



ATTACHMENT A – COVER SHEET FOR PROPOSAL

Proposals must include this cover sheet (or this sheet reproduced on company letterhead) as PAGE 1 of the response. Vendors may complete all required attachments as a stand-alone response (fillable form .pdf document, written or typed).

[] an individual, [] a corporation (please mark appropriate box), duly organized under the laws of the State of _____.

The undersigned, having carefully read and considered the services as described within the RFP, does hereby offer to perform such services on behalf of the County in the manner described and subject to the terms and conditions set forth in the attached proposal, including, by reference here, the County's RFP document.

NO CONFLICT(S) OF INTEREST: By submission of a proposal, vendor agrees that at the time of submittal, he/she/it: (1) has no interest (including financial benefit, commission, finder's fee, or any other remuneration) and shall not acquire any interest, either direct or indirect, that would conflict in any manner or degree with the performance of the vendor's services, or (2) benefit from an award resulting in a "Conflict of Interest," including holding or retaining membership or employment on a board, elected office, department, division or bureau, or committee sanctioned by and/or governed by the County.

MICHIGAN ECONOMIC SANCTIONS ACT, 2012 ("IRAN-LINKED BUSINESS"): By submission of a proposal, vendor certifies, under civil penalty for false certification, that it is fully eligible to do so under law and that it is not an "Iran linked business," as defined in the Michigan Economic Sanctions Act, 2012 P.A. 517. MCL 129.311, et. Seq.

DEBARMENT AND SUSPENSION: By submission of a proposal, the undersigned certifies to the best of his/her knowledge and belief, that neither it nor any of its principals, owners, officers, shareholders, key employees, directors and member partners: (1) are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency; (2) have, within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; (3) are presently indicted for or otherwise criminally charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated above; and, (4) have within a three-year period preceding this proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

INDEMNIFICATION: By submission of a proposal, vendor agrees to indemnify, defend, and hold harmless the County and its officials, officers, employees, volunteers, and agents from and against any and all liability, claims, judgments, losses, damages, payments, costs and expenses, including attorney's fees, arising out of or in any way related to Contractor's performance of services under a Contract awarded as a result of this RFP, including, but not limited to, any and all liability resulting from or arising out of intentional, reckless, or negligent acts or omissions of the Contractor, its employees, agents or subcontractors.



Ottawa County

**RFP 24-066 For Inmate and
Juvenile Healthcare Services**

ATTACHMENT A – (CONTINUED)

CERTIFICATION OF INSURANCE: By submission of a proposal, the undersigned certifies and represents an understanding of the County’s Insurance required coverages, as follows and agrees to provide proof of the following insurance coverages, where applicable, including certificate(s) of insurance, endorsements and provisions, entitled Contractor Insurance Requirements: Commercial General Liability; Workers’ Compensation; Employers’ Liability; Automobile, Umbrella/Excess Liability, Professional Liability, Privacy and Security Liability (Cyber Security) and Medical Malpractice. Coverage limits are to be statutory and, if no statute applies, are to be at least \$1,000,000 per occurrence or claim and \$2,000,000 aggregate except Umbrella/Excess Liability coverage limits shall be at least \$5,000,000 for each occurrence of accident, products-completed operations aggregate, and general aggregate. These coverages shall protect the Contractor and the County and their respective representatives against any and all claims arising out of or related in any way to the work performed or the products provided. Any certificate provided must indicate that insurers will provide to the County written notice thirty (30) days prior to terminating any insurance policy.

The undersigned affirms that he/she is duly authorized to execute this proposal, that this company, corporation, firm, partnership or individual has not prepared this proposal in collusion with any other vendor and that the contents of this proposal as to prices, terms or conditions have not been communicated by the undersigned, nor by any employee or agent, to any competitor, and will not be, prior to the award and the vendor has full authority to execute any resulting contract awarded as the result of, or on the basis of the proposal.

Proposals must be signed by an official authorized to bind the provider to its provisions for at least a period of 90 days.

Company Name: _____

Mailing Address: _____

Phone Number: _____ Email Address: _____

Federal Employer Identification Number: _____

The submission of a proposal hereunder shall be considered evidence that the vendor is satisfied with respect to the conditions to be encountered and the character, quantity, and quality of the work to be performed.

BY: _____
(Signature of Authorized Representative)

Date

(Printed Name and Title of Authorized Representative)



ATTACHMENT B – VENDOR REFERENCES

Provide (3) three references from projects or services provided that are similar in size and/or scope, preferably from other governmental/municipal, and/or other community-based organizations. By providing the references below, Vendor authorizes any person contacted to give the County any and all information concerning work experience or performance and releases all parties from all liability for any damage that may result from furnishing the same to the County. Please do NOT include Ottawa County as a reference.

Vendor Reference 1			
Customer Name:		Contact Person:	
Contact Number:		Contact Email:	
Project Description:			

Vendor Reference 2			
Customer Name:		Contact Person:	
Contact Number:		Contact Email:	
Project Description:			

Vendor Reference 3			
Customer Name:		Contact Person:	
Contact Number:		Contact Email:	
Project Description:			



ATTACHMENT D - PROPOSAL RESPONSE

To evaluate proposals efficiently and equitably, responses must be submitted as identified below. Failure to submit this information, as requested and in the order as noted, may result in lower evaluation. Vague and general proposals will be considered non-responsive and will result in disqualification. Proposals should be prepared simply and economically, providing a straightforward, concise description of capabilities to satisfy the requirements of the RFP. Emphasis should be placed on completeness and clarity of content. Unless otherwise noted, information provided shall be for both the Ottawa County Jail and the Ottawa County Juvenile Detention Center.

Unit One: Basic Forms

Attachments A, B and C

Unit Two: Introduction and Company Information

- a) Company's name and business address, including primary telephone, customer service email address, website address.
- b) The type of organization (individual, partnership, corporation, etc.) and list the names of all partners, principals, etc.
- c) Year established. Include former company name(s) and year(s) established, if applicable.
- d) The name, title, address, and telephone number of the Company's authorized negotiator. The person identified must be empowered to make binding commitments for the Company.
- e) The Vendor must submit a written certification statement that it is financially stable. The Vendor's Chief Financial Officer or Accounting Firm must also attest to the facts in a certification statement written on its letterhead.
Upon request, Vendor must be able to provide a copy their most recent Annual Report with a financial statement (do not include with proposal).

Unit Three: Experience and Operations Summary

- a) Experience: Describe experience with providing the Services as outlined in RFP, Section 5 – Scope of Work
- b) Current Contracts: Provide a list of current contracts and the term / length of the contracts for similar services, including the number of jails currently serviced in Michigan.
- c) Previous Contracts: List of all contracts held within the last five years that were not renewed or were canceled by the holder prior to the initial term of contract and reason for cancellation.
- d) If not the current provider, submit a preliminary transition plan as part of the proposal response.



ATTACHMENT D - PROPOSAL RESPONSE (CONTINUED)

Unit Four: Proposed Staff

- a) Indicate capacity to successfully manage the proposed services. Provide a proposed staffing plan for 24-hour coverage, seven days a week. This information shall include a detailed overview of the on-site professional staff that will be provided, their credentials, days per week, number of hours per day for each on-site staff member, and schedule of hours for each onsite staff member, etc. Staffing plan should include information on the Vendors process for staff failure to report, sick time or vacations. Identify the administrative/support staff that will be assigned to Ottawa County.
- b) Provide an outline of each positions job description as identified in RFP, H. Staffing and as in proposed staffing plan, including information on salaries and benefits.
- c) Provide information on recruitment and staff retention. Identify how your company has managed and facilitated a full complement of staffing with the nursing shortfall crisis
- d) HIPAA: Describe what HIPAA security policies are in place. In addition, describe any information security breaches that may have occurred within the last 10 years.
- e) Emergency Contact Information and Process. A list of emergency contacts, titles, office phone and cell phone numbers will be required for the awarded Vendor. Provide outline of medical care staff roles in the event of an emergency or threat thereof, whether accidental, natural, or caused by man, and how medical assistance would be provided to all Sheriff's personnel and any other occupants of the building at the time of the disaster.

Unit 5: Program Delivery

- a) Overview of Actual Services Delivered. Provide a description of Vendor capabilities to deliver services. A list of screenings, health assessment, non-emergency health care service, acute and chronic care, specialty services and ancillary services to be provided.
- b) Examples of typical forms used during intake evaluation/receiving screening and initial health assessment. Forms should include information on how private health insurance coverage is noted and becomes part of their electronic health record.
- c) Provide information on software used for Electronic Health Records.
- d) Process for rejection of an individual for booking into the OCJ or OCJDC for medical reasons.
- e) Describe the on-site process from identification through discharge, including clinical protocols that are consistent with national clinical practice guidelines to assist with the identification of chronic care diseases.
- f) Infirmary Care. Ottawa County does not have an infirmary, what recommendations would be made to address this issue.



ATTACHMENT D - PROPOSAL RESPONSE (CONTINUED)

Unit 5: Program Delivery - continued

- g) Medication-Assisted Treatment (MAT) or Other Substance Abuse Treatment Program. Provide an overview of MAT/Substance Abuse services provided at other jails in MI with additional details specific to how you would handle substance abuse inmates at OCJ.
- h) Mental Health Care: Describe Behavioral Telehealth Program options, including opportunities that would benefit mental health care outcomes for both inmates and residents. Healthcare Services Provider to provide as part of their proposal, recommendations on mental health care as part of a quality improvement program.

Unit 6: Reporting and Quality Improvement

- a) Provide examples of the following reports:
 - i. Monthly statistical report with data metrics on medical visits, mental health visits, acute and chronic care / specialty services of care, emergency services etc.
 - ii. Monthly compliance tracking report with data metrics as identified in non-emergency health care request section of RFP
 - iii. Monthly offsite cost reports that provide financial trends, cost details and projected cost summaries.
 - iv. Claims management report that details how information will be utilized to process offsite medical invoices and claims from offsite healthcare providers.
- b) Provide outline of a Continuous Quality Improvement Program

Unit 7: Cost Proposal

Healthcare Services, Medical, Mental Health, and Pharmacy Services – Proposal to provide an annual rate for the Ottawa County Jail and an annual rate for the Ottawa County Juvenile Detentions Center. The cost proposal shall provide a breakdown of the annual cost with methodology on how the cost was reached (i.e. staff cost, number of inmates, medical services to provided, pharmacy etc.). To evaluate proposals efficiently and equitably, the cost proposal breakout to only have quantifiable data points, any company profit margins or non-tangible costs to be factored in and not provided separately. The annual rate to be broken down to a monthly invoiced amount, example of invoice to be provided in proposal.

The annual rate provided shall be all encompassing for the delivery of comprehensive healthcare services, including all medical, mental, and healthcare services. Cost provided shall remain in effect throughout the Contract Period and is to include any and all sums required to execute this work under the existing conditions.



ATTACHMENT D - PROPOSAL RESPONSE (CONTINUED)

Unit 7: Cost Proposal - continued

As a supplement to the annual rate, the vendor shall provide information on any services or products not covered under the annual rate (i.e. medical equipment, elective services, waste disposal, office equipment etc.)

Healthcare Services Provider shall have a comprehensive utilization management program that emphasizes cost containment initiatives will not interfere with providing timely and clinically necessary health care services to inmates and residents. During the interview process, the Healthcare Services Provider shall come prepared to discuss their utilization management program.

The Healthcare Services Provider shall specify a detailed plan for the implementation and operation of a cost containment program. Addressed in this section shall be the mechanism(s) by which the Contractor plans to control costs, areas in which cost savings can be achieved and evidence of the success of such programs at other Healthcare Services Provider sites.

If time permits and using the information available, vendors may supply an alternate detailed cost proposal that has proven strategies for reducing the overall healthcare cost for Ottawa County.

Unit 8: Healthcare Services Plan and RFP Exceptions

Healthcare Services Provider shall draft and provide a holistic outline of a proposed medical plan that summarizes the provision of the following services:

- a) Medical Care Services
- b) Mental Health Care Services
- c) Pharmacy Services
- d) Other

Any plan provided will form the basis of a complete and comprehensive services plan to be formulated during contract negotiation process and so does not need to contain all minutia and precise details.

If a Healthcare Services Provider is unable to meet any of the specifications required in this RFP as identified in, Section 5 – Scope of Work, each exception must be identified and listed. RFP response must include an alternative method for meeting such specification by identifying the specification, the proposed alternative, and thoroughly describing how the alternative achieves substantially equivalent or better performance to the performance required in the RFP specification. The evaluation team shall determine if a proposed alternative method of performance achieves substantially equivalent or better performance, in its sole discretion. The determination of the evaluators on a Healthcare Services Provider proposed alternative method shall be final.