

The Hancock County Job & Family Services

REQUEST FOR PROPOSAL

Non-Emergency Transportation Services for Medicaid Recipients

Date of Issuance

July 1st, 2019

Proposals must be submitted no later than

August 2nd, 2019

LATE PROPOSALS WILL BE REJECTED

For further information regarding this RFP contact:

Tyler McKinney, Program Administrator

7814 County Rd 140, PO Box 270

Findlay, OH 45839

(419) 429-8037

Tyler.McKinney@jfs.ohio.gov

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1.0 GENERAL INFORMATION

1.1 Purpose

The purpose of this document is to provide interested parties information, on a fair and competitive basis, and in a manner that will ensure the highest possible quality of services, to enable them to prepare and submit a written proposal for Non-Emergency Transportation services for Medicaid recipients.

1.2 Date Issued

July 1, 2019

1.3 Terms/Abbreviations

The following terms/acronyms are used throughout the RFP:

Contractor/Provider means the successful proposers awarded the contracts.

HCJFS means Hancock County Job and Family Services.

NET means the Non-Emergency Transportation program.

ODJFS means the Ohio Department of Job and Family Services.

Proposer means an organization or agency submitting a written proposal in response to the RFP.

1.4 Further Information

See the Appendix 1 for more details about the program.

2.0 GENERAL INSTRUCTIONS AND CONDITIONS FOR PROPOSERS

2.1 General Instructions

The evaluation and selection of contractors for the contracts will be based on the information submitted in the proposal plus references and any required on-site visits or oral presentations. Elaborate proposals (e.g. excessive letters of recommendation) beyond what is sufficient to present a complete and effective proposal, are neither necessary nor desired. HCJFS is not liable for any cost incurred by proposers in replying to this RFP.

2.2 Contract Period

The contracts shall be for a period of four months beginning October 1, 2019 and ending March 31, 2020. HCJFS may decide to extend the contracts for an additional 18 months contingent upon the level of future federal and state funding, provider effectiveness, and demonstrated need for the services being offered.

2.3 Funding Level for Contract Period

See Appendix 1.

2.4 Targeted Proposals

HCJFS has a strong preference for awarding contracts to providers that have demonstrated experience in operating the type of program being proposed and those providers who have demonstrated the ability to work collaboratively with HCJFS and/or other social service providers that work collaboratively with HCJFS.

2.5 Subcontracting

Any subcontracts not identified in the proposal will require the prior written approval of HCJFS and the contract will need to be in a similar form to the contracts that will be signed between HCJFS and the proposer. HCJFS reserves the exclusive right to approve or reject any subcontracts requested by the proposer subsequent to the submission of any proposal.

2.6 Public Information

All proposals shall be deemed to be public records within the meaning of Chapter 149 of the Ohio Revised Code. However, the contents of the responses to the RFP will not be deemed public records and will be treated as confidential information until completion of the evaluation process. If a proposer believes that the RFP requires the disclosure of technical, proprietary, or trade secret information that the Proposer is not willing to make public, such information should not be submitted. No part of the proposal may be designated as confidential.

2.7 Calendar of Events

Listed below are the dates and times of actions related to this RFP. The actions must be completed as indicted unless otherwise changed by HCJFS. In the event that HCJFS finds it necessary to change any of the specific dates and times in the calendar of events listed below, it will do so by issuing a supplement to this RFP.

EVENT	DATE
Date of Issue	July 1, 2019
Proposals Due	August 2, 2019 at 1:00 p.m.
Award Made	September 1, 2019
Contract Executed	on or before October 1, 2019

2.8 Proposals Are Unconditional

Each proposer shall answer all questions contained in Attachments B and C and shall agree to execute a contract in a form satisfactory to HCJFS and shall execute the certificate attached hereto as Attachment A. All proposals shall be unconditional; no proposal that reports to impose conditions not included in this RFP will be deemed responsive. HCJFS may, however, waive minor informalities and omissions in the proposal if it decides, in its sole discretion, that such informality or omission is not prejudicial to interests of HCJFS or to fair competition. The successful proposers will be required to execute a contract within ten (10) calendar days from acceptance of the proposal or within such further time HCJFS agrees.

3.0 PROCEDURES FOR SUBMITTING PROPOSALS

3.1 RFP Availability

Copies of this RFP may be obtained by requesting a copy by telephone, fax, e-mail or mail from HCJFS at the address given below:

Tyler McKinney, Program Administrator
7814 County Rd 140, PO Box 270
Findlay, OH 45839
(419) 429-8037
FAX: (419) 429-8105
Tyler.McKinney@jfs.ohio.gov

3.2 RFP Deliverable

All proposals must be addressed and submitted to the following address:

Tyler McKinney, Program Administrator
HCJFS
PO Box 270
Findlay, OH 45839

on or before **August 2, 2019 at 1:00 p.m.**. Proposals should be clearly marked as a proposal in response to this RFP. A provider submitting proposals for more than one of the listed programs should submit separate proposals for each particular program. Proposals must be received in the above office by the specified date and time stated above. Proposals received after that time will be returned, unreviewed to the proposer. All proposals will be date-stamped when received. Proposals not so stamped will not be accepted. All proposals must be packaged, sealed and show the following information on the outside of the package:

- * Proposer's name and address.
- * Request for proposal title
- * Proposal due date

Proposers are required to submit their proposed budgets in a separate sealed envelope marked Price Proposal and inserted in the sealed package.

3.3 RFP Original and Copies

Each proposer must submit an original and four (4) copies of its proposal.

3.4 RFP Format

The proposal should be complete but proposals may not exceed 30 single-sided pages in length and should be prepared on 8.5 x 11 white paper (no less than 1" margins) using a standard 12 point font and be bound securely. The 30 page restriction does not include the Budget Format

or any of the other attachments.

3.5 Oral Presentations

Selected proposers may be required to make oral presentations to supplement their proposals, if requested by HCJFS. HCJFS will make every reasonable attempt to schedule each presentation at a time and location that is agreeable to the proposer. Failure of a proposer to conduct a presentation to HCJFS on the date scheduled may result in rejection of the proposer's proposal.

3.6 Revision/Withdrawal of Proposal

Proposals may be corrected, modified, or withdrawn prior to the deadline for submission or by submitting the required number of copies of such correction, modification, withdrawal or a new submission, clearly marked on the outside envelope with the appropriate heading, by the deadline listed in Section 3.2.

3.7 Limitations

The RFP does not commit HCJFS to award any contracts, to pay any costs incurred in the preparation of a proposal for this RFP, or to procure or contract for services. HCJFS reserves the right to accept or reject any or all proposals received as a result of this RFP, to negotiate with all qualified sources, or to cancel in part or in its entirety this RFP if it is the best interest of HCJFS.

HCJFS may require the organizations selected to participate in negotiations and to submit any fiscal, technical, or other revisions of their proposals that may result from negotiations.

3.8 Contract Award

HCJFS may award cost-reimbursement contracts based on offers received. Each proposal should, therefore, be submitted in the most favorable terms from a cost, programmatic, and technical standpoint. However, HCJFS reserves the right to conduct an on-site monitoring review of any proposer and/or request additional data, oral discussion or presentation in support of the proposal.

4.0 GENERAL PROPOSAL REQUIREMENTS AND PROPOSAL FORMAT

The narrative part of the proposals must present the following information and be organized with the following headings. Each heading should be separated by tabs or otherwise clearly marked.

The proposer may propose to offer the requested services directly, or to subcontract a portion to other providers. Proposers intending to subcontract services must indicate that intent in the proposal and identify the specific subcontractor(s).

4.1 Letter of Transmittal

On business letterhead paper, prepare a letter transmitting the proposal. The letter should identify the name and phone number of a key contact person and have the signature of an official

authorized to bind the organization to a legal contract and shall contain a statement that the proposal is a firm offer for a ninety (90) day period.

4.2 Organization History/Statement of Demonstrated Effectiveness

Provide a current description of your organization. Include a discussion of the history of your organization as well as a description of any activities similar to or relevant to your proposed program design. Be specific and identify projects, dates, services performed and results. Proposers must describe their ability to provide, at a reasonable cost, the services offered in their proposals. The proposer must address at a minimum the following criteria to be eligible for selection:

1. Effective prior performance in the specific services to be provided;
2. The capability to adequately administer and report upon the expenditure of funds; and
3. The capability to adequately track and report on participant progress and outcomes;

If the proposer plans to subcontract services/activities, an Organization History/Statement of Demonstrated Effectiveness must be presented for the subcontractor as well.

4.3 Proposer References

Proposers must include in their proposals a list of organizations, including points of contact (name, address, and telephone number) which can be used as references for work performed in the area of service required. Use the format shown in Attachment C to provide this information. Selected organizations may be contacted to determine the quality of work performed and personnel assigned.

4.4 Program Components

The proposer should describe how the required services will be provided, the schedule and procedures, how many will receive the service, who will provide the service, and when a person would access the specific service.

4.5. Required Forms

To the narrative portion of the proposal, the following forms are required to be attached:

Attachment A	Provider Assurances
Attachment B	Proposer Data Sheet
Attachment C	Reference Data Sheet
Attachment D	Budget Proposal
Attachment F	Signature Affidavit

5.0 PREPARING THE COST PROPOSAL (BUDGET)

5.1 General

The cost proposal should be submitted in a separate sealed envelope with the written proposal. Various costing methodologies and models are available to analyze the cost information submitted to determine the lowest costs. HCJFS will select one method and use it

consistently throughout the evaluation.

5.2 Format for Submitting Cost Proposals

The Proposer must provide budgetary information in the format shown in Attachment D, Budget Proposal. The proposer may create its own budget forms **if they are consistent with the format in Attachment D**. A summary budget incorporating all component costs should also be prepared. An Excel spreadsheet containing the budget forms is also available from HCJFS and can be obtained via email upon request.

5.3 Fixed Price Period

All prices, costs, and conditions outlined in the proposal shall remain fixed and valid for acceptance for 90 calendar days starting on the due date for the proposals.

6.0 PROPOSAL SELECTION AND AWARD PROCESS

6.1 Preliminary Evaluation

The proposals will be first reviewed to determine if requirements in Sections 4 and 5 regarding the proposal format and content are met. Failure to meet mandatory requirements will result in the proposal being rejected. In the event that all proposers do not meet one or more of the mandatory requirements, HCJFS reserves the right to continue the evaluation of the proposals and to select the proposal which most closely meets the requirements specified in the RFP.

6.2 Scoring Proposals

Accepted proposals will be reviewed and scored against the stated criteria according to **Attachment E**. The reviewer(s) may review references, request oral presentations and use the results in scoring the proposals.

6.3 Right to Reject Proposals and Negotiate Contract Terms

HCJFS reserves the right to reject any and all proposals and to negotiate the terms of the contract, including the award amount, with the selected proposer prior to entering into such a contract. If contract negotiations cannot be concluded successfully with the highest scoring proposer, HCJFS may negotiate a contract with the next highest scoring proposer.

6.4 Evaluation Process

HCJFS reserves the right to interview or to seek additional information relating to criteria already in the RFP from any candidate after opening the proposals but before entering into any contracts, to reject any proposal if it deems it to be in the best interests of HCJFS, and to award contracts to the next qualified proposer. HCJFS reserves the right to check references identified by any proposer or associated with any previous employer of any employee of the proposer identified in the proposal. HCJFS reserves the right to award the contracts based on considerations other than price.

6.5 Award of Contract

HCJFS will prepare contracts with the successful Proposers. Proposers may be asked to

execute a contract pre-award agreement to cover any expenses incurred by the provider prior to execution of contract.

7.0 EVALUATION CRITERIA

7.1 Mandatory Criteria

HCJFS will evaluate the proposals based on the required criteria.

7.2 Qualifications of Staff Assigned to Project

It should be noted that the evaluation criteria are designed to evaluate individuals and firms. If the Proposer is a firm whose staff will collectively fulfill the requirements, the firm should submit qualifications of individuals that will be working on the project. Proposals, where the work is done by an unqualified employee/consultant under supervision of a qualified individual, will be deemed non-responsive.

7.3 Scoring

Phase 1

In order to be fully reviewed and scored, proposals submitted must pass the following Phase I. Review. **Any “no” answer to the questions listed below will eliminate a proposal from further consideration.**

1. Was the proposal received by the deadline as specified in Sections 2.7 and 3.2?
2. Did the provider submit five paper copies of their Proposal (in a sealed envelope labeled: **“NOTE: DO NOT OPEN. PROPOSAL ENCLOSED FOR TRANSPORTATION SERVICES SUBMITTED BY [PROVIDER’S NAME HERE].”**)?
3. Does the provider’s proposal include all required affirmative statement signed by the provider’s responsible representative, including the following:
 - Provider Assurances Form, Attachment A
 - Proposer Data Sheet, Attachment B
 - Reference Data Sheet, Attachment C
 - Budget Proposal, Attachment D
 - Signature Affidavit, Attachment F
4. According to those certifications, does the provider affirmatively indicate that it is not on the federal debarment list; that it is fiscally solvent; that it will meet all Federal, State, and Local compliance requirements; and that the person signing the form is authorized to enter into a contract with HCJFS?
5. Does HCJFS’ review of the Auditor of State website verify that the provider is not excluded from contracting with HCJFS by ORC Section 9.24 for an unresolved finding for recovery (i.e. the proposal of any provider whose name appears on the Auditor’s website as having an unresolved finding for recovery will be eliminated from further consideration.)?

Phase 2

Proposers will receive scores based on organizational capabilities, knowledge and experience of staff, range of services and availability, and costs. A maximum score of twenty (20) points is awarded for experience and qualifications of the provider. A maximum score of twenty (20) points is awarded for showing a range of services. A maximum score of twenty (20) points is awarded for costs and fees being reasonable and appropriate for the service being provided, including the ability to bring additional resources to the program. A maximum score of twenty (20) points is awarded for clearly defined availability and hours of operation. A maximum score of twenty (20) points is awarded for ability to provide excellent customer service. A maximum of one hundred (100) points is to be awarded (See Attachment E).

8.0 PROTEST PROCEDURE

8.1 Protest Procedure

A. Any potential, or actual, Proposer objecting to the award of a contract resulting from the issuance of this RFP may file a protest of the award of the contract, or any other matter relating to the process of soliciting the proposals. Such a protest must comply with the following guidelines:

1. A protest may be filed by a prospective or actual bidder objecting to the award of a contract resulting from this RFP. The protest shall be in writing and shall contain the following:
 - a. The name, address and phone number of the protestor
 - b. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents
 - c. A request for a ruling by the Board
 - d. A statement as to the form of relief requested from the Board
 - e. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.

B. A timely protest shall be considered by The Board if it is received with the following periods:

1. A protest based upon alleged improprieties in the issuance of the RFP or any other event preceding the closing date for receipt of proposals which are apparent or should be apparent prior to the closing date for the receipt of proposals shall be filed no later than 1:00 p.m. on the closing date for the receipt of proposals, as specified in the Calendar of Events, of this RFP.
2. If the protest relates to the announced intent to award a contract, the protest shall be filed no later than 1:00 p.m. of the fifth (5th) calendar days after the notification of intent to award date as specified in the Calendar of Events of this RFP.

C. An untimely protest may be considered by the Board if the Board determines that the protest raises issues significant to the Board's procurement system. An untimely

protest is one received by the Board after the time period for forth in Item B of this section.

D. All protests must be filed at the following location:

Board of County Commissioners of Hancock County
514 S. Main St., 2nd Floor
Findlay, Ohio 45840
Phone: 419-424-7044
Fax: 419-424-7828

- E.** When a timely protest is filed, a contract award will not proceed until a decision on the protest is issued, or the matter is otherwise resolved, unless the Board determines that a delay will severely disadvantage the Board. The Proposer(s) who would have been awarded the contract shall be notified in receipt of the protest.
- F.** The Board will issue a written decision on all timely protests and shall notify any vendor who filed an untimely protest as to whether or not the protest will be considered.

**Attachment A
Provider Assurances Form**

Purpose: Job & Family Services of Hancock County (HCJFS) requires the following information on providers who submit proposals or bids in response to Requests for Proposals (RFPs) or other competitive opportunity in order to facilitate the development of the contract (or finalization of a purchase) with the selected provider. HCJFS reserves the right to reject any proposal if this information is not provided fully, accurately, and by the deadline set by HCJFS. Further, some of this information (as identified below) **must** be provided in order for HCJFS to accept and consider a proposal/bid. **Failure to provide such required information will result in the proposal's immediate disqualification.**

Instructions: Provide the following information regarding the provider submitting the proposal or bid. Providers **must print this attachment, complete and sign it and include it in their proposals. It is mandatory that the information provided is certified with an original signature from a person with authority to represent the provider. Providers are to provide this completed and signed form as a component of their original proposal, according to instructions in the RFP for proposal/bid composition.**

1. HCJFS NET RFP	2. Proposal Due Date: August 2, 2019
3. Provider Name: (legal name of the provider – person or organization – to whom contract/purchase payments would be made)	4. *Provider Federal Tax ID #: 5. Medical Provider #, if applicable: 6. National Provider Identifier, if applicable: (*this number MUST correspond with the name in Item #3)
7. Provider Corporate Address:	8. Provider Remittance Address: (or “same” if as same as Item #5)
9. Print or type information on the provider representative/contact person <u>authorized to answer questions on the proposal/bid:</u> Provider Representative: Title: Address: Phone #: Fax#: Email:	
10. Print or type the name of the provider representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the provider, and to whom legal notices regarding contract termination or breach, should be sent</u> (if not the same individual as in #7, provide the following information on each such representative and specify their function): Provider's Representative: Title: Address: Phone #: Fax#: Email:	

Provider Assurances Form page 2

I recognize that I must give assurances for each item below. If I cannot, I will explain why the assurances were not met or this proposal will be automatically rejected. The assurances are:

1. I am authorized by my Board of Directors, Trustees, other legally qualified officer, or as the owner of this agency or business to submit this proposal.
2. We are not currently on any Federal, State of Ohio, or local Debarment List.
3. We certify that neither we nor any owner/manager has been excluded from participation as a provider in any state Medicaid program.
4. A criminal background check is performed in accordance with section 109.572 of the ORC for each employee who provides direct services to Medicaid recipients.
5. We included in our proposal a copy of our most recently completed financial audit confirming that we are fiscally solvent.
6. We have or will have: all of the fiscal control and accounting procedures needed to ensure that contract funds will be used as required by law and contract.
7. We have additional funding sources and will not be solely dependent on any funds awarded through a contract as a result of this RFP.
8. **We will meet all applicable Federal, State and Local compliance requirements.** These include, but are not limited to:
 - Records accurately reflect actual performance.
 - Maintaining record confidentiality, as required.
 - Reporting financial, participant, and performance data, as required.
 - Complying with HCJFS and Ohio Child Support Enforcement Agency provisions.
 - Complying with Federal and State non-discrimination provisions.
 - Meeting requirements of **Section 504 of the *Rehabilitation Act of 1973***.
 - Meeting all applicable labor laws, including Child Labor Law standards.
 - Drug Free Workplace

We will not:

- Use contract funds to assist, promote or deter union organizing.
- Use contract funds in the construction, operation or maintenance of any part of a facility to be used for sectarian instruction or religious worship.

I hereby assure that all of the above are true:

Signature

Date

Name (printed)

Title

The Hancock County Job & Family Services

PROPOSER DATA SHEET

1. Proposing Firm

Name _____ Vendor ID# _____

Telephone _____ Fax _____

Address _____

City _____ State _____ Zip _____

2. Contact Person

Name _____ Title _____

Telephone _____ Fax _____

E-mail _____

Address _____

City _____ State _____ Zip _____

3. Mailing Address - where warrants (checks) are to be mailed and person HCJFS can contact concerning billings.

Name _____ Title _____

Telephone _____ Fax _____

E-mail _____

Address _____

City _____ State _____ Zip _____

The Hancock County Job & Family Services

REFERENCE DATA SHEET

FOR PROPOSER: Provide name, address, and contact person, telephone number, and appropriate information on the services provided within the past 2 years with requirements similar to those included in this RFP.

Organization/Agency Name _____
Address _____
Telephone _____ Contact Person _____
Services Performed: _____

Organization/Agency Name _____
Address _____
Telephone _____ Contact Person _____
Services Performed: _____

Organization/ Agency Name _____
Address _____
Telephone _____ Contact Person _____
Services Performed: _____

Organization/ Agency Name _____
Address _____
Telephone _____ Contact Person _____
Services Performed: _____

The Hancock County Job & Family Services Budget Proposal

Summary Sheet

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Contractor Name

Begin Date

End Date

Contract Amount \$0.00

I. Staff	Estimated Amount	
A. Salaries	\$	
B. Payroll-Related Expenses	\$	
Total Staff Costs	\$	
II. Operations		
A. Travel	\$	
B. Consumable Supplies	\$	
C. Occupancy Costs	\$	
D. Indirect Costs	\$	
E. Contract and Professional Costs	\$	
F. Other - Miscellaneous	\$	
Total Operational Costs	\$	
III. Equipment		
A. Small Equipment Purchases	\$	
B. Leased and Rented Equipment	\$	
Total Equipment Costs	\$	
IV. Total Program Costs		
	\$	

[Empty rectangular box]

Contractor Name

Begin Date End Date

1.A Salaries

Position Title	Number of Positions Requested	Annual Salary	Percentage of Time to Contract Services	Salary Attributable to Contract
Total Salaries Attributable to Program				\$0.00

[Empty rectangular box]

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Contractor Name

Begin Date

10/1/2019

End Date

12/31/2019

1.B. Payroll-Related Expenses

ITEM		Payroll-Relate Expenses
PERS or Social Security	\$	
Worker's Compensation/Unemployment Insurance	\$	
Retirement Expense	\$	
Hospitalization Insurance Premium (H/D/V/L)	\$	
Other (Identify)	\$	
	\$	
	\$	
	\$	
Total Payroll-Related Expenses	\$	

II.A. Travel and Short Term Training

ITEM	\$	Expenses
Mileage Reimbursement	\$	
Short-Term Training	\$	
Total Travel and Short Term Training	\$	

II.B Consumable Supplies

Type	\$	Consumable Supplies
Office Supplies	\$	
Cleaning Supplies	\$	
Other (Identify)	\$	
Total Consumable Supplies	\$	

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Contractor Name

Begin Date 10/1/2019

End Date 12/31/2019

II.C. Occupancy Costs		
Identify Categories		Amount
	\$	
	\$	
	\$	
	\$	
Total Occupancy Costs	\$	

II.D. Indirect Costs

Identify Categories in Indirect Cost Allocation Plan		Amount
	\$	
	\$	
	\$	
	\$	
Total Indirect Costs	\$	

II.E. Contract & Professional Services

Identify Each Contract or Service		Amount
	\$	
	\$	
	\$	
	\$	
	\$	
Total Contract & Professional Service Cost	\$	

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Contractor Name

Begin Date End Date

II.F. Other - Miscellaneous		
Vehicle Insurance	\$	
Vehicle Maintenance/Repair	\$	
Vehicle Depreciation	\$	
Fuel	\$	
Misc. Admin.	\$	
Total Miscellaneous Costs	\$	

III.A Small Equipment Purchases

Item		Cost
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
	\$	
Total Small Equipment Purchases	\$	

III.B. Leased and Rented Equipment

Item		Cost
	\$	
	\$	
Total Leased & Rented Equipment	\$	

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Contractor
Name

Contract
Amount

Begin Date End Date

Quarterly
Financial Report

Categories	Budget	1st Q	2nd Q	3rd Q	4th Q	TOTAL
I. Staff						
A. Salaries						
B. Payroll-Related Expenses						
Total Staff Costs						
II. Operations						
A. Travel						
B. Consumable Supplies						
C. Occupancy Costs						
D. Indirect Costs						
E. Contract and Professional Costs						
F. Other - Miscellaneous						
Total Operational Costs						
III. Equipment						
A. Small Equipment Purchases						
B. Leased and Rented Equipment						
Total Equipment Costs						
IV. Total Program Costs						

**Evaluation Criteria
NET Transportation RFP
2019**

Proposed Entity

Compliance Checklist for Proposal Acceptance

- Submitted by deadline
- One original and four (4) copies
- RFP formatted correctly
 - paper, font, margins
 - letter of transmittal
- Organization history/statement of demonstrated effectiveness
- Proposal narrative & program implementation plan
- Required Attachments:
 - Provider Assurances
 - Proposer Data Sheet
 - Reference Data Sheet
 - Support Letters
 - Budget Proposal
 - Signature Affidavit

If the above conditions are met, the proposal will be rated with the following evaluation criteria:

**Evaluation Criteria
NET Transportation RFP
2019**

Proposal Evaluation Score Sheet 100 points possible				
Proposing Organization:				
Provider Experience & Qualifications	Poor 1-6 points	Fair 7-13 points	Good 14-20 points	Score 20 points possible
Provider demonstrated appropriate experience (according to Section 4.2 of the RFP).	Notes:			
Range of Service	Poor 1-6 points	Fair 7-13 points	Good 14-20 points	Score 20 points possible
Provider demonstrates ability to show range of service	Notes:			
Cost/Fee per Service	Poor 1-6 points	Fair 7-13 points	Good 14-20 points	Score 20 points possible
Costs and fees are appropriate and reasonable for the services being provided, including if provider has/will bring additional resources to the program.	Notes:			
Availability/Hours of Operation	Poor 1-6 points	Fair 7-13 points	Good 14-20 points	Score 20 points possible
Availability and hours of operation are clearly defined in the proposal	Notes:			
Customer Service	Poor 1-6 points	Fair 7-13 points	Good 14-20 points	Score 20 points possible
Provider clearly demonstrates the ability to provide excellent customer services. Provider details how they measure customer service and document customer complaints/grievances.	Notes:			
24				Total Score

Comments: _____

Evaluator's Printed Name	
Evaluator's Signature	Date

The Hancock County Job & Family Services

SIGNATURE AFFIDAVIT

In signing this proposal, I/we also certify that I/we have not either directly or indirectly entered into any agreement or participated in any collusion or otherwise taken any action in restraint of free competition, that no attempt has been made to induce any other person or firm to submit or not to submit a proposal, that this proposal has been independently arrived at without collusion with any other proposer competitor or potential competitor, that this proposal has not been knowingly disclosed prior to the opening of the proposals to any other proposer or competitor, that the above statement is accurate under the penalty of perjury.

The undersigned, submitting this proposal, hereby agrees with all the terms, conditions, and specifications required by the Department in this Request for Proposal, and declares that the attached proposal and pricing are in conformity therein.

Name (Type or Print)

Title

Signature

Organization

Address (City, State, Zip Code)

Telephone

Fax

E-mail

Date

Appendix 1 Non-Emergency Transportation Services for Medicaid Recipients

1.1 Purpose

The purpose of this document is to provide interested parties information, on a fair and competitive basis, and in a manner that will ensure the highest possible quality of services, to enable them to prepare and submit a written proposal for Non-Emergency Transportation Services for Medicaid Recipients

1.2 Further Information

ODJFS NET rules can be found in sections 5160-15-01 through 5160-15-28 in the Ohio Administrative Code which can be found on the internet.

- In accordance with Chapter 5160:15 of the Administrative Code who are providing Medicaid covered service(s). A "Medicaid covered service" is a reimbursable service in accordance with Chapters 5160:15-01 to 5160:15-28 of the Administrative Code excluding Chapters 5160:15-02, 5160:15-02.8, 5160:15-03, 5160:15-04 and 5160:15-05 of the Administrative Code. **HCJFS will not reimburse the contractor for those situations in which a customer is not actually transported.** There are occasions when the customer is not at their residence or cannot be located at the approved destination at the time of pick-up. HCJFS will continue to encourage the customers to cancel in advance to reduce any transportation problems.
- The following behaviors will not be permitted by drivers or passengers while on board any vehicle:
 - Smoking
 - Eating or drinking
 - Consumption of alcoholic beverages
 - Rude, offensive, abusive language or behavior
 - Sexual harassment
 - Carrying any weapons
- The contractor will indemnify and hold harmless Hancock County Job and Family Services against any loss, penalties, damage, settlements, costs, professional fees, and/or related expenses incurred through the provision of services.
- The contractor shall comply with the laws of the State of Ohio relating to insurance coverage and shall carry and keep in full force, during the performance of any executed contract, Workers' Compensation Insurance. A copy of the document evidencing Workers' Compensation shall be furnished to HCJFS prior to commencement of services provided by the contractor.
- The contractor agrees to obtain and maintain at their expense, at all times throughout the term of this contract liability insurance with an insurance company license in the State of Ohio. The contractor shall furnish to HCJFS upon execution of a contract, a Certificate of

Insurance. The contractor shall maintain physical damage, collision, and liability insurance on all vehicles utilized to provide service in the amount of \$1,000,000.00.

- The contractor agrees that as a condition to any contract, there shall be no discrimination against any client or any employee because of race, color, sex, religion, disability, national origin, or any other factor as specified in Title VI of the Civil Rights Act of 1964, Rehabilitation Act of 1973 and subsequent amendments. It is further agreed that the Contractor will comply with all appropriate federal and state laws regarding such discrimination.
- Drivers will be courteous at all times to the customer.
- The vehicles must be kept clean and in safe operating condition at all times.
- Contractors are required to use and follows current child restraint laws and regulations applicable in the State of Ohio.

1.3 Background

Each county Job and Family Services is required to implement an NET Program which is administered in accordance with 5160-15-01 through 5160-15-28 of the Ohio Administrative Code. The purpose of NET is to assure that non-emergency transportation for Medicaid recipients to and from Medicaid Title XIX providers providing Medicaid reimbursable services is available. HCJFS contracts with some providers outside of this RFP process to accomplish this purpose. These providers supply transportation to special populations of Medicaid recipients in conjunction to receiving specific services.

For this Request for Proposal HCJFS estimates that:

- the total miles transported per month will be about 5000,
- travel will be limited to State of Ohio only,
- the average number of one-way trips per month will be 400,
- the average number of unduplicated recipients transported per month will be 50,
- approximately 80% of the miles will be in-county and 20% will be out-of-county.

The contract is for door-to-door transportation for both in and out of county for Hancock County Medicaid recipients for Medicaid reimbursable services.

Selected provider will be required to have a local or toll free phone number to take referrals Monday-Friday (excluding Federal holidays) between the hours from 8:00 a.m. to 4:00 p.m.

1.4 Funding Level for Contract Period

Funding will be based on program need. No more than 10% of award will be allowed for administrative costs.

1.5 Targeted Proposals

HCJFS has a strong preference for awarding contracts to providers that have demonstrated experience in operating the type of program being proposed and those providers who have demonstrated the ability to work collaboratively with HCJFS and/or other social service providers that work collaboratively with HCJFS.