

Ohio

Department of Medicaid

John R. Kasich, Governor
John B. McCarthy, Director

Ohio Department of Medicaid Request for Applications RFA: ODMR-1617-9001

I. Purpose

The Ohio Department Medicaid (ODM) is soliciting bids to identify up to two Ohio Certified Minority Business Enterprise (MBE) attorneys admitted to the practice of law in Ohio (as required by ORC Section 119.09) who will serve as hearing examiners. The rate of compensation will be \$90.00 per hour for up to 400 hours [per attorney per year] from approximately July 25, 2015 through June 30, 2017. Billable hours include the attorney's presence at pre-hearing proceedings and final hearings, research, and writing time. This Request for Applications (RFA) document is released by ODM, if ODM issues an award as a result of this RFA, the contract will be between the Vendor and ODM.

ODM will designate a staff member as the ODM Contract Manager to provide on-going supervision of the Contractor selected through this RFA. The contract period for this project is expected to run from approximately July 25, 2015 through June 30, 2017. Any contract renewal options are at the sole discretion of ODM.

ODM will only accept bids from Vendors that demonstrate the capability of providing services as described in this RFA. For the purpose of this RFA, the term "Vendor" shall be defined as an organization interested in this opportunity. The term "Contractor" is used in reference to the successful Vendor selected through this RFA.

ODM is under no obligation to enter into a contract with any Vendor as a result of this solicitation. Changes in this RFA of a material nature will be provided on the agency website. All Vendors are responsible for obtaining any such changes and will not receive notice of any changes from ODM.

ODM will only accept quotes from Vendors that are certified as a MBE by the Ohio Department of Administrative Services (ODAS). Vendors who are not currently certified with ODAS may seek certification and additional information at:

<http://das.ohio.gov/Divisions/EqualOpportunity/MBEEDGECertification.aspx>.

II. Time/Date and Format of Submission

Organizations, companies, firms, or individuals who are interested in submitting letterhead bids must make their submission no later than **11:59 p.m. Eastern (local) Time April 2, 2015**. Vendor bids for RFAs must be submitted by email to the following address: ODM_Bid-Request@medicaid.ohio.gov.

All completed submissions must be received by ODM by the above date and time. Materials received after the submission deadline date will not be added to previous submissions, nor be considered responsive to this RFA. Delivery confirmation will be provided for received bids via email by the close of business the next business day. ODM is not responsible for bids not received due to technical issues that prevent delays in the receipt of bids.

Vendors must convert electronic submissions into one .pdf document. If the submission's size necessitates more than a single .pdf document to contain the entire bid, please use the fewest separate .pdf documents possible. The Vendor's total bid submission must be received by the Office of Contracts and Procurement (OCP) in accordance with this Section. All bids must contain the Vendor's name, the RFA number, and the submission date.

Submission of a bid indicates acceptance by the Vendor of the conditions contained in this RFA, unless clearly and specifically noted in the bid submitted and confirmed in the contract between ODM and the Vendor selected.

III. Anticipated Procurement and Project Timetable

2/9/15	ODM releases RFA on ODM and DAS Web Sites; Q&A period opens. Vendors may submit inquiries for RFA clarification.
3/10/15	Vendor Q & A Period closes, 8 a.m. for inquiries for RFA clarification - No further inquiries for RFA clarification will be accepted.
4/2/15	Deadline for Vendors to Submit Bids to ODM (11:59 p.m. Eastern (local) Time).
4/7/15	ODM Issues Contractor Selection Notification Letter (estimated)
7/1/15	Contract effective date/Purchase Order approval – work may not begin until a state Purchase Order has been fully approved by OBM. (ESTIMATED DATE)
June 30, 2017	Contract terminates no later than the end of the State Fiscal Year, or June 30, 2017 This contract may be renewed until June 30, 2019.

ODM reserves the right to revise the above schedule in the best interest of the State of Ohio and/or to comply with the State of Ohio procurement procedures and regulations.

* In accordance with Ohio Revised Code (ORC) 126.07, ODM contracts are not valid and enforceable until the Office of Budget and Management (OBM) certifies the availability of appropriate funding, which is provided by the dispatching of the State of Ohio Purchase Order (PO). The selected Contractor may neither perform work nor submit an invoice for payment for work performed for this project for any time period prior to the issuance of a PO. ODM will notify the Contractor when the requirements of ORC Section 126.07 have been met.

IV. Internet Question and Answer Period; RFA Clarification Opportunity

Vendors or other interested parties may ask clarifying questions regarding this RFA via the Internet during the Q&A Period as outlined in Section III, Anticipated Procurement Timetable. To ask a question, Vendors must use the following Internet process:

1. Access the ODM Web Page at <http://medicaid.ohio.gov>;
2. Go to the "Resources" tab and select "Legal and Contracts";
3. Select "RFPs", under "Current Solicitation", select the appropriate RFA;
4. Select the "Submit Inquiry" option button; and
5. Provide requested information and submit question.

Questions about this RFA must reference the relevant part of this RFA, the heading for the provision under question, and the page number where the provision can be found. The name of a representative of the Vendor (or other interested party), the company name, phone number, and e-mail address must be provided to submit an inquiry. ODM may, at its option, disregard any questions which do not appropriately reference an RFA provision

or location within the RFA, or which do not include identification of the originator of the question. Questions submitted after **8:00 a.m.** on the date the Q&A period closes will not be answered.

ODM will not provide answers directly to any party that submitted questions. ODM's responses to all questions will be posted on the Internet website dedicated to this RFA, for public reference by any interested party ODM will not answer questions received in any other manner than that which is described in this RFA.

Questions submitted may be no more than 4,000 characters in length, but there is no limit on the number of questions that may be submitted. ODM's answers may be accessed by following the instructions above, but rather than selecting "Submit Inquiry," Vendors and others should select "View Q and A." ODM strongly encourages Vendors to ask questions early in the Q&A period so that answers can be posted with sufficient time for any possible follow-up questions.

Vendor bids in response to this RFA are to take into account any information communicated by ODM in the Q&A process for the RFA. **It is the responsibility of all Vendors to check this site on a regular basis for responses to all questions, as well as for any amendments, alerts, or other pertinent information regarding this RFA.** Accessibility to questions and answers are clearly identified on the website dedicated to this RFA **once submitted questions have been answered.**

Requests for copies of any previous RFAs or for past Vendor bids, score sheets or contracts for this or similar past projects, are Public Records Requests (PRRs) and should be submitted to: legal@medicaid.ohio.gov.

Please Note: PRRs are not a part of the RFA Q&A process and OCP cannot dictate the timeline for a response of these requests.

V. Qualifications

In order to be considered for this RFA, ODM requires that interested Vendors address all the following minimum qualifications as well as experience and capabilities as described in this Section:

A. **Mandatory Vendor Qualifications and Capabilities**

In order to be considered for the project described in this RFA, ODM requires that interested Vendors **must** meet, at minimum, **all** the following qualification requirements and provide **all** requested documentation:

1. ODM will consider Bids from Vendors currently certified by DAS as a MBE. A copy of the Ohio MBE certificate must be submitted. **Failure to meet this requirement will be disqualification from consideration for award;**
2. Submission of application on or before the specified deadline as stated in Section II., of this RFA. **Failure to meet this requirement will be disqualification from consideration for award;**
3. A valid and current license to the practice law in the State of Ohio. **Failure to meet this requirement will be disqualification from consideration for award;**
4. At least five (5) years as a licensed attorney. **Failure to meet this requirement will be disqualified from consideration for award; and**

5. At least two (2) years' experience in Ohio administrative law, preferably either in administrative or judicial proceedings regarding Ohio state agencies, or as a hearing examiner conducting Ohio Revised Code Chapter 119 adjudication hearings. **Failure to meet this requirement will be disqualified from consideration for award.**
6. Submission of one 4-6 page writing sample as an example of the applicant's work product. The writing sample should include, at minimum, issue, relevant law, application of the law, and legal conclusion. Each writing sample will be graded on a scale of 1-10 based on grammar, clarity, knowledge of law, and appropriate legal conclusions.

Sensitive Personal Information: It is the responsibility of the Vendor submitting a bid to remove all personal confidential information (such as home addresses and social security numbers) from any other part of the application package. Following submission to ODM, all bids submitted become part of the public record. Any Vendor who provides this information shall be disqualified.

VI. Scope of Work

The selected hearing examiners will be responsible for conducting pre-hearing conferences and adjudication hearings necessary to afford appellants the full opportunity to assert hearing rights provided by statute and rule. In performing these functions, the hearing examiner will issue written orders and, eventually, findings of fact, conclusions of law, and recommendations. The selected hearing examiner(s) will also be responsible for typing, filing and mailing of such writings, for which there can be no additional compensation.

Most adjudicative hearings held before ODM are conducted in Columbus, Ohio which will serve as the headquarters for purposes of the contract. Therefore, there shall be no reimbursement available for expenses incurred in travel to the headquarters. However, if additional travel is required by ODM, reimbursement for travel and other related expenses are subject to the limits established pursuant to ORC Sections 126.31 and 126.32 and which are set forth in rule 126-1-02 of the Ohio Administrative Code.

VII. Specifications of Deliverables

The contracted services shall include, but may not be limited to, the following areas:

1. Act as an Administrative Hearing Examiner for hearings conducted pursuant to ORC Chapter 119 and/or for other administrative hearings conducted by ODM.
2. Conduct pre-hearing conferences and issue pre-hearing orders setting forth, in detail, all discovery and other pre-hearing matters and establishing a final hearing date;
3. Conduct other pre-hearing conferences and rule on motions and other matters as necessary;
4. Conduct final hearings and submit Findings of Fact, Conclusions of Law, and Recommendations to ODM; and,
5. Notify ODM of any conflict of interest.

VIII. Evaluation Process

Bids will be collectively reviewed and evaluated by a Bid Review Team appointed by ODM. The evaluation process will be based upon whether the Vendor meets the requirements for Qualifications (Section V), Scope of Work (Section VI), and Specifications of Deliverables (Section VII), Acceptable criteria exceeding the minimum qualifications within the scope of Section V, Quality of writing and appropriate conclusions of law as exhibited in the applicant's writing sample, and an optional in-person interview.

IX. Health Insurance Portability & Accessibility Act (HIPAA) Requirements

As a condition of doing business with ODM, the Contractor, and any subcontractor(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and to implement regulations at 45 C.F.R. Section 164.502 (e) and Sections 164.504 (e) regarding disclosure of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996. Protected Health Information (PHI) is information received by the Contractor from or on behalf of ODM that meets the definition of PHI as defined by HIPAA and the regulations promulgated by the United States Department of Health & Human Services (HHS), specifically 45 CFR164.501 and any amendments thereto.

X. Protests

Any potential, or actual, vendor objecting to the award of a contract resulting from the issuance of this RFA 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:

- A. A protest may be filed by a prospective or actual responder objecting to the award of a contract resulting from this RFA. The protest shall be in writing and shall contain the following information:
 1. The name, address, and telephone number of the protestor;
 2. The name and number of the RFA being protested;
 3. A detailed statement of the legal and factual grounds for the protest, including copies of any relevant documents;
 4. A request for a ruling by ODM;
 5. A statement as to the form of relief requested from ODM; and
 6. 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 ODM, if it is received by ODM's Contracts and Procurement, within the following periods:
 1. A protest based on alleged improprieties in the issuance of the RFA or any other event preceding the closing date for receipt of responses which are apparent or should be apparent prior to the closing date for receipt of responses shall be filed no later than 11:59 p.m. the closing date for receipt of responses, as specified in Section III, Anticipated Procurement Timetable, of this RFA.
 2. If the protest relates to the announced intent to award a contract, the protest shall be filed no later than 3:00 p.m. of seventh (7th) calendar day after the issuance of formal letters sent to all responding vendors regarding the State's intent to make the award. The date on

these ODM letters to responding vendors is the date used to determine if a protest regarding the intent to award is submitted by the end of the protest period.

- C. An untimely protest may be considered by ODM if ODM determines that the protest raises issues significant to the department's procurement system. An untimely protest is one received by ODM's Office of Contracts and Procurement after the time periods set forth in Item B. of this section.
- D. All protests must be filed at the following location:
- Deputy Director
Office of Contracts and Procurement
Ohio Department of Medicaid
50 West Town Street
Columbus, Ohio 43215
- E. When a timely protest is filed, a contract award shall not proceed until a decision on the protest is issued or the matter is otherwise resolved, unless the Director of ODM determines that a delay will severely disadvantage the Department. The vendor(s) who would have been awarded the contract shall be notified of the receipt of the protest.
- F. ODM's Office of Contracts and Procurement shall issue 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.

X. State Contracts

Bids must list any current contracts the Vendor has with State of Ohio agencies and universities/colleges. The list must indicate the purpose of the contract, the amount of the contract, the time period covered by the contract, and the percent of the project completed. Vendors must provide this information, and all other requested information listed in the "**Required Vendor Information and Certifications**" provided as **Attachment A**.

Thank you for your interest in this project. Attachment A follows this page.

Attachment A

Attachment A consists of 2 distinct and different sections. Both sections must be completed and included in Tab 1 of the proposal.

Section I – Required Vendor Information

Section II - Location of Business Form

Attachment A—Section I.

REQUIRED VENDOR INFORMATION and CERTIFICATIONS

Purpose: ODM requires the following information on vendors who submit proposals or bids in response to any ODM Requests for Proposals (RFPs) or Requests for Letterhead Bids (RLBs), in order to facilitate the development of the contract (or finalization of a purchase) with the selected vendor. ODM reserves the right to reject your proposal if you fail to provide this information fully, accurately, and by the deadline set by ODM. Further, some of this information (as identified below) **must** be provided in order for ODM to accept and consider your proposal\bid. **Failure to provide such required information will result in your proposal’s immediate disqualification.**

Instructions: Provide the following information regarding the vendor submitting the proposal or bid. Vendors may either print this attachment, complete and sign it, or may provide the required information and certifications (each fully re-stated from this attachment) on their letterhead as the opening pages of their proposals. It is mandatory that the information provided is certified with an original signature (in blue ink, please) from a person with authority to represent the vendor. Vendors are to provide the completed and signed information and certifications as the cover pages of their original proposal submitted to ODM.

IMPORTANT: If the RFP\RLB specified a maximum page limit for vendor proposals\ bids, the attachment of any required certifications, other documents, or additional pages needed to fully provide the information requested here will **NOT** be counted against that page limit.

Vendors must provide all information

1. ODM RFP/RLB #:	2. Proposal Due Date:
3. Vendor Name: (legal name of the vendor – person or organization – to whom contract\purchase payments would be made)	
3a. Vendor’s Ohio Administrative Knowledge System (OAKS) ID#: [Vendors may apply for an OAKS vendor ID# at: http://ohiosharedservices.ohio.gov/Vendors.aspx . The necessary forms to be completed and remitted to Ohio Shared Services are the Vendor Information Form (OBM-5657) and the IRS Form W-9. Completion and/or submission of these forms to Ohio Shared Services <u>does not</u> assume a vendor/applicant award of any ODM contract\grant.]	
4. Vendor Corporate Address:	5. Vendor Remittance Address: (or “same” if same as Item # 5)
6. Print or type information on the vendor representative/contact person <u>authorized to answer questions on the proposal\bid</u>: Vendor Representative NAME and TITLE: Address: _____ E-Mail Address: _____ Phone #: _____ Fax #: _____	
7. Print or type the name of the vendor representative <u>authorized to address contractual issues, including the authority to execute a contract on behalf of the vendor, 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): Vendor Representative NAME and TITLE: Address: _____ E-Mail Address: _____ Phone #: _____ Fax #: _____	
8. Is this vendor an Ohio certified MBE? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, attach a copy of current certification to proposal\bid. (IF ODM has specified the RFP\RLB\purchase document as an opportunity open exclusively to Ohio Certified MBEs, then failure to attach a copy of current certification WILL RESULT IN DISQUALIFICATION.)	

9. Mandatory Vendor Certifications:

ODM may not enter into contracts with/make purchases from any vendors who have been found to be ineligible for state contracts under specific federal or Ohio statutes or regulations. Vendors responding to any ODM RFP\RLB or other purchase opportunity MUST certify that they are NOT INELIGIBLE by signing each of the three statements below. **Failure to provide proper affirming signature on any of these statements will result in the disqualification of your proposal\bid.**

I _____ (signature of representative shown in Item # 7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), **has not been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in transactions by the United States Department of Labor, the United States Department of Health and Human Services, or any other federal department or agency as set forth in 29 CFR Part 98, or 45 CFR Part 76, or other applicable statutes.**

AND

I _____ (signature of representative shown in Item #7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), **is not on the list established by the Ohio Secretary of State, pursuant to ORC Section 121.23, which identifies persons and businesses with more than one unfair labor practice contempt of court finding against them.**

AND

I _____ (signature of representative shown in Item #7, above) hereby certify and affirm that _____ (name of the vendor shown in Item # 3, above), **either is not subject to a finding for recovery under ORC Section 9.24, or has taken appropriate remedial steps required under that statute, or otherwise qualifies under that section to enter into contracts with the State of Ohio.**

10. Equal Employment Opportunity Information on the Vendor and any Subcontractor(s)

A. Provide vendor employee data both nationwide (including Ohio staff), and Ohio office employees separately:

	Nationwide:	Ohio Offices:
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

B. If you are the selected vendor, will you subcontract any part of the work?

NO -or- YES, but for less than 50% of the work -or- YES, for 50% or more of the work

If yes, provide the following information on each subcontractor (additional pages may be added as needed):

Subcontractor Name: _____

Address: _____

Work To Be _____

Performed: _____

(a brief description) _____

Subcontractor's Estimated Percentage of Total Project (in % of work, not % of dollars): _____

If 50% or more of the work will be subcontracted, then ALSO provide the following information on ALL proposed subcontractors:

	Nationwide:	Ohio Offices:
Total Number of Employees:	_____	_____
% of those who are Women:	_____	_____
% of those who are Minorities:	_____	_____

C. Identify all state contracts which the vendor has had approved by the Controlling Board since the beginning of the last fiscal year (i.e., since July 01, 2011) through this fiscal year to date. Also include contracts approved for ODM or institutions of higher education:

Total number of contracts: _____

For each state contract, list the state agency and provide the following information:

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

State Agency/Educational Institution: _____
Contract Dollar Amount: _____

Attach additional pages if needed

11. Vendor and Grantee Ethics Certification

As a vendor or grantee doing business with* or receiving grants from the State of Ohio, I certify on behalf of _____ (name of vendor or grantee):

- (1) I have reviewed and understand Ohio ethics and conflict of interests laws, as found in Chapter 102. and Sections 2921.42 and 2921.43 of the Ohio Revised Code.
- (2) I acknowledge that failure to comply with this certification, is, by itself, grounds for termination of this contract or grant with the State of Ohio.

Signature of authorized agent

Date

*"Doing business with" includes all contracts for goods and services, excluding purchases made using the State of Ohio's Payment Card Program that cost less than \$1,000.

12. I have read the ODM Model Contract attached to the RFP/RLB, and if awarded a contract, I will not ____ (or) I will ____ request changes to the standard language, and have marked the requested changes and returned the model document with this proposal for consideration by ODM. (If so, ODM will review those requested changes if you are the selected vendor. All requested changes to model contract language are subject to ODM approval.) (NOTE: Item 13 is not applicable and not required when the subject ODM procurement opportunity is offered only to State Term Schedule Vendors.)

13. I _____, (vendor representative in Item # 7) hereby affirm that this proposal accurately represents the capabilities and qualifications of _____ (vendor's name), and I hereby affirm that the cost(s) bid to ODM for the performance of services and/or provision of goods covered in this proposal in response to the ODM RFP/RLB/other purchase opportunity is a firm fixed price, inclusive of all incidental as well as primary costs. (Failure to provide the proper affirming signature on this item may result in the disqualification of your proposal\bid.)

14. Location of Business Declaration: Vendors responding to any ODM RFP/RLB/RFGA (etc.) must certify that no public funds shall be spent on services provided/performed offshore by completing, signing, and returning the "Location of Business Form," which is the final section of this attachment. **FAILURE TO PROPERLY COMPLETE, SIGN AND RETURN THIS FORM, INCLUDING THE "LOCATION OF BUSINESS FORM," WILL RESULT IN DISQUALIFICATION OF THE VENDOR FROM CONSIDERATION FOR AWARD OF AN ODM CONTRACT.**

15. I _____, (vendor representative in Item # 7) hereby attest that I understand that any and all information included in this proposal is not confidential and/or trade secret information (as defined in Sections 3.3, 5.2, D., 8.5, and 8.25 of the RFP or where found in an RLB document) and that the proposal submission may be posted in its entirety on the Internet for public viewing. Following submission to ODM, all proposals submitted may become part of the public record. ODM reserves the right to disqualify any vendor whose proposal is found to contain such prohibited personal information. **The vendor affirms that they shall be solely responsible for any and all information disclosed in the proposal submission and any or all information released by ODM in a public records request(s).**

Attachment A—Section II.

Location of Business Form

Pursuant to Governor’s Executive Order 2011-12K (www.governor.ohio.gov), no public funds shall be spent on services provided offshore. This form serves as a certification of compliance with this policy and required disclosures. Please answer the following questions about the project or service you are seeking to perform for or the funding for which you are applying from the Ohio Department of Job and Family Services:

1. Principal location of business of Contractor:

(Address) (City, State, Zip)

Name/Principal location of business of subcontractor(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

2. Location where services will be performed by Contractor:

(Address) (City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

(Address) (Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

(Name) (Address, City, State, Zip)

(Name) (Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

4. Location where services to be performed will be changed or shifted by Contractor:

(Address)

(Address, City, State, Zip)

Name/Location(s) where services will be changed or shifted to be performed by subcontractor(s):

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

(Name)

(Address, City, State, Zip)

By signing below, I hereby certify and affirm that I have reviewed, understand, and will abide by the Governor's Executive Order 2011-12K. I attest that no funds provided by ODM for this project or any other agreement will be used to purchase services provided outside the United States or to contract with a subcontractor who will use the funds to purchase services provided outside the United States. I will promptly notify ODM if there is a change in the location where any of the services relating to this project will be performed. If I am signing this on behalf of a company, business, or organization, I hereby acknowledge that I have the authority to make this certification on behalf of that entity.

Signature

Date

Entity Name

Address (Principal place of business)

Printed name of individual authorized
to sign on behalf of entity

City, State, Zip