

Allegheny County

Department of Human Services

REQUEST FOR PROPOSALS

To Provide Health Care Coordination and Support Services for Medically-Fragile Children in Child Welfare

RFP ISSUED	September 12, 2014
QUESTIONS AND REQUESTS FOR CLARIFICATION ACCEPTED VIA EMAIL	Until 5 Business Days Before Proposal Due Date
RESPONSES (Q & A) POSTED ON WEBPAGE	Ongoing- Final Q&A Posted 1 Business Day Before Proposal Due Date
PROPOSALS DUE	November 7, 2014
AWARD DECISION / NOTIFICATION	February 2015
ESTIMATED START DATE	April 2015

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Glossary of Terms and Acronyms Used in this RFP

Agreement: The contract negotiated between the County and the Successful Proposer to provide the Contract Services.

Contract Services: The specific services which the Successful Proposer agrees to provide to the County in response to this RFP as more particularly described in the Scope of Services in the Agreement.

Conferencing and Teaming: DHS' case management practice model of assessing, planning and integrating services for the families in our child welfare system. More information is provided on DHS's website at http://www.alleghenycounty.us/dhs/ai/conferencing_and_teaming.aspx.

CP: Cerebral Palsy

CPSL: Child Protective Services Law

CYF: The Office of Children, Youth and Families, an office within DHS.

DHS: The Allegheny County Department of Human Services.

KIDS: Key Information and Demographics System

Family Plan: A plan to help a family meet their goals designed during the Conferencing and Teaming process made by the family, with input from the caseworker and support team.

Medically Fragile: A medically fragile child is one who, because of an accident, illness, congenital disorder, abuse or neglect, has been left in a stable condition, but is dependent on life sustaining medications, treatments, or equipment, and has need for assistance with activities of daily living.

A medically fragile child may:

- Have chronic health care conditions such as diabetes, traumatic brain injury, cerebral palsy (CP);
- Be a transplant recipient and require special health care support, such as tube feedings, oxygen therapy, suctioning, tracheostomy care, or a ventilator;
- Have limited mobility and require special health care support due to paralysis or chronic disease.

Proposal: The response submitted by a Proposer to this Request for Proposal.

Proposer(s): the entity or entities submitting a Proposal to the County in response to the RFP in an effort to become the Successful Proposer.

Successful Proposer: The Proposer selected by the County to provide the Contract Services.

General Instructions and Information

Purpose

Allegheny County is soliciting proposals for the development and implementation of a Health Care Support and Coordination Pilot Program (HCSC Pilot Program or HCSC Pilot) in three of its five CYF (Office of Children, Youth, and Families) regional offices. The purpose of the HCSC Pilot Program is to improve the coordination of and communication regarding health care assessment and treatment for medically fragile children and youth involved in the child welfare system through consultation, collaboration and training.

DHS (Allegheny County Department of Human Services) intends to use the results of this RFP (Request for Proposals) process to determine which proposer can best provide the Scope of Services Requested and to recommend an award of an Agreement to the County Manager for the Successful Proposer. The Successful Proposer will be awarded one contract, not to exceed \$600,000.

General Information about a Request for Proposal

Allegheny County issues RFPs to identify Proposers with the ability to meet the identified needs and quality standards within a given program and funding guidelines. Evaluation criteria is included in an RFP (see Scope of Services Requested) to measure how well a Proposal meets these guidelines; additional information and/or a presentation may be requested during the Proposal evaluation period. Following the evaluation period, a contract to provide the requested services may be awarded to the most qualified Proposer, that is, the Successful Proposer.

The issuance of this RFP does not obligate the County to enter into a contract with any Proposers if none sufficiently demonstrates the ability to meet the identified need within the guidelines presented.

Communication about this RFP

DHS is the "Issuing Office" for this RFP and is the sole point of contact for all questions and communication regarding this RFP. All information about the RFP, including changes, clarifications and responses to Proposer questions, will be posted on the RFP website at:

<http://www.alleghenycounty.us/dhs/solicitations.aspx>

All communication about the RFP, including requests for additional information or clarification, should be submitted via email to:

DHSProposals@alleghenycounty.us

All questions and/or requests for clarification concerning this RFP must be submitted no later than three business days prior to the proposal due date in order to guarantee a response on the website.

Eligibility

Entities eligible to respond to this RFP include non-profit organizations, for-profit organizations and businesses. Collaborative Proposals will be considered. Organizations and their personnel must have current licensure and/or certification in good standing in relevant discipline, function, activity or area as

determined by regulation, law or standards of best practice.

In order to be considered under this RFP, Proposers must meet all of Allegheny County's contractual requirements (available at: <http://www.alleghenycounty.us/dhs/contracting.aspx>).

Minority, Women or Disadvantaged Business Enterprise (M/W/DBE) Requirements

This RFP contains requirements for Proposers to assist Allegheny County in meeting its M/W/DBE goal of 13 percent Minority Business Enterprise (MBE) and 2 percent Women Business Enterprise (WBE) of Allegheny County's contracts. A M/W/DBE is defined as a small business concern which is at least 51% owned and controlled by one or more socially and economically disadvantaged individuals, or in the case of any publicly owned business, at least 51% of the stock is owned by one or more socially and economically disadvantaged individuals. Socially and economically disadvantaged individuals include Women, African Americans, Hispanic Americans, Native Americans, Asian-Pacific Americans and Asian-Indian Americans. A listing of M/W/DBEs certified by Allegheny County and the Pennsylvania Unified Certification Program can be found at www.county.allegheny.pa.us/mwdbe

For more information about M/W/DBEs, please review the following. An M/W/DBE Participation Statement or Waiver Statement is **REQUIRED** with proposal submission.

[MWDBE Contract Specifications Manual](#)

[MWDBE Participation Statement form](#)

[MWDBE Waiver Statement form](#)

Proposal Preparation Costs

The Proposer is responsible for all costs related to the preparation and submission of a Proposal; Allegheny County is not obligated, in any way, to pay any costs incurred.

Background

About DHS

DHS was created in 1997 to consolidate the provision of human services across Allegheny County. DHS is the largest department of Allegheny County government; in addition to the Executive Office, DHS encompasses five program offices (Behavioral Health; Children, Youth and Families; Community Services; Intellectual Disability; and the Area Agency on Aging) and three support offices (Administrative and Information Management Services; Community Relations; and Data Analysis, Research and Evaluation). Last year, DHS served more than 210,000 individuals (approximately 1 in 6 County residents) through an array of 1,700 distinct services.

DHS is responsible for providing and administering publicly-funded human services to Allegheny County residents. DHS is dedicated to meeting these human service needs, particularly for the county's most vulnerable populations, through information exchange, prevention, early intervention, case management, crisis intervention and after-care services.

DHS provides a wide range of services, including services for older adults; mental health and drug and alcohol services (includes 24-hour crisis counseling); child protective services; at-risk child development and education; hunger services; emergency shelters and housing for the homeless; non-emergency medical transportation; job training and placement for public assistance recipients and older adults; and services for individuals with intellectual and/or developmental disabilities.

DHS provides services to eligible individuals without regard to race, color, sex, gender identity or expression, sexual orientation, age, religion, national origin, political affiliation, disability, familial status, military service, or religious, community or social affiliations.

Issue

The mission of CYF is to protect children from abuse and neglect; to preserve families whenever possible; and to assure permanency, that is, to provide permanent, safe homes for children either by assuring safety within the child's own family, or by finding an adoptive home or another permanent setting for those who cannot be reunified with their family. In 2012, CYF served more than 9,500 children and almost 9,000 parents through its five regional offices and more than 300 casework staff. The five regional offices are:

- Central Office: 1401 Forbes Avenue, Pittsburgh, PA 15219
- East Office: 400 N Lexington Avenue, Pittsburgh, PA 15208
- Mon Valley Office: Executive Building, Suite 508, 332 Fifth Avenue, McKeesport, Pa 15132
- South Office: 2100 Wharton Street, Pittsburgh, PA 15203
- North Office: 1972 Clayton Avenue, Pittsburgh, PA 15214

Of the approximately 4,200 children and youth involved in our child welfare system on a given day, approximately 15 percent (630) fit the following definition of medically fragile:

A medically fragile child is one who, because of an accident, illness, congenital disorder, abuse or neglect, has been left in a stable condition, but is dependent on life sustaining medications, treatments, or equipment, and has need for assistance with activities of daily living. A medically fragile child may:

- Have chronic health care conditions such as diabetes, traumatic brain injury, cerebral palsy (CP)
- Be a transplant recipient and require special health care support, such as tube feedings, oxygen therapy, suctioning, tracheostomy care, or a ventilator
- Have limited mobility and require special health care support due to paralysis or chronic disease

When a child is in an out-of-home placement, it is the responsibility of CYF to ensure that he or she receives ongoing preventive, routine and emergency care, as well as dental and vision care. The complexity of the needs of medically fragile children means that coordinating and accessing care is time and labor intensive and beyond the scope of what can be expected of caseworkers. When the medically-fragile child is living at home, the family/caregiver(s) often requires assistance to understand, and coordinate the myriad tasks associated with caring for a child with extraordinary or chronic health care needs.

In addition, DHS has identified needs that go beyond the day-to-day responsibilities associated with caring for a medically-fragile child. For example, the ability to understand complex medical information and to translate it into planning- and practice-relevant terms requires knowledge of medical terminology, specialized health care education and training beyond that possessed by most caseworkers or caregivers. Other examples include the need to assess the health care needs of the child as part of the larger assessment process and to represent the child's health care needs and interests in variety of settings, including child welfare investigations and court proceedings. It is the intent of DHS that the HCSC Program will become a seamless enhancement to the regional offices, building the capacity to improve services and support for children and families within the child welfare system.

Initially, DHS plans to implement the HCSC Pilot Program in three of the five regional offices (Central, North, and Mon Valley). Expansion may occur to all five offices, depending upon the success of the HCSC Pilot. DHS plans to provide initial orientation and training to HCSC Program staff, through the CYF training department, to include organizational, cultural and programmatic information about DHS and CYF, as well as child welfare-specific content.

When researching how other jurisdictions have responded to the need to better serve medically fragile children involved in child welfare, DHS staff examined several programs across the country with proven success in providing health care support and coordination. Each of the following three, while based on governance structures different from DHS, has been effective in building capacity to serve the target population and in becoming an integral component of the culture and operations of the programs in which they are located. Proposers are encouraged to explore these and other strategies for addressing the identified need.

Francios-Xavier Bagnoud Center/Child Health Program

Nina Colabelli, MSN, CPNC-PC
 Director of Child Health
 65 Bergen St, 8th Fl
 Newark, NJ 07101-1709
 973-972-8083
www.fxbcenter.org
<http://www.state.nj.us/dcf/>

Child Welfare Nurse Specialists

Illinois Department of Children & Family Services

Chief of Nursing Services

Jerrilyn Pearson-Minor RN, MSN, EdD

100 W. Randolph

Chicago, IL 60601

312-814-5693

http://www.state.il.us/dcfs/library/com_communications_DCFSNursingTraining

City of Philadelphia

Nurse Consultants

Kathye Torissi, MSN, RN

Mari Ann Campbell MSN, RN

Department of Human Services

DHS Nurse Consultants, LLC

215-683-6463

<http://www.phila.gov/Pages/default.asp>

Scope of Services Requested

Allegheny County is soliciting Proposals for the development and implementation of a HCSC Pilot Program in three of its five CYF regional offices. The purpose of the HCSC Pilot Program is to improve the coordination of health care assessment and treatment for medically fragile children and youth involved in the County's child welfare system through consultation, coordination and training.

DHS intends to make an award of one agreement to a Successful Proposer, not to exceed \$600,000, for the first year of the HCSC Program.

DHS envisions that there are a variety of approaches a Proposer may take to provide the services described in this RFP and is interested in Proposals that offer creative solutions and strategies. However, DHS has identified a number of standards that must be included in all Proposals. They are listed below:

- The HCSC Program is expected to be fully implemented in the three regional offices within 15 months of the start date of the HCSC Pilot.
- DHS anticipates that HCSC Program staff will devote approximately 70 percent of their time to direct service activities related to individual clients/families, including, but not limited to: assessment, coordination of health care services and follow-up, participation in planning activities and follow-up implementation, and interpretation of medical reports for casework staff and families. The remaining 30 percent of time is expected to be devoted to activities such as data collection/input, education and training sessions for staff and families, and system infrastructure development (e.g., policy, procedure and protocol development).
- The Proposal must include a plan for ensuring staff coverage, filling vacancies in a timely way and providing coverage during those vacancies.
- The HCSC Pilot Program is designed to address non-emergency needs and services. HCSC Program staff will work typical business hours Monday through Friday, except as required to accompany casework staff on home visits/evaluations and/or court appearances.
- HCSC Program staff will not be required to transport clients to health care appointments.
- HCSC Program staff must possess the following:
 - Nursing licensure in good standing
 - Knowledge of and experience in pediatric physical and behavioral health, the principles of child health promotion, and nursing care of children with special needs
 - Knowledge of the Child Protective Services Law (CPSL) and the Juvenile Act
 - Familiarity with Allegheny County communities and resources
 - Working knowledge of local managed care systems and providers

In addition, the Proposal should address how HCSC Program staff will carry out the responsibilities described below, improve health care support and coordination for medically fragile children and youth in the County's child welfare system, and become an integral part of the regional office and the culture therein, engaging with casework staff in a collaborative and collegial manner and providing a level of expertise to support their work. A key measure of success will be the extent to which regional office staff value the services for their

relevance, their benefit to children and families, and their usefulness to caseworkers (i.e., do they enhance their ability to do their job well?). Families' input will also be sought when the value of the HCSC Program is evaluated. Each HCSC Program staff person will be responsible for a range of activities from direct service and training to policy and infrastructure development. Responsibilities will include, but are not limited to, the following:

- develop a comprehensive health assessment tool (or adopt an existing tool) that coordinates with and adds value to existing assessment instruments already in use
- draft policies and procedures related to health care assessment, support and coordination
- assure that every child/youth in the target population has a completed assessment and health plan based upon available records, consultation with family members, provider and casework staff, and health care professionals
- coordinate health care and recommended follow-up care (as appropriate and necessary), including communicating information about health care needs and outcomes – and implications for service planning - to members of the child's team, including family and/or placement providers
- consult/coordinate with casework staff and other health care professionals involved in the child's care (e.g., behavioral health)
- function as an advocate for the child/youth in all health care matters (for the target population)
- participate in the design and implementation of a practical and sustainable plan for collecting, tracking and reporting health care consultation activities and information. DHS anticipates that HCSC Program staff will need to enter some data into DHS's Key Information and Demographics System (KIDS). Moving forward, DHS will work with the Successful Proposer to identify the specific data HCSC Program staff will be required to collect and the best way for them to do so. HCSC Program staff will be included in the planning about software applications and will be instrumental in defining the need and the most important measures to collect and track.
- provide or arrange education/training on health care issues, as identified, to casework staff, providers and/or families; anticipate approximately one training/month
- represent the health care needs of the child/youth in investigations, court proceedings, placement and permanency planning, and discharge planning to ensure that the needs of the child are adequately and safely met.
- participate in DHS' practice model, Conferencing and Teaming. When a case is accepted for services by CYF, the family's assigned caseworker facilitates the Conferencing and Teaming process. Together, the family and the caseworker decide who should serve on their team of supports. Team members include family, friends, and service providers, who participate in developing a plan to help the family achieve their goals. HSCS Program staff members are expected to serve on teams and to engage in an honest conversation about the strengths and needs of the family, help develop a Family Plan, advocate for the child's health needs and ensure integration of services.

Proposal Instructions and Format

Overall Format

A complete Proposal must include all of the components listed below, submitted as a word document or PDF (budget may be submitted in Excel). Use 1-inch margins, 12 point font and numbered pages. Single spacing is permissible.

Please adhere to page limitations indicated below; other than required attachments, no additional attachments will be accepted (attachments may be included as a link).

Proposal Format, Page Limits and Point Values:

- Required Attachments:
 1. RFP [Cover page](#)
 2. [MWDBE Participation Statement form](#)
- Executive Summary (1 page)

The Executive Summary should include:

1. Proposer information, including key staff and a description of organizational capacity to address the issues
2. Information about any proposed collaborative arrangements
3. A brief description of the issue(s) to be addressed
4. A brief description of the Proposer's approach to providing the HCSC Pilot Program
5. Funding request

Proposals will be evaluated on a 100-point scale as defined below:

- Proposal Narrative (50 points, limit 10 pages)

An Organization Description as well as the Proposer's approach to providing the HCSC Pilot Program and for data collection and evaluation should be fully described in the narrative, which should, at a minimum, address each of the bullet points within each category.

 1. Organization Description (15 points)
 - a. Describe your organization's history/experience in the providing assessment and health care coordination services to children/youth in the child welfare and/or health care systems
 - b. Describe your organization's experience with the target population
 - c. Describe your organization's experience with training
 2. Approach to Providing the HCSC Pilot Program: (25 points)
 - a. Describe your approach and how it is designed to meet each aspect of the scope of work.
 - b. Include an implementation timeline
 - c. Provide an idea of the kind of training that might be provided to regional office staff, caregivers and/or families during the first year; include any outside training considered essential
 - d. Describe any potential risks to success and how your approach can mitigate those risks.

3. Data Collection and Evaluation (10 points)
 - a. Describe your experience with health data entry systems
 - b. Define, from your perspective, the key administrative and client-based data that should be collected
 - c. Describe how your organization uses data to support continuous quality improvement
- Staffing Structure and Qualifications (limit 5 pages plus job descriptions, résumés and licenses) (25 points)
 1. Describe the proposed administrative and staffing structure and how these support your approach to providing the HCSC Pilot Program and requirements
 2. Provide specific staff qualifications (with required education, licenses and experience as describe under Background: Issue) and job descriptions
 3. Describe how staff will be hired, anticipated turnover and a plan for timely replacement of staff, and a plan for assuring staff coverage of responsibilities at all times, in each of the three regional offices, should staff vacancies occur.
 4. Describe how the organization will ensure that staff are able to meet the physical demands of the position, including working with a medically fragile population
 5. Describe the organization's professional development and staff training plan
 6. Include résumés and licenses of current staff
- Budget and Budget Narrative (limit 5 pages plus financials) (25 points)
 1. Attach the organization's financials and explain how they reflect sound financial policies and organizational stability
 2. Provide a detailed one-year budget that clearly supports the proposed model and the implementation plan AND that fits within DHS's funding guidelines. If you anticipate that the annual operating budget will differ significantly from the budget for the start-up year, please provide both budgets, along with justification for the difference.
 3. Complete a budget narrative for (each) budget
- References (limit 1 page): Include name, affiliation and contact information [including email address and telephone number] for three references who are able to address relevant experience with your organization

Submission Information

Proposals must be submitted by email, no later than 3:00 p.m. EST on November 7, 2014. Documents unable to be sent via email may be sent via U.S. mail, by courier, or hand delivery to the address listed below, and must be received by the date/time specified. Proposals received after this time will not be accepted. The County reserves the right to extend or postpone the date and time for RFP activities; in the event of a change, the information will be posted on the website at <http://www.alleghenycounty.us/dhs/solicitations.aspx>.

Please include the name "HCSC Proposal" on all submission materials and in email subject line.

Electronic Submission:

Submit proposals via email to:

DHSProposals@alleghenycounty.us

Hard Copy Submission:

If necessary, attachments may be sent via U.S. Mail, Courier or hand-delivery to:

Maria Wallace
Allegheny County Department of Human Services
One Smithfield Street – Suite 400
Pittsburgh, PA 15222-2221

You will receive an email confirmation of receipt of your Proposal. Please contact us (via email or by calling Maria Wallace at 412-350-7144) if you do not receive an email confirmation.

To be considered, the Proposal must include all of the specified information. DHS may request additional information and/or conduct investigation as necessary to determine the Proposer's ability to implement the HCSC Program. This additional information may become part of the County's final award decision-making process.

All Proposals are the property of the County and may become part of any subsequent contract.

Selection Process

Proposal Review and Evaluation Process

DHS will use a formal evaluation process to select the Successful Proposer. The process will include review of the Proposal and additional information/presentation as requested. In addition, DHS may contact individuals or entities with whom the Proposer has had dealings in the past, regardless of whether or not they are included as references in the Proposal.

DHS will perform an initial screening of all Proposals received. For a Proposal to be eligible for evaluation, the Proposal must be:

- 1. Received from the Proposer by the due date/time**
- 2. Properly signed by the Proposer**
- 3. Properly formatted and include required forms and sections**

Proposals that do not meet the initial screening are subject to rejection without further evaluation.

After the initial screening has occurred, the evaluation process for Proposals is as follows:

- DHS will designate a committee to review and evaluate all Proposals submitted in response to this RFP. The evaluation committee may consist of some or all of the following individuals:
 - County employees/contractors
 - Representatives of foundations, educational institutions, community and civic organizations, businesses and/or non-profit agencies
 - Individuals selected for subject matter/content expertise or experience, or by virtue of other relevant experience/knowledge
- The evaluation committee will use an appropriate evaluation method, such as a matrix, to analyze each Proposer's qualifications and responses.
- The County retains the exclusive discretion to short list a small number of Proposals receiving the highest or most satisfactory evaluations for more extensive review.
- If determined necessary, DHS may contact the Proposer for the purpose of clarifying any ambiguities in the Proposal, requesting Proposal modifications, or discussing budget modifications

Oral Presentations and Site Visits

Shortlisted Proposers may be invited to give an oral presentation. In that case, selected Proposers will be notified of the time and location, and will be provided with an agenda or topics for discussion. Questions asked during oral presentations or site visits will be for the purpose of clarifying the scope and content of the written Proposal.

Final Award Process

After oral presentations and/or negotiations, the evaluation team will tabulate and submit an award recommendation to the DHS Director. The DHS Director will then issue a recommendation to the County Manager who will make the final determination concerning the award of the Agreement.

Contract Terms and Conditions

Agreement Terms and Conditions

The Successful Proposer will enter into a one-year Agreement with the County of Allegheny, on behalf of DHS, for performance of the Scope of Services specified in this RFP and set forth in the Proposal. Information about contracting with DHS and the standard County terms and conditions which will be included in the Agreement can be found on the DHS website at:

<http://www.alleghenycounty.us/dhs/contracting.aspx>

HIPAA compliance

DHS is a “covered entity” under the Health Information Portability and Accountability Act (HIPAA). The Successful Proposer must describe how it will comply with HIPAA requirements.

CYBER Security

A significant portion of DHS business activities and related billing carried out under this RFP are done through information management systems or tools, including email. Proposers should meet the minimum computer specifications beginning on page 14 of the [DHS Contract Specifications Manual](#) and should make sure their computers, laptops and other electronic devices have sufficient security software and settings to minimize the risk of a breach of information. In addition, the Proposer should have policies and procedures in place to assure that their electronic devices are physically secure when not in use (e.g., locked in a vehicle trunk, password protected, etc.).

Conflict of Interest

By submitting a Proposal, the Proposer certifies and represents to the County that the Proposer has not offered, conferred or agreed to confer any pecuniary benefit or other thing of value for the receipt of special treatment, advantaged information, recipient’s decision, opinion, recommendation, vote or any other exercise of discretion concerning this RFP.

Equal Employment Opportunity/Non-Discrimination

Proposer shall not discriminate against any employee, applicant for employment, independent contractor, consumer or any other person on the basis of race; color; religion; national origin or ancestry; sex; gender identity or expression; sexual orientation; disability; marital status; familial status; age (40 or over); or use of a guide or support animal because of blindness, deafness or physical disability of any individual or independent contractor or because of the disability of an individual with whom the person is known to have an association; or on any other basis prohibited by federal, state or local law.