



**Procurement Division**  
Public Services Building  
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Oregon City, OR 97045  
(503) 742-5444 (Office)

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## NOTICE OF OPI HOME CARE CONTRACTING OPPORTUNITY

Issue Date: April 28, 2025

Project Name:	OPI Home Care Agency		
Quote Due Date/Time:	December 31, 2025, 2:00 PM PST		
Send Responses to:	Melinda Im	Email:	Mim@clackamas.us

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### 1. ANNOUNCEMENT AND SPECIAL INFORMATION

RFQ Documents can be found at OregonBuys at the following address: <https://oregonbuys.gov/bsol> Document No. S- C01010-00013703. Additionally, this announcement will be published to the Clackamas County website, at the following address [www.clackamas.us](http://www.clackamas.us).

#### Submitting Responses:

Responses will only be accepted via email to the County representative Melinda Im.  
All questions regarding this Notice are to be directed to the representative named above.

### 2. INTRODUCTION

Clackamas County, on behalf of the Social Services Division (“SSD”), and the Health, Housing & Human Services Department is seeking vendors to provide in-home care services for Oregon Project Independence (“OPI”) consumers. The County intends to contract with multiple certified providers to fulfill this need.

### 3. BACKGROUND

The mission of the Social Services Division, of the Health, Housing & Human Services Department seeks to provide quality services and meaningful opportunities for older adults, persons with a disability, veterans, and low-income residents of Clackamas County.

Oregon Project Independence (“OPI”) provides supportive non-Medicaid in-home care to older adults 60+ and persons with disabilities to prevent or delay entry into more costly long term care. Supportive in-home care services allow people to live safely and independently at home for as long as possible. OPI provides a limited number of in-home care hours based on assessed needs of individual recipients.

In the event SSD’s funding sources for this program restrict use of funds, contracts will be subject to such restrictions.

### 4. SCOPE

#### Overview and Purpose

Provide in-home care services through the Oregon Project Independence program. In-home agencies shall provide ADL, IADL, and nursing services (if permitted by licensure level) to individuals determined to be eligible and enrolled in the program(s).

#### Goals

What does success look like?

- A. Contractor has an understanding for program eligibility, processes and expectations.
- B. Communication is ongoing between Contractor and Clackamas County Social Services (“CCSS”) staff regarding services, changes in client's conditions or situation, as well as contractor and invoicing questions.

- C. Client receives quality and timely services that meet the individual's care needs and Contractor's business practices.

#### Itemized Requirements

- A. The Agency shall be an in-home care agency currently licensed, in good standing, by the Oregon Health Authority.
- B. Ability to serve a minimum of 5 new clients in 3 months and up to 10+ in one year.

#### Oregon Project Independence

##### Introduction

Qualified individuals may receive a set amount of in-home care per month determined by an assessment conducted by CCSS staff following OPI OARS. Contractors typically serve on average between 10-20 clients annually. A typical OPI client receives between 12-16 hours per month unless an exception is granted for more.

##### Persons to Be Eligible/Target Population

The target population for in-home services are persons age 19 to 59 with a physical disability, and persons age sixty (60) and older and younger if there is a diagnosis of Alzheimer's or related dementia, who require assistance with activities of daily living and the provision of medically related services without which they would be at risk of institutionalization.

##### Provider Responsibilities

Service activities include:

- Maintaining adequate staffing levels in order to provide consistent support.
- Ensuring qualified and trained employees.
- Communicating agency policy, procedures, and expectations to clients.
- Conducting assessments and reassessments routinely as outlined in OARS.
- Establishing service plan based on agency's assessment of client.
- The safe provision of personal care tasks.
- Providing assistance with instrumental activities of daily living (IADLS).
- Nursing services may be provided if allowable under licensure level and authorized through CCSS.
- Coordinating ongoing scheduling with clients.
- Providing ongoing communication with CCSS including but not limited to: client's schedule, service plan, changes in condition or situation.

##### Service Standards

- A. CCSS staff will authorize in-home services for identified clients. Authorizations will be for a set number of hours per month. Services must be provided weekly unless otherwise specified by County OPI Case Manager.
- B. Any exceptions to service hours, tasks, etc. will be made by mutual agreement between Contractor and CCSS.
- C. Expectation is that the contractor is able to meet the following unless Contractor communicates any delays in processes or clients request a different timeframe: contractor will accept or decline initial referral inquiry within two (2) business days, once a referral is accepted Contractor will perform initial in-home assessment within 5 business days with services beginning no later than 10 business days from Contractors in-home assessment.
- D. As part of quality assurance, Contractor agrees to participate with the County in regularly scheduled review of clients who are served through the contract. Said meetings may occur more frequently at the request of either Contractor or County if there are challenges meeting client needs.
- E. Services shall be performed in a comparable manner and with the same degree of care, skill and diligence, competency and knowledge which is ordinarily exhibited and possessed by other professionals in good standing in the same or similar field

and community as Contractor.

### Policies

All providers shall ensure the following OHA policies are upheld through service provision and service administration.

- A. Services are provided in accordance with In-Home Care Agencies OARS 333-536-000 thru 0125.
- B. For providers with applicable licensure level, Nursing Services are in accordance with applicable administrative rules of the Oregon State Board of Nursing (OAR chapter 851, division 047).
- C. Home care (IADL), Personal care (ADL), and when applicable Nursing services are defined in OAR chapter 411, division 15.
- D. Ensure caregivers working with clients are in compliance with DHS Criminal History Clearance set forth in OAR 407-007-0000 to 407-007-0100; OAR 125-007-0200 to 125-007-0330; ORS 181A.195; 181A.200; ORS 409.025, ORS 409.027 and ORS 443.004.

### Units of Service

- A. Home Care (IADL) and Personal Care Services (ADL) are reimbursable up to 10% above current Medicaid Home Care Agency rates.
- B. Nursing Services are reimbursable up to 10% above current Medicaid rates.
- C. For required completed initial assessments, if an agency is providing an RN assessment they can bill up to three (3) hours at the RN rate for the length to complete the assessment. If initial assessments are being completed by a care coordinator or equivalent, the initial assessment will be reimbursed up to three (3) hours at the ADL rate.
- D. Agency may round to ¼ hour increments for hours provided.

## **5. SUBMITTAL REQUIREMENTS**

### **1. Attachment A - Application Cover Sheet;**

- a. Provide on Attachment A a minimum of three (3) references from other Agencies for whom you have provide services similar to the OPI in-home services outlined here in the past three (3) years. These references should, include at least one Agency that has newly engaged your firm in the past thirty-six (36) months and one (1) long-term Agency. Provide the name, address, email, and phone number of the references as requested on Attachment.
  - i. Agencies referred to in the Proposal submission but not listed as references may also be contacted for a reference at County's discretion.

### **2. Attachment B- OPI In-home Agency Application;**

- 3. The Agency shall be an in-home care agency currently licensed, in good standing, by the Oregon Health Authority. Agency must submit copy of current license with application.**

## **6. TERM OF CONTRACT**

The term of the contracts shall be from the effective date through **June 30, 2030**

## **7. SAMPLE CONTRACT**

Accepted responses to this notice acknowledge their willingness to enter into a contract containing substantially the same terms of the below referenced contract, which can be found at: <https://www.clackamas.us/finance/terms.html>, with the below indicated requirements.

### **Personal Services Contract** (unless checked, item does not apply)

The following paragraphs of the Professional Services Contract will be applicable:

- Article I, Paragraph 5 – Travel and Other Expense is Authorized
- Article II, Paragraph 28 – Confidentiality
- Article II, Paragraph 29 – Criminal Background Check Requirements

- Article II, Paragraph 30 – Key Persons
- Article II, Paragraph 31 – Cooperative Contracting
- Article II, Paragraph 32 – Federal Contracting Requirements
- Exhibit A – On-Call Provision

The following insurance requirements will be applicable:

- Commercial General Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for Bodily Injury and Property Damage.
- Professional Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence, with an annual aggregate limit of \$2,000,000 for damages caused by error, omission or negligent acts.
- Automobile Liability: combined single limit, or the equivalent, of not less than \$1,000,000 per occurrence for Bodily Injury and Property Damage.
- Abuse & Molestation endorsement with limits not less than \$1,000,000 per occurrence if not included in the Commercial General Liability policy.

**ATTACHMENT A**  
**Application Cover Sheet**

**Agency Information**

Organization Name: \_\_\_\_\_

Primary Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

\_\_\_\_\_ Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Name and title of the person(s) authorized to represent the Agency in any negotiations and sign any Personal Services Contract that may result:

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

**Provide at least three references with telephone numbers** (please verify numbers). References must be able to verify the quality of your previous work in the proposed area of work.

<b><u>REFERENCE No. 1:</u></b>	
Organization Name: _____	Telephone: _____
Contact Person: _____	Fax: _____
Project Title: _____	Email: _____
<b><u>REFERENCE No. 2:</u></b>	
Organization Name: _____	Telephone: _____
Contact Person: _____	Fax: _____
Project Title: _____	Email: _____
<b><u>REFERENCE No. 3:</u></b>	
Organization Name: _____	Telephone: _____
Contact Person: _____	Fax: _____
Project Title: _____	Email: _____

By signing this page and submitting an application, the official verifies that the following statements are true:

1. No attempt has been made or will be made by the Agency to induce any other person or organization to submit or not submit an application.
2. Agency does not discriminate in its employment practices with regard to race, creed, age, religious affiliation, sex, disability, sexual orientation or national origin.
3. Information and costs included in this application shall remain valid for sixty- (60) days after the application due date or until a contract is approved, whichever comes first.
4. The Agency will be required to enter into a professional services contract as stated under Section 3, Scope of Work. The statements contained in this application are true and complete to the best of the Agency's knowledge and accepts as a condition of the contract, the obligation to comply with the applicable state and federal requirements, policies, standards, and regulations. The undersigned recognizes that this is a public document and open to public inspection.

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

(Official Authorized to Bind Agency)

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

**ATTACHMENT B**  
**OPI In-Home Care Agency Application**

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

Name of Agency: \_\_\_\_\_ In Business Since: \_\_\_\_\_

Tax ID Number: \_\_\_\_\_ DUNS: \_\_\_\_\_

Length of time at current location: \_\_\_\_\_

If less than 3 years, Prior Address: \_\_\_\_\_

Medicaid In-home Provider Since: \_\_\_\_\_ Medicaid Provider Number: \_\_\_\_\_

Our Agency wishes to apply to provide: (Check all that apply)

- Home Care/IADL Care                       Personal Care/ADL Care
- RN Care Service

We can provide Services:

- Throughout all of Clackamas County
- Only in: *(list areas your agency can provide service in Clackamas County)*

\_\_\_\_\_

We currently have \_\_\_\_\_ Staff RN's that will provide services under this contract.  
Their Names and License numbers are as follows:

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

We have a plan in place to track staff training to ensure all staff providing services under this contract meet the training/experience requirements per OPI program guidelines.

- Yes (Attach plan copy - limited to ½ page narrative)
- No (If No, plan must be developed within 90 Days of contract execution and submitted to  
Clackamas County Social Services Division)

Attach the following items to this application. Failure to provide will result in a rejected application.

- Copy of State License
- Proof of Medicaid Agreement (first page through signature page only)
- Copy of Client Grievance Policy
- Full List of any citations, lawsuits or other Legal/Court actions Applicant involved in or party to.