

**Request for Resume/Application (RFR/A)  
GARRETT COUNTY HEALTH DEPARTMENT (GCHD)  
OCCUPATIONAL THERAPY ASSISTANT HOME VISITS**

Section 1 – General Information			
<b>RFR/A Number:</b>	2024-0510COTA		
<b>Functional Area (Enter One Only)</b>	Occupational Therapist Assistant		
<b>Labor Category</b>			
Enter the Labor Category to be provided:			
1. Occupational Therapist Assistant			
<b>Anticipated Start Date</b>	07/01/2024		
<b>Duration of Assignment</b>	The initial term of this Contract resulting from this RFR/A shall be from 7/1/2024-6/30/27. Garrett County Health Department (GCHD) will have the option to further extend this Contract for (1) one additional term of (3) three years.		
<b>Issue Date: mm/dd/yyyy</b>	04/19/2024	<b>Due Date: mm/dd/yyyy</b>	05/10/2024
		<b>Time (EST): 00:00 am/pm</b>	9:00 AM EST
<b>Place of Performance</b>	Applicants shall be capable of reporting to various patient locations throughout Garrett County Maryland to perform COTA home visits to the patients of the GCHD.		
<b>Special Instructions</b>	<p>GCHD reserves the right to make awards for up to 10 Applicants.</p> <ol style="list-style-type: none"> <li>1. In the event that more than 10 resumes/applications are received, the Contract Monitor may elect to exercise the following down-select process:               <ol style="list-style-type: none"> <li>a. An initial evaluation for all submitted resumes/applications and documentation will be completed. Based on this evaluation, the proposed Applicants will be ranked lowest to highest based on their submitted salary reimbursement percentage rate and RFR/A Section 4 – Personnel Qualifications.</li> <li>b. Applicants who submitted the top 10 ranked lowest salary reimbursement percentage rate applications will be notified of selection for Applicant interviews. The Contract Monitor will follow the Selection/Award Process in RFR/A Section 6.</li> <li>c. All other Applicants will be notified of non-selection for this RFR/A.</li> </ol> </li> <li>2. Interviews will be performed by phone or in-person at the following location: <u>1025 Memorial Dr, Oakland, MD 21550</u>. At the Contract Monitor’s discretion, an interview via telephone or via the web, e.g., GoogleMeet may be held in lieu of an in-person meeting. All Applicants selected for interview shall be interviewed in substantially the same manner.</li> </ol>		

<b>Security Requirements (if applicable):</b>	<p>Contractor shall obtain at its own expense a Criminal Justice Information System (CJIS) State and federal criminal background check, including fingerprinting. At a minimum, these checks must contain convictions and probation before judgment (PBJ) pleadings within the State of Maryland. This check may be performed by a public or private entity. Refer to RFR/A Attachment 4 – Criminal Background Check Affidavit for additional information.</p> <p>Contractor shall utilize GCHD’s EMR to document services and other relevant documentation along with MDH Google Suite. MDH data may not be used, accessed or stored on any system that is not a State Approved System unless the MDH Unit has been granted a waiver from the Secretary, state approved devices will be provided.</p>		
<b>Late Responses &amp; Mistakes in Applications</b>	<p>Requests for extension of this time or date will not be granted. Applications received after the due date and time listed in Section 1 will not be considered. Applications may be modified or withdrawn by written notice received by the Contract Monitor before the time and date set forth in Section 1 for receipt of Applications.</p> <p>It is imperative that the prices included on the Applications Price Form have been entered correctly and calculated accurately and that the entries or inaccurate calculations may cause the Application to be rejected.</p>		
<b>Original Signatures</b>	<p>GCHD requires valid signatures on all submissions that this RFR/A or the documentation forms require to be signed. The Contractor may scan and email to the Contract Monitor any document containing such valid signatures.</p>		
<b>Special Invoicing Instructions</b>	<p>In addition to the invoicing requirements the Contractor will not be paid until the service is completed and reviewed for accuracy. Payment will not be made for incomplete services. Compensation shall be paid only for required services actually performed, (which total amount shall include any travel or other expenses), and for which GCHD can reasonably expect reimbursement. The following terms must be met for GCHD to reasonably expect reimbursement:</p> <ol style="list-style-type: none"> <li>1. Contractor shall notify GCHD office staff of the need for insurance authorizations at least (3) three business days prior to the scheduled visit.</li> <li>2. Required documentation for services provided has been appropriately recorded.</li> <li>3. Progress notes will be completed within 24 hours of the visit.</li> <li>4. Treatment plans will be completed within 24 hours of the visit.</li> </ol> <p>Failure by the contractor to complete any of the above duties may result in a reduction or complete loss of payment.</p>		
<b>Section 2 – Procurement Officer/Contract Monitor Information</b>			
<b>Requesting Agency</b>	Garrett County Health Department (GCHD)		
<b>Procurement Officer</b>	Vickie Weeks	<b>Procurement Officer phone number</b>	240-226-0022
<b>Procurement Officer email address</b>	vickie.weeks@maryland.gov		

<b>Procurement Officer mailing address</b>	Garrett County Health Department, 1025 Memorial Dr. Oakland, MD 21550		
<b>Contract Monitor</b>	Rena Naylor	<b>Contract Monitor phone number</b>	301-334-7750
<b>Contract Monitor email address for emailed application submissions:</b>	rena.naylor@maryland.gov		
<b>Contract Monitor mailing address for submitted applications:</b>	Garrett County Health Department, Attn: Rena Naylor 1025 Memorial Dr. Oakland, MD 21550		
<b>Role Definitions</b>			
1.	Procurement Officer – responsible for managing the RFR/A structure up to the point of release, and executing the contract documents.		
2.	Contract Monitor – responsible for managing the RFR/A process after the point of release and to oversee the work performance for all contract functions once it is awarded.		
3.	Contractor – The Contractor shall provide the resource and be accountable for the resource’s work performance under the Contract.		
<b>Section 3 – Scope of Work/Job Description</b>			
<b>A. Background</b>			
The GCHD is recruiting staff to perform the following service: Home Health Occupational Therapist Assistant to provide in-home acute care Occupational Therapy Assistant services to patients requiring complex occupational therapy under the direction of a physician, advanced practice nurse or physician assistant. An Occupational Therapist Assistant (COTA) is a healthcare professional dedicated to helping individuals regain or improve their physical mobility, function, and overall well-being. COTAs work under the direction of a Nurse Supervisor and Occupational Therapist in a community-based program. COTAs do not supervise, but may provide advice and guidance to lower-lever staff and students.			
<b>B. Job Description</b>			
<b>Labor Category (From Section 1 Above)</b>	<b>Duties / Responsibilities</b>		
Occupational Therapist Assistant	Provide in-home therapy assistance to patients requiring occupational therapy under the direction of a Healthcare provider (i.e physician ,nurse practitioner, physician assistant, etc) and in conformity with accepted home health occupational therapy standards which are an essential service during the following days Sunday through Saturday.		
	Assesses the home environment and safety to determine the ability of the patient and primary caregivers to manage care in the home.		

	Conduct thorough assessments of patients medical history, physical condition, and functional limitations. Perform diagnostic tests and measurements to evaluate strength, range of motion, balance, coordination, and other relevant factors. Establish specific, measurable and achievable goals for therapy in collaboration with a patient, family and interdisciplinary team.
	Instruct patients in proper techniques for exercises and activities to be continued at home. Administer a variety of occupational therapy techniques, exercises, and modalities to enhance patients' strength, flexibility and mobility.
	Instruct clients and caregivers in adaptive techniques and use of assistive devices to enhance independence. Use therapeutic equipment and assistive devices to support patients during their rehabilitation.
	Trains patient/caregivers in therapeutic exercise regimen, ambulation, activities of daily living, use of adaptive equipment and positioning aids as directed by an Occupational Therapist and approved by a Nurse Supervisor.
	Orders, constructs, adapts and maintains adaptive equipment and positioning aids such as walkers, canes, and wheelchairs.
	Educate patients and their families on the nature of their condition, treatment options, and preventive measures. Provide guidance on lifestyle modifications and ergonomic principles to improve overall well-being.
	Assesses the ongoing therapy goals of the patient and the effectiveness of occupational therapy interventions; and in collaboration with attending healthcare provider (i.e physician, nurse practitioner, physician assistant, other healthcare team members, therapists,etc) to ensure comprehensive patient care while adjusting patient treatment plans.
	Adhere to regulatory standards, policies, and procedures governing home health occupational therapy services.
	Provides individual occupational therapy treatment plans that have been developed by an Occupational Therapist and approved by a Nurse Supervisor.
	Positions and exercises client/patient based upon the knowledge of the patient/client condition and individual treatment plan.
	Develops patient care plans using nursing diagnoses and measurable outcomes in coordination with members of the health care team and the patient. Monitors health status and instructs patients and caregivers on appropriate home care, medical treatment and management of the condition. Provides guidance and instruction to team members, patient and caregiver in the implementation of the patient care plan. Regularly evaluate and reassess patients progress, adjusting care plans as needed.
	Maintain accurate and timely documentation of patient information/evaluations, observations, interventions and outcomes, progress notes, and treatment plans in compliance with regulatory standards. Complete documentation in the electronic medical record. Documentation shall be complete by 8:00 AM following the date of service.
	Advocate for the needs and rights of patients, promoting a patient-centered approach to care.
	Provides telephone consultation, assessment and coordination of patient care.

	Makes appropriate referrals to a variety of health care services and community resources (i.e MAP).
	Identifies home health program needs and develops alternative solutions and recommendations.
	Participate in multidisciplinary team meetings to discuss patient progress and treatment strategies.
	Participates in orientation of staff, completes assigned training and clinical competencies, participates in staff meetings and quality assurance activities.
	Participate in interdisciplinary meetings and contribute to the development of care policies.
	Provide his/her availability in advance and to also provide prompt notification of vacation time, days off or calling off. Applicant agrees to abide by the GCHD's call off policy.
	Participate in clinical competency appraisals both as a participant and/or possibly an evaluator. Applicant shall provide documentation from another agency which demonstrates current competency in accordance with Home Health standards. The GCHD has a right to review and accept or deny the provided documentation. If the documentation provided does not meet the acceptance of the GCHD, the Contractor shall be required to participate in a clinical competency program.
	Adhere to the GCHD's Influenza policy and submit appropriate documentation by November 15th (i.e documentation of vaccine administration or declination form).
	Submit Covid-19 vaccine documentation within 30 days of receiving the vaccine. If the Applicant opts to be unvaccinated or partially vaccinated, they shall agree to COVID-19 testing every Monday morning at 8:00 AM.
	Complete a Tuberculosis sign and symptom checklist on an annual basis.
	Complete fit testing annually or provide documentation from another agency which includes the date the test was completed, result, and the N95 masks that the Contractor shall safely use.
	Coordinate with Occupational Therapist and other support staff to ensure continuity of care.
	Stay updated on advancements in occupational therapy/ home healthcare regulations and best practices, by participating in professional development activities, workshops, conferences, and continuing education programs to enhance skills and knowledge.
	Comply with legal and ethical standards regarding patient records and confidentiality.
	Ensure compliance with insurance and reimbursement guidelines.
	Maintain licensure and fulfill continuing education requirements.

**C. Minimum Qualifications**

Qualified Applicants shall meet the minimum qualifications. **Applicants that do not meet minimum qualifications will be deemed non responsive and will not progress to full evaluation.**

<b>Labor Category (From Section 1 Above)</b>	<b>Minimum Experience/Knowledge/Skill</b>
Occupational Therapist Assistant	<ol style="list-style-type: none"> <li>1. A minimum of (2) years of experience as an Occupational Therapist Assistant is preferred.</li> <li>2. Licenses, Registrations and Certifications: <ol style="list-style-type: none"> <li>a. Applicants shall possess a degree in occupational therapy assistant from an accredited program along with a current license as an Occupational Therapist Assistant. A copy of your license shall be included in your submission. License must be in the State of Maryland.</li> <li>b. Applicants shall be assigned duties which require the operation of an automobile. A copy of a valid driver’s license shall be included in your submission.</li> <li>c. Applicants shall complete CPR training and maintain current certification. A copy of that certification shall be included in your submission.</li> <li>d. Applicants shall submit Certificates of Insurance for: General/Professional Liability and Automobile. See attached Insurance Table.</li> <li>e. Applicants shall submit a currently dated W-9 (Refer to section 7.5 below), click here for the attachment:  <a href="https://garretthealth.org/wp-content/uploads/2024/04/W9032024Revised.pdf">https://garretthealth.org/wp-content/uploads/2024/04/W9032024Revised.pdf</a> </li> </ol> </li> </ol>

**Section 4 – Personnel Qualifications**

**Experience Levels/Qualifications**

Applicants will be evaluated on their ability to meet the minimum qualifications, in addition to the preferred experience/knowledge and skills listed below. Applicants possessing the preferred experience/qualifications/knowledge and skills below may receive a higher technical ranking.

**Preferred Experience/Qualification/Knowledge/Skills**

Occupational Therapist Assistant	1. Education:
	2. General Experience:
	3. Specialized Experience:

**Other Considerations - additional preferred experience**

1. Strong clinical assessment and critical thinking skills.
2. Excellent communication and interpersonal skills.
3. Ability to work independently (and collaboratively within a healthcare team) and manage time effectively.
4. Knowledge or relevant healthcare regulations and compliance standards.
5. Compassion, patience and a commitment to patient-centered well-being and approach to care.
6. Strong knowledge of anatomy, physiology, and therapeutic techniques.
7. Ability to stand for extended periods, lift and move patients, and perform physical activities related to therapy.
8. Previous experience in home health, community health, or a related field preferred.

## Section 5 – Required Submissions

Applicants submitting a response to the RFR/A must include the documents below:

1. RFR/A Attachment 1 – RFR/A Resume/Application Form for the labor category described in the RFR/A. Attachment 1 shall include three (3) current references that can be contacted for performance verification for Applicant’s work experience and skills. Telephone number and email address of reference is required.
2. RFR/A Attachment 2 - Applicant Price Sheet.
3. RFR/A Attachment 3 - Conflict of Interest Affidavit.
4. RFR/A Attachment 4 - Criminal Background Check Affidavit.
5. Proof of Licenses, Registrations & Certifications - See Section Minimum Qualifications above.
6. Any relative documentation to demonstrate meeting the qualifications in RFR/A Section 4 – Personnel Qualifications.

## Section 6 – Selection/Award Process

1. After completion of interviews, the Applicants will be ranked for merit based on the following evaluation criteria:
  - a. Price
  - b. Relevant technical skills
  - c. Experience
  - d. References
2. Applicant reimbursement acceptable percentage rate will be evaluated and ranked from lowest to highest rate submitted.
3. The Contract Monitor will recommend awards to the Applicants whose Application is determined to be the best value to the GCHD, considering price and the evaluation factors set forth above. In this evaluation, financial merit is considered to have greater weight. The Procurement Officer will initiate and deliver a Contract to the selected Applicants.

## Section 7 – Invoicing Instructions

1. At the end of each week, on Friday @ 4:00 PM, the Contractor shall submit Invoices to the Contract Monitor, for review.
2. The Contractor shall invoice the GCHD at the submitted reimbursement acceptable percentage rate for actual services performed.
3. Errors on Invoices may delay processing and payment. Invoices submitted without the required information cannot be processed for payment until the Contractor provides the required information. Invoice verification shall be completed for accuracy, completeness and mathematical accuracy.
4. GCHD may hold payment of the Invoice if the client documentation is incomplete or the visit is unlocked in the EMR.
5. **Tax Identification Number, the Contractor shall complete a currently dated W-9.** This documentation is required to process payment for the Contractor. Payment can be processed with either the Contractor’s Federal Tax Identification Number or Social Security Number (Individual Contractor Only). Contractor’s Federal Tax Identification Number or Social Security Number shall appear on all invoices submitted by the Contractor to the GCHD for payment.

# ATTACHMENT 1 – RFR/A RESUME/APPLICATION FORM

RFR/A # 2024-0510COTA

Instructions: Insert Resume/Application information in the fields below; do not submit other Resume/Application formats.

Applicant Name:		Labor Category (from Section 1 of the RFR/A):
Master Contractor (If applicable):		

**A. Education / Training**

Institution Name / City / State	Degree / Certification	Year Completed	Field Of Study
<add lines as needed>			

**B. Relevant Work Experience**

Describe work experience relevant to the Duties / Responsibilities and Minimum Experience / Knowledge / Skill described in Section 3 of the RFR/A. Start with the most recent experience first; do not include non-relevant experience.

[Organization] *Description of Work...*  
 [Title / Role]  
 [Period of Employment / Work]  
 [Location]  
 [Contact Person (Optional if current employer)]

[Organization] *Description of Work...*  
 [Title / Role]  
 [Period of Employment / Work]  
 [Location]  
 [Contact Person]

<add lines as needed>

**C. Employment History**

List employment history, starting with the most recent employment first

Start and End Dates	Job Title or Position	Organization Name	Reason for Leaving



<add lines as needed>			
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**D. References**

List persons the State may contact as employment references

Reference Name	Job Title or Position	Organization Name	Telephone / Email
<add lines as needed>			

**ATTACHMENT 2**  
**RFR/A APPLICATION PRICE SHEET - OCCUPATIONAL**  
**THERAPY ASSISTANT HOME VISITS**

**RFR/A # 2024-0510COTA**

<b>PROPOSED LABOR CATEGORY</b> <b>OCCUPATIONAL THERAPY ASSISTANT</b> <b>INITIAL TERM: YEAR 1-3</b> (THIS RATE WILL NOT CHANGE DURING THE 3 YEAR TERM)	<b>* PERCENTAGE</b> <b>RATE OF</b> <b>REIMBURSEMENT</b>	<b>ESTIMATED</b> <b>WEEKLY</b> <b>HOURS</b> <b>AVAILABLE</b>
<b>1. MEDICAL ASSISTANCE REIMBURSEMENT</b> <b>ACCEPTABLE RATE - CURRENT RATE IS \$150.09</b>	%	
<b>2. MEDICARE REIMBURSEMENT ACCEPTABLE RATE -</b> <b>CURRENT RATE IS \$122.00</b>	%	
<b>3. INSURANCE (ALL COMBINED PROVIDERS)</b> <b>REIMBURSEMENT ACCEPTABLE RATE - CURRENT RATE IS</b> <b>\$100.00</b>	%	
<b>4. SELF PAY REIMBURSEMENT ACCEPTABLE RATE -</b> <b>CURRENT RATE IS \$200.00</b>	%	
<b>PROPOSED LABOR CATEGORY</b> <b>OCCUPATIONAL THERAPY ASSISTANT</b> <b>RENEWAL TERM: YEAR 1-3 **</b> (THIS RATE WILL NOT CHANGE DURING THE 3 YEAR TERM)	<b>* PERCENTAGE</b> <b>RATE OF</b> <b>REIMBURSEMENT</b>	<b>ESTIMATED</b> <b>WEEKLY</b> <b>HOURS</b> <b>AVAILABLE</b>
<b>1. MEDICAL ASSISTANCE REIMBURSEMENT</b> <b>ACCEPTABLE RATE</b>	%	
<b>2. MEDICARE REIMBURSEMENT ACCEPTABLE RATE</b>	%	
<b>3. INSURANCE (ALL COMBINED PROVIDERS)</b> <b>REIMBURSEMENT ACCEPTABLE RATE</b>	%	
<b>4. SELF PAY REIMBURSEMENT ACCEPTABLE RATE</b>	%	

*\*Administrative time shall be computed in the percentage rate of reimbursement. Examples of reimbursement rate percentage calculations are attached for informational purposes only.*

*\*\*Failure to complete the Renewal Term Section will not result in a disqualification of the initial bid, but may result in a continuation of the rates listed in the initial term.*

\_\_\_\_\_  
 Authorized Individual Name

\_\_\_\_\_  
 Company Name (if applicable)

\_\_\_\_\_  
 Title

\_\_\_\_\_  
 Individual or Company Tax ID #

This Application Price Sheet must accompany the Resume/Application provided. The “Percentage Rate of Reimbursement” is the actual rate that the GCHD will pay for services and is based on the expected payment to be received by GCHD.

# Occupational Therapy Assistant Percentage Examples

(using current reimbursement rates)

Medicare A&B		Third Party Payors (Insurance, MCO, and MCR Advantage)		Medicaid		Self Pay	
Reimb Acceptable rate	Fee rec'd by PT	Reimb Acceptable rate	Fee rec'd by PT	Reimb Acceptable rate	Fee rec'd by PT	Reimb Acceptable rate	Fee rec'd by PT
5%	\$6.10	5%	\$5.50	5%	\$7.50	5%	\$10.00
10%	\$12.20	10%	\$11.00	10%	\$15.01	10%	\$20.00
15%	\$18.30	15%	\$16.50	15%	\$22.51	15%	\$30.00
20%	\$24.40	20%	\$22.00	20%	\$30.02	20%	\$40.00
25%	\$30.50	25%	\$27.50	25%	\$37.52	25%	\$50.00
30%	\$36.60	30%	\$33.00	30%	\$45.03	30%	\$60.00
35%	\$42.70	35%	\$38.50	35%	\$52.53	35%	\$70.00
40%	\$48.80	40%	\$44.00	40%	\$60.04	40%	\$80.00
45%	\$54.90	45%	\$49.50	45%	\$67.54	45%	\$90.00
50%	\$61.00	50%	\$55.00	50%	\$75.05	50%	\$100.00
55%	\$67.10	55%	\$60.50	55%	\$82.55	55%	\$110.00
60%	\$73.20	60%	\$66.00	60%	\$90.05	60%	\$120.00
65%	\$79.30	65%	\$71.50	65%	\$97.56	65%	\$130.00
70%	\$85.40	70%	\$77.00	70%	\$105.06	70%	\$140.00
75%	\$91.50	75%	\$82.50	75%	\$112.57	75%	\$150.00
80%	\$97.60	80%	\$88.00	80%	\$120.07	80%	\$160.00
85%	\$103.70	85%	\$93.50	85%	\$127.58	85%	\$170.00
90%	\$109.80	90%	\$99.00	90%	\$135.08	90%	\$180.00
95%	\$115.90	95%	\$104.50	95%	\$142.59	95%	\$190.00
100%	\$122.00	100%	\$110.00	100%	\$150.09	100%	\$200.00

**Attachment 3. - CONFLICT OF INTEREST AFFIDAVIT AND DISCLOSURE**

- A) "Conflict of interest" means that because of other activities or relationships with other persons, a person is unable or potentially unable to render impartial assistance or advice to the GCHD, or the person's objectivity in performing the contract work is or might be otherwise impaired, or a person has an unfair competitive advantage.
- B) "Person" includes an applicant, bidder, offeror, contractor, consultant, or subcontractor or sub consultant at any tier, and also includes an employee or agent of any of them if the employee or agent has or will have the authority to control or supervise all or a portion of the work for which an application, bid or offer is made.
- C) The applicant, bidder or offeror warrants that, except as disclosed in D, below, there are no relevant facts or circumstances now giving rise or which could, in the future, give rise to a conflict of interest.
- D) The following facts or circumstances give rise or could in the future give rise to a conflict of interest (explain in detail—attach additional sheets if necessary):
- E) The applicant, bidder or offeror agrees that if an actual or potential conflict of interest arises after the date of this affidavit, the applicant, bidder or offeror shall immediately make a full disclosure in writing to the procurement officer of all relevant facts and circumstances. This disclosure shall include a description of actions which the applicant, bidder or offeror has taken and proposes to take to avoid, mitigate, or neutralize the actual or potential conflict of interest. If the contract has been awarded and performance of the contract has begun, the Contractor shall continue performance until notified by the procurement officer of any contrary action to be taken.
- F) No employee of the State of Maryland, county or any department, commission, agency or branch thereof, whose duties as such employee include matters relating to or affecting the subject matter of this contract shall, during the pendency and term of this Contract and while serving as an official or employee of the State of Maryland, county or any department, commission agency, or branch thereof, become or be an employee of the Contractor or any entity that is a subcontractor on this Contract.
- G) No applicant, bidder or offeror shall be covered by the Maryland Tort Claims Act.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date: \_\_\_\_\_ By: \_\_\_\_\_

(Authorized Representative and Affiant)

**Attachment 4.- CRIMINAL BACKGROUND CHECK AFFIDAVIT**

**AUTHORIZED REPRESENTATIVE**

**I HEREBY AFFIRM THAT:**

I am \_\_\_\_\_ Business Name or Owner or Title (if applicable) and the duly authorized representative of \_\_\_\_\_ Contractor and that I possess the legal authority to make this Affidavit on behalf of myself and the business for which I am acting.

I hereby affirm that \_\_\_\_\_ (Contractor or individual) has complied with Section 1, Security Requirements of the COTA Home Visits RFR/A.

I hereby affirm that the \_\_\_\_\_ (Contractor or individual) has provided the GCHD with a summary of the security clearance results for the applicant that will be working on Solicitation Number RFR/A 2024-0510COTA and this applicant has successfully passed all of the background checks required under Section 1 of the COTA Home Visits RFR/A. The Contractor hereby agrees to provide security clearance results for any additional terms of the contract at least ten (10) days prior to the date the applicant commences work on this Contract.

**I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.**

\_\_\_\_\_  
Contractor or Individual

\_\_\_\_\_  
Typed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Submit within 10 days of NTP**

## **Insurance Requirements for the Garrett County Health Department**

**General Liability Insurance:** Coverage shall be as broad as: Comprehensive General Liability endorsed to include Broad Form, Commercial General Liability form including Products/Completed Operations and, if necessary, **Commercial Umbrella Insurance** .

Minimum Limits

\$1,000,000	Each Occurrence
\$1,000,000	Products & Completed Operations
\$1,000,000	Personal Injury and Advertising Injury
\$2,000,000	Annual Aggregate
\$1,000,000	Fire Damage
\$5,000	Medical Expense Each Person
\$100,000	Medical Expense Each Occurrence

**Automobile Liability Insurance:** Coverage sufficient to cover owned, hired and non-owned coverage, including bodily injury, per person and occurrence and property damage per occurrence.\*

Minimum Limits

\$1,000,000	Combined Single Limit
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*\*Required for all contracts EXCEPT architectural design, review and/or engineering services and planning, research and/or policy projects.*

**Statutory Workers Compensation and Employer's Liability Insurance:** Workers Compensation Coverage shall meet statutory limits as required by the State of Maryland or other applicable laws and Employers' Liability Insurance as follows.\*

Minimum Limits

\$500,000	Each accident for bodily injury by accident
\$500,000	Policy limit for bodily injury by disease and
\$500,000	Each employee for bodily injury by disease

*\*Workers' Compensation and Employer's Liability Insurance is required for all contracts who has employees or subcontractors.*

**Professional Liability Insurance:** Coverage for errors, omissions, and negligent acts per claim and aggregate, with one year discovery period.\*

Minimum Limits

\$1,000,000	Each Occurrence
\$5,000	Deductible

*\*Required for all Professional Service Contracts ONLY including but not limited to architectural design, review and/or engineering services.*

**Pollution Liability Insurance:** Coverage for bodily injury, property damage, defense, and cleanup as a result of pollution conditions.\*

Minimum Limits

\$1,000,000	Each Occurrence
\$1,000,000	Aggregate

*\*Required for contracts with remedial hazardous material operations.*

**Builders Risk Insurance:** Coverage equal to the full value of project\*

*\*Required for all property construction projects*