Request for Proposals

Public Health Nursing Services

## **A. General Information**

1. The Town of Northborough ("TOWN" hereafter), on behalf of the Greater Boroughs Partnership for Health (GBPH) seeks proposals from qualified public health nurses or organizations to provide public health nursing services for four (4) municipalities including Northborough, Southborough, Westborough and Boylston.
2. This contract is funded through a Public Health Excellence Shared Services Grant to the GBPH via the Massachusetts Department of Public Health. The Town will continue to receive $141,640.75 each year for the next three years. Within that budget, the TOWN is seeking the best possible Public Health Nursing services as described in the Scope of Services.
3. A detailed scope of services can be found in Section C.
4. Services are expected to be needed on or about August 1st, 2021, through June 30th, 2024 subject to mutual agreement between the Towns and the availability of funding.
5. A proposal must remain valid through the start of the contract for services herein sought.
6. The TOWN, on behalf of the GBPH, may cancel this RFP or contract, or amend, at any time whenever such an act is deemed in its best interest.
7. Neither the TOWN nor the GBPH will be responsible for any costs incurred by a proposer in preparing and submitting a proposal in response to this RFP.
8. Questions on the RFP process should be directed to Kristin Black, Northborough Health Agent (508) 393-5009, kblack@town.northborough.ma.us
9. Should additional Towns seek to join the Regional Program at a later date, they will be considered on a case-by-case basis in consultation with the awarded vendor. A contract amendment would be required to include any additional Town.

## **B. Program Description**

The participating Towns seek to supplement existing public health nursing services capacity to enhance services for residents. The Towns have been successful in receiving a grant from the Department of Public Health to cover costs associated with hiring 1.5 FTE Shared Public Health Nurses. Accordingly, the TOWN is seeking a consultant who is experienced, competent and learned in public health nursing and well-qualified to advise and assist the Towns in the provision of relevant services.

## **C. Scope of Services**

The Consultant shall perform public health nursing services included but not limited to the

 following at the direction of each Town’s Board of Health:

1. Responsible for all required communicable disease follow-up and investigations, including the submission or all investigation reports to the Massachusetts Department of Public Health, counselling and education, testing, and screening for communicable diseases as identified by DPH. All communicable diseases must be reported via the MAVEN system.
	1. For the Town of Westborough, the Nurse is not expected to do TB investigations.
2. Conduct outreach to residents to identify community needs and encourage access to public health nurses for screenings, management of chronic health conditions, medication management, and vaccinations.
3. Community Outreach, Public Education and General Wellness Programming could include the following:
	1. Substance use prevention
	2. Mental Health (prevention, awareness, needs assessment/survey)
	3. PFAS, EEE and other emerging issues and timely topics
	4. Maternal Child Health Services
4. Public health nursing services are integral to the towns’ Emergency Preparedness and Response. This may include representing communities at the Region 2 Public Health and Emergency Preparedness and other collaboratives at the Towns discretion.
5. Collaborate with schools and expand Westborough’s Childhood Immunization program to all four towns.
6. Phone access to public health nurses should be readily available. While laptops will be provided by the TOWN, the vendor is expected to maintain phone services.
7. For the following clinics, the public health nurses must coordinate the schedule, work with town departments, and pull resources in each town:
	1. Up to two (2) Flu Clinics per Town
	2. Youth COVID and COVID Boosters
	3. Health screening clinics
8. Comply with DPH requirements related to MIIS for all vaccinations
9. Wellness checks/home visits for the homebound, including vaccination
10. Assist the Health Agents when they perform Camp Medical Reviews in the spring by reviewing the relevant Medical Forms.
11. Establish a single point person to serve as the main contact that will coordinate with the GBPH and each member town
12. Work to understand the region and build relationships with key partners such as schools, senior centers, and other service agencies involved in public health.
13. Staff attend training and maintain necessary professional licenses and certifications to carry out the duties of the Public Health Nurses.
14. The GBPH expects to have a role in the hiring or selection process for any new staff performing services.
15. The Public Health Nurse shall comply with all Federal and State laws and regulations pertaining to public health, including HIPPA.
16. Must maintain Massachusetts Nursing licenses to perform relevant duties.
17. Public health nurses are expected to negotiate with each Town to schedule office hours up to 15 hours per week at the direction of each community.
18. Patient healthcare records shall be maintained by the vendor. All necessary reports shall be completed and immunization records should meet DPH requirements.
19. The Town of Southborough has recently hired a full time Public Health Nurse so the vendor is expected to collaborate with that individual and provide support on Public Health Nursing Services.
20. The Town of Boylston will also have a part time Public Health Nurse and the vendor is expected to collaborate with that individual and provide support on Public Health Nursing Services.

## **D. Proposal Submission Requirements**

1. Note that these services are exempt from procurement regulations but in the interest of transparency and full competition, the Towns are following a Request for Proposals process. See M.G.L. c. 30B, § 1(b)(16): *Contracts with physicians, dentists and other health care individuals or persons (including nurses, nurses’ assistants, medical and laboratory technicians); health care providers (including diagnosticians); social workers; psychiatric workers; and veterinarians.*
2. Acceptance of any proposal to provide such services is subject to the continued availability of funds through the Towns.
3. **IMPORTANT:** Proposals should be emailed to Kristin Black, Northborough Health Agent (508) 393-5009, kblack@town.northborough.ma.us
4. **Proposals must be received no later than 2:00 P.M. on Thursday July 15, 2021.** Proposals may be changed or withdrawn prior to but not subsequent to this date, by submission of such change in writing, identifying the submitting party and indicating that it contains a correction for the proposal.
5. The contents of proposals will be kept confidential until the evaluation process is completed. However, at the time the proposals are opened, a register of proposals, including the name of each proposer and the number of proposal modifications submitted by each proposer, will be made available to the public.

## **E. Submission Requirements**

1. Each proposal submitted should contain the following:
2. **A section with narrative response indicating how the proposer plans to accomplish the scope of services. This should also address the Comparative Evaluation Criteria outlined in the next section of this RFP.**
3. An acknowledgement that the funding available is sufficient to provide the services described
4. A list of at least three (3) references;
5. A list, including a brief description, of all similar work completed within the past ten (10) years.
6. A project staffing plan, including the name, title (if any), credentials, and role of all those who will be assigned to provide services;
7. A completed Compliance Certification (Attachment A);
8. If any part of the scope of services under this RFP is to be completed by a subcontractor, the proposer will provide a complete description of the services to be subcontracted for along with a complete description of the qualifications and capabilities of the subcontractor. As part of the contract award for services, the TOWN reserves the right to approve or disapprove any and all such subcontractors and to revoke any approval previously given.

## **F. Comparative Evaluation Criteria**

Each competing firm or individual must provide a brief narrative indicating if and how they meet the following Comparative Evaluation Criteria. Responses to each of these criteria will meet the following Comparative Evaluation Criteria. Responses to each of these criteria will be judged in four rating categories:

* **Highly advantageous**
* **Advantageous**
* **Not advantageous**
* **Unacceptable**

To what extent are the following met?

1. Relevant experience of primary staff to be assigned to this project. Provide qualifications, including dates.

a. Primary project staff person, serving as a lead Public Health Nurse:

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| --- | --- |
| **Highly Advantageous** | 10 or more years’ experience in public health nursing, or related public health experience |
| **Advantageous** | At least 5 but fewer than 10 years’ experience in public health nursing, or related public health experience |
| **Not Advantageous** | At least 3 but fewer than 5 years’ experience in public health nursing, or related public health experience |
| **Unacceptable** | Fewer than 3 years’ experience in public health nursing, or related public health experience |

b. Secondary project staff:

|  |  |
| --- | --- |
| **Highly Advantageous** | 10 or more years’ experience public health nursing, or related public health experience |
| **Advantageous** | At least 5 but fewer than 10 years’ experience in public health nursing, or related public health experience |
| **Not Advantageous** | At least 3 but fewer than 5 years’ experience in public health nursing, or related public health experience |
| **Unacceptable** | Fewer than 3 years’ experience in public health nursing, or related public health experience |

1. Plan of Services

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| --- | --- |
| **Highly Advantageous** | The plan of services proposes detailed, logical and highly efficient schemes for the provision of the required services. |
| **Advantageous** | The plan of services proposes credible schemes for the provision of the required services.  |
| **Not advantageous** | The plan of services proposes credible schemes for the provision of some but not all of the required services. |
| **Unacceptable** | The plan of services is not credible or is not sufficiently detailed to fully evaluate the schemes for the provision of required services. |

3. Number of similar services provided within the past ten (10) years within the Commonwealth of Massachusetts, by the staff to be assigned to this project. Provide service descriptions and dates of services rendered.

**Note:** For purposes of this proposal, serving as a Public Health Nurse or in a similar position for one (1) entity over a three (3) year period shall be considered as three (3) projects.

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| **Highly advantageous** | 7 or more projects  |
| **Advantageous** | At least 5 but fewer than 7 projects  |
| **Not advantageous** | At least 3 but fewer than 5 similar projects  |
| **Unacceptable** | Fewer than 3 similar projects  |

4. Completeness of proposal

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| --- | --- |
| **Highly Advantageous** | The proposal addresses all of the project objectives stated in the RFP  |
| **Advantageous** | The proposal does not address one (1) of the project objectives stated in the RFP |
| **Not advantageous** | The proposal does not address two (2) or three (3) of the project objectives stated in the RFP |
| **Unacceptable** | More than three (3) of the project objectives stated in the RFP are not addressed |

5. References

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| --- | --- |
| **Highly Advantageous** | All three (3) references, very good to excellent |
| **Advantageous** | Two (2) of three (3) references very good to excellent |
| **Not advantageous** | One (1) of three (3) references very good to excellent  |
| **Unacceptable** | No references very good to excellent  |

6. Interviews will be conducted if the review committee deems necessary, after initial review of criteria 1-5.

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| **Highly Advantageous** | Interview was conducted in a thorough, prepared, and professional manner and all review committee members rated "HA" |
| **Advantageous** | Interview was conducted in a fairly thorough, prepared, and professional manner and at least 75% but less than 100% of the review committee members rated an "A" |
| **Not advantageous** | Interview was conducted in a somewhat thorough, prepared, and professional manner and at least 50% but less than 75% of all review committee members rated "NA" |
| **Unacceptable** | The interview was not conduced in a thorough, prepared, and professional manner and at least 25% but less than 50% of all review committee members rated "U" |

## **G. Rule for Award**

Proposals will be evaluated, and ranked by a Review Committee comprised of representatives from the GBPH:

1. Proposals will be evaluated according to the Comparative Evaluation Criteria specified in Section E of this RFP. Evaluations will be in writing and will indicate the rating given for each criterion, the reasons for the rating, a composite rating of each proposal, and the reasons for the composite rating. The Town is seeking the best possible services given their available funding.
2. References will be conducted and subject to the results, the proposal evaluation will be modified and ratings adjusted as necessary.
3. If deemed necessary, the top proposers will be interviewed. Upon completion of interviews, the proposal evaluations will be modified and ratings adjusted as necessary.
4. Finally, the TOWN will make a determination on the issuance of a Notice of Award and recommendations to enter into a contract. TOWN, through its Board of Selectmen, will contract with the identified most advantageous bidder.

As previously noted, the TOWN reserves the right to reject any proposal which, in its judgment, fails to meet the requirements of this RFP or which is incomplete, conditional, or obscure; or which contains additions or irregularities; or in which errors occur; or if it is determined to be in the best interests of the TOWN and the participating communities.

The TOWN, in conjunction with the participating communities, reserves the right to waive minor discrepancies or permit a competing firm to clarify such discrepancies and so conduct discussions with all qualified competing firms in any manner necessary to serve the best interests of the Towns. The TOWN reserves the right to award the contract up to thirty (30) days after the proposal due date. TOWN will be the awarding authority.

## **ATTACHMENT A**

**COMPLIANCE CERTIFICATIONS**

**Certificate of Non-Collusion**

The undersigned certifies under penalties of perjury that this bid or proposal has been made and submitted in good faith and without collusion or fraud with any other person. As used in this certification, the word "person” shall mean any natural person, business, partnership, corporation, union, committee, club, or other organization, entity, or group of individuals.

**Non Discrimination and Affirmative Action**

The Contractor agrees to comply with all applicable Federal and State statutes, rules and regulations prohibiting discrimination in employment, including but not limited to, the Americans with Disabilities Act 42 USC 12101, 28 CFR Part 35, or as amended; 29 USC S.791 et. seq.; Executive Orders 227, 237, 246; MGL C. 151B; and MGL C. 272, S. 92A, S98 et.seq., or any amendments to these provisions. Pursuant to Executive Orders 227 and 246, the Contractor is required to take affirmative actions designed to eliminate the patterns and practices of discrimination including providing written notice of its commitment to non-discrimination to any labor association with which it has an employment agreement, and to certified minority and women-owned businesses and organizations or businesses owned by individuals with disabilities. The TOWN shall not be liable for any costs associated with the consultant's defense of claims of discrimination.

**Public Contracts Debarment**

In connection with this bid and all procurement transactions, by signature thereon, the respondent certifies that neither the company nor its principals are suspended, debarred, proposed for debarment, declared ineligible, or voluntarily excluded from the award of contracts, procurement or non-procurement programs from the Commonwealth of Massachusetts, United States Federal Government and/or the municipalities. "Principals" means officers, directors, owners, partners and persons having primary interest, management or supervisory responsibilities with the business entity. Vendors shall provide immediate written notification to the municipalities at any time during the period of the contract of prior or prior to the contract award if the vendor learns of any changed condition with regards to the debarment of the company or its officers. This certification is a material representation of fact upon which reliance will be placed when making the business award. If at any time it is determined that the vendor knowingly misrepresented this certification, in addition to other legal remedies available to the municipalities, the contract will be cancelled and the award revoked.

**Qualifications**

The Contractor represents that it is qualified to perform the services required under this contract and possesses or shall obtain all requisite medical licenses and permits.

**Tax Compliance Certification**

Pursuant to M.G.L. c. 62C, §49A, I certify under the penalties of perjury that, to the best of my knowledge and belief, I am in compliance with all laws of the Commonwealth relating to taxes, reporting of employees and contractors, and withholding and remitting child support.

**Employment Security Contributions and Compulsory Workers' Compensation Insurance**

Pursuant to MGL C.151A, S.19 and MGL C.152, the Contractor certifies with all laws of the Commonwealth relating to payments to the Employment Security System and all Commonwealth laws relating to required worker's compensation insurance policies.

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Signature

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Name of Person Signing Proposal

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Name of Business

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Date