

Question and Answer

Nursing Services

2022 Request for Qualifications

	Program Area	Question	Answer
1	Nursing Services	Can you tell me what this contract involves, and what I would be doing as an RN? Pay rate?	See B-Service/Program Model page 5. Nursing Services provides nursing clinical medical expertise, input, and consultation to the assigned Area Agency on Aging (AAA) Case Manager. The RN completes in-home visits, telephone follow-up, and coordinates with community providers, including medical providers, nurses, therapists, pharmacists, and other health care providers. Most recent reimbursement rates were as follows and all are negotiable: Home Visit/Follow Up Visit: \$18/15 min or \$72/hr. Non-Home Visit Contact: \$12/15-min or \$48/hr. Interpreter Services: Reimbursed at actual cost.
2	Nursing Services	Can you tell me what I would be applying for? It isn't clear in the email.	Please refer to 2022 Nursing Services Request for Qualifications, Amendment 1 .
3	Nursing Services	I noticed that the budget is up to \$165,755. Would this budget be split between 2 agencies? Also, in another section of the application (page 4, on the top of the page) I noticed that the services are recorded & billed in 15-minute increments. Can you please explain how this works?	If two agencies are awarded contracts from the RFQ process, yes, the budget will be split between both. The nurse consultant will be required to track their time spent in 15-minute increments with and on behalf of the client. The nurse consultant will then bill the Human Services Department for the total number of hours worked by month by submitting a report showing client names and hours worked.
4	Nursing Services	How many clients will we serve in total? How many staff is appropriate to have on this specific assignment? On page 5, under section F. It stated the contractor shall provide the capacity of up to one full-time equivalent (FTE) RN. What is considered full time?	The number of clients served will vary. See Section A which outlines that this contract is for when/if nursing vacancies, extended leaves, and workload overflow occur. The average client referrals are 14 per month, though the need can vary based on a nursing vacancy or an extended leave. Someone working equivalent to full-time would work 40 hours a week. There is not a ceiling in terms of client referrals. It could vary from month to month. It does fluctuate. But there is not a ceiling where it is an issue if you do not serve a certain number each month.

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5	Nursing Services	Section G, number 4. This section mentioned, applicant must provide for a separate accounting of funds, from different sources, & financial internal controls. Can you elaborate on this question? Is this referring to having an account that is separate from a business account that already established?	This is referring to having a business account as well as an accounting system to be able to produce accurate and reliable financial records. The business account should be separate from a personal account. The accounting system should allow for the tracking of expenses, receipts, services, and revenue.
6a	Nursing Services	On the application, page 3 (now page 9 in amendment #1), under section B: Partnerships & Collaboration: Number one mentions describe how the program will collaborate with other agencies/programs to deliver services. Is this in regards to us needing to collaborate with other agencies? Is this a requirement?	In working side-by-side with the case manager and client, the nurse consultant may recommend or refer the client for services that aren't already in place. We would like you to describe your experience working or coordinating with other entities. We are not requiring a formal partnership but want to know how your agency or you as an individual has referred clients to needed services and supports. This means describing how your agency providing nursing services benefits program participants/clients/patients. Identifying any areas that consolidate the provision of services across agencies means any collaboration that your agency does to reduce duplication of services, including home health nursing, wound care clinics, or other services.
6b	Nursing Services	In this same section above (see page 9 in amendment #1) under number one, letter a. mentioned: What are the benefits of this effort for program participants? Is this in regards to the clients (patients)?	Describe how the program participants/clients/patients will benefit from your agency's collaboration, for example, with DSHS (or the Area Agency on Aging), hospitals, clinics etc. in providing nursing services.
6c	Nursing Services	Also, what does this question mean in the same section? Please identify any areas that will consolidate the provision of services across agencies.	"Consolidate the provision of services across agencies" means discuss any collaboration that your agency coordinates to reduce duplication of services, for example, with home health nursing, wound care clinics, etc.

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6d	Nursing Services	Can you please explain this question? Section B: Explain the roles & responsibilities of the various partners. Do we need to partner with another agency?	If/when your agency coordinates services with, for example, home health nursing, wound care clinics, etc., describe what the receiving agency's role and responsibilities are.
7	Nursing Services	Section E of the application, on page 5 (now page 11 in amendment #1) says, number 2: What costs & expenses are estimated/needed to be covered prior to receiving the grant? (Question now reads, " Describe how your agency has the capability to meet the program expenses in advance of reimbursement. ")	The entity requesting funding must document that they have fiscal solvency to cover costs for nursing services prior to receiving reimbursement.
8	Nursing Services	Describe program model? What services and how to deliver services?	See Application, Section B. Service/Program Model , page 3: Nursing Services provides nursing clinical medical expertise, input, and consultation to the assigned Area Agency on Aging (AAA) Case Manager. The RN completes in-home visits, telephone follow-up, and coordinates with community providers, including medical providers, nurses, therapists, pharmacists, and other health care providers. These services are specific to clients 18 years and older. The case manager does an assessment and asks for input on the plan of care regarding multiple medical diagnoses, frequent infections, etc. The nurse responds to the referral from the case manager. There is something specific that the nurse consultant responds to – skin breakdown risk or current pressure injury. The nurse follows a specific protocol to ensure skin and pressure points are examined. If there needs to be a change in the plan of care, the nurse provides updates and explanations as to why.
9	Nursing Services	How the fund will be used?	On page 11, Section E. Operations : The entity must describe how they will utilize the funding to perform nursing services.

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10	Nursing Services	Is program budget same as how fund to be used?	Yes.
11	Nursing Services	What does it mean by “personal budget?”	Personnel Budget should include all positions, salaries/wages, and benefits costs for this project.
12	Nursing Services	What is the number of nurses required to be stationed?	See page 5, Section F. Description of Key Staff and Staffing level . The contracted entity shall provide <u>up to</u> 1.0 FTE. The qualifications are listed in this same section of the application. The RN would need to reside in Washington State, have a Washington State RN license, and have a Washington State driver’s license, and be able to drive throughout King County.
13	Nursing Services	What are the required hours/shifts for each nurse?	See page 2, Section A. Overview of Investment Area . The contracted nursing services will be utilized periodically when nursing vacancies, extended leaves, or when the area agency on aging nurses have a heavy workload. Under this contract, the nurse is expected to be available during regular business hours Monday-through Friday. There is no specific hour or shift required per nurse; however, the RN must be able to receive and respond to the referral from the case manager within two business days.
14	Nursing Services	Is their mileage reimbursed, what this is the minimal and maximum time (if they are required to travel) and are they reimbursed for expenses?	A separate mileage reimbursement in addition to the unit rate is negotiable. There is no minimum or maximum timeframe for travel reimbursement. The nurse consultant is expected to travel throughout King County. The nurse consultant will be reimbursed for their time working with the client directly or on behalf of the client and for their mileage. Other expenses must be shown on the two-program budget form(s) and will be considered when negotiating the unit rate with HSD.
15	Nursing Services	Are phone or video interpreters allowed?	HSD will provide a list of approved in-person and phone interpreters. HSD is not currently set up for video interpretation.
16	Nursing Services	Will this presentation be recorded to be viewed later?	The presentation will be posted on the HSD Funding Opportunities webpage where you will also find the RFQ application (in PDF and Word formats), budget forms (in Excel) on the righthand column.
17	Nursing Services	Is single or double space required?	Refer to page 7 of the 2022 RFQ Application for submission instructions.

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18	Nursing Services	We must pay for all the costs up front and then are reimbursed. When/how are we reimbursed?	When you request funds on the application, you are explaining how much you would need on the two budget forms. We reimburse after the actual services are provided. For example, if you request \$80,000 on the application and budget forms package for a single RN to provide this service, HSD will not give the awardee \$80,000 upfront once the contract is awarded. We will reimburse you for the actual hours you provide to or on behalf of each client, up to \$80,000 during the contract period. You will receive the exact reimbursement for the hours you provide based on the invoice you will submit to the City of Seattle Human Services Department.
19	Nursing Services	How do we know the roles and responsibilities of other business partners when we do not know their jobs?	One of the things the case manager does is find out who all is involved in the clients' plan of care. The nursing services entity would reach out to the nurse delegator and find out what the specific delegated tasks are. The nursing service entity should follow up with related agencies to be informed as to what they are doing. There are specific entities that do different things within nursing services. It would be the nursing services entity that would follow up with nurses involved in the care and see who is doing what for the client.
20	Nursing Services	Can costs of business exceed budget planned if we end up getting more clients in the end?	This is very unlikely to happen. However, we do track the budget on a monthly basis, so we would problem-solve this before it becomes a larger concern. We would mitigate the issue very early in the game. It has not ever occurred before so it likely will not be an issue to worry about.
21	Nursing Services	Are we the ones who will send a referral to other business partners and follow up with them?	Nursing services will be provided in concert with the case manager. The nurse consultant would speak with the case manager to discuss a referral to a specific entity. The contracted nurse consultant themselves would not refer to an entity other than the case manager. It is a collaborative process.

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22	Nursing Services	What is the “timeline to finish assessment”?	<p>The State of Washington and DSHS have very clear timeframes on referrals. If there is a current issue with the client, it is a shorter timeframe. There are longer timeframes for clients or patients with different skin concerns. It usually is the skin issues that are being referred out. We require the nurses to be able to respond to a referral within two business days and there are other timelines that we will elaborate on as we prepare to onboard after the RFQ process.</p> <p>There are clear-cut timelines, but it is specific/dependent upon the client’s situation. It depends on which category the client falls in and which level of intervention is necessary.</p> <p>There is a requirement to respond within two business of receiving a referral. At that point, the nurse needs to arrange for a home visit, get a third-party present at the home visit, follow up with other entities afterwards, etc. There is the initial response to the referral and starting the work, but the length of time for the complete referral is dependent upon the client and their circumstances.</p>
23	Nursing Services	Are there orientation services?	We do provide onboarding and will go over all information in that process.
24	Nursing Services	Are there any regular meetings?	There are no required regular meetings but any time we onboard a new provider, we have frequent meetings upfront to ensure questions are answered. We are happy to provide any technical support that is needed.
25	Nursing Services	Do you have an electronic medical record for us to submit documents?	We do not have an electronic medical record like a hospital or home health agency. You will submit the invoice and back-up documentation through secure email. We will not ask you to provide too much documentation.
26	Nursing Services	Do we need consent from a client?	The client will sign a consent form for case management services and the nurse consult services are included. You do not need direct consent from the client.

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27	Nursing Services	To be reimbursed, is a receipt needed? Or bank balance?	For invoicing you would follow our template documenting how much was provided for each client, and we reimburse you for the hours. For interpreter services, we would want some proof of receipt. If you do look to negotiate for mileage outside of the regular hourly rate, we would need to work out what documentation we would require for that.
28	Nursing Services	So itemized billing for each expense?	For your recordkeeping, you will document how many home visits, non-home visits, and interpreter services you provided. Write down the number of hours for each on the invoice and we will reimburse you for the direct cost.
29	Nursing Services	Can a client's family be interpreter?	Having a client family member interpret is not a best practice. We prefer there be an external interpreter unless it is very difficult to schedule or find an interpreter. We prefer a City-approved interpreter to ensure that medical language is appropriately translated and that a neutral party is providing information for the client.
30	Nursing Services	Will case managers know which clients will need an in home visit or is this based on the wellness calls conducted by the RN?	The CM will send the referrals to the RN for any nursing referrals triggered by the assessment. The RN will complete home visits for skin observation protocol visits and based on the complexity of the client and the number of issues that the client is experiencing, phone calls may be completed, coordination with other professionals, and, when needed, a home visit is required.
31	Nursing Services	Would it be possible to take on only those client's whom can be served through telehealth?	No, the nursing services entity must ensure the RN can complete the in-home visits when required.
32	Nursing Services	Is it possible to arrange the client to come to ADH for the in person skin assessment rather than go out to the home?	No, the assessment must be completed in the client's home.