

**BALTIMORE CITY HEALTH DEPARTMENT  
BUREAU OF MATERNAL AND CHILD HEALTH  
1001 E. Fayette Street  
BALTIMORE, MARYLAND 21202**

**IMMUNIZATION PROGRAM  
FLU CAMPAIGN FOR SENIOR CENTERS**

**Fiscal Years 2019-2021**



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## **GUIDELINES FOR PROPOSALS FLU CAMPAIGN FOR SENIOR CENTERS**

### **SECTION A: GENERAL INFORMATION**

#### **A.1 INTRODUCTION**

Influenza, also known as “the flu,” is a viral infection of the lungs and airways. It is spread from person to person by coughing and sneezing or by direct contact with infected people or contaminated objects like door handles or computer keyboards. Influenza can be a serious disease that causes severe complications such as pneumonia. It can also complicate heart disease or chronic lung disease. In the United States, it is estimated that between 3,300 and 49,000 deaths are caused by influenza each year.

Influenza and the common cold both have symptoms that affect the throat and nose, but influenza symptoms are usually more severe than cold symptoms. These symptoms include:

- Fever (over 100°F)
- Vomiting
- Chills
- Cough
- Diarrhea
- Fatigue or tiredness
- Sore throat
- Body aches
- Stuffy or runny nose

Symptoms usually start one to three days after exposure to the influenza virus. Most people feel better after several days, but cough and tiredness may last two weeks or more.

The flu is a serious contagious disease that can lead to hospitalization and even death. The Center for Disease Control and Prevention (CDC) recommends taking the time to get a flu vaccine as a simple mechanism to prevent the spread of the disease. The flu vaccine protects against the three strains of influenza virus that research suggests will be most common. The CDC recommends that everyone six months of age and older should get a flu vaccine. It is especially important for people who have a high risk of serious flu complications to get vaccinated. People at high risk of serious flu complications include young children, pregnant women, people with chronic health conditions, and people 65 years and older.

The Baltimore City Health Department's (BCHD) Immunization Program (IZP) is issuing this request for proposals (RFP) to provide for flu vaccine clinics at BCHD senior center locations in Baltimore City for senior citizens who have insurance coverage, including Medicare Part B coverage.

## **A.2 ELIGIBILITY**

Eligible applicants (“Vendors”) for this IZP collaboration include public, non-profit, or for-profit entities. However, any Vendor must have at least two years of experience in managing flu clinics and working with senior citizens.

## **A.3 SCOPE OF SERVICES**

Subject to the availability of vaccine, the Vendor will provide flu immunizations to senior citizens at each of the BCHD senior centers listed below. The use of temporary space at these facilities will be at no charge to the Vendor. The Vendor must be available to provide immunizations at **all** of the locations.

**Table 1: BCHD SENIOR CENTERS**

<b>Center</b>	<b>Address</b>	<b>Enrolled Senior Citizens</b>
Hatton Senior Center	2825 Fait Avenue, Baltimore, MD 21224	100
John Booth/Hooper Senior Center	229-1/2 S. Eaton Street, Baltimore, MD 21224	80
Oliver Senior Center	1700 N. Gay Street, Baltimore, MD 21213	450
Sandtown-Winchester Senior Center	1601 N. Baker Street, Baltimore, MD 21217	475
Waxter Center for Senior Citizens	1000 Cathedral Street, Baltimore, MD 21201	1,200
Zeta Center for Healthy and Active Aging	4501 Reisterstown Road, Baltimore, MD 21215	1,200
<b>TOTAL</b>		<b>3,505</b>

The Vendor will follow guidelines issued by the Maryland Department of Health (MDH) pertaining to immunizations and disposal of waste. The Vendor will forward a copy of its Infection Control Guidelines with its proposal. Before administering immunizations, the Vendor must:

- Obtain a physician’s order authorizing the provision of immunization, as required by law
- Demonstrate proof of insurance
- Meet City of Baltimore’s indemnification requirements
- Enter into an agreement with the City of Baltimore

The Vendor must guarantee that its program meets federal, state, and local laws and regulations.

The Vendor will supply all vaccine, medical supplies, and forms to be used in administering immunizations. The Vendor will provide and pay for all labor, materials, vehicles, parts, equipment, delivery, employee payroll and benefits, and all other supplies and services necessary for and reasonably incidental to furnishing the products and/or services specified herein. **The City of Baltimore shall not provide any funding for the Vendor’s services under this RFP.**

The Vendor will use qualified professionals to perform screenings and to administer vaccinations. Personnel will possess current state license, registration and/or certification required by law for the screening services. The Vendor will be fully responsible for supervision of, and actions by, all of its employees, agents and/or volunteers. **The BCHD will exercise no supervision or other control over the Vendor's employees, agents and/or volunteers.**

Promotional materials and activities for the immunization clinics will be the responsibility of the Vendor, but will be subject to review by BCHD.

The Vendor will ensure that recipients read and sign appropriate flu vaccine consent form as required by the MDH before receiving immunizations.

The Vendor must submit reports to BCHD as required by BCHD indicating the number of shots provided and forward demographic data on recipients served to the IZP database, ImmuNET/BIRP.

The Vendor must set up a system for use or disposition of contaminated materials that cannot be otherwise disposed of in a safe and sanitary manner according to federal, state, and local regulations.

The Vendor must collaborate and communicate with BCHD staff at senior centers as regarding:

- Placement of clinic equipment
- Hours of operation - clinics should be only during regular senior center hours unless the Senior Center Director approves beforehand
- Operation of the clinics using approved systems; the following are required:
  - Registration of participants
  - Screening/information regarding shots and reactions
  - Completion of insurance forms/payment method services
- Designating a point-person(s) to manage the clinics

The Vendor will bill the insurance for recipients who have and provide proof of coverage of insurance, including Medicare Part B. Uninsured and underinsured persons must be referred to the IZP for assistance. **The Vendor will be responsible for all billing, collections, and liability related to its receiving payment under the insurance coverage, including Medicare Part B.**

The Vendor will provide documentation showing a **minimum two (2) years** of experience with managing flu clinics and working with senior citizens.

The Vendor must comply with all federal and state laws and regulations (including HIPAA) regarding protected health information and guardianship of all record sets and will maintain all documentation records and patient information in a safe and secure manner, allowing for inspection and audit by BCHD.

The Vendor will be required to obtain and maintain insurance. Additionally, the Vendor will be required to indemnify BCHD and the City.

## **SECTION B: INSTRUCTION FOR COMPLETION OF PROPOSALS**

### **B.1 PROPOSAL FORMAT**

All proposals must be typewritten, double spaced, and single sided on numbered 8.5 x 11 paper, utilizing at least a 12 point font.

Part 1: Cover Sheet (See **Attachment A**)

Part 2: Table of Contents

Part 3: Project Plan Narrative Statement (limited to 4 pages) addressing (1) capability of the Vendor, and (2) workplan and timeline

Part 4: Data Reporting

Part 5: Authorized Signatory Letter (See **Attachment B**)

### **B.2 CONTENTS OF THE PROPOSAL**

a. The cover sheet, attached as **Attachment B** must be included with the submission. All Sections must be completed or else the submitted proposal may be disqualified.

b. Project Plan Narrative

i. Capability of the Vendor

The proposal should include a statement of the Vendor's current related services, its history of service or ability to initiate services for the targeted population, and its fiscal and reporting capabilities. The Vendor must demonstrate its ability to secure reimbursable support from third-party payers. This section should also include information on the Vendor's experiences and policies related to the following programmatic and operational areas:

- Operating community-based clinics within organizations
- Working with senior citizens
- Collecting data and accounting for work performed under contracts
- Billing third parties, especially Medicare Part B
- Collecting and reporting immunization data

ii. Workplan and Timeline

The Vendor must submit a proposed workplan and timeline. This section must include:

- A schedule (in table format) of when flu clinics will be at each senior center
- What resources (staff, equipment, etc.) will be used
- How many vaccinations will be administered

The workplan should include built-in flexibility to accommodate the senior centers' other activities and needs. The Vendor should justify if a flu clinic will not be held at certain centers and provide a plan for ensuring that those centers' enrollees will have access to the flu vaccine. In this section, the Vendor must also describe how its organization will:

- Assign staff and level of competency (including licenses and experiences with providing immunizations) of each person
- Access/utilize subcontractors, if Vendor plans to use them
- Manage/obtain resources (equipment, supplies, etc.) for clinics
- Register recipients and collect data
- Initiate billing/payment

c. Data reporting

The Vendor's submission must include provisions for two levels of reporting: (1) program activity and progress, and (2) reporting through ImmuNet/BIRP. The Vendor will receive a report format for the activity/progress reporting. The required information for reporting will include:

- the number of seniors receiving the vaccine
- the number of clinics held
- the number of senior centers participating

ImmuNet/BIRP data reporting requirements consist of demographic information on each senior participant. BCHD will work with the Vendor to ensure all required data are captured by the intake form, which must be faxed to the IZP within five days of each Flu clinic.

**B.3 ATTACHMENTS TO THE PROPOSAL**

- COVER SHEET – ATTACHMENT A
- AUTHORIZED SIGNATORY LETTER – ATTACHMENT B

**B.4 PROPOSAL SUBMISSION**

One signed hard copy original and one flash drive with the proposal and all proposal forms are due no later than **4:00 PM, May 18, 2018**. If you mail your proposal, you must send it so that it will be received by that date. **Proposals received after this date will not be considered.**

Proposals can be mailed or hand delivered to:

Catherine Watson, MSW  
 Program Director  
 Immunization Program  
 620 N. Caroline Street  
 Baltimore, Maryland 21205

**B.5 NOTIFICATION**

BCHD will select a Vendor based on a proposal that is in the best interests of the City. The selected Vendor will be notified by **June 15, 2018**.

**ATTACHMENT A**

**BCHD IMMUNIZATION SERVICES  
FLU CAMPAIGN FOR SENIOR CENTERS**

FY 2019-2021

**PROPOSAL COVER PAGE**

Vendor Name: \_\_\_\_\_

Vendor Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Contact Phone #: \_\_\_\_\_

Please complete the following table.

Name of Senior Center:	Estimated number of recipients receiving flu vaccine:	Estimated number of flu clinics:
Hatton Senior Center		
John Booth/Hooper Senior Center		
Oliver Senior Center		
Sandtown-Winchester Senior Center		
Waxter Center for Senior Citizens		
Zeta Center for Healthy and Active Aging		

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**ATTACHMENT B**  
**SAMPLE**  
**AUTHORIZED SIGNATORY LETTER (Must be on company letterhead)**

Date

Catherine Watson, MSW  
Program Director  
Immunization Services  
Baltimore City Health Department  
620 N. Caroline Street, 1<sup>st</sup> Floor  
Baltimore, Maryland 21205

Dear Ms. Watson:

The following is the complete legal name of our organization, mailing address, and the name and title of the person who is authorized to sign for the agency/organization/ corporation.

**Legal Name of Organization:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

**Street Address:** (If different from mailing address) \_\_\_\_\_

**Authorized Signatory:**(The person authorized to bind the agency/organization/corporation into an agreement with the City of Baltimore).

**Title:** (President/Vice President/Chief Executive Officer).

**Telephone Number:** \_\_\_\_\_.

**Contact Person-Name/Address/Telephone number:** (If different from above)

**E-Mail Address:** \_\_\_\_\_ **Fax Number:** \_\_\_\_\_

I (name and title) am the named person authorized to sign agreements on behalf of (agency/organization/corporation name).

In addition, I certify that this (agency/organization/corporation) is authorized to do business in the State of Maryland and is registered and in good standing with the Maryland Department of Assessments and Taxation.

Sincerely,

Name:

Title: