



Please complete this packet in regard to SeniorCare's **Request for Proposal** and your request to contract with SeniorCare for FY [Click or tap here to enter text.](#) for the provision of **Homemaker/Personal Care and/or Non-homemaking** services. Submit your completed packet to SeniorCare Inc., 49 Blackburn Center, Gloucester MA 01930, Attn: Contracts Manager by 4:30pm on 6/10/2022. SeniorCare will review but is not obligated to accept or have any financial obligations in the preparation of proposals submitted. Please call 978-281-1750 x501 with any questions.

Provider Information:

Provider Name: [Click or tap here to enter text.](#)

Type of Entity (i.e. Corporation, LLC, Non Profit, Other): [Click or tap here to enter text.](#)

If Incorporated include State: [Click or tap here to enter text.](#) Date: [Click or tap to enter a date.](#)

Completion of Application By (Name/Title): [Click or tap here to enter text.](#)

Phone: [Click or tap here to enter text.](#) Email: [Click or tap here to enter text.](#)

Required information must be written within this packet and/or attached and noted in appropriate section within this packet.

Complete all sections, include required attachments and/or note in each section if included on Administrative Overview.

History: (**Brief** history of your agency, services availability and geographic areas served—in whole). [Click or tap here to enter text.](#)

Ability to Provide Services: (Demonstrated ability to provide proposed services listed within your Administrative Overview).

[Click or tap here to enter text.](#)

Methods(s) employed to ensure quality of service to all consumers:

[Click or tap here to enter text.](#)

Aging Service Access Points (ASAPs):

Do you currently hold contracts with an ASAP, if yes, please list your Lead ASAP:

No Yes Lead: [Click or tap here to enter text.](#)

Are any of your services subcontracted to other companies or individuals?

Yes No

If yes, all subcontractor(s) must be contained within your submitted Administrative Overview. Written proof that subcontractors abide by the same practices/policies/guidelines set by the Executive Office of Elder Affairs, not limited to, but including Technology Services and Security must be available to ASAPs. **Provider Agreements entered into require** that the Provider secure written approval from an ASAP (Aging Services Access Point) before subcontracting out any service.

Indicate each that apply to your agency:

- Federal Identification Number (required)** [Click or tap here to enter text.](#)
- NPI Number (if applicable):** [Click or tap here to enter text.](#)
- License (if applicable):** [Click or tap here to enter text.](#)
- Certified Agency**
- Non-Certified Agency**

MassHealth Application (ASAP- Aging Services Access Point)

(This is required to contract for most services/programs)

Have you completed or been asked to complete a MassHealth Application with an ASAP?

Yes Please include ASAP name and attach copy of approval letter.
ASAP Name: [Click or tap here to enter text.](#)

No **SeniorCare will email MassHealth applications to approved RFP Applicants (Note: this should be filed out with only one ASAP as it covers all ASAPs holding contracts with a provider).**

FOR HOMEMAKER/PERSONAL CARE PROVIDERS:

Are you an approved provider under the EOE/NOI site? Yes No

If no you must go to the site and complete the application process and be approved prior to continuing with this RFP process.
<https://noi.800ageinfo.com/>

Proposed Services and Rates for Homemaker/Personal Care Agencies:

Indicate what services and rates you are proposing for the following and include an attached Rate Calculation Sheet for each.

- | | | |
|--|---|---|
| <input type="checkbox"/> Homemaking | Rate: Click or tap to indicate rate | <input type="checkbox"/> Calculation Sheet Attached |
| <input type="checkbox"/> Personal Care | Rate: Click or tap to indicate rate | <input type="checkbox"/> Calculation Sheet Attached |
| <input type="checkbox"/> Supportive Home Care Aide | Rate: Click or tap to indicate rate | <input type="checkbox"/> Calculation Sheet Attached |
| <input type="checkbox"/> Companion | Rate: Click or tap to indicate rate | <input type="checkbox"/> Calculation Sheet Attached |
| <input type="checkbox"/> Chore, Light | Rate: Click or tap to indicate rate | <input type="checkbox"/> Calculation Sheet Attached |
| <input type="checkbox"/> Chore, Heavy | Rate: Click or tap to indicate rate | <input type="checkbox"/> Calculation Sheet Attached |
| <input type="checkbox"/> Chore, Premium | Rate: Click or tap to indicate rate | <input type="checkbox"/> Calculation Sheet Attached |

EVV (Electronic Visit Verification) – (NOTE: Section 12006 of the 21st Century CURES Act requires states to implement an Electronic Visit Verification (EVV) system for Personal Care Services by January 1, 2020).

EVV System/**Yes** EVV System/**No**

If yes, system type and description or plan to use states system: [Click or tap here to enter text.](#)

<https://www.mass.gov/info-details/learn-about-evv-for-provider-organizations-that-contract-with-asaps>

ALL PROVIDERS:

Attach Proof of CORI: {Business and/or Individual(s)}. Briefly describe your CORI procedure and how you make individual determinations, do **NOT** attach copies.

[Click or tap here to enter text.](#)

For your convenience visit: <https://documentlibrary.800ageinfo.com/2014/02home-care-.html#more>

Attach a copy of your Policy and Procedure Sections: (Include training/hiring, supervisory practices, Affirmative Action Plan (if large a signed paragraph indicating access to ASAP upon request), HIPAA Compliance, benefits{brief}, consumer non-discrimination and confidentiality practices and proof showing that your agency is an Equal Opportunity Employer).

Attach credentials if you are interested in identifying your agency as a certified:

- Minority-owned business or non-profit organization (MBE) SOMWBA certification attached
- Woman-owned business or non-profit organization (WBE) SOMWBA certification attached

Attach (Certificate of Insurance): Documentation of Insurance coverage, including general liability and professional liability with a minimum of \$1,000,000.00 each occurrence and \$3,000,000.00 general aggregate; worker’s compensation; automobile liability if you provide transportation services of any type:

SeniorCare Inc. must be named as an additional Certificate Holder.

SeniorCare’s address is: **49** Blackburn Center, Gloucester MA 01930

Attach: Copy of Business License, Licensure, etc. if applicable.

Attach: Copy of most recent financial audit if available/applicable or note available upon ASAP request. [Click or tap here to enter text.](#)

SeniorCare, Inc. reserves the right to accept or reject any or all proposals received as a result of this RFP. This Request for Proposal does not commit SeniorCare to pay the organization for any costs, which may be incurred in preparing a proposal. SeniorCare also reserves the right to cancel, in part or in total, this Request for Proposal if, in its judgment, it is in the best interest of elders and/or SeniorCare to do so. SeniorCare reserves the right to request changes in the final proposal before negotiating a contract with the applicant and to solicit proposals from additional agencies if necessary.

Criteria for awarding of funding:

- a. Whether the Request for Proposal is complete, accurate and submitted on time.
- b. Whether the applicant has demonstrated the ability to provide proposed service.
- c. If agency has contracted with SeniorCare in the past, the last evaluation will be reviewed.
- d. Competitive unit rate (any applicable attachments).
- e. Review of Insurance coverage, licenses, etc.
- f. Review of most recent audit (if available/applicable).

Signature

Title

Date