



County of Fresno

INTERNAL SERVICES DEPARTMENT
ROBERT BASH, DIRECTOR - CIO

Facility Services • Fleet Services • Graphics
Information Technology • Purchasing
Security • Telecommunications

June 20, 2014

REQUEST FOR QUALIFICATIONS

For

Medi-Cal Outreach and Enrollment Services

The County of Fresno is issuing a Request for Qualifications for Medi-Cal Outreach and Enrollment Services. By signing this document you are stating that you comply with ALL of the County of Fresno's specifications. Each applicant must provide three (or more) references that demonstrate an ability to perform the requested services or similar services within the State of California, including contact information for the County of Fresno to verify each reference. The Request for Qualifications must be received by hand delivery or mail at Fresno County Purchasing no later than 4:00 PM on July 8, 2014. Late Requests for Qualifications will NOT be accepted.

If your organization is interested in providing these services, please return the completed form to:

Request for Qualifications
Attn: Gary E. Cornuelle
County of Fresno Purchasing
4525 E. Hamilton Avenue, 2nd Floor
Fresno, CA 93702

If you have any questions, please contact Gary E. Cornuelle, Purchasing Manager, Purchasing Division at (559) 600-7114.

Organization

Individual/Contact Person

Title

Street Address/P.O. Box

City

State

Zip Code

Telephone

Fax Number

E-Mail Address

June 20, 2014**OVERVIEW**

The County of Fresno on behalf of the Department of Social Services (DSS) is requesting Letters of Qualifications from qualified vendors to provide Medi-Cal outreach and enrollment services through the following core services: Outreach, Enrollment, and Retention Activities for County of Fresno residents who qualify for Medi-Cal, and specifically those listed in the Target Population section.

BACKGROUND

The passage of the Affordable Care Act in March of 2010 has created an increase of approximately 56,000 Medi-Cal qualified Fresno County residents. A need now exists within the County of Fresno for Medi-Cal outreach and application enrollment assistance. Many of the newly eligible County residents may not be aware of their eligibility for Medi-Cal benefits. Additionally, existing Medi-Cal recipients may be unaware of their renewal deadlines, unknowingly causing lapses in their benefits.

To assist County residents who may now qualify for Medi-Cal or are eligible for renewal of their Medi-Cal benefits, DSS has established a Master Agreement to procure the core services listed in the overview from Community Based Organizations (CBO).

ELIGIBLE APPLICANTS

Community-based organizations that possess an Internal Revenue Service Classification as a Non-Profit Organization (exempt status under Section 501(c) (3)) at the time of proposal submission are eligible applicants.

Eligible applicants must meet the following criterion (should the contractor not meet one or more of the following criterion, under the sole discretion of the DSS Director, the Agreement may be terminated at any time during the contract term):

1. Employ a minimum of one (1) Application Advocate at all times, with a maximum lapse of an AA employment of no more than three (3) months in cases of unplanned employee termination/departure.
2. Become a recognized vendor in the Fresno County online application system, Benefits CalWIN (BCW), by requesting such access through the AffordableCareAct@co.fresno.ca.us mailbox. To be compensated, all applications shall be submitted through MyBenefits CalWIN.
3. Abide by all State of California rules and regulations governing the Medi-Cal application process.
4. Keep apprised of legislative and programmatic changes affecting Medi-Cal, to the extent that such changes impact the provision of services under this Master Agreement and train appropriate staff promptly.
5. Ensure that all enrollment and renewal services are provided by an Application Advocate employed and authorized to do so by the vendor, though volunteers may support outreach services.
6. Require all staff and volunteers who may potentially gain access to an individual's confidential consumer information (including personally identifiable information, personal health information, federal tax information, or any other information as required by federal law) to sign and abide by a confidentiality statement and abide by all best practices for security and privacy of such information.
7. Use personally identifiable information gathered in the provision of enrollment/renewal services only for the purposes of enrollment or renewal.

June 20, 2014**CONTRACT TERM/FUNDING**

The maximum contract term for the Master Agreement is twenty-four (24) months (July 2014 until June 30, 2016). Actual contract terms for individual organizations may vary based upon the date the organization enters into the Master Agreement and remaining funding amounts. The total maximum funding amount for the Master Agreement is \$1,800,000 and will be funded from the Medi-Cal Administrative Allocation (\$1,058,029) and the California Department of Health Care Services Outreach and Enrollment grant (\$741,971). The maximum amount payable per organization is \$300,000 for the contract term; however the maximum limit may be amended under the sole discretion of the DSS Director.

SERVICE LOCATION/GEOGRAPHY

Organizations are strongly encouraged to provide outreach to potential Medi-Cal applicants in non-traditional locations and rural areas of Fresno County. Organizations may, with the written approval of the DSS Director or designee, perform enrollment and retention activities within County facilities for a given day and set of hours on an as-needed basis and at the sole discretion of the DSS Director or designee.

SERVICES REQUESTED**All Contractors shall:****Minimum Monthly Services**

1. Complete a minimum average of sixty (60) Medi-Cal household applications and/or renewal applications per month (or proration thereof), per compensated Application Advocate (AA).
 - Compensation is contingent upon the applicants' meeting the monthly minimum average of applications. Refer to the "Monthly Compensation for Each Application Advocate" heading under the Compensation section for details.
2. Maintain a minimum of a 65% overall Medi-Cal application approval rate. Of all applications submitted, it is expected that 65% or more of the total applications submitted are approved for Medi-Cal.
 - Compensation is contingent upon the applicants' meeting the minimum application approval rate. Refer to the "Monthly Compensation for Each Application Advocate" heading under the Compensation section for details.

Core Services

3. Provide outreach and enrollment assistance to Medi-Cal targeted populations.
4. Track when previously enrolled households will need to renew benefits and provide timely assistance with the renewal process to ensure continuation of health coverage for those who remain eligible.
5. Host, conduct, or participate in enrollment outreach events for targeted populations.

Electronic Submission

6. Submit all completed Medi-Cal applications via the BCW online application website.
7. Submit all Medi-Cal renewals through the BCW website.
 - Although applicants are not prohibited from submitting Medi-Cal applications through other methods such as Covered California; through this Agreement, the applicant will only be compensated for applications submitted through BCW. Example: if the applicant submitted 50 Medi-Cal applications through BCW and 40

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through Covered California during the month, only the 50 applications will be recognized for the purposes of this contract. In this scenario, the applicant did not meet the monthly minimum standards of 60 Medi-Cal applications and compensation would be pro-rated for that month.

Reporting Requirements

8. Track and report provided enrollment/renewal services in sufficient detail as to satisfy accurate reimbursement claims and any such statistical reports as deemed necessary by DSS director or designee.
9. Provide enrollment/renewal activity reports monthly.
10. Maintain reports from each enrollment outreach event including client demographics, including but not limited to number of adults and children, primary language, race, and zip code of residence.
11. Provide any additional reports deemed necessary by DSS Director or designee.

Engagement & Ethics

12. Meet quarterly with DSS and at any such additional time to resolve any conflicts.
13. Engage target populations in linguistically- and culturally-appropriate manner when providing outreach, enrollment, and retention services.
14. Adopt and utilize best, proven, or evidence-based practices in all outreach and enrollment activities.
15. Not have a conflict of interest with the applicant household and shall abide by the following contract language: No officer, agent, or employee of the COUNTY who exercises any function or responsibility for planning and carrying out the services provided under this Agreement shall have any direct or indirect personal financial interest in this Agreement. No officer, agent, or employee of the COUNTY who exercises any function or responsibility for planning and carrying out the services provided under this Agreement shall have any direct or indirect personal financial interest in this Agreement. In addition, no employee of the COUNTY shall be employed by CONTRACTOR to fulfill any contractual obligations with COUNTY. The CONTRACTOR shall also comply with all Federal, State of California, and local conflict of interest laws, statutes, and regulations, which shall be applicable to all parties and beneficiaries under this Agreement and any officer, agent, or employee of the COUNTY.
16. Encourage and assist all households to provide accurate information on the application/renewal.
17. Not intentionally create multiple applications from the same household.
18. Not attempt to influence nor sway an applicant's choice of health plan/provider/or programs available to them.
19. Not accept any type of direct or indirect remuneration from applicants for assistance with their application nor for other assistance related to the enrollment/renewal process.

Coordination with County Resources

20. Coordinate outreach and enrollment efforts with HandsOn Central California or other identified resources.
 - Through an Agreement with the County, HandsOn conducts outreach and organizes events for the purposes of bringing together County residents and needed resources. Among those resources are organizations who participate in the events to provide Medi-Cal application assistance. Participants in the Medi-Cal Outreach and Enrollment Master Agreement are expected to attend events

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organized by HandsOn, provide information, and assist County residents who wish to apply for Medi-Cal.

TARGET POPULATION

All contractors will identify via the Letter of Qualifications which of the following populations will be targeted for outreach, enrollment, and retention:

1. Persons with mental health disorder needs;
2. Persons with substance use disorder needs;
3. Persons who are homeless;
4. Young men of color;
5. Persons who are in county jail, in state prison, on state parole, on county probation, or under the post-release community supervision;
6. Families of mixed immigration status;
7. Persons with limited English proficiency;
8. Other: May include outreach within the rural areas of the County and outreach to low-income medically indigent individuals.
 - Rural Areas — Locations within Fresno County outside of the Fresno/Clovis metro area determined by the County to require concentrated enrollment efforts. Rural Areas are those areas that are a minimum of 17 miles outside of the 93728 zip code. Cities with a DSS Regional Center are excluded from the rural areas definition and include the following: Coalinga, Reedley, and Selma.

Contractors may serve multiple target populations listed above and may submit requests in writing to the DSSASU@co.fresno.ca.us mailbox to change target populations at any such time as approved by the DSS Director or designee. Any request to modify target populations must be accompanied by a revised Letter of Qualifications.

COMPENSATION

Compensation for services rendered is as follows:

Compensation for Equipment and Technology

- Contractors who have become a participating vendor are eligible to apply for one-time equipment and technology funds to provide outreach and enrollment services in the field. A maximum of \$10,000 may be requested and shall be granted at the sole discretion of the DSS Director or designee. The amount requested by the applicant must be justified by a demonstrated need (I.E. an organization will have five application advocates and is requesting five laptops, etc.)
 - Contractor must provide outreach and enrollment services and meet minimum outcome standards for at least six (6) months after receipt of compensation for equipment and technology.
 - If the Agreement is terminated prior to six (6) months or vendor does not meet the minimum service outcomes for at least six (6) months, full recoupment is due to County's DSS within sixty (60) days of termination or the date of sub-par service outcomes.

Monthly Compensation for Each Application Advocate

\$2,500 monthly for each AA.

Expectations regarding quantity of applications:

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- To receive full monthly compensation for an AA, the AA must maintain a minimum monthly average of sixty (60) new and/or renewal applications per month, per compensated AA is expected.
- If the CBO or an individual AA is suspended, deemed inactive, or terminated mid-month, the amount compensated will be prorated based upon the percentage of the month that services were rendered and the number of applications completed.
- Should Contractor not meet the monthly service expectations, payment shall be reduced at a rate equivalent with the number of applications/renewals completed. For every 5 applications below the minimum monthly average, compensation shall be reduced by \$200 per month.

Expectations regarding quality of applications:

- Should Contractor not meet the minimum overall application approval rate expectations, payment may be reduced up to \$1,000 per month, per AA; dependent upon the extent of the underperformance and discretion of the Director or designee. Amount of payment reduction will be based upon a scale according to the percentage the Contractor is below the acceptable 65% application approval rate. The further the Contractor is below 65% application approval rate, the larger the reduction in payment, up to \$1,000 per month, per AA.

High Needs Rural Areas

- Applications for Medi-Cal that are taken from residents residing in the previously defined high needs rural areas (located in the Target Population section) AND taken at that location shall be compensated an addition \$20 per application and/or renewal application.

Persons who are Homeless

- Applications for Medi-Cal taken from persons who are homeless (without a fixed address) shall be compensated an additional \$20 per application. As persons who are homeless may not have a physical address, Contractor must use their own mailing address for each person identified as homeless. Applications taken from homeless persons which do not use the Contractor's mailing address will not be compensated the additional amount.
- Persons who are currently using Poverello House as their address are allowed to use the address for the application. Contractors will receive the additional compensation for such applications.

Medi-Cal Application Submission

- Medi-Cal applications and/or renewals must be submitted through BCW

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MINIMUM INSURANCE REQUIREMENTS (Subject to change by the County)

Without limiting the COUNTY's right to obtain indemnification from CONTRACTOR or any third parties, CONTRACTOR, at its sole expense, shall maintain in full force and effect the following insurance policies throughout the term of this Agreement:

A. Commercial General Liability

Commercial General Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence and an annual aggregate of Two Million Dollars (\$2,000,000). This policy shall be issued on a per occurrence basis. COUNTY may require specific coverage including completed operations, product liability, contractual liability, Explosion, Collapse, and Underground (XCU), fire legal liability or any other liability insurance deemed necessary because of the nature of the Agreement.

B. Automobile Liability

Comprehensive Automobile Liability Insurance with limits for bodily injury of not less than Two Hundred Fifty Thousand Dollars (\$250,000) per person, Five Hundred Thousand Dollars (\$500,000) per accident and for property damages of not less than Fifty Thousand Dollars (\$50,000), or such coverage with a combined single limit of Five Hundred Thousand Dollars (\$500,000). Coverage should include owned and non-owned vehicles used in connection with this Agreement.

C. Professional Liability

If CONTRACTOR employs licensed professional staff (e.g. Ph.D., R.N., L.C.S.W., M.F.C.T.) in providing services, Professional Liability Insurance with limits of not less than One Million Dollars (\$1,000,000) per occurrence, Three Million Dollars (\$3,000,000) annual aggregate.

D. Worker's Compensation

A policy of Worker's Compensation Insurance as may be required by the California Labor Code.

CONTRACTOR shall obtain endorsements to the Commercial General Liability insurance naming the County of Fresno, its officers, agents, and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned. Such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by the COUNTY, its officers, agents and employees shall be excess only and not contributing with insurance provided under the CONTRACTOR's policies herein. This insurance shall not be cancelled or changed without a minimum of thirty (30) days advance written notice given to COUNTY.

Within thirty (30) days from the date CONTRACTOR signs this Agreement, CONTRACTOR shall provide certificates of insurance and endorsements as stated above for all of the foregoing policies, as required herein, to the County of Fresno, DSS, PO BOX 1912, Fresno, California, 93718-1912, Attention: Contracts, stating that such insurance coverages have been obtained and are in full force; that the County of Fresno, its officers, agents and employees will not be responsible for any premiums on the policies; that such Commercial General Liability insurance names the County of Fresno, its officers, agents and employees, individually and collectively, as additional insured, but only insofar as the operations under this Agreement are concerned; that such coverage for additional insured shall apply as primary insurance and any other insurance, or self-insurance, maintained by the COUNTY, its officers, agents and employees, shall be excess only and not contributing with insurance provided under the CONTRACTOR's policies herein; and that this insurance shall not be cancelled or changed

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without a minimum of thirty (30) days advance, written notice given to COUNTY.

In the event CONTRACTOR fails to keep in effect at all times insurance coverage as herein provided, the COUNTY may, in addition to other remedies it may have, suspend or terminate this Agreement upon the occurrence of such event.

All policies shall be with admitted insurers licensed to do business in the State of California. Insurance purchased shall be from companies possessing a current A.M. Best, Inc. rating of A FSC VII or better.

SELECTION PROCESS

The County of Fresno anticipates contracting with approximately five (5) to ten (10) applicants who will be added to the Medi-Cal Outreach and Enrollment Master Agreement. Although each participant in the Master Agreement may have varying (and fluctuating) numbers of AA's, the target monthly average number of AA's for the entire Master Agreement is twenty eight (28).

Should the County of Fresno receive Letters of Qualifications in excess of the amount of services necessary, the applicants who are selected to participate in the Master Agreement will be based on but not limited to the following County needs: Proposed target populations to be served, proposed geographic locations, expected average number of Application Advocates, expected average number of completed monthly applications, and level of experience demonstrated by the applicant.

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EXPECTATIONS FOR LETTER OF QUALIFICATIONS

All applicants must complete the following and include appropriate attachments in their letter of qualifications:

- Provide evidence/past experience showing an ability to carry out the requested services in an attachment to this form
- Complete the included reference list (minimum of three referrals is preferred) to support your organizations ability to perform the core services requested
- Number of Application Advocates you anticipate maintaining: _____
- Average number of Applications per month anticipated completing: _____
- Identify one or more target populations you plan to focus on:
 - Persons with mental health disorder needs ☐
 - Persons with substance use disorder needs ☐
 - Persons who are homeless ☐
 - Young men of color ☐
 - Persons who are in county jail, in state prison, on state parole, on county probation, or under the post-release community supervision; ☐
 - Families of mixed immigration status ☐
 - Persons with limited English proficiency ☐
 - Other: May include outreach within the rural areas of the County and outreach to low-income medically indigent individuals. ☐
- Identify the geographic location(s) you plan to primarily focus on:

FRESNO, CA NW ☐ NE ☐ SW ☐ SE ☐

AUBERRY, CA ☐

BIG CREEK, CA ☐

BIOLA, CA ☐

BURREL, CA ☐

CANTUA CREEK, CA ☐

CARUTHERS, CA ☐

CLOVIS, CA ☐

COALINGA, CA ☐

DEL REY, CA ☐

DUNLAP, CA ☐

FIREBAUGH, CA ☐

FIVE POINTS, CA ☐

FOWLER, CA ☐

FRIANT, CA ☐

HELM, CA ☐

HUME, CA ☐

HURON, CA ☐

KERMAN, CA ☐

KINGSBURG, CA ☐

LAKE SHORE, CA ☐

LATON, CA ☐

MENDOTA, CA ☐

MIRAMONTE, CA ☐

MONO HOT SPRINGS, CA ☐

ORANGE COVE, CA ☐

PARLIER, CA ☐

PRATHER, CA ☐

RAISIN CITY, CA ☐

REEDLEY, CA ☐

RIVERDALE, CA ☐

SAN JOAQUIN, CA ☐

SANGER, CA ☐

SELMA, CA ☐

SHAVER LAKE, CA ☐

SQUAW VALLEY, CA ☐

TOLLHOUSE, CA ☐

TRANQUILLITY, CA ☐

- Identify one or more language you plan to provide services in:

English ☐

Hmong ☐

Select Language

Spanish ☐

Select Language

Select Language

VENDOR MUST COMPLETE AND RETURN

Firm: _____

REFERENCE LIST

Provide a list of at least three (3) customers for whom you have recently provided similar services. Be sure to include all requested information.

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Reference Name: _____ Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone No.: (_____) _____ Date: _____
Service Provided: _____

Failure to provide a list of at least three (3) customers may be cause for rejection of this Request for Qualifications.