

**Request for Resume/Application (RFR/A)
GARRETT COUNTY HEALTH DEPARTMENT (GCHD)
MEDICAL CARE PROGRAM ASSOCIATE (MCPA)**

Section 1 – General Information			
RFR/A Number:	2024-0531MCPA		
Functional Area (Enter One Only)	Medical Care Program Associate		
Labor Category			
Enter the Labor Category to be provided:			
1. Medical Care Program Associate			
Anticipated Start Date	07/01/2024		
Duration of Assignment	The initial term of this Contract resulting from this RFR/A shall be from 7/1/2024-12/31/2024. GCHD will have the right to terminate this contract if it is determined that services are no longer needed or the contractor determines they are no longer available to perform the contracted duties.		
Issue Date: mm/dd/yyyy	05/10/2024	Due Date: mm/dd/yyyy	05/31/2024
		Time (EST): 00:00 am/pm	9:00 AM EST
Place of Performance	Applicants shall be capable of reporting to the Oakland office of the GCHD to perform Medical Care Program Associate duties in the Early Care Program unit.		
Special Instructions	<p>GCHD reserves the right to make an award for up to 1 Applicant.</p> <ol style="list-style-type: none"> 1. In the event that more than 1 resume/application is received, the Contract Monitor may elect to exercise the following down-select process: <ol style="list-style-type: none"> a. An initial evaluation for all submitted resumes/applications and documentation will be completed. Based on this evaluation, the proposed Applicants will be ranked highest to lowest based on their RFR/A Section 4 - Personnel Qualifications and hourly labor rate submitted. b. Applicants who submitted the top 3 ranked Personnel Qualification applications will be notified of selection for Applicant interviews. The Contract Monitor will follow the Selection/Award Process in RFR/A Section 6. c. All other Applicants will be notified of non-selection for this RFR/A. 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.		
Security Requirements (if applicable):	<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 Early Care Programs Home Visiting database(s) to document client services and assist with Quality Assurance duties, 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>		
Late Responses & Mistakes in Applications	<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 Application Price Sheet have been entered correctly and calculated accurately and that the entries or inaccurate calculations may cause the Application to be rejected.</p>		
Original Signatures	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.		
Special Invoicing Instructions	<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.</p> <p>Compensation shall be paid only for required services actually performed, (which total amount shall include any travel or other expenses).</p>		
Section 2 – Procurement Officer Information			
Requesting Agency	Garrett County Health Department (GCHD)		
Procurement Officer	Vickie Weeks	Procurement Officer phone number	240-226-0022
Procurement Officer email address	vickie.weeks@maryland.gov		
Procurement Officer mailing address	Garrett County Health Department, 1025 Memorial Dr. Oakland, MD 21550		
Contract Monitor	Maria Friend	Contract Monitor phone number	301-334-7721

Contract Monitor email address for emailed application submissions:	maria.friend@maryland.gov
Contract Monitor mailing address for submitted applications:	Garrett County Health Department, Attn: Maria Friend 1025 Memorial Dr. Oakland, MD 21550
Role Definitions	
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.
Section 3 – Scope of Work/Job Description	
A. Background	
The GCHD is recruiting staff to perform the following service: Medical Care Program Associate shall provide tasks associated with Early Care Programs Home Visiting service implementation, service delivery and Quality Assurance tasks. Duties include analyzing data for the Healthy Families Home Visiting Program, assisting to compile reports, answer phones, assisting with outreach events and completing other office tasks as needed. Some travel may be required when conducting outreach events.	
B. Job Description	
Labor Category (From Section 1 Above)	Duties / Responsibilities
Medical Care Program Associate	Interpret and process information specific to Early Care System of Care programming.
	Maintain databases in Early Care Programs including Family Wise and Access.
	Complete Early Program reports and conduct overall quality assurance activities for the program by entering and compiling program data and assisting in the preparation of program progress, analysis and planning reports.
	Assist with routine telephone calls, emails and mail inquiries.
	Participate in Early Care Program meetings.

	Have the ability to screen and respond to visitors and telephone inquiries.
	Have the ability to maintain routine and confidential files, logs and program data.
	Conduct other duties as assigned under Early Care Programs service provision.

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.**

Labor Category (From Section 1 Above)	Minimum Experience/Knowledge/Skill
Medical Care Program Associate	<ol style="list-style-type: none"> 1. A minimum of (2) years of experience as a Medical Care Program Associate is preferred. <ol style="list-style-type: none"> a. Candidates may substitute additional general clerical experience on a year-for-year basis for the required education. b. Candidates may substitute thirty credit hours from an accredited college or university for one year of the required experience. 2. Licenses, Registrations, Certifications, and Required Documents: <ol style="list-style-type: none"> a. 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. b. Applicants shall submit a Certificate of Insurance for: Automobile. See attached Insurance Table. b. Applicants shall submit a currently dated W-9 (Refer to section 7.5 below), click here for the attachment: https://garretthealth.org/wp-content/uploads/2024/04/W9032024Revised.pdf

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

Medical Care Program Associate	1. Education: Must have a minimum of a high school diploma.
	2. General Experience: Must have general clerical experience.
	3. Specialized Experience: None

Other Considerations - additional preferred experience

1. Experience working with Excel and Access.
2. Knowledge of Early Care Program service provision preferred.
3. Previous experience with data entry into Family Wise Home Visiting database preferred.
4. Previous Quality Assurance experience preferred.
5. Excellent communication and interpersonal skills.
6. Ability to work independently (as part of a collaborative team) and manage time effectively.
7. Able to collect and organize statistical information and prepare concise reports.

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. Experience
 - b. Price
 - c. Relevant technical skills
 - d. References
2. Applications will be evaluated and ranked from highest to lowest based on Personnel Qualifications and hourly labor rates submitted.
3. The Contract Monitor will recommend an award to the Applicant whose Application is determined to be the best value to the GCHD, considering experience, price and the evaluation factors set forth above. In this evaluation, technical merit has greater weight than financial merit.. 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 proposed hourly labor rate for actual hours worked.
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. **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 # 2024-0531MCPA

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

[Organization]	<i>Description of Work...</i>
[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>			

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 - MEDICAL CARE
PROGRAM ASSOCIATE**

RFR/A # 2024-0531MCPA

Acceptable Salary Range (Please select an acceptable hourly labor rate): \$16- 18/hour

Initial Term: (6) Six Months	
Hourly Labor Rate	Estimated Weekly Hours Available
\$	

Authorized Individual Name

Company Name (if applicable)

Title

Individual or Company Tax ID #

This Application Price Sheet must accompany the Resume/Application provided. The "Hourly Labor Rate" is the actual fully-loaded rate that the GCHD will pay for services recorded in dollars and cents.

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 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 _____ and this applicant has successfully passed all of the background checks required under Section 1 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.

Business Name

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*