



**MULTNOMAH
COUNTY**

**REQUEST FOR PROGRAMMATIC
QUALIFICATIONS**

For

RFPQ No. R11-10422

District Center Services

Release Date: April 8, 2011

PROPOSALS DUE:

**Monday, May 23, 2011 NOT LATER THAN 4:00 PM, LATE
PROPOSALS SHALL NOT BE CONSIDERED.**

SUBMIT PROPOSALS TO:

**ATTN: Nancy R. Walters
Multnomah Purchasing
501 SE Hawthorne Blvd Ste 400
Portland OR 97214**

REFER QUESTIONS TO:

**Nancy R. Walters
Procurement Analyst Senior
Phone: (503) 988.5111, Ext 28763
Email: nancy.r.walters@multco.us**

**PRE-PROPOSAL
CONFERENCE:**

**There will be a Pre-Proposal conference for this Solicitation on
Thursday, April 21, 2011 at 1:30 PM in the first floor Pine
Conference Room, at the Lincoln Building, 421 SW Oak Street,
Portland, OR 97204. Attendance at the Pre-Proposal
conference is Optional.**

Electronic copies of this RFPQ and attachments, if any, can be obtained from the Multnomah County Purchasing
Website at: www.multcopurch.org

All Proposal documents shall be submitted in hard copy. Electronic or facsimile submissions shall be rejected.

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DEPARTMENT:	DEPARTMENT OF COUNTY HUMAN SERVICES
DIVISION:	Aging and Disability Services Division
RFPQ NO.:	R11-10422
TITLE:	District Center Services

Part 1

OVERVIEW

1.1 PURPOSE AND OVERVIEW

Multnomah County Department of County Human Services, Aging and Disability Services Division is seeking responsive, responsible contractors to provide services for five (5) District Centers on a fee-for-service basis for older adults, 60 years of age and older, and family caregivers, both living in Multnomah County. District Center services procured through this RFPQ are:

1. Focal Point
2. Information and Assistance
3. Transportation Scheduling and Coordination
4. Case Management for Elders
5. Family Caregiver Support Case Management
6. Health Promotion and Disease Prevention
7. Medication Management
8. Options Counseling

The intent of this Request for Programmatic Qualifications (RFPQ) is to procure services that will assist clients in remaining as independent as possible, to delay or prevent out-of-home placement and support client self-determination.

For this RFPQ, Proposers must have an established facility located within the boundaries of the District Center service area for which they are submitting a proposal. For a detailed description of District Center service areas refer to the Geographic Service Areas and Boundaries. See Attachment 11, Appendices.

It is possible that the County may not receive responsive Proposals, resulting from this RFPQ, for all five (5) Districts Centers. If this is the case, ADSD may still wish to provide services for those districts not receiving proposals. The County may choose to do so by negotiating with those Proposers who indicated their interest on the Proposal Response Cover Page. See Attachment 2.

If proposing for more than one Center, Proposers must submit a valid, stand-alone proposal for each Center. Proposals may not be contingent on receiving awards on a combination of District Centers.

1.2 TARGET POPULATION SERVED

The target population to be served is ADSD's eligible clients for District Center Services residing within the borders of Multnomah County. ADSD's priority target populations of seniors for District Center services include:

1. Seniors with physical or mental impairments which severely limit their ability to live independently;
2. Seniors who are very frail, due to advanced old age and who are likely to be placed in a nursing home unless they receive support services;
3. Seniors who have been abused, neglected or exploited and need protection;
4. Seniors who are low income or near low income;
5. Minority elders, racial and ethnic older adults, elders with limited English-speaking proficiency, and gay, lesbian, bi-sexual and transgender older adults;
6. Seniors who live in rural communities, such as the rural areas of north, northwest, outer southeast, and east Multnomah County;
7. Seniors who live alone and are isolated from family and friends;
8. Seniors who lack a natural support system;
9. Seniors caring for children, and
10. Family caregivers of older relatives.

1.3 TEAMING AND CONSORTIUMS

Consortiums may apply for contracting for specific District Center areas. However, all potential Providers will be expected to operate in an integrated, multiple-provider environment and to have, or be able to build, successful working relationships and collaborative agreements with other service providers funded under this RFPQ.

Proposals will be accepted from individual agencies or from lead agencies applying as a consortium. An existing consortium or one expressly designed to respond to this RFPQ in one of the service areas will be considered a viable Proposer. Should a team or consortium of agencies propose for any portion of these funds, the County will contract only with the *designated* Lead Agency of that team or consortium, not directly with the team or consortium. The Lead Agency will be held responsible for fulfilling the service requirements from the resulting contract. Among lead agencies preference will be given to lead agencies that pass resources to subcontractors with a minimum of withheld indirect costs, which cannot exceed 12% of total direct costs.

Proposers submitting Proposals as a lead agency must provide a copy of the working Memorandum of Understanding (MOU) between the lead entity and all the participating members of the consortium at the time of contracting. See Section 1.13, "At the time of contracting". The lead organization is responsible to ensure quality provisioning of all services, and monitor its subcontractors and/or consortium members. That lead entity must have the management capacity to:

1. Ensure the delivery of high quality services in a manner which is culturally competent and serves the target population;
2. Develop a plan to smoothly transition services from the existing service delivery arrangement to the proposed arrangement during start-up;
3. Ensure the subcontractors have internal systems in place capable of managing the provision of the subcontracted services;
4. Monitor the performance of any subcontractors who are providing services contracted to the lead entity as purchased through this RFPQ; and
5. Evaluate all services effectively and implement change when necessary or required by the County.

The County will monitor the lead entity's performance. It is the lead entity's responsibility to hold its subcontracted service Providers to these standards.

1.4 GEOGRAPHIC BORDERS/LIMITATIONS AND SERVICE AREAS

Multnomah County has defined five (5) Geographic Service Areas for District Center services;

1. East
2. Mid-County
3. North / Northeast
4. Southeast
5. West

Each of the five (5) District Center geographic service areas correspond with each of the five (5) service areas for ADSD Branch Offices. Currently ADSD contracts with agencies that operate nine District Centers: East County, Mid-County, Central NE, North, Northeast, Southeast, Downtown, Northwest and Southwest, but ADSD is consolidating nine (9) District Centers into five (5) due to projected limited state and federal funding and to preserve maximum client services. The defined Geographic Service Areas serve two functions:

1. They provide a defined area for which the Provider has a responsibility to seek out and serve County residents who meet eligibility criteria and who are most vulnerable for losing their independence; and
2. They encourage accountability for local planning, coordination, and service delivery throughout the County.

District Center boundaries do not govern where older persons may go for services. Older persons are free to seek services from the District Center of their choice. District Centers providing mandated services to an out-of-district client are required to obtain a waiver from ADSD. Mandated services under the Older Americans Act include:

1. Legal services;
2. Outreach services, which include one-to-one outreach and public education/outreach;
3. Access services, which include case management, transportation, information and assistance; and
4. In-home services, which include home care and personal care.

It is possible for a Proposer to submit Proposals for more than one geographic area, and a single Proposer may be awarded more than one geographic area. Proposers that offer Proposals on more than one geographic area must provide a valid, stand-alone Proposal for each geographic area. Proposals may not be contingent on receiving awards on a combination of geographic areas.

The County reserves the right to select an organization scoring fewer points than a higher scoring proposal based on the organization's ability to best meet programmatic needs.

1.5 QUALIFICATION AND ALLOCATION PROCESS

This is a formal, competitive Request for Programmatic Qualifications (RFPQ) process as provided for under the authority of PUR-1. No contracts will be issued as a result of this RFPQ process. The intent is to establish pools of Qualified Providers who will be eligible for potential contract awards. There is no limit on the number of vendors that may be qualified under this RFPQ process. See Section 3.3.

1.5.1 Qualification

Proposals received will be evaluated, and Qualified Proposals will be placed in the appropriate provider services area provider pool and will be eligible for funding allocations through the allocation process detailed in Section 1.5.2. There is no limit on the number of agencies that may be qualified under this RFPQ process. At this time, Multnomah County expects to allocate funding to up to five (5) providers that qualify under this RFPQ. This RFPQ will only have one (1) open period to submit proposals. This RFPQ will not be open at a later date for subsequent proposal submissions.

1.5.2 Allocation

Entirely separate from the qualification process, ADSD will award Requirements Contracts to those Qualified Providers who demonstrate the desired experience, skills, proficiency, and area of specialty that will best meet and match the needs of the clients served.

ADSD will conduct an allocation process to distribute available funds according to known system requirements and priorities. Allocations will only be made to Providers who have qualified under this RFPQ. The funding allocation process will be documented. Funding allocation decisions will be made from an overall County system of care perspective, consequently funding may go to Qualified Providers *that did not* earn the highest overall score on this RFPQ. In other words, it will be possible to qualify under this RFPQ process and not receive a funding allocation, due to resource limitations and other related factors considered by the County Allocation Team. Proposers may not protest funding allocation decisions. Allocation priorities and selection criteria may include:

1. County and ADSD strategic priorities;
2. Overall system of care needs;
3. RFPQ proposal information and evaluation input from the RFPQ raters;
4. Provider experience;
5. Specific population coverage;
6. Geographic service coverage;
7. Ability to leverage additional funding;
8. Competitive pricing in proposal;
9. Provider economy of scale;
10. The stability and capacity of the provider system;
11. Changing demographics and risk factors;
12. Local or state initiatives and policies; and
13. Other factors as deemed appropriate by the funding allocation team.

Multnomah County strongly encourages the participation of Minority-Owned, Women-Owned, and Emerging Small Businesses and Organizations in providing products and services.

1.6 CONTRACT AWARD

The County will award Requirements Contracts for these services and resulting awards, as determined by the County, will be made to the Qualified Providers meeting all minimum requirements, dependent upon an allocation process. See Section 1.5.2. It is the County's intent to establish pools of Qualified Providers who will be eligible for potential contract awards. Proposers may submit multiple proposals for more than one (1) District Center, and a single Proposer may be awarded a contract for multiple service areas. However no individual proposal may be contingent on receiving awards for a combination of service areas.

1.7 CONTRACT NEGOTIATION

Contract negotiations will be directed towards obtaining a written agreement between Multnomah County and the Contractor(s) meeting all requirements, which is fair and reasonable to the County, and consistent with the County's stated requirements and the Proposer's Proposal. See Section 1.13. Multnomah County may, at its option, choose to negotiate general contract terms and conditions, proposed pricing, implementation schedules, and other items at the County's discretion.

The County will initiate contract negotiations with responsive and responsible Proposer(s). However, if negotiations fail to result in a contract within a reasonable amount of time, or if the Proposer is not negotiating in good faith as determined by the County, the County reserves the right to terminate the negotiations and initiate contract negotiations with another provider based on the allocation process.

1.8 CONTRACT PERIOD

This RFPQ will potentially result in awards of up to five (5) contracts for the period beginning approximately September 1, 2011 through August 31, 2016. The Department reserves the right to withdraw this RFPQ at any time, re-issue a subsequent RFPQ, or terminate the resulting contracts, if any, at any time.

Contracts resulting from this RFPQ will be funded on a requirements, fee-for-service basis. No level of services will be specified in the contract. ADSD retains the right to determine the level of funding for each contract, based on availability of funds and a determination of community needs. District Center Service allocations are estimates and may change year-to-year throughout the procurement period depending upon the availability of funding. Funding of the work described in this RFPQ is not guaranteed. Fluctuations in year-to-year funding should be expected. The County cannot assure that any particular level of work will be funded. The contract will permit the County to add or remove work as necessary depending on availability of funding.

1.9 FUNDING

ADSD has budgeted an estimated \$2,050,873 annually, a mix of federal, state and local funding for District Center services. At the writing of this RFPQ it is unknown if ADSD will be fully funded to provide all of the services described in this RFPQ.

The 2011 allocation policy provides for a base allocation plus additional funds allocated on a formula basis. The formula directs funds to District Center service areas with greater needs, taking into account multiple factors such as:

- Age 60+ population in the District Center service area;
- Ethnic minority population in the District Center service area;
- Income level e.g., poverty rate in the District Center service area;
- Age 85+ population in the District Center service area; and
- Grandparents parenting children in the District Center service area.

ADSD has capped the maximum allowable administrative (indirect) costs at 12% of the total contracted program funds. Proposed budgets must be based on meeting the stated service requirements of this RFPQ.

ADSD may restrict the dollar award to an individual contractor to avoid contracting for more than 40% of a particular line of business with a single provider, when the total contracting awards exceed \$1,000,000. This restriction is based on the guidance provided by the Board of County Commissioner's Resolution 08-112 adopted on July 31, 2008. See Attachment 12.

1.10 PLANNING AND FUNDING ESTIMATES

This section contains six (6) tables lettered A-F identifying an array of information associated with each of the District Center geographic service areas and core services described in this RFPQ: population demographics; estimated allocations, estimated match dollars; and estimated service levels.

1.10.1 Table A: Multnomah County Aging & Disability Services Division, District Center Funding Formula for Five (5) Service Areas, Characteristics for Population Aged 60+ in ADSD Geographic Service Areas

Table A shows the geographic characteristics for older adults in the five (5) District Center service areas being procured.

1.10.2 Table B: Age 60+ Projections for 2010 by Race, Ethnicity in ADSD Service Areas

Table B shows the race and ethnic composition of persons 60+ by geographic service area.

**TABLE A: Multnomah County Aging & Disability Services Division
District Center Funding Formula for Five (5) Service Areas**

Reference: Section 1.10.1

**Demographic Factors
Table A**

District Center	60+	60+ Below FPL	60+ Minority*	65+ Minority Below FPL**	85+	Grandparents Parenting <18***	Total	Percentage
East	18,678	1,427	2,314	282	2,003	716	25,420	17.13
Mid-County	21,178	2,817	3,744	442	3,308	839	32,328	21.78
North / Northeast	24,594	1,907	4,827	979	2,602	1,361	36,270	24.44
Southeast	18,763	1,756	3,185	392	2,617	520	27,233	18.35
West	20,875	1,937	1,719	422	2,024	183	27,160	18.30
Totals	104,088	9,844	15,789	2,517	12,554	3,619	148,411	100%

- Federal Poverty Level (FPL)
- *60+ minority includes African American, Asian/Pacific Islander, Native American, and Hispanic.
- **65+ minority includes African American, Asian, Native Hawaiian/Pacific Islander, American Indian/Alaska Native, some other race, two or more races, and Hispanic
- ***Grandparents Parenting <18 is an estimate for 2005. No data for this factor were generated for 2010.
- Source for all factors except 65+ Minority Below FPL: Portland State University Population Research Center, Projections for 2010 Based on U.S. Census Data. December 2006. Source for 65+ Minority Below FPL is 2009 American Community Survey, 5-Year Estimates.

TABLE B: Age 60+ Projections for 2010 by Race, Ethnicity in ADSD Service Areas

Reference: 1.10.2

Table B

Service Area	White	African American	American Indian / Alaska Native	Asian / Pacific Islander	Hispanic	Total Racial & Ethnic Minority Elders
	2010	2010	2010	2010	2010	
East	16,991	348	206	1,133	627	2,314
Mid-County	18,314	1,009	297	1,558	880	3,744
North / Northeast	20,563	2,606	390	1,035	796	4,827
Southeast	16,257	369	200	1,937	679	3,185
West	19,474	329	143	929	319	1,720
County Total	91,599	4,661	1,236	6,592	3,301	15,790

Source: 2000 U.S. Census; PSU Population Research Center. December 2006.

1.10.3 TABLE C: Planning and Funding Estimates – Estimated Total Allocation for all District Center Services per Geographic Service Area for Service Year One

Table C shows the estimated total District Center allocations for all services for service year one.

Table C

District Center Service Area	Estimated Total Allocation for Service Year One
East	\$359,039
Mid-County	\$443,356
North / Northeast	\$494,238
Southeast	\$377,591
West	\$376,649

1.10.4 Table D: Planning and Funding Estimates – Funding allocations for Focal Point Leadership, Information & Assistance, Case Management for Elders, Transportation Scheduling & Coordination, plus Matching Contribution for Service Year One.

Table D shows the estimated District Center allocations for Focal Point Leadership, Information and Assistance, Case Management for Elders and Transportation Scheduling & Coordination for service year one based on the funding formula described above. It is the intent of the County to have funding allocations follow client needs and to maintain service levels as much as possible. Additionally, the required estimated matching contribution of 11.12% is shown in the right column, and is described in more detail in Section 1.11.

Table D

District Center Service Area	Estimated Funding Allocation Service Year One	Estimated Matching Contribution of 11.12% Service Year One
East	\$318,220	\$35,386
Mid-County	\$392,902	\$43,691
North / Northeast	\$438,872	\$48,803
Southeast	\$334,509	\$37,197
West	\$333,662	\$37,103

When preparing District Center budgets the Proposer must use these funding estimates for the district for which they are submitting a proposal. These totals include funding for Focal Point Leadership, Information and Assistance, Case Management for Elders and Transportation Scheduling & Coordination. Proposer must specify in their District Center budget the level of service proposed; specify the level of match as a service subsidy or program subsidy, and identify contractor agency resources.

1.10.5 TABLE E: Planning and Funding Estimates – Funding allocations for Family Caregiver Support Case Management, Health Promotion/Disease Prevention, Medication Management, Options Counseling and Network Facilitation for Service Year One.

In addition to the estimated funding allocations for Focal Point Leadership, Information and Assistance; Case Management for Elders; and Transportation Scheduling & Coordination shown in Table D, ADSD has additional funding for Family Caregiver Support Case Management; Health Promotion/Disease Prevention; Medication Management; Options Counseling; and Network Facilitation, which are shown in Table E below.

Table E

District Center Service Area	Family Caregiver Case Management Service Year One Funding Estimate	Health Promotion Service Year One Funding Estimate ¹	Medication Management Service Year One Funding Estimate ²	Options Counseling Service Year One Funding Estimate ³	Network Facilitation Service Year One Funding Estimate ⁴	TOTAL
East	\$25,192	\$4,943	\$1,648	\$6,075	\$2,961	\$40,819
Mid-County	\$32,031	\$6,285	\$2,095	\$6,075	\$3,968	\$50,454
North/Northeast	\$35,942	\$7,052	\$2,351	\$6,075	\$3,946	\$55,366
Southeast	\$26,986	\$5,295	\$1,765	\$6,075	\$2,961	\$43,082
West	\$26,913	\$5,281	\$1,760	\$6,075	\$2,958	\$42,987

¹ Planning estimates for Family Caregiver Support Case Management funding is based on allocation funding formula.

² Planning estimates for Medication Management and Health Promotion is based on FY 11 funding and allocation funding formula, with 75% to Health Promotion and 25% to Medication Management.

³ Planning estimates for Options Counseling is based on grant funding through September 2011.

⁴ Planning estimates for Network Facilitation is based on number of FTE Case Managers in FY 11 (consolidated sites include all FTE for three [3] sites).

Even with the addition of the estimated funding for Family Caregiver Support Case Management; Health Promotion, Medication Management; Options Counseling and Network Facilitation shown in Table E above, ADSD only requires the estimated funding match shown in Section 1.10.4, Table D, column three (3).

Any contracts resulting from this RFPQ will be funded on a requirements basis. District Center allocations are estimates and may change year to year throughout the procurement period. To the extent that funds are available and service targets are met or exceeded, allocations will be distributed year to year accordingly.

ADSD has capped the maximum allowable administrative (indirect) costs at 12% of the total contracted program funds. Proposed budgets must be based on meeting the service requirements stated in this RFPQ. If proposing as a consortium, the 12% allowable indirect costs are for the entire consortium, not on a per agency basis.

Note: *The evaluation and scoring of proposals will be based on the completeness and realism of your submitted budget as compared to the proposed program descriptions.*

1.10.6 Table F: Projected Service Levels for Case Management for Elders, Information & Assistance, Family Caregiver Support Case Management, and Transportation Scheduling & Coordination for Service Year One.

Table F shows the projected number of units of service (service levels) for Case Management for Elders, Information & Assistance, Family Caregiver Support Case Management and Transportation Scheduling & Coordination that would be expected for the service year one contract period.

A unit of service for each of these service areas is defined as follows:

- Case Management for Elders – one (1) unit of service is equal to one (1) hour of service;
- Information & Assistance – one (1) unit of service is equal to one (1) contact or problem;
- Family Caregiver Support Case Management – one (1) unit of service is equal to one (1) hour of service;
- Transportation Scheduling & Coordination – one (1) unit of service is equal to one (1) hour of service; and
- Options Counseling – one (1) unit of service is equal to one (1) hour of service.

The projected service levels can be used as a guide to determine the service objectives for the service year one contract period.

Table F

District Center Service Area	Case Management Service Levels Service Year One¹	Information & Assistance Service Levels Service Year One²	Family Caregiver Support Case Management Service Levels Service Year One¹	Transportation Scheduling & Coordination Service Levels Service Year One²
East	6,410	2,491	761	600
Mid-County	9,898	5,813	1,755	3,320
North / Northeast	11,085	4,764	1,147	887
Southeast	8,966	2,290	768	2,113
Southwest	7,417	3,887	637	2,478

¹ Service levels based on average utilization from FY2006 through Aug. 2011

² Service levels based on data reported in FY2010

Due to the recent addition of Options Counseling to District Center services, there are no projected service levels for that service at this time. The unit rate for Options Counseling has been set by ADSD at \$45.00 per unit hour and will not be negotiated with the awarded Contractor in the first year of the contract.

Proposer's unit rate for Transportation Scheduling and Coordination should be the same as for the proposed unit rate for Information and Assistance.

Proposer's unit rate for Family Caregiver Support Case Management should be the same as for the proposed unit rate for Case Management for Elders.

Proposer accepts responsibility for projecting monthly service levels and expenses to maintain service throughout the contract period.

Proposers who are awarded contracts as a result of this RFPQ will agree to establish and implement management systems to ensure service authorizations for Oregon Project Independence and Older Americans Act services, and other applicable services do not exceed funded allocations.

1.11 MATCH REQUIREMENTS

The County has a funding match requirement for the services procured through this RFPQ. Providers must provide an 11.12% match contribution. The required match is identified in Section 1.10.4, Table D, column three (3), "Planning and Funding Estimates". The match is the Proposer's contribution and is in addition to the total allocated amount for Focal Point Leadership, Information and Assistance, Case Management for Elders and Transportation Scheduling & Coordination.

The funding match will be built into the budgets for the contracted services. Match amount and source must clearly be shown in the proposed budget forms submitted with your proposal. Federal funds may not be used as a match. The entire match must be for services awarded through this procurement, and can be generated from donated supplies; work performed by volunteers valued at the current rate as of 2011 for Oregon as recognized by the Independent Sector in the amount of \$18.37 hour; donated professional services or programming; and cash match from fundraising or grant sources that directly support the contracted services.

The Proposer's match will not increase District Center allocations for any of the services.

Proposers must exercise extreme caution about including "soft" matches (resources that have not been confirmed or cannot be verified) since successful Proposers will be held contractually to the amounts included in their proposals.

1.12 PRE-PROPOSAL CONFERENCE

An Optional Pre-Proposal conference will be held on Thursday, April 21, 2011 at 1:30 PM; please see the front cover of this RFPQ for additional details. This meeting is designed to clarify the information that is contained in this solicitation and provide an opportunity for questions and answers.

1.13 MINIMUM REQUIREMENTS

1.13.1 *At the time of Proposal submission, Proposers must meet the following minimum requirements.* Failure to provide any of the required documents or meet any of the below requirements shall result in rejection of the proposal:

1. The proposal response must be received by Multnomah County Purchasing and be time stamped no later than May 23, 2011, 4:00 PM.

1.13.2 At the time of contracting, Proposers must meet the following minimum requirements:

1. Receive a minimum score of 70 percent (70%) of the possible summed total points of the written responses.
2. Be able to comply with County contract requirements, which include insurance limits and reference to requirements contained in this RFPQ, and all other federal, state, and local laws and regulations governing services purchased through the contract. A sample copy of a Multnomah County Services Contract is included as Attachment 13 to this RFPQ.
3. Criminal background checks must be completed on all staff and volunteers who have direct contact with seniors and their families. Associated expenses will be at the sole responsibility of the Proposer.
4. If Proposer is a lead agency, they will provide a written process through which consortium members are selected and terminated.
5. Memorandum of Understanding (MOU): If Proposer is submitting Proposal as a lead agency providing services through a consortium, the awarded Proposer(s) must provide to the County a draft copy of the working agreement or Memorandum of Understanding (MOU) between the lead entity and all the participating members of the consortium. The MOU must include a description of the legal relationships between the consortium members, the length of time the relationships have existed, and how the programs of the consortium are to be integrated. The draft MOU must be signed by either an officer or manager from each consortium member organization. If the awarded Proposer fails to provide a MOU, the County may elect to by-pass the award, and select the next highest ranked Proposer from the allocation process, and so on, until a Proposer provides the requested draft MOU.
6. Proposer must be a legal entity, and currently registered to do business in the state of Oregon.

1.14 SUSTAINABLE PURCHASING REQUIREMENTS

On July 1, 2010, Multnomah County began executing a new Sustainable Purchasing Policy, which was amended on February 7, 2011 to include Social Equity, and Employee Healthcare and Other Benefits. This new policy demonstrates support for sustainability goals by integrating environmental stewardship and social equity, as well as fiscal responsibility, into the procurement process. The County seeks to partner with Proposers who demonstrate a commitment to these considerations. It is expected that the successful Proposer will incorporate sustainable practices into daily business operations and will continue to do so while meeting the requirements of the contract resulting from this procurement.

The County recognizes that Proposers can take multiple paths in responding to Sustainability Requirements, ranging from simple to complex, to help support these goals. The list below is meant to guide Proposers as they describe their sustainable practices within their RFP responses:

1. Comprehensive energy conservation measures;
2. Renewable energy use;
3. Water conservation measures;
4. Toxics reduction;
5. Waste management and reduction plans;
6. Alternative fuels and transportation plans;

7. Sustainable purchasing;
8. Supplier diversity;
9. Fair trade and labor policies;
10. Community engagement and support for underserved populations;
11. Equal employment opportunities; and / or
12. Employee health insurance, vacation and sick leave.

For assistance in preparing responses to meet criteria set forth in Section 3.5, "Proposal Questions and Evaluation Criteria," Proposers are invited to view examples of sustainable practices on the County's Sustainable Purchasing website at <http://web.multco.us/sustainability/sustainable-purchasing>.

1.15 TIMELINES*

Friday, April 8, 2011 8:00 AM - 4:30 PM	Copies of RFPQ available from Multnomah County Purchasing. Copies will be mailed upon request.
Thursday, April 21, 2011, 1:30 PM	OPTIONAL Pre-Proposal Conference – See cover for details.
Friday, May 13, 2011 <u>No Later Than 4:00 PM</u>	Questions/protests on RFPQ contents due to Multnomah County Purchasing.
Monday, May 23, 2011 No Later Than 4:00 PM	Responses are due to Multnomah County Purchasing LATE PROPOSALS SHALL NOT BE CONSIDERED.
Week of June 20, 2011	Proposal Evaluation Process.
At Completion of Evaluation:	Multnomah County Purchasing mails written notice to Proposers regarding their status/score.

***(Multnomah County reserves the right to deviate from this schedule)**

DEPARTMENT:	DEPARTMENT OF COUNTY HUMAN SERVICES
DIVISION:	Aging and Disability Services Division
RFPQ NO.:	R11-10422
TITLE:	District Center Services

Part 2

SCOPE OF SERVICES AND PROGRAMMATIC REQUIREMENTS

2.1 INTRODUCTION AND PROGRAM HISTORY

Multnomah County's Aging and Disability Services Division (ADSD) is the designated Area Agency on Aging for all of Multnomah County and the City of Portland. This designation is funded and held responsible by the State under the Federal Older Americans Act (OAA), for planning, leadership, advocacy, coordination, and delivery of OAA services for all older Americans living in the service area. As an Area Agency on Aging, ADSD is required by the OAA to designate community Focal Points such as, District Centers, to be the community contact points through which older persons gain access to information and services.

A major philosophy of the OAA is that preventive and supportive services that help older people to maintain their independence should be available to all older persons and their families. The ADSD District Center philosophy is that policies, programs and services are established in response to the needs and expectations of customers, and to ensure an outcome of quality service for older individuals and their families.

The ADSD service delivery system is the result of community planning spanning more than twenty years. The services provided through the District Centers are determined by ADSD system priorities defined in the Area Plan, an annual plan submitted to the State Department of Human Services, Seniors and People with Disabilities Division.

2.1.1 ADSD Long-Range Vision – Goal For The System

As designated by the OAA, the goal of focal point leadership is to maximize awareness of and access to services for older individuals at a local level through the collocation and coordination of services and innovative program development at the neighborhood level.

A long-range continuous quality improvement goal of ADSD is to enhance the quality of service delivery and the visibility of the service system. The best approach, which is also in accordance with the Focal Point philosophy of the OAA, is to co-locate the congregate meal site, District Center and ADSD Aging Services Area Office in the same facility. ADSD will work toward that goal to the maximum extent possible. When it is not possible to co-locate, the District Center will provide coordination between the meal site, ADSD Aging Services Area Office, and District Center to ensure that appropriate services are available to participants. As a focal point for the district, District Centers have a role in decisions about the location of meal programs within their districts.

2.1.1.1 Project 2020: Fulfilling the Promise of the Older Americans Act

By 2020, almost one (1) in six (6) individuals will be age 65 and older. The fastest growing segment of the aging population is individuals over 85, the most vulnerable older adults who tend to need long-term care and whose numbers are expected to double by 2020. These demographic trends make our current strategy for financing long-term care costs through the Medicaid and Medicare programs unsustainable.

The National Association of State Units on Aging and The National Association of Area Agencies on Aging have developed a coordinated national long-term care strategy that will generate savings in Medicaid and Medicare at the federal and state levels while enabling older adults to get the support they need to successfully age where they want to – in their own home and community.

The strategy is a comprehensive and integrated approach to enabling elderly and disabled individuals to make their own decisions, to take steps to manage their own health risks, and receive the care they choose in order to remain in their own homes and communities for as long as possible, avoiding unnecessary and unwanted institutionalization. This three-pronged approach will allow communities to provide services to this growing population at a lower cost to consumers and to Medicaid and Medicare. The key elements of this approach include:

- Person-centered access to information;
- Evidence-based disease management and health promotion; and
- Enhanced nursing home diversion services.

For consumers, this approach will empower individuals to make informed decisions, and to better conserve and extend their own resources using lower cost evidence-based programs, including consumer-directed options for care in the community.

2.1.1.2 Aging and Disability Resource Connection

For several years, Multnomah County ADSD has been involved in extensive studies on how we can best prepare for the dramatic increases in service requests to our agency, due to the major demographic shift in our population. People are living longer, and many have no natural support systems to provide the care available to previous generations. At the same time, state allocations for financial assistance have been restricted to those with the lowest incomes, and people need more support to decide about and access the help they need.

One solution that has demonstrated success on a national level is the creation of local, regional or state-wide Aging and Disability Resource Connection (ADRC), which focus on providing information, referral and assistance. The goal of ADRC is to provide a highly visible and coordinated system of information and access where people of all incomes and disabilities can turn for current, complete information about the full range of options that may respond to the individual's needs.

Currently, standards for Information & Assistance are being evaluated by ADSD, DHS Seniors and People with Disabilities and nationally. It is anticipated that changes will occur over the life of this procurement for District Center services. As ADSD is given more direction, additional requirements may be added for ADSD to function as an ADRC. These could include but are not limited to certification through the Alliance for Information & Referral Systems (AIRS) for skilled staff, technology and phone capacity to allow for warm

transfer of calls, etc. Awarded contractors will be encouraged to explore AIRS certification, technology and phone upgrades, and internal call routing procedures as a best practice.

2.1.2 ADSD Principals

ADSD adheres to the following mission, vision and organizational values:

1. ADSD Vision. All seniors and people with disabilities thrive in diverse and supportive communities.
2. ADSD Mission. ADSD promotes independence, dignity and choice in the lives of seniors and people with disabilities.
3. ADSD Values. To support our vision and mission, ADSD has identified seven (7) values that are at the heart of who we are, what we do, and how we work:
 - a. Integrity – we do the right thing, even when no one is looking;
 - b. Respect – we show regard and appreciation for the worth of others;
 - c. Accountability – we take responsibility for what we do and fail to do;
 - d. Service Excellence – we are committed to compassion and quality in everything we do;
 - e. Collaboration – we work together, valuing one another, to achieve common goals;
 - f. Person-focused Service – we emphasize the person, his/her feelings, needs, strengths and preferences; and
 - g. Cultural Understanding – we support, value and honor differences.

It is ADSD's expectation that District Centers will demonstrate support of the ADSD set of values through relationships with other agencies and service Providers within the service system; contact with the community who seek information, referral and assistance; and the manner in which services are provided, that they support the ADSD set of values.

2.1.3 Role of the District Centers In Multnomah County

ADSD and Elders in Action, the advisory council to ADSD, have a mutual goal for the development of community Focal Points in Multnomah County. ADSD contracts with community agencies to provide Focal Point leadership who have the energy and vision to build effective and resourceful coalitions of partners to address the concerns and needs of Multnomah County's older adults and family caregivers. The District Center partners fulfill a vital role in providing community leadership and continuing to nourish the environment in which a coalition will flourish. The District Center system has an overarching goal of improving the quality of services and level of integration of services with other systems in order to enhance the quality of service delivery and the visibility of the service system.

ADSD contracts with neighborhood-based agencies to provide District Center services that have established both visibility and credibility as a place for older people to come for information about and connection with services and programs. In contracting for services through community-based agencies to provide District Center services, ADSD seeks to provide access to information and services through a single contact at the neighborhood level. ADSD supports a decentralized system that is responsive to the needs and expectations of older individuals who live in those communities. Furthermore, ADSD encourages an entrepreneurial response to providing services that strengthens the service delivery system, and Neighboring District Centers are encouraged to collaborate in outreach venues to reach underserved communities.

District Centers and the ADSD Aging Services Area Offices together provide the community with a primary access point for all aging services. District Centers, together with the ADSD Aging Services Area Offices and other community partners, provide leadership in aging issues and coordination of services, and develop and expand programs and services that serve older people in the local community. ADSD strives to meet its goal of providing a seamless entry system where people are served regardless of where they may enter the system. District Center Focal Point services improve service coordination by:

1. Building new relationships among community organizations and aging network professionals;
2. Involving aging services staff in planning and coordination functions;
3. Involving older people in the plans and work of the agency on behalf of older people (especially older people who are frail, have a disability, have low incomes, lack family or other social support systems, and/or are elderly minority persons) who live in the area;
4. Reaching and serving underserved and unserved individuals within the service area;
5. Providing District Center services that are culturally competent, and responsive to the needs of ethnic, racial and cultural minorities living within the service area. See Attachment 13, Multnomah County Department of Human Services Contract – Sample (Contract Sample), Attachment B, item 6.
6. Meeting all requirements of mandatory reporting of abuse and/or neglect. See Attachment 13, Contract Sample, Attachment C, item 15; and
7. Meeting all requirements of the Health Insurance Portability and Accountability Act of 1996. See Attachment 13, Contract Sample, Attachment D, item 19.

Funding for Focal Point services takes into consideration ADSD's value of having the funding formula reflect demographics and client needs, with the goal of minimizing changes that disrupt client services.

District Centers also have a responsibility to provide access to and authorization for specific services through case management. These services include home care, personal care, adult day services, and respite care. Due to limited funding, priorities for these services have been developed to assist those most in need and who, as a result, are most at risk of losing their independence.

2.1.4 Cultural Competence and Culturally Appropriate Service Delivery

District Centers are expected to support the standards described in the document, *Serving Diverse Populations and Intercultural Strategies*. See Attachment 11, Appendices.

District Centers are expected to increase the number of cultural, ethnic and racial minority person's participation as clients, staff and volunteers in the ADSD service system. Because ADSD considers language and culture as barrier's to accessing services, ADSD will count minority race and multi-culturally diverse persons in different ways for different programs.

One of ADSD's performance measures for District Center contracts is to serve at least twice the percentage of ethnic and racial minority seniors in their registered contracted services within a fiscal year as compared to the percentage of ethnic and racial minority seniors in Multnomah County. Registered services include case management, home care/personal care and home delivered meals.

District Centers will actively recruit minority members to fill vacant positions within the agency for positions as board, advisory council, and committee members. District Centers will develop and apply policies and procedures that assure an outcome of cultural competencies among staff and volunteers. Through training and cross-cultural activities, District Centers will establish a climate of inclusiveness for staff, volunteers and participants. District Centers will develop outreach projects to identify and provide information and service to minority members in the community. District Centers will foster cultural competence among participants and address issues of racial prejudice and bigotry as they arise.

2.2 GOALS, VALUES AND OTHER IMPORTANT CONSIDERATIONS

The Goals of District Center Services are to:

- Promote quality of life and independent living for older adults;
- Provide preventive and long-term care services to eligible individuals to reduce the risk for institutionalization;
- Provide services to vulnerable adults who are frail, homebound and isolated due to advanced old age or who lack or have limited access to other long-term care services;
- Optimize individuals' personal, natural and community support resources; and
- Provide leadership at the local level, involving community partners in efforts that would improve the lives of older adults.

2.3 SCOPE OF SERVICES

2.3.1 Core Services

The following eight (8) core services are required by each District Center service area:

1. Focal Point;
2. Information and Assistance;
3. Transportation Scheduling and Coordination;
4. Case Management for Elders;
5. Family Caregiver Support Case Management;
6. Health Promotion and Disease Prevention, and Chronic Disease Self-Management;
7. Medication Management; and
8. Options Counseling

2.3.2 ADSD Service Standards

The awarded Proposers are expected to adhere to the following ADSD service standards and policies. See Attachment 11, Appendices.

1. Geographic Service Area Boundaries and Policy
2. Standards for Single Entry Case Management
3. Performance Measures
4. Nutrition Program Policy Assumptions
5. Adult Protective Service Roles and Responsibilities
6. Narration Standards
7. Serving Diverse Populations & Intercultural Strategies
8. Policy Assumptions for Computer and Technology Systems in District Center Services

2.3.3 Focal Point

Description

As described in Section I, Focal Point services include leadership at the local level in aging issues, community outreach, advocacy, the development of community partnerships and collaborations, and the coordination of services for older adults, with the goal of maximizing awareness of and access to services for all older persons. Focal Point also includes senior center development, which is defined as senior center activities that include educational, recreational, and intergenerational programs for seniors, and the leveraging of resources such as volunteers, in-kind and cash donations.

In keeping with the focus of Multnomah County on total quality management throughout the system, District Centers, as focal point agencies for ADSD, are encouraged to apply the principles of continuous quality improvement in all contracted programs and services.

An agency that is selected to be a District Center must either currently meet the following criteria or demonstrate the capacity to:

1. Provide single-entry access to services;
2. Establish a network of access points with all Providers of senior services within the district;
3. Provide planning and coordination of services;
4. Engage in active outreach to vulnerable older people in the community;
5. Engage in active outreach to cultural, ethnic and racial minority communities with cultural sensitivity;
6. Provide advocacy and community leadership on aging issues;
7. Promote the District Center's visibility in the community;
8. Be committed to performance-based evaluation of the services that are provided under the ADSD contract;
9. Work cooperatively with other ADSD Providers including the other District Centers; and
10. Build new relationships among community organizations and aging network professionals.

The policy of ADSD is to avoid real or potential conflict of interest in promotion and development of a community-based network of District Centers. ADSD will work with District Centers to develop procedures that ensure the avoidance of conflict of interest.

In the interest of improving quality of service to the elderly, ADSD understands under certain circumstances, District Centers may develop their own fee-for-service programs and desire to make internal referrals. Proposers may utilize internal resources, i.e. staff, fundraising, etc., to develop fee-for-service programs that improve the quality of a service to clients. For example, one current District Center Provider hired a case management assistant to provide home care support for clients. The cost of providing such a service can be built into agency's District Center budget.

In such cases, ADSD will ensure, and must approve that appropriate procedures are in place, which may include establishment of a review committee with members from outside the District Center, to review and approve any referrals made by the District Center case

manager.

Another method could include separating the assessment and service authorization functions from direct service provision to any of that District Center's fee-for-service programs. ADSD will conduct periodic reviews of such referrals.

2.3.3.1 Administrative Standards and Program Requirements

The District Center must:

1. Be available Monday through Friday during normal business hours, 8:00 am to 5:00 pm, or hours justified on the basis of recognized community norms;
2. Have adequate meeting space for social activities, community gatherings, meals, etc. The space may be multi-purpose, for example, used for different functions;
3. Have sufficient staff to provide coverage for programs, volunteer supervision, and leadership on aging issues;
4. Have staff assigned to carry out Focal Point Leadership tasks who have knowledge and skills to develop community support and resources to serve older persons; and
5. Have phone and program coverage throughout the business hours, and to the extent possible use reception coverage to connect callers and walk-ins to a live person.

Focal Point activities/projects will include, but not be limited to the following:

6. Outreach, including transportation outreach to unserved and underserved populations, including minority populations;
7. Public-private collaborations and partnerships;
8. Community and political advocacy and work with elected officials;
9. Intergenerational programs;
10. Leveraging of resources and volunteers through community partnerships;
11. Development of innovative approaches to service delivery that improve the quality and/or level of service to older people most in need of services;
12. Projects that involve community livability, civic engagement and volunteerism;
13. Participation of District Center staff in cooperative programs and services that are related to the ADSD contract that either exist at the time of the contract or are developed during the course of the contract period;
14. Coordination of services, such as legal services, insurance counseling, and others; and
15. Soliciting and utilizing input from older people on behalf of older people (especially older people who are frail, have a disability, are low income, lack family or other social support systems, and/or are elderly minority persons) who live in the area, for the purpose of program planning, evaluation, making improvements to District Center services and political advocacy. This can be achieved through several methods: A.) Maintain an advisory committee that has at least fifty (50%) percent of its members 60 years of age and over that meet at least every other month and whose membership represents cultural diversity and a broad cross section of business, professional, labor, government, education, faith-based, volunteer and civic groups, and clients; B.) Provide one older adult volunteer candidate for the Elders in Action Commission; and/or C.) Hold listening sessions with groups of older adults including older adult consumers, family caregivers, advocates and service providers periodically at a minimum once per fiscal year.

2.3.3.2 District Center Coordination with Meals Program Provider

A detailed description of the Nutrition Program Policy Assumptions is included in this RFPQ. See Attachment 11, Appendices.

As a Focal Point for geographical district, District Centers have a role in decisions about the location of meal programs within their districts. ADSD reserves the right to require the meal site operator to co-locate a meal site with the ADSD Area Office or District Center in accordance with a plan to meet this goal. When it is not possible to co-locate, the District Center will provide coordination between the meal site, ADSD Area Office, and District Center to ensure that appropriate services are available to participants.

It is not the intent of this policy to restrict the number of meal sites. Meal sites should be developed even if they are not co-located with District Centers or ADSD Area Offices. The management of services, like co-located District Center services, congregate and home-delivered meals, etc., will be such that there will be a fully integrated system of delivery of services to clients. Agency identity, separation of advisory committees, etc., should not inhibit or fragment client services.

District Center staff will work jointly with ADSD and meals program provider(s) to establish and maintain procedures and protocols for handling home delivered meal assessments and authorizations.

2.3.3.3 Documentation

Reporting will be done on forms and formats provided by ADSD. Monthly progress reports must be submitted to ADSD on Focal Point services. Activities will provide the basis for payment for Focal Point. Monthly reports will include the following elements:

- Focal Point and senior center activities;
- Number of health promotion classes per month;
- Number of units of service per month;
- A narrative highlighting special events, new collaborative efforts, etc; and
- Description of resources leveraged, including volunteer in-kind.

2.3.3.4 Payment

Focal Point services will be paid on a monthly service capacity basis, i.e. total funding divided by 12 months based on the submission of complete and accurate documentation submitted each month to ADSD. If these criteria are not met, payment may be delayed or not authorized.

2.3.4 Information and Assistance (I&A)

2.3.4.1 Description

Information and Assistance is the designated access point for new referrals from other agencies and the public. Through I&A, information or limited assistance is provided to older persons or persons acting on behalf of older individuals to help them obtain appropriate services. Functions of I&A include providing information, service referral, assistance, client advocacy, and screening to determine if a referral to case

management for a comprehensive assessment is appropriate. Services may include such activities as assisting with the completion of forms, conducting research to locate needed services or resources, advocacy building with other agencies or service providers, and follow-up to see that the caller received the needed information.

The goal of I&A is to assist persons and/or families obtain appropriate services. I&A is a service provided to persons 60 years of age and older, persons of any age inquiring on behalf of persons 60 years of age or older, or persons of any age seeking age-related information. I&A provides single entry access to services. Through this service, any person calling for information and/or assistance can receive the appropriate information or connection through the first contact with a District Center I&A Specialist.

District Centers are to be “one-stop centers” as part of a larger system for I&A about federal, state, and local public and private sector services and benefits for older persons. The I&A Specialist should be able to provide information and connection with a broad range of services, including topics as diverse as long term care, housing, transportation, employment and leisure time activities.

I&A is distinguished from reception and routine inquiries by the level of expertise needed to provide a response to an inquiry or request, or to resolve an issue. I&A and reception are two distinct functions and should be performed separately at all times. The District Center should have clear instructions and supervision to assure that there is a clear distinction between the I&A and the reception functions, and that when I&A staff are providing coverage at reception, they are not providing I&A, and should forward the call appropriately.

National Standards for Older Americans Act Information and Assistance Service state that well-designed information and assistance service will always strive to:

- Increase the awareness of older persons and their caregivers about beneficial and necessary services and opportunities in the community;
- Provide information and referral about the agencies and organizations that provide the services;
- Help older persons and their caregivers by advocating for them to link them to the agencies providing the services; and
- Follow-up to ensure that an adequate linkage between the older person or their caregiver and the appropriate service was made.

2.3.4.2 Administrative Standards and Program Requirements

1. I&A service will be available Monday through Friday during normal business hours, i.e. 8:00 am to 5:00 pm, or hours justified on the basis of recognized community norms.
2. I&A must be performed by I&A staff or skilled staff like Case Managers and supervisors.
3. District Center must have clear policies in place that delineate duties and responsibilities of reception services separate from I&A services.
4. Utilize the Oregon Aging and Disability Resource Connection (ADRC) electronic resource directory when assisting callers and walk-ins.
5. Assist ADSD in maintaining up-to-date resources, both local and standard resources, in the ADRC electronic resource directory.

6. Ensure that call handlers are trained in handling calls/walk-ins for individuals with limited English-speaking proficiency and have an up-to-date list of ADSD interpreters and translators, or internal resources available.
7. One staff member will be designated as the I&A Lead Specialist and will work collaboratively with other skilled staff to ensure consistency.
8. Designated I&A staff will be assigned and available as back-up to the I&A Lead.
9. District Center will arrange for telephone answering service for assistance in an emergency or a recording device that refers callers to the ADSD Helpline, 503 988-3646, outside of normal business hours.
10. Maintain confidential client information and transit client information by secure electronic format.
11. A quality assurance plan for monitoring the I&A service will be developed by the District Center, and
12. A unit of service will be one (1) situation or problem, which may or may not require additional contacts with the caller or other sources, that is handled by the I&A Specialist, and fully recorded on an ADSD approved form.

2.3.4.3 Staff Qualifications

I&A Specialist (or Case Manager or Supervisor filling in as back up) will have the following skills and qualifications:

1. Maintain familiarity with public and private services available for older persons in Multnomah County;
2. A warm and personable manner in person and on the telephone;
3. Good listening skills;
4. Good interviewing skills;
5. Good oral communication skills;
6. Be able to accurately document the I&A transaction;
7. The ability to interview in-depth over the telephone or in person to determine if there are underlying or additional issues other than those initially presented by the caller;
8. The ability to make assessments about needed services based on the information available and resolve the issue or make appropriate service referrals accordingly;
9. The ability to navigate and use the ADRC electronic resource directory;
10. Active participation in training and evaluation on a regular basis;
11. Knowledge of the aging process;
12. Knowledge of the purpose of the information and assistance/case management program and the services it provides;
13. Knowledge of the aging network and service delivery system;
14. Knowledge of the responsibilities of the case management and information and assistance staff; and
15. Knowledge of program eligibility requirements.

2.3.4.4 Staff Responsibilities

Staff responsibilities include the following:

1. Responding to requests for information or assistance;
2. Reporting community resource changes in ADRC electronic resource directory to ADSD Helpline;
3. Maintaining expertise in the use of the ADRC electronic resource directory;

4. Maintaining password access to the State Mainframe and Oregon Access database;
5. Sharing community resources not in ADRC resource directory to ADSD Helpline;
6. Documenting calls daily;
7. Preparing and submitting monthly reports on ADSD approved forms and reporting in formats required by ADSD; and
8. Attending meetings and trainings as needed or required by ADSD.

2.3.4.5 Supervision

1. All District Center staff providing an I&A function must receive at least one (1) hour a month of supervision in which calls and their disposition are reviewed.
2. Supervision will include an analysis of the following:
 - a. How difficult calls were handled;
 - b. Discussion of the types of calls received and the balance between need for information and the need for assistance; and
 - c. Analysis of how the I&A service can be improved.

2.3.4.6 Training

I&A staff will receive a minimum of three (3) hours of in-service training twice a year and twenty-four (24) hours of formal training for each FTE (full time equivalent). ADS offers an I&A quarterly meeting and training opportunities for I&A and other skilled staff, as well as directing to community-based trainings.

Training must include the following elements:

1. New staff will receive an orientation which covers the following subjects before they begin providing services to older persons:
 - a. Introduction to the Aging Network;
 - b. Introduction to the ADSD Mission and Values;
 - c. Philosophy of the single entry access system through information and assistance and case management services;
 - d. Agency policies and procedures;
 - e. Introduction to other community resources that serve older persons;
 - f. Content of working agreements with other agencies;
 - g. Protocol for working with other agencies, including how to make referrals;
 - h. How to use the ADRC electronic resource directory;
 - i. How to use the State Mainframe and Oregon Access databases;
 - j. How to work as part of a team;
 - k. How to complete required forms;
 - l. How to use the telephone to provide the services for which they are responsible; and
 - m. The documentation of calls.
2. Training must also include the following:
 - a. How to assist ADSD in the maintenance of the ADRC electronic resource directory;
 - b. Interviewing skills;
 - c. Knowledge of the case management intake process;
 - d. Assessment procedures; and
 - e. Services authorized under the OAA, OPI, and other programs serving older people.

3. Additional training may include the following:
 - a. Cross-training with Case Managers;
 - b. Customer service techniques;
 - b. How to discern a potentially complex situation from an apparent simple request for information; and
 - c. Using software to submit I&A data electronically to ADSD.
4. Individualized training will be provided to fill gaps in knowledge or skills and shall include twenty-four (24) hours of formal training each year for each full-time position. Formal training may be through college courses, workshops, seminars, or conferences, or other agency staff or professionals in the community may provide structured training.
5. Seasoned I&A staff are encouraged to share knowledge and expertise with new I&A staff from other centers.

2.3.4.7 Procedures

District Centers will use the following procedures when providing I&A services:

1. Information
 - a. Assess the nature of the request by phone or in person.
 - b. Provide information on phone or in person about services and programs.
 - c. Record appropriate information regarding the call.
2. Assistance
 - a. Determine that the resolution of the request cannot be made.
 - b. Identify the appropriate community resources to meet the need.
 - c. Make a referral by contacting the resource agency on behalf of the client by phone or by mail.
 - d. Assist the client in the completion of intake forms.
 - e. Arrange for and schedule legal service and other services as appropriate.
 - f. Record appropriate information regarding the call.
 - g. Contact service recipients within a month after the referral to ensure that appropriate assistance was received.
 - h. If appropriate assistance was not received, advocate on the recipient's behalf as needed.

2.3.4.8 Documentation

1. Logging, narrating, tracking, and reporting I&A calls will be completed on forms and formats approved by ADSD.
2. A complete record of calls received, including at minimum who called, the service request, and the disposition of call will be documented. For complex information requests, the name and phone number of the caller will be recorded. In addition, records of services that were requested or needed, but not available, will be maintained.
3. Count as I&A service units, activities such as assisting with the completion of forms, research to locate needed services or resources, advocacy with other agencies or service providers, and coordination of services to respond to requests for single services or to resolve a single issue.
4. I&A counts do not include:
 - Referrals made to other services offered by the agency;

- Responses to requests which are normally a reception function, e.g. calls to Case Managers or routine inquiries which can be handled by the receptionist such as inquiries about center hours of operation, calls for information about clinics or classes, etc.; and
- Transportation scheduling and coordination. This is a separate service from I&A, and is covered in detail in Section 2.3.5.

2.3.4.9 Payment

I&A will be paid on a fee-for-service basis and will be based on complete and accurate documentation submitted each month to ADSD. If these criteria are not met, payment may be delayed or not authorized.

2.3.5 Transportation Scheduling and Coordination

In addition to the Transportation Scheduling and Coordination described in the body of this RFPQ, District Centers are expected to adhere to ADSD service standards and policies. See Attachment 11, Appendices.

2.3.5.1 Description

District Centers will assist older adult consumers and others acting on behalf of older adults with Transportation Scheduling and Coordination. This service includes activities such as screening for eligibility for transportation services, assessing transportation needs, verification of eligibility for transportation, assisting in the completion of forms and applications for transportation, advocacy on behalf of older adults requesting transportation services, authorizing agency rides, scheduling and coordinating rides with transportation providers, and the distribution of bus passes and tickets.

Agency rides, which include bus passes and tickets are transportation services that ADSD purchases through contracts with local transportation providers for its clients to access services that help them maintain their independence in the community for as long as possible.

2.3.5.2 Administrative Standards and Program Requirements

1. Transportation Scheduling and Coordination will be available Monday through Friday during normal business hours of 8:00 am to 5:00 pm, or hours justified on the basis of recognized community norms.
2. Transportation Scheduling and Coordination must be performed by I&A staff or skilled staff like Case Managers and supervisors.
3. Have clear policies in place that delineate duties and responsibilities of reception services separate from Transportation Scheduling and Coordination services.
4. One staff member will be designated as the Transportation Specialist and will work collaboratively with other skilled staff to ensure consistency.
5. District Centers must have clear policies in place that delineate duties and responsibilities of reception services separate from Transportation Scheduling and Coordination services.
6. Ensure that Transportation Specialists are trained in handling calls/walk-ins for individuals with limited English speaking proficiency and have the current list of interpreters and translators, or internal resources.

7. Designated staff will be assigned and available as back-up to the Transportation Specialist.
8. Maintain confidential client information and transit client information by secure electronic format.
9. A quality assurance plan for monitoring the Transportation Scheduling and Coordination service will be developed by the District Center.
10. A unit of service will be one (1) hour of Transportation Scheduling and Coordination service that relates to specific transportation clients.

2.3.5.3 Staff Qualifications

The Transportation Specialist (or Case Manager or Supervisor filling in as back up) will have the following skills and qualifications:

1. A warm and personable manner in person and on the telephone;
2. Good listening skills;
3. Good interviewing skills;
4. Good oral communication skills;
5. Knowledge of all the different types of transportation services available in the community including Ride Connection rides, Ride Wise Program, Shuttles, TriMet Lift etc.;
6. Ability to keep up-to-date on the transportation services available in the community;
7. Knowledge of program eligibility requirements and the ability to screen for eligibility, verify and assess the most appropriate transportation needs for the client;
8. Ability to accurately document the Transportation Scheduling and Coordinating transaction;
9. Ability to use the ADRC electronic resource directory;
10. Active participation in training and evaluation as required by ADSD as needed;
11. Knowledge of the aging process;
12. Knowledge of the aging network and service delivery system;
13. Knowledge of the purpose of the District Center's information and assistance and case management programs and the services they provide; and
14. The ability to work as part of a team with co-workers on behalf of client.

2.3.5.4 Staff Responsibilities

Staff responsibilities include the following:

1. Responding to requests for transportation scheduling and coordination;
2. Documenting calls daily;
3. Preparing and submitting monthly reports on ADSD approved forms and reporting formats required by ADSD;
4. Attending meetings and trainings as needed or required by ADSD; and
5. Maintaining password access to the State Mainframe and Oregon Access database.

2.3.5.5 Supervision

All District Center staff providing Transportation Scheduling and Coordination must receive at least one hour a month of supervision in which calls and their disposition are reviewed.

Supervision will include the following:

- Ensuring complete and accurate documentation and reporting of transportation transactions; and
- Analyzing how Transportation Scheduling and Coordination service can be improved.

2.3.5.6 Training

Transportation Scheduling and Coordination will be performed by staff that have training and skills to perform the necessary duties. Depending on the District Center's staffing plan, Transportation Scheduling and Coordination may be performed by an I&A Specialist, Case Manager, or Transportation Specialist.

District Center staff assigned to provide Transportation Scheduling and Coordination will participate in ADSD sponsored training and other training(s) as required or needed.

Transportation Scheduling and Coordination staff are to receive a minimum of three (3) hours of in-service training twice a year and twenty-four (24) hours of formal training for each FTE equivalent. Formal training may be through college courses, workshops, seminars, or conferences, or other agency staff or professionals in the community may provide structured training. ADSD offers a quarterly meeting and training opportunities for Transportation Specialists, and other skilled staff, as well as updates for community-based training.

1. New staff will receive an orientation which covers the following subjects before they begin providing services to older persons:
 - a. Introduction to the Aging Network;
 - b. Introduction to the ADSD Mission and Values;
 - c. Philosophy of the single entry access system through information and assistance and case management services;
 - d. Agency policies and procedures;
 - e. Introduction to other community resources that serve older persons;
 - f. Content of working agreements with other agencies;
 - g. Protocol for working with other agencies, including how to make referrals;
 - h. How to use the State main frame and Oregon Access Database;
 - i. How to work as part of a team;
 - j. How to complete required forms;
 - k. How to use the telephone to provide the services for which they are responsible; and
 - l. The documentation of calls.
2. Training must also include the following:
 - a. Interviewing skills;
 - b. Knowledge of the case management intake process;
 - c. Assessment procedures; and
 - d. Services authorized under the OAA, OPI, and other programs serving older people.
3. Additional training may include the following:
 - a. Cross-training with Case Managers;
 - b. Customer service techniques;

- c. How to discern a potentially complex situation from an apparent simple request for services; and
- d. Using software to submit Transportation Scheduling and Coordination data Transportation.
- 4. Seasoned Transportation Specialists are encouraged to share knowledge and expertise with new Transportation Specialists from other centers.
- 5. Neighboring District Centers are encouraged to collaborate in transportation outreach venues to reach underserved communities.

2.3.5.7 Procedures

District Centers will use the following procedures when scheduling and coordinating transportation:

- 1. Utilize standardized procedures, screening tools, narrative tools, forms and formats approved by ADSD;
- 2. Utilize standardized coordination activities with ride providers;
- 3. Agency rides can only be authorized and scheduled by ADSD staff or ADSD contractors;
- 4. Assess client needs and develop a personal transportation plan using a standardized format approved by ADSD;
- 5. Register client using a standardized format approved by ADSD;
- 6. Coordinate transportation resources and service that are most appropriate for the client;
- 7. Facilitate ride schedule for clients as needed;
- 8. Ensure that staff are trained in handling calls/walk-ins for clients with limited English-speaking proficiency and have an up-to-date list of ADSD interpreters and translators, or internal resources available; and
- 9. Provide technical, cultural, and other supports to client, as well as transportation providers, to ensure that service is promptly and effectively delivered.

Clients needing agency rides will be prioritized according to the following ADSD criteria:

- 1. Medical trips (doctors, therapists, hospital, test, or health-related treatment) for non-Medicaid clients;
- 2. Congregate nutrition; and
- 3. Multiple supportive services (i.e. Multicultural Centers, etc.).

ADSD's priority target populations for agency rides include:

- 1. Frail, elderly clients based on activities of daily living (ADL) who have limited endurance, stamina, and are advanced old age;
- 2. People with disabilities that need to travel with equipment such as walkers, oxygen, etc.;
- 3. Non-English speaking elders that have difficulty accessing fixed route transportation due to language barriers; and
- 4. Volunteers who work in Aging and Disability Services programs and activities.

Whenever feasible, Transportation Scheduling and Coordination will promote the use of fixed route public transportation through the distribution of bus passes and tickets, and the utilization of community transportation resources to support client independence and choice.

2.3.5.8 Documentation

Logging, narrating, tracking, and reporting Transportation Scheduling and Coordination services will be completed on forms and formats approved by ADSD.

A complete record of transportation scheduling and coordination calls received, including at minimum who called, the service request, and the disposition of call will be documented. In addition, records of services that were requested or needed, but not available, will be maintained.

Count as Transportation Scheduling and Coordination services activities such as screening for and verifying eligibility, assisting with the completion of forms, research transportation resources, authorizing agency rides, advocacy with other agencies or service providers, coordination of transportation services, scheduling transportation services, and the distribution of bus passes and tickets.

2.3.5.9 Payment

Transportation Scheduling and Coordination will be paid on a fee-for-service basis and will be based on complete and accurate documentation submitted each month to ADSD. If these criteria are not met, payment may be delayed or not authorized.

2.3.6 Case Management for Elders and Family Caregivers

In addition to the Case Management services described in the body of this RFPQ, District Centers are expected to adhere to ADSD service standards and policies. See Attachment 11, Appendices.

2.3.6.1 Description

Case Management for Elders is a comprehensive service provided to individuals age 60 and over who are experiencing complex or multiple problems that affect the individual's ability to remain independent. Additionally, Case Management for Family Caregivers is a comprehensive service provided to family caregivers who are caring for persons age 60 and over, or for individuals who are grandparents 55 years of age or older who is a relative caregiver of a child. The definition of Family Caregiver has been broadened to include friends, neighbors and domestic partners who care for someone age 60 or older.

The following description of case management services applies to elders and family caregivers. For the purposes of case management services described in this RFPQ, the term "client" applies to both the care receiver and family caregiver unless otherwise noted.

Trained Case Managers assess the need for services; determine eligibility; develop and implement the care plan; authorize services; coordinate services; counsel and problem-solve; evaluate and monitor the success of the care plan; reassess the needs of clients when indicated and on a regular basis; advocate on behalf of clients; and follow-up.

Case Managers authorize services funded through the aging services system or they may serve as advocates to obtain help for their clients by negotiating with other service agencies. Case management is based on a holistic assessment of the client's situation

and client choice. Case Managers must consider and coordinate an array of services for the total needs of the client and not restrict the assessment to an evaluation of problems for which an agency has services.

The goals of Case Management for older adults are to assist these clients in remaining as independent as possible, delay or prevent out-of-home placement and support the client's right of choice.

The goals of case management for family caregivers is to assist these clients in obtaining information and services that would enhance the caregiver's ability to provide care for the care receiver.

Case management services are mainly provided to clients residing in their own homes but may be provided to clients in other residential settings such as adult foster care on an exception basis dependent on client need.

2.3.6.2 Administrative Standards and Program Requirements

The following case management standards apply to case management for elders and family caregivers:

1. Client records must be maintained using forms and formats provided by ADSD.
2. Priority will be given to care receivers who are at a higher level of need on the survivability scale.
3. Case Managers will be familiar with, and consider, all possible services that could be useful to the client. Documentation of services, which were considered but not used, and the reasons for not choosing them, is expected to be included in the client care plan. Case Managers are responsible for authorizing the following ADSD funded services:
 - a. In-home services (homecare, personal care);
 - b. Adult day services;
 - c. Transportation;
 - d. Respite services;
 - e. Home delivered meals; and
 - f. Other services as determined necessary.
4. Case management procedures apply to OAA and OPI clients, other case management clients, Gatekeeper referrals, Multi-disciplinary Team (MDT) referrals, Adult Protective Service referrals, and Public Guardian clients. The case management process should be used to manage services for clients who come into the system through these programs.
5. Response to referrals must be made within five (5) calendar days of the referral. Gatekeeper referrals must be followed-up by face-to-face contact within five (5) days unless the caller indicates the situation requires more immediate investigation.
6. Maintain confidential client information and transmit client information by secure electronic format.
7. Case management staff must be provided time to attend ADSD sponsored training and other training as appropriate.
8. The optimum caseload at any point in time is between 65 and 85 case management clients (depending on severity and complexity of client needs) per

one (1) FTE case manager. Caseloads outside of that range (either lower or higher) require documentation explaining why the caseload is smaller or larger than the given range.

9. The unit of service will be one (1) hour of case management that relates to a specific case management client.

2.3.6.3 Staff Qualifications

Staff Qualifications are described in detail in Standards for Single Entry Case Management. See Attachment 11, Appendices.

2.3.6.4 Staff Responsibilities

Staff Responsibilities are described in detail in Attachment 11, Appendices:

Standards for Single Entry Case Management, Appendix 2;
Adult Protective Service Roles and Responsibilities, Appendix 5;
Narration Standards, Appendix 6; and
Serving Diverse Populations, Appendix 7.

- Maintain expertise in the use of the ADRC electronic resource directory; and
- Maintain password access to the State Mainframe and Oregon Access database

2.3.6.5 Supervision

1. The purpose of supervision and training is to ensure continuous quality improvement of the case management staff and to ensure the ability of Case Managers to serve clients with increasingly difficult needs.
2. All Case Managers will have an assigned supervisor who is qualified to supervise case management by virtue of having had case management training or experience.
3. There will not be more than one (1) full time supervisor for every five (5) full time Case Managers. If there are fewer than five (5) Case Managers assigned to the ADSD contract, a proportionate amount of the supervisor's FTE should be assigned to cover case management supervision responsibilities.
4. Each case manager will have a one-to-one meeting with the supervisor at least one (1) hour for every 160 hours worked. Staff employed for less than six months will have a one-to-one meeting of at least one (1) hour for every 80 hours worked. The purposes of the meetings are to:
 - Review case records for case plan content as well as compliance with recording regulations and requirements;
 - Provide coaching on techniques and approaches to providing client services; and
 - Provide consultation on job performance.
5. Each case management supervisor will spend at least two (2) three-hour time segments per year (one segment equals one morning or one afternoon) in the field with assigned Case Managers to observe the case manager in the actual setting to assure quality of service and to identify training needs of the case manager.
6. Co-assessments may be part of the field supervision. The amount of time spent in the field with an individual case manager will depend on the case manager's experience and job performance.

7. Supervisors are also expected to attend training that increases their professional skills in the area of case management supervision.

2.3.6.6 Training

The following training standards apply in addition to the Standards for Single Entry Case Management. See Attachment 11, Appendices.

1. District Center will have a process for identifying the training needs of staff, both at initial employment and during their employment. Training shall be provided to meet identified needs.
2. All new staff will receive an orientation before they begin providing services to older persons. Orientation will include:
 - a. Introduction to the Aging Network;
 - b. Introduction to the ADSD Mission and Values;
 - c. Philosophy of the single entry access system through information and assistance and case-management services;
 - d. Agency policies and procedures;
 - e. Introduction to other community resources that serve older persons and their family caregivers;
 - f. Content of working agreements with other agencies;
 - g. Protocol for working with other agencies, including how to make referrals;
 - h. How to use the ADRC electronic resource directory;
 - i. How to use the State Mainframe and Oregon Access databases;
 - j. How to work as part of a team;
 - k. How to complete required forms;
 - l. Procedures for handling emergency situations;
 - m. On-the-job training prior to commencing client visits which includes observing and working with a supervisor or experienced case manager for a minimum of two weeks to receive specific training which covers how to perform all case management functions including documentation, making field visits with the supervisor or another case manager, and learning the geographic orientation of the area he/she will serve; and
 - n. Additional training may include using software to submit case management data electronically to ADSD.
3. All staff will receive individualized ongoing training to fill gaps in their knowledge or skills. This training will be based on supervisor evaluation, related to job duties and identified through supervisory contacts, case record reviews, and formal training.
4. At least 24 hours of formal training will be provided to each full-time case manager annually. Formal training for less than full-time case management staff will be prorated with 24 hours of training per FTE as standard.
5. Case Managers will be trained in the use of the State Mainframe, Oregon Access, and Oregon Access Client Assessment and Planning System (CA/PS) as the basis for developing and monitoring the client case plan.
6. Formal training may be provided through college courses, workshops, seminars, conferences, or provided by agency staff or professionals in the community (including the Multi-Disciplinary Team).
7. Case Managers will have written plans for professional development identifying training goals and development of specific skills.

2.3.6.7 Procedures

ADSD requires District Centers to follow case management standards, policies and procedures described in Attachment 11, Appendices.

2.3.6.8 Documentation

In addition to the required documentation of case management services described below, District Centers are expected to follow case management standards, policies and procedures described in Attachment 11, Appendices:

1. A CA/PS must be completed on all open case management cases for care receivers.
2. A CA/PS must be completed for all assessments including initial case management assessments, Gatekeeper assessments, and home delivered meal co-assessments by Case Managers and Loaves and Fishes.
3. Family Caregiver Case Management documentation must be completed in Oregon Access.
4. A Universal Client Registration (UCR) may be completed instead of the CA/PS only in those situations where a case manager may be unable to obtain the needed information to complete the CA/PS because of client resistance. To obtain reimbursement for time spent on an incomplete assessment (3X) the District Center must submit an explanation as to why the case manager could not complete the CA/PS.
5. A UCR must be completed on all open Family Caregiver case management cases.
6. Client narrative summaries must be completed in Oregon Access and the CA/PS assessment following ADSD Narration Standards as described in Attachment 11, Appendices.

2.3.6.9 Payment

Case management will be paid on a fee-for-service basis and will be based on complete and accurate documentation submitted each month to ADSD. If these criteria are not met, payment may be delayed or not authorized.

2.3.7 Health Promotion, Disease Prevention, Chronic Disease Self- Management and Medication Management

In addition to the Health Promotion services described in the body of this RFPQ, District Centers are expected to adhere to ADSD service standards and policies. See Attachment 11, Appendices.

2.3.7.1 Description

Older Americans are disproportionately affected by chronic diseases and conditions, such as arthritis, diabetes and heart disease, as well as by disabilities that result from injuries such as falls. More than one-third of adults aged 65 or older fall each year. Twenty-one percent of the population aged 60 and older, 10.3 million people have diabetes. Seven (7) of every ten (10) Americans who die each year, or more than 1.7 million people, die of a chronic disease.

Chronic diseases and conditions result in an especially heavy health and economic burden on older adults due to associated long-term illness, diminished quality of life, and greatly increased health care costs. Approximately 80% of older Americans are living with at least one (1) chronic condition, and 50% have at least two (2) chronic conditions.

Much of the illness, disability, and death associated with chronic disease is avoidable through known health promotion and prevention measures. Health promotion is the process of enabling people to increase control over, and to improve their health. Disease prevention includes measures not only to prevent the occurrence of disease, but also to arrest its progress and reduce its consequences once established.

For the purposes of this RFPQ, Health Promotion/Disease Prevention is a broad category that will include all health promotion and disease prevention activities procured through District Center Services, with a strong emphasis on programs that are Evidence-Based or recognized as Best Practice programs. Descriptions of established Evidence-Based and Best Practice Health and Wellness activities are found in the Attachment 11, Appendices.

Evidence-Based Health Promotion and Disease Prevention Programs

The primary goals of Evidence-Based Health Promotion and Disease Prevention Programs are to: a) empower older persons to adopt healthy behaviors, improve health status, and manage chronic conditions better, and b) validate the worth of preventive measures improving outcomes and reducing health care costs (e.g., fewer visits to physicians, reductions in the number of medical procedures performed, etc.).

2.3.7.2 Administrative Standards and Program Requirements

District Centers will include in their activity programming at least one (1) continuous Evidence-Based or a recognized Best Practice health promotion activity per year, plus one (1) or more Chronic Disease Self-Management series per year from the list of acceptable health promotion activities. See Attachment 11, Appendices.

District Centers will include in their activity programming Medication Management screening and education to prevent incorrect medication and adverse drug reactions. Older Americans Act III-D prescribed Medication Management activities are as follows:

- Public education activities related to medication management problems;
- Training programs on medication management skills for consumers and caregivers;
- Screening programs with public health and health practitioners to identify persons at high risk of medication interactions and adverse reactions; and
- Provision of client specific medication review and consultations by pharmacists, nurse practitioners or physicians.

Health Promotion and Disease Prevention activities prescribed by Older Americans Act, III-D are described as follows:

1. Health risk assessments;
2. Routine health screening, such as screening for hypertension, glaucoma, cholesterol, cancer, vision, hearing, diabetes, bone density, oral health, and nutrition screening;

3. Nutritional counseling and educational services for older persons and their primary caregivers;
4. Health promotion programs, including programs relating to prevention and reduction of the effects of chronic disabling conditions, such as osteoporosis and cardiovascular disease; dental care; alcohol and substance abuse reduction; smoking cessation; weight loss and control; and stress management; and
5. Programs that promote physical fitness through, group exercise, and music, art, and dance movement therapy, including programs for multigenerational participation that are provided by:
 - a. An institution of higher education;
 - b. A local educational agency, as defined in Section 1471 of the Elementary and Secondary education Act of 1965; and / or
 - c. A community-based organization.
6. Home injury control services, including screening of high-risk home environments and provision of educational programs on injury prevention, such as fall and fracture prevention;
7. Screening for the prevention of depression, coordination of community mental health services, provision of educational activities, and referral to psychiatric and psychological services;
8. Educational programs that provide information about the availability, benefits, and appropriate use of preventive health services covered under Title XVIII of the Social Security Act;
9. Information concerning diagnosis, prevention, treatment, and rehabilitation of age related diseases and chronic disabling conditions, including osteoporosis, cardiovascular diseases, diabetes, and Alzheimer's disease and related disorders with neurological and organic brain dysfunction;
10. Gerontological counseling; and
11. Counseling about social services and follow-up health services based on any of the services described in subsections one (1) through ten (10) of this section.

In the event that an urgent public health issue arises ADSD will set priorities for funded Health and Wellness activities to help ensure a response to the immediate needs of vulnerable seniors.

2.3.7.3 Documentation

Reporting will be done on forms and formats approved by ADSD.

Monthly progress reports submitted to ADSD on Health Promotion and Disease Prevention activities will provide the basis for payment for Health Promotion and Disease Prevention. Monthly reports will include the following elements:

- Health Promotion and Disease Prevention activities per month;
- Evidence-Based and Best Practice activities per month;
- Number of units of service per month;
- A narrative highlighting special events, new collaborative efforts, etc; and
- Description of resources leveraged, including volunteer in-kind.

2.3.7.4 Payment

Health Promotion, Disease Prevention, Chronic Disease Self-Management, and Medication Management will be paid on a fee-for-service basis and will be based on

complete and accurate documentation submitted each month to ADSD. If these criteria are not met, payment may be delayed or not authorized.

2.3.8 Options Counseling Services

2.3.8.1 Description

The Administration on Aging's Community Living Program (CLP) grant initiative, formerly known as Nursing Home Diversion, is designed to help people who are at risk of nursing home admission and spend down to Medicaid to continue to live at home. Multnomah County and Washington County are working together with the State Unit on Aging to identify and serve individuals who elect to participate in the Community Living Program Options Counseling.

Using the philosophy of consumer-directed care with program participants Options Counseling is a comprehensive service provided to individuals age 60 and over who are experiencing complex or multiple problems that affect the individual's ability to remain independent. The Options Counselor will assist the program participant by providing decision support and counseling to help the participant think through the impact of various options and related financial decisions. It is anticipated that many of the services needed by the participant will need to be procured on a private pay basis.

Activities of Options Counseling include meeting with the program participant at the hospital or their place of residence to provide comprehensive, objective, up-to-date, user-friendly information about the full range of available immediate and long range options; helping program participants understand available community support options; assessing needs and resources; assisting in the development and implementation of long-term support choices; and empowering individuals to make informed, cost-effective decisions about long-term support services.

For Multnomah County, the District Centers are key partners in the implementation of the Community Living Program Options Counseling services. Case Managers from the District Center will provide Options Counseling for individuals referred to their site from the ADSD Helpline.

2.3.8.2 Administrative Standards and Program Requirements

District Center(s) are required to provide a 24-hour, one (1) business day, returned response call (to the participant). The initial hospital or home visit must be completed within five (5) days of the initial call; preference is within three (3) business days. If the Options Counselor will be unable to respond within a 24-hour period, the ADSD Helpline staff should be notified immediately so the referral will be sent to the next closest District Center/Options Counselor.

The average service hours per Options Counseling program participant will be 12 - 15 hours, over a one to three-month period, with part of service time occurring at the participant's home. Any hours over 15 per participant must be approved in writing by the CLP Coordinator. The number of participants that will be served by each District Center is unknown. Potential participants are identified based on risk factors and residence in Multnomah County.

One (1) staff member will be identified as the lead Options Counselor and one (1) staff as the back-up Options Counselor for each District Center office site. Sites with two (2) or less Case Managers can appoint the Program Manager/Supervisor as the back-up Options Counselor.

Both identified staff members and their supervisor are required to attend Options Counseling training provided by State Unit on Aging, Seniors & People with Disabilities.

2.3.8.3 Staff Qualifications

Individuals with any combination of experience and training that would likely provide the required knowledge and abilities is qualifying. A typical way to obtain the knowledge and abilities would be:

Education/Training: Equivalent to a bachelor's degree from an accredited college or university with major course work in social science, social service, or a related field, and

Experience: Two (2) years of increasingly responsible case management work experience.

2.3.8.4 Staff Responsibilities

Demonstrate commitment to person-centered counseling with attention to consumer preferences, strengths, culture and individual situation when meeting with consumers and their representatives.

Effective consumer advocacy skills with providers, family members, public and private agencies, and others.

Interact with consumers in a respectful and empathetic manner. Maintain composure, professionalism, and work objectively with clients.

Communicate clearly in a concise, respectful manner, both verbally (in person and on the phone) and in writing (including electronic methods). Utilize active listening and effective in-depth interviewing techniques to elicit required information.

Perform visual assessment of client to determine signs of potential abuse or neglect, consumer's ability to perform activities of daily living and instrumental activities of daily living, and / or consumer's living situation for safety and hygiene.

Ability to understand complex written rules, policies, regulations and laws; good attention to detail and solid administrative, case and project tracking skills.

Basic understanding of medical terminology and disease processes in the areas of gerontology, physical, mental and developmental disabilities, and pharmacology. Accurate use and knowledge of basic math to calculate benefits.

Maintain confidential consumer information and transit consumer information by secure electronic format.

Able and willing to travel to consumer residences or care facility, regardless of accessibility or availability of public transportation to perform site visits; travel to meetings and training sessions.

2.3.8.5 Supervision

All Options Counselors will have an assigned supervisor who is qualified to supervise them by virtue of having had Options Counseling training or experience.

2.3.8.6 Training and License

Specific Required Training:

1. Complete Sessions 1 and 2 of Options Counseling Training prior to serving CLP participants;
2. Serve under the supervision of a manager who has completed the Options Counseling Training for Supervisors; and
3. License: May require a valid driver's license.

2.3.8.7 Procedures

The initial screening takes place at the hospital; hospital gives patient basic information on the CLP project and if the patient is interested sends referral by secure email (or fax if preferred by hospital) to Multnomah County ADSD Helpline.

The ADSD Helpline receives referral information from Providence Medical Centers (Portland and St. Vincent's). ADSD Helpline reviews referral information, checks for eligibility, and obtains any missing information. The ADSD Helpline sends verified referrals and accompanying information to the District Center partner site closest to the participant's home or community residence.

The Options Counselor contacts potential participant within one (1) business day of the referral from the Helpline, discusses any immediate needs on the phone and sets up home visit appointment(s).

2.3.8.8 Documentation

District Center will utilize the Multnomah County ADSD approved data collection system for documenting and reporting data for the CLP Options Counseling.

2.3.8.9 Payment

Payment at the rate of \$45.00 per hour for the delivery of Options Counseling services up to a maximum amount of 15 hours per participant. Written approval from the Community Living Program Coordinator must be obtained prior to exceeding 15 hours.

Options Counseling will be paid on a fee-for-service basis and will be based on complete and accurate documentation submitted each month to ADSD. If these criteria are not met, payment may be delayed or not authorized.

2.3.9 Use of Technology and Network Facilitation

District Centers are required to use designated computer systems in the provision of services to clients and in accordance with standards set by ADSD, and the State Department of Human Services, Seniors and People with Disabilities Services Division. The recommended minimum specifications for District Center computers and a description of

required computer systems is included in the Attachment 11, Appendices. ADSD's Policy Assumptions for Computer and Technology Systems in District Center Services.

ADSD is using the Oregon ADRC Electronic Resource Directory, formerly known as the Oregon Network of Care. This online resource directory is a comprehensive, Internet-based community resource for the elderly and people with disabilities, including caregivers and service providers. It is the expectation that District Centers will use the ADRC Electronic Resource Directory to assist seniors, their caregivers and the general public in finding resources, in addition to using and maintaining additional electronic resource files unique to the District Center's geographic service area. District Centers will assist ADSD in maintaining up-to-date resources in the ADRC Electronic Resource Directory.

ADSD is in the planning stage to implement a software program that will integrate and consolidate databases within DCHS. This single client tracking system will also allow for data input for the Older Americans Act, Oregon Project Independence and other ADSD programs. ADSD will work with District Centers to allow for payment data to be directly entered into the system.

ADSD will assist District Centers with some technology costs, like Network Facilitation, through a one-time annual payment. Payment is fixed and based on the number of FTE Case Managers employed by the District Center.

For more information about computer and technology systems in District Center services refer to Policy Assumptions for Computer and Technology Systems in District Center Services included in the Attachment 11, Appendices.

2.3.10 Program Management

Agencies wishing to qualify under this RFPQ must demonstrate an adequate management structure. Proposers must show their capacity and experience in these areas:

1. History of leadership relating to seniors including advocacy, visibility within the community, and provision of performance -based services;
2. Provision of single-entry access to services;
3. Staff members who are qualified, trained, and experienced in serving elderly;
4. Policies and procedures governing the management of the service program, program planning, coordination of services, and outcome-oriented evaluation, including managing the program in compliance with federal/state rules and regulations;
5. Internal management procedures that keep relevant employees at all levels within the organization up-to-date on service rules, requirements, and good service delivery practices;
6. Internal management practices that facilitate teamwork and information sharing, particularly as they relate to the delivery of services to the aging client population;
7. Cultural sensitivity in both staff and service delivery practices. Contractors will be required to implement a written plan that outlines policies and activities to assure cultural competence and demonstrate capacity to engage in active outreach to minority populations;
8. Working knowledge of available resources and programs to link clients to other services, including a network of access points with all Providers who serve seniors in the service area and ability to work with other ADSD Providers; and
9. Quality Improvement/Management experience.

2.3.10.1 Budget

Proposers must submit an annual budget request as part of their Proposal, which will be reviewed for reasonableness and eligibility in accordance with federal, state, and local regulations and guidelines. ADSD does not guarantee that funding will be awarded at the amount allocated. See Section 1.10, and 3.5.3.

Funding awarded through this RFPQ is not intended to be the sole source of funds for these services. Providers are expected to provide matching funds and/or in-kind services of no less than 11.12% to administer the program based on the Proposal's total funding award. Match amount and source must clearly be shown in the budget forms. The entire match must be for services awarded through this procurement. The match contribution is described in more detail in Section 1.11, Match Contribution.

ADSD has capped the maximum allowable administrative (indirect) costs at 12% of the total contracted program funds.

2.4 FISCAL REQUIREMENTS / REPORTING

District Centers are required to provide monthly fiscal and program reporting on forms and formats approved by ADSD not later than the fifth (5th) business day of the following month that services were provided. See Attachment 6, Contract Deliverables.

2.5 PERFORMANCE MEASURES / PERFORMANCE CONTRACTING

DCHS is moving toward funding efforts that are evidenced-based and have more measurable results. Accordingly, ADSD requires its Contractors to report on two (2) Performance Measures. A detailed description of the Performance Measures for District Center services is included in Attachment 11, Appendices.

Additionally, DCHS expects its Contractors to develop and maintain internal quality assurance and evaluation practices in order to determine the quality of the Contractor's services, compliance with regulations, stability of operations, participant satisfaction, and appropriateness of the services for elders. These practices are to include problem identification, problem resolution, and follow-up to assure that program improvements are sustained over time.

District Centers are required to participate in monitoring and evaluation activities, which will include monthly data reports and may include quarterly as well as mid-year and end-of-year program evaluations. District Centers are required to participate in the ADSD client tracking system. Client information is submitted to ADSD for entry into the ADSD computerized Management Information System via ADSD recording and reporting forms. The information is used by ADSD to provide:

- Case Management, other service data, and administrative reports to Providers;
- ADSD with management and planning data; and
- Provide required ADSD reports to City, County, State and Federal governments.

DEPARTMENT: **DEPARTMENT OF COUNTY HUMAN SERVICES**
DIVISION: **Aging and Disability Services Division**
RFPQ NO.: **R11-10422**
TITLE: **District Center Services**

Part 3

PROPOSAL REQUIREMENTS AND EVALUATION CRITERIA

3.1 PROPOSAL FORMATTING INSTRUCTIONS

Failure to comply with these instructions may result in the rejection of the Proposal.

3.1.1 Proposals must be printed, computer generated or typewritten, single spaced, space-and-a-half or double-spaced, on 8.5" x 11" paper, using both sides of the paper. All pages must be numbered. Margins must be at least ½ inch on all sides. Font size can be no smaller than 12. Proposals using smaller font sizes or smaller margins may be rejected.

3.1.2 The County prefers to receive Proposals printed on both sides of the paper (double-sided) to conserve natural resources. If this solicitation limits the number of pages that may be submitted in response to this solicitation, printing on both sides of the paper does not change the page limit.

3.1.3 A maximum page limit is specified for the RFPQ Proposal. The total number of pages, excluding attachments, must not exceed 20 single-sided pages (or 10 double-sided pages). Attachments and supporting documents not specifically required for the RFPQ may not be forwarded to the evaluation panel. Supporting materials submitted with the Proposal, if any, will not be returned. Pages in excess of the page limitation shall not be forwarded to the evaluation panel.

Not included in the maximum page count are Attachments one (1) through nine (9).
Pages in excess of the stated limits shall be removed and will not be evaluated.

3.1.4 Proposers must respond to all the questions listed under Part Three, Section 3.5 – *Proposal Questions and Evaluation Criteria*. Proposers applying for multiple District Center service areas must submit valid, stand-alone Proposals. Proposals may not be contingent on receiving awards on a combination of geographic areas. Responses must be on the forms provided for by Multnomah County where applicable, restate each question and use the same numbering and letter sequence as found in the RFPQ. Evaluation Criteria does not need to be restated.

3.1.5 All Proposers are to submit a SIGNED *Offeror Representations and Certifications* (Attachment 1), which will not count against the total page limitation. Failure to sign a completed *Offeror Representations and Certifications* form may result in rejection of the Proposal.

3.1.6 Use the Proposal Response Cover Page, Attachment 2, provided in this RFPQ as the second (2nd) page in your Proposal.

3.1.7 Proposals must be stapled in the left upper corner. Do not use spiral bindings, glue, place in notebooks or use other methods of binding the Proposal. If the document is too thick to be held with a single staple, secure the document with a metal clip which can be easily removed for storage and copying purposes.

3.2 PROPOSAL SUBMISSION

Proposers must submit one (1) original and seven (7) complete copies of the Proposal to: Multnomah County Purchasing, 501 SE Hawthorne Blvd, Suite 400, Portland, OR 97214, **no later than 4:00 p.m. May 23, 2011. PROPOSALS MUST BE TIME STAMPED AT THE PURCHASING BID DESK BY THE STATED DEADLINE**. All Proposals that are not time-stamped by the deadline shall be considered late and shall not be considered.

Proposals shall be submitted in a sealed envelope appropriately marked with the Proposal title, RFPQ number, and the name and address of the Proposer. If the requested copies do not fit into an envelope, enclose all copies in a box, seal it and attach a sheet of paper with the following information to the top of the box: (1) Proposal title, (2) RFPQ number, and (3) the name and address of the Proposer. Please use only the minimum amount of tape necessary to seal the box.

3.3 EVALUATION PROCESS

Each evaluator shall independently assign a score to each criterion based on the written Proposals. The criteria scores will be summed, and all Proposals receiving at least 70% of all possible points will be placed into the pool of Qualified Providers for each District Center service area. ADSD intends to award requirements contracts for each of the five (5) District Center service areas, to Providers who demonstrate the desired capability, capacity, and experience that will best meet and match the needs of the clients served. See Section 1.5.

3.4 PROPOSAL QUESTION INSTRUCTIONS

Basic Service Qualifications: All Proposers must complete the questions in Section 3.5. These questions are to determine whether the Proposers have at least minimal qualifications to provide the required services. These questions will focus on past experience, organizational capacity and capability. All Proposers must receive enough points to have earned at least 70% of the available points. Proposers failing to achieve at least 70% of total points will not be considered for any of the five (5) District Center service areas and will not be eligible to receive a contract award under this procurement. Any Proposals that fail to meet the minimum qualification level will be set aside and not evaluated by the Rating Committee.

Example: Proposer A submits a Proposal and receives the following Section 3.5 scores from the three evaluators:

Rater A: 78 Points of 100 possible points
Rater B: 81 Points of 100 possible points
Rater C: 60 Points of 100 possible points
Total Points: **219** Points
(Minimum necessary: 100 possible points x 3 evaluators x 70% = **210** Points)

As a result, Proposer A has met the minimum requirements to provide these services, since their total point score of 219 exceeds the minimum number of points required to qualify, 210.

If the total points earned had been less than 210 points, then Proposer A would not have been qualified and would not have been placed in the Qualified Provider Pool.

3.5 PROPOSAL QUESTIONS AND EVALUATION CRITERIA

Section	Service Area	Points Possible
3.5.1	Proposer Capability and Experience	120
3.5.2	Agency Management and Support	55
3.5.3	Annual Budget	20
3.5.4	Sustainability	66
	Total Points Possible	261

Minimum 70% of The Summed Total Points Required To Qualify

Responses to the following questions constitute the RFPQ requirements for the Programmatic Qualifications Section of this RFPQ. In response to this section, each Proposer must respond to the questions regarding their ability to provide the scope of services that are described in this RFPQ.

When a Proposer is submitting Proposal as a lead agency providing services through a consortium, **the Proposer must include in each question relevant details and information about the other consortium members or partners in their Proposal, so that information more fully answers the questions.**

3.5.1 PROPOSER CAPABILITY AND EXPERIENCE 120 Section Points Possible

District Centers are expected to adhere to all Administrative Standards, and standards identified in Attachment 11, Appendices, Appendix 1 through 10.

3.5.1.1 Agency Mission and Organizational Values 5 Points Possible

Describe your agency's mission and organizational values as they relate to the services and standards described in this RFPQ. Include in your response:

- How the provision of District Center Services relate to other services or programs in the agency; and
- How the agency mission and organizational values will support the ADSD mission and values.

Evaluation Criteria:

- *Proposer describes agency mission and organizational values as they relate to the services and standards described in this RFPQ;*
- *Proposer describes how the provision of District Center Services relates to other services or programs in the agency and;*

- *Proposer demonstrates through their description of agency mission and organizational values that they support the ADSD set of values.*

3.5.1.2 Focal Point Services

10 Points Possible

Participation of Consumers in Advisory, Advocacy and Input Activities

District Centers are expected to involve older adults and others who act on behalf of older adults in the plans and work of the Proposer's agency, as required in this RFPQ.

Choose **only one** of the following three (3) strategies below, **1A, 1B, or 1C**, to describe your agency's plan to utilize input from older adults for Advisory, Advocacy Activities, and input activities. Each strategy is weighted equally up to a total of ten (10) points. Only your first submitted response to question #1 will be evaluated.

1A. If proposing to develop and maintain a functioning Advisory Committee, include in your description the following elements:

- a. Member composition (no names);
- b. Frequency of meetings;
- c. How Proposer will recruit and maintain membership;
- d. How Proposer will utilize Advisory Committee in advocacy strategies, and in the evaluation and improvement of District Center services; and
- e. Timeline of not more than six (6) months from the time of contract award for the development and maintenance of a functioning Advisory Committee.

Evaluation Criteria:

Proposer describes in detail a plan to develop and maintain an Advisory Committee, and which includes the following elements:

- *At least 50% membership of individuals are 60 years of age and older and will be recruited to represent cultural diversity and a broad cross section of business, professional, labor, government, education, volunteer, civic groups, and consumers;*
- *Advisory Committee members meet at least every other month;*
- *Advisory Committee members are utilized in making program evaluation and improvements in District Center services through innovative approaches;*
- *Advisory Committee members are utilized in community and political advocacy, including writing, phoning and meeting with elected officials; and*
- *Advisory Committee will be functional within six (6) months of contract award.*

- OR -

1B. If proposing to provide one older adult candidate to serve on the Elders in Action Commission, include in your description:

- a. Efforts to recruit an older adult candidate that will represent the needs of unserved and underserved communities in selected District Center service area;
- b. How linkage between your agency and agency's representation on the Commission will benefit older adults in your district; and

- c. Timeline of not more than three (3) months from time of contract award for the recruitment and participation of an older adult candidate to serve on the Commission.

Evaluation Criteria:

- *Proposer describes in detail a plan to recruit and assign an older adult volunteer to serve on the Elders in Action Commission, and which includes the following elements:*
 - a. *Efforts that demonstrate a commitment to recruit an older adult volunteer who represents the needs of unserved and underserved communities in District Center service area;*
 - b. *Description of linkages between agency and volunteer commissioner intended to ensure that the needs of unserved and underserved seniors living in the district are addressed; and*
 - c. *A commitment to recruit and assign a volunteer to the Commission of not more than three (3) months from time of contract award.*

- OR -

1C. If proposing to hold Listening Sessions, include in your description:

- a. Composition of groups in Listening Sessions that include older adult consumers from the selected District Center, family caregivers, advocates and services providers, who represent cultural diversity from the selected District Center service area;
- b. How Proposer will utilize input from the listening groups in the evaluation and improvement of District Center services; and
- c. Listening Sessions will be held at a minimum once per fiscal year.

Evaluation Criteria:

Proposer describes in detail a plan to hold Listening Sessions, and which includes the following elements:

- *Listening Sessions will include older adult consumers from the district, family caregivers, advocates and service providers and who represent cultural diversity from the selected District Center service area;*
- *How input from listening sessions will be used to evaluate and improve District Center services; and*
- *Listening Sessions will be held at a minimum once per fiscal year.*

2. Serving Target Populations and Target Outreach

20 Points Possible

District Centers are expected to support policies and standards of service delivery described in this RFPQ and the document, Serving Diverse Populations and Intercultural Strategies found in Attachment 11, Appendices.

2A.

10 of 20 Points Possible

Describe Proposer's experience and success providing services similar to District Center Services requested in this RFPQ to unserved and underserved individuals. Specifically,

provide examples that demonstrate the Proposer's ability to serve the following target populations with services in the selected District Center service area:

- a. Seniors with physical or mental impairments;
- b. Seniors who are very frail;
- c. Seniors who have been abused, neglected or exploited and need protection;
- d. Seniors who are low income or near low income;
- e. Minority seniors; racial and ethnic older adults; elders with limited English proficiency, and gay, lesbian, bi-sexual and transgender older adults;
- f. Seniors who live alone and are isolated from family and friends;
- g. Seniors who live in rural communities, such as the rural areas of north, northwest, outer southeast, and east Multnomah County;
- h. Seniors who lack a natural support system;
- i. Seniors caring for children, and
- j. Family caregivers of older relatives.

Evaluation Criteria:

- *Proposer provides detailed examples of Proposer's experience that demonstrate the ability to successfully serve target populations listed above with services in the selected District Center service area.*

2B.

10 of 20 Points Possible

One of ADSD's performance measures for District Center contracts, which is described in the document, "Performance Measures", found in Attachment 11, Appendices, is to serve at least twice the percentage of cultural, ethnic and racial minority seniors in their registered contracted services within a fiscal year as compared to the percentage of cultural, ethnic and racial minority seniors in Multnomah County. Registered services include case management, home care/personal care, adult day services, and home delivered meals.

Describe Proposer's ability to provide target outreach to unserved and underserved cultural, ethnic and racial minority seniors. Which target populations will Proposer reach in the selected District Center service area? Describe outreach projects that will result in an increase in the percentage of cultural, racial, and ethnic minority individuals who receive services and participate in District Center programs and activities. Include in your response current practice(s) and/or plan(s) to collaborate with community partners to provide outreach to target populations. Include the desired outcome(s) resulting from your target outreach activities.

Evaluation Criteria:

- *Proposer describes in detail the ability to provide target outreach to unserved and underserved cultural, ethnic and racial minority seniors who live in the selected District Center service area;*
- *Proposer identifies which target populations Proposer will reach in the selected District Center service area;*
- *Proposer describes agency's current practice and/or plan to collaborate with community partners to provide outreach to target populations; and*
- *Proposer describes an expected outcome with clearly defined measures of increased participation of cultural, ethnic and racial minority seniors in District Center programs, activities and services.*

3. Working with Community Partners, Participation in the Planning and Coordination of Services, Letters of Commitment 15 Points Possible

3A.

10 of 15 Points Possible

The operation of a District Center requires ongoing collaboration and positive working relationships with the Aging Services Area Office, Loaves and Fishes Centers, Inc., Elders in Action and other community partners, to ensure that appropriate services are available to participants.

Describe your agency's plan to establish and promote collaboration with the Aging Services Area Office, and other organizations for planning and coordination purposes.

Additionally, if Proposer plans to work with significant community partner(s) in the provision of District Center services being procured through this RFPQ, identify by name those organization(s) as your significant community partner(s) and the proposed role they will have in the provision of district center services. A significant community partner may be a proposed subcontractor of an agency proposing to be the Lead Agency of a Consortium, or, a community partner of an agency proposing to be a Single Agency. A signed Letter(s) of Commitment from your significant community partner(s) is required with your proposal and is described in more detail in 3.5.1.2, #3.b. below.

Include in your description the answers to the following questions:

What staff position(s) in the agency will be responsible for cultivating collaboration and positive working relationships? How will your plan be implemented, including methodology, strategy and timeline? What is your agency's experience and capacity to assist in community planning on behalf of older adults living in the selected District Center service area?

Evaluation Criteria:

- *Proposer describes in detail agency's plan to have ongoing collaboration and coordination between the Aging Services Area Office, Loaves and Fishes Centers, Inc., Elders in Action and other community partners to ensure that appropriate services are available to participants, including which staff position(s) in agency will be responsible for cultivating relationships, methodology, strategy and timeline;*
- *Proposer demonstrates the administrative and organizational capacity to assist in community-planning efforts by their description of agency and staff resources, established community partnerships and current community planning activities; and*
- *Proposer identifies by name and includes a description of the role of those significant community partner(s) with whom they plan to work with in the provision of District Center services.*

3B.**5 of 15 Points Possible**

Proposer must provide a signed letter(s) of commitment from their significant community partner(s) who the Proposer plans to work with on behalf of community (communities) they are planning to serve together, and who have been identified in proposer's response to question 3 a. above. The letter(s) of commitment must be signed by either an officer or manager from the significant community partner organization and include a brief statement describing their role in the partnership, not to exceed two (2) pages. Community partners are defined as the network of various public, private, civic, business, faith-based and/or service organizations, which may include not-for-profit and for-profit establishments, and with whom the proposer collaborates on the development of programs and services that benefit clients of the District Center service area. For the purpose of this RFPQ, Letters of Commitment may not be obtained or submitted from Multnomah County. Letters of Commitment are not counted against your proposal page maximum. Attach these letters to your proposal as Attachment 10.

Evaluation Criteria:

- *Proposer has included a letter(s) of commitment from the significant community partner(s) identified in their response to question 3. a. above.*
- *The letter(s) of commitment is signed by either an officer or manager of the significant community partner and includes a brief description of the role that the significant community partner will play in the partnership.*

3.5.1.3 Access Services**30 Points Possible****1. Single-Entry Access****5 of 30 Points Possible**

Information and Assistance (I&A) is the designated access point for new referrals from other agencies and the public, and provides single-entry access to services. District Centers play a pivotal role in helping ADSD to meet its goal of providing a seamless entry system where people are served regardless of where they may enter the system.

Describe your agency's participation in a single-entry access system.

How will referrals be accommodated from multiple access points that meet the required timelines described in this RFPQ?

Evaluation Criteria:

- *Proposer describes agency's participation in a single-entry access system that includes a network of access points with service providers to ensure a seamless entry system where people are served through a single contact regardless of where they may enter the system. Plan includes required timelines for responding to referrals from ADSD, Adult Protective Service, Gatekeeper, and other referrals per the requirements of this RFPQ.*

2. Information and Assistance (I&A)

10 of 30 Points Possible

An I&A Specialist should be trained and knowledgeable and able to provide information and connection with a broad range of services including a diverse range of topics such as long term care, housing, transportation, employment and recreational activities.

Describe your agency's capacity to provide I&A per the service standards described in this RFPQ, including the availability of I&A services throughout the business day, Monday through Friday.

Include in your response your agency's capacity to connect clients with community resources; and what processes are in place to assure that I&A staff are trained and knowledgeable about public and private resources in the community and have access to up-to-date information?

How will you assure that your agency's I&A function and reception function are performed separately at all times?

Identify which skilled staff positions in your agency will perform I&A services, including which position(s) will function as the I&A Lead Specialist and which staff position(s) will serve as back-up to the I&A Lead.

Describe processes that will ensure that all I&A staff have the ability to communicate with callers and walk-ins who have limited English-speaking proficiency, including the availability of an up-to-date list of ADSD interpreters and translators, and/or internal resources.

Evaluation Criteria:

- *Proposer demonstrates the administrative and organizational capacity to provide I&A services that meet the I&A administrative standards and program requirements of this RFPQ, including the availability of I&A services throughout the business day, Monday through Friday.*
- *Proposer demonstrates familiarity with public and private resources in the community, and the capacity to connect clients with community resources.*
- *Proposer describes agency policies that delineate separate duties and responsibilities of I&A reception services that assure that I&A functions and reception functions are performed separately at all times.*
- *Proposer identifies skilled staff position(s) that will provide I&A services, including which position(s) will function as the I&A Lead Specialist and which staff position(s) will serve as back-up to the I&A Lead.*
- *Proposer describes processes to ensure that all I&A staff have the ability to communicate with callers and walk-ins who have limited English-speaking proficiency including the availability of an up-to-date list of ADSD interpreters and translators, and/or internal resources.*

3. Community Visibility

5 of 30 Points Possible

Describe your agency's plan to publicize District Center services. Include how this plan will increase the visibility of the broader senior service system and result in a higher number of calls for I&A.

Evaluation Criteria:

- *Proposer describes a detailed plan to publicize agency's District Center services that demonstrates a commitment to increasing the visibility of the District Center and the broader senior services system that will result in a higher number of calls for I&A.*
-

4. Transportation Scheduling and Coordination

10 of 30 Points Possible

Describe your agency's capacity to provide Transportation Scheduling & Coordination Services per the administrative service standards and program requirements described in this RFPQ.

Evaluation Criteria:

- *Proposer describes in detail agency's capacity to provide Transportation Scheduling & Coordination services that meet the administrative standards and program requirements in this RFPQ, projected minimum service levels, including activities such as assessing transportation needs, screening for and verifying eligibility, authorizing agency rides, scheduling and coordinating rides with transportation providers, assisting in the completion of forms and applications for transportation, advocacy with other agencies on behalf of clients, and the distribution of bus passes and tickets;*
 - *Proposer describes the availability of these services throughout the business day, Monday through Friday;*
 - *Proposer demonstrates familiarity with different types of transportation services available in the community;*
 - *Proposer describes agency policies that delineate duties and responsibilities of reception services separate from Transportation Scheduling & Coordination services;*
 - *Proposer identifies skilled staff position(s) that will provide Transportation Scheduling & Coordination services, including which position(s) will function as the designated Transportation Specialist and which positions will serve as back-up to the Transportation Specialist; and*
 - *Proposer describes processes to ensure that all staff providing Transportation Scheduling & Coordination services have the ability to communicate with callers and walk-ins who have limited English - speaking proficiency, including the availability of an up-to-date list of ADSD interpreters and translators, and/or internal resources.*
-

1. Agency Experience and Capacity**15 of 25 Points Possible**

Describe your agency's experience and capacity to provide case management services for elders and family caregivers that meet the administrative standards and program requirements of this RFPQ. Include in your response projected service levels and expected client outcomes.

Evaluation Criteria:

- *Proposer demonstrates the administrative and organizational capacity to provide Case Management services for Elders and Family Caregivers that meet the Case Management administrative standards and program requirements of this RFPQ, including the capacity to meet the minimum projected service levels in the selected District Center service area;*
- *Proposer describes knowledge of possible resources and services that could be useful to the client, including but not limited to in-home services, adult day services, transportation services, respite services, and home delivered meals;*
- *Proposer describes an internal system for meeting the required timelines and managing optimum caseloads described in this RFPQ;*
- *Proposer describes agency's ability to assess and utilize clients' natural support systems in care planning and coordination of services; and*
- *Proposer describes achieved client outcomes as a result of agency's case management services.*

2. Agency Communication**10 of 25 Points Possible**

Describe your organization's internal communication processes used to link clients needing services with a Case Manager, including non-mainstream clients and those with limited English-speaking proficiency.

Describe the internal communication processes used to link clients needing services with a service provider. Include how changes about the client will be communicated to the service provider.

Describe how staff will be kept up-to-date on service rules, requirements, and good service delivery practices.

Evaluation Criteria:

- *Proposer describes a detailed plan for receiving referrals and matching clients with Case Managers that demonstrates cultural sensitivity when matching non-mainstream and limited English-speaking clients with Case Managers and service providers;*
 - *Proposer describes processes in place for ongoing communication and coordination with staff and with service providers for resolving problems as they occur; and*
 - *Proposer describes processes in place for keeping staff up-to-date on service rules, requirements, and good service delivery practices.*
-

3.5.1.5 Health Promotion, Disease Prevention, Chronic Disease Self-Management and Medication Management **10 Points Possible**

1. **5 of 10 Points Possible**
Describe your agency's plan to provide Health Promotion, Disease Prevention, Chronic Disease Self-Management and Medication Management services for seniors in the selected District Center as required in this RFPQ. Include in your description your:

- Plan to provide a broad range of Health Promotion and Disease Prevention programs;
- Strategies for developing Evidence-Based and / or Best Practice Health Promotion and Disease Prevention programs;
- Plan to provide Medication Management activities; and
- Plan to target minority populations with culturally appropriate Health Promotion and Disease Prevention programs.

Evaluation Criteria:

- *Proposer describes a detailed plan to provide a broad range of Health Promotion and Disease Prevention programs;*
 - *Proposer describes a detailed plan to provide Evidence-Based and/or Best Practice Health Promotion that meets the minimum requirement of at least one continuous Evidence-Based or a recognized Best Practice health promotion activity per year, plus one or more Chronic Disease Self -Management series per year from the list of acceptable health promotion activities included in this RFPQ;*
 - *Proposer describes Medication Management services that will have the greatest impact on the largest number of seniors; and*
 - *Proposer demonstrates commitment to targeting minority populations with culturally appropriate Health Promotion and Disease Prevention programs.*
-

2. **5 of 10 Points Possible**
Proposer describes agency's plan to leverage additional resources for Health Promotion and Disease Prevention programs, such as the recruitment and utilization of volunteer Lay Leader instructors.

Evaluation Criteria:

- *Proposer describes agency's plan to leverage additional resources, such as volunteer Lay Leader Instructor, to expand Health Promotion and Disease Prevention programs for seniors.*
-

3.5.1.6 Options Counseling **5 Points Possible**

1. Describe your agency's experience and capacity to provide Options Counseling services for elders. Include in your response how your agency will:

- a. Provide Options Counseling services for elders that meet the administrative standards and program requirements in this RFPQ. Include your methodology and expected participant outcomes;
- b. Meet the ADSD prescribed training requirements for Options Counselors; and

- c. Ensure that Options Counseling services are person-centered and consumer directed that will assist participants to make informed choices.

Evaluation Criteria:

- *Proposer describes in detail how agency will provide Options Counseling services that meet the administrative standards and program requirements of this RFPQ;*
 - *Proposer demonstrates a commitment to satisfy the ADSD prescribed Options Counselor training requirements; and*
 - *Proposer demonstrates a commitment to facilitating person centered, consumer directed care with program participants.*
-

3.5.2 AGENCY MANAGEMENT AND SUPPORT

55 Section Points Possible

District Centers are expected to adhere to all Administrative Standards, and standards identified in Attachment 11, Appendices 1 – 10.

3.5.2.1 Agency Management Structure

20 Points Possible

This RFPQ requires an adequate management structure to support District Center services. When identifying management and staff positions please ensure that the position titles match those position titles reflected in the Organizational Chart. Please respond to the following three (3) questions:

1.

5 of 20 Points Possible

What is your agency's plan to administratively support, oversee, and further develop senior services in the selected district?

Evaluation Criteria:

- *Proposer demonstrates that its agency has the administrative and organizational capacity to support, oversee and further develop senior services in the district for which the agency is proposing services.*
-

2.

10 of 20 Points Possible

Describe your agency's provisions for quality assurance for each of the core services described in this RFPQ. Include goals and procedures for program monitoring, staff supervision and service evaluation.

Evaluation Criteria:

- *Proposer describes a well-developed quality assurance program with goals and procedures for ensuring a high quality of services, such as staff qualifications, on-site supervision, regular performance evaluations, training, etc. for each of the core services.*
-

3.

5 of 20 Points Possible

The County has a funding match requirement for the services procured through this RFPQ. Providers must provide an 11.12% match contribution and can be generated from donated

supplies; work performed by volunteers valued at the 2011 average rate for Oregon as recognized by the Independent Sector in the amount of \$18.37 per unit hour; donated professional services or programming; and cash match from fundraising or grant sources that directly support the contracted services. No federal funds may be used for a match.

In addition to the public funding and resources that are available for District Centers through this RFPQ, describe other resources your agency will commit for this program.

Evaluation Criteria:

- *Proposer describes in detail additional resources as part of their matching 11.12% requirement that agency will commit for this program.*

3.5.2.2 Agency Staffing / Transition

30 Points Possible

1. 5 of 30 Points Possible

Attach an organizational chart specific to the selected District Center service area that identifies staff positions within the proposed program and the placement of the program within the overall organization. Include in the chart the number of FTE staff for each position, identifying both paid and volunteer staff. If proposing as the designated lead agency of a consortium includes organizational charts of subcontractor(s). Use as many charts as are needed for clarity. Identify the organizational chart as Attachment 7 in your Proposal.

If proposing as the designated lead agency of a consortium include a list of all consortium members and the services that each will provide.

Attach a job description for each of the proposed paid and volunteer staff positions in the selected District Center service area. If proposing as the designated lead agency of a consortium, include all job descriptions of the proposed paid and volunteer staff positions of subcontractor(s). Identify the job descriptions page(s) as Attachment 8 in your Proposal.

Evaluation Criteria:

- *Proposer includes an organizational chart, including those of subcontractor(s) if applicable, specific to District Center Services, including placement of paid and volunteer staff in the agency, and FTE staff composition;*
- *Proposer includes job descriptions, including those of subcontractor(s) if applicable, for both paid and unpaid positions that reflect staff qualifications for each direct service position and the level of authority, responsibilities, skills and minimum qualifications; and*
- *If proposer identifies as lead agency of a consortium, Proposer includes a list of all consortium members and the services that each will provide.*

2. 10 of 30 Points Possible

Provide a detailed outline of your agency's plan for staff development and training program for supervisors, Case Managers, I&A Specialists, and Transportation Specialists; including training goals, training topic, applicable staff or volunteers, number of training hours, training frequency and schedule, and whether the training is in-service or external.

Be sure to include your agency's plan to train staff and volunteers to be culturally competent to serve the target populations as described in this RFPQ. Indicate staff position(s) responsible for implementing this training plan.

Proposer's plan should be consistent with budgeted resources for training.

Evaluation Criteria:

- *Proposer provides a detailed outline of agency's plan for staff and volunteer development and training for supervisors, Case Managers, information and assistance specialists, and transportation specialists;*
 - *The plan includes training goals, subject or training topic, number of training hours, frequency and schedule, and whether the training is in-service or external;*
 - *The plan includes agency training and cross-cultural activities that will establish a climate of inclusiveness for staff, volunteers and participants; and*
 - *The plan includes which staff position(s) are responsible for implementing the plan, and which are consistent with agency's budgeted resources for training.*
-

3. 15 of 30 Points Possible

Describe your agency's policy(ies) and plan for recruiting, supervising and supporting staff and volunteers who provide direct client services, including agency's efforts to conduct active outreach to recruit minority members to fill vacant positions within the agency for staff, board, advisory council and committee members.

Additionally, if proposing as a new provider of District Center Services, or if agency is currently a District Center provider proposing to serve a new District Center service area, describe your agency's work plan for hiring, orienting and preparing staff to assume District Center responsibilities on September 1, 2011.

Include the specific tasks and a timeline for this process. Include in your plan how you will implement a full service delivery transition designed to minimize disruption of services to clients.

Identify the person(s), by position title, who are responsible for completion of the tasks, and the coordination needed with partners, to be completed before September 1, 2011.

Evaluation Criteria:

- *Proposer describes in detail agency's policy and plan for recruiting, supervising and supporting staff and volunteers that provide direct client services;*
- *Proposer's policy and plan includes recruitment methods, such as active outreach, that target cultural, racial, and ethnic minority persons to fill staff, board, advisory council and committee positions;*
- *For new District Center providers and current providers proposing to serve a new District Center service area, the Proposal includes a detailed plan to hire, orient and prepare staff to assume District Center responsibilities by September 1, 2011;*
- *Proposer describes a plan to implement a full service delivery transition designed to minimize disruption of services to clients; and*

- *Proposer describes a plan that includes specific tasks, a timeline for the process, the person(s) responsible for completion of the plan and the coordination needed with partners to be completed before September 1, 2011.*
-

3.5.2.3 Use of Technology and Network Facilitation

5 Points Possible

District Centers are required to use designated computer systems in the provision of services to clients and in accordance with standards set by Aging and Disability Services Division (ADSD), and the State Department of Human Services, Seniors and People with Disabilities Services Division (DHS SPD) as described in this RFPQ, including the document, Policy Assumptions for Computer and Technology Systems in District Center Services, found in the Attachment 11, Appendix 8.

1. Describe your agency's ability to follow the RFPQ recommendation for minimum specifications for District Center computers.
2. Describe your agency's ability to use each of the required data bases described in this RFPQ.
3. Describe your agency's capacity for sending and receiving secure email.

Evaluation Criteria:

- *Proposer demonstrates that its agency has the administrative and organizational capacity to support the technology requirements for District Center services as described in this RFPQ, such as supplying their own computers, office software, Internet connections and software required to access State systems, maintenance and technical desk top support and anti-virus software;*
 - *Proposer demonstrates ability to use each of the required data bases described in this RFPQ; and*
 - *Proposer demonstrates computer capacity for sending and receiving secured documents via email.*
-

3.5.3 Annual Budget

Please complete the budget forms identified below. The budget must demonstrate a minimum of an 11.12% match contribution. The Match amount(s) and source(s) must clearly be shown in the budget forms submitted. The entire match must be for services awarded through this procurement. See Section 1.11 for Match Requirements. See Sections: 1.10, and 2.3.10.1. Do not re-number items / row numbers within the budget forms.

Use the planning estimate shown in Section 1.10 when preparing your proposed budget for the selected District Center service area. Proposers must specify the proposed level of service, specify the level of match as a service subsidy or program subsidy, including contractor agency resources.

Proposers must submit their unit price and supporting documentation for each service by service unit. The unit cost is derived from a line item budget for each service. All expenditures to be covered through this contract must be related to a service and shown in the budget for that service. Some expenditures will be spread among several service budgets, for example space rental, supplies, agency overhead.

Each line-item service budget shall be prepared with reference to producing a specific level of service. The unit rate is calculated by dividing the total cost by the number of units to be produced. The total of the service budgets may not exceed the proposed ADSD District Center planning allocations, plus the amount of agency resources to be included.

The units and target service levels for the initial contract period of September 1, 2011 through August 31, 2012 are shown in the tables in Section 1.10.

Budget pages will not be counted against your page maximum; therefore, use as many forms as necessary to present budget information.

3.5.3.1 Budget Written Narrative And Budget Attachments **20 Points Possible**

1. A Budget Written Narrative

Submit with your Proposal a written description of your budget (*limited to no more than two pages*) highlighting key elements, including a description of resources that Proposer will commit for district center services, and an explanation about your assumptions or conventions used. See Attachment 3 A.

1. B Budget Attachments

Complete, and submit with your Proposal the following Attachments:

- **Budget Summary:** Provide a brief synopsis of proposed budget for the project by key categories for the first year of service provisioning. See Attachment 3 B.
- **Line Item Budget for the Project:** Provide a proposed line item budget for the project for the first year of service provisioning. List all budgeted expenses. Reminder: there is an administrative overhead cap at 12 percent (12%) of direct project costs. Use as many forms as needed. See Attachment 3 C.
- **Line Item Budget Detail:** Provide a detailed description, and justify each line item in the Line Item Budget, Attachment 3 D.
- **Cost Allocation Plan (limit to 1 page):** Provide a Cost Allocation Plan to describe how overhead / administration costs are to be distributed in your agency. See Attachment 3 E.
- **Personnel Salary Ranges:** Provide a listing of each proposed position budgeted in the program, and identify the salary range for each position. See Attachment 4.
- **Personnel Staffing Plan:** Provide a proposed budget plan listing all staff positions assigned to and to be paid out of the contracted program identifying FTE and unit costs. See Attachment 5.

Evaluation Criteria:

- *Proposer describes resources that will be committed for this program;*
- *Proposer has requested funding for only eligible services;*
- *The budget forms are complete and accurate;*
- *Unit cost is clearly specified in the proposed budget forms;*

- *Cost of services appears reasonable and cost effective;*
- *Administrative overhead does not exceed 12%;*
- *Agency match amount(s) are not less than (11.12%), and source(s) are clearly shown in the proposed budget forms;*
- *Staffing levels listed in budget reflect program design described in the Proposer's Proposal and appear adequate to meet program goals; and*
- *Costs reflect the program design described by the Proposer.*

3.5.4 Sustainability / Social Equity / Employee Healthcare 66 Possible Points **And Other Benefits**

There are three (3) unique sections within Section 3.5.4: General Vendor Sustainability Practices; Social Equity; and Employee Healthcare (Employee HC) and Other Benefits. The third section, Section 3.5.4.3, Employee Healthcare and Other Benefits, consist of two (2) additional subsections. Please see below, where the division of possible points is identified:

3.5.4.1	General Vendor Sustainability Practices	26 Points Possible
3.5.4.2	Social Equity	26 Points Possible
3.5.4.3	Employee HC and Other Benefits	14 Points Possible
	1. A, 1. B, or 1. C Employee HC	5 Points of the above 14 Possible Points
	2. A, 2, B, and 2. C Other Benefits	9 Points of the above 14 Possible Points

3.5.4.1 General Vendor Sustainability Practices 26 Points Possible

The County has an interest in measures used by its suppliers to ensure sustainable operations with minimal adverse impact on the environment. Please demonstrate your firm's commitment to sustainable business practices, which might include, but are not limited to, a formal sustainability program or policy; alternative fuel vehicles; recycling measures; energy conservation plans; water conservation policies; computers shutdown practices; or a green cleaning policy.

Evaluation Criteria:

- *Proposer has demonstrated the implementation of comprehensive waste reduction and recycling programs. Waste reduction and recycling may include, but not be limited to, the following: paper reduction (duplexing, electronic communications); e-waste including electronic hardware, batteries, and office supplies; furniture recycling; and composting of yard or food waste.*
- *Proposer has demonstrated the implementation of sustainable purchasing practices for goods and/or services related to their business operations. This could include descriptions of policies or practices surrounding: energy efficient product alternatives (i.e. Energy Star electronics, appliances and vending machines, or EPEAT registered computers; post-consumer recycled content products (paper and other office supplies); using certified green cleaning products in facilities (i.e. Ecologo, GreenSeal, etc.);*
- *Proposer has demonstrated the implementation of practices for energy conservation and efficiency. This could include: enabling computer and electronics power saving settings; energy efficiency lighting; heating and cooling efficiency; and end of day shut down procedures*

3.5.4.2 Social Equity

26 Points Possible

The County is committed to extending contracting opportunities for State of Oregon certified Minority, Women and Emerging Small Businesses (MWESBs). In order to promote economic growth, the County seeks to maximize the participation of MWESB consultants, partners, Proposer, and suppliers throughout the duration of the project as well as a diverse workforce.

Approximately ten percent (10%) of the total possible points to be awarded in this RFPQ have been assigned to the Social Equity question about Workforce Diversity below:

Describe your firm's commitments to providing equal employment opportunities including your organizations' or agency's efforts to develop an internal diverse workforce; internal on-the-job training, mentoring, technical training and/or professional development opportunities addressing diversity; and the process(es) used to recruit women and minorities.

Evaluation Criteria:

- *The Proposer describes the agency's or organization's commitment to providing equal employment opportunities;*
 - *The Proposer describes efforts used to develop an internal diverse workforce;*
 - *The Proposer describes internal diversity mentoring, training, and/or professional development opportunities; and*
 - *The Proposer describes the process(es) used to recruit women and minorities into the organization or agency.*
-

3.5.4.3 Employee Healthcare and Other Benefits

14 Points Possible

The County recognizes that contracting with vendors who offer Healthcare and Other Benefits to their employees demonstrates responsible community stewardship. Approximately five percent (5%) of the total possible points to be awarded in this RFPQ have been assigned to the following Employee Healthcare and Other Benefits questions.

Evaluation Note: *Evaluation Points for Section 3.5.4.3, 1 A – C; and 2 A – C; have predetermined points per each unique Proposal question responded to.*

1. Employee Healthcare

5 of Above 14 Points Possible

Please select **one of the three** applicable statements below:

A. Yes___ (5 of 5 Points Possible) No___(0 points)
Proposer offers health insurance **with** a primary care benefit to employees that is **equal or above** the prioritized list for the Oregon Health Plan online at:
http://www.oregon.gov/OHPPR/HSC/current_prior.shtml

OR _____

B. Yes___ (3 of 5 Points Possible) No___(0 points)

Proposer offers health insurance **without** a primary care benefit to employees that is **equal or above** the prioritized list for the Oregon Health Plan online at: http://www.oregon.gov/OHPPR/HSC/current_prior.shtml

OR _____

C. Yes___ (0 of 5 Points Possible) No___(N/A)
Proposer offers **no health insurance benefit** to employees **or** health insurance **with or without** a primary care benefit to employees that is **below** the prioritized list for the Oregon Health Plan available online at:
http://www.oregon.gov/OHPPR/HSC/current_prior.shtml

2. Other Benefits

9 of Above 14 Points Possible

Please select yes or no for **each of the three** items:

A. Yes___(3 of 9 Points Possible) No___(0 points)
Proposer offers sick leave to all full-time employees.

B. Yes___(3 of 9 Points Possible) No___(0 points)
Proposer offers vacation benefits to all full-time employees.


C. Yes___(3 of 9 Points Possible) No___(0 points)
Proposer offers retirement benefits to all full-time employees.

3.6 PROPOSER CHECKLIST

Following is a checklist of attachments and forms that are available for your use by downloading them from the County Purchasing website located at: www.multcopurch.org

The checklist is for Proposer use, and does not need to be submitted with the Proposal. It is to help the Proposer visualize what elements/attachments need to be returned with your Proposal. The column identified as "Word or PDF" is the file format type that the attachment is provided in.

Please organize and submit your Proposal in the following order:

	Document Name	Return With Proposal	Word Or PDF	Document
	Offeror Representations and Certifications – Signed. See Section 3.1.5.	Yes	Word	Attachment 1
	Vendor Proposal Response Cover Page. See Section 3.1.6.	Yes	Word	Attachment 2
	Vendor Response	Yes		
	Budget Narrative, Budget Summary, Line Item Budget, Line Item Budget Detail, Cost Allocation. See Section 3.5.3.1	Yes	Word	Attachments 3 A, 3 B, 3 C, 3 D, and 3 E
	Personnel Salary Ranges. See Section 3.5.3.1	Yes	Word	Identify as your Attachment 4
	Personnel Forms: Staffing Plan. See Section 3.5.3.1	Yes	Word	Identify as your Attachment 5
	District Center Check List Of Contract Deliverables – Sample. See Section 2.4.	No	Word	Attachment 6 Informational
	Organizational Chart. See Section 3.5.2.2.	Yes	Word	Identify as your Attachment 7
	Job Descriptions. See Section 3.5.2.2.	Yes	Word	Identify as your Attachment 8
	Exceptions to Contract Terms and Conditions See Section 4.2.1. *Required if Proposer has any Exceptions.	Yes*	Word	Attachment 9
	Proposer's Partners Letters of Commitment (Signed) See Section 3.5.1.2 # 3B.	Yes	Word	Attachment 10
	Appendices	No	Word	Attachment 11 Informational
	Resolution 08-112	No	Word	Attachment 12 Informational
	Multnomah County Department of County Human Services Contract - Sample See Sections 2.1.3 and 4.2	No	PDF	Attachment 13 Informational

DEPARTMENT:	DEPARTMENT OF COUNTY HUMAN SERVICES
DIVISION:	Aging and Disability Services Division
RFPQ NO.:	R11-10422
TITLE:	District Center Services

Part 4

GENERAL MULTNOMAH COUNTY PROCUREMENT REQUIREMENTS

4.1 PROCUREMENT REQUIREMENTS

4.1.1 CLARIFICATION OR PROTEST OF SPECIFICATIONS

Any Proposer requiring clarification of the information or protesting any provision herein, must submit specific questions or protests to specifications in writing to:

ATTN: Nancy Walters, Senior Procurement Analyst
Multnomah County Purchasing
501 SE Hawthorne, Suite 400
Portland, OR 97214
Phone: (503) 988-5111, 28763 – Fax: (503) 988-3252
E-Mail: nancy.r.walters@multco.us

The deadline for submitting such questions or protests to specifications is no later than 4:00 p.m. on Monday, May 23, 2011. Questions may also be presented verbally at the Pre-Proposal conference. If Multnomah County determines that additional information or clarification is necessary, such information or clarification will be supplied in addenda that will be sent by email, mail or facsimile to all persons or firms that have received this RFPQ from Purchasing, registered on the Purchasing website for this solicitation or who attended the optional Pre-Proposal conference. In the case of a mandatory Pre-Proposal conference, only those persons or firms who signed the Purchasing attendance roster shall receive addenda. All such addenda shall have the same binding effect as though contained in the main body of the RFPQ. Oral instructions or information concerning the specifications of the project from County managers, employees or agents to prospective Proposers shall not bind Multnomah County. The Purchasing Manager shall issue all Addenda not less than five (5) calendar days prior to the Proposal deadline.

4.1.2 COST OF PREPARATION OF RESPONSE

Costs incurred by any Proposer in preparation of a response to this Request for Programmatic Qualifications shall be the responsibility of the Proposer.

4.1.3 PROTESTS

Proposers may protest only deviations from laws, rules, regulations, or procedures. **Disagreement with the scoring by evaluators may not be protested.**

The following procedure applies to Proposers who wish to protest a disqualification of Proposal or award of contract:

1. All protests must be in writing and physically received by the Purchasing Manager no later than 4:00 p.m. on the fifth (5th) working day after the postmarked notice of intent to award or disqualification.

Address protests to:

PROTEST OF AWARD OR DISQUALIFICATION TO RFPQ No. R11-10422
ATTN Purchasing Manager
Multnomah County Purchasing
501 SE Hawthorne Blvd Suite 400
Portland OR 97214

2. Protests must specify the grounds for the protest including the specific citation of law, rule, regulation, or procedure upon which the protest is based. The judgment used in scoring by individual evaluators is not grounds for protest.
3. Protests not filed within the time specified in paragraph 1, above, or which fail to cite the specific law, rule, regulation, or procedure upon which the protest is based shall be dismissed.

4.1.4 CONFIDENTIALITY

Multnomah County is required to disclose non-exempt public documents pursuant to ORS 192.410-192.505. ORS 192.502(4) exempts the County from disclosing information submitted in response to a solicitation where the information is such that it "should reasonably be considered confidential."

A Proposer who determines that information within a Proposal meets the statutory requirement and desires that such information remain confidential shall mark the pages containing such information with the word "CONFIDENTIAL."

If a Proposer marks every page of a Proposal as "CONFIDENTIAL" the statutory requirement is not met; any Proposal so marked will not be deemed to have been submitted in confidence, and, upon request, the entire Proposal will be disclosed.

The County will keep properly marked information confidential unless ordered to release the information and materials by the District Attorney pursuant to ORS 192.460.

After award, the contract executed by the County and the successful Proposer will be a public document subject to disclosure. No part of the contract can be designated as confidential.

4.1.5 CANCELLATION

Multnomah County reserves the right to cancel this solicitation any time before execution of a resulting contract by both parties if cancellation is deemed to be in Multnomah County's best interest. In no event shall Multnomah County have any liability for the cancellation of this solicitation. The Proposer assumes the sole risk and responsibility for all expenses connected

with the preparation of its Proposal.

4.1.6 REJECTION OF PROPOSALS

Multnomah County reserves the right to reject any or all responses to this RFPQ if deemed in the best interest of the County.

4.1.7 DISPUTES

In case of any doubt or differences of opinions as to the items or service to be furnished hereunder, or the interpretation of the provisions of the RFPQ, the decision of Multnomah County shall be final and binding upon all parties.

4.1.8 CLARIFICATION OF RESPONSES

Multnomah County reserves the right to request clarification of any item in a Proposer's Proposal or to request additional information prior to evaluation necessary to properly evaluate a particular Proposal. All requests for clarification and responses shall be in writing and issued through the assigned Procurement Analyst from Purchasing. Except for requests and responses related to a clarification necessary to evaluate whether a Proposal has met minimum requirements, all requests for clarification and responses shall be provided to each evaluator.

4.1.9 REFERENCES

The County reserves the right to investigate references including customers other than those listed in the Proposer's submission. Investigation may include past performance of any Proposer with respect to its successful performance of similar projects, compliance with specifications and contractual obligations, its completion or delivery of a project on schedule, and its lawful payment of employees and workers or any other criteria as determined by Multnomah County.

4.1.10 PUBLICITY

Any publicity giving reference to this project, whether in the form of press releases, brochures, photographic coverage, or verbal announcement, shall be done only after prior approval of Multnomah County Purchasing and the Public Affairs Office.

4.1.11 COLLUSION

A Proposer submitting a Proposal hereby certifies that no officer, agent, or employee of Multnomah County has a financial interest in this Proposal; that the Proposal is made in good faith without fraud, collusion, or connection of any kind with any other Proposer; and that the Proposer is competing solely on its own behalf without connection or obligation to any undisclosed person or firm.

4.2 KEY CONTRACT TERMS AND CONDITIONS

4.2.1 MULTNOMAH COUNTY SERVICES CONTRACT

Contractor shall execute a Multnomah County, Department of County Human Services Contract, a sample of which is attached to this RFPQ as Attachment 13. If Proposer has any exceptions to the contract terms and conditions, they must be stated in their Proposal response, as Attachment 9 to their Proposal and does not count against page limitation. Specific project contract terms and conditions may be negotiated between the County and Contractor.

4.2.2 INSURANCE REQUIREMENTS

The insurance limits indicated in Exhibit 2 of the Multnomah County Department of County Human Services Contract - Sample attached to this RFPQ apply to the contract that will originate from this RFPQ.

4.2.3 INTERGOVERNMENTAL AGREEMENT

Other public agencies may establish contracts or price agreements directly with the awarded Contractor under the terms, conditions and prices of the original contract Pursuant to ORS 279A.215 and agreement by the selected Contractor to extend the terms, conditions and prices of the original Contract.

4.2.4 EEO CERTIFICATION REQUIREMENT

Contracts in excess of \$75,000 which originate from this RFPQ are subject to the County's Equal Employment Opportunity (EEO) requirements, and will include vendor certification as indicated in Exhibit 5 of the Multnomah County Department of County Human Services Contract – Sample is attached to this RFPQ. Contractors must be certified before a contract is executed.

4.2.5 PAYMENT INVOICES

All invoices shall be prepared on Contractor's letterhead or standard invoice form and shall include:

- 1) Contractor's name and address and a phone number for questions about the invoice,
- 2) Contractor's invoice number
- 3) Invoice date
- 4) Multnomah County contract number, and
- 5) Any additional information required in Exhibit 1.

County shall pay the invoice by one of several payment methods including but not limited to check, electronic payment (aka ACH-Automated Clearing House) or Procurement Card, within 30 calendar days unless otherwise provided in Exhibit 1 of the final contract.

4.2.6 LOCAL PURCHASING PREFERENCE

Multnomah County desires to employ local businesses in the purchase or lease of any personal property, public improvements or services to support the local economy in the State of Oregon so that residents benefit from local employment opportunities that are generated. Therefore, Multnomah County shall prefer goods or services that have been manufactured or produced by an Oregon business if price, fitness, availability, and quality are otherwise identical.

ATTACHMENT 1

OFFEROR REPRESENTATIONS AND CERTIFICATIONS

FAILURE OF THE OFFEROR TO COMPLETE AND SIGN THIS FORM MAY RESULT IN REJECTION OF THE SUBMITTED OFFER

The undersigned, having full knowledge of the specifications for the goods or services specified herein, offers and agrees that this offer shall be irrevocable for at least 30 calendar days after the date offers are due or as stated in the solicitation, and if accepted, to furnish any and/or all goods or services as described herein at the prices offered and within the time specified.

OFFEROR NAME: __

ADDRESS: __

TELEPHONE NUMBER: _ FAX NUMBER: _ WEB SITE: _

DATE/STATE OF INCORPORATION: _

BUSINESS DESIGNATION: ☐ Corporation ☐ Sole Proprietor ☐ Partnership

☐ S Corporation ☐ Non-Profit ☐ Government

☐ Other _____

MWESB CERTIFICATION: Number ☐ Minority Owned ☐ Woman Owned ☐ Emerging, Small ☐ N/A

ASSURANCES - The Offeror attests that:

1. The person signing this offer has the authority to submit an offer and to represent Offeror in all phases of this procurement process;
2. The information provided herein is true and accurate;
3. The Offeror is a resident proposer, as described in ORS 279A.120, of the State of _____, [insert State] and has not discriminated against any minority, women, or emerging small business enterprises in obtaining any required subcontracts, in accordance with ORS 279A.110;
"Resident bidder" means a bidder that has paid unemployment taxes or income taxes in this state during the 12 calendar months immediately preceding submission of the bid, has a business address in this state and has stated in the bid whether the bidder is a "resident bidder". ORS 279A.120 (1) (j)(b);
4. Any false statement may disqualify this offer from further consideration or be cause of contract termination; and
5. The Offeror will notify the Department Contracts Officer within 30 days of any change in the information provided on this form.

CERTIFICATION REGARDING DEBARMENT, SUSPENSION AND OTHER RESPONSIBILITY MATTERS - The Offeror certifies to the best of its knowledge and belief that neither it nor any of its principals:

1. Are presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from submitting bids or proposals by any federal, state or local entity, department or agency;
2. Have within a five-year period preceding the date of this certification been convicted of fraud or any other criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) contract, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are presently indicted for or otherwise criminally charged with commission of any of the offenses enumerated in paragraph 2. of this certification;
4. Have, within a five-year period preceding the date of this certification had a judgment entered against contractor or its principals arising out of the performance of a public or private contract;
5. Have pending in any state or federal court any litigation in which there is a claim against contractor or any of its principals arising out of the performance of a public or private contract; and
6. Have within a five-year period preceding the date of this certification had one or more public contracts (federal, state, or local) terminated for any reason related to contract performance.

Where Offeror is unable to certify to any of the statements in this certification, Offeror shall attach an explanation to their offer. The inability to certify to all of the statements may not necessarily preclude Offeror from award of a contract under this procurement.

SIGNATURE OF AUTHORIZED PERSON

Signature _____ Date _____

Print Name & Title _____

Contact Person for this procurement: _____

Phone _____ Email _____

**ATTACHMENT 2
PROPOSAL RESPONSE COVER PAGE**

Reference – See Section: 3.1.6



**MULTNOMAH
COUNTY**

**REQUEST FOR PROGRAMMATIC QUALIFICATIONS
For
RFPQ No. R11-10422
AGING & DISABILITY SERVICES DIVISION
District Center Services**

Vendor Name: _____

Please Identify (Choose one):

Proposing as: ☐ **Single Agency** **or**
 ☐ **Lead Agency of Consortium**

**Please indicate the DISTRICT CENTER SERVICE AREA
for which you are proposing (CHECK ONLY 1 PER PROPOSAL)**

<input type="checkbox"/> East
<input type="checkbox"/> Mid-County
<input type="checkbox"/> North / Northeast
<input type="checkbox"/> Southeast
<input type="checkbox"/> West

Indicate District Center Service Area(s) you would have an interest in providing service for in the event that the County does not receive responsive Proposals for all five (5) District Center Service Areas:

Service Area(s): _____

If your organization wishes to submit a Proposal for more than one District Center, submit separate, stand-alone Proposals for each District Center Service Area.

**ATTACHMENT 3 A
BUDGET NARRATIVE**

Reference: See Section 3.5.3.1 1. A

ATTACHMENT 3 B

BUDGET SUMMARY

References: See Section: 3.5.3.1 1. B

CONTRACTOR: FISCAL YEAR:

[illegible]

ATTACHMENT 3 C LINE ITEM BUDGET

Reference – See Section 3.5.3.1 1. B

ORGANIZATION NAME:

FISCAL YEAR:

	SERVICE:			SERVICE:		
	Total Value	Contract Funds	Agency Funds	Total Value	Contract Funds	Agency Funds
1. Salaries						
2. Overtime						
3. Fringe						
4. Volunteers						
Total Personnel						
6. Prof Svc						
7. Printing						
8. Utilities						
9. Telephone						
10. Equip Rent						
11. Space Rent						
12. Repairs						
13. Postage						
14. Supplies						
15. Food						
16. Educ/Trng						
17. Mileage						
18. Insurance						
19. Data Proc.						
20. Dues/Subs.						
21. Overhead						
22. Total Material & Svc						
23. TOTALS						

ATTACHMENT 3 D

LINE ITEM BUDGET DETAIL

Reference – See Section 3.5.3.1 1. B

ORGANIZATION NAME: _____

SERVICE: _____

LINE #	DESCRIPTION & JUSTIFICATION OF LINE ITEM (Explain each in detail)	CONTRACT COST	AGENCY COST
	TOTAL		

**ATTACHMENT 3 E
COST ALLOCATION PLAN**

Reference – See Section 3.5.3.1 1. B

ORGANIZATION NAME: _____

Instructions: Please attach your agency's approved indirect allocation plan if available or describe your agency's plan or methodology for allocating overhead (indirect) costs. Be specific as to what cost elements are included in the overhead charges. If your agency uses an allocation method for budgeting direct service materials and services costs, also explain that.

ATTACHMENT 4
PERSONNEL SALARY RANGES

Reference – See Section 3.5.3.1 1.B

ORGANIZATION NAME: _____

Instructions: Please list each position by position title budgeted in contracted program, and the salary range for that position.

Job Title	Salary Range

ATTACHMENT 5
PERSONNEL FORMS: STAFFING PLAN

Reference – See Section: 3.5.3.1 1. B

ORGANIZATION NAME: _____

FISCAL YEAR: _____

Position Title	(1) FTE Agency	(2) FTE Contract Program	Service Category:	Service Category :	Service Category :	Service Category:

ATTACHMENT 6

Reference - See Section: 2.4

DISTRICT CENTER CHECK LIST OF CONTRACT DELIVERABLES - Sample

Multnomah County Aging & Disability Services: Community Services - District Center Check List for Contract Deliverables Service Year One
District Center:

		delivery method	Sep - 11	Oct - 11	Nov - 11	Dec - 11	Jan - 12	Feb - 12	Mar - 12	Apr - 12	May - 12	Jun - 12	Jul - 12	Aug - 12
Essential														
District Cntr Information & Assistance (CS-30) I&A notation (25% change) Case Mgmt Turnaround DC Payment Request / Resource Summary (CS-Exhibit 8) Verification of In-Home & Respite Services (CS-10) Focal Point Activities Rpt Universal Client Registry Immediate Transportation Lift , bus pass & ticket log Transportation Problem Log		electronically												
		electronically												
		hardcopy												
		hardcopy												
		hardcopy												
		electronically												
		hardcopy or electronic												
		electronically												
		electronically												
		electronically												
Other Documentation														
Safety Assessments CS-15 Annual Financial Audit Annual Contract Renewal Nutrition Asmnts Loaves & Fishes monthly		hardcopy or electronic												
		hardcopy												
		hardcopy												
		hardcopy												
ELECTRONIC SUBMISSIONS: All deliverables except those requiring a signature should be emailed to ADS.Contracts@multco.us.														
HARDCOPY SUBMISSIONS: Invoices and other hardcopy documents can be mailed through inter-office mail to B167/1/510/ADSD Contract Deliverables														
QUESTIONS? For questions related to your contract, contact Christine Wilson at 503 988-3620 x 22396 or Christine.c.wilson@multco.us														

ATTACHMENTS 7, AND 8

ATTCHMENT 7 - ORGANIZATIONAL CHART ATTACHMENT 8 - JOB DESCRIPTIONS

Reference - See Section: 3.5.2.2

This page addressing Attachments 7, and 8 are place holders for the Proposers convenience. Proposers are to create and submit the identified respective attachments as part of their Proposal, if applicable. Any Proposer file format is acceptable.

ATTACHMENT 9
EXCEPTIONS TO CONTRACT TERMS AND CONDITIONS

Reference - See Sections: 4.2.1, and 3.6

Required if Vendor has any exceptions to Contract Terms and Conditions.

ATTACHMENT 10
PROPOSER'S PARTNER(S) LETTERS OF COMMITMENT

Reference - See Section: 3.5.1.2 3. b.

Attachment 10 is a place holder for the Proposers convenience.

Any Proposer file format is acceptable.

ATTACHMENT 11
APPENDICES
ELECTRONIC ATTACHMENT REFERENCE

Reference - See Sections: 1.1, 2.1, 2.3, 2.5, 3.5, and 3.6

NOTE: A FULL COPY OF THIS DOCUMENT IS AVAILABLE ELECTRONICALLY FROM Purchasing – See the Purchasing website at www.multcopurch.org and click on the “Current Bid and Proposal Opportunities” heading – scroll down to Procurement

R11-10422

Printed copies may also be obtained upon request to Nancy Walters.

Request your copy by contacting:

Nancy.r.walters@multco.us

or

503.988.5111, Extension 28763

**ATTACHMENT 12
RESOLUTION 08-112**

Reference - See Section: 1.9

**BEFORE THE BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON**

RESOLUTION NO. 08-112

Creating a Contract Compliance Advisory Committee and Implementing Processes to Strengthen the County's Oversight of the Financial and Business Stability of its Personal Services and Goods and Non-Personal Services Contractors

The Multnomah County Board of Commissioners Finds:

1. ORS 279A.015 declares that it is the policy of the State of Oregon that the State should have a sound and responsive public contracting system that, among other things, promotes the efficient use of local government resources.
2. Multnomah County has administrative rules, PUR-1, CON-1 and FAC-1 that implement this goal in the context of its contracts.
3. In order to achieve the goals reflected in State law and County administrative rules, the County must have an appropriate fiscal and performance monitoring program for its personal services and goods and non-personal services contractors.
4. Given the number of County contracts and current staffing limitations, it is challenging for the County to perform an optimum number and degree of fiscal and contract monitoring and the County is committed to increasing these resources over time.
5. The County recently experienced programmatic and financial risks associated with personal services providers having a disproportionately large percentage of the County's business in a single program area.

Multnomah County Board of Commissioners Resolves:

1. A Contract Compliance Advisory Committee (CCAC) is created to recommend to the Board appropriate processes to strengthen the County's oversight of the financial and organizational stability of its contractors. The CCAC will:
 - a. Consist of up to ten members appointed by the Chair and include representatives from communities of color, private sector, hospitals, other governmental jurisdictions, non-profits Boards, and other interested persons from the community;
 - b. Explore avenues for improving the County's financial oversight and performance monitoring of its contracts;
 - c. Develop standards for the proportion of investment to county-wide contract oversight and resources that follow appropriate and best practices in relation to the management and investment of its funds;
 - d. Explore avenues for public solicitation of feedback and community involvement from other stakeholders; and
 - e. Advise the Board on personal services contracts system improvements and the fiscal risk assessment tool as well as highlighting previous audit recommendations already submitted to the Board of County Commissioners by January 31, 2009.
2. In addition to reviewing the County's general practices regarding contractor selection and financial program performance monitoring, the CCAC will advise the Board on how to best ensure that the following best practices are followed by its personal services and goods and non-personal services contractors:
 - a. All boards of the County's contractors must adopt and follow policies and procedures to ensure that the organization manages its funds responsibly and prudently;
 - b. All boards of the County's contractors must review and approve the organization's annual budget and monitor actual performance against the budget;

- c. Each of the County personal services and goods and non-personal services contractors must provide sufficient resources for effective administration of the programs and the effective management of the organization's financial resources;
 - d. Recommend implementation of a county-wide prequalification tool for standards of organizational and financial acumen; and
 - e. Each of the County's contractors must keep complete and accurate financial records and should have a qualified, independent financial expert audit or review them annually in a manner appropriate to the organization's size and scale of operations.
3. The Department of County Management (DCM) shall develop a risk based approach to fiscal site monitoring and a schedule that reflects more intense and frequent fiscal monitoring of contractors who fall in the highest risk categories. Among the factors that DCM should consider in developing its risk model are:
- a. The extent to which the contractor has an active, fully engaged board of directors;
 - b. The extent of the contractor's reliance on the County's business and the overall number of contracts that contractor has with the County;
 - c. The percentage of the County's business that the contractor is providing in any one program;
 - d. The extent of the contractor's internal controls and the results of prior audits and fiscal reviews;
 - e. The experience, knowledge and stability of the contractor's accounting staff.
4. Contracting departments, to the extent possible and appropriate to the departments' programmatic goals, shall avoid contracting for more than 40% of a particular line of business with a single provider, when the total contracting awards exceed \$1 million. To the extent this goal cannot be met, the following shall occur:
- a. The contracting department shall request an initial review of the contractor's financial stability and the appropriateness of the organization's financial practices by the DCM;
 - b. The DCM shall recommend to the Chair whether the contracting department's plan is appropriate and shall issue a recommendation that shall be routed with the contract package; and
 - c. To the extent that Chair approves of the contracting department's plan, the DCM will place the contractor in a risk category that reflects the highest degree of review of the contractor's finances.
5. The Chair shall designate a multi-department action team that will implement recommendations made by external auditors, internal staff, and the CCAC. Staff support will be provided by DCM for these efforts. The action team will report to the Chair and will provide monthly updates relating to their progress in implementing the proposals to Department Directors.

ADOPTED this 31st day of July, 2008.

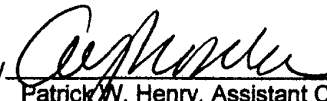


BOARD OF COUNTY COMMISSIONERS
FOR MULTNOMAH COUNTY, OREGON


Ted Wheeler, Chair

REVIEWED:

AGNES SOWLE, COUNTY ATTORNEY
FOR MULTNOMAH COUNTY, OREGON

By 
Patrick W. Henry, Assistant County Attorney

SUBMITTED BY:
Ted Wheeler, Multnomah County Chair

Page 2 of 2 – Resolution 08-112 Creating a Contract Compliance Advisory Committee and Implementing Processes to Strengthen the County's Oversight of the Financial and Business Stability of its Personal Services and Goods and Non-Personal Services Contractors

ATTACHMENT 13
MULTNOMAH COUNTY DEPARTMENT OF COUNTY HUMAN SERVICES
CONTRACT – SAMPLE
ELECTRONIC ATTACHMENT REFERENCE

Reference – See Section: 4.2

NOTE: A FULL COPY OF THIS DOCUMENT IS AVAILABLE ELECTRONICALLY
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