



Community Services Division

GIG Economy Mobile Application to Connect Caregivers to Home and Community-Based Service Recipients Pilot Request for Letter of Interest

Project Background and Need:

There is a shortage of formal providers and staff in Dakota County for disability services. For people with disabilities and their families, this limits services options, creates challenges in how they can have basic needs met, and limits their ability to live, work and enjoy their community. The number of people with disabilities eligible for long-term services and supports in Dakota County continues to increase, while state employment data shows a decrease in the number of direct support staff working for formal service providers. Long-term solutions to the complex workforce shortage people with disabilities are experiencing will require creativity and ultimately less reliance on formal service providers and staff.

This is a pilot project that involves two different roles, and few businesses will be qualified for both roles. Partnerships are encouraged and two separate businesses may partner to submit one response. The pilot timeline has not yet been determined.

- **Part 1 – Mobile Application Development**

This project aims to contract with a vendor to create a mobile application compatible with Apple IOS and Android, that will be used to connect people with disabilities and/or their guardians, seeking care to qualified caregivers. This is for Dakota County residents and will allow people with disabilities “on-demand” control to choose when they would like to receive their services, where to accept them, and who will perform them. This will also allow qualified caregivers more flexibility and control in their work while reducing some of the administrative burdens (See Scope - Part 1 of LOI).

- **Part 2 – HCBS Administrative Operations**

The application should be developed and designed to allow for a Minnesota Health Care Program (MHCP) enrolled, Home and Community-Based Services (HCBS) 245D licensed service provider to manage and oversee the app, acting as the official service provider of record to comply with Medical Assistance (MA) requirements (See Scope - Part 2 of LOI).

Scope:

Part 1: App Development:

Develop a mobile application that uses a “gig economy” approach (e.g. Uber, Rover, Thumbtack, DoorDash, etc.) to match requests for assistance with available caregivers through an online platform.

The initial launch of the application should have the capacity for up to three (3) HCBS options (e.g. individualized home supports, homemaking, employment support, chore, etc.) for Dakota County residents. The mobile application should be developed to accomplish the goals written in this LOI as well as the long-term capability to increase the amount of available service options available in the app, to support individuals utilizing other HCBS services and self-directed programs, such as Consumer Directed Community Supports.

- Research and Scope: identify HCBS services for application launch, outline HCBS licensing and billing requirements, conduct stakeholder interviews and meetings.
- App Design: develop workflows and wireframes, conduct user experience testing and implement revisions as necessary.
- App Development: build frameworks and databases for all required functionality (caregiver profiles, service recipient profiles, payment to caregivers, etc.), accessibility functions (e.g., language translation, font size, visual aids, etc.), set geographic parameters to limit to Dakota County, research any State and Federal data practices/data security requirements and ensure they are met to safeguard the data of the residents and providers using the App
- App Launch: ensure availability of application in Apple Store and Google Play Store
- Revisions and Quality Assurance: provide ongoing support to trouble shoot bugs and improve the functionality of the application.

The app will:

- Allow users to request on-demand service requests for select HCBS waiver services.
- Have functionality for Operator to onboard eligible and interested caregivers, which includes verifying and maintaining all workers' training, background studies, and certification requirements per 245D statutes and MN state law and payment processing.
- Allow users and caregivers to match and choose one another through various filters (geographical proximity, personal needs, personality, cultural background, languages, etc.).

Considerations for the app:

- If the mobile application will run in the cloud, the provider must be certified by Federal Risk and Authorization Management Program (FedRAMP).
- If any personally identifiable information (PII), data covered under the Health Insurance and Portability Accountability Act (HIPAA), and/or Federal Tax Information (FTI) will be collected for this mobile application, it needs to be developed to encrypt data in transit between the data source and the application; and also, at rest if the data source ends up residing in the cloud.

Part 2: HCBS Administrative Operations:

The operator of the mobile application will need to manage the daily operations of the app. It is expected that this entity would take a portion of the MA rate to fund these operations (e.g., 5% to 25%). However, it is unlikely that adequate revenue will be generated upon initial launch. A plan to address start-up costs will be needed. The app operator's functions will include:

- Be a DHS licensed provider of the 245D services being offered through the app.
- Act as the employer conduit for the caregivers either as their direct employer or by entering into a contractor/subcontractor relationship. This will include issuing prompt payment to caregivers and any other required legal or tax documentation.
- Complete all required initial and annual training and documentation required for caregivers as per DHS HCBS 245D licensing standards (e.g. background studies, vulnerable adult training, etc.) to maintain eligible caregiver status in the app.
- Communication to case managers and lead agencies for service authorization completion in MMIS and payment claiming in MN-ITS.
- Marketing and outreach.

Budget, Payment & Contract Term (or Terms and Rates):

Dakota County has secured funding for this project, however, additional funding may be necessary. Respondents should identify what, if any, resources, including in-kind contributions and ability to secure additional grants, they can bring to this project.

Contract terms are negotiable but will include the following items that respondents should be aware of:

- Selected Contractor(s) must be compliant with the Minnesota Government Data Practices Act, Minn. Statute, Chapter 13, and have the capacity to abide by all applicable requirements of the Health Insurance Portability and Accountability Act (HIPAA).
- This application will contain private data, both for caregivers and persons with disabilities looking for care. Security and privacy are a must.

Dakota County reserves the right to amend this LOI at any time. In the event it becomes necessary to amend, alter or delete any part of the LOI, changes to the LOI will be posted on the website at [Requests for Bid, Proposals & Information | Dakota County](#).

This LOI is intended to provide potential Contractors with information necessary to prepare complete and comprehensive proposal and to present guidelines for proposal submission and review. While it is the County's intent to enter into contract(s) with qualified Responder(s) for the provision of professional and technical services set forth herein, this LOI does not obligate the County to enter into a contract if it is considered to be in its best interest. The County reserves the right to issue follow up solicitations such as Request for Proposals (RFP). The County reserves the right to cancel this LOI at any time for any reason. The County also reserves the right to reject any and all applications received as a result of this LOI.

The County will negotiate contract terms with Responder(s) whose proposal, references, and oral interview, as determined by Dakota County, shows them to be among the best qualified, responsible, and capable of performing the work in a cost-effective manner. Negotiations will be conducted between the qualified Responder(s) and designated staff from Dakota County.

The anticipated contract term will be January 1, 2025 through June 30, 2026, but is subject to change at any time during contract negotiations.

INSTRUCTIONS FOR RESPONDING TO THE LETTER OF INTEREST

To access this Letter of Interest (LOI) and related documents online, visit the Dakota County website: [Requests for Bid, Proposals & Information | Dakota County](#).

LOI Requirements:

LOI, one original electronic copy, is due 4:00 P.M. (CDT), Friday, August 23, 2024. The LOI response must include the following:

1. **Cover letter** (which should include the company name, address, phone number, and name and email of contact person)
2. Exhibit 1 - the **Contractor Fact Sheet**
3. Exhibit 2 - the **Trade Secret Information Form**
4. Exhibit 3 - the **Non-Collusion and Conflict of Interest Statement.**
5. **Project elements:**
 - a. Proposed description/approach
 - b. Resumé of key staff engaged in this project
 - c. Itemized budget for the project that outlines costs for:
 - i. Part 1 – App Development
 - ii. Part 2 – HCBS Administrative Operations
 - d. Project timeline that outlines key phases for:
 - i. Part 1 App Development
 - ii. Part 2 – HCBS Administrative Operations
 - e. Three references able to attest to qualifications and ability to address the scope effectively.

The document must be double-spaced and be no more or less than an 11-point font. The LOI must be no more than 25 pages in length. The LOI should be prepared simply and economically, providing a concise and straightforward description of the respondent's interest in offering the services as identified above. Emphasis should be on completeness and clarity of content.

General Information

Contact:

Jessica Strydom
Dakota County Community Services, Contracts Unit
Email: Jessica.Strydom@co.dakota.mn.us

Questions:

Questions regarding the content of this request must be received no later than 4:00 P.M. (CDT) August 5, 2024, and should be directed to Jessica Strydom Contract Specialist, by email Jessica.Strydom@co.dakota.mn.us. Initial responses will be provided to the inquirer as soon as they are available.

Informational Meeting:

Dakota County will be holding a meeting for all interested providers.

Date: August 5, 2024

Time: 3:00 to 4:00 PM (CST). Attendance at the Informational Meeting is not mandatory but is highly recommended.

Microsoft Teams

[Join the meeting now](#)

Meeting ID: 286 769 237 793

Passcode: LYVLC7

Additional Information:

All questions and written responses will be posted on the Dakota County website at [Request for Bids, Proposals and Information \(www.dakota.us\)](#) no later than **4:00 PM (CST) August 10, 2024**. No questions about the LOI will be accepted after **4:00 PM (CST) August 5, 2024**.

Dakota County will not be liable for any expenses incurred by the potential provider in connection with the preparation or submittal of the LOI.

Responders may be contacted by County staff to request additional information or to meet with County staff for further discussion.

County staff will evaluate the responses it receives from interested organizations and then determine whether it is prudent to proceed with the contracting process for these services.

Sincerely,

Jessica Strydom,
Contract Specialist

Exhibit 1: Contractor Fact Sheet

Name/Address of Applicant Agency:

Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Director: _____

Phone: _____

Email: _____

Please Check one of the following:

Incorporated for Profit

Incorporated for Non-Profit (501-C-3)

Partnership

Proprietorship

Governmental Unit

Other, Please describe:

Contact Person, if other than Director:

Name: _____

Title: _____

Phone: _____

Name of person or persons authorized to sign contracts:

	Signer 1	Signer 2
Name		
Title		
Phone		

Please indicate Tax Identification Numbers as Applicable to your organization:

MN Tax I.D. Number: _____

Federal Employer I.D. Number: _____

Please Attach the Following Items, as Applicable to Your Organization:

- Annotated Board of Directors Roster, if applicable.
- Organizational Chart, if applicable.
- Identify any government contracts you currently hold in the State of Minnesota or surrounding States, if applicable.

Exhibit 2: Trade Secret Information Form

The following form must be provided by Responder to assist the County in making appropriate determinations about the release of data provided in Responder's bid or proposal.

All responders must select one of the following boxes:

My bid/proposal **does not** contain "trade secret information." I understand that my entire bid/proposal will become public record in accordance with Minn. Stat. § 13.591.

My bid/proposal **does** contain "trade secret information" because it contains data that:

1. (a) is a formula, pattern, compilation, program, device, method, technique or process; **AND**
(b) is the subject of efforts by myself or my organization that are reasonable under the circumstances to maintain its secrecy; **AND**
(c) derives independent economic value, actual or potential, from not being generally known to, and not being readily ascertainable by proper means by, other persons who can obtain economic value from its disclosure or use.
2. I have submitted one paper and one digital copy of my bid or proposal from which the confidential information has been excised. The confidential information has been excised in such a way as to allow the public to determine the general nature of the information removed while retaining as much of the document as possible **AND** I am attaching an explanation justifying the trade secret designation.

Please note that failure to attach an explanation may result in a determination that the data does not meet the statutory trade secret definition. All data for which trade secret status is not justified will become public in accordance with Minn. Stat. § 13.591.

Submit this form as part of the Bid, Proposal or Quote response.

Exhibit 3: Non-Collusion and Conflict of Interest Statement

Please print or type (in ink)

CONTRACTOR NAME: _____

FEDERAL TAX ID NUMBER: _____

Company Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Contact Person: _____

Title: _____

Phone Number: _____

Fax Number: _____

Email: _____

In signing this bid, proposal or quote, Contractor certifies that it has not, either directly or indirectly, entered into any agreement or participated in any collusion or otherwise taken any action in restraint of the competition; that no attempt has been made to induce any other person or firm to submit or not to submit a bid, proposal or quote; that this bid, proposal or quote has been independently arrived at without collusion with any other party submitting a bid, proposal or quote, competitor or potential competitor, that this bid, proposal or quote has not been knowingly disclosed prior to the opening of the bids, proposals or quotes to any bid, proposal or quote competitor; that the above statement is accurate under penalty or perjury.

Contractor also certifies that to the best of its knowledge none of its owners, directors, officers or principals (collectively, "Corporate Executive") are closely related to any County employee who has or may appear to have any control over the award, management, or evaluation of the contract. A Contractor's Corporate Executive is closely related when any of the following circumstances exist:

1. A Corporate Executive and any County employee who has or appears to have any control over the award, management or evaluation of the contract are related by blood, marriage or adoption; or
2. A Corporate Executive and any County employee who has or appears to have any control over the award, management or evaluation of the contract are current or former business partners, co-workers, or have otherwise previously worked closely together in the private or public sector; or
3. A Corporate Executive and any County employee who has or appears to have any control over the award, management or evaluation of the contract share a personal relationship that is beyond that of a mere acquaintance, including but not limited to friendship or family friendship.

If one or more of the above circumstances exist, Contractor must disclose such circumstance(s) to Dakota County in writing. Failure to disclose such circumstances invalidates the Contract.

Contractor will comply with all terms, conditions, specifications required by the party submitting a bid, proposal or quote in this Request for Bid, Proposal or Quote and all terms of our bid, proposal or quote response.

Authorized Signature: _____

Title: _____

Date: _____

You are advised that according to Dakota County Board Resolution 18-485 and Policy 2751, if there is a question as to whether there may be an appearance of a conflict of interest, the contract shall be presented to the County Board for approval, regardless of the amount of the contract. Whether a conflict of interest or the appearance of a conflict of interest exists is a determination made by Dakota County.

Submit this form as part of the Bid, Proposal or Quote response.

V.7 Revised: MMH (06-19)