

**RFP # 20337
Attachment B
Cost Proposal**

Cost Proposal Forms

B-1 through B-4

**Surveillance and Investigation Activities For:
Adult Care Facilities, Home Care Services Agencies, Nursing Homes, and Intermediate Care Facilities**

BIDDER'S ORGANIZATION NAME: _____

Bidder must submit a completed and signed Attachment B Cost proposal. The Bidder must propose fees for each year and each service type in Columns B – F of this Bid Form for the components being bid. Bidders must indicate by checking yes or no to confirm their intent to bid on each component.

The fee prices bid will cover the cost of furnishing all the said services, including but not limited to, travel, materials, equipment, overhead, profit, labor, training, and reports to the satisfaction of the Department of Health and the performance of all work set forth in said specifications for the period from contract start through contract estimated end, September 31, 2029. The services listed in Attachment B – Cost Proposal are the **only** services for which the awarded bidder can bill the Department.

The annual service volumes are provided in Column G and are **estimates** of work to be performed. These estimates are **not a guarantee** of work to be performed under the new contract. Payment shall be based upon the fee bid for each service multiplied by the quantity of actual services provided.

Each fee must be the fee that the bidder proposes to charge to the Department of Health for a single unit of service in that category of service in the specified year.

**RFP # 20337
Attachment B
Cost Proposal**

B-1 through B-4

**Surveillance and Investigation Activities For:
Adult Care Facilities, Home Care Services Agencies, Nursing Homes, and Intermediate Care Facilities**

BIDDER'S ORGANIZATION NAME: _____

COMPONENT A: ADULT CARE FACILITIES –

BID: YES NO

A	B	C	D	E	F	G
UNIT NAME	Per Unit Fee Year 1	Per Unit Fee Year 2	Per Unit Fee Year 3	Per Unit Fee Year 4	Per Unit Fee Year 5	Annual Unit Volume Estimate
Unit A1: Complaint/ Incident/Death Investigation	\$	\$	\$	\$	\$	550
Unit A2: Recertification Survey	\$	\$	\$	\$	\$	500
Unit A3: Questionable Operations Investigation	\$	\$	\$	\$	\$	5
Unit A4: Closures and Emergency Events	\$	\$	\$	\$	\$	6

COMPONENT B: LICENSED HOME CARE SERVICES AGENCIES –

BID: YES NO

A	B	C	D	E	F	G
UNIT NAME	Per Unit Fee Year 1	Per Unit Fee Year 2	Per Unit Fee Year 3	Per Unit Fee Year 4	Per Unit Fee Year 5	Annual Unit Volume Estimate
Unit B1: LHCSA Relicensure/Recertification Survey	\$	\$	\$	\$	\$	260
Unit B2: LHCSA Complaint Investigation/Focused Survey	\$	\$	\$	\$	\$	60

**RFP # 20337
Attachment B
Cost Proposal**

B-1 through B-4

**Surveillance and Investigation Activities For:
Adult Care Facilities, Home Care Services Agencies, Nursing Homes, and Intermediate Care Facilities**

BIDDER'S ORGANIZATION NAME: _____

COMPONENT C: NURSING HOMES –

BID: YES NO

A	B	C	D	E	F	G
UNIT NAME	Per Unit Fee Year 1	Per Unit Fee Year 2	Per Unit Fee Year 3	Per Unit Fee Year 4	Per Unit Fee Year 5	Annual Unit Volume Estimate
Unit C1: Federal Standard Survey	\$	\$	\$	\$	\$	175
Unit C2: Onsite Investigation of a Complaint or Facility-submitted Incident Report	\$	\$	\$	\$	\$	150
Unit C2A: Emergency Events	\$	\$	\$	\$	\$	5
Unit C3: Offsite Investigation of a Complaint or Facility-submitted Incident Report	\$	\$	\$	\$	\$	1,000
Unit C4: Compliant Intake and Triage	\$	\$	\$	\$	\$	12,300
Unit C5: Adult Day Health Care Program Survey	\$	\$	\$	\$	\$	5

**RFP # 20337
Attachment B
Cost Proposal**

B-1 through B-4

**Surveillance and Investigation Activities For:
Adult Care Facilities, Home Care Services Agencies, Nursing Homes, and Intermediate Care Facilities**

BIDDER'S ORGANIZATION NAME: _____

COMPONENT D: INTERMEDIATE CARE FACILITIES FOR PEOPLE WITH INTELLECTUAL DISABILITIES –

BID: YES NO

A	B	C	D	E	F	G
UNIT NAME	Per Unit Fee Year 1	Per Unit Fee Year 2	Per Unit Fee Year 3	Per Unit Fee Year 4	Per Unit Fee Year 5	Annual Unit Volume Estimate
Unit D1: Full/Fundamental Survey	\$	\$	\$	\$	\$	28
Unit D2: Revisit-Health	\$	\$	\$	\$	\$	22
Unit D3: Onsite Complaint Investigation	\$	\$	\$	\$	\$	100
Unit D4: Certification Review	\$	\$	\$	\$	\$	324
Unit D5: State Oversight & Supervisions Survey	\$	\$	\$	\$	\$	26

By signing this Cost Proposal, bidder attests that the following information is true and accurate to the best of my knowledge and that the Bidder organization(s) agrees to abide by the terms of the approved proposal and is fully able and willing to carry out the deliverables contained herein. A price or indication of non-bid for each component MUST be submitted for all of the above deliverable categories. Cost Proposals that do not include a price or non-bid indication for each category may be disqualified. By signing this Cost Proposal Bid Sheet, bidder agrees that the prices above are binding for 365 days from the proposal due date.

Print Name:	Title:
Email Address:	Phone Number:
Authorized Signature:	
Date:	