

**New Hampshire Department of Health and Human Services
In Home Care, In Home Health Aide, In Home Nursing Services
RFA-2017-BEAS-01-INHOM**



**ADDENDUM #2
RFP-2017-BEAS-01-INHOM**

On August 17, 2016, the New Hampshire Department of Health and Human Services published an Request for Applications seeking applications from licensed Vendors to provide In Home Care Services, In Home Health Aide Level of Care Services, and In Home Nursing Level of Care Services to support older, isolated and frail adults to live as independently as possible, safely, and with dignity. This is a statewide service program.

Replace RFA Section 1 Request for Services with the following:

1. Request for Services

The New Hampshire Department of Health and Human Services is accepting applications from licensed Vendors to provide the following services listed in Table A below:

Table A		
	Title III Program: Older Americans Act Services	Title XX Program: Social Services Block Grant
Service		
In Home Care Services	X	X
In Home Health Aide Level of Care Services	X	na
In Home Nursing Level of Care Services	X	na

An "X" indicates which Federal Program supports funding for the Service.

The Department is seeking separate applications from Vendors to provide all the above services in Table A for each geographic area (See Section 1.4 Geographic Area Served).

Applicants may submit applications to provide services in one or more geographic areas. However, separate applications are required (See Section 3 Application Process). Collaboration among local agencies is encouraged.

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Replace RFA Section 1.1 Purpose with the following:

1.1. Purpose

- 1.1.1. To provide In Home Care Services, In Home Health Aide Level of Care Services, and In Home Nursing Level of Care Services to support older, isolated and frail adults (see Section 1.2 Population Served) to live as independently as possible, safely, and with dignity.

Replace RFA Section 1.3 Scope of Services 1.3.3 with the following:

- 1.3.3 Vendors shall provide all of the services, per geographic area served (See Section 1.4) as follows:

Replace RFA Section 1.4 Geographic Area Served with the following:

1.4. Geographic Area Served

The Department seeks a vendor or vendors to ensure services are provided statewide.

Each of the 10 counties in New Hampshire represents a single geographic area.

An applicant may apply to provide services in more than one county.

The Counties are:

Belknap
Carroll
Cheshire
Coos
Grafton
Hillsborough
Merrimack
Rockingham
Strafford
Sullivan

Each applicant is expected to provide all the services listed in Section 1, Table A to clients located in every city and town located in the county defined in its application.

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Replace RFA Section 1.5 Contract Period with the following:

1.5. Contract Period

Contracts resulting from this RFA will be effective upon Governor & Executive Council approval through September 30, 2018.

The Department reserves the option to extend contract services for up to two (2) additional years, based upon satisfactory vendor performance, continued funding and Governor and Executive Council approval.

Replace RFA Section 1.6 Compensation & Contract Value with the following:

1.6. Compensation & Contract Value

Vendors will be reimbursed based on pre-established rates/units of completed services as follows:

The compensation rates are set at:

\$9.58 per ½ hour, for In Home Care Services

\$12.50 per ½ hour, for In Home Health Aide Level of Care Services

\$24.50 per ½ hour, for In Home Nursing Level of Care Services

Applicants are required to complete Appendix D – Application for Service Units. See Section 3.2.4 of this document.

A critical component of the Departments statewide delivery system is to ensure the ability to direct resources to where they are most needed in the most efficient and effective way possible.

The Department will prorate the monthly units for number of months in the resulting contract.

The Department reserves the right to modify the vendors request for the number of units to be awarded.



Replace RFA Section 1.7 Mandatory Responses with the following:

1.7 Mandatory Responses

The Vendor shall provide responses to the following questions referring to Section 1.3 Scope of Services:

Q1: What is your experience providing the proposed services?

Q2: What is your experience working with the populations applicable to the services you propose to provide?

Q3: What is your capacity and ability (including but not limited to resources and staffing) to perform the proposed scope of services?

Replace RFA Section 1.8 Application Evaluation with the following:

1.8 Application Evaluation

Each Application per each Geographic Area will be evaluated separately using the evaluation criteria below:

Experience with providing the proposed services (Q1)	50 Points
Experience working with the population (Q2)	50 Points
Capacity and ability to provide the proposed services (Q3)	50 Points

Total Maximum Points = 150 Points



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Replace Section 3.2.3 with the following:

3.2.3. Geographic Area Served: Provide the name of the county where services will be offered.

Replace Section 3.2.4 with the following:

3.2.4. Number of Units: All applicants shall complete Appendix D – Application for Service Units with the number of unduplicated individuals anticipated to be served for each service per month, and the number of one half (1/2) hour units of service anticipated to be provided for each service per month.

Replace Appendix D – Application for Services Units with the following:

Appendix D Addendum #2 – Application for Service Units (see attached).

APPENDIX D Addendum #2
RFA-2017-BEAS-01-INHOM
Application for Service Units

Directions:

1. Provide total number of unduplicated clients anticipated to be served for each service per month.
2. Provide the total number of units of service anticipated to be provided for each service per month.

Applicant's Name:

Monthly Service Units					
In Home Services	Total # of unduplicated clients anticipated to be served.	Unit Type	Total # of Units of Service anticipated to be delivered.	Rate per Service	Total Amount of Monthly Funding being Requested for each Service
In Home Care Services (Title XX)		1/2 Hour		\$9.58	\$0.00
In Home Care Services (Title III)		1/2 Hour		\$9.58	\$0.00
In Home Health Aide Level of Care Services (Title III)		1/2 Hour		\$12.50	\$0.00
In Home Nursing Level of Care Services (Title III)		1/2 Hour		\$24.50	\$0.00