

**DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION**

Rev 1

New contract
 OTR
 CO
 SS
 BW
 Emergency
 Previous Contract/Project No. RFQ738

Re-Bid
 Other

LIVING WAGE APPLIES: YES NO

Requisition/Project : EPPRFP-00282

TERM OF CONTRACT: 4.5 years

Requisition/Project Title: Head Start Medical and Oral Healthcare Services Pool

Description: Services are sought to ensure that medical and oral health service opportunities are afforded for complete physical examinations, lab work, vision and hearing screening, height and weight assessments, growth tracking, and immunization and dental assessments, in addition to any and every item needed as mandated in the Florida Child Health Check, Early Periodic Screening Diagnostic Treatment, to the children identified by the Head Start Program.

User Department(s): Community Action and Health Services Dept. (CAHSD)

Issuing Department: ISD/PM Contact Person: Melissa Camillo-Castillo Phone: 305-375-4725
 Estimated Cost: 250,000.00 Funding Source: Grant REVENUE GENERATING:

ANALYSIS

Commodity/Service No: <u>948-47; 948-74; 948-28; 948-27 952-51</u>		SIC:	
Trade/Commodity/Service Opportunities			
Contract/Project History of Previous Purchases For Previous Three (3) Years Check Hereif this is a New Contract/Purchase with no Previous History			
	EXISTING	2ND YEAR	3RD YEAR
Contractor:	Institute for Child and Family Health; Borinquen Health Care Ctr., Florida Department of Health		
Small Business Enterprise:	N/A		
Contract Value:	300,000.00		
Comments: N/A			
Continued on another page (s): <input type="checkbox"/> Yes <input type="checkbox"/> No			

RECOMMENDATIONS

SBE	Set-Aside	Sub-Contractor Goal	Bid Preference	Selection Factor
		%		
		%		
		%		

Basis of Recommendation:

Signed: Melissa Camillo-Castillo

Date to SBD: 08/21/2015

Date Returned to DPM: _____

2.0 SCOPE OF SERVICES

2.1 Background

Miami-Dade County has a long tradition (since 1965) of delivering high quality services designed to foster the healthy development of low-income children from birth to 5 years, as well as pregnant women and their families under the Head Start Program. Head Start is a federally funded program that promotes the healthy development of very young, low-income children, healthy family functioning, and school readiness by enhancing the social and cognitive development of children through the provision of educational, health, nutritional and other services to enrolled children and families. Head Start Program Services are provided countywide through the operation of one hundred four (104) centers, administered by seventeen (17) contracted delegate agencies.). A Full Program year for the HS Program includes 175 school days and 227 days for the EHS Program, which both run congruently with Miami-Dade County Public School District's Calendar. All centers and delegate agencies provide child care services, in addition to other services which include health, education, nutrition and social services as determined to be necessary by the Head Start/Early Head Start (HS/EHS) Program's Health Services Coordinator for the welfare of enrolled and approved children and their families.

A. Objectives

Services are sought to ensure that medical and oral health service opportunities are afforded for complete physical examinations, laboratory work, vision and hearing screening, height and weight assessments, growth tracking, immunization and dental assessments, in addition to any and every item needed as mandated in the Florida Child Health Check, Early Periodic Screening Diagnostic Treatment, to the children identified by the HS/EHS Program's Staff and approved by the Health Services Coordinator.

The County is particularly interested in Proposers who have a history of offering services to traditionally underserved populations and geographic areas as well as Proposers with bilingual and/or multilingual capabilities that are able to serve the County's culturally diverse population in their native tongue, when necessary.

B. Target Geographic Area

The HS/EHS Program centers are geographically located throughout Miami-Dade County. The following chart includes the Target Geographic Area zip codes, which are provided only as a guideline and not as absolute boundaries. Proposer(s) may identify one or multiple Target Geographic Areas for which they wish to provide Services.

The County reserves the right to review its Program needs and notify the awarded Contractor(s) in writing. Such notifications and adjustments to the designated Target Geographic Area(s) assignment and/or Services provided, including the number of children to be serviced by the Contractor.

Target Geographic Area	Zip Code Boundaries	Approximate Children Currently Receiving Medical and Dental Services
Hialeah	33010, 33012, 33016	760

Southwest Miami-Dade	33030, 33032, 33033, 33157, 33170, 33174, 33177, 33189	1624
Northwest Miami-Dade	33054, 33166, 33167, 33168, 33169, 33055, 33056	1779
Central Miami-Dade	33125, 33127, 33128, 33129, 33130, 33132, 33133, 33135, 33136, 33137, 33138, 33139, 33141, 33142, 33147, 33150, 33155, 33165	3306
Northeast Miami-Dade	33161, 33162	203
West Central Miami-Dade	33143, 33175, 33184	165

2.2 Minimum Qualification Requirement

The minimum qualification requirements for this Solicitation are:

2.2.1 Medical Health Services

- a. Proposer shall be a licensed practitioner by the State of Florida Board of Medicine, Division of Medical Quality Assurance, Department of Health, for the particular services to be provided as of proposal due date
- b. Proposer should hold and maintain membership(s) with the American Medical Association (AMA), American Academy of Pediatrics (AAP).
- c. Proposer shall be a Medicaid Provider as of proposal due date.

2.2.2 Oral Health Services

- a. Proposer shall be a licensed practitioner by the State of Florida Board of Dentistry, Division of Medical Quality Assurance, Department of Health for the particular Services to be provided as of proposal due date.
- b. Proposer should hold and maintain membership(s) with the American Academy of Pediatric Dentistry (AAPD) and/or American Dental Association (ADA).
- c. Proposer shall be a Medicaid Provider as of proposal due date.

2.2.3 Florida Certificate of Status

- a. Proposer must submit a Certificate of Status in the name of the selected Proposer, which certifies the following: elected Proposer is registered under the laws of the State of Florida, Division of Corporations; all fees and penalties have been paid to the state; most recent annual report has been filed with an active status; and that an Article of Dissolution has not been filed.

(Note: Selected Proposer must maintain the minimum requirements stipulated above are continuing conditions for award and must be maintained through the contract term and any extensions or renewals).

2.2 Qualifications and Services

The selected Proposer(s) shall provide the following services

2.2.3 Medical Health Services to include:

- a. Provide initial health and laboratory screening services to enrolled and approved Program children in accordance with the Medicaid Child Health Check-up Periodicity Schedule. Screening services shall include, but are not limited to:
 - Growth and nutritional assessment (age, height and weight, head circumference);
 - Age Appropriate Vision screening and assessment;
 - Age Appropriate Hearing screening and assessment;
 - Speech/language assessment;
 - Blood pressure;
 - Hemoglobin and/or hematocrit testing;
 - Tuberculosis screening (PPD test, if needed);
 - Routine urinalysis;
 - Sickle cell prep or hemoglobin electrophoresis;
 - Lead testing;
 - Assessment and updating of immunization status, as required; and
 - Other screening or diagnostic testing as indicated.
- b. Administer all recommended schedule of immunizations as mandated by State of Florida Guidelines and Center for Disease Control (CDC) recommendations, currently including: Hepatitis B, Diphtheria, Tetanus, Pertussis, H. Influenza Type B, Inactivated Polio, Pneumococcal Conjugate, Measles, Mumps, Rubella, Varicella, Hepatitis A and Influenza. Schedule of immunizations administered shall be documented via the Florida Certificate of Immunization Form DH-680, (reference Attachment 3 - sample form).
- c. Perform a comprehensive medical health examination to include unclothed assessment of specific suspected systems or regions, as indicated by the medical history or the initial medical screening (i.e., skin, eyes, ears, nose, throat, heart, lungs, blood pressure, hernia, genitalia, orthopedic, and neurological) and vision and hearing screenings of enrolled and approved Program children at selected Proposer's office location, affiliated clinics and/or mobile units.
- d. Provide a copy of the State of Florida School Health Student Health Examination Form DH-3040 (reference Attachment 2 for sample form) and/or the Florida Certificate of Immunization Form DH-680 (reference Attachment 3 for sample) for each enrolled and approved Program child receiving medical health services to the HS/EHS Program's Health Services Coordinator, within ten (10) business days of the examination or as requested. The copies will be electronically sent via email.

The County at its sole discretion may request hard copies of the forms which will be sent via US postal service or a courier service at no additional cost to the County.

- e. Facilitate follow-up treatment, as necessary and indicated by results of the medical health screening and examination. Prior to providing follow-up services, re-screening and/or other diagnostic services for children referred from other Program health providers, selected Proposer shall receive authorization from the HS/EHS Program's Health Services Coordinator.
- f. Build a consistent referral procedure for further evaluation and treatment that facilitates other diagnostic and/or treatment, as necessary and approved by the HS/EHS Program's Health Services Coordinator, services that are currently included in the State of Florida Child Health Check-up standards.

2.2.4 Oral Health Services to include:

- a. Perform basic oral health services for approved and enrolled Program children, including, but not limited to:
 - o Oral health examinations and preventive services to include fluoride and/or sealant application;
 - o Bitewing radiographs, if necessary, but not as a routine procedure;
 - o Services required for the relief of pain or infection;
 - o Restoration of decayed teeth (*Amalgam, composites or Primary Teeth*);
 - o Pulp therapy when necessary to save teeth or primary molars; and
 - o Extractions only when pain or infection is present; decayed teeth that are not to be extracted should be restored if pain or infection is absent.
- b. Provide all other diagnostic and/or treatment services that are indicated according to the child's condition and current professional oral health standards.
- c. Confirm parental consent was received prior to the use of pre-sedative and nitrous oxide analgesia during oral health treatment.
- d. Provide oral health restorative work when a need for such work is indicated by a combination of screening, x-rays and oral health assessment. Severe cases requiring restorative work shall be prioritized.
- e. Schedule and coordinate oral health services for follow-up treatment appointments for approved and enrolled Program children.
- f. Facilitate referral and access to more formal health service treatment programs for enrolled and approved Program children.

2.3.4 General Services to include:

- a. Possess significant experience in providing pediatric medical and/or oral health services with specific knowledge of child development milestones and observation of young children.
- b. Adhere to all applicable Head Start Performance Standards, notices and instructions as promulgated by U.S. Department of Health and Human Services Administration for Children and Families (ACF), including but not limited to, the Code of Federal Regulations (CFR), Title 45 Parts

74, 1304.20, 1304.21, 1304.52, 1308.4 and 1308.6, Florida Statutes (Section 402.26-402, 319; Section 120.60), Florida Administrative Code (Chapter 65C-22; Chapter 64E-11) and appropriate County requirements, all of which are incorporated herein by reference. The Performance Standards are available through the following link: <http://eclkc.ohs.acf.hhs.gov/hslc/standards/hspss/45-cfr-chapter-xiii/45-cfr-chap-xiii-eng.pdf>.

- c. Examine and assess the medical and/or oral health services needs of children enrolled and approved in the Program ages birth to five years.
- d. Ensure that Program children approved for medical and oral health services with Medicaid or private insurance coverage receive all applicable benefits. Medicaid and insurance provider shall be billed for services rendered, when applicable. If coverage does not include all services listed in the Scope of Services herein, services that are deemed necessary and approved by the HS/EHS Program's Health Services Coordinator will be reimbursed by the County. The County will pay up to the rate that the individual selected Proposer has negotiated with the local Medicaid Administrator for reimbursement.
- e. Provide notification to the Florida Medicaid office, *in writing*, that an affiliation with Miami-Dade County is in effect, with reference to the appropriate County entity and Medicaid provider number.
- f. Transfer enrolled and approved Program children's medical/oral health records to HS/EHS Program's Health Services Coordinator or other selected Proposer, upon request by the County. Records will be sent electronically via email unless a hard copy is requested, in which case the selected Proposer will mail the records via the US postal service or a courier service at no additional cost to the County.
- g. Provide HS/EHS Program's Health Services Coordinator a copy of the completed HS/EHS Dental/Oral Health Exam Record Form, (reference Attachment 4) for all services performed at that session and other pertinent approved documentation. Copies of the form will be sent electronically via email unless a hard copy is requested, in which case the selected Proposer will mail the records via the US postal service or a courier service at no additional cost to the County.
- h. Accept the HS/EHS Program's authorized HS/EHS Dental/Oral Health Exam Record Forms (reference Attachment 4) of each clinic session when submitted to the HS/EHS Program's Health Services Coordinator, as the minimum documentation required for payment of services provided to enrolled and approved Program children.
- i. Gain approval from HS/EHS Program Health Services Coordinator prior to performing any services that are not specifically identified in the Scope of Services herein. Not all medical and oral health services that may be required are included in the Scope of Services. The County reserves the right to authorize any required services and reimburse said services at the current Medicaid rate.
- j. Perform Medicaid relevant administrative support and consultative services on an as needed basis and at the request of the HS/EHS Program's Health Services Coordinator which may include, but not limited to, the following:
 - Invoicing and collection, including data entry and electronic submission of claims;
 - Medicaid/HMO Policy and Procedures, including documentation;
 - Quality assurance reviews of files and records;
 - Assistance in preparation for Medicaid audits;
 - Other related consultative services as necessary and requested by HS/EHS Program Staff;

- Review of current cases;
- Assistance in formulation and review of individual treatment plans;
- Review and consultation with child's primary physician;
- Personal meeting or telephone consultation, as necessary, with parents of each child served;
- Child developmental and behavioral assessment;
- Telephone consultations with HS/EHS Program Staff;
- Other Medicaid relevant services not specifically identified; and
- Consultative advice.

2.4 Transportation to Service Location

The HS/EHS Program shall transport the enrolled and approved children, their parents and/or accompanying staff, if necessary, to the medical and/or dental facilities of the selected Proposer(s) for the purpose of receiving services, as authorized by the HS/EHS Program's Health Services Coordinator.

2.5 Hours of Service and Availability

The hours of service availability at the selected Proposers' facilities shall be determined by the selected Proposer(s) and approved by the HS/EHS Program's Health Services Coordinator. However, the selected Proposer(s) shall provide services at their facilities to enrolled and approved children when the HS/EHS Program Centers are open. (Example of times *Monday through Friday, 7:30 a.m. through 4:30 p.m. or 8.00a.m. through 5.00p.m.*) Selected Proposers that offer a flexible schedule to include evenings and weekends, and those which offer services via a mobile unit, on evenings and/or weekends are highly desirable to allow for flexibility in rendering health and oral health services.

2.6 Reporting

The selected Proposer(s) shall provide to the HS/EHS Program's Health Services Coordinator a monthly report for the services provided electronically via email due ten (10) business days after the close of the month. If a hard copy of these reports are requested the selected Proposer will send a copy via the US postal service or a courier service at no additional cost to the County.

The monthly report shall include the following information:

1. Listing of children receiving medical health screenings and specific laboratory tests performed;
2. Listing of children receiving medical examinations, evaluations, immunizations and follow-up care;
3. Listing of children diagnosed and treatment administered to each child;
4. Listing of children receiving oral health screenings, evaluations, restorations and follow-up care.
5. An itemized listing of HS/EHS Program children referred to Medicaid for authorization of services and current status of referrals.

2.7 Other Requirement

1. Laws and Regulations:

The selected Proposer(s) shall comply with all laws, ordinances, and regulations applicable to the services contemplated herein. Proposers are presumed to be familiar with all Federal, State and local laws, ordinances, codes, rules and regulations that may in any way affect the goods or services offered, especially, Executive Order No. 11246 entitled, "Equal Opportunity" and as amended by Executive Order No. 11375, as supplemented by the Department of Labor Relations (41 CFR, Part 60), the Americans with Disabilities Act of 1990 and implementing regulations, the Rehabilitation Act of 1973, as amended, Chapter 553 of the Florida

Statutes and any and all other local, State and Federal directives, ordinances, rules, orders and laws relating to people with disabilities.

2.8 Audit Requirements

The selected Proposer(s) shall submit to the HS/EHS Program's Health Services Coordinator a complete copy of its annual, agency-wide audit reports performed by an independent auditor covering each of the fiscal years for which HS/EHS funds were utilized. Audits of government entities must comply with OMB circular A-128. Audits of non-profit organizations, non-government entities, hospitals and institutions of higher learning must comply with OMB Circular A-133.

The following sequence is provided for informational purposes only. Selected Proposer(s) may be requested to provide a copy of a current independent audit.

- a. Audit required. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single or program-specific audit conducted for that year in accordance with the provisions of this part.
- b. Single audit. A non-Federal entity that expends \$750,000 or more during the non-Federal entity's fiscal year in Federal awards must have a single audit conducted in accordance with §75.514 except when it elects to have a program-specific audit conducted in accordance with paragraph (c) of this section.
- c. Program-specific audit election. When an auditee expends Federal awards under only one Federal program (excluding R&D) and the Federal program's statutes, regulations, or the terms and conditions of the Federal award do not require a financial statement audit of the auditee, the auditee may elect to have a program-specific audit conducted in accordance with §75.507. A program-specific audit may not be elected for R&D unless all of the Federal awards expended were received from the same Federal agency, or the same Federal agency and the same pass-through entity, and that Federal agency, or pass-through entity in the case of a sub recipient, approves in advance a program-specific audit.
- d. Exemption when Federal awards expended are less than \$750,000. A non-Federal entity that expends less than \$750,000 during the non-Federal entity's fiscal year in Federal awards is exempt from Federal audit requirements for that year, except as noted in §75.503, but records must be available for review or audit by appropriate officials of the Federal agency, pass-through entity, and Government Accountability Office (GAO).

Medical, private insurance provider or third party payer shall be initially billed for services rendered to enrolled and approved child. If coverage does not include all services listed in the Scope of Services herein, services that are deemed necessary and approved by the HS/EHS Program's Health Services Coordinator may be provided. The selected Proposer(s) shall invoice the HS/EHS Program for the approved services not covered by the third party payer on a monthly basis, on or before the 15th day of each month following the month in which the services were rendered, unless the County has granted the selected Proposer(s) an extension in writing. Payment requests shall be accompanied by such documentation as requested by the HS/EHS Program's Health Services Coordinator. It is anticipated that the County will reimburse each invoice within eight (8) weeks from receipt of complete and error free invoices; however, it is the responsibility of the selected Proposer(s) to maintain sufficient cash flow pending receipt of reimbursement from the County.

All invoices submitted to the County must be delivered in two (2) ways: 1. electronically via email and 2. Paper Copy via the US postal service or a courier service at no additional cost to the County.

All payments due to the selected Proposer(s) may be withheld pending receipt and approval by the County of all reports and documents due from the selected Proposer(s).

2.9 Background Screening

The selected Proposer shall comply with the following tasks in providing the Services:

1. In accordance with Sections 984.01(2)(a), 985.01(2)(a) and 39.001 of the Florida Statutes, only employees, volunteers and subcontracted personnel with a satisfactory background check through a screening agency may work in direct contact with children under the age of 18. Background screenings shall be completed through the Florida Department of Law Enforcement (FDLE) VECHS Program. However, satisfactory background screening documentation will be accepted from those agencies that already conduct business with either the Florida Department of Children and Families (FDCF) or the Department of Juvenile Justice (DJJ) or the Miami-Dade County Public Schools (M-DCPS) system. In addition, an Affidavit of Good Moral Character shall be completed and notarized for each employee, volunteer and subcontracted personnel prior to starting work on this project or immediately upon hiring.
2. Pursuant to the above passages from Florida Statutes, all personnel working directly with children must have a completed Level 1 Screening response from the Florida Department of Law Enforcement that indicates that there has been no prior involvement in any of the disallowed conditions, before beginning work with client youths. Level 1 Screenings can be accomplished electronically on-line with the Florida Department of Law Enforcement: <https://web.fdle.state.fl.us/search/app/default>. In addition, recognizing that Level 2 Screening can take several weeks, Level 2 Screening must be initiated by the selected Proposer prior to beginning work directly with clients. Any employees with positive response(s) to any of the enumerated charges as defined in Level 1 and Level 2 background checks shall not work with children or youths. All employee personnel files shall reflect the initiation and completion of the required background screening checks.
3. Under provisions of the Jessica Lunsford Act, selected Proposer(s) shall conduct Level 2 background screenings on instructional and non-instructional personnel and contractors who have direct contact with students or have access to center grounds when children are present (Section 1012.465, Florida Statutes).
5. Pursuant to Florida Statute 1012.465, selected Proposer(s) employing current School Board employees in possession of a valid School Board ID Badge and updated Level 2 Screening must complete a verification form. Non-School Board employees are required to obtain a Level 2 Screening and a School Board ID Badge before access to school campuses is granted, in the event access to school campuses is incorporated in the Services under the Program.
6. Upon execution of an agreement, selected Proposer(s) shall furnish the HS/EHS Program's Health Services Coordinator with proof that background screening Level 1 and Level 2 was completed by emailing a copy of the background screening documentation. If the selected Proposer(s) fails to furnish to the HS/EHS Program's Health Services Coordinator proof that background screening Level 1 and Level 2 was completed prior to working directly with client youths, the County shall not disburse any further funds and the contract may be subject to termination at the discretion of the County.
7. The selected Proposer(s) shall retain all records demonstrating compliance with the background screening required herein for not less than three years beyond the last date that all applicable terms of the agreement have been complied with and final payment has been received and appropriate audits have been submitted to and accepted by the appropriate entity.

3.0 Term

The County anticipates awarding contracts to the selected Proposer(s) with a term from January 1, 2016 through July 31, 2016.

3.1 Budget Allocation

Subject to available funding, the maximum amount payable by the County for services rendered under the HS/EHS Program Medical and Oral Health Services to all selected Proposer(s) in the aggregate, is anticipated not-to-exceed **Fifty thousand dollars (\$50,000)** per full Program year and **Two hundred and twenty five thousand dollars (\$225,000)** for the full life of the contract. The maximum amount for the initial Program year will be prorated to be \$25,000.00.

In the event that Services authorized by the HS/EHS Program's Health Services Coordinator are not covered under the Medicaid or child's insurance guidelines and when no other funding source is available, the HS/EHS Program shall pay for said Services. The HS/EHS Program will not pay any difference between the selected Proposer(s) customary charges and Medicaid negotiated rates for reimbursements.

In the event that all funds budgeted for are expended prior to the culmination of the agreement, the County request that the selected Proposer(s) provide the required medical and / or oral health services for enrolled and approved Program children as in-kind.

Itemized invoices for Services rendered will be approved in accordance with the following Medicaid approved rates, or as amended by Medicaid:

1. **Medical Health Services:**

One hundred twenty-five dollars (\$125.00) per child for all medical health services rendered including required immunizations, Child Health Check-Up, laboratory tests, screening or other diagnostic services, completed unclothed medical examination, and required follow-up treatment provided.

Follow up services have to be approved by the Health Services Coordinator and services will be reimbursed at Medicaid approved rates.

2. **Oral Health Services:**

Medicaid Administrator negotiated rates for the provider applies for all dental services rendered. Medicaid approved rates are subject to change, therefore, the applicable approved and established Medicaid rates shall be honored.