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August 18, 2008

**HCJFS Request for Proposals – Physical Examinations for SSI-CM/CMS Applicants  
RFP08-013**

**Addendum 2**

To All Potential Proposers:

HCJFS Panel: Tracy Reeves, Holly Harris-Ifeakanwa, Deborah Wilson, Tim Scott

Providers Present:

Crossroad Health Center                      The HealthCare Connection

Notes:

The Social Security Disability Listing site is SSA.gov

The formal referral procedures will be developed after contract award

Questions and Answers

Q1. The only person who can respond to questions, fiscal or otherwise, is the person listed in the RFP document, Beverly Donald, although you will be reviewing the budget? (directed to Ms. Harris-Ifeakanwa)

**A: Yes. Bev is the point of contact for the RFP. Questions she receives are forwarded to the responsible person for answers. This process allows things to flow to one person.**

Q2. Are there a certain number of clients you would see a year?

**A: This can vary greatly. We are seeing new referrals in our area of 140-170 consumers per month. Do they all need basic medicals completed via this contract, no. Determination will be based on the number of consumers who come in and then subtract the number of consumers who have other medical care.**



Q3. How many have there been in the past year?

**A: It's hard to say, because we are talking two different programs. We try to individualize the services for each consumer. The number would probably be closer to 20 per month. However, there is the potential for additional referrals.**

Q4. Who has been or is providing this service?

**A: It has been somewhat haphazard. We consult with the consumer re: who have they been seeing. We are hoping that via this contract it will be an easier process. We will develop a relationship with the vendor and have a referral process set up.**

Q5. From the time of referral, how soon should the patient be seen?

**A: Ten days from time of referral to evaluation and then ten days from time of evaluation for completion of the basic medical and getting information back to us.**

Q6. Are you looking for a vendor that can provide this service at the cheapest unit cost?

**A: That is the competitive process, lowest and best.**

Q7. What determines the best?

**A: The evaluation of proposals.**

Q8. How long have you been doing RFPs?

**A: Several years. We advertise our RFPS on [www.hcifs.hamilton-co.org](http://www.hcifs.hamilton-co.org) and also [www.rfpdepot.com](http://www.rfpdepot.com). RFPDepot is used by the entire county and you can search by a particular service. Notices of RFPs are placed in the local paper.**

Q9. Can the service be met by a mid-level medical practitioner? Can it be a nurse practitioner?

**A: The basic medical must be completed by a doctor.**





# BASIC MEDICAL

**SECTION I: IDENTIFYING INFORMATION TO BE COMPLETED BY WORKER**

Assistance Group Number	Recipient ID	DOB	Sex	County Name
Client Last Name	Client First Name	MI	County Address	
Client Address	Client Phone	City	ZIP	
City	ZIP	SSN	Caseworker/Case Mgr	Caseload ID
				County Phone

**SECTION II: TO BE COMPLETED BY PHYSICIAN**

Please send copies of all RELEVANT information supporting the medical conditions including reports of x-rays, scans, laboratory tests, consultant reports, hospital discharge summaries, etc.

Physical Examination / Vital Signs:

Height:	Weight:	Pulse Rate:	Blood Pressure:	Respiratory Rate:
HEENT:			Abdomen:	
Chest:			Heart:	
Extremities:			Neurological:	
Visual Acuity:	OS:	OD:		
ROM	Spine:	Joints:		

A. Pregnancy verification only      Date of test:      Expected date of delivery:

B. Describe the client's medical conditions (physical and mental) [Include appropriate ICD-9CM and/or DSM-III-R codes(s)]

C. History of these problems (Onset, duration, treatment, prescribed medications, prognosis, etc.)	D. Health Status: <input type="checkbox"/> Improving <input type="checkbox"/> Improving Without Tx <input type="checkbox"/> Improving With Tx <input type="checkbox"/> Good/Stable With Tx <input type="checkbox"/> Poor But Stable <input type="checkbox"/> Deteriorating
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E. Physical/psychological/psychiatric findings (Please also complete G and/or ODHS form 7308 for Mental Impairments as appropriate):

F. Are additional studies or treatment indicated? If yes, specify.



# BASIC MEDICAL

Client Last Name	Client First Name	MI	Recipient ID	SSN
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Considering the combined effects of the medical conditions noted above, please answer the following:

G. Physical Functional Capacity Assessment

	No	Yes	Hours
1. Are standing/walking affected?			
If yes, how many hours in an 8-hour workday can patient stand/walk?			
How many hours without interruption?			
2. Is sitting affected?			
If yes, how many hours in an 8-hour workday can patient sit?			
How many hours without interruption?			
3. Are lifting/carrying affected?			
If yes, up to how many pounds can patient lift/carry frequently? (up to 2/3 of 8 hour day)			
<input type="checkbox"/> Up to 5 lbs. <input type="checkbox"/> 6-10 lbs <input type="checkbox"/> 11-20 lbs <input type="checkbox"/> 21-25 lbs. <input type="checkbox"/> 26-50 lbs <input type="checkbox"/> 51-100 lbs.			
If yes, up to how many pounds can patient lift/carry occasionally? (up to 1/3 of 7 hour day)			
<input type="checkbox"/> Up to 5 lbs. <input type="checkbox"/> 6-10 lbs <input type="checkbox"/> 11-20 lbs <input type="checkbox"/> 21-25 lbs. <input type="checkbox"/> 26-50 lbs <input type="checkbox"/> 51-100 lbs.			

	None	Not Significantly Limited	Moderately Limited	Markedly Limited	Extremely Limited
4. Are the following functions affected? If so, how?					
Pushing/pulling					
Bending					
Reaching					
Handling					
Repetitive foot movements					
Seeing					
Hearing					
Speaking					

5. What observations and/or medical evidence led to your findings in questions G1 - G4? Please provide examples of specific physical limitations:

  
  
  
  
  
  
  
  
  
  

After taking the appropriate history and performing the relevant physical examination, do you believe the client is:  Employable     Unemployable

How long are the physical and/or mental functional limitations listed above expected to last?

Less than 30 days       Between 30 days and 9 months       Between 9 months and 11 months       12 months or more

Will disclosure of this information to the client have an adverse effect?     Yes     No

Physician's Signature	Date of Last Exam		
Physician's Name(Please print)	Specialty		
Address			
City	State	ZIP	Physician's Phone