

Request for Proposals



City of Minneapolis Health Department

Request for Proposals for Community Health Worker Services for Public Housing Residents

RFP 2016-146 Issue Date: October 13, 2016

Proposals Due By: Friday, November 4, 2016 at 4:00 p.m.

October 13, 2016

To Prospective Applicants:

Attached is a Request for Proposals (RFP) for Community Health Worker Services for Public Housing Residents. The purpose of this RFP is to select an agency to provide community health worker services in select Minneapolis Public Housing Authority high rise buildings to assist residents in preventing and managing diabetes and hypertension, AND to identify a strategy for seeking reimbursement and begin utilization of the strategy by January 1, 2018.

Please review the attached RFP, with particular focus on Attachment A, "Scope of Services", for more detailed information about the intended purpose of the project, requirements, and desired qualifications.

A pre-proposal conference will be held at Sumner Library, 611 Van White Memorial Blvd, Minneapolis, MN 55411 on Tuesday, October 18th from 1:00–2:00 p.m. Participation is not required, but it is encouraged for all organizations considering responding to this RFP.

Completed proposals are due no later than 4:00 p.m. on November 4, 2016.

Thank you for your consideration.

Sincerely,



Gretchen Musicant
City of Minneapolis Health Department

If you need this material in an alternative format please call the Health Department at 612-673-2301 or email health@minneapolismn.gov. Deaf and hard-of-hearing persons may use a relay service to call 311 agents at 612-673-3000. TTY users may call 612-673-2157 or 612-673-2626.
For reasonable accommodations or alternative formats please contact the Minneapolis Health Department at 612-673-2301 or health@minneapolismn.gov. People who are deaf or hard of hearing can use a relay service to call 311 at 612-673-3000. TTY users call 612-673-2157 or 612-673-2626. Para asistencia 612-673-2700 - Rau kev pab 612-673-2800 - Hadii aad Caawimaad u baahantahay 612-673-3500.

Table of Contents

RFP General Information Page

I.	Invitation	4
II.	Pre-Proposal Conference	4
III.	Proposal Due-Date and Location.....	4
IV.	Proposal Format	5
V.	Evaluation of Proposals – Consultant Selection	6
VI.	Schedule	7
VII.	Contract.....	7
VIII.	Department Contact/Request for clarification	7
IX.	Rejection of Proposals	8
X.	Addenda to the RFP.....	8
Attachment A - Scope of Services		9
Attachment B - Proposal Coversheet.....		16
Attachment C - Budget Forms.....		17
Attachment D -Terms and Conditions for RFP/Special Conditions for Federal and State Funded Contracts		19

REQUEST FOR PROPOSALS

FOR

Community Health Worker Services for Public Housing Residents

I. INVITATION:

The Minneapolis Health Department's Healthy Living Initiative is requesting proposals from community groups and agencies (hereinafter referred to as "Agency") to:

- provide community health worker services in select Minneapolis Public Housing Authority High Rise buildings to assist residents in preventing and managing diabetes and hypertension.
- identify a strategy for seeking reimbursement and begin utilization of the strategy by January 1, 2018.

The Health Department will fund one agency up to \$221,000 in federal funding for a 21-month project period (January 1, 2017-September 29, 2018). The selected agency will receive up to \$161,000 in 2017. The agency will be expected to start seeking reimbursement from Minnesota Department of Human Services and/or health plans by January 1, 2018. With the expectation that obtaining reimbursement will be a gradual process, the Minneapolis Health Department will provide up to \$80,500 between January-September 2018 to partially subsidize the required CHW services. Attachment A describes this funding opportunity in detail. It includes background information, descriptions of roles, required activities, responsibilities and relationship of the Agency, City, and other parties involved in the Project. **It is recommended that potential applicants read Attachment A before reading Sections IV-X.**

Eligible applicants include 501(c)(3) not-for-profit organizations or governmental agencies that serve Minneapolis residents. To be eligible, an agency must:

- Already have or be able to hire (by January 1, 2016) community health workers who have obtained their MN Community Health Worker certificate.
- Have experience providing community health worker services in community-based settings.
- Already have or be willing to develop the capacity to seek reimbursement for community health worker services from Minnesota Department of Human Services and/or health plans.
- Meet the City of Minneapolis' Request for Proposals terms and conditions, which are outlined in Attachment D.

II. PRE-PROPOSAL CONFERENCE: A pre-proposal conference will be held at 1:00 p.m. on Tuesday, October 18, 2016 at Sumner Library, 611 Van White Memorial Blvd, Minneapolis, MN 55411. The Health Department will describe this funding opportunity, review the RFP and answer questions. Participation in this meeting is not required; however, it is strongly encouraged because it is the only opportunity to ask questions directly to Health Department staff.

III. PROPOSAL DUE DATE and LOCATION: The Agency shall submit **four (4) copies** of their proposals to the City of Minneapolis Procurement Office:

City of Minneapolis - Procurement
Request for Proposals for Community Health Worker Services
330 2nd Avenue South, Suite 552

Minneapolis, MN 55401

Proposals are due at or before 4:00 P.M. (CST), Friday, November 4, 2016.

NOTE: Late Proposals may not be accepted.

IV. PROPOSAL FORMAT: Please see Section V- “Evaluation of Proposals” to understand the criteria that will be used to evaluate the proposals. To allow for easier comparison of proposals during evaluation, proposals should contain the following sections and appendices and be arranged in consecutive order. The proposal narrative can be a maximum of eight (8) pages at 12 pt. font. The coversheet, requested documents, budget form and budget narrative form do not count toward the page limits.

1. **Proposal Coversheet** (Attachment B) - Include documents outlined on the coversheet. If you do not have the required DUNS number, you will need to obtain one from Dun & Bradstreet. Call D&B at 1-866-705-5711 or use the webform found at: <http://fedgov.dnb.com/webform>.
2. **Proposal Narrative** – Respond to each item in the order presented below. Please limit responses to a maximum of eight (8) pages at 12 pt. font.

Proposal Narrative Questions
Agency Description Describe your agency, the services it provides, the people it serves, and how the proposed work aligns with the organization’s mission.
Experience Providing CHW Services Describe your agency’s community health worker (CHW) staff, the services they provide and the setting in which they work. Please indicate the ethnic and cultural communities that your CHWs represent and the languages they speak. PLEASE NOTE: Applicants must already have or be able to hire (by January 1, 2017) community health workers who have obtained their MN Community Health Worker certificate. Describe your agency’s experience with chronic disease prevention and management, specifically related to diabetes and hypertension. Describe your agency’s experience providing group education such as the Diabetes Prevention Program, Chronic Disease Self-Management Program, fitness, nutrition education, etc. Describe your agency’s experience serving residents of Minneapolis Public Housing Authority buildings and/or other large, affordable housing properties. Describe your agency’s experience with the Ohio Pathways model, or other standardized models of providing, documenting and evaluating the services and outcomes provided by CHWs.
Providing CHW Services in Designated High Rise Buildings Describe how your agency would conduct the functions described on pages 9-11. Please specify: <ul style="list-style-type: none">• The number and FTEs of CHWs who will be dedicated to this project.• The strategies your agency would use to coordinate with social service staff (Volunteers of America) who provide complimentary services to MPHA residents.

- The approach your agency would use to meet and develop relationships with MPHA residents.
- The supervisory structure and training (if necessary) that will support the community health workers.

Seeking Reimbursement for CHW services

Describe how your agency funds or has funded its community health worker services.

Describe your agency’s experience and capacity to seek reimbursement. Please specify:

- Your agency’s experience seeking any reimbursement (not necessarily for CHW services) using health care billing codes from Minnesota Department of Human Services or health plans that cover people on MN Health Care Programs (Medical Assistance, MN Care).
- Your awareness of the MN Health Care Program rules about CHW reimbursement available, and how they apply to your agency.
- Your agency’s capacity to bill DHS and/or health plans for CHW services (e.g., do you have a medical director?).

Describe the steps your agency would take to learn about and pursue reimbursement strategies. (PLEASE NOTE: the Minneapolis Health Department will assist the selected agency. It will also require the selected agency to submit a detailed work plan outlining specific steps for obtaining reimbursement).

3. **Budget Form and Budget Narrative Form** – Up to \$221,000 is available between January 2017 and September 2018; however, applicants should complete the Budget Form and Budget Narrative Form (Attachment C) only for the time period of January- December 2017. The proposed budget must not exceed \$161,000. Up to \$80,500 will be available between January– September 2018. The Minneapolis Health Department will negotiate the 2018 budget with the selected agency based on its performance in 2017 and its expected reimbursement revenue.

- V. **EVALUATION OF PROPOSALS – SELECTION OF AGENCY:** The Minneapolis Health Department will convene a review committee to review proposals. The review committee will be comprised of representatives from the Health Department, the Minneapolis High Rise Representatives Council and others. The review committee will use the criteria below to evaluate proposals. The committee will forward its recommendation to the City of Minneapolis Commissioner of Health and then to the City Council for final approval. The committee will use the following criteria to evaluate proposals:

Review criteria

Agency Description and Past Experience

- The applicant described its organization, the services it provides and people it serves.
- The applicant’s experience providing community health worker services in community-based settings (particularly in Minneapolis Public Housing Authority buildings or other affordable housing settings) is applicable to services requested by this RFP.
- The applicant’s experience performing the requested activities (one-on-one services, group education, referrals to health care and community services, coordination with residents’ health care providers and others who serve them) is applicable to the services requested by this RFP.

Proposal for providing CHW services to MPHA residents

- The community health workers who would be assigned to MPHA building will have a MN CHW certificate and reflect the ethnic, cultural and linguistic needs of the MPHA population.
- The applicant has the ability to provide CHWs the appropriate supervision to deliver best practice services, and to meet (or work towards meeting by Jan 1, 2018) the supervision requirements outlined in the MHCP CHW Provider Manual.
- The applicant described the agency and/or its community health workers' plans for fulfilling the required functions (pages 10-12) to help residents prevent or self-manage diabetes and hypertension.
- The applicant described how its CHWs will work with the Volunteers of America social services team to effectively meet the health support and social service needs of MPHA residents.
- The applicant's proposal includes serving at least 100 residents 1:1 utilizing the Ohio Pathways model, with CHWs carrying an ongoing 1:1 caseload of approximately 30-40 residents per 1.0 FTE.

Reimbursement Strategies:

- The applicant indicates current capacity (or elements of capacity) needed to seek reimbursement from DHS or health plans, OR the applicant outlines its potential for reimbursement and steps it will take to start seeking reimbursement by January 1, 2018.

Budget:

- The applicant's budget and justification are clear and reasonable to provide CHW services and pursue reimbursements strategies.

SCHEDULE:

RFP Release	Thursday, October 13, 2016
Pre-Proposal Conference from 1:00-2:00 p.m., Sumner Library, 611 Van White Memorial Blvd, Minneapolis	Tuesday, October 18, 2016
Questions on RFP due by 4:00 p.m.	Monday, October 24, 2016
Responses to Questions posted by 4:00 p.m.	Monday, October 24, 2016 Thursday, October 27, 2016
Proposals due by 4:00 p.m.	Friday, November 4, 2016
Estimated Agency selection	Wednesday, November 9, 2016
Estimated services start date	January 1, 2017
Estimated services end date	September 29, 2018

VI. CONTRACT: The contracting parties will be the City of Minneapolis Health Department and the Agency selected to provide the services as described herein. The contract period will be for 21 months (January 1, 2017-September 29, 2018). The selected proposal, along with the RFP and any counter proposal will be incorporated into a formal agreement after negotiations.

VII. DEPARTMENT CONTACT/REQUESTS FOR CLARIFICATION: The Agency's primary interface with the Health Department will be with the Contract Director who will act as the City's designated representative for the Project. Prospective responders shall direct inquiries/questions ***in writing only*** to:
Contract Director: Health@minneapolismn.gov Subject line: CHW RFP

The Health Department will accept questions through 4:00 p.m. on October 26, 2016. Staff will post answers to the questions by 4:00 p.m. on Thursday, October 20, 2016 and Thursday, October 27, 2016. Responses to the questions will be posted on City's RFP website:

<http://www.minneapolismn.gov/finance/procurement/rfp>

The Contract Director is the only individual who can be contacted regarding the project before proposals are submitted. The Contract Director cannot vary the terms of the RFP.

- VIII. REJECTION OF PROPOSALS:** The Health Department reserves the right to reject any Agency on the basis of the proposals submitted. The Health Department reserves the right to reject all proposals or any Agency on the basis of the proposal submitted.
- IX. ADDENDUM TO THE RFP:** If any addendum is issued for this RFP, it will be posted on the City of Minneapolis web site at: <http://www.minneapolismn.gov/finance/procurement/rfp>. The City reserves the right to cancel or amend the RFP at any time.

ATTACHMENT A
Community Health Worker Services for Public Housing Residents
Scope of Service

BACKGROUND

In 2013, the Minneapolis Health Department (MHD) initiated a partnership with Minneapolis Public Housing Authority and the Minneapolis High Rise Representatives Council to assist MPHA high rise residents in identifying and pursuing strategies for growing and accessing healthy food, improving walkability around the buildings and increasing onsite fitness options. With MHD support, residents conducted walking audits, made safety recommendations to MPHA management and started gardens.

In January 2015, the Minnesota Department of Health invited the Minneapolis Health Department (MHD) to participate in the Community Wellness Grant, a four-year, \$723,245 grant from the Centers for Disease Control and Prevention. The grant expires in September 2018. The grant is intended to reduce the burdens of hypertension and diabetes through 1) projects to create healthier environments; 2) wide expansion and participation in the National Diabetes Prevention Program; 3) quality improvement initiatives in health care settings; and 4) integration of community health workers and community pharmacists in clinical and community settings.

In 2016, the Minneapolis Health Department leveraged the Community Wellness Grant to support the integration of two community health workers into five MPHA properties (8 buildings) to help residents prevent or manage diabetes, prediabetes or hypertension. The community health workers are integrated into Volunteers of America's social service team, which operates in all high rise buildings. The community health workers:

- host weekly blood pressure check events in each building.
- carry caseloads of residents with diabetes, prediabetes or hypertension and work one-on-one with these residents to support their disease self-management.
- utilize the Ohio Pathways model to guide their approach with residents.
- link residents with providers and resources.

PURPOSE OF FUNDING

The contract for the current CHW provider in MPHA buildings expires December 31, 2016; therefore, the Minneapolis Health Department's (MHD) is requesting proposals from community groups and agencies to:

- **Provide community health worker services in select Minneapolis Public Housing Authority High Rise buildings to assist residents in preventing and managing diabetes and hypertension.**
- **Identify a strategy for seeking reimbursement and begin utilization of the strategy by January 1, 2018.**

PROVIDE COMMUNITY HEALTH WORKER SERVICES TO ASSIST MPHA RESIDENTS IN PREVENTING AND MANAGING DIABETES AND HYPERTENSION

The primary goal of integrating community health workers into Minneapolis Public Housing Authority’s high rise buildings is to support MPHA residents’ ability to prevent and/or self-manage their diabetes and hypertension so they can experience better health and well-being. The CHWs will work in up to seven MPHA properties that collectively have 10 buildings. Five of these properties are already defined:

Property	Address	Residents (approx.)	Resident Demographics
Cedar High Apartments (1 property; four buildings)	<ul style="list-style-type: none"> • 1611 S 6th Street • 1627 S 6th Street • 620 Cedar • 630 Cedar 	550	Primarily East African residents (Somali and Oromo)
Parker Skyview	1815 Central Ave NE	330	Primarily White and African American residents
Lynway Manor	2415 N 3 rd St	60	Primarily White and African American residents
James R. Heltzner	2121 Minnehaha Ave	100	Primarily East African residents (Somali and Oromo)
Lyndale Manor	600 18 th Ave N	240	Primarily White and African American residents

Information about these buildings and MPHA can be found online at: <http://www.mphaonline.org/housing/programs/high-rise-buildings/>.

The CHWs providing services will coordinate with the Volunteers of America social services team (VOA) that currently serves all residents in all Minneapolis Public Housing Authority high rises. VOA staff may provide referrals to the CHWs, and is available to provide social service support to residents. The role of the project CHWs is to focus on the health and self-management support needs of the high rise residents.

In general, the CHWs will provide social support, navigation and advocacy to high-risk residents to help them reach their health goals. This includes conducting referrals, reinforcing health education messages, assessing need for medication management support, improving linkages to clinical teams including community pharmacists, and providing group education. Specifically, CHWs will:

Implement a caseload approach using the Ohio Pathways Model: CHWs are expected to work closely with Volunteers of America’s social service staff. Full time (1.0 FTE) CHWs will maintain caseloads of approximately 30-40 residents from up to ten select MPHA buildings. CHWs will receive referrals to the 1:1 approach from VOA social service staff in the buildings and through group education events and weekly blood pressure check events. CHWs will use the Pathways model, a standard approach for 1:1 visits, to set goals, provide support, and connect residents to resources.

Pathways (<http://chap-ohio.net/>) is an evidence-based community care coordination model utilizing community health workers and other staff to engage populations most at-risk. The standard Pathways can be found on pages 17-40 of “Connecting Those At-Risk to Care”:

https://innovations.ahrq.gov/sites/default/files/Guides/CommHub_QuickStart.pdf

Some standard pathways are specific to a health condition; others relate to factors or social conditions that affect health status (for example: employment, education, housing, insurance, medical home, etc.). The CHWs will complete an initial visit checklist, and identify residents’ goals and specific Pathways that will support them in reaching their goals. Each Pathway provides accountability tools to document residents’ progress and a measurable indication of Pathway completion. Examples of Pathways and related measure outcomes include:

Pathway	Measurable Outcome
Medical referral	Confirmation of kept appointment
Education—for example, asthma, depression, diabetes, and other conditions	Verification that patient understands information presented
Medication assessment and medication chart	Verification that community pharmacist or primary care provider received chart
Medication management	Verification with community pharmacist or primary care provider that client is taking medications as prescribed
Smoking cessation	Client has stopped smoking/using tobacco products
Employment	Client has found consistent source of steady income and is employed over a period of three months

Staff and consultants from the Minneapolis Health Department will train members of the selected agency in the Pathways model, and the agency will integrate the Pathways model into its operations.

Provide CHW facilitation of group health education: Lead a minimum of two group health sessions supporting residents’ self-management of their chronic conditions (for example: Diabetes Prevention Program, Chronic Disease Self-Management Program, Health BINGO, etc.).

Conduct weekly blood pressure check events: CHWs will conduct weekly on-site blood pressure check events weekly at every building.

Coordinate with community pharmacists and other on-site wellness initiatives: Minneapolis Health Department is developing partnerships with community pharmacists to provide on-site services to MPHA residents. These services will include health education, medication therapy management, A1C screenings for pre-diabetes and

diabetes, and vaccinations. Via their caseload and blood pressure check events, the CHWs will recruit and refer residents to the onsite pharmacy services. The CHWs may also be available to the community pharmacist to reinforce the pharmacist’s recommendations and to assist residents with medication adherence.

Connect residents to health care and community-based resources: To support residents’ health goals related to diabetes and hypertension, the CHWs--at residents’ requests--may develop linkages with residents’ health care providers. For example, CHWs can attend clinic visits with residents to: listen to education messages, provide support and clarify/understand clinical goals. CHWs can be included in residents’ care teams, along with their clinic-based providers. For residents who have clinic-based care coordinators, the CHWs can provide complimentary in-home self-management support. In addition, CHWs can connect residents to community-based resources such as the Diabetes Prevention Program, food programs, support groups, and other programs and services.

CHW Supervision: Agencies must have CHWs check-ins with their supervisor regularly (at-least bi-weekly) to review their caseloads, determine which Pathways to use, and discuss approaches and next steps for individual residents. The CHW supervisor will listen to CHW experiences with residents and support CHWs in their efforts.

IDENTIFY A STRATEGY FOR SEEKING REIMBURSEMENT AND BEGIN UTILIZATION OF THE STRATEGY BY JANUARY 1, 2018.

Many community health worker services (in clinic or community settings) have been funded by grants, which can be uncertain and time-limited. Over the last eight years, Minnesota regulations have allowed for coverage of CHW services for people on MN Health Care Programs. This coverage is for CHW services delivering face-to-face self-management and education services, and can be delivered one-on-one and in groups of up to eight people. Services are billed in 30-minute units, with a maximum of 4 units per 24 hours, and 24 units per calendar month.

The billing procedure codes and DHS fee-for-service amounts available as of 9/25/2016 per 30-minute unit (managed care entities may be able to contract for higher rates):

98960	Self-management education and training, face-to-face, 1 patient	\$19.94
98961	Self-management education and training, face-to-face, 2-4 patients	\$9.59
98921	Self-management education and training, face-to-face, 5-8 patients	\$6.81

To access this CHW reimbursement, organizations must follow all requirements outlined in the MN Health Care Program (MHCP) CHW Provider Manual, including providing diagnosis-related patient education services with the following criteria:

- “General supervision provided by an MHCP-enrolled physician, APRN (Advance Practice RN), certified public health nurse, dentist or mental health professional.
- A physician, APRN, dentist, certified public health nurse or mental health professional must order the patient education service(s) and must order that they be provided by a CHW.
- The service involves teaching the patient how to self-manage their health or oral health effectively in conjunction with the health care team.
- The service is provided face-to-face with the recipient (individually or in a group) in an outpatient, home, clinic, or other community setting.

- The content of the patient education plan or training program is consistent with established or recognized health or dental health care standards. Curriculum may be modified as necessary for the clinical needs, cultural norms and health or dental literacy of the individual patients.”

The full MN Health Care Program CHW Provider Manual can be found here:

http://www.dhs.state.mn.us/main/idcplg?IdcService=GET_DYNAMIC_CONVERSION&RevisionSelectionMethod=LatestReleased&dDocName=dhs16_140357

Uptake of accessing CHW reimbursement has been slow for a variety of reasons. Through this funding, the Health Department seeks to encourage and assist the selected agency in accessing available reimbursement to sustain and expand CHW services beyond what this funding allows. Therefore, the selected agency is expected to pursue reimbursement available to MPHA residents covered by MN Health Care Programs, including those on fee-for-service and managed care programs. The Health Department will provide funding (up to \$161,000) for 2017 to provide CHW services and staff time needed to identify and pursue a reimbursement strategy. For the last nine months of this contract (January – September 2018), the Health Department will provide up to \$80,500 to support the selected agency’s transition to reimbursement. The reduced amount reflects acknowledgement that 1) this transition may occur over many months; and 2) reimbursement is not available for some of the functions required by this grant (e.g., CHW supervision, administrative time for documentation, CHW services delivered to non-MHCP enrolled residents, etc.).

MHD is involved in a pilot program to help community based organizations access CHW reimbursement for pediatric obesity services. Using the lessons learned from this experience, MHD will assist the selected agency in accessing reimbursement for CHWs who are delivering 1:1 and group-based education and self-management services for adults with pre diabetes, diabetes and hypertension. There are at least three options for tapping available reimbursement:

- Currently be, or become, an eligible provider recognized by the MN Department of Human Services (for example, a clinic): negotiate contracts with health plans to reimburse for CHW services.
- Partner with a clinic or clinic system that can provide clinical oversight and billing capabilities: enter into contractual relationship with an eligible provider organization to partner on delivering CHW services. (Currently, Federally Qualified Health Centers cannot seek reimbursement for CHW services, and so would not be an appropriate clinic partner for this option.)
- Hire or contract with a medical director and/or other clinical supervisors required by DHS for reimbursement of CHW services: have these professionals oversee aspects of your CHW service delivery in accordance with the DHS requirements, and then your organization can negotiate contracts with health plans to reimburse for your CHW services.

INTENDED OUTCOMES OF THIS FUNDING

- Integrate community health worker services into Minneapolis Public Housing Authority’s high rise buildings.
- Develop a sustainable model of providing community health worker services that accesses available reimbursement.
- Facilitate and support MPHA residents’ ability to prevent and/or self-manage their diabetes and hypertension.
- Improve the health and well-being of MPHA residents.

ELIGIBILITY

Eligible applicants include 501(c)(3) not-for-profit organizations and governmental agencies that serve Minneapolis residents. To be eligible, organizations must:

- Already have or be able to hire (by January 1, 2017) community health workers who have obtained their MN Community Health Worker certificate.
- Have experience providing community health worker services, programming or other services in community-based settings.
- Already have or be willing to develop the capacity to seek reimbursement from Minnesota Department of Human Services and/or health plans for community health worker services.
- Meet the City of Minneapolis' contracting, reporting and tracking requirements. See Attachment D for more information.

ROLE OF THE MINNEAPOLIS HEALTH DEPARTMENT

The Minneapolis Health Department will be an active partner with the selected agency. It will:

- Provide up to \$221,000 over 21 months to implement project activities.
- Assist agency in selecting, pursuing and evaluating reimbursement and sustainability strategies
 - For an agency that is already billing for some services (e.g., mental health, health care, etc.), MHD will help facilitate conversations with appropriate internal staff to incorporate billing for community health worker services
 - For an agency that is not currently billing for any services, MHD will train staff on the options and assist in selecting and pursuing one.
- Train agencies in the Ohio Pathways model.
- Facilitate the partnership between the selected agency and Volunteers of America.
- Integrate selected agency and community health workers with current MHD initiatives in Minneapolis Public Housing High Rise buildings, clinics and the surrounding communities.
- Develop and implement an evaluation framework.
- Monitor agency's progress in pursuing reimbursement strategies and then obtaining reimbursement for CHW services.

FUNDING

Funding for this project is provided through a federal Community Wellness Grant from the Minnesota Department of Health and the Centers for Disease Control. Up to \$221,000 is available between January 2017 and September 2018. The Health Department will issue a one-year contract, up to \$161,000, for the time period January – December 2017. Up to \$80,500 will be available between January–September 2018. The Minneapolis Health Department will negotiate the 2018 budget with the selected agency based on its performance in 2017, its expected reimbursement revenue, and continued availability of funds from the Minnesota Department of Health and the Centers for Disease Control.

Funding can be used for:

- Up to 100% of community health workers salary/benefits in 2017 and up to 50% of their salary and benefits between January-September 2018.
- Percentage of the salary and benefits for staff who will supervise the community health workers and percentage of the staff members who will pursue reimbursement strategies.

- Mileage expenses.
- Phone and computer expenses.
- Equipment up to \$5000 upon approval by the Minneapolis Health Department.
- Promotional activities and materials such as community engagement events, signage, and posters;
- Office supplies, printing and postage.
- Evaluation activities.
- All direct administrative costs and related indirect costs, provided they do not exceed 10% of direct program costs.

Funding cannot be used for:

- Transportation, except mileage expenses of project staff.
- Capital improvements or construction projects such as building or improving a fitness center, buying or installing fitness or playground equipment.
- Lobbying or advocacy activities or materials that advocate for the adoption or rejection of an official action.
- Participation incentives for residents.
- Food.

ATTACHMENT B
Proposal Coversheet
Community Health Worker Services for Public Housing Residents

Name of Applicant Agency	
Agency Telephone Number	
Agency Address	
Contact Person Name and Title	
Email Address	
Phone Number	
Total Amount Requesting	
Federal ID #	
DUNS #	

Checklist of attached documents:

Proposal (original + 3 copies)

___ Application narrative (max 8 pages)

___ Budget Form

___ Budget Narrative Form

Administrative Documents (only one set required)

___ Most recent audit and management letter (or financial statement for past three years)

___ IRS determination letter for 501(c)(3) for not-for-profit agencies

ATTACHMENT C

Budget Form

Up to \$221,000 is available between January 2017 and September 2018. The Health Department will issue a one-year contract, up to \$161,000, for the time period January – December 2017. Up to \$80,500 will be available between January–September 2018. The Minneapolis Health Department will negotiate the 2018 budget with the selected agency based on its performance in 2017, its expected reimbursement revenue, and continued availability of funds from the Minnesota Department of Health and the Centers for Disease Control.

January 1 – December 31, 2017

Personnel	Role on project	Base salary or annual wage	% time on project*	Salary/wages charged to project
Name 1		\$0		\$0
Name 2		\$0		\$0
Name 3		\$0		\$0
Name 4		\$0		\$0
Fringe Benefits				\$0
Total Personnel Costs				<u>\$0</u>
Program Expenses <i>[categories below may be modified as needed]</i>				
Project Implementation Activities				\$0
Travel (mileage at \$.54/mile)				\$0
Supplies and Equipment				\$0
Total Program Expenses				<u>\$0</u>
Total Direct Costs (sum of Total Personnel Costs, Total Program Expenses)				<u>\$0</u>
Administrative Costs (not to exceed 10% of Total Direct Costs)				<u>\$0</u>
Total Costs				<u>\$0</u>

Budget Narrative Form

Please provide a brief but sufficient explanation for each budget line item. There is no page-limit for this form.

<p>Personnel Please provide the following information for the staff who will work on this project: Name (if known), title, description, annual salary or hourly rate, percent FTE on the project, role on the project, and fringe benefits.</p>	
<p>Travel/mileage The budget should delineate between community health workers and others (supervisors, staff working on reimbursement strategies).</p>	
<p>Project Implementation Activities Please describe expenses related to fulfilling the required functions of the community health workers.</p>	
<p>Supplies and Equipment Please describe the equipment and supplied needed to fulfill the functions. Please note that blood pressure cuffs cannot be purchased with these funds.</p>	
<p>Administrative costs Please indicate the amount of direct administrative costs and indirect costs, noting that they cannot exceed 10% of direct program costs.</p>	

ATTACHMENT D

RFP Terms and Conditions

General Conditions for Request For Proposals (RFP)

(Revised: Dec, 2015)

The General Conditions are terms and conditions that the City expects all of its Consultants to meet. The Consultant agrees to be bound by these requirements unless otherwise noted in the Proposal. The Consultant may suggest alternative language to any section at the time it submits its response to this RFP. Some negotiation is possible to accommodate the Consultant's suggestions.

1. City's Rights

The City reserves the right to reject any or all proposals or parts of proposals, to accept part or all of proposals on the basis of considerations other than lowest cost, and to create a project of lesser or greater expense and reimbursement than described in the Request for Proposal, or the respondent's reply based on the component prices submitted.

2. Equal Opportunity Statement

The Consultant agrees to comply with applicable provisions of applicable federal, state and city regulations, statutes and ordinances pertaining to the civil rights and non-discrimination in the application for and employment of applicants, employees, subcontractors and suppliers of the Consultant. Among the federal, state and city statutes and ordinances to which the Consultant shall be subject under the terms of this Contract include, without limitation, Minnesota Statutes, section 181.59 and Chapter 363A, Minneapolis Code of Ordinances Chapter 139, 42 U.S.C Section 2000e, et. seq. (Title VII of the Civil Rights Act of 1964), 29 U.S.C Sections 621-624 (the Age Discrimination in Employment Act), 42 U.S.C Sections 12101-12213 (the Americans with Disability Act or ADA), 29 U.S.C Section 206(d) (the Equal Pay Act), 8 U.S.C Section 1324 (the Immigration Reform and Control Act of 1986) and all regulations and policies promulgated to enforce these laws. The Consultant shall have submitted and had an "affirmative action plan" approved by the City prior to entering into a Contract.

3. Insurance

Insurance secured by the Consultant shall be issued by insurance companies acceptable to the City and admitted in Minnesota. The insurance specified may be in a policy or policies of insurance, primary or excess. Such insurance shall be in force on the date of execution of the Contract and shall remain continuously in force for the duration of the Contract.

Acceptance of the insurance by the City shall not relieve, limit or decrease the liability of the Consultant. Any policy deductibles or retention shall be the responsibility of the Consultant. The Consultant shall control any special or unusual hazards and be responsible for any damages that result from those hazards. The City does not represent that the insurance requirements are sufficient to protect the Consultant's interest or provide adequate coverage. Evidence of coverage is

to be provided on a current ACORD Form. A thirty (30) day written notice is required if the policy is canceled, not renewed or materially changed. The Consultant shall require any of its subcontractors, if sub-contracting is allowable under this Contract, to comply with these provisions, or the Consultant will assume full liability of the subcontractors.

The Consultant and its subcontractors shall secure and maintain the following insurance:

- a) **Workers Compensation** insurance that meets the statutory obligations with Coverage B-Employers Liability limits of at least \$100,000 each accident, \$500,000 disease - policy limit and \$100,000 disease each employee.
- b) **Commercial General Liability** insurance with limits of at least \$2,000,000 general aggregate, \$2,000,000 products - completed operations \$2,000,000 personal and advertising injury, \$100,000 each occurrence fire damage and \$10,000 medical expense any one person. The policy shall be on an "occurrence" basis, shall include contractual liability coverage and the City shall be named an additional insured. The amount of coverage will be automatically increased if the project amount is expected to exceed \$2,000,000 or involves potentially high risk activity.
- c) **Commercial Automobile Liability** insurance covering all owned, non-owned and hired automobiles with limits of at least \$1,000,000 per accident.
- d) **Professional Liability** Insurance or Errors & Omissions Insurance providing coverage for 1) the claims that arise from the errors or omissions of the Consultant or its subcontractors and 2) the negligence or failure to render a professional service by the Consultant or its subcontractors. The insurance policy should provide coverage in the amount of \$2,000,000 each claim and \$2,000,000 annual aggregate. The insurance policy must provide the protection stated for two years after completion of the work.

4. **Hold Harmless**

The Consultant will defend, indemnify and hold harmless the City and its officers and employees from all liabilities, claims, damages, costs, judgments, lawsuits and expenses, including court costs and reasonable attorney's fees regardless of the Consultant's insurance coverage, arising directly from any negligent act or omission of the Consultant, its employees, agents, by any sub-contractor or sub-consultant, and by any employees of the sub-contractors and sub-consultants of the Consultant, in the performance of work and delivery of services provided by or through this Contract or by reason of the failure of the Consultant to perform, in any respect, any of its obligations under this Contract.

The City will defend, indemnify and hold harmless the Consultant and its employees from all liabilities, claims, damages, costs, judgments, lawsuits and expenses including court costs and reasonable attorney's fees arising directly from the negligent acts and omissions of the City by reason of the failure of the City to perform its obligations under this Contract. The provisions of the Minnesota Statutes, Chapter 466 shall apply to any tort claims brought against the City as a result of this Contract.

Except as provided in the section titled Data Practices, neither party will be responsible for or be required to defend any consequential, indirect or punitive damage claims brought against the other party.

5. Subcontracting

The Consultant shall provide written notice to the City and obtain the City's authorization to subcontract any work or services to be provided to the City pursuant to this Contract. As required by Minnesota Statutes, Section 471.425, the Consultant shall pay all subcontractors for subcontractor's undisputed, completed work, within ten (10) days after the Consultant has received payment from the City.

6. Assignment or Transfer of Interest

The Consultant shall not assign any interest in the Contract, and shall not transfer any interest in the same either by assignment or novation without the prior written approval of the City. The Consultant shall not subcontract any services under this Contract without prior written approval of the City Department Contract Manager designated herein.

7. General Compliance

The Consultant agrees to comply with all applicable Federal, State and local laws and regulations governing funds provided under the Contract.

8. Performance Monitoring

The City will monitor the performance of the Consultant against goals and performance standards required herein. Substandard performance as determined by the City will constitute non-compliance with this Contract. If action to correct such substandard performance is not taken by the Consultant within a reasonable period of time to cure such substantial performance after being notified by the City, Contract termination procedures will be initiated. All work submitted by Consultant shall be subject to the approval and acceptance by the City Department Contract Manager designated herein. The City Department Contract Manager designated herein shall review each portion of the work when certified as complete and submitted by the Consultant and shall inform the Consultant of any apparent deficiencies, defects, or incomplete work, at any stage of the project.

9. Prior Uncured Defaults

Pursuant to Section 18.115 of the City's Code of Ordinances, the City may not contract with persons or entities that have defaulted under a previous contract or agreement with the City and have failed to cure the default.

10. Independent Consultant

Nothing contained in this Contract is intended to, or shall be construed in any manner, as creating or establishing the relationship of employer/employee between the parties. The Consultant shall at all times remain an independent Consultant with respect to the work and/or services to be performed under this Contract. Any and all employees of Consultant or other persons engaged in the performance of any work or services required by Consultant under this Contract shall be considered employees or subcontractors of the Consultant only and not of the City; and any and all

claims that might arise, including Worker's Compensation claims under the Worker's Compensation Act of the State of Minnesota or any other state, on behalf of said employees or other persons while so engaged in any of the work or services to be rendered or provided herein, shall be the sole obligation and responsibility of the Consultant.

11. Accounting Standards

The Consultant agrees to maintain the necessary source documentation and enforce sufficient internal controls as dictated by generally accepted accounting practices (GAAP) to properly account for expenses incurred under this Contract.

12. Retention of Records

The Consultant shall retain all records pertinent to expenditures incurred under this Contract in a legible form for a period of six years commencing after the later of contract close-out or resolution of all audit findings. Records for non-expendable property acquired with funds under this Contract shall be retained for six years after final disposition of such property.

13. Data Practices

The Consultant agrees to comply with the Minnesota Government Data Practices Act (Minnesota Statutes, Chapter 13) and all other applicable state and federal laws relating to data privacy or confidentiality. The Consultant and any of the Consultant's sub-consultants or sub-contractors retained to provide services under this Contract shall comply with the Act and be subject to penalties for non-compliance as though they were a "governmental entity." The Consultant must immediately report to the City any requests from third parties for information relating to this Contract. The City agrees to promptly respond to inquiries from the Consultant concerning data requests. The Consultant agrees to hold the City, its officers, and employees harmless from any claims resulting from the Consultant's unlawful disclosure or use of data protected under state and federal laws.

All Proposals shall be treated as non-public information until the Proposals are opened for review by the City. At that time, the names of the responders become public data. All other data is private or non-public until the City has completed negotiating the Contract with the selected Consultant(s). At that time, the proposals and their contents become public data under the provisions of the Minnesota Government Data Practices Act, Minnesota Statutes, Chapter 13 and as such are open for public review.

14. Inspection of Records

Pursuant to Minnesota Statutes, Section 16C.05, all Consultant payroll and expense records with respect to any matters covered by this Contract shall be made available to the City and the State of Minnesota, Office of the State Auditor, or their designees upon notice, at any time during normal business hours, as often as the City deems necessary, to audit, examine, and make excerpts or transcripts of all relevant data.

15. Living Wage Ordinance

The Consultant may be required to comply with the “[Minneapolis Living Wage and Responsible Public Spending Ordinance](http://www.minneapolismn.gov/www/groups/public/@finance/documents/webcontent/convert_255695.pdf)” (http://www.minneapolismn.gov/www/groups/public/@finance/documents/webcontent/convert_255695.pdf), Chapter 38 of the City’s Code of Ordinances (the “Ordinance”). Unless otherwise exempt from the ordinance as provided in Section 38.40 (c), any City contract for services valued at \$100,000 or more or any City financial assistance or subsidy valued at \$100,000 or more will be subject to the Ordinance’s requirement that the Consultant and its subcontractors pay their employees a “living wage” as defined and provided for in the Ordinance.

16. Applicable Law

The laws of the State of Minnesota shall govern all interpretations of this Contract, and the appropriate venue and jurisdiction for any litigation which may arise hereunder will be in those courts located within the County of Hennepin, State of Minnesota, regardless of the place of business, residence or incorporation of the Consultant.

17. Conflict and Priority

In the event that a conflict is found between provisions in this Contract, the Consultant's Proposal or the City's Request for Proposals, the provisions in the following rank order shall take precedence: 1) Contract; 2) Proposal; and last 3) Request for Proposals (only for Contracts awarded using RFP).

18. Travel

If travel by the Consultant is allowable and approved for this Contract, then Consultant travel expenses shall be reimbursed in accordance with the City’s [Consultant Travel Reimbursement Conditions](http://www.minneapolismn.gov/www/groups/public/@finance/documents/webcontent/wcms1p-096175.pdf) (<http://www.minneapolismn.gov/www/groups/public/@finance/documents/webcontent/wcms1p-096175.pdf>).

19. Billboard Advertising

City Code of Ordinance 544.120, prohibits the use of City and City-derived funds to pay for billboard advertising as a part of a City project or undertaking.

20. Conflict of Interest/Code of Ethics

Pursuant to Section 15.250 of the City’s Code of Ordinances, both the City and the Consultant are required to comply with the City’s Code of Ethics. Chapter 15 of the Code of Ordinances requires City officials and the Consultant to avoid any situation that may give rise to a “conflict of interest.” A “conflict of interest” will arise if Consultant represents any other party or other client whose interests are adverse to the interests of the City.

As it applies to the Consultant, the City’s Code of Ethics will also apply to the Consultant in its role as an “interested person” since Consultant has a direct financial interest in this Agreement. The

City's Code of Ethics prevents "interested persons" from giving certain gifts to employees and elected officials.

21. Termination, Default and Remedies

The City may cancel this Contract for any reason without cause upon thirty (30) days' written notice. Both the City and the Consultant may terminate this Contract upon sixty (60) days' written notice if either party fails to fulfill its obligations under the Contract in a proper and timely manner, or otherwise violates the terms of this Contract. The non-defaulting party shall have the right to terminate this Contract, if the default has not been cured after ten (10) days' written notice or such other reasonable time period to cure the default has been provided. If termination shall be without cause, the City shall pay Consultant all compensation earned to the date of termination. If the termination shall be for breach of this Contract by Consultant, the City shall pay Consultant all compensation earned prior to the date of termination minus any damages and costs incurred by the City as a result of the breach. If the Contract is canceled or terminated, all finished or unfinished documents, data, studies, surveys, maps, models, photographs, reports or other materials prepared by the Consultant under this Contract shall, at the option of the City, become the property of the City, and the Consultant shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents or materials prior to the termination.

Notwithstanding the above, the Consultant shall not be relieved of liability to the City for damages sustained by the City as a result of any breach of this Contract by the Consultant. The City may, in such event, withhold payments due to the Consultant for the purpose of set-off until such time as the exact amount of damages due to the City is determined. The rights or remedies provided for herein shall not limit the City, in case of any default by the Consultant, from asserting any other right or remedy allowed by law, equity, or by statute. The Consultant has not waived any rights or defenses in seeking any amounts withheld by the City or any damages due the Consultant.

22. Ownership of Materials

All finished or unfinished documents, data, studies, surveys, maps, models, photographs, reports or other materials resulting from this Contract shall become the property of the City upon the City's payment for and final approval of the final report or upon payment and request by the City at any time before then. The City at its own risk, may use, extend, or enlarge any document produced under this Contract without the consent, permission of, or further compensation to the Consultant.

23. Intellectual Property

All Work produced by the Consultant under this Contract is classified as "work for hire" and upon payment by the City to the Consultant will be the exclusive property of the City and will be surrendered to the City immediately upon completion, expiration, or cancellation of this Contract. "Work" covered includes all reports, notes, studies, photographs, designs, drawings, specifications, materials, tapes or other media and any databases established to store or retain the Work. The Consultant may retain a copy of the work for its files in order to engage in future consultation with the City and to satisfy professional records retention standards. The Consultant represents and warrants that the Work does not and will not infringe upon any intellectual property rights of other persons or entities.

Each party acknowledges and agrees that each party is the sole and exclusive owner of all right, title, and interest in and to its services, products, software, source and object code, specifications, designs, techniques, concepts, improvements, discoveries and inventions including all intellectual property rights thereto, including without limitations any modifications, improvements, or derivative works thereof, created prior to, or independently, during the terms of this Contract. This Contract does not affect the ownership of each party's pre-existing, intellectual property. Each party further acknowledges that it acquires no rights under this Contract to the other party's pre-existing intellectual property, other than any limited right explicitly granted in this Contract.

24. Equal Benefits Ordinance

Minneapolis Code of Ordinances, Section 18.200, relating to equal benefits for domestic partners, applies to each Consultant and subcontractor with 21 or more employees that enters into a "contract", as defined by the ordinance that exceeds \$100,000. The categories to which the ordinance applies are personal services; the sale or purchase of supplies, materials, equipment or the rental thereof; and the construction, alteration, repair or maintenance of personal property. The categories to which the ordinance does not apply include real property and development contracts.

Please be aware that if a "contract", as defined by the ordinance, initially does not exceed \$100,000, but is later modified so the Contract does exceed \$100,000, the ordinance will then apply to the Contract. A complete text of the ordinance is available at:

http://www.minneapolismn.gov/www/groups/public/@finance/documents/webcontent/convert_261694.pdf

It is the Consultant's and subcontractor's responsibility to review and understand the requirements and applicability of this ordinance.

25. City Ownership and Use of Data

The City has adopted an Open Data Policy ("Policy"). The City owns all Data Sets as part of its compliance with this Policy. Data Sets means statistical or factual information: (a) contained in structural data sets; and (b) regularly created or maintained by or on behalf of the City or a City department which supports or contributes to the delivery of services, programs, and functions. The City shall not only retain ownership of all City Data Sets, but also all information or data created through the City's use of the software and /or software applications licensed by the Consultant (or any subcontractor of sub-consultant of the Consultant) to the City.

The City shall also retain the right to publish all data, information and Data Sets independently of this Contract with the Consultant and any of Consultant's subcontractors or sub-consultants involved in providing the Services, using whatever means the City deems appropriate.

The City shall have the right to access all data, regardless of which party created the content and for whatever purpose it was created. The Consultant shall provide bulk extracts that meet the public release criteria for use in and within an open data solution. The Consultant shall permit and allow free access to City information and Data Sets by using a method that is automatic and repeatable. The Data Sets shall permit classification at the field level in order to exclude certain data.

26. Audit Requirements for Cloud-Based Storage of City Data

If the Consultant's services include the storage of City data using a cloud based solution, then the Consultant agrees to secure the data as though it were "private data" as defined in Minnesota Statutes, Chapter 13. The Consultant shall provide the City with the annual copy of the Federal Standards for the Statement on Standards for Attestation Engagements (SSAE) No. 16 or the International Standard on Assurance Engagements (ISAE) No. 3402. The Consultant agrees to provide a .pdf copy to the City's Contract Manager, upon the Consultant's receipt of the audit results.

27. Small & Underutilized Business Program (SUBP) Requirements

The City of Minneapolis policy is to provide equal opportunities to all businesses, with an effort to redress discrimination in the City's marketplace and in public contracting against Minority-Owned Business Enterprises (MBEs) and Women-Owned Business Enterprises (WBEs). The SUBP requirements detailed in the Minneapolis Code of Ordinances Chapter 423.50 applies to any professional or technical Service contract in excess of \$100,000. SUBP goals are set on contracts based on project scope, subcontracting opportunities and availability of qualified MBEs/WBEs.

There are no SUBP goals on this RFP. However, if there are subcontracting opportunities later identified, Consultant shall inform the Contract Manager to obtain authorization as stated under the section titled "Subcontracting" of the Terms and Conditions. Consultant shall take action to afford MBEs and WBEs full and fair opportunities to compete on this contract and resulting subcontracts. To locate certified MBEs and WBEs under the Minnesota Uniform Certification Program (MnUCP), please visit <http://mnucp.metc.state.mn.us/> or contact contractcompliance@minneapolismn.gov.

Note: If this RFP has SUBP goals (established by Civil Rights Dept.), please use the language and forms provided by the Civil Rights Department staff.