



ROCKINGHAM C O U N T Y

Rehabilitation and Nursing Center

REQUEST FOR PROPOSAL FOR MEDICAL DIRECTOR & PHYSICIAN SERVICES 4/1/20 – 3/31/23 (3 Years)

You are hereby invited to submit a proposal for Medical Director & Physician Services as specified in the attachment/s of this Request for Proposal (RFP). The information necessary to complete the proposal is listed below and in the attachment of this invitation. Questions on the technical specifications of the RFP should be directed to Steven Woods at (603) 679-5335 Ext. 9300 or email swoods@co.rockingham.nh.us. Questions on bidding procedures can be directed to the Commissioners Office at (603) 679-9350.

Proposal Instructions:

Four (4) copies of the proposal should be submitted in a **sealed envelope** to:

**Rockingham County Commissioners
119 North Road
Brentwood, NH 03833**

ATTN: LTC RFP – MEDICAL DIRECTOR & PHYSICIAN SERVICES

Deadline: Proposals must be received at the above address no later than 3:00 PM on Monday, 11/18/19 to be eligible for consideration.

If proposals are being sent via FedEx, UPS, or other mail carrier, please ensure that the mailing envelope/package is clearly marked LTC RFP – MEDICAL DIRECTOR & PHYSICIAN SERVICES. Envelopes/packages not marked with the name of the proposal may be misidentified and will be rejected. Other forms of submission (fax or email) will be rejected. Proposals received after the deadline will be rejected.

An electronic version of your proposal, via CD or flash drive, included inside your **sealed bid** is welcomed.

Proposal Openings: Proposals will be opened publicly at a regular scheduled meeting of the Board of Rockingham County Commissioners in the Commissioners Conference Room of the Rockingham County Rehabilitation and Nursing Center, 117 North Road, Brentwood, NH, on Wednesday, 11/20/19 at **12:00pm**. Proposals will be taken under advisement at that time and will be awarded as soon as a complete review and comparison of the proposals received has been made by the Board of Commissioners.

Proposal Award: The proposal(s) will be formally awarded and announced publicly at a regular scheduled meeting of the Board of Rockingham County Commissioners held in the Commissioners' Conference Room located in the Rockingham County Rehabilitation and Nursing Center, 117 North Road, Brentwood, NH. Formal notification of proposal award to all proposers will occur shortly



Rehabilitation and Nursing Center

thereafter. Information on the award will also be available on the RFP/Bidding section of the County's website at: www.RockinghamCountyNH.org

RFP Prices: RFP prices are to remain in effect for a period of 60 days from opening date of the proposal and are to remain firm once proposal is awarded to the successful proposer(s).

Performance Clause: In the event that the successful awarded proposer/Rockingham County should default in the observance of the stipulations set forth in this Request for Proposal and any attachments thereto and such default is not corrected within 30 days of written notice from either party, the successful awarded proposer/ Rockingham County shall have the option of canceling the proposal.

Contractual Obligations: In the event that contracts for the supply of materials, equipment, or services are required under the bid, the Board of Rockingham County Commissioners reserves the right to review said contracts and amend to comply with county legal requirements prior to signing by the appointed representative of the Board of Rockingham County Commissioners. *All contracts entered into by Rockingham County are required to contain Non-Appropriation and Indemnification clauses.* Sample language is provided below.

Non-Appropriation

Rockingham County is obligated to pay only such contract amounts that can lawfully be made from funds budgeted and appropriated for that purpose during Rockingham County's then current fiscal year, subject to annual approval by the Rockingham County Delegation. Should Rockingham County fail to budget, appropriate, or otherwise make available funds to make payments under this contract, such contract shall be deemed terminated at the end of the then current term. Rockingham County agrees to deliver prompt notification after any decision to non-appropriation is made, but failure to give such notice will not extend the term beyond such Original or Renewal Term.

Indemnification

To the fullest extent permitted by law, (ORGANIZATION) shall protect, indemnify, save, defend and hold harmless Rockingham County, including its officials, agents, volunteers and employees, ("Indemnified Parties"), from and against any and all liabilities, obligations, claims, damages, penalties, causes of action, costs, interest and expenses, including but not limited to reasonable attorney and paralegal fees, which Indemnified Parties may become obligated or suffer by reason of any accident, bodily injury, personal injury, death of person, or loss of or damage to property, arising indirectly or directly under, out of, in connection with, or as a result of this Contract or the activities of (ORGANIZATION) or its agents, employees, contractors or subcontractors, and even if caused in whole or in part by any negligent or intentional act or omission of Indemnified Parties.



ROCKINGHAM C O U N T Y

Rehabilitation and Nursing Center

In addition, and regardless of respective fault, (ORGANIZATION) shall defend, indemnify and hold harmless the Indemnified Parties for any costs, expenses and liabilities arising out of a claim, charge or determination that (ORGANIZATION) officers, employees, contractors, subcontractors or agents are employees of the Indemnified Parties, including but not limited to claims or charges for benefits, wages, fees, penalties, withholdings, damages or taxes brought in connection with laws governing workers compensation, unemployment compensation, social security, Medicare, state or federal taxation, and/or any other similar obligation associated with an employment relationship.

(ORGANIZATION'S) obligations to defend, indemnify and hold harmless the Indemnified Parties hereunder shall survive the term of this Contract.

Rockingham County shall not be required to defend or indemnify (ORGANIZATION) or its agents, employees, contractors or subcontractors or any professional service provider.

Insurance Requirements

The provider shall maintain at all times during the life of this contract the following insurance coverage. The provider must also require its subcontractors to maintain such coverage. Any request for modification of the coverage requirements must be submitted in writing with the proposal, and will be evaluated accordingly.

Workers Compensation Insurance: The provider shall carry workers compensation insurance as required by the State of New Hampshire.

Comprehensive General Liability Insurance: The provider shall maintain comprehensive general liability insurance policy, which includes coverage for contractual liability, in an amount of no less than \$1,000,000 per occurrence.

Motor Vehicle Insurance: The provider shall carry motor vehicle insurance to include bodily injury, property damage, and uninsured motorist, coverage in an amount of no less than \$1,000,000 combined single limit per accident.

Provider shall provide an insurance certificate confirming the above insurance coverage. The insurance certificate and the underlying insurance coverage shall be issued by a carrier authorized to do business in the State of New Hampshire and having A.M. Best Company rating of "A" or better.

The provider shall have professional insurance/errors and omissions insurance with limits of not less than \$1,000,000 each occurrence.



ROCKINGHAM C O U N T Y

Rehabilitation and Nursing Center

A 30-day notice is required for cancellation and/or material change of coverage, sent directly to the Rockingham County Commissioners Office at 119 North Road, Brentwood, NH 03833.

Please provide Rockingham County with a copy of your W-9.

NOTE:

The Board of Rockingham County Commissioners reserves the right to accept or reject any and all proposals or parts thereof, to accept the proposal which they deem to be in the best interest of Rockingham County and to waive any bid formality.

Sincerely,

A handwritten signature in black ink, appearing to read "Steven Woods".

Steven Woods
Director, Long Term Care Services

Enclosed: Attachments

ROCKINGHAM COUNTY REHABILITATION & NURSING CENTER
117 NORTH ROAD
BRENTWOOD, NH 03833
603-679-9383

**RFP – MEDICAL DIRECTOR & PHYSICIAN SERVICES
APRIL 1, 2020 – MARCH 31, 2023 (3 YEARS)**

ATTACHMENT

SPECIFICATIONS

Introduction and Background

Rockingham County Rehabilitation & Nursing Center is a nursing facility located in Brentwood, New Hampshire. The Nursing Center is owned and operated by the County of Rockingham and operates under the general direction of the Rockingham County Commissioners.

The Nursing Center operates and supports: 202 nursing home beds that are dually certified by Medicare and Medicaid (includes 18 bed skilled unit).

We are seeking an organization that could oversee Physician Services and Medical Director coverage for all nursing center residents.

- **Agreement Term: 4/1/20 – 3/31/23 (3 Years)**

The Physician Services shall include but not be limited to the following:

1. Coordinate the medical plan for resident(s) under his/her care.
2. Supervise the medical care of the residents in the facility.
3. Physician visits must be made within the first 30 days, and then at 30 day intervals up until 90 days after the admission date. Visits will then be at 60 day intervals.
4. Approve all medical orders (with the exception of the alternate or emergency physicians).
5. Input and involvement, i.e. up to date documentation of treatment plan, in the resident care planning process.
6. Provide emergency or interim advice and direction as needed.
7. Document resident status and treatment decisions in the residents' medical record.
8. Document admissions information which includes: primary diagnosis, other diagnoses and associated conditions, pertinent findings of the comprehensive physical exam, significant past history, review of systems, prognosis and rehabilitation potential, ADL status, assessment of mental capacity and ability to make decisions, short and long term goals, estimated/projected length of stay, plan of medical care and overall treatment plan with referrals for appropriate testing and consultation.
9. Develop a treatment plan in the form of doctor's orders including, but not limited to, writing orders to admit resident to facility, medications with indications for use, special treatments or procedures, rehabilitation, dietary needs, advanced directives, and any other special requirements for the residents' health and safety.

10. Complete and document the medical care plan including the treatment plan in the residents' clinical record within 5 days prior to admission or up to 48 hours following admission. If the medical orders for the immediate care of a resident are not available at the time of admission, the medical director shall be contacted to provide temporary orders until the attending physician can be reached.
11. Sign and date all orders with the exception of influenza and pneumococcal polysaccharide vaccines, which may be administered per physician approved facility policy after an assessment for contraindications.
12. Review and act upon the findings and recommendations of the consulting pharmacist's monthly review and document such review and rationale for response in the physician's progress notes.
13. Document discharge summaries per State of New Hampshire regulations on all residents discharged for whatever reason from the facility. In case of death, the practitioner will complete a shortened version of the Discharge Summary within 30 days.
14. Do certifications and re-certifications for all skilled residents.
15. *Provide copy of valid license & DEA certificate to facility.*
16. *Provide copy of certificate of professional liability insurance annually.*

The Medical Director Services shall include but not limited to the following:

1. Shall act as a liaison between other attending physicians and other health care professionals caring for the residents.
2. Ensure the availability of 24 hour day physician coverage at Rockingham County Rehabilitation & Nursing Center.
3. Medical advice in formulating written policies on resident care.
4. Ensure maintenance of clinical records for residents of Rockingham County Rehabilitation & Nursing Center.
5. Attendance at any meeting necessary to assure and improve upon quality resident care for the welfare and safety of the residents of Rockingham County Rehabilitation & Nursing Center.
6. Ensure compliance with all federal, state and local laws and regulations as they apply to Rockingham County Rehabilitation & Nursing Center.
7. Maintain communication and advice to administration regarding the care of residents.
8. Shall help manage, review and respond to federal, state or local surveys and inspections.
9. *Provide copy of valid license & DEA certificate to facility.*
10. *Provide copy of certificate of professional liability insurance annually.*

Administrative Duties:

1. Scheduling physicians (week-end coverage, vacations, on-call, etc.)
2. Meetings –
 - i. With Director of Long Term Care, Director of Nursing
 - ii. Medical staff meetings (minimum four (4) times/year)
 - iii. Quality Assurance Committee
 - iv. Infection Control Committee
 - v. Attendance of exit conference for State Survey

3. Recommend to administration in-service training programs for professional staff.
4. Clinical/Medical supervision of APRN
5. Recruitment of medical consultants.

ROCKINGHAM COUNTY REHABILITATION & NURSING CENTER
117 NORTH ROAD
BRENTWOOD, NH 03833
603-679-5335

RFP QUOTE FORM

Physician Services/Medical Director Price Fee Quote

Monthly Fee: \$ _____

Total Yearly Cost: \$ _____

Note: Agreement Term April 1, 2020 – March 31, 2023

Submitting Organization/Physician: _____
(print name)

Address: _____

Date: _____



ROCKINGHAM C O U N T Y

Rehabilitation and Nursing Center

Please complete the requested information below and return with your bid – this must be legible to be eligible for consideration.

RFP Product/Equipment or Service you are submitting bid for:

Company Name: _____

Address: _____

Bidding Rep Name: _____

Phone #: _____

Fax #: _____

Email Address: _____

Tax ID #: _____

Follow up information will be available via our website:

www.rockinghamcountynh.org

RFP/Bidding
2020 Results