <p><i>Caregivers of 18-59 year old care recipients who are disabled but do not suffer from an Alzheimer's disease and related disorders with neurological and organic brain dysfunction, must be parents of at least 55 years of age and living with the care recipient. An older caregiver of children up to the age of seventeen also must be living in the same home of the older relative. A caregiver for a care recipient age 60 or older must be at least age 18.</i></p>		

Reimbursement Fee: The following reimbursement schedule applies to evidence-based programs. Please note that reimbursement schedules may change depending upon market dynamics, new initiatives, or other factors. MARC will provide notice of changes to reimbursement schedules in order for providers to consider participation or implement any needed changes.

Fee Schedule for Contracted Program Providers	
Workshop Leader(s)/Facilitator(s)	Reimbursement Structure
Service Provider Contract	Up to \$100 per completer for the contracted entity Provide cost of materials <i>for completers</i>
One MARC staff/ One contracted leader	Up to \$50 per completer for the contracted entity

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	Provide cost of materials <i>for completers</i>
Contracted leaders from more than one entity	Up to \$50 per completer for each contracted entity Provide cost of materials <i>for completers</i> , for each contracted entity
<i>-Less likely at MARC, limited availability-</i>	
MARC staff	Provide cost of materials <i>for completers</i>

Care Management

Definition: Individualized connection to social and non-medical resources based upon a care plan developed through an in-home assessment.

	SERVICE	DEFINITION	DOSE/DURATION
	Core service: Care Management	Individualized connection to social and non-medical resources based upon a care plan developed through an in-home assessment.	Typically, 90-day intervention period depending upon case acuity. Four hours per month is typical, but likely to vary.
	Telephonic Care Management	As above, but telephonically	Typically, 90-day intervention period depending upon case acuity. Two and one-half hours per month is typical.

Here is a Quick Guide to Care Management services in the table below. The MARC Program Requirements document for Care Management (available at <https://www.marc.org/aging-health/aging-and-adult-services>) provides further details regarding services provided through this MARC-funded program.

Care Management Program	Eligibility Criteria	Referral & Reporting Process	Assessment Required	Reimbursement
Older Americans Act (OAA) Care Management Primary Contact: Sarah Albin	Older Adults 60+ and Caregivers of older adults 60+ or adults of any age with dementia	5-10 referrals/month Intake sent to provider via SharePoint. CM's track time spent	OAA Assessment, currently in paper form, transitioning to online	<ul style="list-style-type: none"> \$300/initial month to account for time completing the initial

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<p>salbin@marc.org (816) 872-4692</p>		<p>serving each client (excluding drive time) and upload monthly report to SharePoint by the 10th business day.</p>	<p>assessment in the next 2-3 months</p>	<p>assessment and goal plan.</p> <ul style="list-style-type: none"> • \$245/subsequent months QA: 2-hour minimum contact time per client per month
<p>Mid-America Community Support Network (MACSN)</p> <p>Primary Contact: Tane Lewis tlewis@marc.org (816) 701-8291</p>	<p>Referral from contracted Network Partner such as Adult Protective Services, an insurance provider, hospital, research team, grant administrator, etc..</p>	<ul style="list-style-type: none"> • Number of referrals based on CBO Partner Capacity. Submission of Project Interest Form includes a field for capacity. • Reporting process can vary due to requirements of contracted Network Partner / funding source. Most CSN projects are managed in SharePoint but may also involve platforms specified by contracted entity. 	<p>Assessments may vary depending on contract with Network Partner.</p> <p>Standard assessments offered by CSN include:</p> <ul style="list-style-type: none"> • Social Determinants of Health Screen • Arizona Self-Sufficiency Matrix (ASSM) 	<ul style="list-style-type: none"> • \$65 / ASSM assessment or other in-depth assessment as determined by contract when care management is needed. • \$30 / SDOH Screen or other short telephonic screening as determined by contract

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Under some contracts and/or funding sources, per MARC's specification, care management will be reimbursed at a flat monthly rate, with no service limits. Parameters for minimum service will be outlined for each opportunity.

The following is an example reimbursement schedule for care management services at a flat monthly rate:

Initial In-Home Visit, Assessment, and Care Management
\$300/client/first month or renewal month.

Ongoing Care Management
\$245/client/month

Home Repair and Modification

The MARC Program Requirements document (available at <https://www.marc.org/aging-health/aging-and-adult-services>) contains the most recent guidance on this program. Please refer to that document for the most current details and information. Here is a summary, consistent with that document:

OPERATIONAL SERVICE DEFINITION

- 1.1 The Home Modification and Repair Program works with designated area nonprofits to complete capital projects to allow older adults to remain safely in their homes. Examples of allowable projects include bringing structures up to code, repairing windows, installing ramps to make homes accessible, and installing grab bars in bathrooms.
- 1.2 One unit of service is a single home modification or repair project, which may include several sub-projects completed at the same time for a household.
- 1.3 The maximum allowable reimbursement (supplies and labor) for each project under this program is \$5,000. With prior approval from the Missouri Department of Health and Senior Services, Division of Senior and Disability Services, MARC may approve projects up to \$10,000.
- 1.4 One client may only be approved for one project per calendar year.

PROGRAM PERFORMANCE STANDARDS

- 2.1 Agencies seeking assistance for their clients should contact the MARC Home Repair Coordinator through SharePoint to begin the request process. Prospective clients may also request assistance with Home Modification and Repair Services by calling the MARC Aging and Adult Services line at (816) 421-4980.

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- 2.2 Providers should work directly with the MARC Home Repair Coordinator to communicate capacity to accept projects.
- 2.3 When MARC agrees to undertake a project for a client, MARC will refer the project to one of the agency's approved providers based on contractor capability, capacity, and geographic proximity to the client. The referral will include information about the scope of work requested by the client.
- 2.4 When a provider refers a client for home modification or repair services, MARC will use the intake form to determine client eligibility and priority. Providers should not proceed until MARC has approved moving forward with a project estimate.
- 2.5 Providers should not self-initiate an estimate.
- 2.6 When a contractor accepts a referral from MARC, they will perform an on-site inspection and provide a fixed bid for the project to MARC. The bid should include an overall amount for materials and an overall amount for labor. MARC may accept or reject the bid and will notify the provider.
- 2.7 Providers will be reimbursed \$150 for each estimate.
- 2.8 Once a client referral is made, providers should review the client intake form and any home safety assessments made by a third-party provider in SharePoint to determine whether the project is a good fit. Providers should indicate they are accepting or declining the opportunity to bid using the tracker tool in SharePoint. Providers should only bid if they expect to have capacity to complete the project if accepted.
- 2.9 Once MARC has approved a specific project for bid, the provider is required to make an initial contact attempt with the client within seven (7) business days. If the client cannot be contacted on the first attempt, the provider is required to make one additional attempt to call the client and one attempt to call the client's Emergency Contact or other specified contact within thirty (30) days of the referral for a total of three (3) contact attempts. All contact attempts must be recorded in the Contractor Comments/Notes section of SharePoint.
- 2.10 If the provider cannot contact the client within 30 days of the referral to bid, the provider will notify MARC staff via SharePoint, and the Home Repair Coordinator will reassign or remove client from the Home Modification and Repair service list.
- 2.11 If a provider does not have the capacity to conduct inspections, make estimates, accept new projects, or contact clients on the required schedule, MARC may limit referrals until the provider demonstrates an increased capacity to accept jobs and/or shows improvements in communication.
- 2.12 MARC should be the payer of last resort for home repair and modification projects. Project should be funded through other channels, if possible. If there are questions about MARC's ability to fund a project, providers should contact the MARC Home Repair Coordinator to discuss.

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- 2.13 If there are questions as the provider develops the bid, they should speak with a member of the MARC finance and administrative staff for assistance, including accessing templates or other examples to guide development of the bid, including the proper use of documentation.

Similarly, providers should speak with a member of the MARC finance and administrative staff if they have questions about how to prepare the invoice for reimbursement after project completion.

- 2.14 The following guidelines should be followed for both developing a bid for a project and invoicing upon project completion:
- All costs must be reasonable, supported by adequate explanation, and accompanied by clear and accurate documentation.
 - Administrative costs may be added up to 10%, which is the maximum approved for reimbursement by the Missouri Department of Health and Senior Services, Division of Senior and Disability Services. Each line item should be detailed in the bid.
 - Administrative costs include office expenses, such as salaries and wages for finance, clerical, and administrative staff, rent, insurance. They do not include direct project costs, such as materials, labor, etc.
 - Administrative costs do not include costs associated with managing a project, such as the salary and benefits of those managing a work crew, providing direct project labor, or other costs directly related to completing the project.
 - The provider should submit complete information on the planned project, including the full extent of the proposed work, materials required, and any identified subcontractors. No expenses will be approved or reimbursed without full documentation.
 - The estimate must include a project start date that allows program staff sufficient time to review and approve the project.
 - Work cannot begin until the estimate has been approved in SharePoint by MARC staff.
 - Project implementation must adhere to the project scope in the approved estimate as closely as possible. Providers should alert MARC on a timely basis if costs begin to exceed estimates and/or the project needs to be re-bid.
 - Providers should include before and after photographs with the final invoice to show the completed work. When that is not feasible, providers should work directly with the MARC Home Repair Coordinator to provide alternative evidence of project completion.

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- All charges must be reasonable and documented, including when the contractor is providing materials or labor directly.
 - Labor involved in preparing a home for a project, overseeing a subcontractor, and providing direct labor are all considered direct labor costs, unless the provider categorizes such expenses as in-kind contributions to the project.
 - The invoice submitted to MARC and the accompanying documentation, must be complete and accurate, including subcontractor bids with notes of any retail or other discounts; final subcontractor invoices; receipts for materials purchased by the provider or subcontractors; and any in-kind contributions by the provider or subcontractors. The final invoice must match the approved bid for the project.
 - In-kind donations or contributed costs are highly encouraged but must be documented so that an auditor can determine that donated labor, volunteer hours, material and supplies, etc., are valued at a fair market value.
 - Documentation for completed projects must list all materials purchased. Normally, retail receipts provide the necessary level of detail. Materials used from contractor inventory for a project should be presented in the same manner as purchased supplies, including type of material, quantity used, etc.
 - MARC will only reimburse for consumable supplies and materials. Tools or supplies that can be re-used on other projects, such as gloves, protective eyewear, hammers, shovels, buckets, and drills, are not reimbursable project costs. An exception will be made if a provider must rent a specific one-use tool for a unique or specialized project. Provider must clearly document these exceptions on project receipts.
 - MARC will not pay sales taxes on any purchased materials or supplies since all providers are not-for-profit organizations who should be exempt from paying retail sales tax. Providers are responsible for appropriate registration with retailers for receive these tax exemptions on materials for MARC funded projects.
- 2.15 Clients must be provided with the project coordinator's name and phone number during the initial inspection of their home, so that they know how to contact the provider throughout the project. Providers should stay in close communication with clients regarding the scope of their project, scheduling of repairs, status of the project, and any obstacles that they encounter along the way. This will help clients feel confident that their home will be repaired or modified in a professional and thorough manner. In general, phone calls or emails from clients should be returned within 1-2 business days. Exceptions would include staff illness, inclement weather, etc.
- 2.16 When a project is completed, at least one provider employee other than the person who completed the repairs or modifications is required to inspect the work and provide an on-site certification that the project was completed in a satisfactory manner, in line with the

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approved project scope. Photos are insufficient evidence of project completion and will not replace this required on-site inspection. MARC may request a copy of this internal inspection upon submission of the invoice. MARC may also commission a third-party to inspect a completed project in an effort to provide objective quality assurance for the overall program.

- 2.17 The provider should make every effort to manage the client's expectations throughout the project and ensure they are satisfied with the completed repairs or modifications. Providers should address client concerns in a timely and consistent manner, using clear language to explain details about the work that was performed. If a complaint cannot be resolved, providers must give clients the opportunity to follow a formal grievance procedure. A copy of this procedure should be provided to all clients at their initial home inspection.

Commodity Foods

Definition: A collection of nutrient-rich foods that generally align with nutritional requirements under the Commodity Supplemental Food Program (CSFP) operated by the United States Department of Agriculture.

Specialty foods, such as those that are appropriate for special diets, may also be allowable with approval from MARC. The provision of local foods, including fresh fruits and vegetables, may also be allowable with approval from MARC.

Unit of Service: A unit of commodity foods is one box valued at \$50 retail.

Reimbursement Fee: The reimbursement fee will be established between MARC and the provider when the agreement is finalized.

Providers must notify MARC if the source of the food item(s) was originally designed to align with regulations in [7 CFR Part 250](#).

All Services

Minimum Service: Award as network partner in no way guarantees referral of clients, any minimum reimbursement, nor any minimum contract amount. Services rendered are driven by available funding.

Service Specifications: The provider shall have all appropriate licenses and certificates to provide the service(s) that they propose, follow all guidelines outlined by state and Federal law, and adhere to provisions within the Network Partner Agreement that is executed upon award. Any facility to be used for the direct provision of services to clients shall meet the accessibility standards of the ADA and all applicable local and state standards for health and safety.

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Training: MARC will either provide training for facilitators or reimburse providers for MARC-approved training fees associated with supported Evidence-Based Programs and auxiliary services.

For some initiatives, MARC will support provider CBOs with access to standardized training modules available through a Learning Management System.

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PART C

Proposal Narrative

If you are already an existing MARC contractor you may not need to respond to this RFP in order to receive MARC funding to provide services. Please contact MARC staff to clarify before writing a proposal.

Proposal Cover Sheet

Must include:

1. Service(s) being proposed
2. Contact name, phone number, and email address
3. Signature of individual, such as the executive officer, who is legally authorized to sign for respondent.
4. Contact information (email address and phone number) must be provided for the individual who signs the proposal.

See <http://marc.org/Requests-for-proposals> for Proposal Forms.

Proposal Narrative (Scope of Services):

The Integrated Care Network Partner Services RFP is different than most MARC RFPs. Services are defined and clients are assigned through MARC for a set reimbursement amount. Therefore, an exhaustive proposal narrative is not necessary, and the process is designed to be as easy as possible for potential partners. Please contact MARC staff to answer any questions you may have about the RFP and required documents.

The specifications for service provision (such as time from referral to service initiation, quality assurance, and reporting procedures) will be outlined in the final Network Provider Agreement after a provider is selected for funding as part of the Network. They do not need to be included in this RFP. A sample Network Provider Agreement and affiliated documents is appended to this RFP for reference.

Respondents should specify the following information in two (2) or fewer pages:

1) Service lines:

Specify if you are applying for funding for one or more of the following:

- Evidence-Based Disease Prevention Programs
- Care Management Programs
- Home Repair & Modification Programs
- Commodity Foods.

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- 2) **Service geography: state areas of interest, and include current capacity for each area and/or expected capacity for each area**
 - a. Example: Stepping On at 2 older adult housing units [insert addresses]
 - b. Example: Care Management in the following counties: [insert counties]
- 3) **Qualified staff (for Care Management only) – describe minimum staff qualifications for care management provision**
 - a. Example: We will use an MSW supervisor or trained CHW supervisor to supervise Community Health Worker care managers. Each MSW supervisor or CHW supervisor oversees an average of [insert average number of subordinate staff]. Our average caseload for each Community Health Worker is [insert caseload].
- 4) **Other unique qualifications. Please include any additional information that would be helpful to reviewers.**

Supporting Documentation

(See <http://marc.org/Requests-for-proposals> for Proposal Forms)

Respondents must submit the following supporting documentation, as applicable for all proposed services. This is not included in the narrative page limit.

1. Current list of **Board of Directors**.
2. **E-Verify**-Assurance of compliance with the Federal Work Authorization program.
3. **HIPPA** - All responses to the RFP must demonstrate the contractor's commitment to ensure clients' confidentiality.
4. **IRS Form 990** (for not-for-profit organizations).
5. **Single Audit Report**
6. **Annual Registration Report filed with the Secretary of State** and all **Fictitious Name Registration(s)** that the respondent currently has on file with Secretary of State. A Certificate of Good Standing will not suffice. This only applies to not-for-profit organizations, not government entities.
7. Copies of all **insurance certificates and appropriate licenses** are not required for this proposal, but successful respondents must submit them prior to the beginning of the program year. MARC must be listed as a co-insured on general liability coverage, and the Certificate of Insurance, which must also include

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Workers Compensation and Fidelity Bonding, must be submitted prior to service provision.

8. **ADA Assurance** - All respondents are required to provide assurance of compliance with the Americans with Disabilities Act of 1990
9. **Civil Rights Compliance** - All respondents awarded contracts will be required to provide assurance of compliance with the Civil Rights Act of 1990.
10. **Assurance of Compliance Regarding Criminal Background Checks for In-Home Service Direct Care Workers** – All respondents proposing to provide direct in-home services are required to provide assurance of compliance with regulations regarding criminal background checks for all direct care workers
11. **Suspension and Debarment Certification** - All respondents are required to certify that their organizations and its principals are not suspended or debarred from participating in Federal assistance programs or activities.
12. **Certification of the total federal awards** expended from all funding sources during the respondent's most recently completed fiscal year.
13. **Drug-Free Workplace Statement** - Each respondent must submit a copy of its Drug-Free Workplace Statement and documentation of a Drug-Free Workplace Program for all employees in compliance with the Drug-Free Workplace Act of 1988.
14. **Intent to Perform as a WBE/MBE Firm** (if applicable) - To confirm the intent to perform as a primary subrecipient/contractor, subcontractor, in a joint venture or any other specified situation, this form must be completed and submitted in the proposal. A copy of the organization's current certification certificate must be included as well
15. **Anti-Discrimination Against Israel Act Certification** - Section 34.600, RSMo, precludes entering into a contract with a company to acquire products and/or services "unless the contract includes a written certification that the company is not currently engaged in and shall not, for the duration of the contract, engage in a boycott of goods or services from the State of Israel; companies doing business in or with Israel or authorized by, licensed by, or organized under the laws of the State of Israel; or persons or entities doing business in the State of Israel."

Request for Waivers

If, in the respondent's opinion, some requirements contained in this RFP are impossible, impractical, or uneconomical, a request for waiver may be included with the proposal.

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There is no limit to the number of waiver requests that may be submitted but each should be itemized on a separate page.

Each waiver request will be reviewed on its own merits. No waiver will be granted for state-mandated regulations. Each request must include the alternative procedure that the respondent will implement to meet the intent of the procedure, process, or compliance requirement.

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PART D

CRITERIA FOR EVALUATION OF PROPOSALS

1. This RFP is ongoing and potential partners will be evaluated for acceptance each quarter. Questions relating to proposal procedures, requirements and evaluation may be addressed to Tonya Boston (tboston@marc.org).
 - a. MARC reserves the right to select or reject any proposal, in whole or in part.
 - b. All proposals received by the stated deadline(s) shall be screened by MARC staff for completeness.
 - c. Non-conforming proposals shall be rejected. The respondent will be informed in writing within a reasonable period of time following submission.
 - d. In addition to the overall price of service contained in the proposal, the following factors will also be considered by MARC in evaluating the proposals:
 - i. The narrative shall address in detail each specific question. If a question is not addressed, it will affect the overall proposal score.
 - ii. Conformity to service standards stated in the proposal package.
 - iii. Past performance as verified by monitoring reports, administrative reviews and participant input for any respondent who has previously provided services funded by MARC. However, a lack of prior service provision through MARC will not count against any respondent.
 - iv. Additional points at scoring will be awarded to organizations that are certified as Disadvantaged Business Enterprises (DBEs), including Women Business Enterprises (WBEs) or Minority Business Enterprises (MBEs).
 - v. The extent to which the respondent's programs are currently or potentially coordinated with other services provided by the respondent, other local community-based organizations, or applicable local governments.
 - vi. MARC will evaluate all proposals using the information provided as well as any and all available outside sources, including MARC's own experience with the provider.
 - vii. A review committee, comprised of MARC staff and members of the Commission on Aging (COA), will be established to review all proposals responding to this RFP. Representatives of each agency

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submitting a proposal may be invited to a meeting held by this committee (time and place to be announced) to answer and possibly clarify any questions or concerns committee members may have. Evaluation scores will be summed and combined with recommendations from this committee, which will be submitted to the Commission on Aging. The Commission on Aging shall review this information and forward its recommendations to the MARC Board of Directors. Part A, Section X of this RFP explains the appeals procedure.

- e. MARC reserves the right, in the event of only one response to this RFP, to negotiate the terms and conditions, including the price included in the sole respondent's proposal.
- f. As part of any negotiations, MARC reserves the right to require any data that would support the reasonableness and acceptability of the proposal. Respondents may be asked to further define and/or refine the services they propose as part of contract negotiation. If so, they will be afforded the opportunity to refine their proposed cost to reflect MARC requested changes from the original proposal. Similarly, MARC may wish to increase or decrease the total amount of services required relative to those proposed.
- g. All proposals received by MARC are subject to the Missouri Sunshine Law and the U.S. Freedom of Information Act. To the extent possible, MARC will keep information contained in bid proposals confidential. Respondents are required to identify those portions of their bid document that they consider to be proprietary. An entire bid document may not be protected. All proposals and supporting documents will remain confidential until a final contract has been executed.

All proposals accepted for consideration will be evaluated using a weighted scoring system:

Proposal Scoring Criteria	
Category	Maximum Points
Proposal Narrative -Entity is qualified to perform services, in good standing within the Kansas City community, and provides timely and accurate	20

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documentation required by the RFP.	
Meets Service or Capacity Priority* - Entity is willing to provide a high-priority service, or will operate in needed geographic areas	5
Total	25
<i>Bonus points</i>	
(DBE) Disadvantaged Business Enterprise	5
OR	
Joint venture with DBE	2.5
Minimum to join network	22
*Service or capacity priority refers to market and customer demand	

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