

**REQUEST FOR PROPOSALS (RFP) FOR
PROFESSIONAL HEALTH CARE SERVICES
FOR THE FAIRFIELD COUNTY DETENTION FACILITIES**

Issued by:

The Fairfield County Sheriff's Office
c/o Lieutenant Marc A. Churchill
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General Overview

The Fairfield County Sheriff's Office ("FCSO") is now accepting proposals from entities to be the Detention Facilities Medical Services Provider ("Provider") and perform mid-level and Nurse/EMT-P staffing, mental health counseling, and administrative support duties at the FCSO Detention Facilities.

The FCSO Detention Facilities hold both Misdemeanor and Felony (violent/non-violent) male and female inmates who are either pre or post sentenced, generally having sentences less than twelve (12) months. The average daily population of the Jail(s) over the last 12 months has been 222.75, and the average length of stay for inmates is 16 to 45 days. The proposal should be based on an average daily population of 280 for the next three years.

Currently the FCSO operates three (3) Detention Facilities:

1. Main St. Jail – located at 221 E. Main St. Lancaster OH 43130
2. Minimum Security Misdemeanor Jail ("MSMJ") – 342 W. Wheeling St. Lancaster OH 43130
3. Jail Annex – 5955 Revenge Rd. Lancaster OH 43130

Currently under construction is a new facility (Fairfield County Jail and Public Safety Facility) which will combine all FCSO operations. This facility is being constructed around the current MSMJ location. This new detention facility is expected to begin operations in June 2017. All inmates will then be held at this one location.

The FCSO is requesting proposals for a comprehensive health care delivery system at the current and future jail locations.

The selected party shall begin operations on or about February 1, 2017, or at a time agreed upon by the FCSO and the selected party. The evaluation of the proposals shall be made by representatives from FCSO, the Fairfield County Commissioners and Fairfield County Human Resources who will comprise a proposal review team who will use the attached evaluation form.

The awarding of the contract for services shall be determined on a variety of factors, including but not limited to:

- the breadth and depth of health care services proposed to be rendered,
- demonstrated experience in providing cost effective health care services in a detention facility setting, and
- proven experience in providing humane health care while working in conjunction with existing and outside staff

Minimum Required Services

1. Health care services shall be provided in substantial compliance with the *Department of Rehabilitation and Corrections, Standards for Jails in Ohio, Full Service & Minimum Security Jails*, Revised 2014.
2. Provider shall recruit, interview, hire, train and supervise all health care staff and such health care staff must be adequate to meet all conditions and specifications as set forth in this RFP, the proposal selected, and the resulting contract. All medical staff providing services under this contract must be licensed in the State of Ohio.
3. Provider shall provide basic medical training to Jail staff (approximately 40 employees) on a yearly basis. (i.e. first aid & CPR)
4. Provider shall review the Receiving Screening form that is completed by FCSO on all new commitments to the Jail within twenty-four (24) hours of arrival at the Receiving facility. Such review shall be conducted by a licensed medical professional.
5. The Receiving Screening should include all elements covered by Standard 5120: 1-8-09 (B) (1 – 3) and 5120: 1-8-09 (C) (1 – 3).
6. A standard form will be used for the purposes of recording the information of the Receiving Screening and will be included in the health record of the inmate.
7. Provider shall perform a comprehensive Health Assessment on any inmate within the fourteen (14) calendar days (or such other stricter time limit as required by statute or controlling authority) of the arrival of the inmate at detention facilities. Such assessment shall be performed by a qualified medical professional.
8. Detention Facility Physician shall identify the need and Provider shall schedule and coordinate all non-emergency and emergency medical care rendered to inmates inside or outside the detention facilities.
9. Detention Facility Physician shall identify the need and Provider shall schedule and coordinate any hospital care and or inpatient care of an inmate of the detention facilities.

10. Detention Facility Physician shall identify the need and shall schedule and coordinate all physician services rendered to inmates inside or outside the detention facilities. FCSO will identify a physician as Detention Facility Physician and as “responsible physician” who shall oversee healthcare of inmates. The “responsible physician” or another covering physician shall be on call to for Provider medical staff seven (7) days a week, twenty-four (24) hours per day for emergency situations. This coverage will be the responsibility of the Detention Facility Physician.
11. Provider shall identify the need and shall schedule and coordinate all supporting diagnostic examinations, both inside and outside the Jail(s), and pay for such care unless limited as to payment responsibility. This includes laboratory testing procedures.
12. Provider shall provide the necessary diagnostic care for health problems identified by Detention Facility Physician or Provider healthcare professionals, including necessary screening tests or laboratory tests.
13. Responsible Physician shall identify the need and Provider shall schedule and coordinate mental health services rendered to inmates inside the detention facilities. The cost of court-ordered evaluations and any inpatient hospital commitments at the detention facility will not be part of the provider responsibility. **Fairfield County reserves the right to remove mental health services from the scope of the proposed contract.**
14. Provider shall provide the dental program for the entire inmate population. Dental screenings shall be given to all inmates within fourteen (14) calendar days of his or her admission to the detention facilities.
15. Provider shall provide pharmaceutical services for the detention facilities. Services include but are not limited to coordinating Detention Facility Physician’s prescribing of medication, filling prescriptions, administration of medication to inmates, and the necessary recording keeping. FCSO currently utilizes Medicine Shoppe (as previously listed), Provider will work with this vendor for filling of all inmate prescription medications.
16. The pharmaceutical services from Provider shall encompass and include prescription medications and over-the-counter medications. All prescription medications shall be prescribed by the Detention Facility Physician. All controlled substances, syringes, needles and surgical instruments will be stored

under security conditions acceptable to FCSO. **Provider shall establish a system that will allow the return of unused/unopened prescription medicine for credit.**

17. Provider shall provide and pay for all equipment and supplies (or specify otherwise) that are used in the health care delivery system being proposed for the FCSO detention facilities.
18. Provider shall maintain complete and accurate medical and dental records separate from the detention facility confinement records of inmates. In any criminal or civil litigation where the physical or mental condition of an inmate is at issue, Provider shall provide FCSO or Fairfield County with access to such records and, upon request, provide copies.
19. Provider shall consultation on a regular basis with FCSO, the Detention Facility Administrator or any other Fairfield County official on any and all aspects of the healthcare delivery system at the detention facilities, including, but not limited to: evaluations and recommendations concerning new programs, staffing patterns for the detention facilities, and on any other matter relating to this contract upon which Fairfield County seeks the advice and/or counsel of the Provider.
20. Provider shall provide TB testing for all inmates within seven days of jail confinement. Provider shall provide TB testing to FCSO personnel as needed.
21. Provider shall provide hepatitis immunization to all FCSO jail personnel (Approximately 40) as required.
22. Provider shall provide a sixteen (16) hour work day for staffing (nurses), seven (7) days per week, three hundred sixty-five (365) days a year.
23. FCSO will provide a Detention Facility Physician who will come to the detention facilities once per week for sick call. Provider will conduct four (4) additional sick calls per week within the detention facilities as outlined in State Minimum Jail Standard 5120: 1-8-09 (F) (3).
24. The nurse that supervises or manages the medical department needs to work Monday thru Friday from 7:00 am to 4:00 pm. FCSO shall have final approval on any of the nurses work schedule times being changed.

25. Provider shall require nurses to dispense medications at the inmates' cells, rather than in the infirmary; so detention facility staff are able to continue their regular duties. Nurses should take inmates to the infirmary only if invasive examination is needed. **Inmates will be escorted to the infirmary by detention facility staff and will remain in attendance until the inmate is released by medical staff to be returned to their housing unit/cell.**
26. FCSO Satisfaction with Provider. If County becomes dissatisfied with any health care professional provided by the Provider hereunder, or by any independent contractor, subcontractor or assignee, the Provider, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from FCSO of the grounds for such dissatisfaction and in consideration of the reason therefor, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to FCSO, then the Provider shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom FCSO has expressed dissatisfaction. Should removal of an individual become necessary, the Provider will be allowed reasonable time, prior to remove, to find an acceptable replacement, without penalty or any prejudice to the interests of the Provider.

Minimum Qualifications For All Respondents

Fairfield County requires that any Respondent meet the following minimum qualifications. Failure to meet each of these qualifications may result in Respondent's disqualification.

1. The Respondent must be organized and existing for the primary purpose of providing correctional health care services, and must currently have active contract relationships with at least five (5) Ohio county jails or detention facilities.
2. The Respondent must have at least five (5) continuous years of corporate experience in administrating correctional health care programs.
3. The Respondent must carry professional liability insurance in an amount of \$1,000,000 per occurrence and \$3,000,000 in annual aggregate. This insurance must cover the Proposer organization and all of its employees, and Proposer must provide proof of the same level of coverage for sub-contractors used. A certificate of insurance naming Fairfield County as additionally insured must be submitted prior to execution of any contract. This certificate must name Fairfield County as an additional insured party. A sample certificate showing actual coverage limits must be submitted with the proposal.

4. Respondent must also provide general liability insurance coverage of at least \$1 million combined single limits, and automobile liability coverage for owned, non-owned, and rented automobiles. A sample certificate showing actual coverage limits must be submitted with the proposal.
5. Respondent must demonstrate its ability to provide a health care system specifically for a detention/correctional facility like those operated by FCSO. It must be able to demonstrate that it can complete the startup process in 30 days from the contract award date, and that it has a proven system of recruitment staff and adequate support staff in its central office capable of competently supervising and monitoring its operation.
6. Respondent must agree to work with current Detention Facility Physician.

Currently: Dr. Thomas Vajen Credential 35.045937: Emergency Medicine, Family Practice and Addiction Medicine.

7. Respondent must agree to work with current pharmacy provider.

Currently: "Medicine Shoppe" 900 E. Main Street Lancaster, Ohio 43130 (740) 653-7779.

Respondents should describe a plan of action for accomplishing required services if selected as Provider.

Respondents should list the specific criteria and/or qualifications of all key personnel who will be utilized by them as part of their plan to provide services to FCSO.

Preference will be given to Respondents who will seek to hire and employ existing FCSO medical employees as part of their plan to provide health care services.

The proposed compensation for services should be clearly outlined in the Respondent's proposal.

Discussions and/or negotiations may be conducted with Respondents who submit proposals for the purpose of clarification and/or correction, including any revision that may occur during negotiation to assure full understanding of and responsiveness to the requirements, terms, conditions, and specifications of the RFP.

Proposals must be **received no later than 4:00 p.m. on January 19, 2017.**

Dates of Importance

Date Issued: December 19, 2016

Intent to Bid (Notice Due): December 27, 2016

Intent to Bid is a non-binding indication of interest. This insures those responding receive all subsequent e-mail correspondence regarding the RFP process and answers to all questions from others interested in bidding.

Question and Answer Period: Through January 12, 2017

Questions must be e-mailed to Lieutenant Marc A. Churchill @
mchurchill@sheriff.fairfield.oh.us

E-mail subject line should be: FCSO HEALTH CARE RFP QUESTIONS. Questions will be answered within two business days and responses will be made to all parties who submitted Intent to Bid.

Proposals Due: January 19, 2017

Estimated Contract Beginning Date: February 1, 2017

Estimated Contract Period: Three (3) years, with a potential opt out provision for FCSO.

Vendor Disclosures

Vendor must provide a disclosure of any pending or threatened court actions and/or claims against the vendor. This information may not cause rejection of the proposal; but withholding the information may be cause to reject the proposal.

Conflict of Interest

No vendor will promise or give to any county or FCSO employee or official anything of value that could influence the decision on awarding a contract. No vendor will try to influence an employee or official of the county or FCSO to violate any procurement policies or provisions of the Ohio Revised code.

Contractual Requirements

- As a condition of receiving a contract with FCSO, the contractor shall certify compliance with any court order for the withholding of child support which is issued pursuant to Section 3113.217 of the ORC. The contractor must also agree to

cooperate with Fairfield County Job and Family Services and any Ohio Child Support Enforcement Agency in ensuring that the contractor or employees of the contractor meet child support established under state law.

- By signing a contract with FCSO, a vendor agrees that all necessary insurance is in effect.
- The selected vendor will indemnify and hold harmless FCSO and Fairfield County against any loss, penalties, damage, settlements, costs, professional fees, and/or related expenses incurred through the provision of services.
- The selected vendor shall be required to comply with prevailing wage standards as established in ORC 4115.03 to 4115.16.
- The selected vendor 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 vendor will comply with all appropriate federal and state laws regarding such discrimination.
- ORC Section 9.24 prohibits awarding a contract to any entity against whom the Auditor of State has issued a finding for recovery, if the finding for recovery is “unresolved” at the time of award. By submitting a proposal, the vendor warrants that it not now, and will not become subject to an “unresolved” finding for recovery under R.C. 9.24 prior to the award of any contract arising out of the RFP without notifying FCSO of such finding. FCSO will review the Auditor of State’s website prior to completion of evaluations of proposals submitted pursuant to this RFP. FCSO will not evaluate a proposal from any vendor whose name or the name of any subcontractors proposed by the vendor, appears on the website of the Auditor of State of Ohio as having an “unresolved” finding for recovery.

Vendor Examination of the RFP

Vendors are expected to be familiar with the entire RFP. The vendor is expected to respond to the RFP in a manner that makes it clear they understand and have responded to all sections of the RFP.

Changes to RFP

FCSO may make changes to this RFP no later than January 12, 2017, at 4:00 p.m. by sending changes to all vendors who register with Intent to Bid for the RFP. Revisions and additions to any portion of the RFP will be provided to all registered vendors.

Availability of Funds

This RFP and all agency contracts are contingent on the availability of funds. If, during the RFP process, funds are not available for the proposed services, the RFP process will be canceled. The vendor will be notified at the earliest possible time. FCSO is not required to compensate the vendor for any expenses incurred as a result of the RFP process.

Communication Protocol

Lieutenant Marc Churchill will serve as the contact person regarding this RFP. The contact information is provided below for submission of proposals or inquiries. Questions must be submitted by e-mail prior to January 12, 2017, 12:00 p.m., to the attention of Lieutenant Churchill, mchurchill@sheriff.fairfield.oh.us

It is the responsibility of each vendor to provide an e-mail address so that an appropriate and timely response may be supplied.

Please reference communication protocol guidelines below:

- Written questions are to be presented by e-mail to the designated contact person.
- Questions and answers are shared with all registered vendors by e-mail.
- Any revisions and additions to the RFP will be provided to all registered vendors.
- FCSO reserves the right to modify the submission process and time line, as well as to cancel any part of this RFP without prior notice.
- Any error, omission or discrepancy noted by a vendor must be communicated immediately to FCSO during the question and answer period, with a request for clarification or modification of the document. Any modifications to this RFP will be issued to all registered vendors, while maintaining anonymity as to the source of the request.
- Vendors that are aware of errors and do not report such submit at their own risk. Unreported errors will not entitle the vendor to additional compensation or time.

In order to assure that the proposal review/evaluation process is conducted in a fair and competitive manner for all potential providers, any ex-parte communication between any potential contractor and FCSO or any other person serving as a proposal evaluator is prohibited. Violation of this provision may disqualify the respondent from further consideration.

Discussions and/or negotiations may be conducted with respondents who submit proposals for the purpose of clarification and/or correction, including any revision that

may occur during negotiations, to assure full understanding of and responsiveness to the requirements, terms and conditions and specifications of the RFP. Respondents shall be accorded fair and equal treatment in any clarification and/or correction and/or negotiations process. Vendor conferences may be conducted to discuss requirements, terms and conditions, specifications, and any other aspect of the RFP.

Preparation of Proposal

Proposals are expected to be concise and provide a clear picture of the vendor's qualifications. The vendor should respond to the RFP instructions and requirements. The proposal must include all costs that relate to the responses submitted.

All proposals become the property of FCSO. All proposals will be considered public information and will be open for inspection.

The proposal solicitation does not constitute an offer. Acceptance of bids for review does not commit FCSO to award a contract. The costs of creating proposals are the responsibility of the vendor and shall not be chargeable to FCSO. The vendor must guarantee the pricing listed in the proposal will remain in effect for a minimum of 150 days after the proposal submission date. FCSO reserves the right to award contracts to a single applicant, multiple applicants, or to reject any and all bids received.

FCSO reserves the right to negotiate services and costs on any and all bids received or to cancel in part or in its entirety this proposal solicitation.

FCSO may award the contract in whole or in part to one or multiple respondents. Notice of any potential partial and/or multiple party awards is hereby provided in the RFP.

Proposals containing false or misleading statements may be rejected.

The proposal must be signed by an individual who is authorized to contractually bind the vendor. The signature must indicate the title or position the individual holds in the vendor's organization. Any and all unsigned proposals will be rejected.

The proposal, including attachments, will become part of the contract of the bidder(s) receiving awards. Interested parties should read the entire contents of this RFP since the provisions contained therein may affect your organization's decision to submit an RFP. All questions should be answered completely, honestly, and to the best of your organization's ability.

Vendors must deliver one original proposal of the entire written proposal with completed Attachments A, B, C, D, and E, to Lieutenant Marc A. Churchill, Fairfield County Sheriff's Officer, 221 East Main Street, Lancaster, Ohio 43130 no later than 4:00 p.m. on January 19, 2017.

A receipt will be issued for all proposals received. Proposals received after the deadline will not be considered. **“FCSO HEALTH CARE PROPOSAL” MUST BE CLEARLY MARKED ON THE PACKAGE.**

Failure to provide the requested number of duplicates will not automatically disqualify the proposal from consideration.

All vendors must carefully review their final proposals. Once opened, proposals cannot be changed; however, FCSO may request information or respond to inquiries for clarification purposes.

FCSO reserves the right to reject any or all proposals. FCSO reserves the right to reject any and all proposals where the respondent takes exception to the terms and conditions of the RFP or fails to meet the terms and conditions, including but not limited to, standards, specifications, and requirements as specified in the RFP. FCSO reserves the right to reject, in whole or in part, any and all proposals where the respondent, taking into consideration factors including but not limited to, price and the results of the evaluation process, has determined an award of a contract would not be in the best interest of the respondent or FCSO.

Written email notification will be made to all vendors who submit a proposal. If a successful vendor fails to execute the contract, FCSO may award the contract to another vendor whose proposal met the requirements of the RFP and any addenda. The period of time within which such an award of the contract may be made shall be subject to the written agreement between FCSO and the vendor.

Proposal Selection

Proposal selection does not guarantee a contract for services will be awarded. Prospective vendors are advised that an offer for a contract may be initiated after a review of the proposals received by FCSO and members of a proposal review team.

Bids submitted in response to this proposal solicitation must comply with the specifications stated herein.

All proposals will be evaluated based on the criteria in the RFP. All proposal evaluation criteria are established by FCSO. If no response adequately addresses the services and outcomes requested, the FCSO may recommend that no award be made.

The request for proposal (RFP) does not constitute an offer. Acceptance of proposals for review does not commit FCSO to award a contract, nor is it liable for any costs incurred in the preparation of proposals. FCSO reserves the right to award contracts to a single applicant, multiple applicants or to reject any and all proposals received. Additionally, FCSO reserves the right to cancel in part or in entirety this RFP.

All organizations submitting proposals must agree to operate programs in compliance with all federal, state and local guidelines.

The successful vendor agrees to accept full responsibility for payment of all unemployment compensation, contributions or reimbursements, insurance premiums, all income tax deductions, social security deductions and any and all other employee taxes and payroll accounting required for all employees.

Any additional services that the vendor includes in response to this proposal solicitation will be considered.

Any vendor responding to any FCSO RFP or any other procurement opportunity is required to provide certification that the vendor has not provided material support or resources to any organization listed on the "Terrorist Exclusion List" (TEL) maintained by the U.S. Department of State. The Declaration of Material Assistance Form, provided as part of Attachment C to the RFP must be completed and signed by the interested vendor's authorized representative, and returned to FCAA as a component of the vendor's proposal.

If FCSO and the vendor are unable to successfully come to terms regarding the contract, FCSO reserves the right to terminate contract discussions with the bidder. If this happens, FCSO reserves the right to select another bidder from the bid process, cancel the RFP or reissue the RFP.

Confidentiality and Security

Any vendor that has access to confidential information will be required to keep that information confidential. Disclosure of information to any party beyond FCSO personnel and court of law without the written consent of the party served is prohibited.

In the event of a material breach of contractor obligations under this section, FCSO may at its option terminate the contract according to provisions within the contract for termination.

Required Elements of Proposal

The successful vendor will include all of the following elements in their proposal:

1. A ***cover sheet or transmittal letter*** must be included in the proposal. The cover sheet or transmittal letter must be on agency/organization letterhead and signed by the individual authorized to legally bind the agency/organization to fulfill the contractual obligations agreed upon by FCSO and the successful vendor. The cover sheet or transmittal letter must incorporate the following elements:
 - a) A statement indicating the legal entity tax status of the agency/organization responding to the bid solicitation.

- b) A statement regarding the vendor's qualifications and experience must be included within the cover sheet or transmittal letter.
 - c) The name, title, address, telephone, and e-mail of the individual to be contacted by FCSO, if this should be deemed necessary at any time during the proposal solicitation review and selection process.
2. An **overview of the proposed services** to be provided by the vendor must include a detailed response to each of the following:
- a) Proposal Table of Contents
 - b) Organization Description
 - c) Description of Services to be Provided
3. Vendors must complete required forms as provided in Attachments A-E:
- A. Organizational Information Cover Sheet
 - B. Certification Letter from Signatory Authority
 - C. OPERS Independent Contractor Acknowledgement Form
 - D. Request for Taxpayer Identification Number (W-9) Form
 - E. Ohio New Hire Reporting Form
4. Attachment F is the Evaluation Form, Evaluation of FCSO Health Care Proposal
5. Completion of "required forms" as contained in the **Appendix should be submitted as a separate packet of originals with a clearly defined cover sheet marked "Appendix"**. Only one (1) set is needed to accompany the one (1) original and four (4) copies of the proposal.

Protests

Any potential, or actual, vendor objecting to the award of a contract resulting from the issuance of the 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 information:
 - A. The name, address, and telephone number of the protestor;
 - B. The name and release date of the RFP being protested;
 - C. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
 - D. A request for a ruling by FCSO;
 - E. A statement as to the form of relief requested from FCSO; and

- F. Any other information the protestor believes to be essential to the determination of the factual and legal questions at issue in the written protest.
2. A protest based on 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 receipt of proposals shall be filed no later than 4:00 p.m. on the closing date for receipt of proposals.
 3. An untimely protest may be considered by FCSO if FCSO determines that the protest raises issues significant to the agency's procurement system.
 4. All protests must be filed at the following location:

Fairfield County
Attn: County Administrator
210 East Main Street
Lancaster, Ohio 43130
 5. When a timely protest is filed, a contract shall not proceed until a decision on the protest is issued or the matter is otherwise resolved. The vendor who would have been awarded the contract shall be notified of the receipt of the protest.
 6. The County Administrator shall provide the written decisions 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

**ORGANIZATIONAL INFORMATION COVER SHEET
(Required for all Proposals)**

Name of Organization: _____

Address of Organization: _____

Contact Person: _____

Phone Number: _____

Total Number of Staff: _____

Federal ID Number: _____

Corporation No. _____ (if applicable)

Type of Organization: (Check the most appropriate one)

- | | |
|--|---|
| <input type="checkbox"/> Local Government | <input type="checkbox"/> Public Post-Secondary Education |
| <input type="checkbox"/> Public School System | <input type="checkbox"/> Private Post-Secondary Education |
| <input type="checkbox"/> Private Non-Profit Organization | <input type="checkbox"/> Technical/Trade School |
| <input type="checkbox"/> Private For-Profit Organization | <input type="checkbox"/> Private Consultant |
| <input type="checkbox"/> Other (specify) _____ | |

Attachment B

CERTIFICATION LETTER FROM SIGNATORY AUTHORITY

CERTIFICATION: The information contained in this proposal fairly presents the organization and its proposed operating plans and budget for FSCO Health Care Services. I acknowledge that I have read and understand the requirements and provisions of the RFP.

I further certify that all information contained in this proposal is true and correct and shall be open to verification should FCSO desire to do so.

I agree that our organization will abide by the rules and regulations, state and local policies applicable to the law, regulations and plans for administration.

I certify that I am authorized to sign the attached proposal and to commit this organization to the provision of services contained therein.

Finally, I do hereby certify that this organization is not currently in any stage of formal bankruptcy proceedings.

Authorizing Official's Name

Title

Authorizing Official's Signature

Date

Social Security Number or Taxpayer ID Number

Attachment C



INDEPENDENT CONTRACTOR ACKNOWLEDGMENT

Ohio Public Employees Retirement System
277 East Town Street, Columbus, Ohio 43215-4642

Employer Outreach: 1-888-400-0965
www.opers.org

This form is to be completed if you are an individual who begins providing personal services to a public employer on or after Jan. 7, 2013 but are not considered by the public employer to be a public employee and will not have contributions made to OPERS. This form must be completed not later than 30 days after you begin providing personal services to the public employer.

STEP 1: Personal Information

Social Security Number

First Name

MI

Last Name

STEP 2: Public Employment Information

Name of Public Employer

Employer Contact

First Name

MI

Last Name

Employer Code

Employer Contact Phone Number

Service Provided to Public Employer

Start Date of Service

Month Day Year

End Date of Service

Month Day Year

STEP 3: Acknowledgment

The public employer identified in Step 2 has identified you as an independent contractor or another classification other than a public employee. Ohio law requires that you acknowledge in writing that you have been informed that the public employer identified in Step 2 has classified you as an independent contractor or another classification other than a public employee for the services described in Step 2 and that you have been advised that contributions to OPERS will not be made on your behalf for these services.

If you disagree with the public employer's classification, you may contact OPERS to request a determination as to whether you are a public employee eligible for OPERS contributions for these services. Ohio law provides that a request for a determination must be made within five years after you begin providing personal services to the public employer, unless you are able to demonstrate through medical records to the Board's satisfaction that at the time the five-year period ended, you were physically or mentally incapacitated and unable to request a determination.

By signing this form, you are acknowledging that the public employer for whom you are providing personal services has informed you that you have been classified as an independent contractor or another classification other than a public employee and that no contributions will be remitted to OPERS for the personal services you provide to the public employer. This acknowledgment will remain valid as long as you continue to provide the same services to the same employer with no break in service regardless of whether the initial contract period is extended by any additional agreement of the parties. You also acknowledge that you understand you have the right to request a determination of your eligibility for OPERS membership if you disagree with the public employer's classification.

This form must be retained by the public employer and a copy sent to OPERS. The public employer's failure to retain this acknowledgment may extend your right to request a determination beyond the five years referenced above.

Signature _____ Today's Date ____/____/____
Do not print or type name

Attachment D

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	<input type="checkbox"/> Exempt payee
	<input type="checkbox"/> Other (see instructions) ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶

Date ▶

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name/disregarded entity name" line.

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the "Business name/disregarded entity name," sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

1. An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2),
 2. The United States or any of its agencies or instrumentalities,
 3. A state, the District of Columbia, a possession of the United States, or any of their political subdivisions or instrumentalities,
 4. A foreign government or any of its political subdivisions, agencies, or instrumentalities, or
 5. An international organization or any of its agencies or instrumentalities.
- Other payees that may be exempt from backup withholding include:
6. A corporation,
 7. A foreign central bank of issue,
 8. A dealer in securities or commodities required to register in the United States, the District of Columbia, or a possession of the United States,
 9. A futures commission merchant registered with the Commodity Futures Trading Commission,
 10. A real estate investment trust,
 11. An entity registered at all times during the tax year under the Investment Company Act of 1940,
 12. A common trust fund operated by a bank under section 584(a),
 13. A financial institution,
 14. A middleman known in the investment community as a nominee or custodian, or
 15. A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 9
Broker transactions	Exempt payees 1 through 5 and 7 through 13. Also, C corporations.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 5
Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 7 ²

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney, and payments for services paid by a federal executive agency.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, below, and items 4 and 5 on page 4 indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on the "Name" line must sign. Exempt payees, see *Exempt Payee* on page 3.

Signature requirements. Complete the certification as indicated in items 1 through 3, below, and items 4 and 5 on page 4.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, social security number (SSN), or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.ftc.gov/idtheft or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship or disregarded entity owned by an individual	The owner ³
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulation section 1.671-4(b)(2)(i)(A))	The grantor*
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity ⁴
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulation section 1.671-4(b)(2)(i)(B))	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name and you may also enter your business or "DBA" name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

Attachment F

Evaluation of FCSO Health Care Proposals

***Questions to Answer if the Respondent
Does Not Meet, Meets, or Exceeds Expectations***

Based on the narratives provided within the proposal, indicate if the proposal does not meet, meets, or exceeds expectations for each of the following categories:

- the breadth and depth of health care services proposed to be rendered _____
- demonstrated experience in providing cost effective health care services in a detention facility setting _____
- proven experience in providing humane health care while working in conjunction with existing and outside staff _____

Based on the narratives or plans provided within the proposal, indicate if the proposal does not meet, meets, or exceeds expectations for each of the following items:

1. Health care services shall be provided in substantial compliance with the *Department of Rehabilitation and Corrections, Standards for Jails in Ohio, Full Service & Minimum Security Jails*, Revised 2014. _____
2. Provider shall recruit, interview, hire, train and supervise all health care staff and such health care staff must be adequate to meet all conditions and specifications as set forth in this RFP, the proposal selected, and the resulting contract. All medical staff providing services under this contract must be licensed in the State of Ohio. _____
3. Provider shall provide basic medical training to Jail staff on a yearly basis. (i.e. first aid & CPR) _____
4. Provider shall review the Receiving Screening form that is completed by FCSO on all new commitments to the Jail within twenty-four (24) hours of arrival at the Receiving facility. Such review shall be conducted by a licensed medical professional. _____
5. The Receiving Screening should include all elements covered by Standard 5120: 1-8-09 (B) (1 – 3) and 5120: 1-8-09 (C) (1 – 3). _____
6. A standard form will be used for the purposes of recording the information of the Receiving Screening and will be included in the health record of the inmate.

7. Provider shall perform a comprehensive Health Assessment on any inmate within the fourteen (14) calendar days (or such other stricter time limit as required by statute or controlling authority) of the arrival of the inmate at detention facilities. Such assessment shall be performed by a qualified medical professional.

8. Provider shall identify the need and shall schedule and coordinate all non-emergency and emergency medical care rendered to inmates inside or outside the detention facilities, and pay for such care unless limited as to payment responsibility. _____
9. Provider shall identify the need and shall schedule and coordinate any hospital care and or inpatient care of an inmate of the detention facilities, and pay for such care unless limited as to payment responsibility. _____
10. Provider shall identify the need and shall schedule and coordinate all physician services rendered to inmates inside or outside the detention facilities, and pay for such care unless limited as to payment responsibility. FCSO will identify a physician as Detention Facility Physician and as “responsible physician” who shall oversee healthcare of inmates. The “responsible physician” or another covering physician shall be on call for Provider medical staff seven (7) days a week, twenty-four (24) hours per day for emergency situations. This coverage will be the responsibility of the Detention Facility Physician. _____
11. Provider shall identify the need and shall schedule and coordinate all supporting diagnostic examinations, both inside and outside the Jail(s), and pay for such care unless limited as to payment responsibility. This includes laboratory testing procedures. _____
12. Provider shall provide the necessary diagnostic care for health problems identified by Detention Facility Physician or Provider healthcare professionals, including necessary screening tests or laboratory tests. _____
13. Provider shall identify the need and shall schedule and coordinate mental health services rendered to inmates inside the detention facilities and pay for such care unless limited as to payment responsibility. The cost of court-ordered evaluations and any inpatient hospital commitments at the detention facility will not be part of the provider responsibility. **Fairfield County reserves the right to remove mental health services from the scope of the proposed contract.**

14. Provider shall provide the dental program for the entire inmate population. Dental screenings shall be given to all inmates within fourteen (14) calendar days of his or her admission to the detention facilities. _____
15. Provider shall provide pharmaceutical services for the detention facilities. Services include but are not limited to coordinating Detention Facility Physician's prescribing of medication, filling prescriptions, administration of medication to inmates, and the necessary recording keeping. FCSO currently utilizes Medicine Shoppe (as previously listed); Provider will work with this vendor for filling of all inmate prescription medications. _____
16. The pharmaceutical services from Provider shall encompass and include prescription medications and over-the-counter medications. All prescription medications shall be prescribed by the Detention Facility Physician. All controlled substances, syringes, needles and surgical instruments will be stored under security conditions acceptable to FCSO. **Provider shall establish a system that will allow the return of unused/unopened prescription medicine for credit.** _____
17. Provider shall provide and pay for all equipment and supplies (or specify otherwise) that are used in the health care delivery system being proposed for the FCSO detention facilities. _____
18. Provider shall maintain complete and accurate medical and dental records separate from the detention facility confinement records of inmates. In any criminal or civil litigation where the physical or mental condition of an inmate is at issue, Provider shall provide FCSO or Fairfield County with access to such records and, upon request, provide copies. _____
19. Provider shall consult on a regular basis with FCSO, the Detention Facility Administrator or any other Fairfield County official on any and all aspects of the healthcare delivery system at the detention facilities, including, but not limited to: evaluations and recommendations concerning new programs, staffing patterns for the detention facilities, and on any other matter relating to this contract upon which Fairfield County seeks the advice and/or counsel of the Provider.

20. Provider shall provide TB testing for all inmates within seven days of jail confinement. Provider shall provide TB testing to FCSO personnel as needed.

21. Provider shall provide hepatitis immunization to all FCSO personnel as required.

22. Provider shall provide flu shot immunization to all FCSO personnel that sign up for immunization, each year. _____
23. Provider shall provide a sixteen (16) hour work day for staffing (nurses), seven (7) days per week, three hundred sixty-five (365) days a year. _____
24. FCSO will provide a Detention Facility Physician who will come to the detention facilities once per week for sick call. Provider will conduct four (4) additional sick calls per week within the detention facilities as outlined in State Minimum Jail Standard 5120: 1-8-09 (F) (3). _____
25. The nurse that supervises or manages the medical department needs to work Monday thru Friday from 7:00 am to 4:00 pm. FCSO shall have final approval on any of the nurses work schedule times being changed. _____
26. Provider shall require nurses to dispense medications at the inmates' cells, rather than in the infirmary; so detention facility staff are able to continue their regular duties. Nurses should take inmates to the infirmary only if invasive examination is needed. **Inmates will be escorted to the infirmary by detention facility staff and will remain in attendance until the inmate is released by medical staff to be returned to their housing unit/cell.** _____
27. FCSO Satisfaction with Provider. If County becomes dissatisfied with any health care professional provided by the Provider hereunder, or by any independent contractor, subcontractor or assignee, the Provider, in recognition of the sensitive nature of correctional services, shall, following receipt of written notice from FCSO of the grounds for such dissatisfaction and in consideration of the reason therefor, exercise its best efforts to resolve the problem. If the problem is not resolved satisfactorily to FCSO, then the Provider shall remove or shall cause any independent contractor, subcontractor, or assignee to remove the individual about whom FCSO has expressed dissatisfaction. Should removal of an individual become necessary, the Provider will be allowed reasonable time, prior

to remove, to find an acceptable replacement, without penalty or any prejudice to the interests of the Provider. _____

Evaluate *the costs* of the proposal. Does the proposal not meet, meet, or exceed expectations for a reasonable proposal? _____

Generally, does the proposal not meet, meet or exceed expectations? _____

Yes or No Questions

Does the respondent include a plan of action for accomplishing required services if selected as the FSCO HC Provider? _____

Does the respondent list the specific criteria and/or qualifications of all key personnel?

Is the proposed compensation for services clearly established in the respondent's proposal? _____

For each meets expectations, assign 1 point. For each exceeds expectations, assign 3 points. For each yes, assign 1 point. For each no, assign 0 points.

Total Points: _____

Rank the proposal of the total number of proposals received. _____