



Request for Proposal – Affordable Assisted Living On-site Health Related Services Provider

AAL Overview

Managing Operator – Name (Managing Operator) is developing an Affordable Assisted Living (AAL) residence located at **address**. The Managing Operator is not seeking licensure from the state of Michigan for this AAL residence and accordingly, will enter into agreement with an in-home services agency to address the personal care and health related service needs of both fair market (private pay) tenants and tenants that are consumers of publicly funded services. The on-site service provider will be selected through this Request for Proposal (RFP) process.

This residence will be a mixed income senior housing project (age 55 years and older) and will offer a total of **number** apartments. This AAL residence will be comprised of:

- **Number** apartments will be available to seniors with low to moderate incomes who are expected to meet the eligibility requirements of the Medicaid funded MI Choice program and similar publicly funded programs to pay for needed services.
- **Number** apartments will be available to seniors without income restrictions who are expected to pay privately for needed services.
- In addition, the Managing Operator has secured housing vouchers to assist tenants with rental payments for **Number** apartments.

The Managing Operator is participating in a Michigan State Housing Development Authority (MSHDA) initiative with partnering state agencies. The AAL initiative combines Low Income Tax Credit Housing financing with dedicated MI Choice and similar publicly funded resources for services to qualifying tenants. MSHDA developed an AAL Steering Committee which is a state level inter-agency collaborative body formed to develop the AAL program model and requirements. The partners include the Department of Community Health, Office of Services to the Aging and the Department of Human Services. The AAL Steering Committee has defined the following components of an RFP for the AAL owner to secure an on-site provider of personal care and health related services:

Intent and Scope of RFP

The Request for Proposal (RFP) offers an invitation for qualified providers of personal care and health-related services to submit a competing proposal to serve as the on-site services provider in the AAL residence. In addition:

- The Managing Operator has requested that the Area Agency on Aging (AAA) and **other MI Choice agency-Name** recommend current providers of MI Choice services to be invited to participate in the RFP process. Recommendations are performance based and shall be free of financial conflicts of interest. MI Choice funders should consider provider service delivery results including consumer satisfaction, dependability, critical incidence rates and other existing quality management measures. This also includes business considerations such as cooperation, timeliness and accuracy of billings and financial capacity to address start up costs and on-going service delivery in the AAL services setting.
- The Managing Operator may invite providers that are not currently enrolled in the AAA provider pool; however, these providers must meet AAA enrollment criteria, enroll as an AAA provider and demonstrate desired service and business performance considerations.
- Interested providers will complete an application proposal according to the standardized format which follows this narrative. Proposals will be reviewed by a committee developed by the Managing Operator. The committee will be comprised of the Managing Operator, the funder(s) of services, MSHDA, consumers or their representatives and others deemed necessary by the Managing Operator (e.g. financial, legal expertise). Committee members must be free of financial conflicts of interest to participate in the selection of an on-site provider.

Operating Requirements & Scope of Services

The on-site provider will be experienced in delivering the scope of services available within the MI Choice program and related community based programs funded by AAAs and other MI Choice providers. Experience in providing community based services in assisted living and experience in service delivery with Medicaid eligible populations will be considered.

Providers of housing with services experience in settings that do not offer private apartment living with individual living, sleeping, bathing and cooking areas and that do not promote aging in place are not considered community based or appropriate as an AAL on-site provider. Aging in place in housing with services settings includes supporting tenants' ability to remain in their living space and avoid having to move to a different setting due to a decline in health status or functioning. Aging in place also promotes a residential environment with proximity and accessibility to area goods and services, health care and socialization opportunities.

Personal care and health related services to be provided address activities of daily living, medication assistance, private duty nursing and other community based services as needed by AAL tenants. The array of services available from the AAL provider for tenants includes:

- Homemaking and Personal Care
- Private Duty Nursing

- Community Living Supports
- Counseling Services (including caregiver supports)
- Environmental Accessibility Adaptations (Home Modifications)
- Home Delivered Meals – includes options for congregate or private dining
- Transportation
- Nursing Facility Transition Services
- Personal Emergency Response System
- Specialized Medical Equipment and Supplies
- Other MI Choice services as defined by the Michigan Department of Community Health
- Other Care including: Blood Sugar Monitoring, Medication Set-up & Administration, Wound Care, Bowel Management Programs, etc.

In addition, the on-site provider will:

- Be enrolled in the AAA's and other MI Choice Agent's services pool of providers Comply with the policies, standards and operating requirements of the AAA and other MI Choice agents and all other funders in the delivery of services to AAL tenants.
- Adhere to the decisions and requirements of the AAL Steering Committee.
- Demonstrate financial viability through net worth or a positive fund balance evidenced by recent audits and financial information from MI Choice Agencies (as needed)
- Stay in good standing with the AAA and other MI Choice provider in regard to the quality of services provided and good business practices.
- Have staff at the AAL residence 24 hours per day, 7 days per week to provide supervision and to address the unscheduled service needs of tenants.
- Operate from quality management protocols
- Work with the AAA and other service funders to assure that all tenants have choice in providers as determined through informed choice and the person centered planning process; however, the on-site provider will be utilized in all plans of care as either the primary provider or as a secondary back up to an alternate provider.
- Work in cooperation with the Managing Operator in marketing and lease-up activities.

Application Review Considerations

Applications will be rated based upon the qualifications, experience and financial capacities of the organization, the service and quality management strategies defined and the merit of the proposal.

Timetable - Month Number:

Month 1 This is the 1st month of construction.

- Request a list of top performing providers from MI Choice agents based upon service and business performance data and considerations discussed above
- The Managing Operator assures that interested providers previously not enrolled in MI Choice provider pools have successfully met funder requirements and are enrolled
- Meeting with MI Choice agents to discuss selected providers, as needed
- Provide AAL program information and invite selected providers to a Pre-proposal Conference

Month 2 Conduct Pre-proposal Conference, agenda items include:

- AAL program and local project overview (e.g. partnerships, funding arrangements)
- Site floor plan and provider input on location office space, etc.
- Managing Operator commitments
- Provider requirements
- Proposal format, content, review process, timetable (due date, review date, notification date)

Secure interested parties commitments by 15th of month; proposals are due in 30 days.

Month 3 Review proposals – select provider or finalists

- Form the review committee
- Receive proposals by 15th of the month, initial review by Managing Operator
- Secure MI Choice agency provider proposal information if needed
- Request additional information from providers if needed
- Provide completed provider proposals to committee members no less than 1 week in advance of the review session

- The review session is conducted at the end of the month

Month 4 Finalize selection on-site provider

- Interview finalists (if needed)
- Negotiate and enter into service agreement with selected provider
- Explore MI Choice, PACE and other funder requirements and establish service delivery options (e.g. per diem, bundled services, etc.) with funders for AAL tenant services

Month 5 Finalize MI Choice and PACE service arrangements and orientation with the selected provider to AAL and Funder requirements

- Define collective mission, objectives and steps toward completion
- Establish and finalize owner – provider strategies for lease up and services coordination

Month 6 Coordination with MI Choice referral/case finding supports

- Provide AAL program information (referral “triggers”) to MI Choice supports coordinators and information and referral/call center staff at levels supported and preferred by MI Choice Agents
- Provide support in review of waiting list, current caseload and other support to MI Choice agencies as supported and preferred by MI Choice agents

Affordable Assisted Living On-site Provider Application Instructions

Please provide a response to each item in the order defined below. Applications must be typed on agency letterhead; an original and ten copies are required. Applications must be presented in three ring binders with tabs for each of the major categories listed below. Applications are due by 5:00 pm EST on **Date**, may be mailed or delivered to **Address** and addressed to the attention of **Name**.

I. Organization Information

- A. Legal name and legal status (e. g. non-profit, public), date established
- B. Scope of operations – define service components of agency including Medicare certification, Medicaid approved, private duty, etc.
- C. Agency mission and key landmarks or achievements
- D. History of and experience in providing the type and scope of personal care and health related services available from the MI Choice program

- E. History and experience in providing community based care in housing with services settings. Describe type of settings of service delivery (e.g. private pay unlicensed “assisted living”, Adult Foster care, Homes for the Aged, other).
 - 1. List housing with services organizations where services are provided and provide references for each.
- F. Contact person for this application; name, title, phone # and email address

II. Financial and Insurance Information

- A. Provide certified audit reports with management letters for the past two years
- B. Provide a percentage breakdown of key sources of revenue from the past year including reimbursement from Medicaid, Medicare, private pay, other (please list)
 - 1. State amount and percentage to total revenue received from the MI Choice program in the last fiscal year.
- C. Provide the most recent IRS form 941 and 990 or 1120
 - 1. Is the organization current on income and payroll taxes?
- D. Provide a statement that offers the Managing Operator permission to access financial and other information about your organization from the MI Choice agents.
- E. Provide the most recent annual report.
- F. In regard to cash reserves, what amount of receivables can the organization carry before experiencing a cash flow problem?
- G. Provide a description of the organization’s general and professional liability insurance including name of insurers, the amount of coverages and expiration dates.
- H. Provide evidence of Workman’s’ Compensation Insurance.
- I. Provide the most recent monthly, internally prepared financial statement.

III. Human Resources

- A. Provide a report of the total and number of personnel by position and include an organizational chart for the organization.
- B. What percentage of personal care and direct care workers are agency employees rather than independent contractors?
 - 1. Provide a list of the fringe benefits provided to personal care staff and their salary or hourly rate range
- C. Provide the past year’s turnover rate for direct care workers including RNs, LPNs and personal care workers.
- D. Describe recruitment strategies for minority and low income personnel.
- E. If employees are covered under a union contract, please provide a copy of the collective bargaining agreement.

IV. Quality Management

- A. Describe the organization’s quality strategy employed to ensure the quality of services including supervisory practices, training, consumer complaint and satisfaction practices

and other activities. Define the agency's protocol for backup staff to address employees scheduled to work that do not report.

- B. Provide the results of the most recent customer satisfaction survey, focus group or other activity to solicit consumer input
- C. Describe how Managing Operator will be informed of and involved in quality management activities.
- D. Is the agency currently involved or has been involved in any litigation within the past 3 years? If so, please list and explain each incident and resolutions.

V. Service Strategy

The lease up strategy for this residence is **Number** of new tenants each quarter until 100% of apartments are filled over a **Number** month period. Approximately **Number** of the tenants will be consumers of the MI Choice, Program of All-inclusive Care for the Elderly, or similar publicly funded program that require that these consumers have health or functioning conditions that meet a nursing facility level of care. These tenants as well as the fair market tenants will have substantial personal care, medication management, private duty nursing and other community based care needs.

- A. Define the credentials and volume of FTEs that will be on-site during the day when all units are filled.
 - 1. Describe the management and supervision structure for this project including the number of hours planned per week.
- B. Define the credentials and volume of FTEs that will be on-site over night once all apartments are filled.
 - 1. Describe the management and supervision structure for this project including the number of hours planned per week.
- C. Define the staffing ramp up strategy in six month intervals until 100% of the units are filled including the staff credentials and number of FTEs by all shifts.
 - 1. Include the management and supervision in the strategy and the number of hours planned per week in six month intervals.
- D. What strategies will be employed to assure the health and safety of tenants overnight; address supervision practices and how unscheduled tenant needs will be managed.
- E. Attach fair market/private pay assisted living rates by service category.

For new MI Choice enrollees or MI Choice providers with less than two years of experience in the MI Choice provider pool, please complete the following:

- F. Home Health Agency with private duty component;
 - 1. Provide the most recent CMS standard survey with partial extended and extended surveys if there were non-compliant findings or deficiencies in practice documented in the standard survey.

2. Provide the most recent Pre-survey Outcome Based Quality Monitoring (OBQM) Potentially Avoidable Events report.
 3. Provide private duty service result reports (e.g. outcome measures) that demonstrate evidence of competency in service delivery, service accountability and/or other areas that would indicate effectiveness of private duty service delivery operations.
- G. Program of All-inclusive Care for the Elderly
1. Describe the organizational structure developed to enter into a MI Choice agency agreement to provide the array of MI Choice and related community based long term care services. Include a description of finance operations for monthly billing and collections for fair market tenants and those tenants receiving service support from MI Choice agencies.
 2. Provide the most recent CMS site survey report, corresponding corrective action plan and evidence of CMS approval.
 3. Provide a report from the last four CMS quarterly monitoring reports and evidence of approval.
 4. Has CMS withheld payments for non-compliance or deficiency issues? If yes, explain each issue and resolutions.
 5. Provide private duty service result reports (e.g. outcome measures) that demonstrate evidence of competency in private duty service delivery, service accountability and/or other areas that would indicate effectiveness of private duty service delivery operations.

VI Assurances

Provide assurance statements in regard to the following:

- A. Compliance with the policies, standards and operating requirements of the AAA and other MI Choice agents and all other funders in the delivery of services to AAL tenants.
- B. Adherence to the decisions and requirements of the AAL Steering Committee.
- C. The accuracy and completeness of the information presented in this application.

VII Attachments