

Quote Request – Services

Office of Procurement and Grants

Lifespan Respite Services Program (Primary)

Fiscal Year 2024

The following is a Quote Request – Services (QR). DHHS is hereby requesting interested bidders respond to this QR with a written statement of work and deliverables for DHHS' consideration.

This Quote Request – Services comprises two parts:

1. **Instructions for Submitting a Bid:** Who is eligible to submit a bid to be awarded a contract, and how and when to submit.
2. **Scope of Work and Minimum Requirements:** DHHS's requested scope of work, along with any requirements.

Summary of Desired Services

This QR is being issued by the Division of Children and Family Services, Nebraska Lifespan Respite Services Program. This QR seeks applicants to further implement the requirements of the Nebraska Lifespan Respite Services Program to develop and expand access to the existing infrastructure of available respite resources of the statewide Nebraska Lifespan Respite Network.

Authority to Issue Quote Request

DHHS has the authority to issue this QR under its authority to procure contracts exempt under Neb. Rev. Stat. § 73-507(2)(e) for direct services to an individual.

The Department is seeking quotes for innovative local respite coordination to assist family caregivers. The Department will distribute these funds to foster innovative local models to provide innovative respite activities for older adults, persons with disabilities, children with special needs, and family caregivers; and to evaluate the effectiveness of those models.

1. Instructions for Submitting a Bid

Eligibility to Apply

The following are the minimum requirements for any bidder wishing to bid on these services. If a bidder does not meet the eligibility requirements set forth below, the bidder should not submit a bid. Any bids from an ineligible bidder will be rejected by DHHS.

A range of entities is encouraged to apply. DHHS wants to fund local models that represent a diverse cross-section of the state reflective of family caregiver needs across the lifespan and disability populations of all urban and rural counties within each of the six Nebraska Lifespan Respite Network local service areas. This includes addressing underserved care receivers, limited English-speaking populations, and communities with limited respite resources or providers.

- A. Examples of the type of organizations that are eligible to apply are:
 - i. Public or private non-profit entities;
 - ii. Local communities;
 - iii. Indian tribal governments and organizations (American
 - iv. Indian/Alaskan Native/Native American);
 - v. Faith-based organizations;
 - vi. Community-based organizations;
 - vii. Healthcare providers;
 - viii. Institutions of higher education;
 - ix. Local aging services organizations as defined in 102(5) of the
 - x. Older Americans Act of 1965;
 - xi. Centers for independent living as defined in section 702 of the Rehabilitation Act of 1973;
 - xii. Public Health Departments; and
 - xiii. Volunteer agencies or advocacy groups with expertise in the delivery of need and interest-based services to older adults, children or adults with disabilities, or family caregivers.

- B. More than one organization may partner in a single proposal, but one organization must be designated as the lead Applicant and Contractor.
 - i. An organization can submit a proposal for one or more of the six service areas listed below. The organization must submit separate proposals for each service area.
 - ii. Six service areas are available for FY 2024 Lifespan Respite contracting as described in this announcement:
 - a. **Eastern Service Area** serving Douglas and Sarpy counties.
 - b. **Southwest Service Area** serving Arthur, Chase, Dawson, Dundy, Frontier, Furnas, Gosper, Grant, Hayes, Hitchcock,

Hooker, Keith, Lincoln, Logan, McPherson, Perkins, Red Willow, and Thomas counties.

- c. **Western Service Area** serving Banner, Box Butte, Cheyenne, Dawes, Deuel, Garden, Kimball, Morrill, Scotts Bluff, Sheridan, and Sioux counties.
- d. **Central Service Area** serving Adams, Blaine, Buffalo, Clay, Custer, Hall, Hamilton, Franklin, Garfield, Greeley, Harlan, Howard, Kearney, Loup, Merrick, Nuckolls, Phelps, Sherman, Valley, Webster, and Wheeler counties.
- e. **Northern Service Area** serving Antelope, Boone, Boyd, Brown, Burt, Cedar, Cherry, Colfax, Cuming, Dakota, Dixon, Dodge, Holt, Keya Paha, Knox, Nance, Madison, Pierce, Platte, Rock, Stanton, Thurston, Washington, and Wayne counties; and
- f. **Southeast Service Area** serving Butler, Cass, Fillmore, Gage, Jefferson, Johnson, Lancaster, Nemaha, Otoe, Pawnee, Polk, Richardson, Saline, Seward, Saunders, Thayer, and York counties.

Proposal Instructions

Bidders must respond by the time indicated, unless this QR is open on a continuous basis. Bidders may respond on any template provided by DHHS or on their own paper, provided the response contains identified deliverables and is sent to the identified contact, below. **All bidders must include an email point of contact for bid submission with their bid. Bidders must complete and submit their bid submission using attached Forms 1 – 3:**

1. **Form 1 – FY 2024 LRN Coversheet and Narrative**
2. **Form 2 – FY 2024 LRN Budget Template**
3. **Form 3 – FY 2024 LRN Work Plan Template**

Questions

Questions on the QR must be sent, via email only, to the Point of Contact, identified below. DHHS will respond to questions before responses are due. DHHS may post questions and responses, in its discretion.

Review

DHHS will review responses and decide whether to award a contract for services, and whom to award the contract. In negotiations with the selected vendor, DHHS may accept the statement of work and deliverables as-is, or may request changes from the vendor. A final statement of work and deliverables will be subject to DHHS standard terms and conditions for services contracts, a copy of which is available here: <https://dhhs.ne.gov/Grants%20and%20Contract%20Opportunity%20Docs/ADDENDUM%20A%20-%20DHHS%20General%20Terms%20-%20Services%20Contracts.pdf> Please note that additional contract terms may be needed, such as a business associate

agreement, or insurance, depending on the services provided. Those may be negotiated with the selected vendor.

Format for Submission

Statements of work and deliverables must be sent in a format that allows for redlining or changes, such as Microsoft Word (not in PDF form, although a PDF may be submitted along with an editable format). **(Form 1)**

Addenda

DHHS may post addenda to this QR if any further information or clarification is necessary. Addenda will be posted on the DHHS Contract Opportunities webpage. No other notification will be provided to any entity.

Failure to Follow Stipulations

Failure to follow anything in this Request for Quote Process and Proposal Instructions, may be the basis for disqualification or rejection of any proposal. Failure to submit a timely response will result in DHHS rejecting a bid, except that DHHS has discretion in allowing a bid submitted but not received by DHHS until a short time (no more than a few minutes) after the stated deadline.

Protests or Grievances

This QR process is **not** subject to the DHHS Grievance/Protest Procedures for Vendors. Concerns, however, about the process after award may be sent to DHHS.Procurement@nebraska.gov.

Award Decision

DHHS will post an award decision on its contracts opportunities website, available at DHHS.ne.gov. Bidders will not be notified by email.

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| Responses Due By: December 20 th , 2022 at 5:00 pm, Central Standard Time | Responses Due to: https://nebraska.sharefile.com/r-r6a59eedab39d42438d4ecd9e8df2c275 |
| Points of Contact for any Questions: René A. Botts and Rita Schwabe, DHHS.RFPQuestions@nebraska.gov | Additional Procurement Point of Contact: DHHS.Procurement@nebraska.gov |

2. Scope of Work and Minimum Requirements

Term

A contract resulting from this QR shall start July 1, 2023 and end June 30, 2024.

Description of Work

Submitted on Form 3.

- A. The Applicant must conduct monthly, at minimum, contact with each family caregiver and participant to maintain contact, provide support, and build strong working relationships.
 - i. Contact must consist once a quarter, at minimum, contact via phone, in person, or active communication via email with support provided for the family caregiver or, when applicable, the respite recipient.
- B. The Applicant must provide case management services to Lifespan Respite participants, caregivers, and their families. Case management services include, but are not limited to:
 - i. Availability to respond to questions or concerns from applicants, clients, or caregivers about the Lifespan Respite Services Program.
 - ii. Assist recipients, caregivers, and providers with annual renewals for program eligibility determination.
 - iii. Support and assistance to recipients, caregivers, and providers with submitting monthly billing documents and other required program documents.
- C. The Applicant must facilitate email or text efforts to build relationships with respite providers and family caregivers.
 - i. This can include quarterly Network updates via email, mail, or text with a link to view updates.
 - ii. Monthly contact to discuss respite supports needed, barriers to address, assistance with submitting program documents, and provide information about additional respite resources in the service area.
- D. The Applicant must provide evidence of Respite Network hosted meetings (virtual or in-person) with at least one (1) new Community-Based Organization (CBO) each quarter of the contract term to provide information on potentially becoming a respite provider, review data reporting requirements, and provide information on respite activities and events.
- E. The Applicant must increase the number of local respite activities provided and provide data reported by the Network screened Community-Based Organizations.
- F. The Applicant must support the identified NE Lifespan Respite Network contractor in conducting checks on all prospective and current Lifespan Respite Network providers as directed by the Department. The

Department and contractor may use outcomes of checks to deny or terminate a provider from Network participation. Each of the following systems must be accessed with acceptable outcomes to be considered Network screened :

- i. DHHS Adult Protective Services Central (APS) Register/Child Abuse and Neglect Central (CPS) Registry;
 - ii. The Nebraska Sexual Offender Registry,
 - iii. Nebraska Criminal History/Nebraska Data Exchange Network (NDEN);
 - iv. Office of Inspector General List of Excluded Individuals and Entities (OIG LEIE); and
 - v. The Nebraska Medicaid Excluded Provider's List (NEMEPL).
- G. The Applicant must record weekly verification of local network provider completion of available orientation and training opportunities. This includes required Network screening for applying and renewing providers.
- H. The Applicant must submit daily documentation of provider and family caregiver information on the eLifespan Respite secure system and on the Department CONNECT system as directed by the Department if this person is a current eligible Lifespan Respite Services program client receiving payment for Lifespan Respite Program utilization.
- I. The Applicant will participate in the Lifespan Respite Program's standardized quality assurance and evaluation process as directed by the Department.
- J. The Applicant will identify plans to leverage program funds contributed by government, philanthropic foundations, or other funders to provide local respite activities not previously available to cultivate opportunities to create or enhance, strengthen and sustain age or need-specific respite alternatives.
- i. This information will be provided to the program via quarterly reports to provide additional information regarding resources explored, opportunities found and/or applied for via grant applications, collaborations with local funders, and other resources to provide more respite information and connections within the Network.
- K. The Applicant will facilitate at least two Network sponsored respite events in locations determined beneficial based on reported respite needs data.
- i. The Applicant must provide a proposed written plan for the Network-sponsored respite events for the Contractor's review and approval. The plan must be submitted 90 days after the start date of the contract.
 - ii. The plan must include:
 - a. Proposed budget for each event and participant cost, if any, and anticipated collaborations;
 - b. Proposed date for each event (must be within the contract year);
 - c. Proposed location of event or programming, counties served, target population, use of volunteers (if applicable), marketing strategies, and participation goals;

- d. Description of the respite event and/or activity. Including the type of respite event or activity: social, educational, physical, cognitive, historical, festive, or other;
 - iii. Required documentation for each Network sponsored respite event includes:
 - a. Participation data for each respite event;
 - b. Utilization of a DHHS-approved Satisfaction Survey tool and the results. The tool will be completed with the care recipients and/or their caregivers participating in the event. The goal for each event is for at least seventy-five percent (75%) of the care recipients and/or caregivers to report the event as satisfactory or above.
- L. The Applicant must develop and host a local Advisory Committee. The Advisory Committee will meet at least once per quarter throughout the contract year. The Advisory Committee must meet the DHHS-approved composition rules.
 - i. Each local Network is required to have an Advisory Committee that represents the Lifespan Respite Services Program.
 - ii. Membership must reflect diversity in race/ethnicity, income level, and geographic representation across the service area.
 - iii. Advisory Committee membership must include a wide breadth of professional members that include:
 - a. Representation of agencies that provide services across the Lifespan (children and adults with disabilities and/or complex medical needs, and elderly persons) and;
 - b. Various perspectives include but are not limited to health care providers, local government and community leaders, educational professionals, and other stakeholders.
- M. The Applicant must conduct a DHHS-approved provider evaluation of all current providers by assessing the care recipient and the family caregiver's satisfaction. The evaluation must be completed by 6 months following the start date of the contract;
 - i. The Applicant must provide an overview summary of the results of the provider evaluation of all current providers to the Contractor 30 days following evaluations. The Applicant must include a brief action plan to address areas of need or improvement noted.
 - ii. The Applicant must present the overview summary and brief action plan to the Respite Network Advisory Committee and consider sharing the results with caregivers and participants.
- N. Statewide Lifespan Respite Network Strategic Marketing Plan activities – The Applicant must disseminate DHHS-approved branded respite material.
- O. The Applicant must demonstrate evidence of collaboration and participation in the NE Caregiver Coalition.

- i. Choose an active local network advisory committee member or another Respite Network-related representative from your area to participate in the coalition meetings;
 - ii. Share information on local respite activities and events; and
 - iii. Support of Coalition initiatives.
- P. Attend/participate in monthly and/or quarterly technical assistance videoconferences, 1:1 contractor calls, and onsite visit(s) from the statewide Lifespan Respite Program Coordinator.
- Q. Respond promptly to calls or emails requesting information about the Nebraska Respite Network and Lifespan Respite Program;
 - i. Identify the NE Respite Network on all incoming respite-related calls;
 - ii. Provide Lifespan Respite Program information to potential applicants and families; and
 - iii. Provide referral and contact information of other DHHS programs, as needed and appropriate.
- R. By June 30, 2024 show at minimum a ten percent (10%) increase in available Network Screened Providers for your service area using FY23 baseline data provided to you by DHHS.
- S. By June 30, 2024 show at minimum a twenty percent (20%) increase in open Respite cases/care recipients for your service area using FY23 baseline data provided to you by DHHS.
- T. Adhere to the Nebraska Lifespan Respite Network Required Standards Operating Procedures (SOPs) approved and provided to you by DHHS.
- U. Reporting requirements:
 - i. The Applicant will provide an updated Work Plan, Logic Model, and Sustainability Plan within thirty days (30) of the fully executed contract;
 - ii. The Applicant will record all pertinent information required by DHHS in the DHHS-designated electronic systems;
 - iii. The Applicant will submit minutes of each quarterly respite network advisory committee meeting held;
 - iv. The Applicant will submit a Quarterly Performance Outcome Report which includes progress toward measurable outcomes, project accomplishments, challenges, and products developed are submitted per DHHS approved method by the 15th day of the month following each quarter;
 - v. The Applicant will submit Monthly Respite Activity Data defined by the Respite Data Dashboard on respite.ne.gov;
 - vi. The Applicant will submit Satisfaction Survey/Evaluation results and action plan as identified above in section (m).;
 - vii. The Applicant will submit a Respite Network Sponsored event written plan, participation data, and satisfaction survey results as identified above in section (k).;

- viii. The Applicant will submit In-Kind Contributions approved on budget and shared publicly by the Respite Data Dashboard on respite.ne.gov;
- ix. The Applicant will provide Monthly Social Media materials for postings; and
- x. The Applicant will submit an Annual Report by July 15, 2024, as defined by DHHS.

Deliverables

| Deliverable Description | Due Date |
|---|------------|
| Identify plans to leverage program funds contributed by government, philanthropic foundations, or other funders to provide local respite activities not previously available to cultivate opportunities to create or enhance, strengthen and sustain age or need-specific respite alternatives. | 12/31/2023 |
| Conduct DHHS-approved provider evaluation of all current providers assessing care recipient and family caregiver satisfaction | 1/31/2024 |
| Provide an overview summary of the results of the above provider evaluations to DHHS. Including a brief action plan to address areas of need or improvement as they are noted. | 3/31/2024 |
| Present the overview summary and brief action plan to the Respite Network Advisory Committee and consider sharing the results with caregivers and participants in the Network area. | 5/30/2024 |
| Provide evidence of Respite Network hosted meetings (virtual or in-person) with at least three (3) new Community-Based Organizations (CBO) to provide information on potentially becoming a respite provider, review data reporting requirements, and provide information on respite activities and events. | 2/28/2024 |
| Show at minimum a ten percent (10%) increase in available Network screened providers for the local service area. The Work Plan must identify quarterly goals to reach the overall goal of a 10% increase for the contract goal. Refer to section 3.1.4 for additional details. | 6/30/2024 |
| Show a minimum of a twenty percent (20%) increase in open Respite cases and/or care recipients for the service area using the FY2022 average as a baseline. The Work Plan must identify quarterly goals to reach the overall goal of a 20% increase for the contract goal. | 6/30/2024 |

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| By the 15 th of the month following the conclusion of each quarter, submit a detailed Quarterly Performance Outcome Report with updates on progress towards the measurable items within this contract and the DHHS-approved Work Plan (Attachment 1). | 10/15/2023, 1/15/2024, 4/15/2024 |
| Submit an Annual Report that includes progress toward the measurable items within this contract and the Contractor's DHHS-approved Work Plan for the 4 th quarter. | 7/15/2024 |
| Facilitate at least two (2) Network sponsored respite events in locations determined to be beneficial based upon reported respite need data | 6/15/2024 |
| By the 15 th of the following month after the Advisory Committee meeting, the Contractor will submit meeting minutes to DHHS for each quarterly advisory meeting via the NLRN page (respite.ne.gov). | 15th of the following month after the meeting was held |
| Provide a proposed written plan for the Network sponsored respite events for DHHS review and approval. The plan must include the requirements found in sections 3.1.16.1.1-3.1.16.1.3 and section 3.1.16.2. | 9/30/2023 |
| Provide Social Media post content to DHHS-approved contractor for review and posting. | Monthly |

Budget

The Applicant will utilize **Form 2** to submit their proposed budget.

The Applicant will submit a proposed budget based on eligible funds available for the Service Area for which they are applying. The budgeted amounts are determined based on caseload data and forecasts for the next fiscal year.

| Lifespan Respite Service Areas: | Eligible Funds for Service Area: |
|---------------------------------|----------------------------------|
| Central Service Area | Up to \$60,000 |
| Eastern Service Area | Up to \$104,000 |
| Northern Service Area | Up to \$32,000 |
| Southeast Service Area | Up to \$60,000 |
| Southwest Service Area | Up to \$30,000 |
| Western Service Area | Up to \$75,000 |

Submit a proposed budget that includes the amount of funds requested, the applicant's minimum match, and the total program budget. Applicants should add lines for additional costs as needed to encompass a period of 12 months. The budget may include eligible activities to be funded with Lifespan Respite Network funds as follows:

- A. A list and explanation of the costs associated with respite activities, events, evaluation, data collection, and meetings.
 - i. The program costs in the budget must correlate with the program tasks in the Work Plan.
 - ii. State Funds Requested for this program.
 - iii. Match Funding by Source.
 - a. Match - Cash Contributions: Include an explanation of each funding source and whether that funding is secured, in process, or anticipated.
 - b. Match-In-Kind Contributions: List all in-kind/non-monetary contributions the organization anticipates receiving and using for this program. Include a breakdown of the fair market monetary value. List the source of the contribution (i.e. an individual, organization, etc.). For contributions of personnel, please include salary/wage levels for each staff member and/or consultant. In addition, provide the cost of rental space, if applicable. If a reasonable and documentable fair market value of volunteer services is not easily determined, volunteer hours may be calculated with the following equation: the number of hours worked multiplied by \$14.60 (based upon AARP's estimated economic value per hour of unpaid family caregiver contributions).
 - iv. Program Expenses:
 - a. All program personnel allocated to this proposal program (full or part-time) are directly employed by the organization;
 - b. Fringe benefits; and
 - c. Other direct program expenses necessary for the success of the proposal.
 - v. Travel Expenses: Board and lodging, Commercial Transportation Personal Vehicle Mileage, and Miscellaneous Travel Expenses meeting state travel policies outlined in the State Accounting Manual.
 - a. Refer to <https://das.nebraska.gov/forms/index.html> under the 2022 Expense Reimbursement Document for details.
 - vi. Indirect Costs (if an approved indirect cost rate or verification of compliance with OMB requirement for the de minimus rate is provided to DHHS):
 - a. Examples of Indirect costs are rental costs for office space (excluding the cost of short-term rentals for event space for program-related activities), costs of operating and maintaining facilities, salaries and expenses of executive officers and/or

- administrative personnel, accounting, office equipment, and office supplies; and
- b. Operations costs do not include cellular phones or computers that are not specifically dedicated to the program.
- vii. Program Revenue - State Funds Requested: this amount should equal the total state-funded expenses included in your Budget.

Funding may NOT be used for:

- A. Attendance at conferences or professional development activities;
- B. Advertising costs for general organization operations unrelated to this program; and
- C. Lobbying or political activities.
- D. All Applicants are required to contribute a minimum match equal to 10% of the total program budget. The match may be comprised of cash, in-kind contributions, or a combination of both.
 - i. Matching resources take on the characteristics of the Department and state funds and are therefore subject to the same rules regarding their use;
 - ii. Applicants are responsible for raising minimum matches;
 - iii. All proposals must detail the sources of their proposed match. Possible sources of the match may include, but are not limited to In-kind contributions;
 - a. Volunteered time, including local network advisory committee involvement;
 - b. Use of facilities to hold meetings;
 - c. Program fees or other earned revenue from the Applicant organization's budget;
 - d. Foundation or Grant contributions;
 - e. Employer/Business contributions;
 - f. Individual contributions; and
 - g. Other contributions.
 - iv. The following sources cannot be used toward the match:
 - a. Federal or State Funds.
 - b. Funds used to match grants.
 - v. Applicants must obtain a Unique Entity Identifier (UEI) and include the number on the proposal.
 - vi. Proposed local models do not have to be new projects for an organization. But funds must be used to supplement, not replace funding that would otherwise be available by a government program to purchase respite activities.
 - vii. This proposal process will be competitive. Not all applications are guaranteed to receive funding, and those that do, may not receive the full amount requested.

Minimum Requirements

In providing the services under this QR, a contractor must meet the minimum requirements set forth below. These minimum requirements will be included in the resulting contract for these services. If a bidder is not able to meet these requirements, their bid will be rejected.

Definitions:

Eligible populations

Local model respite programs must serve one or more eligible lifespan populations:

- A. Persons age 60 and older with special needs or disabilities;
- B. Persons ages 19-59 with a disability or special need; and
- C. Children birth through age 18 with a disability or special need.

Respite Services

- A. The term “family caregiver” means an unpaid family member, friend, guardian, neighbor, or another unpaid adult who provides in-home monitoring, management, supervision, or treatment of a child or adult with a need, such as a disease, disability, or the frailties of old age.
- B. Respite activities provided to family caregivers are intended to
- C. support their role as caregivers.

Local model programs must:

- A. Address an unmet respite need in the community;
- B. Be delivered in-home or community-based (non-institutional) settings;
- C. Recruit and screen paid and unpaid respite care providers and volunteers who are 14 and older;
- D. Complete all available training including provider orientation;
- E. Identify, coordinate, and develop community resources for respite services;
- F. Conduct quality assurance and evaluation;
- G. Participate in the background check process as required by the Nebraska Lifespan Respite Network on program providers, agencies, community-based organizations, and volunteers;
- H. The Department will offer technical assistance to support protocols for criminal background checks consistent with the requirements of the Nebraska Lifespan Respite Network; and
- I. Ensure that any personal identifying information (PII) is kept secure.
- J. Local models can offer to provide a wide range of volunteer or fee-based respite activities, including provider training.
- K. Examples of respite services could include (not intended
- L. to be an exhaustive list and Applicants may propose other services): age and interest-specific respite events, family caregiver support groups, respite provider training or recognition activities, employee caregiver

information sharing, respite funding information and referral, and provider matching.

- M. Applicants are encouraged to be innovative in their approaches in determining what volunteer services would be particularly useful to address the unmet needs of the eligible populations they intend to serve. What is innovative for one organization might not be innovative for another.

Attachments

1. Form 1 – FY 2024 LRN Coversheet and Narrative
2. Form 2 – FY 2024 LRN Budget Template
3. Form 3 – FY 2024 LRN Work Plan Template