

<p>DELIVER TO: Indian River County Hospital District 3730 7th Terrace Suite 204B Vero Beach, FL 32960</p> <p>MAIL TO: Indian River County Hospital District Attn: Ann Marie Suriano 3730 7th Terrace Suite 204B Vero Beach, FL 32960</p>	<p>REQUEST FOR PROPOSAL & PROPOSER ACKNOWLEDGMENT</p>
RFP Writer: IRCHD	RFP No: 2019-001
Pre-RFP Conference Date: March 26, 2019 9:00 a.m.	RFP Title: Gifford Health Center
Pre-Bid Location: 3730 7 th Terrace, Suite 204B Vero Beach, FL 32960	RFP Opening Date, Time & Location: May 8, 2019, 2:00 p.m. IRCHD Conference Room 3730 7 th Terrace, Suite 204B Vero Beach, FL 32960
Proposal Due Date & Time: May 3, 2019 by 3:00 pm.	If you need any reasonable accommodation for any type of disability in order to participate in this procurement, please contact this department as soon as possible.
Proposer Name: Mailing Address:	<p><i>I hereby certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm, or person submitting a proposal for the same services or equipment, and is in all respects fair and without collusion or fraud. I agree to abide by all conditions of this proposal and certify that I am authorized to sign this proposal for the proposer.</i></p> <p style="text-align: center;">_____</p> <p style="text-align: center;">Authorized Signature</p>
City, State, Zip Code:	Typed or Printed Name:
Type of Entity (Circle One): Corporation Partnership Proprietorship	Title:
Incorporated in the State of: Year:	Delivery in days, ARO
Phone Number:	
Fax Number:	
E-Mail Address:	

THIS PAGE MUST BE COMPLETED AND RETURNED WITH YOUR PROPOSAL

SECTION 1

1. GENERAL INFORMATION, CONDITIONS, INSTRUCTIONS, AND INFORMATION FOR PROPOSERS

These documents constitute the complete set of specification requirements and proposal forms. All proposal sheets and attachments must be executed and submitted in a sealed envelope. **DO NOT INCLUDE MORE THAN ONE PROPOSAL PER ENVELOPE (CLEARLY MARK PROPOSAL AS "ORIGINAL" AND REQUESTED NUMBER OF COPIES AS "COPY" ON EACH SET ENCLOSED).**

The face to the envelope shall contain Proposer's name, return address, the date and time of proposal opening, the proposal number and title. Proposals not submitted on the enclosed Proposal Form shall be rejected. By submitting a Proposal, the Proposer agrees to be subject to all terms and conditions specified herein. No exceptions to the terms and conditions shall be allowed. Proposers shall submit four (4) complete sets (one [1] original and three [3] copies) of their proposal complete with all supporting documentation. **SUBMITTAL OF A PROPOSAL IN RESPONSE TO REQUEST FOR PROPOSAL CONSTITUTES AN OFFER AND COMMITMENT BY THE PROPOSER.** Proposals, which do not comply with the requirements, may be rejected at the option of the Hospital District.

2. DELAYS

The Hospital District, at its sole discretion, may delay the scheduled due dates indicated above if it is to the advantage of the Hospital District to do so. The Hospital District will notify proposers of all changes in scheduled due dates by written addendum.

3. EXECUTION OF PROPOSAL

Proposal must contain a manual signature, in ink, of an authorized representative who has the legal ability to bind the Proposer in contractual obligations in the space provided on Page 1 of Proposer/Proposal Acknowledgment and on the Proposal Response Form. FAILURE TO PROPERLY SIGN THE PROPOSAL SHALL INVALIDATE SAME, AND IT SHALL NOT BE CONSIDERED FOR AN AWARD. Proposals must be typed or legibly printed in ink. All corrections made by Proposer to any part of the proposal document must be initialed in ink. The original proposal conditions and specifications cannot be changed or altered in any way. Altered proposals will not be considered. Clarification of proposals submitted shall be in letter form, signed by proposers and attached to the proposal.

4. PROPOSAL OPENING

Shall be public, at the address, date, and time specified on the proposer Acknowledgment form. The proposal time must be and shall be scrupulously observed. Under no circumstances shall proposals delivered after the time specified be considered; such proposals will be returned unopened. The Hospital District will not be responsible for late deliveries or delayed mail. The time/date stamp located in the Hospital District office shall serve as the official authority to determine lateness of any proposal. It is the Proposers sole responsibility to assure that his/her proposal is complete and delivered at the proper time and place of the proposal opening. Proposals, which for any reason are not so delivered, will not be considered. Proposals by email, facsimile, telegram, or telephone are not acceptable. A proposal may NOT be altered by the Proposer after opening of the proposals.

5. MISTAKES

- a. **Proposers are expected to examine the specifications, delivery schedule, proposal prices, extensions and all instructions pertaining to supplies and services. FAILURE TO DO SO WILL BE AT PROPOSER'S RISK.** In the event of extension error(s), the unit price will prevail and the Proposer's total offer will be corrected accordingly.

- b. Written amounts shall take precedence over numerical amounts. In the event of addition error(s), the unit price and extension thereof will prevail and the Proposer's total offer will be **corrected accordingly**. **Proposals having erasures or corrections must be initialed in ink by the Proposer.**

6. DELIVERY OF SERVICES

Delivery of Services at the Gifford Health Center shall be at least Monday through Friday, unless otherwise specified and incorporated into the contract upon award. All modifications of hours or services shall be submitted in writing to the Indian River County Hospital District.

7. INTERPRETATION

All Proposers shall carefully examine the Proposal Documents. Any ambiguities or inconsistencies shall be brought to the attention of the Hospital District at the Pre-Submission Conference prior to the submittal and opening of Proposals; failure to do so, on the part of the proposer, will constitute an acceptance by the Proposer of any subsequent decision. Any questions concerning the intent, meaning, and interpretation of the Proposal Documents shall be identified and resolved at the Pre-Submission Conference prior to the submittal and Proposal Opening. Inquiries shall be addressed to the attention of the Contact person as indicated on Page 1. No person is authorized to give oral interpretations of, or make oral changes to, the proposal. Therefore, oral statements given before the proposal opening will not be binding. Any interpretation of or changes to the proposal will be made in the form of a written Addendum to the proposal and will be furnished to all Proposers. Receipt of all addenda shall be acknowledged by the Proposers by signing and enclosing said addenda with their proposal.

The Hospital District will record its responses to inquiries and any supplemental instructions in the form of a written addendum. The Hospital District will send a written addendum to all Proposers who requested a proposal directly from the Hospital District office. All proposers should contact the Hospital District at least seven (7) calendar days before the proposal opening date to ascertain whether any addendums have been issued. Failure to do so could result in rejection of the proposal as unresponsive. The Hospital District shall not be responsible for providing said addendum to proposers who receive proposal packages from other sources.

8. ADDENDUM

Should revisions to the Proposal Documents become necessary, the Hospital District will provide a written addendum to all proposers who received a proposal package from the Hospital District's Proposers who obtain Proposal Documents from other sources must officially register with the Hospital District in order to be placed on the mailing list for any forthcoming addendum or their official communications. Failure to register as a prospective Proposer may cause your proposal to be rejected as non-responsive if you have failed to submit a proposal without an addendum acknowledgment for the most current addendum.

Previous addenda are deemed received when a subsequent addendum is acknowledged. It is the Proposer's responsibility to contact the Hospital District in the event that a previous addendum is not received. Latest addendum shall be signed and returned with the proposal as acknowledgment of addendum.

9. CONFLICT OF INTEREST

All proposers must disclose with their proposal the name of any officer, director, or agent who is also an employee of the Hospital District or any District Trustee that may have a Board or Volunteer relationship with proposer. All Proposers must disclose the name of any Hospital District employee who owns, directly or indirectly, an interest of five percent (5%) or more in the Proposer's organization or any of its branches.

10. **LEGAL REQUIREMENTS**

Proposers are required to comply with all provisions of Federal, State, County and local laws and ordinances, rules and regulations, that are applicable to the items being proposed. Lack of knowledge by the proposer shall in no way be a cause for relief from responsibility, or constitute a cognizable defense against the legal effect thereof.

11. **AWARD**

As the best interest of the Hospital District may require, the right is reserved to make award(s) by individual services, group of services, "All or None", or a combination thereof; with one or more organizations; to reject any or all **proposals, or waive any minor irregularity or technicality in proposals received, and may, at its sole discretion,** request a re-proposal. Proposers are cautioned to make no assumption until the Hospital District has entered **into a contract or issued an award.**

12. **EEO STATEMENT**

The Hospital District is committed to assuring equal opportunity in the award of contracts, and therefore complies with all laws prohibiting discrimination on the basis of race, color, religion, national origin, age or sex.

13. **CONTRACTUAL AGREEMENT**

The terms, conditions, and provisions in this Request for Proposal shall be included and incorporated in the final contract. The order of precedence will be Proposal Document and response, contract, and general law. Any and all legal action necessary to enforce a contract will be interpreted according to the laws of Florida. The venue shall be **Indian River County, Florida.**

14. **ADVERTISING**

In submitting a proposal, Proposer agrees not to use the results therefrom as a part of any commercial advertising, without the express written approval, by the appropriate level of authority within the Hospital District.

15. **ASSIGNMENT**

Any contract issued pursuant to this Invitation to Proposal and the monies which may become due hereunder are not assignable except with the prior written approval of the Hospital District.

16. **INSURANCE**

The awarded Proposer(s) shall maintain insurance coverage in amounts necessary to cover their personal contents within the Gifford Health Center and for their own employees as per the policy of their organization. In the event the proposer is a governmental entity or a self-insured organization, different requirements may apply, **Misrepresentation of any material fact, whether intentional or not, regarding the Proposer's insurance** coverage, policies or capabilities may be grounds for rejection of the proposal and rescission of any **ensuing contract.**

17. **PUBLIC RECORDS**

At the completion of the meeting opening the proposals, proposals become "public records" and shall be subject to public disclosure consistent with Chapter 119, Florida Statutes. Proposers must invoke the exemptions to disclosure provided by law in the response to the Proposal, and must identify the data or other materials to be protected, and must state the reasons why such exclusion from public **disclosure is necessary.**

18. **PROPOSAL PREPARATION COSTS**

Neither the Hospital District nor its representatives shall be liable for any expenses incurred in connection with preparation of a response to this Invitation to Proposal. Proposers should prepare their proposals simply and economically, providing all information and prices as required.

SECTION II

1. PROPOSAL OPENING

- 1.1 Proposals are due on or before **3:00 PM, May 3, 2019**. Four (4) copies (one original, and three (3) of sealed proposals. All copies will be on **8 ½ x 11' plain, white paper**, typed or printed, and signed by all the Proposer's contractually binding authority and shall be mailed or delivered to:

Delivery/Mailing Address:
Indian River County Hospital District
3730 7th Terrace, Suite 204A,
Vero Beach, FL 32960.

Beginning March 11, 2019 at 8:30 a.m. Copies of the proposal documents are available electronically from the Indian River County Hospital District by e-mail request to Kate@irchd.com, or the web site of the Indian River County Hospital District website (www.irchd.com). They are also available in hard copy by request to the mailing address above or by calling the District office at 772-770-0935.

Any proposals received after the designated time and date listed above will be returned unopened.

- 1.2 All proposals and qualifications will be publicly opened at 2:00 p.m. on May 8, 2019 at the Indian River County Hospital District, located at 3730 7th Terrace, Suite 204A, Vero Beach, FL 32960.

2. PRE-PROPOSAL CONFERENCE

A **Pre-Proposal Conference will be held, March 26, 2019 at 9:00 a.m.,** in the Hospital District Conference Room, 3730 7th Terrace, Suite 204B, Vero Beach, FL 32960. All interested bidders are encouraged to attend this meeting.

3. INQUIRIES/QUESTIONS

- All inquiries will be in a written format and addressed to Indian River County Hospital District Executive Director

Name and Title: Ann Marie Suriano, Executive Director
E-mail Address: annmarie@irchd.com
Mailing Address: 3730 7th Terrace, Suite 204B
Vero Beach, FL 32960
Telephone: 772-770-0935
Fax: 772-770-1974

- No inquiries will be received after the proposal pre-conference date, March 26, 2019.
- The Hospital District prohibits communications initiated by a Proposer to **any** Hospital District Official or employee, prior to the time an award decision has been made.

4. DEVELOPMENT COSTS

Neither the Hospital District nor its representatives shall be liable for any expenses incurred in connection with preparation of a response to this RFP. Proposers should prepare their proposals simply and economically, providing a straightforward and concise description of the proposer's ability to meet the requirements of the RFP.

5. TIMETABLES

The Hospital District and the proposers shall adhere to the following schedule in all actions concerning this RFP.

<u>ACTION</u>	<u>DATE</u>
Public Meeting review of Draft Proposal	February 27, 2019, 1:30 p.m.
Posting of RFP	March 11, 2019, 10:30 a.m.
Pre-Submission Conference	March 26, 2019, 9:00 a.m.
Proposal Due Date	May 3, 2019, 3:00 p.m.
Proposal Opening & Review	May 8, 2019, 2:00 p.m.
Award recommendation to Board of Trustees	May 16, 2019, 5:00 p.m.

6. DELAYS

The Hospital District may delay scheduled due dates if it is to the advantage of the Hospital District. The Hospital District will notify proposers of all changes in scheduled due dates by written addenda.

SECTION III

STATEMENT OF WORK

1. PURPOSE

The Indian River County Hospital District solicits proposals from qualified providers of at least primary and urgent medical health care services for adults and children, mental health counseling/substance abuse services for adults and children, Community Health Worker/Care Coordinator services on site lab services, and some extended hours of operation, . **in accordance with the terms, conditions, and specifications contained in this Request for Proposal.**

2. INTENT

The Hospital District commits to provide funds, subject by law, to annual appropriation, up to \$550,000 annually for the startup term of the specified Lease at the Gifford Health Center with the intention of supporting services that measurably improve or enrich the quality of life for Indian River County residents for the betterment of the community and address the specific health needs of the Gifford and surrounding communities. These District funds are only to be provided as necessary based on services provided to those District qualified patients and for the startup term, the net, direct operating costs of the Gifford Health Center. Revenues will be accounted from all available sources specifically including those from governmental sources, charitable contributions, District reimbursement and insurance among others. Expenses will be only those directly applicable to the operation of the Gifford Health Center and specifically will not include organizational overhead costs attributable to the operating entity's cost of operations outside of the Gifford Health Center. The above described revenues and expenses will be netted out to calculate a net operating loss (profit). The District will be responsible to offset such operating losses during the startup term subject to the cap outlined previously. Failure of the Hospital District to appropriate annual funds will eliminate the operating organization's requirement under the lease to continue to provide healthcare services at the Gifford Health Center.

3. CONTRACT TERM

The Indian River County Hospital District requests a commitment to include maintaining the above identified core services for a 3-year lease to begin services on October 1, 2019. Funding from the District is subject to annual appropriation of funds for the Gifford Health Center by the IRCHD Board of Trustees. The Lease and corresponding Agency Funding Agreement will include the financial responsibilities borne by the operator and allow for ramp up volume flexibility of available staffing and services dependent upon community support.

SECTION IV

INSTRUCTIONS FOR PREPARING QUALIFICATIONS

1. DESCRIPTION OF SERVICES TO BE PROVIDED

For this RFP, Indian River County Hospital District at this time as advised by the Gifford Health Council is interested in assisting with funding the Gifford Health Center Clinic to provide at least:

1. Primary and urgent care for adults and children; (Based on previous experience, expect eventual volumes to approximate 4,000 adult primary care visits and 5,000 pediatric visits annually, after ramp up period.)
2. Some Extended hours of operation;
3. Mental Health counseling/Substance Abuse Services; (Project 1,500 visits annually after ramp up period.)
4. On site CLIA-Waived lab services;
5. Designated Facilities Coordinator on site with responsibilities and decision-making authority to oversee all operations, including those other organizations that may be within the Gifford Health Center;
6. Pharmaceutical service for non-addictive prescriptions either on site or through convenient local pharmacy relationships to include preferred pricing for patients to the extent possible; and
7. We Care Specialty Services and Healthy Start will remain operating in the Gifford Health Center with separate Agreements between the organization and the Indian River County Hospital District.

* Other services may be added if the community will support it

2. RULES FOR PROPOSALS

- Responses must be submitted using this IRCHD's Request for Proposal.
- The organization granted management and operations of the stated core services of the clinic and associated funding will be required to submit quarterly qualitative reports and biannual quantitative reports including the identified outcome measurements and quality indicators.
- The organization will be required to form and manage a collaborative committee with a purpose to consistently meet and review the operational performance and to assure the Gifford Health Center is operating consistent with the intended spirit of the lease and is an inviting and welcoming environment for all patients. This group shall include at least the Facilities Coordinator and the Community Health Worker/Care Coordinator of the Gifford Health Center, 1 representative of the Hospital District, 1 representative from each organization within the facility, 1 member of the Gifford Health Council and shall meet at least quarterly.

3. SCOPE OF WORK

It is desired that this provision of services will provide a long-term community impact resulting in the betterment of health. Successful proposals should:

- Provide a specific description of the proposed services and the staffing necessary (All clinical positions are to hold current licensure in the State of Florida and be credentialed to bill for services rendered at the Gifford Health Center) to serve the population, including other

surrounding activities that may take place within or through the Gifford Health Center building. Including how you will provide extended hours of service. How will the available medical services provided be communicated to the community? Please include your marketing and advertising plan to build and gain the trust of the community.

- Provide a position description or the duties and responsibilities, including necessary qualities of the Community Health Worker/Care Coordinator/Navigator position. Explain how this person(s) will be utilized at the Gifford Health Center and within the community to improve the quality of health and life.
- Provide both a transition and ramp up plan, including timeline for these services and staffing, including how you will manage the clinic in the event of low volume, payer source fluctuation, and high-volume presentation. This should be a well-tested model that can be scaled up or expanded *and*, if successful, can be grown and replicated. Attach a budget including any start-up capital necessary.
- Utilizing the most current Community Needs Assessment and other survey tools, show leadership and knowledge of the focus area, identify target populations and important health care trends relevant to the Gifford Community,
- Utilizing the most current Community Health Needs Assessment and other survey tools, show leadership and knowledge of the focus area, identify target populations and important health care trends relevant to the Gifford Community.
- Define a business model, including services, staffing, and collaborations, to support long term financial sustainability of the core focus area healthcare services, commitment to continued provision of services, and the reimbursement structure that best supports the ongoing success of the Gifford Health Center. Describe how a collaborative effort to bring public and private partners together may augment services and revenue sources.
- Describe how the responding organization will manage a sliding fee scale and District indigent resident qualification. If you are a provider outside Indian River County, please describe how you will treat, manage and track out of county patients presenting to the Gifford Health Center.
- Describe how you will manage pharmaceutical access and pricing to your patients. If you participate in the 340b pharmaceutical program, describe the advantage of this program to your patients and organization.
- Describe how the Collaborative Committee will function.
- Define how you will establish quantifiable benchmarks and tracking process with indicators for the following measurable outcomes:
 - Primary Care -
 - Individuals, of any age, receiving ongoing care for one or more chronic conditions (ie. Diabetes, Heart Disease, Cancer, Viral Diseases, Obesity, etc.),with access to affordable prescription drugs.
 - Individuals, of any age, increase their knowledge and have improved access to community resources and wellness services(Enrollment in health coverage or financial assistance programs, referrals to providers providing a higher level of care, immunizations, dental, knowledge affordable prescription services, reduction of emergency room or urgent care visits)
 - Individuals, over the age of 55, have access to services that allow them to live independently with confidence (Chronic disease management, fall prevention, access to resources and affordable prescription drugs)
 -
 - Mental Health/Substance Abuse
 - Individuals, of any age, have decreased mental health and/or substance abuse issues(Counseling, caregiving training, treatment plan, coping strategies, screenings, increase knowledge of available mental health and substance abuse services, access to affordable prescription drugs)
 - Individuals, of any age, maintain their improved state of health and healthy lifestyle for 30, 60, 90, 180, 365 days
 - Care Coordination/Patient Satisfaction

- Individuals, of any age, have improved access to high quality care (Number of individuals who: were satisfied with their care, increased knowledge of social service system, returned for additional services, referred services to friends or family, report elimination of barriers to health care, engage with appropriate health professions, report improved communication and trust)
 - Mother & Infant
 - Mothers & Infants have improved access to high quality services that promote healthy habits and decrease infant mortality (Breast feeding, pre-natal and post-natal services, pre-term births, family planning services)
- Link the amount of funding necessary to these stated measurable outcomes i.e. funding will be dependent on achieving these stated measurable outcomes in addition to patient satisfaction to annually measure success in improving the health of the community, managing chronic disease.

4. **EVALUATION METHOD AND CRITERIA**

Requests for Proposal responses will be evaluated on the ability to provide and/or coordinate the provision of the requested services, and on a competitive financial basis while balancing the health needs of the community. The following criteria will be used:

1. Clarity of project goals, objectives and action steps to achieve desired outcomes;
2. Meaningful benchmarks (i.e. health outcomes, quality measures, productivity indicators, access targets) and indicators of success;
3. Proposal should identify ancillary community benefits (healthcare savings, work productivity improvements, etc.) to achieve the expected amount of health improvement;
4. Projected community support as measured by volumes of patients; and
5. Financial sustainability of the business plan and continued commitment to community health.

The Following will be evaluated on a value/rating scale

- I. Core Services
 - a. Primary Care for adults –Licensed in Florida
 - i. Higher level main provider
 - ii. Number of days per week
 - b. Primary Care for Children –
 - i. Higher level main provider
 - ii. Number of days per week
 - c. Mental Health Counseling/Substance Abuse Services
 - i. Higher level main provider
 - ii. Number of days per week
 - d. On Site Lab Services
 - i. CLIA-Waived in house
 - ii. Depth of service for testing on site and sent out
 - e. Welcome collaboration with Healthy Start services in Bldg. Welcome collaboration with We Care Specialty services in Bldg.
 - f. Facilities Coordinator
 - Degree of authority
 - g. Community Health Worker/Care Coordinator
 - i. Position Description attached
 - ii. Commitment to Gifford Community resident
 - h. Extended hours of operation

- i. Daily
 - ii. Saturday
 - i. Pharmaceutical Capability
 - iii. Cost of prescription drugs for patient
 - iv. Convenience of prescription drug availability

- II. Performance Metrics
 - a. Patient Satisfaction
 - b. Volume of patients using services
 - i. Based on previous IRCHD Experience
 - 1. 4,000+ adult primary care visits
 - 2. 5,000+ pediatric primary care visits
 - 3. 1,500+ behavioral health visits
 - c. Outcomes described within the Scope of Work.

- III. Patient Experience
 - a. Cost to patient for treatment
 - District eligible patients
 - Outside of District eligible criteria
 - b. Paperwork process – assistance in completing paperwork to qualify for coverage
 - c. Care Coordination Counseling

- IV. Cost
 - a. Budget Structure
 - Startup costs
 - Revenue vs. Expense model
 - Need from District

- V. Subjective
 - a. Best Interest of Community
 - b. Sustainability