

# **REQUEST FOR PROPOSAL (RFP)**

**To conduct the  
Home Health Consumer Assessment of  
Healthcare Providers and Systems Survey**

**For the  
Statewide Home Care Program  
Alabama Department of Public Health**

**Issued by:**

**ALABAMA DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF HOME AND COMMUNITY SERVICES  
RSA Tower, Suite 1200  
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Montgomery, AL 36104**

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## 1. INTRODUCTION

### 1.1 PURPOSE OF REQUEST FOR PROPOSAL (RFP)

It is the intent of the Alabama Department of Public Health, Bureau of Home and Community Services (the Department) to enter into a contract with a professional Patient Satisfaction Survey Vendor. The Vendor will conduct the Home Health Consumer Assessment of Health Providers and Systems Survey (referred to as Home Health Care CAHPS Survey and herein as HHCAHPS Survey) among current and discharged patients of the Department's statewide Home Care Program, as required by Centers for Medicare and Medicaid Services (CMS) under the Medicare Program Home Health Prospective Payment System (HHPPS) reimbursement rates requirement.

State of Alabama Act No. 2001-956 requires that proposals must be solicited from Vendors for contracts, unless they are specifically exempt from the Act. Patient Satisfaction Survey Vendor Contracts are not exempted; therefore, the Department is seeking competitive, sealed proposals, which shall be evaluated in accordance with the evaluation and award criteria stated in this Request for Proposal (RFP).

### 1.2 Background

As part of its Transparency Initiative, the U.S. Department of Health and Human Services (DHHS) implemented a process to measure and publicly report patient experiences with home health care using a survey developed by the Agency for Healthcare Research and Quality (AHRQ). The HHCAHPS Survey is required for all Medicare-certified home health care agencies with sixty (60) or more patients per year.

The HHCAHPS Survey was designed to meet the following goals:

- Produce comparable data on patients' satisfaction with the home health experience, so that consumers can make informed decisions about the providers or potential providers, of their home health care needs.
- Publicly report survey results to create incentives for home health agencies to improve their quality of care.
- Utilize the publication of quality of care results to hold home health agencies accountable to consumers.

The HHCAHPS Survey includes thirty-four (34) questions to publicly report composite measures and global ratings of the home health agency.

The composite measures are based on questions relating to:

- Patient Care.
- Communication between home health agency and patients.
- Specific care issues, such as pain, or medications.

The global ratings are based on the patient's:

- Assessment of the care given and the home health agency's providers of care.
- Willingness of patient to recommend the home health agency to family and friends.

(Background information from the Federal Register/Vol.74, No. 216/Tuesday, November 10, 2009/Rules and Regulations, pages 58099–58104, available at: <http://edocket.access.gpo.gov/2009/pdf/E9-26503.pdf>.)

### **1.3 RFP Publication/Vendor Notification**

The RFP to conduct Home Health Consumer Assessment of Healthcare Providers and Systems Survey services will be publicized by sending the RFP via U. S. Postal Service, or electronic mail, to a list of potential Vendors pre-approved by the U.S. Department of Health and Human Services (DHHS), Centers for Medicare and Medicaid Services (CMS). The pre-approved Vendors are the only Vendors who can conduct the survey, according to CMS rules. The list of potential Vendors pre-approved by CMS was obtained from <https://www.homehealthcahps.org/>.

## **2. VENDOR MINIMUM QUALIFICATIONS**

To qualify and have a proposal evaluated, a prospective Vendor must meet the minimum qualifications outlined in this section.

### **2.1 Business Stability**

The Vendor must be ongoing, and must have been providing Patient Satisfaction Survey services on an ongoing basis for more than five (5) years.

### **2.2 Home Health Agency Experience**

The Vendor must provide proof of experience preparing Patient Satisfaction Survey services for more than five (5) years for governmental and/or private, multi-site home health agencies, which provide a minimum of 250,000 home health visits to Medicare and Medicaid beneficiaries each year.

### **2.3 Contractor Status**

The Vendor must perform 100% of the work.

### **2.4 Alabama License or Foreign Corporation – Certificate of Authority**

The Vendor must be an Alabama-licensed company, or willing to obtain a Foreign Corporation – Certificate of Authority, to conduct business in the State of Alabama. Alabama law provides that a foreign corporation (an out-of-state company/firm) may not transact business in the State of Alabama until it obtains a Certificate of Authority from

the Secretary of State, Section 10-2B-15.0, Code of Alabama 1975. To obtain forms for a Certificate of Authority, contact the Secretary of State, Corporations Division, (334) 242-5324. The Certificate of Authority does not keep the Vendor from submitting a response to this RFP.

## **2.5 Indemnification and Insurance**

The Vendor shall hold harmless, indemnify and defend the indemnitees (as hereinafter defined) against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature including, but not limited to, attorney's fees and court costs arising out of bodily injury to persons, including death, or damage to tangible property arising out of or incidental to the performance of this contract (including goods and services provided thereto) by or on behalf of the Vendor, whether or not due to or caused in part by negligence. The following shall be deemed to be indemnitees: The State of Alabama and its members, officers, and employees.

## **3. RFP REQUIREMENTS**

### **3.1 Presentations or Demonstrations**

If requested, the Vendor agrees to present or demonstrate the performance of its product and services at the Department's physical location, via webcast, or other appropriate Vendor-provided media, prior to awarding the contract.

### **3.2 Vendor Questions about RFP**

Every effort has been made to insure that all information needed by the Vendor is included herein. If a Vendor finds that it cannot complete a proposal without additional information, there are two opportunities for the Vendor to obtain additional information:

#### **a. Written Questions**

The Vendor may submit written questions either by letter, e-mail or fax to the RFP Contact listed in Appendix A. **No questions will be accepted by the Department after the deadline date stated in Appendix A.** All replies to questions will be in writing. When a question received by the Department is found to be already answered sufficiently in the RFP, that question will be returned to the Vendor with a reference to the part of the RFP containing the answer. It is also the Vendor's responsibility to verify receipt of questions by the Department and receipt of answers returned by the Department.

#### **b. Pre-Proposal Conference**

The Vendors who have questions about this RFP are strongly encouraged to physically attend a pre-proposal conference. This conference will provide the Vendors an opportunity to discuss and obtain clarification regarding the RFP

content and requirements. All travel and related expenses for this meeting will be the responsibility of the Vendor and not the Department.

The pre-proposal conference will be conducted at the specified location in Montgomery, Alabama and via telephone conference call on the date stated in Appendix A. The Vendors should register all of their company's participants in the pre-proposal conference with the Department no later than three (3) work days prior to the date of the meeting by notifying the RFP Contact.

**c. Questions - Answers Distribution List: Vendor Notification of Intent to Submit Proposal**

All questions and written replies will be distributed to all the Vendors who have indicated intent to respond to the RFP, or who have responded to the RFP, and will be considered to be supplemental information to the RFP. It is the Vendors' responsibility to notify the Department of their intent to submit a proposal if they wish to be included on the distribution list for questions, answers generated from the written questions, and pre-proposal conference. The Vendors must notify the Department of their intent to submit a proposal no later than the deadline date stated in Appendix A.

**3.3 Amendments**

If it becomes necessary to revise any part of the RFP, the Department will provide all amendments and interpretations in writing to the Vendors who submitted a Notification of Intent to Submit a Proposal.

**3.4 Requested Information**

Any additional information requested from the Vendor must be furnished to the Department within five (5) working days from the date of the Department's request.

**4. SCOPE OF WORK**

**4.1 Technical Specifications**

- a. The Vendor must be identified by CMS as possessing all of the requirements to be designated as an approved HHCAHPS Survey Vendor.
- b. The Vendor must provide, properly operate and maintain the intellectual property necessary and the readiness to conduct HHCAHPS Survey and related activities.
- c. The Vendor must provide ongoing services effectively and efficiently for the duration of the CMS rule, while under contract with the Department.

## 4.2 HHCAHPS Protocols and Guidelines Manual Requirements

The Department shall provide the Vendor with CMS-required patient contact information in the appropriate format and within the time frame stipulated by CMS, which is every thirty (30) days. The Home Health CAHPS Survey Questionnaire will be administered to patients of the Department each month, unless otherwise approved by CMS, following in total CMS' most current *Home Health Care Survey CAHPS Protocols and Guidelines Manual*, which is available at <https://www.homehealthcahps.org/>. This includes, but is not limited to:

### a. Survey Participation Requirements

The Vendor must continue to meet CMS' Home Health CAHPS Survey Participation Requirements and perform its roles and responsibilities for the duration of the contract with the Department. The Vendor's failure to maintain survey participation requirements and perform its roles and responsibilities may result in, at a minimum, termination of the contract.

### b. Survey Sampling Procedures

The *Home Health Care Survey CAHPS Protocols and Guidelines Manual* is followed to:

- Step 1: Obtain a Patient File(s) from the Department.
- Step 2: Examine the File for Completeness.
- Step 3: Identify Eligible Patients and Construct a Sampling Frame, including auditing for patients who are excluded, and patients who are "non-eligible."

Ensure the inclusion of patients who are eligible for the HHCAHPS Survey, which includes:

- Patients must be at least eighteen (18) years of age.
- Patients must be alive.
- Patients that have received at least two visits in the last sixty (60) days and had at least one skilled care visit during the sample month.
- Patients whose payer is Medicare or Medicaid.
- Patients can not be receiving ONLY hospice care or ONLY routine maternity care.

- Step 4: Determine a Sample Size and Select a Sample for the Department Utilizing Various Sampling Methods as Appropriate.
- Step 5: Verify or Update Sample Contact Information.
- Step 6: Assign Unique Sample Identification.
- Step 7: Finalize the Monthly Sample File and Initiate Data Collection Activities.

**c. Mail-Only Administration Procedures**

If surveys are conducted by mail only, the *Home Health Care Survey CAHPS Protocols and Guidelines Manual* is followed regarding the:

- (1) Data Collection Schedule and Protocol.
- (2) Production of Questionnaires, Letters and Envelopes, including:
  - Following the Survey Questionnaire Content and Format Requirements.
  - Adding and Translating Supplemental Questions to the Survey Questionnaire, including:
    - Department-Developed Supplemental Questions.
    - Agency for Healthcare Research and Quality (AHRQ)-Developed Supplemental Questions.
  - Mailing Survey Cover Letters (First and Second Questionnaire Mailings).
  - Following Requirements for Cover Letters.
  - Sending the Office of Management and Budget (OMB) Disclosure Notice.
  - Mailing Survey Mailing Envelopes.
  - Following Mailing Survey Mailing Envelopes Requirements.
- (3) Survey Mailing Requirements.
- (4) Data Receipt and Data Entry Requirements.
- (5) Staff Training.
- (6) Quality Control Guidelines.

**d. Telephone-Only Administration Procedures**

If surveys are conducted by telephone only, the *Home Health Care Survey CAHPS Protocols and Guidelines Manual* is followed regarding the:



- (1) Data Collection Schedule, Prescribed Order of Activities, and Timing.
- (2) Telephone Interview Development Process, including:
  - Utilizing an Electronic Telephone Interviewing System.
  - Utilizing the Standard Interview Script.
  - Adding and Translating Supplemental Questions to the Survey Questionnaire, including:
    - Department-Developed Supplemental Questions.
    - AHRQ-Developed Supplemental Questions.
- (3) Telephone Interviewing Requirements, including:
  - Following Telephone Contact Attempts Requirements.
  - Contacting Difficult to Reach Sample Members.
- (4) Telephone Interviewer Training.
- (5) Telephone Data Processing Procedures.
- (6) Telephone Survey Quality Control Guidelines.

**e. Mail with Telephone Follow-Up (Mixed-Mode) Survey Administration Procedures**

If surveys are conducted by mail with telephone follow-up, the *Home Health Care CAHPS Protocols and Guidelines Manual* is followed regarding the:

- (1) Data Collection Schedule of Activities and Tasks for Mail with Telephone Follow-Up.
- (2) Production of Questionnaires, Letters and Envelopes, including:
  - Following the Survey Questionnaire Content and Format Requirements.
  - Adding and Translating Supplemental Questions to the Survey Questionnaire, including:
    - Department-Developed Supplemental Questions.
    - AHRQ-Developed Supplemental Questions.
  - Mailing Survey Cover Letters (First and Second Questionnaire Mailings).
  - Following Requirements for Cover Letters.
  - Sending the OMB Disclosure Notice.
  - Mailing Survey Mailing Envelopes.
  - Following Mailing Survey Mailing Envelopes Requirements.

- (3) Survey Mailing Requirements.
- (4) Data Receipt and Data Entry Requirements.
- (5) Staff Training.
- (6) Telephone Interviewing Requirements, including:
  - Following Telephone Contact Attempts Requirements.
  - Contacting Difficult to Reach Sample Members.
- (7) Telephone Interviewer Training.
- (8) Telephone Data Processing Procedures.
- (9) Quality Control Guidelines, including following:
  - Mail Protocol.
  - Telephone Protocol.

**f. Confidentiality and Data Security**

The *Home Health Care Survey CAHPS Protocols and Guidelines Manual* is followed regarding:

- (1) Safeguarding Patient Data, including:
  - Keeping Confidential Data Secure.
  - Limiting Access to Confidential Data to Authorized Staff.
  - Developing Procedures to Identify and Handle Breaches of Confidential Data.
  - Providing Only De-Identified Data Files to the Home Health CAHPS Survey Data Center.
- (2) Confidentiality Agreements.
- (3) Physical and Electronic Data Security.

**g. Data Processing and Coding**

The *Home Health Care Survey CAHPS Protocols and Guidelines Manual* is followed regarding:

- (1) Unique Numeric or Alphanumeric Sample Identification Numbers.
- (2) Data Processing Decision Rules and Coding Guideline, including:

- Handling Ambiguous or Missing Responses in Completed Mail Survey Questionnaires.
  - Handling Inconsistent Responses.
- (3) Survey Disposition Codes.
  - (4) Definition of a Completed Survey.
  - (5) Computing the Response Rate.

#### **h. File Preparation and Data Submission**

The Vendor “will construct and submit a data file containing a data record for every patient sampled in each monthly Home Health CAHPS Survey sample for the Department. Data for all three (3) monthly samples in a calendar quarter must be submitted by a specific data submission deadline for each quarter. Data will be submitted to the Home Health CAHPS Survey Data Center through a portal on the Home Health CAHPS Survey website” (Manual, p.83.)

The *Home Health Care Survey CAHPS Protocols and Guidelines Manual* is followed regarding:

- (1) The Home Health Care CAHPS Survey Web Portal, including:
  - Maintaining Survey Vendor access to the Home Health Care CAHPS Data Center for the duration of the contract with the Department.
  - Verifying with the Department’s Home Health Care CAHPS Survey Administrator that the Department has access to the Home Health Care CAHPS Survey Data Center.
- (2) Survey Vendor Authorization, including:
  - Verifying that the Department has authorized the Vendor to submit data on the Department’s behalf to the Home Health Care CAHPS Survey Data Center.
- (3) File Specifications, including:
  - Submitting data using the XML file format only as specified.
- (4) Data Submission Procedures, including:
  - Submitting the Department’s data correctly and appropriately as specified in the *Home Health Care Survey CAHPS Protocols and Guidelines Manual* and utilizing the *Home Health Care CAHPS Survey Data Submission Manual* as necessary to ensure the correct and appropriate submission of data.

(5) Quarterly Data Submission Deadlines, including:

- Meeting CMS' Quarterly Data Submission Deadlines. The Vendor may submit the Department's data files as each monthly survey samples are completed. *However, the data file for all months in a specific quarter for the Department must be submitted before the submission deadline for that quarter (Manual, p.95).*

**i. Survey Website Reports**

The *Home Health Care Survey CAHPS Protocols and Guidelines Manual* is followed during data submission to ensure the creation, acceptance, availability and review of:

- (1) Reports for the Survey Vendor.
- (2) Reports for the Department.

**j. Exceptions Request Process and Discrepancy Notification Report**

The Vendor shall obtain written approval from the Department prior to seeking approval from Home Health CAHPS Survey Coordination Team for *any planned deviation* from the standard HHCAHPS Survey protocols which affects the Department. The Vendor shall provide written notification to the Department in the Vendor's RFP response and prior to contract award regarding exceptions already requested or granted to the Vendor other than those specified for all the Vendors in the August 2009 Manual (p.109.)

The Vendor shall provide written notification to the Department when a discrepancy, an *unplanned deviation* from the HHCAHPS Survey protocols has occurred that may require a footnote to the Department's public report. Such notification must be made prior to the release of the public report and timely enough for the Department to address corrective action with the Vendor.

**4.3 Additional Department Requirements**

- a. The Vendor must provide assistance in adding, translating, and analyzing AHRQ-Developed Supplemental Questions and Department-Developed Supplemental Questions.
- b. The Vendor must provide the Department with unlimited access to all HHCAHPS data in real time. The Vendor must also develop and provide unlimited access to electronic reports in real time to assist the Department in the review and analysis of the data.

- c. The rate of completed surveys by either mail, telephone or a mix-mode of mail with telephone follow-up must meet, or exceed, the most current acceptable rate of completed surveys established by CMS or industry standards.
- d. The Vendor agrees to provide the Department with quarterly reports of survey results by each Medicare Provider Number assigned by CMS to the Department's Home Health Subunits.
- e. The Vendor agrees to purchase at his or her own expense whatever software or equipment is necessary to ensure compatibility with the Department's proprietary database.
- f. The Vendor agrees to perform services in accordance with all current federal, state, and local laws, rules, regulations, and deadlines regarding the HHCAHPS survey and related activities, and standards of performance governing the profession or occupation of the Vendor; and in accordance with any changes that may occur in any of the previously referenced laws, rules, regulations, standards of performance, and deadlines that may occur in the future. It shall be the Vendor's responsibility to identify any changes in requirements, and to notify the Department of such changes in a timely manner.
- g.** Other related services within the scope of the Vendor's profession and experience, but beyond the scope of the CMS requirement, shall be provided by the Vendor and within a timeframe as mutually agreed upon by the Department and the Vendor. The Department's State Home Care Director, or designee shall be involved in the development and approval of all phases of the Vendor related services identified and performed as other related services beyond the scope of the CMS requirements.

#### **4.4 Project Management**

The Vendor shall clearly identify the Vendor's Project Manager assigned to the Department, and provide contact information and availability time of the Project Manager. The Vendor shall notify the Department within twenty-four (24) hours of the change in the Project Manager, contact information, or availability.

The Vendor's Project Manager shall work with the Department's Project Manager/Designee to monitor timetables and deliverables, or standards of completion specified in the RFP, and keep the project within the scope of work outlined in the RFP.

#### **4.5 Deliverables Schedule**

- a.** Daily – Provide the Department with unlimited access to real time HHCAHPS survey data and reports.

- b. Every thirty (30) days - Obtain and prepare patient contact information for conducting the survey.
- c. Monthly – Conduct the HHCAHPS Survey.
- d. Quarterly - Meet CMS' Data Submission Deadlines.
- e. Quarterly – Provide the Department with reports of survey results by each Medicare Provider Number assigned by CMS to the Department's Home Health Subunits.

#### **4.6 Support**

The Vendor shall provide the necessary technical support and consultation to the Department to ensure CMS requirements are met as detailed in the *Home Health Care Survey CAHPS Protocols and Guidelines Manual*.

#### **4.7 Customer Service**

The Vendor must have an established customer service program or procedure. An important component of the Vendor's customer service program or procedure will be prompt and courteous treatment of patients, as well as prompt and courteous responses to staff inquiries and requests, which can be validated by references. The Vendor shall provide timely, efficient and effective customer service in processing surveys and when addressing the Department's inquiries and requests. Customer Service shall be available to the Department 8:00 a.m. – 5:00 p.m. Central Time, except on State and Vendor observed holidays and other pre-notification occasions. Web-based access and/or a toll-free telephone number shall be available to the Department for customer service.

#### **4.8 Training**

The Vendor shall provide training assistance to the Department to ensure the CMS requirements are met as detailed in the *Home Health Care Survey CAHPS Protocols and Guidelines Manual* as appropriate.

### **5. PROPOSAL RESPONSE REQUIREMENTS AND FORMAT**

#### **5.1 Preparation of Proposal**

All proposals should be complete and carefully worded, and must convey all the information requested by the Department. If significant errors are found in the Vendor's proposal, or if the proposal fails to conform to the essential requirements of the RFP, the Department, and the Department alone, will be the judge as to whether that variance is significant enough to warrant the rejection of the proposal.

## 5.2 Firm-Price Proposals Only

The Department seeks a firm fixed price for the entire period of the contract. The Vendor must submit a response that provides a firm price. The Department assumes that all costs are included in the proposal and will pay no costs other than those presented in the Vendor's proposal for the requirements specified in the RFP.

## 5.3 Format for Proposals and Content

Proposals must consist of the seven (7) sections described below and each section must be clearly marked. Responses must be complete. Partial responses will be rejected. The requirements stated herein should be considered mandatory.

### a. Title Page

This page shall include the subject of the RFP, the name of the Vendor, the name and title of the contact person, physical address, mailing address (if different), telephone number, fax number, and date.

### b. Proposal Signature and Certification Form

A Proposal Signature and Certification Form is included in this RFP (Appendix C.) An original, manual signature of an Officer or other duly authorized employee of the individual or company making the proposal, must be affixed to the form signifying the official submission of the proposal.

The signature also signifies the Vendor's complete compliance with RFP specifications, except as specifically noted in any of the Vendor's descriptions of deviations from requested specifications. The certification shall be binding, and failure to supply the form will render the proposal invalid.

Each required copy of the proposal must be accompanied by a copy of the form bearing the original, manual signature of an authorized officer. Unsigned Proposal Signature and Certification Forms will constitute an unsigned proposal, including all copies, and will be rejected. The form must be placed behind the Title Page in each copy of the proposal.

### c. Vendor Minimum Qualifications Verification Form

A Vendor Minimum Qualifications Verification Form is included in this RFP (Appendix D.) It must be completed and signed by an officer of the Vendor verifying the Vendor meets the minimum qualifications to respond to this RFP, except as specifically noted in any of the Vendor's descriptions of deviations from requirements. Each copy of the proposal must be accompanied by a copy of the form bearing the original, manual signature of an authorized officer. The form must be placed behind the Proposal Signature and Certification Form in each copy of the proposal.

**d. Table of Contents**

The Table of Contents shall include a clear identification of the material by section and by page number.

**e. Vendor Requirements**

This section shall contain a complete description of the Vendor's experience performing the work specified in this RFP for several different types of health care agencies, as described below, and other health care providers. It also includes other qualifications and credentials as noted below. This section shall contain, at least, the following:

**(1) Experience with Multi-Site Home Health Agencies**

If the Vendor has previous experience in the work specified in this RFP, submit the number of years of experience, a detailed description of the work performed, and a list of the names and mailing addresses of the agencies for whom the work was performed **for the type of home health agency in the following description**. If the Vendor has no experience with a home health agency meeting the following description, the Vendor must state that there has been no such experience.

Description of the Home Health Agency:

Size of Program - Between 200,000 and 300,000 home health visits are performed per year for Medicare and Medicaid beneficiaries.

Number of Admissions – Between 6,000 and 7,000 home health admissions are performed per year for Medicare and Medicaid beneficiaries.

Number of Patients – Between 4,500 and 5,000 unduplicated patients are admitted to the home health agency who are Medicare and Medicaid beneficiaries.

Sites - Visits are made from multiple subunits located in different cities throughout the State.

Patient Information – Patient Information is maintained in an integrated Electronic Data Management System.

**(2) Experience with Governmental Home Health Agencies**

If the Vendor has had previous experience in the work specified in this RFP, submit the number of years of experience, a detailed description of



the work performed, and a list of the names and mailing addresses of the agencies for whom the work was performed **for governmental home health agencies**. If the Vendor has had no experience with governmental home health agencies, the Vendor must state that there has been no such experience. (Do not include any home health agencies which are already included in Item (1). State whether this information has already been provided in Item (1).)

**(3) Experience with any type of Health Care Provider located in the State of Alabama**

If the Vendor has had previous experience in the work specified in this RFP, submit the number of years of experience, a detailed description of the work performed, and a list of the names and mailing addresses of the agencies for whom the work was performed **for any type of health care provider located in the State of Alabama**. If the Vendor has had no experience with any type of health care provider located in the State of Alabama, the Vendor must state that there has been no such experience. (Do not include any home health agencies that are already included in Item (1) or (2). State whether this information has already been provided in Item (1) or (2).)

**(4) Most Critical Aspects of Vendor's Experience**

The Vendor must provide a summary of the most critical aspects of Vendor's experience which, relates to this RFP, and which qualifies the Vendor for performance and successful completion of the work specified in this RFP.

**(5) Vendor Organization**

The Vendor must describe the organizational structure of the company and explain how the organization qualifies to be responsive to the requirements of the RFP. An organizational chart may be attached with the description.

**(6) Vendor Qualifications and Experience**

The Vendor must describe Vendor's and staff's qualifications and experience providing the services, as required in the RFP.

**(7) Resumes**

The Vendor must provide resumes for each staff member responsible for design implementation, project management, or other positions identified in the requirements of the RFP and identified in the Vendor's response to

the RFP. Resumes shall include education, experience, license and certifications of each identified individual.

#### **(8) References**

The Vendor must provide a minimum of three (3) trade references, including name of person who may be contacted, position of person, addresses, and phone number where patient satisfaction survey services similar in scope to the requirement of this RFP have been provided. References must be able to respond to the Department's inquiries regarding work currently or previously performed within the past two (2) years for use in evaluating the Vendor's capabilities.

- At least one reference shall be a home health agency with multiple sites.
- At least one reference shall be a governmental home health agency or another type of governmental health care provider.
- At least one reference shall be a health care provider for which the Vendor services are (currently) provided during the time of the Vendor's response to this RFP.

#### **(9) Vendor Licensing and Location**

The Vendor must list the state(s) in which the Vendor is licensed to conduct business and provide a listing of the locations of the Vendor's offices.

#### **(10) Third Party Relationships**

The Vendor must provide a description of any third party relationships and involvements.

#### **(11) Vendor Expectations**

The Vendor must provide a description of the expectations of the Vendor regarding the obligations, requirements, responsibilities and other deliverables by the Department under this contract.

### **f. Description of Services to be Provided**

- (1) This section must detail how the expected technical specifications and professional performances will be met, and how services will be delivered to meet the required technical specifications and professional performances.**

- (2) The Vendor responses must address each of the requested services and professional performances in Section 4, *Scope of Work* of this RFP, which include:

- 4.0 Scope of Work
- 4.1 Technical Specifications, a. – c.
- 4.2 HHCAHPS Protocols and Guidelines Manual Requirements, a. – j.
- 4.3 Additional Department Requirement, a. – g.
- 4.4 Project Management
- 4.5 Deliverables Schedule, a. – e.
- 4.6 Support
- 4.7 Customer Service
- 4.8 Training

**In addressing the *Technical Specifications* listed above:**

- (a) **The Vendor must describe in detail the services to be delivered to meet the required technical specifications and professional performances in the Scope of Work.**
  - (b) **The Vendor must describe in detail the customer service to be provided.**
- (3) The Vendor must **clearly state and label responses** to each of the requested services and professional performances in the *Technical Specifications* section of this RFP as listed above.
- (4) The Vendor must propose to provide all services described in this RFP or provide a general statement if the service cannot be provided by the Vendor. No other services should be proposed.

**g. Costs**

No costs may be included anywhere else in the proposal. This section shall contain the following parts:

- (1) An identification of the type of billing method used to accomplish the requirements of HHCAHPS surveying described in the *Home Health Care Survey CAHPS Protocols and Guidelines Manual*.
- (2) An itemized list of materials, time and work products costs per month, per quarter and annually for preparing and conducting the HHCAHPS Survey. Include printing and postage, if applicable.

- (3) An itemized list of charges for adding, translating and assisting in the review of supplemental questions developed by AHRQ and developed by the Department.
- (4) An itemized list of no charge services related to support, customer service and training.
- (5) An itemized list and cost of services related to support, customer service and training on a monthly, quarterly, and annual basis.
- (6) The hourly or project billing rate for the performance of other related services within the scope of the Vendor's profession and experiences, but beyond the scope of the CMS requirements.
- (7) An itemized list of no charge travel detailed by air fare, taxi, rental car, parking fees, meals, and lodging costs, if applicable, to demonstrate, implement or troubleshoot the HHCAHPS Survey and related activities.
- (8) The expected cost of other expenses associated with travel detailed by air fare, taxi, rental car, parking fees, meals, and lodging costs, if applicable, for non-CMS required services requested by the Department.
- (9) An itemized list of any other costs not mentioned above.
- (10) The Vendor's firm-price for services provided on an annual basis and the Vendor's firm-price grand total cost of the two-year contract term, if awarded.

## 6. PROPOSAL RESPONSE SUBMISSION

### 6.1 Number of Copies to be Submitted

Each Vendor must submit **four (4) copies** of the proposal, **four (4) copies** of the Proposal Signature and Certification Form and **four (4) copies** of the Vendor Minimum Qualifications Verification Form to the Department with *every copy of each* form bearing original, manual signatures signed **in blue ink**. Each copy of the proposal should be bound in a single volume where practical. The required forms and all supporting documentation submitted with the proposal should be included in each bound single volume, where practical.

### 6.2 Proposal Submission Date, Time and Location

The proposal must be submitted to and received by the Department no later than the deadline date and time specified in Appendix A, RFP Events and Dates, in this RFP. The Vendors mailing proposals should allow a sufficient mail delivery period to insure timely receipt (i.e. receipt no later than deadline date and time) of their proposals by the

Department. Proposals received after the stated time and date, whether by U.S. mail, commercial delivery, or hand delivery will not be accepted. Delivery of the proposal to the appropriate office by the deadline is the sole responsibility of the proposer. It is the Vendor's responsibility to verify that the Department has received the Vendor's proposal. The Department is not liable for any cost incurred by a Vendor in replying to and delivering this RFP.

**Proposals will be received at the mailing and physical addresses stated in Appendix A. Proposals must be labeled on the outside of the envelope as follows:**

**Proposal Enclosed  
Patient Satisfaction Survey Services  
Due: 5/31/2016**

### **6.3 Opening of Proposals**

The Contracts Administrator of the Department, Bureau of Home and Community Services, shall open the proposals from the Vendors in the presence of the Department's State Home Care Director or designee within one week of receipt of all proposals.

### **6.4 Incomplete Proposals**

Incomplete proposals, including partial responses to the seven (7) sections of the proposal, the omission of the required number of copies, and the unsigned Proposal Signature and Certification Forms, will be immediately disqualified from consideration. The Department will notify the Vendors whose proposals were disqualified.

### **6.5 Withdrawals**

Any proposal may be withdrawn up to the deadline date and time set for the submission of the proposals. Any proposal not so withdrawn shall constitute an irrevocable offer to sell to the Department the services set forth in these specifications for a period of one hundred twenty (120) days from the proposal opening date. Withdrawals should be directed in writing to the same address for submitting proposals.

### **6.6 Confidential Information**

The Department will not present or otherwise make available, any documents relating to this RFP to any other person, agency or organization other than those evaluating proposals for the purpose of recommendations for award or until notification of intent to award. Commercial or financial information obtained in response to this RFP which is privileged and confidential and clearly marked as such will not be disclosed. Such privileged and confidential information includes information which, if disclosed, might cause harm to the competitive position of the Vendor supplying the information. All the

Vendors, therefore, must visibly mark as "CONFIDENTIAL" each part of their proposal, which they consider to contain proprietary information.

## 6.7 Communication Restrictions

From the issue date of this RFP until a contractor is selected and the selection is announced, the Vendors submitting proposals are not allowed to communicate with any other Vendors submitting proposals, or with any Department staff concerning this RFP, except the Bureau of Home and Community Services Contracts Administrator or the State Home Care Director/Designee. The Vendors shall not attempt to negotiate with the Department any aspects of the procurement until otherwise notified by the Department. For violation of this provision, the Department reserves the right to reject the proposal of the violator.

## 7. METHOD OF EVALUATION AND AWARD

### 7.1 Evaluation Criteria

Proposals shall be reviewed and evaluated by representatives of the Alabama Department of Public Health. The criteria listed below will be used for the purpose of ranking them in relative position based on how fully each proposal meets the requirements of the RFP.

<b><u>Evaluation Criteria</u></b>	<b><u>Points</u></b>
<b>Minimum Qualifications</b>	<b>Pass-or-Fail</b>
<b>Managerial and Staff Capability</b>	<b>300</b>
Past Performance (experience)	
Most Critical Aspects of Experience	
Key Personnel Credentials	
References	
<b>Scope of Work</b>	<b>300</b>
Technical Specifications	
HHCAHPS Protocols and Guidelines Manual Requirements.	
Additional Department Requirement	
Project Management	
Deliverables Schedule	
Support	
Customer Service	
Training	
<b><u>Cost</u></b>	<b><u>400</u></b>
<b>Maximum Total Points</b>	<b>1000</b>

## **7.2 Discussions and Negotiations**

The Department may, at its sole option, enter into discussions with the Vendors whose proposals are deemed reasonably sufficient for contract award consideration. After discussions, the Vendors may be allowed to submit additional technical and cost information for consideration. The Department may also enter into negotiations with the Vendor deemed to be the appropriate contractor for the services requested in the RFP.

## **7.3 Final Authority**

- a. The State Health Officer is the Department's final authority on all requests for purchases and contractual services.
- b. Approval of the State Finance Director is necessary for certain purchases.
- c. Approval of the State Finance Director, the Legislative Contract Review Oversight Committee and the Governor of Alabama are necessary for State of Alabama contractual agreements.

## **8. STATE OF ALABAMA TERMS AND CONDITIONS**

### **8.1 Sales Tax Exemption**

Pursuant to the Code of Alabama, 1975, Title 40-23-4 (a) (11), the State of Alabama is exempt from paying sales tax. Upon request, an exemption letter will be furnished.

### **8.2 Equal Employment Opportunity**

It is the policy of the Department to ensure equal employment opportunity for all, and that no one discriminates against any employee or applicant for employment because of race, color, religion, ethnic or national origin, age, gender, or disability.

### **8.3 Contract Document Priority**

The RFP and the complete proposal in response to the RFP shall be appended to the contract, and shall be incorporated as an integral part thereof. In the event of a discrepancy among the contract, the RFP, and the proposal, the order of priority of the documents shall be as follows:

- a. The language in the contract;
- b. The language in the proposal;
- c. The language in the RFP.

## 8.4 Laws, Rules and Regulations

State of Alabama laws, rules, and regulations specifically govern the format and all the requirements of contracts between State agencies and Vendors, including contracts for Patient Satisfaction Survey Services. The Vendor agrees to abide by all State of Alabama laws, rules, regulations, and requirements pertaining to contracts between the Vendors and State of Alabama agencies. The Vendor agrees to include all State of Alabama required clauses in the contract, and agrees to omit any non-allowable clauses. Contractual requirements and negotiations specifically detailing the responsibility of the Vendor and the Department will be provided by the Department's Office of General Counsel, as appropriate.

The Office of Inspector's General has the authority to exclude individuals and entities from Federally funded health care programs pursuant to Sections 1128 and 1156 of the Social Security Act and maintains a list of all currently excluded individuals and entities called the List of Excluded Individuals and Entities (LEIE). Anyone who hires an individual or entity on the LEIE may be subject to civil monetary penalties (CMP.)

Contracting vendor must register with the State of Alabama Accounting and Resources Systems (STAARS) at <https://procurement.staars.alabama.gov/> prior to finalizing contract.

## 9. CONTRACTUAL AND REIMBURSEMENT REQUIREMENTS

### 9.1 Contract Term

The contract resulting from this RFP will be effective on July 1, 2016 and will terminate on June 30, 2018. Either party may terminate the contract by giving thirty (30) days written notice to the other party any time during the contract term.

### 9.2 Method of Payment

Reimbursement under a contract shall be made either on a monthly or quarterly basis (upon the Vendor pre-contract selection of frequency and mutual agreement of both parties) in arrears upon submission by the Vendor of an invoice in a format acceptable to the Department and the State of Alabama, Department of Finance, and documentation that verifies that the work corresponding to the invoice was performed. Invoices and inquiries concerning payment after invoices have been submitted to the Department's Bureau of Home and Community Services are to be directed to the receiving agency, specifically the Bureau's Budget Administrator, not the State of Alabama, Department of Finance, Division of Purchasing.

Funds expended under a contract shall be in accordance with the services specified by the contract, and any changes must meet the approval of the Department. The Vendor is not eligible and cannot be compensated under a contract for any other expenses or costs other than those detailed in the contract.



## Appendix A

### KEY RFP EVENTS AND DATES

#### EVENTS DATE

RFP Release Date	5/05/16
Deadline to Receive the Vendors' Notification of Intent to Submit Proposal	5/19/16
Deadline to Register for Pre-Proposal Conference	5/19/16
Deadline to Receive the Vendors' Written Questions	5/24/16
Pre-proposal Conference at 10:00 am	5/24/16
<b>Proposal Due Date 5:00 p.m. Central Time</b>	<b>5/31/16</b>
Effective Date of 2-Year Contract	7/01/16 - 6/30/18

### CONTACT INFORMATION

#### MAILING ADDRESS:

Alabama Department of Public Health  
Bureau of Home and Community Services  
Attn.: Jemekia Walker-Brown,  
Branch Director of Budget, Contracts, and Personnel  
P. O. Box 303017  
Montgomery, AL 36130-3017

#### PHYSICAL ADDRESS:

Alabama Department of Public Health  
Bureau of Home and Community Services  
RSA Tower, Suite 1200  
201 Monroe Street  
Montgomery, AL 36104

#### RFP CONTACT:

Jemekia Walker-Brown  
Phone: 334-206-5713; 334-206-5341; 800-225-9790  
E-mail: jemekia.walker@adph.state.al.us  
FAX: 334-206-7013

**Appendix B**

REQUIRED CLAUSES  
IN CONTRACTS WITH THE  
ALABAMA DEPARTMENT OF PUBLIC HEALTH

**BEASON- HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT.**

By signing this Contract, the contracting parties affirm, for the duration of the agreement, that they will not violate federal immigration law or knowingly employ, hire for employment, or continue to employ an unauthorized alien within the State of Alabama. Furthermore, a contracting party found to be in violation of this provision shall be deemed in breach of the agreement and shall be responsible for all damages resulting therefrom.

**OFFICE OF INSPECTOR GENERAL EXCLUSION PROVISION.** Section 6501 of the Patient Protection and Affordable Care Act ("PPACA") regarding exclusions from federal health care programs took effect on January 1, 2011. This Section of PPACA amends the Social Security Act to provide that State Medicaid agencies must exclude or terminate from participation any individual or entity excluded from participating in any Federal healthcare program, such that, if an individual or entity is excluded or terminated by Medicare or by Medicaid in any state, that individual or entity must be excluded from all other states' Medicaid programs.

Pursuant to that provision, if the Contractor is entering into this agreement for a federal health care program, Contractor agrees to screen all employees and subcontractors against the OIG list of excluded individuals and entities upon engagement and at least monthly. *This includes screening of former names and variations of names.*

**CLOSEOUT CLAUSE.** Contractor acknowledges that under the Alabama Department of Finance Fiscal Policies and Procedures Manual, all invoices or other demands for payment hereunder by Contractor must be received by the Department before the first day of August of the fiscal year next following the fiscal year in which the Contract closes out. Invoices or demands for payment received after that date for work and labor performed within the previous fiscal year cannot be paid and are forfeit.

**ANTI-DISCRIMINATION CLAUSE.** Contractor will comply with Titles IV, VI, and VII of the Civil Rights Act of 1964, the Federal Age Discrimination in Employment Act, Section 504 of the Rehabilitation Act of 1973, the Americans with Disabilities Act of 1990, and all applicable Federal and State laws, rules and regulations implementing the foregoing statutes with respect to nondiscrimination on the basis of race, creed, color, religion, national origin, age, sex, or disability, as defined in the above laws and regulations. Contractor shall not discriminate against any otherwise qualified disabled applicant for, or recipient of aid, benefits, or services or any employee or person on the basis of physical or mental disability in accordance with the Rehabilitation Act of 1973 or the Americans With Disabilities Act of 1990.

**GOVERNOR'S PRORATION CLAUSE.** It is agreed that the Department may terminate this Contract by providing a thirty (30) day written notice to Contractor should the Governor of Alabama declare proration of the fund from which payment under this Contract is to be made. This termination for cause is supplemental to other rights the Department may have under this Contract or otherwise to terminate this Contract.

**TERMINATION CLAUSE.** This Contract may be terminated by either party providing a thirty (30) day written notice to the other party.

**AMENDMENT CLAUSE.** This Contract may be amended only by mutual agreement in writing, signed by Department and Contractor, and processed through and approved by all necessary authorities.

**STANDARD OF PRACTICE CLAUSE.** Contractor agrees to observe and comply at all times with all Federal and State laws and rules in effect during the term of this Contract which in any manner affect performance under this Contract. Contractor agrees to perform services consistent with customary standard of practice and ethics in the profession.

**ASSIGNMENT CLAUSE.** The rights, duties, and obligations arising under the terms of this Contract shall not be assigned by any of the parties hereto without the written consent of all other parties.

**ENTIRE AGREEMENT CLAUSE.** This Contract contains the entire agreement of the parties and there are no other agreements, verbal or written, affecting this Contract that have not been incorporated herein or attached hereto.

**SEVERABILITY CLAUSE.** Each provision of this Contract is intended to be severable. If any term or provision of this Contract is illegal or invalid for any reason whatsoever, said illegality or invalidity shall not affect the legality or validity of the remainder of this Contract.

**HEADINGS CLAUSE.** Headings in this Contract are for convenient reference only and shall not be used to interpret or construe the provisions of this Contract.

**DO NOT WORK CLAUSE.** Contractor acknowledges and understands that this Contract is not effective until it has received all requisite State government approvals and Contractor shall not begin performing work under this Contract until notified to do so by the Department. Contractor is entitled to no compensation for work performed prior to the effective date of this Contract.

**EMERGENCY CANCELLATION CLAUSE.** Notwithstanding any other provision of this Contract, upon the issuance of a Declaration of Financial Necessity by the State Health Officer, this Contract may be canceled immediately upon notice of such cancellation being given in writing to the Contractor. Notwithstanding such cancellation, the Contractor shall be recompensed for work and labor performed and completed prior to the issuance of such notice on principles of quantum meruit.

**FINANCIAL NECESSITY CLAUSE.** All terms and conditions of this Contract notwithstanding, the parties agree that upon the issuance of a Declaration of Financial Necessity by the State Health Officer, the maximum amount payable under this Contract may be unilaterally reduced by the Department to an appropriate amount to be determined by the Department upon notice of such being given in writing to the

Contractor. Notwithstanding such reduction, the Contractor shall be recompensed for work and labor performed and completed prior to the issuance of such notice on principles of quantum meruit.

**DEBT OF STATE CLAUSE.** It is agreed that the terms and commitments contained herein shall not be constituted as a debt of the State of Alabama in violation of Article XI Section 213 of the Constitution of Alabama of 1901, as amended by Amendment Number 26. It is further agreed that if any provision of this Contract shall contravene any statute or Constitutional provision or amendment, either now in effect or which may, during the course of this Contract, be enacted, then that conflicting provision in the Contract shall be deemed null and void. The Contractor's sole remedy for the settlement of any and all disputes arising under the terms of this Contract shall be limited to the filing of a claim with the Board of Adjustment for the State of Alabama.

**DISPUTES.** For any and all disputes arising under the terms of this Contract, the parties hereto agree, in compliance with the recommendations of the Governor and Attorney General, when considering settlement of such disputes, to utilize appropriate forms of non-binding alternative dispute resolution including, but not limited to, mediation by and through mediators approved by the State of Alabama or where appropriate, private mediators.

**MERIT SYSTEM CLAUSE.** Contractor shall not be entitled to receive any benefits under this Contract that merit system employees receive by virtue of their status or employment, nor may Contractor nor any of its officers, agents, servants or employees be employed as a merit system employee during the term of this Contract. Any such employment automatically voids this Contract.

**HOLD HARMLESS CLAUSE.** Contractor hereby indemnifies and holds harmless the State of Alabama and the Department and their officers, agents, servants, and employees from any and all claims arising out of acts or omissions committed by the Contractor or any Subcontractor, agent, servant or employee of Contractor while in performance hereunder.

**FUND APPROPRIATION CLAUSE.** It is agreed that the Department may terminate this Contract by providing a thirty (30) day written notice to Contractor should the Legislature of Alabama fail to appropriate funds for the continued payment of this Contract. This termination for cause is supplemental to any other rights Department may have under this Contract or otherwise to terminate this Contract.

**RECORD RETENTION.** The Contractor is aware that it must retain all records pertinent to expenditure incurred under this Contract for a period of three (3) years after the termination of all activities funded under this Contract. Records for any displaced person must be kept three (3) years after he/she has received final payment. Notwithstanding the above, if there are litigation, claims, audits, negotiations or other actions that involve any of the records cited and that have started before the expiration of the three-year period, then such records must be retained until completion of the actions and resolutions of all issues, or the expiration of the three-year period, plus the

current year whichever occurs later. See Department of Public Examiners for their record retention policy.

**AVAILABILITY OF FINANCIAL STATEMENTS.** All records and financial statements, to include a copy of the independent audit report, shall be made available to authorized personnel from the State or Federal Program Office, the Examiners of Public Accounts or their representatives, for audit and inspection purposes.

**HIPAA CLAUSE.** This clause is necessitated by the application of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended by the American Recovery and Reinvestment Act of 2009 (Pub. L. No. 111-5) (the "HITECH Act"), any associated regulations and the federal regulations published at 45 CFR parts 160 and 164 (sometimes collectively referred to as "HIPAA"). References to this clause are to the Code of Federal Regulations, hereinafter "CFR."

The parties agree to use and disclose Protected Health Information in compliance with the Standards for Privacy of Individually Identifiable Health Information ("Privacy Rule"). The definitions set forth in the Privacy Rule are incorporated by reference into this Contract (45 C.F.R. §§ 160.103 and 164.501). The Parties likewise agree to take all necessary precautions to protect the integrity of electronic protected health information (e-PHI) by complying with the HIPAA Security Rule.

**INTERPRETATION CLAUSE.** Where there is an apparent conflict among the Contract documents which cannot be resolved by interpretation, this document controls.

**BUSINESS ASSOCIATE AGREEMENT (BAA) CLAUSE.** It is understood and agreed that the Department is a "hybrid entity" as defined by HIPAA of 1996 and the federal "Standards for Privacy of Individually Identifiable Health Information" promulgated thereunder at 45 CFR Parts 160 and 164. Further, it is agreed that as a business associate of the Department that its use or disclosure of any person's protected health information received from or on behalf of the Department will be governed by the Business Associate Agreement, attached hereto as Attachment \_\_\_\_\_, which the Contractor agrees to by signing and submitting with this contract. Such Business Associate Agreement is executed and is effective simultaneously with this contract/amendment. However, the Business Associate Agreement will survive this contract/amendment pursuant to Section 4 of the Business Associate Agreement until the information is destroyed or returned to the Department.

## Appendix C

### PROPOSAL SIGNATURE AND CERTIFICATION FORM REQUEST FOR PROPOSAL

Instructions: Please ensure that all three lines at the bottom of this form are completed. The form must contain a manual, original signature of an officer or employee authorized to sign for the proposer. Return an original, completed, signed Certification form with each copy of your proposal. Failure to sign and return a Certification form with each of the four (4) RFP copies will render your proposal invalid.

#### PROPOSAL

We propose to furnish and deliver the services named in the attached Request for Proposal for which prices have been set. The price or prices offered herein shall apply for the period of time stated in the RFP.

It is understood and agreed that this proposal constitutes an offer which, when accepted in writing by the Alabama Department of Public Health and subject to the terms and conditions of such acceptance, will constitute a valid and binding contract between the undersigned and the Alabama Department of Public Health.

It is understood and agreed that we have read the Department's specifications shown, or referenced, in the RFP and that this proposal is made in accordance with the provisions of such specifications. By our written signature on this proposal, we guarantee and certify that all items included in this proposal meet or exceed any and all such State specifications. We further agree, if awarded the contract, to deliver service which meet or exceed the specifications.

It is understood and agreed that this proposal shall be valid and held open for a period of one hundred and twenty (120) days from proposal opening date.

#### PROPOSAL SIGNATURE AND CERTIFICATION

(Proposer(s) must sign and return a Certification form with each copy of the RFP.)

I 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, and is, in all respects, fair and without collusion or fraud. I understand collusive bidding is in violation of State and Federal law, and can result in fines, prison sentences, and civil damage award. I agree to abide by all conditions of the proposal and certify that I am authorized to sign this proposal for the Proposer(s).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Corporate Seal

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please Type Name and Title of Person Signing.

**Appendix D****VENDOR MINIMUM QUALIFICATIONS VERIFICATION FORM  
REQUEST FOR PROPOSAL**

MINIMUM QUALIFICATIONS	YES	NO
Business Stability – Has your company provided Patient Satisfaction services on an ongoing basis for more than five (5) years?		
Home Health Agency Experience – Can your company provide proof of experience preparing Patient Satisfaction Survey services for more than five (5) years for governmental multi-site home health agencies which provide a minimum of 250,000 home health visits to Medicare and Medicaid beneficiaries each year?		
Home Health Agency Experience – Can your company provide proof of experience preparing Patient Satisfaction Survey services for more than five (5) years for private, multi-site home health agencies which provide a minimum of 250,000 home health visits to Medicare and Medicaid beneficiaries each year?		
Contract Status – Can your company perform 100% of the work without subcontracting or assignment of the contract, if awarded?		
Contract Status – Will your company perform 100% of the work without subcontracting or assignment of the contract, if awarded?		
Alabama License or Foreign Corporation - Certificate Of Authority - Is your company an Alabama-licensed company?		
Alabama License or Foreign Corporation - Certificate Of Authority – If your company is not an Alabama-licensed company, is your company willing to obtain a Foreign Corporation – Certificate of Authority to conduct business in the State of Alabama?		
Indemnification and Insurance – Does your company agree to hold harmless, indemnify and defend the indemnities of the State of Alabama against any claim, action, loss, damage, injury, liability, cost or expense of whatsoever kind or nature arising out of or incidental to the performance of this contract by or on behalf of your company, whether or not due to or caused in part by negligence.		

By affixing my signature below, I am attesting that I am a duly authorized officer of the company and I am verifying that the company meets the Vendor minimum qualifications to qualify and have a proposal evaluated in response to Department's RFP.

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Please type name and title of person signing.



## NOTES