

REQUEST FOR PROPOSAL

MEDICAL DIRECTOR

FOR THE PERIOD

JULY 1, 2015 THROUGH JUNE 30, 2016

AND

JULY 1, 2016 THROUGH JUNE 30, 2017

MOUNT VERNON DEVELOPMENTAL CENTER
1250 VERNONVIEW DRIVE
MOUNT VERNON, OHIO 43050
PHONE: 740-393-6467
FAX: 740-393-6492
TDD PHONE: 740-393-0922

Contracts subject to appropriation availability and approval of
DODD and, if applicable, the Controlling Board, State of Ohio.

1.0 INTRODUCTION

- 1.1 Mount Vernon Developmental Center intends to select an offeror through this Request for Proposal (RFP) process to provide Medical Director services.
- 1.2 Mount Vernon Developmental Center (MVDC) is a Medicaid-certified Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID), operated by the Ohio Department of Developmental Disabilities (DODD), serving approximately 105 persons with developmental and other disabilities.

2.0 SERVICES REQUIRED

- 2.1 The services consist of all items listed herein for Mount Vernon Developmental Center, including all required labor, transportation, materials and equipment (including items not specifically noted or shown as required for complete service, subject to any exclusions listed below). It is the intent of this document that contractors provide a single proposal covering all categories of work for this service.
- 2.2 The contractor providing services under this RFP will:
 - 2.2.1 Provide physician and administrative medical services on site for the approximately 105 individuals with developmental disabilities residing at MVDC.
 - 2.2.2 Provide during Fiscal Years 2016 (FY16) and 2017 (FY17) the above medical services not to exceed 96 hours in each fiscal year.
 - 2.2.3 Provide during fiscal years 2016 and 2017 arrangements for "on-call" services not to exceed 3,476 hours in each fiscal year.
 - 2.2.4 Provide admission and annual physical examinations, routine examinations, and acute care and treatment services.
 - 2.2.5 Cooperate and assist with pharmacy service transition and formulary compliance.
 - 2.2.6 Reduce the amount of emergency room visits that could have been resolved at the center.
 - 2.2.7 Coordinate and order needed consultations, screenings, laboratory studies, medications, and medical treatments, and provide required documentation for services rendered.
 - 2.2.8 Review, as appropriate, all medical-related major unusual incidents and provide appropriate assistance in the development of prevention plans.
 - 2.2.9 Participate in various meetings/reviews regarding client services and needs including, but not limited to, annual reviews, placements, and/or special team meetings.

- 2.2.10 Provide interpretation of results and medical findings to client family members and/or relevant staff.
 - 2.2.11 Provide pre-admission, admission, and discharge services to and from the center as well as appropriate medical and programmatic providers.
 - 2.2.12 Coordinate preventative health services and the means for prompt detection and referral of medical surveillance, inspections, and examinations.
 - 2.2.13 Participate in various center committees as necessitated by the needs to of the individuals.
- 2.3 Perform the following under the direction of the Superintendent.
- 2.3.1 Provide medical direction and administrative services in conjunction with the administrative needs of MVDC.
 - 2.3.2 Coordinate the exchange of information with nursing staff to disseminate all necessary client medical information.
 - 2.3.3 Make rounds to clients in the hospital and complete documentation and orders according to clients' needs, and coordinate orders and treatments with consultant physicians for follow-up.
 - 2.3.4 Render proper medical judgment for treatment based on evaluation by center nursing staff and medical assessment of client needs.
 - 2.3.5 Perform all services as stipulated herein and other related duties as determined necessary by MVDC.
 - 2.3.6 Provide written service delivery documentation in accordance with established facility procedures and documentation systems.
 - 2.3.7 Assist with Regional Resource assessments and service for those individuals in the center's catchment area or service need.
 - 2.3.8 **Any modifications, variations or addendums to the above specified duties or services shall result in the immediate disqualification of that bid.**

3.0 SPECIAL CONSIDERATIONS

- 3.1 The offeror shall identify the person(s) providing services under the RFP. Said person(s) must:
 - 3.1.1 Present prior to initiating services and maintain throughout the contracting period, a current state of Ohio license to practice medicine or other applicable licenses, certifications, and registrations.
 - 3.1.2 Be board certified.

- 3.1.3 Neither the contractor nor any of its employees, shall not been found guilty of, or pleaded guilty to, any offense set forth in Section 5123.081(1), (2), or (3) of the Ohio Revised Code; nor employ any person to provide services under this RFP who has been found guilty of, or pleaded guilty to any offense set forth in Section 5123.081(1), (2), or (3) of the Ohio Revised Code. *The person(s) providing services under this RFP shall be subject to a criminal background check prior to performing any services at Mount Vernon Developmental Center.*
- 3.2 Contractor shall perform all services rendered in accordance with all applicable state of Ohio, Ohio Department of Developmental Disabilities (DODD) regulations/licensure requirements, federal and state Medicaid (ICF/IID) regulations, Mount Vernon Developmental Center (MVDC) policies and procedures, and any and all other regulatory statutes and/or procedures MVDC desires to institute at any time during the contract period.
- 3.3 Contractor shall perform all services rendered in accordance with the service provider's licensure/certification requirements and the code of ethics established by the discipline/profession and/or state of Ohio licensing board.
- 3.4 Contractor shall certify that all of its employees, while working at Mount Vernon Developmental Center, will not purchase, transfer, use, be under the influence of, or possess illegal drugs or alcohol, or abuse prescription drugs in any way.
- 3.5 Contractor shall comply with all applicable provisions of the Rehabilitation Act of 1973 and the Americans with Disabilities Act (ADA), both in the provision of specified services and in its employment practices.
- 3.6 By submitting a signed proposal for this service, the Contractor affirms that, as applicable to the Contractor, no party listed in Division (I) and (J) of Section 3517.13 of the Revised Code or spouse of such party has made, as an individual, within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the Governor or to his campaign committees.
- 3.7 All services provided under this RFP shall meet the appropriate standards of the Federal Medicaid program for Individuals with Intellectual Disabilities (ICF/IID).
- 3.8 The provisions of the ***Ohio Department of Developmental Disabilities Personal Service Contract*** will become part of the final agreement between the successful offeror and the Center. Therefore, the evaluation process resulting in the final award of a contract rests with the Center and the Ohio Department of Developmental Disabilities. The Center and the Ohio Department of Developmental Disabilities reserve the right to determine that the award of a contract would not be in the best interest of the Center, the Ohio Department of Developmental Disabilities, or the State of Ohio. The Center and the Ohio Department of Developmental Disabilities reserve the right to accept or reject any and all bids, in whole or in part, and may determine that any irregularities or deviations from the specifications do not result in the bid being non-responsive, provided this does not affect the amount of the bid or result in a competitive advantage to the bidder.

4.0 PROPOSALS

- 4.1 All proposals shall be in accordance with information provided in this document as well as an interview on site, if requested.
- 4.2 All proposals shall be in writing and signed by the person providing services (or in the case of companies by an authorized representative on company letterhead).
- 4.3 All proposals shall be submitted on the basis of an hourly rate for each hour of service to be provided. Travel expenses and travel time will not be paid. **A separate quotation shall be submitted for each fiscal year period.**
- 4.4 All proposals shall be guaranteed.
- 4.5 Proposals shall be submitted via email to Paul.Robinson@dodd.ohio.gov, with **"MEDICAL DIRECTOR"** in the subject line of the email.
- 4.6 Deadline for Proposal:

Proposals will be received at the above address until April 29, 2015 5:00pm and opened immediately thereafter. Proposals not received at Mount Vernon Developmental Center by the deadline will be returned to sender unopened.

5.0 SITE INTERVIEW

- 5.1 Mount Vernon Developmental Center reserves the right to interview all persons providing services under the provisions of this RFP to determine the best responsive contractor. Interviews will be after the proposal deadline and conducted on the premises of Mount Vernon Developmental Center.

6.0 SUBMISSIONS REQUIRED

- 6.0 On letterhead, a separate proposal for each fiscal year stating the hourly rate for each hour and type of service to be provided.
- 6.1 Contractor Information Form (attached),
- 6.2 The name, vitae, and license number(s) of all persons to provide services under the provisions of this RFP.
- 6.3 List of previous services performed to include facility name, complete address, telephone number, contact person, and dates service was performed.
- 6.4 Any accommodation or special needs of any person providing services under the provisions of this RFP.

7.0 SCHEDULE

Subject to approval by the State Controlling Board, the contract period will begin no sooner than July 1, 2015 (actual date TBD), and run through June 30, 2017.

Stage	Deadline
Public Notice	April 9, 2015
Requests for Clarification due to DODD	April 15, 2015
Clarification from DODD due	April 20, 2015
Proposals due to DODD	April 29, 2015
Notification of Award	May 4, 2015
Contract Effective Date	July 1, 2015

Inquiries

To ensure an open bid process is maintained, all inquiries regarding this RFP must be provided in writing only via email to paul.robinson@dodd.ohio.gov. Inquiries may be submitted through April 15, 2015. DODD will respond to inquiries electronically by April 20, 2015.

8.0 PAYMENTS

8.1 Payments for services are made thirty (30) days from receipt date of a proper invoice. A proper itemized invoice must include the following information:

- Contractor Name
- Contractor Address
- Date(s) of services rendered
- Itemization of services performed
- Purchasing agency name and address
- Agency Purchase Order number
- Invoice Number, assigned by Contractor

9.0 EVALUATION CRITERIA

9.1 Scores will be given for each of the following items. The highest possible score is noted with each line item. The contract will be awarded to the Contractor with the highest scored proposal.

- 9.1.1 Person(s) to provide services are Ohio-licensed and a board certified Physician. (Yes = continue to next criteria; No = proposal is rejected).
- 9.1.2 Experience serving person(s) with developmental disabilities (<5 years = 0; 5-9 years = 5 points; 10+ years = 10 points).

- 9.1.3 Experience providing service under ICF/MR standards (<3 years = 0; 3-5 years = 2 points; 6-9 years = 5 points; 10+ years = 10 points).
 - 9.1.4 Price. Rank lowest to highest order when compared to all proposals: (1 = 25 points; 2 = 20 points; 3 = 15 points; 4 = 10 points; 5 = 5 points)
 - 9.1.5 In the event of a tie, the award will be determined through the contractor interview process.
- 9.2 Contracts are subject to appropriation availability and approval of DODD and, if applicable, the Controlling Board, State of Ohio.

CONTRACTOR INFORMATION FORM

THIS FORM MUST BE SUBMITTED WITH YOUR PROPOSAL

CONTRACTOR NAME: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP CODE:** _____

AUTHORIZED CONTACT NAME: _____

PHONE NUMBER: _____ **EMAIL:** _____

1. Identify all of contracts currently with the State of Ohio (including DODD).

Total # of Contracts: _____

State Agency: _____ Amount: _____

Contracted Services: _____

Duration of Contract: _____

(Attach additional sheets if necessary.)

2. Provide current employee information on both a nationwide basis (including Ohio), and Ohio's based operations.

	<u>NATIONWIDE</u>	<u>OHIO</u>
Total # of Employees:	_____	_____
Percent of Women:	_____	_____
Percent of Minorities:	_____	_____

3. Provide OAKS Vendor ID or Tax Identification Number: _____

4. If your billing address is different than mailing address above, please provide below:

Contractor Name: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Authorized Signature

Date