

5. SECTION B - SCOPE OF SERVICES:

5.1. Background

The Montgomery County, Maryland (County) Department of Health and Human Services (DHHS), supports the Health Care for the Homeless program, which provides comprehensive health care to both sheltered and unsheltered households experiencing homelessness in the County. The County's Continuum of Care (CoC) recognizes the strong connection between housing, health, and homelessness.

Poor health can lead to loss of housing. Homelessness can exacerbate health issues, increase the risk of communicable diseases, and complicate the management of common conditions like diabetes, hypertension, and asthma. Limited access to medications and medication storage, hygiene, nutritious food, and proper bathing can turn minor infections into serious health problems, significantly reducing life expectancy.

Annually, nearly 3,000 men, women, and children receive shelter and services from the County's homeless services system. Many require specialized health care due to challenges such as lack of transportation, hygiene, and co-morbid behavioral health issues. Effective primary health care for the homeless requires non-traditional service delivery models, culturally and linguistically competent clinical staff, and integrated behavioral health services, including substance abuse and mental health treatment, along with oral health and case management services.

5.2. Intent

The County is seeking one qualified, experienced, and culturally competent entity to provide a comprehensive program of primary health care and nurse case management services for uninsured homeless adults, both sheltered and unsheltered. This program will operate in on-site clinic spaces as outlined in Section 5.3, Scope of Services/Specifications/Work Statement, Paragraph A., of this RFP and adhere to nationally accepted evidence-based medical standards. Services include triage, assessment, diagnosis, treatment, and management of general, acute, and chronic medical conditions, along with timely diagnostic testing and follow-up care. The Contractor's staff will collaborate with shelter providers, County staff, and the client's care team to assess, plan, implement, coordinate, and evaluate tailored services, focusing on advocacy, communication, and resource management to ensure quality and cost-effective outcomes.

The total estimated Fiscal Year 2026 maximum compensation for the contract resulting from this RFP is \$527,000. This amount is an estimate only and the County makes no guarantee of a specific compensation amount.

All compensation payable by the County under any contract resulting from this solicitation is subject to and contingent upon the County Council's appropriation and the County's encumbrance of funding for the program described in this solicitation. In the event the County receives additional funding for services requested under this solicitation, the County reserves the right to expand the existing scope of services for the resulting contract. Such additional services are not guaranteed and will only be requested if funds for additional services are appropriated and encumbered by the County. Additional services may be added during contract negotiation or via a contract amendment to the contract resulting from the solicitation.

DEFINITIONS

A. Primary Medical Care Encounter

A Primary Medical Care Encounter is a documented, face-to-face contact between a client and a Primary Care Provider (PCP) who exercises independent judgment in the provision of primary care medical services to the client. All related follow-up services required for a client are included as part of an encounter and may be billed separately. A primary medical care encounter does not count if not seen by the PCP. A medical visit may include nurse case management, client care coordination and referrals, medical provider participation in client meetings, and flu shots.

The following are not considered Primary Medical Care Encounters:

1. When the only services provided are ancillary services such as drawing blood, collecting urine specimens, performing laboratory test, checking blood pressure, taking x-rays, and filling/dispensing prescriptions.
2. When the Contractor is participating in a large-scale effort, such as mass screenings and immunizations.
3. When the only service provided is client education – individual or group – and no direct care is provided.

B. Distinction Between Group Visit and Client Visit

1. Group visit: When the Contractor renders services to several clients simultaneously. However, if the provision of services is noted in each person's health record, the Contractor may be credited with a visit for each person.
2. Client visit: A client may have more than one encounter with the health care facility per day. However, there cannot be more than one Primary Medical Care Encounter (i.e. no more than one PCP visit) per day. If two or more PCPs of the same type divide up the services for a client, only one may be credited with a Primary Medical Care Encounter.

C. Homeless Individual

1. The term "Homeless Individual" is defined as follows [Reference: U.S. Dept. of Housing and Urban Development Final Rule Defining Homelessness (76 FR 75994), December 5, 2011]:
 - a. Individuals and families who lack a fixed, regular, and adequate nighttime residence and includes a subset for an individual who is exiting an institution where he or she resided for 90 days or less and who resided in an emergency shelter, or a place not meant for human habitation immediately before entering that institution;
 - b. Individuals and families who will imminently lose their primary nighttime residence;
 - c. Unaccompanied youth and families with children and youth who are defined as homeless under other federal statutes who do not otherwise qualify as Homeless Individuals under this definition; or
 - d. Individuals and families who are fleeing, or are attempting to flee, domestic violence, dating violence, sexual assault, stalking, or other dangerous or life-threatening conditions that relate to violence against the individual or a family.

5.3. Scope of Services/Specifications/Work Statement

- A. The Contractor must provide primary health care services and nurse case management for clients in available on-site clinic space at the locations indicated below.

MINIMUM WEEKLY REQUIRED CLINIC HOURS				
Shelter	Address	Nurse Case Management Hours	***Primary Health Care Hours	Street Outreach Hours
Men's Emergency	11600 Nebel Street, Rockville, MD 20852	20	8	**20 (case management), 2 (primary care)
Progress Place	8106 Georgia Avenue, Silver Spring, MD 20910	16	8	
New Leaf	5320 Marinelli Road, Rockville, MD 20852	10	4	
Crabbs Branch Women's Emergency	16911 Crabbs Branch Way, Derwood, MD 20855	10	8	
*2 Taft Court Women's Emergency	16911 Crabbs Branch Way, Derwood, MD 20855	6	N/A	
Rainbow Place – Women's Overflow (hypothermia season only)	215 West Montgomery Avenue, Rockville, MD 20850	4	N/A	

**Note: Uninsured residents of the women's emergency shelter at 2 Taft Court will be served in the clinic space at the Crabbs Branch Women's Emergency shelter location.*

***Note: Street outreach services must be County-approved and can be provided at any shelter location and/or at the Contractor's community clinic location, as needed. Primary health care street outreach hours can be flexed throughout the month so long as a minimum of 8 hours are provided each month.*

****Note: Primary health care services provided at a shelter for more than 4 hours in a week must be divided into 4-hour time blocks, scheduled for morning and afternoon sessions (e.g. Men's Emergency shelter weekly schedule: Mon 8 A.M. – 12 P.M. and Fri 1 P.M. – 5 P.M.).*

- B. The Contractor must establish a set shelter clinic schedule, as approved by the County's contract monitor, that meets the minimum weekly hours referenced above. Any proposed changes to this schedule must be submitted to the County's contract monitor for approval prior to implementation. The Contractor must allow walk-in appointments during established weekly clinic hours.
1. Within the set shelter clinic schedule, at a minimum, 8 evening and 6 weekend nurse case management hours across all shelters must be provided. Although infrequently requested, if primary health care is needed during evenings or weekends, these hours must be included in the total hours required as outlined above.
- C. The Contractor must submit street outreach availability to the County's contract monitor that meets the minimum weekly hours referenced above on a quarterly basis. Any proposed changes to this schedule must be submitted to the County's contract monitor for approval prior to implementation.
- D. During hypothermia season (November 1 – March 31), the Contractor, in addition to the minimal hours required in the set schedule referenced in Section 5.3, Paragraph A., must provide 10 hours of weekly nurse case management services across all locations. These additional hours

should be provided during the evening, after initial check-in, which is typically between 7 P.M. and 10 P.M. The Contractor must establish a set hypothermia season schedule and submit it to the County's contract monitor prior to the start of the season for approval.

- E. The Contractor must provide and operate a dedicated phone line (9 A.M. – 5 P.M., Monday – Friday) to assist clients with scheduling appointments and coordinating hospital discharges, including hospital discharge personnel to arrange for follow-up appointments.
- F. The Contractor must provide a board-certified medical doctor (MD) to serve as a medical director in internal or family medicine, with at least three years of adult primary health care experience. The medical director must oversee medical policies and protocols, supervise clinic functions, and ensure MD and nurse practitioner (NP) backup coverage, as needed. The medical director's contact information must be provided to the County's contract monitor for emergencies and programmatic needs, and updated information must be submitted as applicable. The medical director is responsible for the following:
 1. Providing access to a copy of the Contractor's clinic policies, procedures, guidelines, and protocols, upon request by the County's contract monitor.
 2. Ensuring compliance with all County and federal laws regarding occupational safety, health, and environmental safety, managing all biohazard waste.
 3. Ensuring staff is knowledgeable about federal and State regulations concerning communicable disease prevention and exposures such as tuberculosis (TB) and blood borne pathogens. Ensuring all clinical staff comply with the Occupational Safety and Health Administration standards and County public health exposure control plans.
 4. Offering Hepatitis B immunization and providing post-exposure evaluation to at-risk staff along with personal protective equipment for service delivery.
- G. In collaboration with DHHS's SEPH outreach team, the Contractor must provide street outreach services outlined in Section 5.3 Scope of Services/Specifications/Work Statement, Paragraph H.4, and Paragraph I.3. Services must be offered at easily accessible locations (by foot and/or convenient to Contractor-subsidized public transportation) within the County, including the Contractor's office, and clients must be met at their locations, as needed.
- H. Primary Health Care for Uninsured Homeless Individuals
 1. The Contractor must employ NPs and/or MDs to provide primary health care services for clients as referenced above in Section 5.3, Paragraph A., in accordance with nationally accepted standards of care. These standards are outlined in the Adapted Clinical Guidelines from the National Health for the Homeless Care Council which can be found at the following link:
<https://nhchc.org/clinical-practice/homeless-services/best-practices/>.
 2. The Contractor must establish a written process that is approved by the County's contract monitor for coordinating services for high-priority cases. Priority of cases must be established by the Contractor and approved by the County's contract monitor.
 3. The Contractor must provide in-reach services to include, but not be limited to, actively engaging with shelter clients, providing health education, building trust, and care navigation services such as assisting clients with applying for medical insurance benefits and providing follow-up recommendations and oversight for care of the client.

4. The Contractor's NP/MD must provide street outreach services, including comprehensive on-the-spot medical care for street outreach in accordance with the requirements listed in Section 5.3, Paragraph A. in collaboration with the County's SEPH outreach team.
5. The Contractor must provide routine gynecological exams (pelvic exams, pap smears, clinical breast exams, HIV/STI testing, birth control prescriptions) to female clients. These exams are considered primary health care services and may be billed as a Primary Medical Care Encounter regardless of the credentials of the health care professional delivering the service. Specialized gynecological services, such as a colposcopy, are considered specialty care and outside the scope of this solicitation and resulting contract.
6. For the clients occupying the reserved medical beds within the shelters listed above, the Contractor must conduct medical assessments, coordinate care, and transition clients from medical to non-medical beds in collaboration with shelter staff, the County's contract monitor, and the Health Care for the Homeless nursing team.
7. The Contractor must maintain sufficient qualified medical staff and support personnel for all clinics within the shelters, ensuring coverage during peak demand (e.g. hypothermia season) to meet the needs of clients. The Contractor must ensure that all clinical staff are familiar with the unique medical needs of individuals experiencing homelessness. Minimum staffing requirements include:
 - a. A clinical coordinator, RN, or other clinical staff person with a minimum of 3 years of experience to oversee non-MD/NP clinical duties.
 - b. A MD or NP available either in-person or via phone, during clinic hours, for non-MD clinical staff consultation.
 - c. The Contractor must provide a MD, or NP, and a medical assistant during established clinic hours each week at all clinic locations.
 - d. The Contractor must provide in-person staff coverage during clinic staff absences for set clinic and street outreach hours. The Contractor must provide the staffing schedule for each of the clinic locations to the County contract monitor on a quarterly basis and if there are any changes to the schedule.
8. The Contractor must conduct bi-annual trainings for County shelter staff on medical emergencies, how to appropriately respond to clients when medical staff are not available, and basic education on common illnesses to help decrease overuse of the emergency rooms and repeat readmissions to County hospitals.
9. The Contractor must conduct eligibility determinations for uninsured homeless adults seeking primary health care under this program and must keep supporting documentation of the eligibility determination in the client's electronic health record. To be eligible for services under this program, an individual must meet the following criteria:
 - a. Be 18 years of age or older;
 - b. Be a resident of the County;
 - c. Be uninsured for medical services;
 - d. Have an income at or below 250% of the current Federal Poverty Level; and
 - e. Be homeless, and
 - f. Ineligible for the County's medical respite program
10. The Contractor must serve individuals currently residing at shelter sites, as well as other homeless individuals who present themselves for care at the clinic (e.g. those living on the

street within our CoC), provided such individuals meet eligibility requirements outlined above.

11. The Contractor must collaborate with the Montgomery County Community Pharmacy Program and prescribe medications consistent with the Community Pharmacy formulary. If the Contractor distributes any medications on site, the County must be provided access to sufficient documentation to demonstrate that the Contractor meets all State and federal regulations for medication distribution.
12. The Contractor must provide annual flu immunization clinics at all shelters for all homeless adults and street outreach clients, with flu serum available through the Montgomery County Community Pharmacy. The Contractor is responsible for obtaining client consent, providing patient education, scheduling clinics, and supplying all necessary materials (syringes, alcohol pads, and biohazard receptacles) for administering immunizations. Flu vaccinations should be prioritized for clients identified as primary health care clients, using clinic supplies first.
20. The Contractor must provide durable medical equipment for clients in need. These items must be provided during the clinic visit or delivered within 48 hours if the medical equipment is not readily available. The Contractor must secure the equipment and arrange delivery to the client's designated shelter or another location within 48 hours if it could not be provided at the clinic. Approval from the County's contract monitor is required for purchasing all medical equipment, excluding crutches, canes, walkers, slings, and splints. No prior approval is needed for those items listed.
21. The Contractor must provide onsite phlebotomy services and laboratory testing, consistent with basic primary care, on biological specimens including, but not limited to, hematology, chemistry, microbiology, toxicology, serology, and urinalysis. The Contractor must arrange to have specimens tested using a licensed commercial laboratory.
22. The Contractor must facilitate client access to behavioral health care (substance abuse and mental health services), oral health care, and to radiological services (x-rays, sonograms) as needed.
23. If referral of clients for professional consultation and admission to hospital services should become necessary, neither the Contractor nor the County will be responsible for hospital costs or consultation costs; however, the Contractor, at the request of the hospital discharge planning staff, must collaborate with the Health Care for the Homeless Program and the hospital prior to the patient's discharge to ensure continuity of care.
24. The Contractor must participate in a monthly, or more frequently as needed, treatment team meeting to discuss complex client cases and share information with a client's care team. These meetings may include behavioral health providers, service providers within DHHS, shelter case managers, parole and probation officers, hospital MD staff, social workers and discharge planners, and any other internal and/or external service provider.
25. The Contractor must organize and facilitate a monthly in-person (or virtual with County approval) clinical team meeting to discuss complex cases in need of an interdisciplinary approach to include staff from all shelter locations, community providers, mental health providers, the County nursing team, and any involved internal and external providers on the clients' treatment team to minimize high utilization of the County emergency rooms, reduce inpatient readmissions, and decrease emergency medical services transports.

I. Nurse Case Management Services

1. The Contractor must employ RNs to provide the minimum weekly on-site nurse case management services at all designated shelter locations, as referenced above in Section 5.3, Paragraph A., in accordance with the County-approved set schedule, to all clients, regardless of insurance status.
2. The Contractor's RNs must serve as the primary liaisons between clinical and shelter staff and must collaborate with shelter providers, County staff, and the client's care team to assess, plan, implement, coordinate, and evaluate client services. The RNs must participate in client team meetings and DHHS quarterly medical staff meetings.
3. The Contractor's RNs must provide street outreach services, including assessments, triage, case management, medication monitoring, patient education, referrals, and follow-up, in accordance with Section 5.3, Paragraph A., in collaboration with the County's SEPH outreach team.
4. The Contractor's RNs must be familiar with general case management strategies. Additional responsibilities include, but are not limited to, the following:
 - a. Conducting shelter-based RN assessments, triage, medication monitoring, and patient education for all clients (in-reach and out-reach).
 - b. Managing medical case management for clients in shelters and coordinating transitions from medical beds, hospitals, rehabilitation facilities, or medical respite with the County RN and making referrals as needed.
 - c. Collaborating with treatment teams (i.e. DHHS shelter staff, treatment providers, etc.) to address client medical needs.
 - d. Assisting with discharge planning and obtaining medical records post-hospitalization to promote safe and timely returns to the shelter system.
 - e. Facilitating client transportation to medical appointments by providing bus tokens, Smart Trip cards, and/or taxicab vouchers.
 - f. Meeting with shelter staff and DHHS case managers on a weekly, or as-needed basis, to coordinate services to help clients obtain public benefits and stable housing.
 - g. Supporting medication management by filling prescription boxes weekly, coordinating refills, and providing medication management education for clients.
 - h. Conducting on-site bi-monthly educational seminars for shelter residents on various medical topics such as, but not limited to, diabetes, hypertension, HIV, TB, and hepatitis, documenting attendance and knowledge gained. The Contractor must provide the County contract monitor and shelter staff a schedule of these educational seminars at the beginning of each fiscal year. The Contractor must collaborate with the Health Care for the Homeless Program on specialized topics that will be discussed and agreed upon at the start of each fiscal year.
 - i. Documenting all client contacts in the Contractor's electronic health records within 24 hours.
 - j. Overseeing medical beds in emergency shelters in collaboration with the Health Care for the Homeless nursing team.
5. The Contractor's RNs must establish connections to existing specialized providers (behavioral health, specialists, dental care, etc.) and refer clients as needed.
6. The Contractor's RNs must assist clients in enrolling in Maryland Health Choice (medical assistance), including selecting a managed care organization and PCP. If clients select the Contractor as their medical provider, reimbursement from Maryland Health Choice must be

pursued upon enrollment confirmation. Once confirmed, the Contractor may not seek reimbursement under the contract resulting from this RFP for primary care services provided to the client. The Contractor must also facilitate transitions to other primary medical providers within the client's commercial, private, or public health insurance plan, including providing medical records if requested by the client.

7. The Contractor's RN must assist clients in enrolling for Medicare benefits to transition to a medical home and must assist the client with any enrollment activities as needed.
- J. The Contractor must enter and sign a Homeless Management Information System (HMIS) participation agreement with the County and use the HMIS system as an electronic record to develop case plans and input service transactions. These electronic records are to be maintained in addition to hard copies which are to be stored in a locked cabinet within a locked office at the facilities.
- K. The Contractor must participate in the HMIS training on how to appropriately complete the Vulnerability Index – Service Prioritization Decision Assistance Tool (VI-SPDAT), and complete proof of disability form for clients as needed. HMIS must be used to document statistical data for number of Primary Medical Care Encounters through service transactions.
- L. The Contractor must participate in a maximum of four meetings per year with DHHS and other agencies and organizations to build collaborative relationships and establish protocols that allow for effective cross-referral of homeless individuals between primary care services, behavioral health, oral health, social services, hospitals, and shelter/housing provider.
- M. The Contractor's staff must participate in client team meetings and DHHS quarterly medical staff meetings.
- N. The Contractor must be trained and skilled in using harm reduction and trauma-informed care principles and be person-centered in their practice.
- O. The Contractor must facilitate a minimum of one in-service training per year for the Contractor's clinic staff and/or volunteers. The training must occur within 30 days of the effective date of the contract resulting from this solicitation, must be documented, and an attendance list of training participants must be sent to the County contract monitor. The training should address the unique medical needs of individuals experiencing homelessness and include, but not limited, to the below:
 1. barriers to obtaining necessary services (lack of transportation and resources);
 2. behavioral health and oral health needs; and
 3. review of current policies and procedures.
- P. The Contractor must comply with the U.S. Department of Health and Human Services Office of Minority Health National Standards for Culturally and Linguistically Appropriate Services (CLAS), which can be found at <https://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>.
- Q. The Contractor must comply with all federal, State, and local laws and regulations governing privacy and the protection of health information, including but not limited to, the Health Insurance Portability and Accountability Act (HIPAA). The Contractor must also sign a Business Associate Agreement (BAA) with the County prior to execution of the Contract and must comply with the provisions in the attached BAA (Attachment D).
- R. The Contractor must comply with Department of Health and Human Services Background Clearance Policy requirements for staff as stated in the link listed below. At a minimum, all staff and volunteers having unsupervised contact with a vulnerable population, including children and/or the elderly, must be

appropriately screened prior to providing services under this Contract. The Contractor must check the link for updates to the policy. The Background Check Policy is located here:
<http://www.montgomerycountymd.gov/HHS/DoingBuswDHHS.html>.

- S. The Contractor must have an established Continuity of Operations (COOP) Plan. This plan must ensure the continued performance of essential functions during a wide range of potential emergencies, including localized acts of nature, accidents, and technological or attack-related emergencies. The Contractor must also maintain a COOP plan specifically tailored to the sites in which services are being provided. These plans must outline procedures for maintaining service continuity and ensuring the safety and security of personnel and clients during emergencies. The Contractor must submit these plans to the County designated contract monitor for review and approval within 60 days of Contract execution and update the plans annually or as significant changes occur.
- T. To support the County's initiative to build community trust, the Contractor must adhere to the following:
1. The Contractor must not request information about or otherwise investigate or assist in the investigation of the citizenship or immigration status of any person unless such inquiry or investigation is required by court order.
 2. The Contractor must not coerce, intimidate, or threaten any person based on the person's actual or perceived citizenship or immigration status or the actual or perceived citizenship or immigration status of a member of the person's family or any other associate of the individual.
 3. The Contractor must not subject an individual to verbal abuse, including disparaging or offensive comments, based on the individual's actual or perceived immigration status, or the actual or perceived immigration status of a member of the individual's family or any associate of the individual.
 4. The Contractor must not condition the provision of County benefits, opportunities, or services on matters related to citizenship or immigration status unless required to do so by state or federal law, or court order.
 5. Where presentation of a Maryland driver's license or identification card is accepted adequate evidence of identity, the Contractor must accept presentation of a photo identity document issued by the person's country of origin, such as a driver's license, passport, or matricula consular (consulate-issued document), or by a pre-approved non-profit organization and must not subject the person to a higher level of scrutiny or different treatment than if the person had provided a Maryland driver's license or identification card, except that this subparagraph (5) shall not apply to the completion of the federally mandated I-9 forms.

5.4. Contractor's Qualifications

- A. The Contractor must be registered to do business in the State of Maryland.
- B. All medical providers providing services under the resulting contract must be currently licensed in the State of Maryland as a PCP.
- C. MDs and NPs must possess their Drug Enforcement Administration (DEA) and State authority to work with controlled dangerous substances (CDS) license.
- D. The Contractor must have and provide a copy of a current Clinical Laboratory Improvements Amendment (CLIA) certificate of waiver to perform clinic-based laboratory testing that is consistent with the CLIA waiver pursuant to section 353 of the Public Health Service Act, 42 U.S. C. 263a.

- E. The Contractor must complete all documentation and/or agreements as required by the Maryland Board of Nursing. All documentation must be filed and made available upon County request.

5.5. Contractor's Responsibility

The Contractor must comply with the following quality assurance requirements:

- A. The Contractor must verify physician credentialing and privileging by two sources: the Maryland Licensing Board and the National Practitioners Data Bank. A copy of the physician's license and DEA and CDS license must be on file at the Contractor's primary location. The Contractor must verify the licenses of NPs and nurses by the Maryland Nurse Licensing Board. The Contractor must file with the Maryland Licensing Board a job description for its Physician Assistants. The Contractor must ensure that all credentialed provider files contain signed Patient Confidentiality Statements.
- B. The Contractor must participate in all activities related to the evaluation of the services provided under this solicitation, including a quality assurance review if requested by the County, and the implementation of a corrective action plan resulting from the review process. In the event the Contractor has Joint Commission (formerly JCAHO) accreditation, the Contractor must provide the County access to the report, findings, and action plan from the Joint Commission's most recent review.
- C. The Contractor must ensure that all physicians and clinical staff have current American Heart Association Basic Life Support or Advanced Cardiac Life Support certification, with documentation on file.
- D. The Contractor must permit the County or designee to conduct on-site visits and reviews of medical records, pharmacy management practices, financial records, and other documentation related to the contract resulting from this RFP.
- E. The Contractor must have an ongoing peer review process that is conducted by a MD or NP. To the extent permitted by law, the Contractor must allow the County, and/or their respective designee access to all peer review reports upon request.
- E. The Contractor must maintain malpractice coverage for all clinical staff and meet the minimum mandatory insurance requirements set forth in Attachment C of this RFP.
- F. The Contractor must submit a written client grievance policy to the County contract monitor for approval within 30 days of execution of the contract resulting from this RFP. The Contractor must distribute to and/or publish for all clients the approved grievance policy.
- G. The Contractor is responsible for all associated costs with biohazard waste pick-up and removal.

5.6. County's Responsibility

- A. The County will train the Contractor's staff on HMIS data requirements and provide user support for HMIS quality assurance.
- B. The County will train the Contractor's staff on how to appropriately complete the VI-SPDAT.

- C. The County will train the Contractor's staff on how to appropriately prioritize cases, ranking them from high-priority to low-priority, ensuring appropriate workflow and that services are provided to those categorized as high-priority first.

5.7. Reports/Deliverables

- A. The Contractor must submit monthly invoices and supporting documentation in a format approved by the County, no later than 15 days following the end of each month. Upon receipt, acceptance and approval of the Contractor's invoice, the County will make payment within 30 calendar days for expenses incurred by the Contractor in providing the goods and services described in this Contract. All required reports and other supporting documentation must be submitted with the Contractor's monthly invoice. Invoices must be sent to the contract monitor designated by the County.
- B. To facilitate data collection for better planning for health services in the County, and for required reporting for funding, the Contractor must have an electronic information management system that can provide required reports including the types of treatment or services being provided, the unduplicated client counts, and the total number of client encounters for both primary health care and nurse case management services. The Contractor must maintain an electronic medical record system and its medical providers must provide complete, legible, and accurate documentation of services rendered, as well as maintain confidentiality of medical records in accordance with all applicable federal, State, and local laws and regulations.
 - 1. To assess the impact of primary health care in shelters and through street outreach, the Contractor must collect, and submit to the County contract monitor upon request, the following data:
 - a. Baseline data at opening of case and discharge of case
 - b. Severity of primary diagnosis at admission versus time of discharge/closure of case
 - c. Level of client self-management of health condition at admission and discharge/closure of case
 - d. Number of clients requiring a higher level of care
 - e. Monthly demographics of clients
 - f. Number of uninsured clients before services
 - g. Number of clients helped to obtain medical insurance
 - h. Charting of mental health and health conditions presented by clients
 - i. Number of clients insured and connected to primary and/or specialty care
 - j. Number of encounters per client
 - k. Length of time cases are open with provider
 - l. Most common diagnosis of clients utilizing the service
- H. The Contractor must record objective findings, significant medical history, significant phone conversations and medical recommendations in the individual's electronic medical record within 24 hours.
- I. The Contractor must ensure that all medical reports (consultant, laboratory, physical exam records) and records received from consulting MDs/NPs (i.e. hospital discharge records) are reviewed, initialed, and dated within 24 hours by the consulting MD, contract staff MD, or mid-level practitioner prior to being filed in the client's medical record.
- J. The Contractor must maintain detailed current and historical client records per State and federal requirements, enabling provider to continue treatment if needed. Subject to patient

confidentiality laws, the Contractor must allow the County and/or its agents to access these records for audits.

- K. The Contractor must submit the following data to the County on a monthly basis, fifteen (15) calendar days after the end of each month. This data should include a demographic breakout that includes gender, age, race, and ethnicity:
1. The total, unduplicated number of homeless clients seen for primary medical care encounters and/or specialty medical care referrals during the month.
 2. The cumulative, unduplicated number of uninsured clients seen for primary and specialty medical care encounters from the beginning of the Contract through the close of each monthly reporting period.
 3. A detailed report of each uninsured client's encounter(s) with a PCP, including client's first and last name, client status (new or established), encounter date, clinic location, medical record number, county of residence, patient date of birth, social security number, current procedural terminology (CPT) code, ICD9 code(s), and name and credential of treating health care professional. Provider must deliver detailed reports electronically to the County contract monitor in the format specified.
 4. A detailed report on the nurse case manager activities each month including the client's last name, first name, date of birth, and social security number, sorted by location and nurse case manager, with the total number of clients served in the areas listed below:
 - a. Medication management
 - b. Health education
 - c. Illness management
 - d. Transportation and other community supportive services
 - e. Coordination of care with other community providers
 - f. Referral and linkage to mental health, addiction treatment, laboratory and/or imaging
 - g. Triage / assessment
 5. A summary report of encounters by CPT code for clients receiving services during the reporting month.
- L. The Contractor must submit the set shelter clinic schedule and outreach availability for approval by the County contract monitor that meets the minimum weekly hours referenced in Section 5.3, Scope of Services/Specifications/Work Statement, on a quarterly basis. Any proposed changes to this schedule must be submitted to the County contract monitor for approval prior to implementation.

5.8 Program Outcomes and Performance Measures

A. Goals and Performance Measures

1. The Contractor must participate in a monthly meeting with the County contract monitor to review health outcomes, trends, concerns regarding encounters/use of service history and programmatic needs.

B. Outcomes

1. The Contractor must develop and implement a mechanism to measure program goals and progress of the County's performance measures listed below and assess quality of services provided.
 - a. 100% of clients served are connected to PCPs, regardless of insurance status;
 - b. 100% of clients utilizing services receive assistance with care coordination (primary care, specialty care, shelter providers and community providers) regardless of their eligibility status;
 - c. 100% of clients transitioning out of the shelter and/or housed off the street have a transition plan of care with other community providers or continue with shelter PCPs as outpatient provider;
 - d. At least 80% of clients receiving services show a decrease in level of care needed after connecting with primary care and other medical supportive resources, and an enhancement in quality of life (i.e. increase knowledge on health condition, active role in care).
 - e. At least 70% of clients receive health care services that improve access to recommended prevention, screening, treatment, health education, and/or follow up services.
2. The Contractor must conduct an annual customer satisfaction survey to clients to measure progress toward the program's objectives. The Contractor must submit draft surveys to the County contract monitor for approval within 30 days after the execution of the contract resulting from this RFP. Survey results must be submitted to the County contract monitor with the annual report. The customer service survey must include how this program contributed to an improved quality of life, treatment from staff, responsiveness to needs, quality of services provided, and other areas identified by the Contractor and the County.

6. SECTION C - PERFORMANCE PERIOD

6.1. TERM

The effective date of this Contract begins upon signature by the Director, Office of Procurement and ends on June 30, 2026. Contractor must also perform all work in accordance with time periods stated in the Scope of Services. Before this term for performance ends, the Director at their sole option may (but is not required to) renew the term. The Contractor's satisfactory performance does not guarantee a renewal of the term. The Director may exercise this option to renew this term four (4) times for up to one (1) year each.

6.2 PRICE ADJUSTMENTS

- 6.2.1 Prices are fixed for the first term of this Contract. For any renewal term of this Contract, a price increase may be allowed as follows:
 - A. If the County Council provides for an Inflationary Adjustment that applies to this Contract, the Contractor will receive the Inflationary Adjustment in the amount set forth by Council for the subject Fiscal Year. In this event, the Contractor may not seek any additional price increase(s) during the renewal term.
 - B. If there is no Council-approved Inflationary Adjustment applicable to this Contract, the Contractor may request a price increase, subject to the following:
 1. Approval or rejection by the Director, Office of Procurement, or designee.
 2. Must be submitted in writing to the Director, Office of Procurement, and accompanied by supporting documentation justifying the Contractor's request. A request for any price adjustment may not be approved unless the Contractor submits to the County sufficient justification to support that the Contractor's request is based on its net increase in costs in delivering the goods/services under the Contract.