

# Elder Care Network Southeast (ECNS) Request for Proposal (RFP) for Homemaker/Non-Homemaker Provider Services Application Submissions Checklist

## **For new and existing Providers:**

- Computer Hardware Software Minimum Requirements Certification Form
- Service Proposal Chart – **Please alert an ASAP if you no longer wish to provide a currently contracted service.**
- Towns of Coverage Chart
- NOI Application (HM/PC/SHCA services)
- Administrative Overview (Non-HM/PC services)
- Required attachments Saved as individual files and clearly titled as shown:
  - Attachment A – Short form of legal existence (non – profit)  
Short form of legal existence with officers (for profit organizations)
  - Attachment B – Supplier Diversity office MBE and or WBE certificate (if applicable)
  - Attachment C – Licenses, Certificates, accreditations
  - Attachment D – COI
  - Attachment E – Organizational chart
  - Attachment F – Orientation checklist/topics for orientation
  - Attachment G – in service calendar
  - Attachment I – job descriptions

## Attachment H's

- H1 - Personnel Policies, including supervision, annual performance evaluation, work rules, etc.
- H2 - Conflict of Interest
- H3 - Privacy and Confidentiality
- H4 - Non-discrimination in employment and service delivery
- H5 - 105 CMR 155.00, including the procedure on the required DPH registry check (Homemaker Agencies, Home Health Agencies, and Skilled Nursing Facilities only)
- H6 - MassHealth All Provider Bulletin 196: The Office of the Inspector General's List of Excluded Individuals and Entities
- H7 - Tuberculosis Testing (Homemaker Agencies, Home Health Agencies, Adult Day Health Providers, Supportive Day Care and Skilled Nursing Facilities only)
- H8 - CORI (PI-09-19)
- H9 - Infection Control Plan (Homemaker Agencies, Home Health Agencies, Adult Day Health Providers, Supportive Day and Skilled Nursing Facilities only)
- H10 - Reportable Incidents
- H11 - Consumer Not at Home Policy`
- H12 - Emergencies in the Home
- H13 - Theft, Loss, or Damage to Consumer Property

- H14 - Shopping/Money Handling (Homemaker and Home Health Agencies, Companion providers, Grocery Shopping Providers)
- H15 - Service Priority for High Risk Consumers (PI-11-06) (Homemaker and Home Health Agencies only)
- H16 - Prohibitions on Fees and Gratuities

Service Specific Attachment(s) for services proposing

Rate Sheet – New Services only

**Mass Health Frail Elder Waiver Forms (Required only if a contract is granted)**

• For new providers that are currently not contracted with any ASAP agency, and want to contract for any of the following services: Alzheimer Coaching, Chore, Companion, Environmental Accessibility Adaptations, Home Delivery of Pre-packaged Medication, Skilled Services (HHA, RN, OT, and PT), Laundry, Grocery Shopping, Med Dispenser, Supportive Day Program and Transportation, required paperwork will be sent if a contract is granted.

**\*\*Please remit all forms saved in a zip folder, clearly marked and individually saved as shown;**

- Coastline Elderly Services, Inc > RFP forms > Provider Name - RFP

Name	Status
Administrative Overview or NOI	✓
Attachment A - Short Form of Legal Existence	✓
Attachment B - Supplier Diversity Form	✓
Attachment C - Licenses, Cerificates, Accreditations	✓
Attachment D – COI	✓
Attachment E - Organizational Chart	✓
Attachment F – Orientation checklist topics for orientation	✓
Attachment G – in service calendar	✓
Attachment I – job descriptions	✓
Computer Hardware and Software Requirements	✓
ECNS Service Proposal Chart	✓
ECNS Towns of Coverage Chart	✓
H1 - Personnel Policies, including supervision, annual performance evalu...	✓

How to Zip a Folder;

<https://support.microsoft.com/en-us/windows/zip-and-unzip-files-8d28fa72-f2f9-712f-67df-f80cf89fd4e5>