NEW HANOVER COUNTY
REQUEST FOR PROPOSALS
FAMILY CAREGIVER SUPPORT PROGRAM
ADULT DAYCARE/HEALTH

COUNTY COMMISSIONERS
WOODY WHITE, CHAIRMAN
SKIP WATKINS, VICE-CHAIRMAN
JONATHAN BARFIELD, JR.
PATRICIA KUSEK
ROB ZAPPLE

CHRIS COUDRIET, COUNTY MANAGER
Sealed Proposals addressed to Andrew Zeldin, New Hanover County Senior Resource Center, 2222 South College Rd, Wilmington, NC 28403 and marked “FAMILY CAREGIVER SUPPORT PROGRAM ADULT DAYCARE/HEALTH” will be accepted until 5:00 P.M. EST, Friday, August 24, 2018.

Proposals will not be publicly opened but will be evaluated according to the criteria listed in the RFP.

Instructions for submitting bids and complete requirements and information may be obtained by visiting the County’s website at https://www.nhcgov.com/business-nhc/bids.

New Hanover County reserves the right to accept or reject any or all Proposals and to make the Award which will be in the best interest of the County.

Lena L. Butler, Purchasing Supervisor
New Hanover County
(910) 798-7190

Released: Monday, August 13, 2018
Scope of Work-New Hanover County Family Caregiver Support Program Community Respite (Adult Day Care/Health)

Respite Care: Respite Care is considered temporary, substitute supports or living arrangements to provide a brief period of relief to caregivers on an intermittent, occasional or emergency basis. This service is intended to sustain the efforts of families and other informal caregivers and is limited to a $1,500 maximum per caregiver for the grant time period to allow the grantee to assist as many caregivers as possible with the funding.

This grant is intended to sustain the efforts of families and other informal caregivers of older adults (60+) or individuals with Alzheimer’s disease and related disorders with neurological and organic brain dysfunction and grandparents or older individual (55 years of age or above) who is a relative caregiver of a child 18 years old or younger or who is an individual with a disability by providing supportive services. The objective is to relieve the caregivers of stress, keep older adults in their homes for as long as possible and/or assist older relative caregivers in rearing their relative child. The services covered under the grant are intended for caregivers not receiving any other assistance and will only be a bridging mechanism until consistent services are available.

Scope of Work In-Home Respite- In-home respite provides a break from care in the family's own home. Hours are set up individually with the respite worker. Providers should be able to provide over night and weekend care if requested by caregiver. Services include the following:

**PERSONAL CARE**

**Bathing/Grooming**-Shower, Sponge Bath (bed or tub), Brush Teeth, Shampoo, Comb/Brush/Groom Hair, Clean and File Finger Nails, Electric Shave, Perineal Care, Dressing and Clothing.

**Elimination**-Assist to Bathroom, Assist with Bedpan/Urinal, Assist with Commode, Night Time Toilting, Adult Brief Changes, Empty Catheter Drainage Bag, Assist with Established Ostomy, Record/Report Urine Output, Record/Report Bowel Function

**Support and Encourage**-Ambulation, Transfers, Eating/Feeding, General Preventative Skin Care, Turning, Repositioning, Skin Protection, Active Range-o-Motion Support, Self-Administered Medication Reminders.

**HOMEMAKING**

**Light Housekeeping Services**-Meal Planning and Preparation for Client with Related Clean-up, Empty Kitchen and Bathroom Trash, Wipe up Kitchen Floor, Counters, and Appliances, Wipe Bathroom Sink, Tub, and Toilet, Sweep Floor, make Client’s Bed, Change Bed Linens, Client’s Personal Laundry, Dusting and Vacuuming, and Water Plants.
COMPANIONSHIP

Reading, Light Correspondence, Independent Support Following Rehabilitation or Hospitalization, Orientation prompts and Reminders, Walks, Conversation Activities, Helping Arrange Photos/Scrapbooks, Safety Supervision, Incidental Transportation.

Compensation: Providers must meet the reporting requirements of the NC Division of Aging and Adult Services and the Cape Fear Area Agency on Aging Family Caregiver Support Program. Payments will be made monthly upon request for reimbursement through ARMS by Grantee. Reimbursement forms will be due monthly to the New Hanover County Senior Resource Center and must be received no later than the 5th of each month in order to be considered for payment at the end of that month. These forms should reflect the amount of funds requested through the ARMS system each month.

Payment of funds will be based upon the Aging Resource Management System (ARMS) Provider Reimbursement Report (ZGA370-12). The Cape Fear Council of Governments will forward payment of the approved budget expenditure at the end of each month.

Documentation of Expenses: Grantee/Provider shall maintain full and complete documentation of all expenses associated with performing the scope of work under this contract. Documentation in the form of time sheets or some other verification (prior approval required) that services were rendered shall be kept in each client file. Grantee shall maintain all financial and program records for a period of three (3) years from the date of final payment under this agreement. Grantee shall maintain records on each caregiver served including: Family Caregiver In-take Form (DAAS 101), Consumer Contributions Provider Assurance form (signed and dated) and Client/Patient Rights form (signed and dated) and a confidentiality form (signed and dated). Provider is subject to monthly monitoring at the request of Grantee.
## INSURANCE REQUIREMENTS

The requirements listed below are the **GENERALLY ACCEPTED** insurance requirements for this class of business.

<table>
<thead>
<tr>
<th>Insurance Description</th>
<th>Minimum Limits of Insurance Required</th>
</tr>
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<tbody>
<tr>
<td><strong>subject to change depending on size/location/description of work</strong></td>
<td></td>
</tr>
<tr>
<td>Commercial General Liability**</td>
<td><strong>$1 mil Ea. Occurrence; $1 mil Products/Completed Operations; General Aggregate Limit shall apply separately to this project/location or the general aggregate limit shall be twice the required limit.</strong></td>
</tr>
<tr>
<td>Abuse/Molestation Coverage</td>
<td><strong>$1,000,000 Each Occurrence; May be included in Commercial General Liability or Professional Liability</strong></td>
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<tr>
<td>Professional Liability</td>
<td><strong>$1 mil Per Loss/$3 mil Aggregate; 2-yr Extended Reporting Endorsement Required if Claims-Made Form</strong></td>
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<tr>
<td>Business Auto Liability</td>
<td><strong>$100,000 Bodily Injury (Per Person); $300,000 Bodily Injury (Per Accident); $50,000 Property Damage (Per Accident; Any Auto including Hired &amp; Non-owned Liability; $2K Medical Payments Coverage</strong></td>
</tr>
<tr>
<td>Worker’s Compensation Employer’s Liability</td>
<td><strong>Statutory Limits</strong></td>
</tr>
<tr>
<td>Employee Dishonesty Coverage</td>
<td><strong>$100,000 Each Occurrence; May be included in another line of Insurance Coverage.</strong></td>
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<tr>
<td>Additional Insured CG 20 26</td>
<td><strong>New Hanover County (not the department), its officers, officials, agents and employees</strong></td>
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</table>

Certificate of Insurance should include the following:

1. New Hanover County, its officers, officials, agents and employees as an additional insured.
2. Disclose any self-insured retention (allowed only if pre-approved).
3. Designate New Hanover Count, 230 Government Center Dr. Suite 125, Wilmington, NC 28403 as certificate holder.
4. New Hanover County shall be notified at least 30 days in advance of cancellation or material change in coverage.
5. Provide a Waiver of Subrogation on Worker’s Compensation/Employer’s Liability; contact Risk Management if not available from insurer.
**SUBMISSION REQUIREMENTS**

1. Submit one (1) original and one (1) electronic copy of the proposal in a sealed envelope properly marked “FAMILY CAREGIVER SUPPORT PROGRAM ADULT DAYCARE/HEALTH” and address to the County at the following address:

   New Hanover County Senior Resource Center  
   Attn: Andrew Zeldin, Social Worker Supervisor  
   2222 South College Rd.  
   Wilmington, NC 28403

Please be advised that the person signing the proposal must be authorized by your organization to contractually bind your firm with regard to prices and related contractual obligations.

2. Proposals, at a minimum, must include:
   a. Detailed pricing for proposed services and whether or not the proposer has the ability to provide weekend and overnight care.
   b. Number of clients that can be served per week.
   c. Number of Proposer’s staff who will be assigned to each service; include the number of projected weekly hours, level of experience of staff, and any training that is provided on an annual basis.
   d. Information regarding Proposer’s ability to determine client eligibility.
   e. Detailed plan of how services will be coordinated and delivered.
   f. Provide information regarding any software used to manage your client database.
   g. Evidence of current insurance.
   h. Proposals must include:
      - Proposer’s Legal Name and Address;
      - Primary Contact’s Name, Title, Address, Phone Number, and Email Address
      - Name and Title of Company Representative who is authorized to sign contract

3. Questions and Clarifications

   After the Proposal issue date, all communications between the County and prospective Proposers regarding this RFP shall be in writing. Any inquiries, requests for interpretation, technical questions, clarification, or additional information shall be directed to Andrew Zeldin by emailing azeldin@nhgov.com. All questions concerning this RFP shall reference the section number and paragraph. Questions and responses affecting the scope of the services will be provided to Proposers by issuance of an Addendum which will be posted to the County’s website at https://www.nhgov.com/business-nhc/bids. The addendum will appear under the advertisement on the County’s website. **All questions shall be received no later than 5:00 P.M., EST, Friday, August 17, 2018.**
4. **Cost of Preparation of Response**

Costs incurred by prospective Proposers in the preparation of the response to this Request for Proposals are the responsibility of the responding Proposer and will not be reimbursed by the County.

5. **Trade Secrets/Confidentiality**

Upon receipt of your Proposal by the County, it is considered a public record as defined under N.C. General Statute 132-1 except for material which qualifies as "trade secret" information. After receipt of your proposal, the County’s Evaluation Team as well as other staff who evaluate Proposals will review your proposal. Also, be aware that members of the general public who submit public records requests may view your proposal.

To properly designate material as trade secret, each Proposer must take the following precautions: (a) any trade secrets submitted by a Proposer should be submitted in a separate, sealed envelope marked “Trade Secret - Confidential and Proprietary Information - Do Not Disclose Except for the Purpose of Evaluating this Bid,” and (b) the same trade secret/confidentiality designation should be stamped on each page of the trade secret materials contained in the envelope.

**Do not attempt to designate your entire Proposer as a trade secret, and do not attempt to designate pricing information as a trade secret.** Doing so may result in your bid being disqualified.

In submitting a Proposal, each Proposer agrees that the County may reveal any trade secret materials contained in such response to all County staff and County officials involved in the selection process, and to any outside consultant or other third parties who assist the County in the selection process. Furthermore, each Proposer agrees to indemnify and hold harmless the County and each of its officers, employees, and agents from all costs, damages, and expenses incurred in connection with refusing to disclose any material, which the Proposer has designated as a trade secret.

6. **Deadline for Receipt of Proposal**

Proposals are due **Friday, August 24, 2018 by 5:00 PM**. Late proposals will not be accepted.

7. **Right to Reject Proposals**

New Hanover County reserves the right to accept or reject all proposals and to make the Award which will be in the best interest of the County.

8. **Compliance with Laws and Regulations**

Proposer must comply with all applicable State and Federal Laws. In the event any Governmental restrictions may be imposed which would necessitate alteration of the
material, quality, workmanship or performance of the items offered on this proposal prior
to their delivery, it shall be the responsibility of the successful Proposer to notify New
Hanover County at once, indicating in their letter the specific regulation which required
such alterations. The County reserves the right to accept any such alterations, including
any price adjustments occasioned thereby, or to cancel the contract.

To ensure compliance with the E-Verify requirements of the General Statutes of North
Carolina, all contractors, including any subcontractors employed by the contractor(s), by
submitting a bid, proposal or any other response, or by providing any material,
equipment, supplies, services, etc., attest and affirm that they are aware and in full
compliance with Article 2 of Chapter 64, (NCGS64-26(a)) relating to the E-Verify
requirements.

9. Federal Uniform Guidance

If the source of funds for this contract is federal funds, the following federal provisions
apply pursuant to 2 C.F.R. § 200.326 and 2 C.F.R. Part 200, Appendix II (as applicable):

Equal Employment Opportunity (41 C.F.R. Part 60); Davis-Bacon Act (40 U.S.C. 3141-
3148); Copeland “Anti-Kickback” Act (40 U.S.C. 3145); Contract Work Hours and
Safety Standards Act (40 U.S.C. 3701-3708); Clean Air Act (42 U.S.C. 7401-7671q.)
and the Federal Water Pollution Control Act (33 U.S.C. 1251-1387); Debarment and
Suspension (Executive Orders 12549 and 12689); Byrd Anti-Lobbying Amendment (31
U.S.C. 1352); Procurement of Recovered Materials (2 C.F.R. § 200.322); and Record
Retention Requirements (2CFR § 200.324).

10. By submission of a response, the Proposer agrees that at the time of submittal, it: (1) has
no interest (including financial benefit, commission, finder’s fee, or any other
remuneration) and shall not acquire any interest, either direct or indirect, that would
conflict in any manner or degree with the performance of Proposer’s services, or (2) will
not benefit from an award resulting in a “Conflict of Interest.” A “Conflict of Interest”
shall include holding or retaining membership, or employment, on a board, elected office,
department, division or bureau, or committee sanctioned by and/or governed by New
Hanover County. Proposers shall identify any interests, and the individuals involved, on
separate paper with the response and shall understand that the County, in consultation
with legal counsel, may reject their proposal.

11. The Proposer hereby certifies that it has carefully examined this Request for Proposal and
the Proposer certifies that it understands the scope of the work to be done and that the
Proposer has knowledge and expertise to provide the scope of the work. By signature on
the response to the RFP, the Proposer certifies that its proposal is made without prior
understanding, agreement, or connection with any corporation, firm or person submitting
a proposal for the same materials, supplies, or equipment, and is in all respects fair and
without collusion or fraud, so that all proposals for the purchase will result from free,
open and competitive proposing among all vendors. Further, the Proposer certifies that it
understands that collusive bidding/proposing is a violation of Federal law and can result
in fines, prison sentences, and civil damage awards.
12. New Hanover County reserves the right to award a contract, based on initial offers received from Proposers, without discussion and without conducting further negotiations. Under such circumstance, the acceptance of a proposal by the County shall be deemed to be an acceptance of an offer and that such acceptance will be binding upon both parties. The County may also, at its sole discretion, have discussions with those Proposers that it deems to fall within a competitive range. The County may enter into negotiations separately with such Proposers. Negotiations with a Proposer may continue with a Proposer that the County has tentatively selected to award a contract to. The County shall not be deemed to have finally selected a Proposer until a contract has been successfully negotiated and signed by both parties.
ATTACHMENT A

STATE OF NORTH CAROLINA
COUNTY OF ___________________________

AFFIDAVIT OF COMPLIANCE WITH N.C. E-VERIFY STATUTES
(To be submitted with all bids)

I, _____________________________ (hereinafter the “Affiant”), duly authorized by and on behalf of _____________________________ (hereinafter the “Employer”) after being first duly sworn deposes and says as follows:

1. I am the ______________________ (President, Manager, CEO, etc.) of the Employer and possess the full authority to speak for and on behalf of the Employer identified above.

2. Employer understands that “E-Verify” means the federal E-Verify program operated by the United States Dept. of Homeland Security and other federal agencies, or any successor or equivalent program used to verify the work authorization of newly hired employees pursuant to federal law.

3. □ Employer employs 25 or more employees, and is in compliance with the provisions of N.C. General Statute §64-26. Employer has verified the work authorization of its employees through E-Verify and shall retain the records of verification for a period of at least one year.

□ Employer employs fewer than 25 Employees and is therefore not subject to the provisions of N.C. General Statute §64-26.

4. All subcontractors engaged by or to be engaged by Employer have or will have likewise complied with the provisions of N.C. General Statute §64-26.

5. Employer shall keep the State of North Carolina informed of any change in its status pursuant to Article 2 of Chapter 64 of the North Carolina Statutes.

This _____day of ________________, 20____.

____________________________________
Signature of Affiant

____________________________________
Printed Name and Title

State of _____________________________

County of ___________________________

Subscribed and sworn to before me this ___ day of ________________, 20____.

_______________________________
Notary Public

(SEAL)

My Appointment Expires ____________