

REQUEST FOR PROPOSALS

Pediatric Health Assessments

Date Issued:

October 9, 2018

Proposals Due:

11:00 AM

November 6, 2018

Bidders must submit four (4) hard copies in a sealed envelope entitled:

**Pediatric Health Assessment
RFP**

**Licking County Commissioners
Office**

**c/o Bev Adzic, 20 S. 2nd Street
4th Floor, Newark, Ohio 43055**

NOTE: Four (4) hard copies must be received by the submission date at the address listed above in order to be considered. Faxed or emailed proposals will not be accepted.

Bidders' Conferences

2:00 PM on October 19, 2018

OhioMeansJobs|
Licking County
998 East Main Street
Newark, Ohio 43055

PURPOSE AND BACKGROUND

Licking County Job & Family Services (LCJFS) is responsible for a variety of social service programs, including, but not limited to, child protective services. LCJFS, like many agencies in the state and across the country, has observed a steady increase in the number of children entering substitute care over the past few years. This is due to several factors, including the increasing number of child abuse or neglect cases that involve alcohol or drug abuse.

To comply with Ohio Administrative Code 5101:2-42-66.1, which governs comprehensive health care for children in placement, LCJFS routinely needs the services of a qualified provider of comprehensive physical exams and pediatric assessments for children entering substitute care.

SCOPE OF WORK

To comply with OAC 5101:2-42-66.1, **Licking County Job and Family Services is currently seeking bids for comprehensive physical exams/pediatric assessments** that include vision and hearing screenings. Services are expected to begin January 1, 2019, through December 31, 2019. LCJFS may elect to renew the agreement, based on performance, agency need, and availability of funds annually for up to 2 additional years through December 31, 2021.

The primary purpose of the exam/assessment is to determine the presence or absence of common childhood communicable diseases and other conditions prior to, or early in, a placement in substitute care (foster, kinship, residential care).

Most exams will be conducted at LCJFS (74 South 2nd Street, Newark) but may be conducted at other areas throughout Licking County.

Pursuant to OAC, the exams must be conducted by a Registered Nurse, an Advanced Practice Nurse, a Licensed Physician, or a physician's assistance, with at least one-year related experience. The qualified health practitioner (and/or the provider's organization/company) must be appropriately and adequately licensed, screened, insured (professional and general liability), bonded, and covered by and in good standing with the Bureau of Workers Compensation.

Client confidentiality is paramount and must be maintained at all times.

LCJFS prefers the provider to be available on an as needed basis 24 hours per day, 365 days per year, including weekends and holidays.

LCJFS must be provided with written verification of the absence/presence of communicable disease and other findings discovered during the exam/assessment as immediately as possible.

LCJFS anticipates, but cannot guarantee, 12-18 assessments per month.

Services must be provided by qualified staff and to the extent that complies with applicable sections of Ohio Revised Code, Ohio Administrative Code, and related regulations.

PROPOSALS

Proposals must be submitted using the attached proposal specification response form. Additional pages may be attached to the form as needed.

REQUEST FOR PROPOSALS LIMITATIONS

This request for proposals does not commit Licking County Job and Family Services to award a contract or to pay any costs incurred in the preparation of a proposal. Licking County Job and Family Services reserves the right to accept or reject any or all Proposals received, to negotiate services and costs with proposers, to award contracts to one or multiple providers, or to cancel in part or in entirety this request for Proposals.

All Proposals submitted will remain the property of Licking County. Contracts awarded shall not be effective beyond December 31, 2019. However, Licking County Job and Family reserves the right to renew contracts annually for up to a maximum of two additional years through December 31, 2021, based on performance and availability of funds.

Issuance of this request for proposals and the subsequent selection of proposals does not imply nor guarantee the availability of funds.

If a contract is awarded, the proposal specification response form shall become part of the contractual agreement.

SUBMISSION INFORMATION

Proposals must be submitted in strict accordance with proposal submission instructions provided in this section. Any proposal failing to follow the entire proposal acceptance criteria listed below shall be disqualified from consideration.

Proposals are Due no later than 11:00 AM on November 6, 2018

Bidders must submit four (4) copies of the proposal specification response form in a sealed envelope entitled:

Pediatric Health Assessment RFP

Licking County Commissioners' Office
c/o Bev Adzic
20 South 2nd Street, 4th Floor
Newark, Ohio 43055

Proposals received after this time will not be considered. Unsolicited materials received after the deadline date will not be added to previous submissions and will not be considered.

Faxed or emailed proposals will not be accepted.

Proposals must be **received** by the Commissioners' Office by the date/time listed above.

CONTACT INFORMATION

Questions concerning this RFP may be directed to:

Nathan Keirns, Program Planner
Licking County Job & Family Services
Nathan.Keirns@jfs.ohio.gov
740.670.8726

Pediatric Health Assessment Specification Response Form

Please complete this form as a response to the request for proposals for Pediatric Health Assessment Services. This form is required to respond to the request for proposals. Respondents may attach additional pages to the form, as necessary.

4 copies of this form must be **received** in hardcopy no later than 11:00 AM on November 6, 2018, Licking County Commissioners' Office c/o Bev Adzic, 20 S. 2nd Street 4th Floor, Newark, Ohio 43055.

NAME of business or company submitting this proposal.

NAME and **CONTACT INFORMATION** for questions regarding this response.

MAILING ADDRESS of business or company (include city and zip code).

Is your company able to provide all services as outlined in the request for Proposals, including the availability of qualified staff? Yes _____ No _____

If no, please explain: _____

Is your company able to provide pediatric health assessments at the LCJFS office and locations across Licking County, on a 24-hour basis, 365 days per year? Yes _____ No _____

If no, please explain: _____

If yes, what is your company's response time to requests for pediatric assessments: _____

Please describe your company's unit rates for pediatric health assessments:

Pediatric health assessments conducted at LCJFS offices \$ _____

Pediatric health assessments conducted at other locations \$ _____

Mileage reimbursement rate, if applicable \$ _____

Explanation of when mileage reimbursement would apply: _____

Please include a copy of any pediatric assessment forms currently used by your company, if applicable.

Company _____

ATTACHMENT 3
Proposal Rating & Evaluation Rubric

POINTS	APPLICANT RESPONSE	SCORE	COMMENTS
Max = 3	Provider has adequate qualified staff to provide services		
Max = 3	Provider is willing/able to provide services at LCJFS offices		
Max = 3	Provider is willing/able to provide services at locations throughout Licking County as needed		
Max = 3	Provider is available 24 hours per day, 365 days per year, including weekends and holidays		
Max = 3	Provider has an acceptable anticipated response time		
Max = 3	Provider demonstrates staff have at least one-year related experience		
Max = 3	Proposal meets all requirements established in RFP		
Max = 3	Proposed unit rates are reasonable		
Max = 24	Total Score out of 24		