

MARC

MID-AMERICA REGIONAL COUNCIL

Aging and Adult Services

Originally released for SFY 2021

REQUEST FOR PROPOSAL

INTEGRATED CARE NETWORK PARTNER SERVICES

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

TO BE AWARDED BY:

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

First Released:
January 31, 2020

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Part A

I. SUMMARY

It is likely that existing MARC contractors and vendors do not need to respond to this RFP in order to provide services – please contact MARC staff to clarify prior to writing a proposal.

The Integrated Care Network Partner Services Request for Proposal (RFP) is designed to be reviewed quarterly for the accrual of new network partners. Please respond to the most recent version posted to the MARC RFP website, as details, rates, and programs are subject to change.

In this RFP, MARC seeks proposals to provide services as an integrated care network partner. These services are designed to wraparound specific clients who are referred from health care sources to community services and supports. Notably, the term integrated care network refers exclusively to non-medical, non-clinical supportive social services. In this model, MARC acts as the administrative hub, and network partners act as on-the-ground program providers.

For this opportunity, services include: evidence-based disease prevention, health promotion programs, including family caregiver programs; community care management, including medication reconciliation and affiliated pharmacist services, and remote patient monitoring. Respondents should select and clearly indicate services for which they are providing a response.

Transportation providers may be considered as integrated care network partners, but transportation respondents should address proposals to the separate Transportation Services RFP, when available.

Contracts for the service area can be written in full or in part, depending upon the interests and capabilities of applicants.

To reduce complexity and administrative burden, preference will be given to providers who are able to cover broader service areas. Innovative and technology-based solutions that enhance service quality and capacity are strongly 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) **Remaining documents and certifications**

All forms of the response/application process are available in simple .doc/.rtf formats on MARC's RFP website (<http://marc.org/Requests-for-proposals>). Ultimate submission of the proposal and associated documents is via email.

II. PUBLIC NOTICE

Notice is hereby given that the Mid-America Regional Council (MARC) will release Request for Proposal (RFP) documents 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 State Fiscal Year (SFY) 2021 (July, 2020–June, 2021), and additional fiscal years, for Integrated Care Network Services, depending upon the review cycle. Services include: Community Center Services (Platte and Jackson Counties in Missouri); an extension of Integrated Care Network Partner Services to include Tai Chi for Arthritis and Telephonic Care Management; and, Medically Sensitive Home-Delivered Meals Services.

The RFPs will be released Friday, January 31, 2020. There will be several conferences focusing on the various services being requested. Conference dates, times and locations, as well as the RFPs may be obtained by contacting Tonya Boston at (816) 701-8290, or by email at tboston@marc.org. **All-First cycle proposals** will be accepted at the MARC office no later than Friday, 3:00 PM, March 6, 2020.

Subsequent to the first cycle, Integrated Care Network Partner Services are 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, no later than the 15th of the last month of the quarter at 3:00 PM. If the 15th of the month of the quarter falls on a non-business day, then proposals will be accepted no later than 3:00 PM of the next business day. Proposals received after this deadline will be grouped for review at the following quarter, unless MARC is no longer accepting network partners for the service(s) in question. If service demand is urgent, respondents are encouraged to submit proposals as soon as possible.

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.

III. PROPOSAL BACKGROUND

The structure of the Area Agency on Aging and authority of the Mid-America Regional Council to conduct this solicitation and to procure contractors is described under Part I and Appendix 1 of the MARC/Commission on Aging Policies and Procedures Manual. Refer to this manual for additional information regarding:

- A. Legislative Authority and Funding Sources (Part I, Section 1)
- B. Definition and Description of the AAA (Part I, Section 2)
- C. Overview of Service System (Part I, Section 3)
- D. Eligibility for Services (Part I, Section 6)

IV. CONTRACT PERFORMANCE PERIOD

The MARC aging program period coincides with the state fiscal year (SFY), which in Missouri is July 1 through June 30 of the succeeding calendar year. For SFY 2021 the period will be July 1, 2020, through June 30, 2021. Successive SFY periods will follow the July 1 through June 30 pattern.

RENEWAL OPTION:

The initial award of this contract will be for a one (1) year period. MARC reserves the right to negotiate this contract for two (2) additional one-year renewal periods. MARC reserves the right to terminate the current contract without cause and solicit new bids. MARC shall notify the Contractor, in writing, of the intent to exercise the renewal option. However, failure to notify the Contractor does not waive MARC's right to exercise the renewal option. The Contractor shall be required to submit documentation to MARC, as proof of any requested price increase. Under no circumstances shall an increase be granted that is greater than the Federal Consumer Price Index (C.P.I.) for the Kansas City area, without approval of MARC.

V. MINIMUM REQUIREMENTS OF ALL RESPONDENTS

Responses to this RFP will be accepted only from organizations meeting the following minimum requirements:

- A.** A business/organization eligible to do business in the States of Missouri or Kansas, respective to their stated service area. Respondents who propose to provide services to residents of Missouri must be registered to do business in the State of Missouri. (See **c. Annual Registration Report and Fictitious Name Registration** under Supportive Documentation, on page 12.) Proposals from individuals will not be accepted.
- B.** A business/organization that has current licenses and/or permits, as required for proposed service(s). Please note that evidence-based program licenses will be secured and administered by MARC, in its administrative hub role.
- C.** A business/organization that has developed and implemented programs for compliance with federal and state regulations for equal opportunity, drug-free workplace, and ADA.
- E.** The business/organization must 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).

VI. JOINT VENTURE

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 documentation for both entities must be submitted.

VII. SUBCONTRACTS

Subcontracts are acceptable, but will require the following:

- A.** The primary subrecipient/contractor and the proposed subcontractor must agree to all applicable requirements set forth in the primary contract. Municipalities administering programs are exempted from this requirement.
- B.** A primary transportation subrecipient/contractor must use only vehicles that are titled in the corporate name of the primary subrecipient/contractor or leased in the name of the primary subrecipient/contractor to provide MARC-funded services. Municipalities administering programs are exempted from this requirement.
- C.** Prior to MARC approving a subcontract, the primary subrecipient/contractor must submit a written copy of the proposed agreement to subcontract, and the same documentation required of the primary subrecipient/contractor will be required of the subcontractor agency.

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

MARC encourages qualified businesses to actively participate in the procurement of MARC-sponsored contracts. MARC does not discriminate based on race, color, sex, national origin, age, military status, or disability. Women and/or minority owned business (WBE/MBE) are encouraged to participate as prime subrecipients/contractors, subcontractors or joint ventures.

WBE/MBE respondents must submit a completed Intent to Perform as a WBE/MBE Firm (Part E, Proposal Forms) for each proposed WBE/MBE subrecipient/contractor, subcontractor, or joint venture. 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.

IX. SINGLE AUDIT CERTIFICATION

Successful governmental and non-profit organizations receiving a contract from the Mid-America Regional Council 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 annually are exempt from federal audit requirements for that year.

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.

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

X. APPEALS PROCESS

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

Due to the time constraints of this RFP release, the receipt of an appeal may interrupt service continuity in the Planning and Service Area, and the onset of agreements under this RFP may be delayed.

- A. For first cycle proposals, a preliminary provider list will be approved by the MARC Board of Directors at its meeting on April 28, 2020. Subsequent cycles will follow a similarly patterned schedule. Please contact Tonya Boston for precise dates. A formal response will be sent to all respondents officially notifying them of the Board's recommendations subsequent to the meeting. Respondents wishing to submit an appeal of the preliminary contract award decision must submit a formal written request including the reason for appeal, by 5:00 p.m., May 5, 2020.
- B. The appeals request should be addressed to the Executive Director of MARC detailing the basis for the appeal. The individual who was authorized to submit the original proposal must also submit the appeal.
- C. For first cycle proposals and if necessary, an appeals hearing will be held between May 6 and May 12, 2020. Subsequent cycles will follow a similarly patterned schedule. Please contact Tonya Boston for precise dates.

Refer to Appendix 1, page iv (Appeals Process For Service Proposal Denial), of the MARC/Commission on Aging Policies and Procedures Manual for details regarding the steps a respondent is required to take to process an appeal.

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 that the best way to address these challenges is through an integrated care network, developed under the working title of Managed Services Network (MSN). Like other integrated care networks across the nation, the MSN will be a community asset that helps improve health outcomes while reducing costs.

In the integrated care network described in this excerpt, MARC will serve as the administrative hub. The hub 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.

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 Partner 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.

I. 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 each type of service may be considered individually. MARC will award contracts to successful respondents for each specific type of service. Each service contract will specify service areas. Proposals may be evaluated recognizing 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. MARC reports these activities to business partners, and State and Federal authorities for regular program accountability and occasional analysis of program or service effectiveness.

It is the contractor’s responsibility to gather and report all necessary data elements – for all activities, programs, and services under MARC funding – using

the software, processes, and formats required by MARC, as applicable. Usually, data elements are required at the individual client or individual participant level, unless restricted by law.

Evidence-Based Programs

Definition: A panel of packaged, evidence-based disease prevention and health promotion courses has been selected for administration by MARC in SFY 2020. These programs are usually delivered in a classroom setting, according to standards developed by the licensing entity. MARC will cover the cost of course leaders, in exchange for a commitment to lead a minimum number of courses.

Additional programs may be added during the performance period. Reimbursement is based upon individuals who complete the designated number of sessions for each evidence-based program:

Completer Definition		
Program		Completer*
Chronic Disease Self-Management Education (Self-Management Resource Center)	Chronic Disease Self-Management Program <u>(English and Spanish)</u>	4 of 6 SMRC-defined sessions
	Workplace Chronic Disease Self-Management Program	
	<i>Tomando Control de su Salud</i>	
	Diabetes Self-Management Program	
	Building Better Caregivers	
	Chronic Pain Self-Management Program	
Stepping On (Wisconsin Institute for Healthy Aging)		5 of 7 WIHA-defined sessions <i>(completers must attend sessions 1 and/or 2 as part of the 5 required sessions)</i>
National Council on Aging	Aging Mastery Program	7 of 10 NCOA-defined sessions
	Aging Mastery Program for Caregivers**	9 of 12 NCOA-defined sessions
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
<u>Arthritis Foundation</u>	<u>Walk With Ease</u>	<u>12 of 18 Arthritis Foundation-defined sessions</u>
<p><i>*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</i></p> <p><i>**May not be available under all agreements</i></p>		

Reimbursement Fee: The following reimbursement schedule applies to evidence-based programs.

Fee Schedule for Contracted Program Providers

Workshop Leader(s)/Facilitator(s)	Reimbursement Structure
Service Provider Contract	Up to \$100 per completer <u>for the contracted entity</u> Provide cost of materials <i>for completers</i>
One AAA staff/ One contracted leader	Up to \$50 per completer for the contracted entity Provide cost of materials <i>for completers</i>
<u>Contracted leaders from more than one entity</u>	<u>Up to \$50 per completer for each contracted entity</u> <u>Provide cost of materials for completers, for each contracted entity</u>
<i>-Less likely at MARC, limited availability-</i>	
AAA staff	Provide cost of materials <i>for completers</i>

Community Care Management

Definition: Individualized connection to social and non-medical resources based upon a care plan developed through an in-home assessment. In most cases, auxiliary services are delivered under care management, and respondents do not need to specify interest beyond the core “Community Care Management” service.

	SERVICE	DEFINITION	DOSE/DURATION
	Core service: Community 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.
	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.
Auxiliary Services	HomeMeds	Evidence-based, in-home medication reconciliation escalated to pharmacist review based upon software algorithm.	Completed during community care management activities. May be periodically repeated.
	Trualta (caregivers)	A skills-based e-learning (or printed) resource to help caregivers self-manage their role	User access is provided at the first in-home assessment, as needed, and available to the client for the duration

	Remote Monitoring	Use technology to collect medical and other data on patients and electronically transmit that information securely to health care providers in a different location for assessment and recommendations.	(Further details pending)
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Unit of Service:

A unit of service for care management is one hour.

Refer to Part III, Section 1 of the MARC/Commission on Aging Policies and Procedures Manual for further details regarding the specifications and standards of these services.

Reimbursement Fee: Each hour of community care management service will be reimbursed at a rate of **\$55.00**. Each hour of telephonic care management service will be reimbursed at a rate of **\$25.00**.

Under some contracts and/or funding sources, per MARC's specification, community care management will be reimbursed at a flat monthly rate, with no service limits (i.e., the care manager. Parameters for minimum service will be outlined for each opportunity. Additional reimbursement schedules for certain types of assessments (e.g., telephonic versus in-home) may also be generated.

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

Managed Services Network Community Care Management
Initial In-Home Visit, Assessment, and Community Care Management
\$275/client/first month

Ongoing Care Management
\$225/client/month

The following is an example reimbursement schedule at a flat monthly rate for individual contract care managers:

Managed Services Network Community Care Management
Initial In-Home Visit, Assessment, and Community Care Management
\$275/client/first month

Ongoing Care Management
\$175/client/month

Home Repair and Modification

Definition: The following activities are authorized by the Older Americans Act: Services designed (A) to assist older individuals to obtain adequate housing, including residential repair and renovation projects designed to enable older individuals to maintain their

homes in conformity with minimum housing standards; (B) to adapt homes to meet the needs of older individuals who have physical disabilities; (C) to prevent unlawful entry into residences of older individuals, through the installation of security devices and through structural modifications or alterations of such residences; or (D) to assist older individuals in obtaining housing for which assistance is provided under programs of the Department of Housing and Urban Development.

Rental housing is common among priority populations. Rental properties may be eligible, but landlord responsibilities and assurances may apply.

For all repairs and modifications, contractors are urged to follow the principals of the Universal Design Handbook.

Referrals will come through a variety of sources. MARC must screen candidates for eligibility and priority prior to authorizing service.

For MARC's purposes, the home repair and modification service comprised of the following elements:

1. Assessment – Conducted by the service provider, generally, in partnership with an Occupational Therapist (OT) or other individuals qualified to complete assessments of how the living environment accommodates functional capacity, to identify areas of need and safety risks.
2. Home modifications to ease accessibility and adapt homes to the needs of older individuals who have physical disabilities.
Common modifications, among many which are possible, include:
 - Install grab bars and handrails.
 - Lighting improvements
 - Lowering counter heights
 - Accessible bathrooms
 - Widening of doors
 - Install bathroom assistive devices (toilet riser seats, hand-held showers, tub benches, etc.)
 - Create more stable and accessible entrances

Home repairs that facilitate accessibility improvements and maintain conformity with minimum housing standards

Common repairs, among many which are possible, include:

- Restore heating and cooling
- Fix dangerous electrical problems
- Repair faulty plumbing conditions
- Install new water heaters
- Build wheelchair ramps and low-rise steps
- Repair rotten flooring

Unit of Service:

A unit of service for home repair and modification is one completed project.

Refer to Part III, Section 1 of the MARC/Commission on Aging Policies and Procedures Manual for further details regarding the specifications and standards of these services.

Reimbursement Fee: Reimbursement will be made on a per-project basis, and only for eligible project types. Generally, each project will be capped at approximately \$1,500-1,800. Projects forecasted to exceed \$1,800 must receive pre-approval from MARC to proceed.

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.

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.

~~Match Requirement: MARC will administer various funding sources for program provision. For services rendered under Older Americans Act dollars, evidence of a 25% match, cash or in-kind, will be required. Invoicing procedures to reflect match requirements will be established by MARC staff upon agreement finalization.~~

PART C

Proposal Narrative

It is likely that existing MARC contractors and vendors do not need to respond to this RFP in order to provide services – please contact MARC staff to clarify prior to writing a proposal.

Proposal Cover Sheet: (Part E, Proposal Forms) must be signed by an executive officer who is legally authorized to sign for respondent. Specify the service(s) being proposed. A contact person and telephone number must be included.

Contact information (email address) must be provided for the executive officer who is legally authorized to sign for the respondent, including the Board Chair for nonprofit entities.

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 for technical assistance in responding to this RFP, or clarifying the required documents.

The specifications of provision of the service such as timelines from referral to service initiation, quality assurance, and reporting procedures are outlined in the final Network Provider Agreement after a provider is selected to join the network. An example Network Provider Agreement and affiliated documents, for a specific service line, has been appended to this RFP. **Respondents should specify the following using concise, yet complete descriptions, in approximately 2 pages or fewer:**

- 1) Service lines:**
Specify Community Care Management; Home Repair and Modification; and/or Evidence-Based Disease Prevention, Health Promotion Programs (EBP). If pursuing EBP, specify the individual program(s) (e.g., Stepping On, Aging Mastery Program, etc.)
- 2) Service geography: state areas of interest, and include extant 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: Community Care Management in the following counties: [insert counties]
- 3) Qualified staff: Only for Community Care Management – describe minimum staff qualifications for care management provision**
 - a. Example: We will use an MSW supervisor over Community Health Worker care managers. Each MSW supervisor oversees an average of [insert average number of subordinate staff]. Our average caseload for each Community Health Workers is [insert caseload].
- 4) Other unique qualifications: please include any additional information that would be helpful to reviewers and was excluded from the first three categories**

Supporting Documentation (See Part E for link to forms)

The respondent must submit the following supportive documentation, if applicable, regarding all proposed services (supporting documentation does not apply to the proposal narrative page limit):

- a. The **respondent** is required to provide a complete listing of the members of the Board of Directors for the years 2018, 2019, and 2020.
- b. **The respondent is required to, if a tax-exempt organization, submit its most recent IRS Form 990. Any new not-for profit organizations to the MARC system will be required to also include its most recent A-133 audit report.**
- c. **Annual Registration Report and Fictitious Name Registration** - Each respondent, except a governmental entity, must submit a copy of its most recent Annual Registration Report filed with the Secretary of State, and evidence of any 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.**
- d. **Insurance and Licenses** - All respondents awarded contracts will be required to forward to MARC copies of all insurance certificates and appropriate licenses prior to the beginning of the program year. Successful respondents will be required to submit insurance certificates. Certificates do not need to be submitted within the proposal, but must be submitted prior to contract initiation.
- e. **Civil Rights Compliance** - All respondents awarded contracts will be required to provide assurance of compliance with the Civil Rights Act of 1964, as amended (Part E, Proposal Forms).
- f. **ADA Assurance** - All respondents are required to provide assurance of compliance with the Americans with Disabilities Act of 1990 (Part E, Proposal Forms).
- g. **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 (Part E, Proposal Forms).
- h. **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 (Part E, Proposal Forms).
- i. **Single Audit Certification** - All governmental and non-profit respondents are required to certify to MARC the total federal awards expended from all funding sources during the respondent's most recently completed fiscal year (Part E, Proposal Forms).
- j. **Drug-Free Policy Statement and Program** - 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.

- k. **Intent to Perform as a WBE/MBE Firm** – 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 (if applicable, Part E, Proposal Forms)

8) Request for Waivers

If, in the respondent's opinion, some requirements contained in this proposal packet are impossible, impractical, or uneconomical to uphold, a request for waiver may be included with the proposal. Only one waiver request should be contained on a page. There is no limit to the number of waiver requests that may be submitted.

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.

PART D

CRITERIA FOR EVALUATION OF PROPOSALS

MARC Review, Proposal Evaluation and Selection

- A. These documents were first released on Friday, February 1, 2019. Subsequent versions, including this one, will be released, 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).

Proposals will be accepted via email to Tonya Boston (tboston@marc.org) no later than the 15th of the last month of the quarter at, 3:00 pm. If the 15th of the last month of the quarter falls on a non-business day, then proposals will be accepted no later than 3:00 PM of the next business day. Proposals received after this deadline will be grouped for review at the subsequent quarter, unless MARC is no longer accepting network partners for the service(s) in question.

MARC strongly encourages electronic submission to Tonya Boston (tboston@marc.org). **The respondent 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.

- B. MARC reserves the right to select or reject any proposal, in whole or in part.
- C. All proposals received by the aforementioned deadline(s) shall be screened by MARC staff for completeness.
- D. Non-conforming proposals shall be rejected. The respondent will be informed as such in writing within a reasonable period of time following submission.
- E. 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:
1. It is imperative that all respondents to this RFP carefully read the document in its entirety prior to responding in writing. The narrative shall address in detail each specific question. If a question is not addressed it will affect the overall proposal score.
 2. Conformity to service standards stated in the proposal package.
 3. Past performance records as verified by monitoring reports, administrative reviews and participant input for any respondent who has previously provided services to MARC. But a lack of prior service provision to MARC will not count against any respondent;
 4. The Women and Minority Business (Disadvantaged Business Enterprise) goals of MARC (refer to Appendix 1, page i, of the MARC/Commission on Aging Policies and Procedures Manual).

5. Respondent's financial condition and management capability, including copies of the current health inspections of the facility to be used in the preparation of the meals for MARC service (MARC will request if a tentative award is recommended).
 6. The extent to which the respondent's programs are actually or potentially coordinated with other services provided by the respondent, community based local organizations or applicable local governments.
 7. MARC reserves the right to evaluate a respondent based upon historic information and fact, no matter the source.
- F.** A review committee will be established to review all proposals responding to this RFP. Representatives of each agency submitting an accepted 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.

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 documentation required by the RFP.	20
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	

- G.** 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.
- H.** 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.
- I.** The community-based care system is comprised of the total array of public and private resources available to assist the older person. Federal service funds are provided through Title III of the Older Americans Act, and the Social Services Block Grant. Special consideration may be given to those respondents having the capability to deliver services through multiple funding sources.
- J.** 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.

PART E

Proposal Forms: All forms are available in the online Proposal Forms Packet on the MARC website at <http://marc.org/Requests-for-proposals>