

# **Elder Care Network Southeast (ECNS)**

## **Request for Proposal (RFP) for Homemaker/Non-Homemaker Provider Services Application Submissions Checklist**

### **For New & Existing Providers:**

- Step 1: NOI Application (HM/PC/HHA/Companion/SHCA services only)
- Step 2: Computer Hardware Software Minimum Requirements Certification Form
- Step 3: Towns of Coverage Chart
- Step 4: Rate Sheet
- Step 5: Service Proposal Chart – Please alert an ASAP if you no longer wish to provide a current service
- Step 6: Service Specific Attachment(s) for services proposing
- Step 7: Administrative Overview (All services)

### **Required Attachment A's- saved as individual files and clearly titled as shown:**

- Attachment A – Short form of legal existence (non – profit)  
Short form of legal existence with officers (for profit organizations)
- Attachment B – Supplier Diversity office MBE and or WBE certificate (if applicable)
- Attachment C – Licenses, Certificates, accreditations
- Attachment D – COI
- Attachment E – Organizational chart
- Attachment F – Orientation checklist/topics for orientation
- Attachment G – in service calendar
- Attachment I – job descriptions

### **Required Attachment H's- saved as individual files and clearly titled as shown:**














- H1 - Personnel Policies, including supervision, annual performance evaluation, work rules, etc.
- H2 - Conflict of Interest
- H3 - Privacy and Confidentiality
- H4 - Non-discrimination in employment and service delivery
- H5 - 105 CMR 155.00, including the procedure on the required DPH registry check (Homemaker Agencies, Home Health Agencies, and Skilled Nursing Facilities only)
- H6 - MassHealth All Provider Bulletin 196: The Office of the Inspector General's List of Excluded Individuals and Entities
- H7 - Tuberculosis Testing (Homemaker Agencies, Home Health Agencies, Adult Day Health Providers, Supportive Day Care and Skilled Nursing Facilities only)
- H8 - CORI (PI-09-19)
- H9 - Infection Control Plan (Homemaker Agencies, Home Health Agencies, Adult Day Health Providers, Supportive Day and Skilled Nursing Facilities only)
- H10 - Reportable Incidents
- H11 - Consumer Not at Home Policy`
- H12 - Emergencies in the Home
- H13 - Theft, Loss, or Damage to Consumer Property
- H14 - Shopping/Money Handling (Homemaker and Home Health Agencies, Companion providers, Grocery Shopping Providers)

- H15 - Service Priority for High Risk Consumers (PI-11-06) (Homemaker and Home Health Agencies only)
- H16 - Prohibitions on Fees and Gratuities

**Mass Health Frail Elder Waiver Forms (Required only if a contract is granted)**

• For new providers that are currently not contracted with any ASAP agency, and want to contract for any of the following services: Alzheimer Coaching, Chore, Companion, Environmental Accessibility Adaptations, Home Delivery of Pre-packaged Medication, Skilled Services (HHA, RN, OT, and PT), Laundry, Grocery Shopping, Med Dispenser, Supportive Day Program and Transportation, required paperwork will be sent if a contract is granted.

**\*\*Please remit all forms saved in a zip folder, clearly marked and individually saved as shown;**

Name	Status
 Administrative Overview or NOI	✓
 Attachment A - Short Form of Legal Existence	✓
 Attachment B - Supplier Diversity Form	✓
 Attachment C - Licenses, Cerificates, Accreditations	✓
 Attachment D – COI	✓
 Attachment E - Organizational Chart	✓
 Attachment F – Orientation checklist topics for orientation	✓
 Attachment G – in service calendar	✓
 Attachment I – job descriptions	✓
 Computer Hardware and Software Requirements	✓
 ECNS Service Proposal Chart	✓
 ECNS Towns of Coverage Chart	✓
 H1 - Personnel Policies, including supervision, annual performance evalu...	✓

How to Zip a Folder;

<https://support.microsoft.com/en-us/windows/zip-and-unzip-files-8d28fa72-f2f9-712f-67df-f80cf89fd4e5>