

REQUEST FOR PROPOSALS:
MEDICATION ASSISTANCE CONSULTANT

**Real Choices Grant: Integrating Long-Term Supports With
Affordable and Accessible Housing or
“Supportive Housing Grant”**

Issued: May 18, 2006

Vermont Agency of Human Services
Department of Disabilities, Aging & Independent Living
Division of Disability and Aging Services
Real Choices Supportive Housing Grant
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**Deadline for submission of proposals:
June 23, 2006, 3:30 p.m.**

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I. Significant Dates

May 18, 2006 – Thursday	RFP documents issued.
June 2, 2006 - Friday	Consultant conference / conference call. 2:00 – 3:30 p.m. in Conference Room 1C, State Office Complex, Waterbury, VT or by Conference Call: 877-278-8686 pin # 980619
June 23, 2006 - Friday	3:30 p.m. deadline for submission of proposals
June 23, 2006 – Friday	4:00 p.m. public bid opening – Weeks Building, Conference Room 1C, State Office Complex
July 11, 2006 – Tuesday	Target date to select a contractor and start to Develop and finalize a contract
August 14, 2006 – Monday	Target date for start of contract work
August 14, 2007	Target date for completion of contract work

II. Purpose of Request for Proposals

The State of Vermont through the Agency of Human Services' Department of Disabilities, Aging and Independent Living (DAIL) is seeking proposals from individuals or organizations interested in becoming the Medication Assistance Consultant (the Consultant) under a contract to:

Research, analyze, recommend, help establish, and evaluate medication assistance best practices to be implemented within unlicensed congregate housing to support aging in place and consumer satisfaction for residents of those settings.

The contract term will be for twelve months with up to two one-year renewals. The Contractor will be required to enter into a standard State contract, including customary contract provisions (Attachment D). The total amount of funding available annually for consulting services, including administrative support, is up to \$60,000.00. This amount does not include additional funding that will be distributed by the State for costs associated with the implementation and evaluation of medication best practices as part of the Supportive Housing Grant and detailed in Attachments A, B, and C.

III. Background – “Supportive Housing Grant”

In October 2004, the Department of Disabilities, Aging & Independent Living was awarded a 3-year federal “Supportive Housing Grant in the amount of \$945,000 from the Centers for Medicare & Medicaid Services (CMS). Major goal of the Supportive Housing Grant is to remove barriers that prevent Medicaid-eligible individuals with disabilities of all ages from residing in the community or in the housing arrangement of their choice. In order to ensure that consumers have the opportunities to remain in the housing settings of their choice, Vermont needs to build the housing and supportive services capacity in the community.

A major barrier to community living for these individuals is limited access to affordable, accessible, and quality housing that incorporates long-term supports. For these individuals, lack of access to either supports or affordable and accessible housing precipitates an at-risk living situation. That at-risk situation may result in unnecessary admissions to institutions, decline in physical and/or mental health, and an overall decrease in an individual’s quality of life. The Supportive Housing Grant will assist Vermont in creating the infrastructure to increase the access to and the capacity of affordable and accessible housing, and to coordinate supports funded through State Plan services, waiver services, or other service agencies.

The key objectives and milestones of the Vermont Supportive Housing Grant are detailed in the Project Narrative (Attachment B).

The Supportive Housing Grant focuses on three goal areas:

- 1) preserving, developing and enhancing supportive housing projects (improving access to housing);
- 2) establishing medication assistance best practices to support critical early aging in place in unlicensed congregate housing; (which will be the focus of the work for the contractor under this RFP) and,
- 3) planning for two Program of All-Inclusive Care for the Elderly (PACE) sites that will coordinate services with supportive housing to meet later, high care needs.

Many elders cannot successfully age in the setting they prefer because they cannot access an appropriate affordable housing setting that coordinates with long-term supports or they lack key services in their current housing, including assistance with medications. Elders in some parts of the state may have a small congregate housing site nearby with units available, but may find it lacks critical early services such as help with medications or other care and services they may need. At the same time, they do not need the level of care a residential care home (RCH) or an assisted living residence (ALR) provides. Some individuals fear that any housing move might inevitably lead to their loss of control over decisions regarding their housing and/or care, especially if they cannot reside in their preferred living environment.

In relation to medication assistance, consumers are stuck at two ends of the services spectrum in supportive housing. On the low end of the care spectrum, elders in all forms of housing struggle to access help with medication assistance needs. While the Housing and Supportive Services (HASS) program provides temporary gap filling services, most projects have limited staff on site and medication assistance is a challenge. While Vermont is a state that permits registered nurses to delegate medication administration, there are inherent risks when unlicensed personnel perform this task and many do not want the responsibility.

At the higher end of the care spectrum Vermont regulations require that if an organization provides housing and personal care to more than 2 adults unrelated to a sponsor, it must be licensed as a residential care home (RCH) or an assisted living residence (ALR). With licensure comes training and protocols, however there are high price tags too – higher sprinkler standards and liability insurance costs can create an immediate price tag of more than \$75,000. Further, consumers in congregate housing want aging in place supports that are delivered within the residential setting of their choice.

The result is that local teams of resident managers, service coordinators, case managers and family struggle to meet medication assistance and reminder needs for residents who need this support but are otherwise healthy. Congregate and shared housing sites that do not participate in the Housing and Supportive Services (HASS) program are also observed to be in quiet crisis over this issue. In site visits, conference calls with stakeholder representatives, and discussions with sponsors, it has become evident these situations are avoided by some knowledgeable professionals because alternatives are not clear. Housing staff may be unaware of potential resources. They may believe they must help or an otherwise healthy resident will have to move out.

Some reports suggest that there is a related knowledge gap regarding early and mild dementias and that these needs go unaddressed as well. Some home health agency staff instruct housing staff to make reminders, unaware they are violating state regulations. Prescribing physicians may unwittingly contribute to the problem too. They appear confused by the distinctions between housing types: congregate housing, shared housing, HASS, residential care and assisted living. They may assume that unlicensed forms of housing have the capacity to administer medication and prescribe accordingly.

An important two-part component of the work to be performed under the Supportive Housing Grant is 1) the identification of issues and concerns related to medication delegation in unlicensed settings and 2) the identification of possible practices and/or resources to address the identified issues and concerns. This important two-part component will serve as a means to reduce barriers that currently prevent elders from residing in the community or housing arrangement of their choice due to their inability to independently manage medications.

The four objectives of the Medication Assistance Goal in the Supportive Housing Grant address the need for “*consumers to have access to quality medication assistance supports integrated with affordable and accessible housing.*” The four objectives are:

1. Suggested medication assistance practices are established for unlicensed supportive housing;
2. Consumers are satisfied with medication assistance and supports;
3. Housing, service and care providers have the information and skills they need to implement suggested medication assistance practices; and
4. Enduring knowledge and resources of the Medication Assistance Goal transfer to programs and partnerships that will sustain the work after the life of the Supportive Housing Grant.

The work under the Supportive Housing Grant is guided by three principles that were identified during the development of the grant proposal:

- 1) Establish a quality practice that meets consumer health care needs;
- 2) Meet resident needs in a way that preserves the housing and wellness culture of these settings; and
- 3) Demonstrate respect for existing informal supports that are helping consumers age in place today in the absence of suggested practices that coordinate appropriate medication assistance with affordable housing.

IV. Specifications of Work to be Performed

The work to be performed by the Medication Assistance Consultant will be governed by a contract with the Vermont Department of Disabilities, Aging and Independent Living. The selected contractor will have the overarching responsibilities to research, analyze, recommend, help establish, and evaluate medication assistance best practices to be implemented within unlicensed congregate housing to support aging in place and consumer satisfaction for residents of those settings.

All work tasks performed under this contract will be evaluated against the four objectives of the Medication Assistance Goal, and the three principles of the Supportive Housing Grant, listed above in Section III. Background – Supportive Housing Grant.

Core Responsibilities and Activities: The core responsibilities and activities of the Medication Assistance Consultant throughout the term of the contract are:

1. Under the direction of a Consultant Coordination Committee of the Medication Assistance Workgroup chaired by the DAIL Supportive Housing Project Director, conduct a study to confirm barriers and identify resources, potential strategies, and best and promising practices to address the problem of medication assistance in unlicensed supportive housing.

2. In consultation with the Consultant Coordination Committee, plan and develop trainings and educational materials for the piloting of recommended best practices.
3. In consultation with the Consultant Coordination Committee, develop an evaluation methodology for the piloting of medication assistance best practices in unlicensed supportive housing.
4. In consultation with the Consultant Coordination Committee, conduct workshops and trainings with identified unlicensed congregate housing pilot sites.
5. In consultation with the Consultant Coordination Committee and through coordination with the Project Director, provide technical assistance to the pilot sites on the implementation of suggested and best practices.
6. Assist in the evaluation of the pilot implementation by interviewing a sample of pilot site participants including unlicensed supportive housing providers, and residents of such housing by conducting a paper survey, sample interviews and record reviews.
7. Prepare an analysis of the compiled data from the interviews to be presented for consideration and public comment and make recommendations to the Consultant Coordination Committee regarding how the implementation of best practices may be refined for further implementation.
8. Review and incorporate comments from the pilot report prepared in consultation with the Consultant Coordination Committee and assist the Project Director in the development of a plan for long-term sustainability, including research, recommendations and/or preparation of RFPs, grants and/or contracts that support same.
9. Review final report, identify system barriers that may preclude full implementation of suggested best practices, and offer recommendations for addressing the barriers.
10. Assist Project Director in the transfer of suggested best practices to the HASS program (Housing and Supportive Services).
11. Agree to fully participate with the Centers for Medicaid & Medicare Services (CMS) technical assistance subcontractor for this grant, CHANCE, including participation in technical assistance calls as necessary and as requested by the Project Director.
12. Provide written reports at the request of the Project Director for the completion of any program reports required by the Centers for Medicaid & Medicare Services (CMS).

V. Requirements for Proposal Submission

The contractor must submit one (1) original, signed paper copy, four (4) additional paper copies and one (1) electronic copy of the proposal to the attention of the department contact person listed below. Faxed and e-mail submissions (with the exception of the one electronic copy) are **not** acceptable. All proposals must contain the name and contact information for one person within the contractor's organization in case there is a need for clarifying information and for notification. All proposals must be received **by 3:30 p.m. on Friday June 23, 2006**. There will be no exceptions to the submission deadline.

A public opening of the proposals will take place at 4:00 p.m. on Friday, June 23, 2006. See Significant Dates, Section I for more information. Interested parties may send a written or email request to the attention of the department contact person listed below to obtain a list of all proposals received, those that are accepted (including the budget total proposed) and those rejected by DAIL.

The Department of Disabilities, Aging & Independent Living reserves the right to accept or reject any or all proposals. If a proposal is selected, the individual or organization contractor will be invited to develop and finalize a contract with DAIL. All costs incurred by the contractor during the preparation of proposals and for other procurement related activities shall be the sole responsibility of the contractor. The State of Vermont shall not reimburse the contractor for any such costs.

All proposals must be submitted to:

Richard Moffi, Director, Supportive Housing Project
Community Development Unit, Division of Disability & Aging Services
Department of Disabilities, Aging & Independent Living
103 South Main Street, Weeks Building
Waterbury, Vermont 05671-1601

Questions or requests for further information should be directed to Richard Moffi at:

Voice: (802) 241-4612

TTY: (802) 241-3557

Fax: (802) 241-4224

Email: richard.moffi@dail.state.vt.us

VI. Proposal Format and Content

Proposals must be typed using at least **12-point font, double-spaced** and **may not exceed twenty (20) typed pages**. Proposals must include the following:

A. Capacity

Describe your individual and/or organization's structure and capacity to carry out the requirements of the Medication Assistance Consultant for the Supportive Housing Grant. Please include the following information:

1. Brief description of the contractor, including the history, organizational structure and resume(s) of key personnel;
2. Description of the contractor's experience managing complex and multifaceted projects;
3. Description of the contractor's experience in the design, development, implementation and evaluation of scientific studies;
4. Description of contractor's knowledge of and/or direct experience in qualitative and quantitative data methods;
5. Description of the contractor's experience in the areas of clinical care and medication assistance, particularly as it relates to the Vermont Nurse Practice Act, Title 26, Chapter 28, and delegation of medications to unlicensed personnel;
6. Description of contractor's knowledge of and/or direct experience in working with older adults and people with disabilities, particularly within a study environment;
7. Description of the contractor's knowledge of State licensure of residential care homes, assisted living residences and other residential alternatives;
8. Description of contractor's knowledge of and/or direct experience with housing and supportive services, whether licensed or unlicensed;
9. Description of the contractor's knowledge of and/or direct experience with Vermont's long-term care system as well as other states' systems; and knowledge of issues pertaining to older adults and people with disabilities; and
10. Qualifications of contractor's individual and or key staff, particularly related to public health clinical care.
11. Brief statement of the contractor's ability to comply with the Customary State Grant Provisions (Attachment D)

B. Approach

Describe the approach that will be taken to complete the required work specifications in Section IV and accomplish goals and objectives of the Supportive Housing Grant Medication Assistance Goal. Please do not recite the project Work Plan in Attachment C. Please describe specifically how you will go about implementing the project, particularly related to the design and implementation of the study.

C. Budget and Timeline

Include a detailed budget and a proposed monthly time-line for Year One of the contract, including personnel, consultants, supplies, travel, space, etc. Budgeted costs must be reasonable in relation to the specifications and proposed time-line of work to be performed, including the costs allocated for key personnel and the time commitment that will be made by key personnel.

D. Letters of Reference

Include three (3) professional letters of references. Reference letters should discuss the contractor's capacity to competently perform the role of Medication Assistance Consultant, including the twelve (12) core responsibilities and activities listed in the Specifications of Work to be Performed, Section IV. above. Letters of reference are counted in the maximum number of pages (20).

VII. Proposal Evaluation and Selection Criteria

Proposals will be evaluated by a Review Committee on the basis of points assigned to each criterion as described in the Proposal Format and Content, Section VI above:

	Criteria	Points
A.	Capacity	30
B.	Approach	25
C.	Budget and Timeline	25
D.	Letters of Reference	20
	Total Points	100

The Department of Disabilities, Aging & Independent Living reserves the right to accept or reject any or all proposals.