<u>ISSUING DEPARTMENT INPUT DOCUMENT</u> CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

| $\blacksquare \underline{\text{New}} \qquad \Box \underline{\text{OTR}} \qquad \Box \underline{\text{Sole Source}} \qquad \Box \underline{\text{Bid Waiver}}$ | Emergency Previous Contract/Project No. |
|---|---|
| Contract | N/A |
| Re-Bid Other – Access of Other Entity Contract | LIVING WAGE APPLIES: YES NO |
| Requisition No./Project No.: E-10181 | TERM OF CONTRACT 1 YEAR(S) WITH 9 YEAR(S) OTR |
| | |
| Requisition /Project Title: Homebound Vaccine Administration | |
| Description: | |
| Awarded vendor will be administering health vaccines for homebound residents of the Miami-Dade County. | |
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| | |
| | |
| Issuing Department: ISD Contact Pers | son: Natalya Vasilyeva Phone: 305-934-5365 |
| Estimate Cost: \$150,000 | GENERAL FEDERAL OTHER |
| Funding Sou | Federal |
| | |
| AINA 94855 | LYSIS |
| Commodity Codes: 94633 Contract/Project History of previous purchases three (3) years | |
| Check here if this is a new contract/purchase with no previous history. | |
| EXISTING | <u>2ND YEAR</u> <u>3RD YEAR</u> |
| Contractor: | |
| Small Business Enterprise: | |
| Contract Value: | |
| | , |
| Comments: | |
| Continued on another page (s): \Box YES \Box NO | |
| RECOMMENDATIONS | |
| | |
| SBE Subcontra | ractor Goal Bid Preference Selection Factor |
| | |
| Basis of Recommendation: | |
| | |
| | |
| | Determined a SDD 10/20/2021 |
| Signed: Natalya Vasilyeva Date sent to SBD: 10/20/2021 | |
| | Date returned to SPD: |

Independent Living Systems, LLC

Homebound Vaccine Administration

Scope of Work

 Vaccination procedures as outlined in the ILS Covid-19 Vaccine Administration for Homebound Residents Program Manual (hereby incorporated as Attachment A) comply with the Centers for Disease Control (CDC) and manufacturer requirements including 24-hour temperature monitoring and access alarms.

ILS will notify MDC and the MDC COVID-19 tracking and reporting partner Nomi Health on a weekly basis or as needed for their homebound vaccine capabilities for upcoming five (5) days. NOTE: homebound vaccine volume will be dependent on vaccine availability. ILS will complete required documentation when receiving vaccinations.

- 2. ILS will receive referrals from MDC and other sources as available;
 - a. Nomi Health will provide a secure report to ILS identifying patients who have requested a homebound vaccine.
 - b. ILS will request the report at least two (2) business days in advance.
 - c. Discuss 311 information transfer
- 3. ILS will use their HIPAA compliant call center to outreach to patients and evaluate:
 - a. Language reference ILS call center and reportable elements. Discuss qualifications for eligibility
- 4. For patients qualifying for vaccinations in the home:
 - a. ILS call center will schedule a home visit;
 - b. A vaccine will also be offered to one (1) care provider at the residence.
- 5. ILS will provide an appointment reminder on the day before and/or appointment day via text, call and/or email.
- 6. ILS will utilize approved and licensed personnel, by the State of Florida Department of Health, to provide vaccinations in the home.
- 7. Once in the home, ILS staff will follow a strict series of protocols (provided for review by MDC) that will include, but not be limited to:
 - a. Assessing vaccination status.
 - b. Confirming eligibility for vaccine.
 - c. Screening for contraindications and precautions.
 - d. Educating the patient and care providers / family members.
 - e. Obtain and document consent.
 - f. Preparing and administering vaccines per CDC and manufacture requirements.
 - g. Proper documentation.
- 8. Vaccines will be prepared and administered per CDC and manufacture requirements.
- 9. Each patient will be provided a copy of fact sheet for the vaccine being provided.
- 10. Each patient will be asked if he or she has any questions or concerns prior to vaccination, and address them, as appropriate. Vaccination will continue only after consent is obtained as outlined in 7.e above.
- 11. ILS will maintain at least three (3) doses of epinephrine on-hand when administering vaccine. CDC recommendations for observation will be followed:
 - a. 30 minutes: Persons with a history of an immediate allergic reaction (within 4 hours) of any severity to a vaccine or injectable therapy, and persons with a history of anaphylaxis due to any cause.
 - b. 15 minutes: All other persons

- a. Document vaccine administration in the ILS eCareCentral application; and/or
- b. Document the vaccine administration in the Nomi Health platform.

(If mutually agreed upon, an interface may be developed between ILS and Nomi Health in-lieu of direct platform documentation input.)

- 13. ILS will submit vaccine administration data to Florida SHOTS and any other mandated reporting.
- 14. MDC will use, in addition to other resources as determined necessary, the daily ILS/NOMI health report as support for billing and will reimburse ILS based on administered vaccines. ILS will provide supporting documentation to MDC as requested. Language for time frame

Neither ILS nor any subcontracted home health agencies will bill patients, private insurance, Medicare or Medicaid.