



REQUEST FOR PROPOSAL FOR

Home Health Services/Home Based Therapy Preferred Provider

PURPOSE

The Montana State Fund is pleased to invite you to submit a proposal for Home Health Services and/or Home Based Therapy Services for Workers' Compensation injuries and Occupational Disease claims. The selection of the successful contractor(s) will be based on the proposer's ability to provide the Scope of Services, meet minimum requirements, and agree to the State Fund's contract terms and fee schedule.

The contract term is for a one-year period with subsequent renewals up to seven years possible. Services are to begin January 1, 2000. Additional home health service/home based therapy providers may enter into contracts with the State Fund, at any time, subject to review of qualifications and agreement to the required terms contained in this proposal.

The contractor(s) selected must be willing to sign a written contract with the State Fund. The contractor(s) must also be willing to start work immediately upon signing the contract.

BACKGROUND INFORMATION

The State Fund is non-profit and established for the purpose of allowing an option for employers to insure their liability for workers' compensation and occupational disease coverage. It is Montana's largest writer of workers' compensation insurance.

SCOPE OF SERVICES

1. Services

The Contractor will be required to provide **HOME HEALTH SERVICES**, which is defined as those services which provide home care and related supplies, or **HOME-BASED THERAPY** (through Independent Practice Consultants) to claimants who have experienced industrial injuries or occupational diseases and are insured and covered by the State Fund for Workers' Compensation claims.

2. Statistical Reporting

The Contractor agrees to provide to the State Fund Medical Case Management Supervisor statistical information regarding all referrals made to the Contractor. The statistical reports on claim costs and overall costs will be provided in the format described, due on a monthly basis, and due to the State Fund medical case manager supervisor by the 15th calendar day of every month. See Appendix A for the required formats.

MINIMUM REQUIREMENTS

1. A Home Health Services provider must be certified and licensed by the State of Montana as a home health care provider and a copy of the certificate must be provided to the State Fund prior to contract award.

2. An Independent Practice Consultant (see definition) may be considered for contract award if specialized services (physical, speech, or occupational therapy) are provided. Services must be provided by a therapist with a current Montana license or an aide directly supervised by a licensed therapist.

Proposers must agree to be bound by the following terms and such additional terms as found in the attached draft contract.

1. All contracted providers must retain medical records that fully disclose the extent and nature of services provided for each referred claimant.
2. Provider's rates billed on State Fund claims will not exceed the fee schedule in this proposal.
3. A physician must prescribe the need for services. Pre-authorization of payment for services by the State Fund is required.
4. All contracted providers must accept State Fund payment as payment in full for services rendered and not charge a claimant additional fees. A contracting agency may not bill the claimant for any charges not authorized for payment by the State Fund.
5. All contracted providers must ensure the confidentiality of medical records and any other records related to the claimant.
6. A contracting agency must staff claims with the least restrictive and least expensive appropriate service available within their organization. If a contracting agency offers private, non-certified, services, those services must be utilized rather than skilled services, i.e. home management services/personal care services, rather than certified home health services.
7. Progress or therapy notes must be presented with billing in order for payment to be made. Handwritten notes must be legible; illegible notes will be returned unpaid for clarification.
8. Billing for reimbursement must be submitted on a HCFA form.

FEE SCHEDULE

Reimbursement for home health services shall be the lowest of the following:

1. The provider's usual and customary (billed) charges, or
2. The rate of reimbursement established by the State Fund and described in this fee schedule.

<u>Skilled Services</u>	<u>Private Duty Services</u>
RN \$ 80 /visit*	RN \$40/hour
Home Health Aide ... \$ 45/visit*	LPN \$25/hour
Social Services \$145/visit*	Aide \$13/hour
Physical Therapy \$ 80/visit*	Homemaker ... \$10/hour
Speech Therapy \$ 80/visit*	
Occupational Therapy \$ 80/visit*	
Therapy Aide \$ 45/visit*	

*Visit – up to two hours. Any time greater than two hours may be billed at \$40/hour for RN, physical, speech, and occupational therapy and \$13/hour for home health aide.

Medications and supplies provided by the home health agency must be billed separately.

The State Fund reserves the right to negotiate a modified price with any vendor if/when a claimant requires extraordinary care as defined by the State Fund.

Definitions

1. **Home health services** -- Home health services are those services which provide home care and related supplies to individuals, with industrial injuries or occupational diseases which have been determined to be compensable under the Workers' Compensation Act or the Occupational Disease Act, who's claims have been accepted by the Montana State Fund.
2. **Home health aide services/personal care assistance** -- Aide services include, but are not limited to, assistance with activities of personal care and daily living. Specific services may include assistance with bathing, dressing, grooming, ambulation, exercise, transfers, meal preparation, and eating. Services must be provided under the supervision of a registered nurse and in accordance with a written plan of care prescribed by the treating physician.
3. **Homemaker services** -- Homemaker services include, but are not limited to, the care of the household, such as cooking for other family members, cleaning, shopping, child care, transportation, and other services that do not include personal care of the State Fund claimant. Pursuant to 39-71-1107, MCA, if the injured worker is receiving domiciliary care, these services will be reviewed and/or authorized on a case by case basis.
4. **Physical therapy** -- 37-11-101, MCA, "Physical therapy" means the evaluation, treatment, and instruction of human beings to detect, assess, prevent, correct, alleviate, and limit physical disability, bodily malfunction and pain, injury, and any bodily or mental conditions by the use of therapeutic exercise, prescribed topical medications, and rehabilitative procedures for the purpose of preventing, correcting, or alleviating a physical or mental disability.
5. **Speech Therapy** -- 37-15-102 (8), MCA, "Speech therapy" means services rendered by a speech-language pathologist to workers with a communication disorder.

(8) "Practice of speech-language pathology" means rendering or offering to render a service in speech-language pathology to individuals or groups of individuals who have or are suspected of having communication disorders.

These services include:

- (a) prevention, identification, measurement, testing, evaluation, prediction, consultation, habilitation, and rehabilitation;
- (b) determining the need for augmentative communication systems and providing training in the use of these systems;
- (c) planning, directing, conducting, or supervising programs that render or offer to render a service in speech-language pathology;
- (d) nondiagnostic pure-tone air conduction, tympanometry, and acoustic reflex screening, limited to a pass/fail determination;
- (e) aural rehabilitation, which includes services and procedures for facilitating adequate receptive and expressive communication in individuals with hearing impairment;
- (f) oral motor rehabilitation, which includes services and procedures for evaluating and facilitating face, lip, and tongue mobility and control;
- (g) cognitive retraining, which includes services and procedures for evaluating and facilitating memory, attention, reasoning, processing, judgment, and other related areas in individuals with language impairment resulting from head

injury, stroke, or other insult; and

(h) dysphagia therapy, which includes services and procedures for evaluating and facilitating swallowing and feeding in those individuals with swallowing disorders.

6. **Occupational therapy** -- 37-24-103 (5), MCA, "Occupational therapy" means the use of purposeful activity and interventions to achieve functional outcomes to maximize the independence and the maintenance of health of an individual who is limited by physical injury or illness, psychosocial dysfunction, mental illness, developmental or learning disability, the aging process, cognitive impairment, or an adverse environmental condition. The practice encompasses assessment, treatment, and consultation. Occupational therapy services may be provided individually, in groups, or through social systems.

(5) "Occupational therapy" means the use of purposeful activity and interventions to achieve functional outcomes to maximize the independence and the maintenance of health of an individual who is limited by physical injury or illness, psychosocial dysfunction, mental illness, developmental or learning disability, the aging process, cognitive impairment, or an adverse environmental condition. The practice encompasses assessment, treatment, and consultation. Occupational therapy services may be provided individually, in groups, or through social systems. Occupational therapy interventions include but are not limited to:

(a) teaching daily living skills;

(b) developing perceptual-motor skills and sensory integrative functioning;

(c) developing play skills and leisure capacities and enhancing educational performance skills;

(d) designing, fabricating, or applying splints or selective adaptive equipment and training in the use of upper extremity prosthetics or upper extremity orthotic devices;

(e) providing for the development of emotional, motivational, cognitive, psychosocial, or physical components of performance;

(f) providing assessment and evaluation, including the use of skilled observation or the administration and interpretation of standardized or nonstandardized tests and measurements to identify areas for occupational therapy services;

(g) adapting environments for the disabled, including assistive technology, such as environmental controls, wheelchair modifications, and positioning;

(h) developing feeding and swallowing skills;

(i) enhancing and assessing work performance and work readiness through occupational therapy intervention, including education and instruction, activities to increase and improve general work behavior and skill, job site evaluation, on-the-job training and evaluation, development of work-related activities, and supported employment placement;

(j) providing neuromuscular facilitation and inhibition, including the activation, facilitation, and inhibition of muscle action, both voluntary and involuntary, through the use of appropriate sensory stimulation, including vibration or brushing, to evoke a desired muscular response;

(k) employing physical agent modalities as defined in this section; and

(l) promoting health and wellness.

7. **Maintenance Care** -- 39-71-116 (17), MCA, "Maintenance care" means treatment designed to provide the optimum state of health while minimizing recurrence of the clinical status.
8. **Palliative care** -- 39-71-116 (21), MCA, "Palliative care" means treatment designed to reduce or ease symptoms without curing the underlying cause of the symptoms.
9. **Treating Physician** -- 39-71-116 (36), MCA, "Treating physician" means a person who is primarily responsible for the treatment of a workers' compensable injury and is:

- (a) a physician licensed by the state of Montana under Title 37, chapter 3, and has admitting privileges to practice in one or more hospitals, if any, in the area where the physician is located;
 - (b) a chiropractor licensed by the state of Montana under Title 37, chapter 12;
 - (c) a physician assistant-certified licensed by the state of Montana under Title 37, chapter 20, if there is not a treating physician, as provided for in subsection (36)(a), in the area where the physician assistant-certified is located;
 - (d) an osteopath licensed by the state of Montana under Title 37, chapter 5;
 - (e) a dentist licensed by the state of Montana under Title 37, chapter 4;
 - (f) for a claimant residing out of state or upon approval of the insurer, a treating physician defined in subsections (36)(a) through (36)(e) who is licensed or certified in another state; or
 - (g) an advanced practice registered nurse licensed by the state of Montana under Title 37, chapter 8, recognized by the board of nursing as a nurse practitioner or a clinical nurse specialist, and practicing in consultation with a physician licensed under Title 37, chapter 3, if there is not a treating physician, as provided for in subsection (36)(a), in the area in which the advanced practice registered nurse is located.
10. **Extraordinary Care** -- Extraordinary care means 1) physical care of a claimant that exceeds normal duties expected for the particular diagnosis or 2) extraordinary travel circumstances, such as severe weather-related conditions.
11. **Independent Practice Consultant** -- “Independent Practice Consultant” refers to a licensed physical, speech, or occupational therapist who works for a business other than a home health services provider. The therapist must have current certification to practice the particular category of service. Services of a therapy assistant or therapy aide must be conducted under the direct supervision of a licensed therapist.

SUBMISSION OF PROPOSALS

All proposals must be received by 5:00 p.m. on January 7, 2000. Proposals should be sent to the attention of Ms. Linda Montgomery, Montana State Fund, P. O. Box 4759, Helena, MT 59604. **Please use the attached response sheet (Appendix B) to respond to this RFP. Upon approval of your response by the State Fund you will be sent a contract**

Additional home health services providers may enter into contracts with the State Fund at any time, subject to review of qualifications and agreement to required terms contained in this proposal.

Proposals should identify the name, address, and telephone number of the individual who can answer any questions and serve as contract officer and/or agency liaison.

Facsimile responses will be accepted.

All proposals received prior to the RFP closing date will become the property of the State Fund and will not be returned to the proposers. The State Fund’s ownership of proposals shall not be affected by cancellation of this RFP after receipt of proposals, declaration of any proposal as nonresponsive or unacceptable, or nonselection of a proposer as the contractor.

The State Fund may, but is not required to, contact proposers for clarification of their proposal prior to declaration that a proposal is nonresponsive.

PROCESS

ACCEPTANCE/REJECTION OF BIDS OR PROPOSALS

The State Fund reserves the right to accept or reject any or all proposals, wholly or in part, to make awards in any manner deemed in the best interest of the State.

Initial Evaluation

Upon receipt, the proposal information will be disclosed only to persons participating in the evaluation or contracting process until the proposal has been reviewed and all marked trade secrets have been removed (see "Trade Secrets and Other Withheld Information" statement below). After this review, all remaining proposal materials will be open for public inspection and copying. The proposals will be evaluated as being responsive or nonresponsive. All meetings of the evaluation committee are open to the public for observation.

Discussion/Negotiation

Although proposals may be accepted and a contract awarded without discussion, the State may initiate discussions should clarification or negotiation be necessary. Offerors should be prepared to provide qualified personnel to discuss technical and contractual aspects of the proposal.

Award

Award will be made to the responsive and responsible offeror(s) who can provide the scope of services, meet the minimum requirements and agree to the State Fund's contract terms and fee schedules.

Trade Secrets and Other Withheld Information

- (1) All information received in response to this RFP will be available to the public except for:
 - (a) trade secrets meeting the requirements of the Uniform Trade Secrets Act, Title 30, Chapter 14, Part 4, MCA;
 - (b) matters involving individual safety as determined by the State Fund; and
 - (c) information requested by the State Fund to establish vendor responsibility unless prior written consent has been given by the vendor, as set out in Section 18-4-308, MCA.
- (2) In order for a vendor to claim confidential material, the following condition must be met:
 - (a) Information to be withheld must be clearly marked and separated from the rest of the proposal.
 - (b) The proposal may not contain trade secret matter in the cost or price.
 - (c) An affidavit from the vendor's legal counsel attesting to and explaining the validity of the trade secret claim as set out in Title 30, Chapter 14, Part 4, MCA, must be attached to each proposal containing trade secrets. Counsel must use the State of Montana "Affidavit for Trade Secret Confidentiality" in requesting the trade secret claim. This affidavit form is available at the State Procurement Bureau's web site www.state.mt.us/doa/ppd/stst.htm.

- (d) An affidavit from the vendor's legal counsel attesting to and explaining the claim for confidentiality for financial or other information as required by the State Fund to determine responsibility, as required in Section 18-4-308, MCA, must be attached to the submittal.
 - (e) Vendors submitting a proposal containing a claim for confidential information must be prepared to pay all legal costs and fees associated with defending the claim for trade secret protection in the event of an open records request from another party. Submission of a claim for confidential information must include a statement that attests to the vendor's acceptance of the legal responsibility for defending the claim.
- (3) Documents not meeting all of the requirements (1) and (2) will be available for public inspection, including copyrighted material.

VENUE

This proposal is governed by the laws of Montana. The parties agree that any litigation concerning this proposal, or subsequent contract, must be brought in the First Judicial District in and for the County of Lewis and Clark, State of Montana, and each party shall pay its own costs and attorney fees.

INTENT

The State Fund reserves the right to amend the RFP, to contract for only a portion of the items or not award a contract to any proposer. Final approval to enter into a contract, and the scope of services to be provided pursuant to the contract, rests with the State Fund. A contract may be awarded to more than one vendor based on the quality of the proposals and the State Fund's needs. There will be no guaranty of numbers of claims referred for services pursuant to the contract.

QUESTIONS AND ANSWERS

Proposers are encouraged to submit written questions to the State Fund for proposal clarification. Only written questions will be accepted; oral interpretations shall be without legal affect.

Questions must be submitted to the State Fund by December 27, 1999 to the following:

Linda Montgomery, Medical Case Management Supervisor
Claim Department
Montana State Fund
PO Box 4759
Helena, MT 59604-4759

Official written answers to all written questions will be distributed by December 30, 1999 to potential proposers who requested copies of this RFP. Names of potential proposers submitting written questions will not be disclosed in the official written responses.

COST OF REPORTING

The cost of developing a proposal, and any other such costs, are entirely the responsibility of the proposer and shall not be reimbursed by the State Fund.

ANTICIPATED PROPOSAL SCHEDULE OF EVENTS

RFP Issue Date December 14, 1999
Written Questions Due December 27, 1999
Written Answers Distributed December 30, 1999
Response sheet due on or before. January 7, 2000
Contract Implementation Date beginning. January 10, 2000

Proposers should be guided by this schedule in preparing proposals. However, the State may amend the schedule if necessary and shall be held harmless for any such amendment.

Appendix A

Statistical Information Format

Claimant	Claim #	Service - Skilled or Private & Type (e.g. RN, PT, Aide)	Costs	Travel Costs	Total Monthly Costs	Cumulative Costs

Overall Costs

Service	Service Monthly Costs	Travel Monthly Costs	Total Monthly Costs	Cumulative Costs
RN				
LPN				
PT				
OT				
ST				
Respiratory				
Aide				
Other				

Appendix B

RESPONSE SHEET FOR HOME HEALTH SERVICE

I am responding as a:

(check one)

_____ Home Health Services Provider

_____ Independent Practice Consultant

_____ Physical Therapy

_____ Speech Therapy

_____ Occupational Therapy

(check applicable items)

By signing below, it is agreed that the Scope of Services can be provided either as a Home Health Services Provider or Independent Practice Consultant, Minimum Requirements are met, and the State Fund's Contract Terms and Fee Schedule are accepted.

Business Name (please print)
Print)

Authorized Representative (Please
Print)