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Subject: Request for Proposal No. SB0111R Transportation Services

RFP Release Date: November 2, 2011

To All Interested Proposers:

You are invited to submit a Proposal for consideration to be a provider for transportation services as described herein.

Proposals are to be prepared in accordance with RFP No. SB0111R, the Request for Proposal (RFP) which can be found on the internet at <http://www.hcjfs.hamilton-co.org/RFP/rfp.htm> and <http://www.bidsync.com>. Interested Providers without internet capability may request a hard copy by contacting the RFP Contact Person:

Sheila Bass

Hamilton County Department of Job and Family Services

222 East Central Parkway

Cincinnati, Ohio 45202

Fax: 513-946-2384

E-mail: HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org

Providers submitting a proposal must register for the RFP. Registrations must be faxed or e-mailed to the RFP contact person, Sheila Bass, or email HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org by Friday, November 18, 2011. The RFP registration form is enclosed for your completion and return.

The RFP Conference will be held on Friday, November 18, 2011, 10:00 am EST at Hamilton County Department of Job and Family Services, 222 E. Central Parkway, 6th floor, room 6SE401, Cincinnati, Ohio 45202. Interested Providers are highly encouraged to attend the conference and bring a printed copy of the RFP.

Proposals must be submitted by Friday, January 20, 2012, no later than 11:00 a.m. EST at HCJFS, Attention: Sheila Bass, 3rd floor, 222 E. Central Parkway, Cincinnati, Ohio, 45202. A contract awarded as a result of this process shall be effective July 1, 2012. Questions concerning this RFP may be directed to the RFP Contact Person named above.

Thank you for your interest in delivering services to Hamilton County. We look forward to your proposal.





REQUEST FOR PROPOSALS

FOR

TRANSPORTATION SERVICES

RFP SB0111R

Issued by

THE HAMILTON COUNTY DEPARTMENT OF JOB AND FAMILY SERVICES

222 E. CENTRAL PARKWAY

CINCINNATI, OHIO 45202

(November, 2011)

RFP Conference: Friday, November 18, 2011 @ 10:00a.m.

Location: Hamilton County Job and Family Services

222 East Central Parkway

Floor 6SE201

Cincinnati, Ohio 45202

Due Date for Proposal submission: Friday January 20, 2011, 11:00a.m.

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REQUEST FOR PROPOSAL (RFP) FOR TRANSPORTATION SERVICES

MISSION STATEMENT

We, the staff of the Hamilton County Department of Job and Family Services, provide services for our community today to enhance the quality of living for a better tomorrow.

1.0 REQUIREMENTS & SPECIFICATIONS

1.1 Introduction & Purpose of the Request for Proposal

Hamilton County Department of Job and Family Services (HCJFS) is seeking proposals for the purchase of non-brokerage transportation services. HCJFS desires a single Provider to deliver services described in the Scope of Services in this RFP. HCJFS' need is for a Provider to coordinate service delivery to assure high quality transportation services and increased efficiency/cost effectiveness in providing these services to HCJFS consumers. Transportation services will be delivered primarily in the local Tri-State region within a 125 mile radius of downtown Cincinnati, Ohio (Southeast Indiana, Northern Kentucky, and Southwest Ohio). On rare occasions, a trip may require transportation outside of this region.

Resulting contract(s) will serve four distinct populations:

- A. Medicaid Non-Emergency Transportation (NET) and Pregnancy Related and Healthchek (PRS) for traditional consumers;
- B. NET for Children's Services (CS) consumers;
- C. NET for children with special handling; and
- D. Non Medicaid Transportation - Family and Children's Services consumers.

The intent of this RFP is to secure pricing for a maximum of four (4) years. Provider must submit a proposal for the initial term of two (2) years and an additional optional renewal period of two (2) years. The purpose of the four-year pricing is to minimize the costs for Providers and for the county.

HCJFS' goal is to work with one Provider, who can meet the entire continuum of services. If the selected Provider uses subcontracts to meet the service delivery need, they must receive written approval from HCJFS of all subcontractors prior to their delivery of transportation services.

HCJFS specifically reserves the right to negotiate, to the extent legally permissible, any terms or requirements asserted in this RFP.

1.2 Scope of Service

A. ***Requirements for Medicaid Non-Emergency Transportation (NET) and Pregnancy Related and Healthchek (PRS) for traditional consumers:*** The Provider shall warrant that they will meet the following requirements for all NET Medicaid eligible consumers to Medicaid reimbursable services.

1. Upon commencement of the contract term, the Provider shall coordinate and monitor the transportation and may also schedule the transportation. The Provider shall follow, but not be limited to, the specific requirements used for each particular program area as listed in this Request for Proposal (RFP) and as required by Ohio Administrative Code (OAC 5101:3-24, 5101:1-38-05, and 5101:1-38-06), as well as any other applicable federal, state, local laws, rules and regulations.
2. HCJFS shall provide the Provider with trip specific service authorizations based upon consumer requests received by HCJFS and HCJFS confirmation of current Medicaid eligibility.
3. Once the consumer makes the request for transportation to HCJFS. HCJFS verifies eligibility and send authorization to vendor for transportation.
4. HCJFS authorized consumers will be instructed to request transportation services at least seventy-two (72) hours in advance of the trip.
5. Provider will be responsible to coordinate and monitor the transportation of adults and/or children who are active HCJFS consumers, who need transportation to and from Medicaid service appointments.
6. Provider may not transport consumers to locations except those specifically permitted under state and federal Medicaid transportation rules.
7. Provider shall not, under this contract, deliver Medicaid transportation services to consumers unless they are both Medicaid eligible and traveling to or from a Medicaid reimbursable service appointment.
8. Transportation services shall be provided at the request and authorization of HCJFS for transportation to Medicaid Providers who provide services such as, but not limited to: day treatment, medical, dental, therapy appointments, behavioral health treatment and/or to a pharmacy for prescribed medication.

The authorization will be transferred electronically and encrypted to the Provider, who shall then provide the service.

- a. Most authorizations shall be made a minimum of two (2) days prior to the trip date.
- b. Based on medical need, some authorizations shall be made a minimum of two (2) hours prior to the trip time.

9. The Provider shall provide a monitor at the request of HCJFS
10. Transportation will include curb to curb service. Provider must provide the consumers with a local cell phone number or agency number so the consumer or Medicaid provider can call and advise that they are ready for pick-up.
11. The Provider shall defer to HCJFS to determine any rejection of requests for curb to curb service for NET eligible consumers in cases where disruptive behavior merits consideration of redirection to public transportation or other methods of transportation.
12. Provider shall maintain daily trip sheets verifying that services were provided. Minimum information needed includes printed rider name, signature, pick-up, and drop off location, pick-up and drop-off times, and driver's printed name and signature.
13. Provider shall supply HCJFS with a manifest of all requested trips and their subsequent disposition.
14. Provider shall coordinate transportation trips to both optimize efficiency, consumer safety and prompt response time. Provider shall continuously review and compare actual service results, implementing changes as necessary to improve transportation services.
15. The Provider shall make verbal contact within one (1) hour of critical incidents, which are defined as trauma, and injury, danger to life or limb, death and/or medical involvement or potential media involvement to HCJFS' NET Transportation Manager. If the Transportation Manager is unavailable, the Provider shall contact the Transportation Program Section Chief. In addition the Provider shall forward a written incident report within twenty-four (24) hours via fax. If a review of the available reports determines that additional information for proper and meaningful analysis is required, HCJFS shall conduct timely follow-up with the Provider.
16. The Provider shall forward (via fax) any non-critical incident reports within twenty-four (24) hours of the actual incident to NET's Management. The report shall detail

what occurred, staff involved outcome(s), and resolution. Reports that are purely informational and do not require intervention or follow-up shall be labeled "FYI."

17. Provider must ensure that unless authorized by HCJFS a consumer will not ride in transportation vehicles during any singular transport leg for more than seventy-five (75) minutes while traveling to or from the authorized destination.
18. Provider shall develop and implement policies and procedures to detail all aspects of managing and delivering transportation services to be provided under the contract awarded, including but not limited to transportation scheduling, transportation services, invoicing, complaint/incident report, and follow up, employee requirements, consumer management, and vehicle management. All policies and procedures shall be compiled in a manual format and shall be made available at HCJFS' request.
19. NET Consumers Standards Attachment J exist for consumers who utilize transportation arranged by HCJFS. Failure of a consumer to abide by the standards may result in discretionary sanctions imposed by the HCJFS Director, or designee, up to and including suspension of transportation services.
20. If contacted by the media or any other Party about this contract, Provider must notify the NET Supervisor in lieu of responding immediately to media or other Party queries.
21. All Provider records shall be available for review upon request in Cincinnati either electronically (scanned or original electronic record) or in hard copy.

B. Additional requirements for Children's Services NET Consumers - In addition to the above scope, Provider shall warrant that they will meet the following requirements for NET transportation of Medicaid eligible children active with Children's Services to Medicaid eligible Providers.

1. Transportation will include door to door service. The Provider's coordination of all transports shall be provided in a manner to be most cost efficient while addressing the child(ren)'s medical, physical, custodial, psychiatric and timeliness needs. Occasionally, companions (i.e. underage siblings, caregivers, etc.) riding with child(ren) may be authorized by HCJFS.
2. For unaccompanied children, the Provider shall have available a driver and/or designated employee, (hereafter referred to as a "monitor") who shall physically accompany each Medicaid eligible child(ren) to and from Medicaid eligible Providers.

3. The goal of this service is to provide safe, timely, effective non-emergency transportation and a driver or monitor to accompany children to and from treatment locations, homes, schools, and child care. In order to maintain a protected and secure environment during said transport, either the driver or an monitor shall be able to hand carry infants when needed, and physically accompany child(ren) able to walk from the pre-authorized adult at the pickup location to the vehicle, then from the vehicle to the Medicaid eligible Provider and wait with the child until the Children's Services worker or Medicaid Provider is ready to receive the child for the appointment.
4. For a medical appointment, the driver could leave for another transport after the child has been handed off to the Children Services worker or caretaker. The child should wait no more than twenty (20) minutes after the Provider is called for pick up from the medical appointment.
5. The driver and/or monitor must then return to pick up the child(ren) at the end of the appointment and deliver the child(ren) to the pre-authorized adult. Provider will be required to maintain full accountability of child(ren) being served. The employees of the Provider shall be sensitive to the care and needs of the child(ren). A protected and secure environment must be maintained at all times.
6. The driver/ monitor is required to ask for identification (ID) whenever he/she picks up a child(ren) or delivers the child(ren) at the designated location. The ID submitted must match the name of the pre-authorized adult on the request for transportation.
7. When picking up the child(ren) for transport to an appointment there should be no physical/verbal use of force to insist they go. If on a return trip, the child(ren) is unwilling to get into the vehicle, the child(ren) has to be returned to the Medicaid Provider/facility. In this instance, the driver or monitor should first attempt to contact the Children's Services worker. If the Children's Services worker cannot be contacted, then the driver or monitor should contact the Children's Services worker's supervisor. If after fifteen (15) minutes there has been no response, the driver or monitor should call Hamilton County 241-KIDS. If not accepted by 241-KIDS the driver or monitor should call the police and an Incident Report should be completed and sent to the HCJFS NET Fiscal Coordinator within twenty-four (24) hours of the incident. Upon receipt, the HCJFS NET Fiscal Coordinator will again report the incident and forward the Incident Report to the Children's Services worker.

C. Additional Scope of Service for Children with Special Handling - In addition to the above scope, Provider shall warrant that they will meet the following requirements for NET transportation of Medicaid eligible children active with Children's Services to Medicaid eligible Providers.

1. In unusual circumstances, the selected NET Provider will be required to transport riders with logistical and staffing requirements that would merit a reimbursement rate that is higher than the standard rate. This population may, for example, include riders in need of one-on-one driver and monitor assignments. In these cases, typical economies of scale and related efficiencies will be unavailable to the Provider. Except as specified below, all general NET language applies to this service population.
2. For the purposes of this contract, these individuals will be referred to as the "special handling" population. This designation will require prior HCJFS approval of status. The designation is not intended to cover all relatively expensive trips. It is intended to cover riders with special handling traveling to locations with narrow scheduling timeframes. At this time, we expect to serve fewer than 20 such riders in 2011. That figure could increase significantly or disappear entirely in the future. The selected NET Provider should price this alternate rate to be able to scale up or down service volumes as dictated by changing demand.
3. A sample of medical conditions are listed below (#11) that might merit special handling and an elevated reimbursement rate based on unusual logistical challenges and staffing requirements. In each case, the rider may require a one on-one-driver and monitor and an unusually narrow drop off window.
4. This data is provided for example purposes only. The volume or specific nature of special handling transport requests remains unknown.
5. In each case, wheelchair accessible vans or other specialized vehicles are not required. Special driver/monitor training is not required. Except for cases of emergency, Provider staff is not expected to load or unload riders or their equipment.
6. In all cases, the Provider will need to assess each prospective rider for clinical need. The Provider will have the discretion to work with HCJFS to decline services to youth whose medical needs make them clearly inappropriate for transport without immediate access to medical intervention.
7. In all cases, HCJFS must confirm Medicaid eligibility and authorize service prior to service delivery.

8. Prior to service delivery for any special handling youth, HCJFS must assess each case to determine that no other transportation resources are available to the family and that curb to curb service is the most appropriate and cost effective means of transportation for each youth.
9. In all cases, parents have the option not to sign waivers. In these cases, they may still request transportation assistance, but they must do so within the constraints of the standard NET operating procedure. That assistance will likely take the form of mileage reimbursement or bus passes/tokens.
10. Service authorization in these cases is not subject to the timeliness mandates applied to the more general population. In these cases, the Provider and HCJFS will act promptly to deliver service, but also with an abundance of caution to ensure that appropriate services are delivered.
11. Example riders:
 - 5 year old non ambulatory wheelchair transport
 - 2 year old g/t tube car seat transport
 - 20 month old shaken baby car seat transport
 - 2 year old with Feeding tube disconnected for transport car seat transport
 - 4 year old nonverbal child wheelchair transport.
 - 20 month old seizure disorder asthma car seat transport
 - Ambulatory 4 year old child with left sided weakness.
 - 2 ½ year old left sided weakness ambulatory
 - 2 ½ year old ambulatory PKU Diet severe restrictions developmental delays car seat transport
 - 3 year old non ambulatory severe developmental delays blind car seat transport
 - 4 year old ambulatory seizure disorder car seat or booster seat
 - 2 year old with developmental delays car seat transport
 - 2 year old with developmental delays seizures controlled car seat
 - 2 ½ year old ambulatory feeding tube stable car seat transport

D. Scope of Services - Non Medicaid Transportation for Children's Services Consumers

Participating families are involved with Children's services for a number of reasons. Given their involvement with Children's services, children and parents may exhibit issues or conditions that must be factored into the transportation plans.

Trip authorizations will include Non-Medicaid riders in receipt of services related to visitation, parenting, kinship and independent living services with a broad set of destinations that may include court, visitation, home visits, HCJFS, and similar. The requirement for prior HCJFS approval will not change in these cases although funding will be non-Medicaid and these trips will need to be tracked, reported and billed separately.

Generally, non-Medicaid Children Services transports are to be delivered with the same standards, terms, and expectations as those of Medicaid NET services. A few distinctions, clarifications, and points of interest are provided below.

All such trips need to be tracked, recorded, and billed separately from any NET service.

1. HCJFS shall provide the Provider with trip specific service authorizations based upon consumer requests received by HCJFS.
2. Transportation services shall be provided at the request and authorization of HCJFS for transportation to HCJFS designated locations. The authorization will be made electronically and encrypted to the Provider, who shall then provide the service.
3. Most authorizations shall be made a minimum of two (2) days prior to the trip date. Based on medical need, some authorizations shall be made a minimum of two (2) hours prior to the trip time.
4. Transportation is for any person with a current and open Children Services case. In the case of transporting children, up to two additional riders such as foster parents, guardians, Family & Children Services worker, or similar may also ride along.
5. Transportation may include door to door service. In cases where a child is traveling without an adult, the Provider may be asked to provide an monitor, in addition to the driver, to accompany the child.
6. When picking up the child(ren) for transport to an appointment there should be no physical/verbal use of force to insist they will be transported.
7. The goal of this service is to provide safe, timely, effective transportation and a driver or an monitor to accompany children to and from, but not limited to the

following: court, visitation, home visits, HCJFS and similar locations. In order to maintain a protected and secure environment during said transport, either the driver or an monitor shall be able to physically accompany child(ren) from the pre-authorized adult at the pickup location to the vehicle, then from the vehicle to the authorized location and wait with the child until the pre-authorized adult is ready to receive the child for the appointment. The child should wait no more than twenty (20) minutes after the Provider is called for pick up from the appointment.

8. The driver/monitor must then return to pick up the child(ren) at the end of the appointment and deliver the child(ren) to the pre-authorized adult. Provider will be required to maintain full accountability of child(ren) being served. The employees of the Provider shall be sensitive to the care and needs of the child(ren) A protected and secure environment must be maintained at all times.
9. The driver/ monitor is required to ask for identification (ID) whenever he/she picks up a child(ren) or delivers the child(ren) at the designated location. The ID submitted must match the name of the pre-authorized adult on the request for transportation.
10. Riders might be any age but children under five would require an accompanying adult that is not a Provider employee. Youth who are pre-school age will generally not be permitted to be transported without a parent or other familiar caretaker.
11. Service is door to door. The Provider will not leave a child at any location prior to confirming transfer to an adult authorized to receive the child.
12. Children will not be transported to any location (court for example) where no receiving adult is expected to be available.
13. Provider cannot refuse service for authorized riders who fall within the scope of the contract, but HCJFS may ban riders for reasons related to behavior or needs in excess of available service.
14. The Provider's coordination of all transports shall be provided in a manner to be most cost efficient while addressing the child(ren)'s medical, physical, custodial, psychiatric and timeliness needs.
15. Transportation will include door to door service. Provider must be willing to supply the consumers with a local cell phone number or agency number so the consumer can call and advise that the consumer is ready for pick-up after the service or appointment's conclusion.

16. Provider shall maintain daily attendance sheets verifying that services were provided. Minimum information needed includes rider's printed name, signature, pick-up, and drop-off location, pick-up, and drop-off times, and driver's printed name and signature.
17. Provider shall supply HCJFS with a manifest of all requested trips and their subsequent disposition.
18. Provider shall coordinate transportation trips to both optimize efficiency and to maintain prompt response time. Provider shall continuously review and compare actual service results, implementing changes as necessary to improve transportation services.
19. The Provider shall make verbal contact within one (1) hour of critical incidents, which are defined as incidents of trauma, and injury, danger to life or limb, death and/or medical involvement or potential media involvement to HCJFS' NET Transportation Manager. If the Transportation Manager is unavailable, the Provider shall contact the Section Chief. In addition the Provider shall forward a written incident report within twenty-four (24) hours via fax. If a review of the available reports determines that additional information for proper and meaningful analysis is required, HCJFS shall conduct timely follow-up with the Provider.
20. The Provider shall forward (via fax) any non critical incident reports within twenty-four (24) hours of the actual incident to NET's Management. The report shall detail what occurred, staff involved outcome, and resolution. Reports that are purely informational and do not require intervention or follow-up shall be labeled "FYI."
21. Provider in general must ensure that unless authorized by HCJFS a consumer will not ride in transportation vehicles during any one way transport leg for more than seventy-five (75) minutes while traveling to or from the authorized destination.
22. Provider shall develop and implement policies and procedures to detail all aspects of the transportation services to be provided under this contract, including but not limited to transportation scheduling, transportation services, invoicing, complaint/incident report and follow up, employee requirements and vehicle management. All policies and procedures shall be compiled in a manual format and shall be available at HCJFS request.

23. Standards exist for consumers who utilize transportation arranged by HCJFS. Failure of a consumer to abide by the standards may result in discretionary sanctions imposed by the HCJFS Director, or designee up to and including suspension of transportation services by cab or livery vehicle.
24. If contacted by the media or any other Provider about this contract, Provider agrees to notify the NET Supervisor in lieu of responding immediately to media or other Provider queries.
25. All Provider records shall be available for review upon request in Cincinnati either electronically (scanned or original electronic record) and in hard copy.

1.2.1 Population

The following data is provided for planning purposes only. HCJFS does not guarantee that the current service level will increase, decrease, or remain the same. In 2010, NET scheduled services for approximately 357,349 one way trips and delivered services for a total of approximately 210,914 one way trips.

A. NET Services – Traditional and Pregnancy Related Services (PRS)/ Healthchek

In 2010, NET Traditional Services delivered approximately 206,758 one way traditional NET transports for medical, therapy, dental, and pharmacy appointments. Approximately 47% of scheduled traditional NET trips (this category) involve transportation of youth to or from partial hospitalization or day treatment services.

In 2010, NET delivered 3,646 PRS/ Healthchek one way NET transports. Pregnant teenagers, under the age of eighteen (18), may not require guardian accompaniment. The Pregnancy Related Services (PRS) staff will determine this and the Provider will be notified of such instances.

B. NET Services - Children's Services

In 2010, NET Children's Services delivered services for approximately 510 one way transports for children active with Children's Services for medical, therapy, and dental appointments.

C. NET Services – Special Handling

For the purposes of this contract, these individuals will be referred to as the "special handling" population. It is intended to cover riders with special handling traveling to locations with narrow scheduling timeframes. At this time, we expect to serve fewer than 20 such riders in 2012. That figure could increase significantly or disappear entirely in the future.

D. Non NET - Family and Children's Services

In 2010, Family and Children's Services delivered services for approximately 1,200 one way transports for children active with Children's Services.

1.2.2 Service Components

The following Service Components pertain to all NET populations.

A. NET Traditional, Children's Services, Pregnancy Related Services, Healthchek and Special Handling Transportation Services

1. The Provider shall have a toll free telephone number accessible twenty-four (24) hours per day, seven (7) days per week for consumers to call and personnel to answer the toll free telephone number twenty-four (24) hours per day, seven (7) days per week.
2. The Provider shall dedicate an employee(s) to respond to non-medical emergencies (car trouble, accidents, etc.) and communicate emergency information to HCJFS' transportation management, parents, Children's Services, and child care facilities.
3. The Provider shall dedicate an employee to respond to HCJFS' questions regarding invoices.
4. The Provider shall be able to transport individuals in wheelchairs, who can transfer on their own from their wheelchair to the vehicle. The Provider shall help consumers who need or request assistance in and out of the vehicle, including providing a step stool to assist consumers into or out of the vehicle when necessary.
5. The Provider shall be available to provide transportation services twenty-four (24) hours a day seven (7) days a week.
6. The Provider shall ensure that the response time for return trips, between receiving the call from the consumer and the vehicle arriving at the designated pick-up location, is within twenty (20) minutes or best proposed time by Provider.
7. The Provider shall be available to meet on a scheduled and unscheduled basis, with HCJFS' staff to facilitate HCJFS' staff monitoring of contract performance, compliance, and program practices.
8. The Provider shall maintain, locally, all documents and records related to this contract for a minimum of six (6) years, unless otherwise requested by HCJFS.

9. When providing services to HCJFS consumers, the Provider shall deliver transportation services exclusively to consumers of HCJFS in any given vehicle and shall not combine trips with persons from non-HCJFS sources.
10. Consumers returning from chemotherapy or dialysis can be pooled but not so as to increase the time for a direct trip home by more than twenty (20) minutes. Mapquest.com or some other electronic mileage tracking tool shall be used to make this determination in the event of a dispute.
11. The Provider shall, on occasion, and without prior approval from HCJFS, transport currently authorized consumers who have a medical emergency that is not severe enough to warrant transportation by ambulance. The Provider is required, but not limited to the following guidelines:
 - a. If HCJFS Transportation staff are not available, the Provider shall leave a voice message or e mail for the NET/PRS staff (within one business day of the transport) with the name of the consumer, unique Consumer Identifier/Number, nature of emergency, addresses for pick up and drop off and date and times of pick up and drop off.
 - b. When no adult is home for drop-off of a child(ren) and the parent/guardian does not answer the phone, the Provider shall follow NET Policy Memo 11A, "Drop Off – No Responsible Party Home, Attachment L.
12. Due to the urgent medical nature of needed transports for appointments, the Provider shall transport consumers in inclement weather, unless the city proclaims a level 3 Snow Emergency. See Children's Services Manual Section 2.07 Inclement Winter Weather Attachment K. The Provider shall coordinate with schools and Medical facilities, as needed, in cases where those facilities may be closed because of weather.
13. Provider shall arrive at the consumers' originating pick-up location in time for them to be at their appointments and destinations on time, as scheduled.
14. Provider shall pick up and drop off consumers only at locations covered under state and federal Medicaid transportation rules.
15. Based on the ages of the children transported, the Provider shall have vehicles equipped in accordance with all federal, state, local laws, rules and regulations when transporting consumers (i.e., car seats, booster seats, etc.).

B. Additional Service Components for Children's Services Consumers

1. Child(ren) from the same family riding to and from appointments together shall have only one monitor to accompany them to and from the appointment.
2. Driver and Monitor responsibilities includes physically assuming responsibility at the designated pick up point and escorting unaccompanied child(ren) to the point of release for appointments of an authorized Provider as well as maintaining complete awareness and vigilance of child activity.
3. Once the child(ren) has arrived at the designated appointment, the monitor is to release the child(ren) to the pre-authorized adults, therapists, medical personnel or Children's Services workers at the designated appointment location.
4. Upon appointment completion, the Provider will be required to pick-up the child(ren) for transport.
5. The monitor will escort the child(ren) from the appointment location, and return the child(ren) to the designated drop off location and then the monitor will release the child(ren) to the pre-authorized adult.

C. Transportation - Non Medicaid Family and Children's Services

In addition to components found in A. and B. above, the following exceptions or additional component must be met for Non- Medicaid Family and Children's Services consumers.

1. The Provider shall have a toll free telephone number accessible twenty-four (24) hours per day, seven (7) days per week for consumers to call and personnel to answer the toll free telephone number twenty-four (24) hours per day, seven (7) days per week.
2. The Provider shall be available to provide transportation services twenty-four (24) hours a day seven (7) days a week.
3. The Provider shall dedicate an employee(s) to respond to non-medical emergencies (car trouble, accidents, etc.) and communicate emergency information to HCJFS' transportation management, parents, Children's Services, and child care facilities.
4. The Provider shall dedicate an employee to respond to HCJFS' questions regarding invoices.
5. The Provider shall be able to transport individuals in wheelchairs, who can transfer on their own, from their wheelchair to the vehicle.

6. The Provider shall help consumers who need or request assistance in and out of the vehicle, including providing a step stool to assist consumers into or out of the vehicle when necessary.
7. The Provider shall ensure that the response time for return trips, between receiving the call from the consumer and the vehicle arriving at the designated pick-up location, is within twenty (20) minutes or best proposed time by Provider.
8. Based on the ages of the children transported, the Provider shall have vehicles equipped in accordance with all federal, state, local laws, rules and regulations when transporting children active with Children's Services (i.e., car seats, booster seats, etc.).
9. The Provider shall be available to meet on a scheduled and unscheduled basis, with HCJFS' staff to facilitate HCJFS' staff monitoring of contract performance, compliance, and program practices.
10. The Provider shall maintain, locally, all service-related records for a minimum of six (6) years, unless otherwise instructed by HCJFS.
11. When providing services to HCJFS consumers, the Provider shall deliver transportation services exclusively to the consumers of HCJFS in any given vehicle and shall not combine trips with persons from non-HCJFS sources.
12. Due to the urgent nature of needed transports for appointments, the Provider shall transport consumers in inclement weather, unless the city proclaims a level 3 Snow Emergency. See Children's Services Manual Section 2.07 Inclement Winter Weather Attachment K. The Provider shall coordinate with schools and Medical facilities, as needed, in cases where those facilities may be closed because of weather or other conditions.
13. Provider shall arrive at the consumers' originating pick-up location in time for them to be at their appointments and destinations on time, as scheduled.
14. Child (ren) from the same family riding to and from appointments together shall have only one monitor to accompany them to and from the appointment. This includes physically assuming responsibility at the designated pick up point and escorting unaccompanied child(ren) to the point of release for appointments of an authorized pre-authorized adult, as well as maintaining complete awareness and vigilance of child activity.

Once the child(ren) has arrived at the designated appointment, the monitor is to release the child(ren) to the pre-authorized adults, at the designated appointment location.

Upon appointment completion, the Provider will be required to pick-up the child(ren) for transport.

15. The monitor will escort the child(ren) from the appointment location, and return the child(ren) to the designated drop off location. The monitor will release the child(ren) to the pre-authorized adult.

1.2.3 Performance and Service Feedback

A. Performance Survey

1. Provider(s) shall be responsible for obtaining a professional market research company or accredited university to administer a survey twice annually for HCJFS consumers transported by the Provider and all subcontractors. These surveys are to be completed in January and July for the preceding six (6) month period, or as otherwise directed by HCJFS.
2. The consumers shall be surveyed using a statistically valid random sampling methodology.
3. The Provider shall be liable for all scores, including subcontractor's scores.
4. The findings of the surveys shall be available within sixty (60) days post survey period, directly to HCJFS' Transportation Services Management.
5. When the Consumer Satisfaction Survey of the Provider and Contractor(s) is eighty-five percent (85%) or less favorable, HCJFS reserves the right to invoke a requirement for quarterly surveys at the Provider's expense. After the second consecutive survey with results below eighty-five percent (85%), the Provider may be assessed a one-thousand dollar (\$1,000.00) penalty. Recovery will be recouped through invoice deduction.

B. Continuous Quality Improvement Process

1. For any Consumer Satisfaction Survey score below eighty-five (85%), the Provider shall be responsible for remediation of problems identified by the survey.
2. If any Consumer Satisfaction Survey score is below eighty-five (85%), the Provider shall develop, implement, and submit a quality assurance process that provides information for improving performance. The process will focus on enhancing service delivery and consumer satisfaction. The report will be submitted to HCJFS one (1) month after receipt of the Survey report.

1.2.4 Complaint Resolution

Provider is required to:

- A. Have a Complaint Management process, establishing response and resolution expectations for all complaints received by Provider;
- B. Designate an employee who is responsible for managing all consumer complaints: the complaint manager is to facilitate the resolution of complaints regarding Provider's services and refer to HCJFS those involving authorizations or other HCJFS responsibilities;
- C. Provide large typed signs in all vehicles that explain the consumer complaint process in clear and easy-to-understand language, also incorporating Limited English Proficiency (LEP) and other needs of consumers, and contact information for consumers to address a complaint;
- D. Ensure the above contact person, or someone providing back-up for this person, is available by phone during HCJFS business hours (M-F 7:00 a.m. – 5:00 p.m.);
- E. Provider will track complaints by consumer, service Provider, and type of complaint. Provider will individually address and document the resolution of each complaint and maintain information in an appropriate database or spreadsheet;
- F. Provider will analyze and use information from the complaint database to increase service and decrease complaints; and make the data available to HCJFS within five (5) days of a request from request from HCJFS and /or the end of each month, depending on which comes first; and
- G. Good consumer service is a priority to HCJFS. HCJFS reserves the right to implement progressive corrective action as a result of multiple complaints about Provider consumer service delivery.

1.3 Employee Qualifications

Provider, and any subcontractor, providing transportation services directly, shall ensure that any employee who has direct or indirect contact with HCJFS' consumers, who are being transported under the terms of this contract, will meet the following qualifications:

- A. **Citizenship:** All provider or contracted employees shall be a citizen of the United States of America or a documented person who has been lawfully admitted for permanent residence. The U.S. Citizenship and Immigrations Services requires that all U.S. employers must complete and retain a Form I-9 for each individual they hire for employment in the United States. This includes citizens and noncitizens. On the form,

the employer must examine the employment eligibility and identity document(s) an employee presents to determine whether the document(s) reasonably appear to be genuine and relate to the individual and record the document information on the Form I-9. The list of acceptable documents can be found on the last page of the Form I-9.

B. Work History: All Provider or contracted employees who are assigned to this contract with direct or indirect contact with HCJFS' consumers shall have information on job applications verified. Verification shall include references and work history information.

C. Criminal Record Check: Provider warrants and represents it will comply with ORC 2151.86 and will annually complete criminal record checks on all individuals assigned to work with, volunteer with, or transport consumers. Provider will obtain a statewide conviction record check through the Bureau of Criminal Identification and Investigation ("BCII"), and obtain a criminal record transcript from the Cincinnati Police Department, the Hamilton County Sheriff's Office, and/or any law enforcement or police department necessary to conduct complete criminal record checks of each individual providing service. All completed and documented checks shall be in the employee file.

1. Provider shall ensure that every above described individual will sign a release of information, attached hereto and incorporated herein as Attachment H to allow inspection and audit of the above criminal records transcripts or reports by HCJFS or anyone conducting compliance reviews on their behalf.
2. Provider shall not assign any individual to work with or transport consumers until a BCII report and a criminal record transcript has been obtained. A BCII report must be dated within six (6) months of the date an employee or volunteer is hired.

D. Employees Who Have Been Convicted: Employees who have been convicted of or plead guilty to any of the laws contained in the Ohio Revised Code Section 5153.111(B)(1) or Section 2919.24 shall not come into contact with HCJFS' consumers. Employers shall not operate a vehicle with a HCJFS consumer as a passenger if:

E. Safe Driving: The employee has a condition which would affect safe operation of a motor vehicle;

F. **Driving Records:** The employee has six (6) or more points on his or her driver's license, or the employee has been convicted of driving while under the influence of alcohol and/or drugs. Provider shall not utilize any individual who has been convicted or plead guilty to any violations contained in ORC 5153.111(B)(1), ORC 2919.24, and OAC Chapters 5101:2-5, 5101:2-7, 5101:2-48.

G. **Qualifications:** Employees who will operate a vehicle with HCJFS consumers shall have the following qualifications:

1. A valid and current driver's license.
2. Be at least twenty-one (21) years of age
3. The Provider must meet the requirements of the Ohio Revised Code or the Ohio Administrative Code, as applicable for Driver's Licensing commensurate with the type of vehicle being driven.
4. All drivers shall clearly display an employee picture ID issued by Provider (displaying Provider's name) when providing HCJFS transportation. The identification must be clearly visible at all times.
5. Employees shall be trained and have competence in using age appropriate safety restraints (i.e., car seats, booster seats, safety belts, etc.) as required by law.
6. Provider must maintain and document a regularly scheduled training for drivers and dispatchers. Training must include but not be limited to appropriate phone etiquette, passenger assistance, and emergency procedures.

H. **Employees as Monitors:** Employees who shall be used solely as monitors on a vehicle and will never operate the vehicle, shall be at least twenty-one (21) years of age, not be a relative of the consumer and will have employment or volunteer history that demonstrates ability, maturity, and sensitivity to care for abused and neglected children. They must also be trained as required by Federal, State and Local laws, rules and regulations including but not limited to the following :

1. Employees shall be trained in emergency evacuation procedures and drills.
2. Employees shall be trained and have competence using age appropriate safety restraints (i.e., car seats, booster seats, safety belts, etc.) as required by law.

3. Provider must maintain and document a regularly scheduled training for monitor. Training must include but not be limited to appropriate phone etiquette, passenger assistance, and emergency procedures.

- I. **Employee Confidential Information:** HCJFS may request that the Provider not use an employee or prospective employee as a driver, or an monitor based on confidential information known to HCJFS.

The Provider shall provide to HCJFS the name and social security number of all individuals having direct contact with children prior to providing transportation services.

The Provider shall not use an employee or prospective employee as a driver, monitor, or monitor unless approved by HCJFS. No driver or monitor shall be permitted to transport or accompany HCJFS consumers prior to HCJFS screening and written approval of that individual.

1.3.1 Vehicles and Equipment Requirements

All vehicles used shall conform to, be equipped, maintained, and inspected as required by all federal, state, and local laws and regulations of agencies governing school buses and the transportation of children and school children.

.All vehicles used shall be maintained in a safe operating condition. At a minimum the interior and exterior of each vehicle will be cleaned weekly and free of debris, smoke –free and fragrance free when requested by consumer or HCJFS.

For the purpose of responding quickly to emergency situations, Provider agrees to equip each vehicle with a first aid kit, a blood borne pathogen kit, a knife designed for cutting restraint straps should an emergency evacuation be necessary, and a 2-way radio of sufficient watts to cover all Hamilton County and Tri State Region.

HCJFS reserves the right to inspect vehicles of its choice used by the Provider for transporting eligible individuals at any time and without prior notice to the Provider. HCJFS reserves the right to ride in vehicles of its choice used by the Provider to monitor the safety of the vehicle and the quality of service delivery.

In providing this service, the Provider agrees to do so in complete compliance with Federal, State and Local laws, rules and regulations and the policies of HCJFS.

1.3.2 Technology Requirements

Provider will be responsible for scheduling eligible consumers for transportation. A web-based application will be provided for Providers to use, to ensure consumers who call them for services are authorized.

Providers must demonstrate capacity to comply with the following technical requirements:

- A. Providers must have Internet access.
- B. Transportation Providers run Internet Explorer v 6 or newer or Firefox v 3 or newer to browse the internet.
- C. Providers must have JavaScript enabled on their Internet browser.
- D. Participating transportation Providers will not be able to update data in the HCJFS application, but will be able to do inquiries only.
- E. Providers must identify all staff who must have access to the web based application to receive login permission and ID's. The Provider will be required to notify HCJFS when an employee no longer requires access (i.e., termination, change of responsibilities).
- F. HCJFS will assign the Provider an account on HCJFS' secure ftp file server. The Provider must use this account to submit any file transfers to HCJFS. In order to do so, the Provider must obtain and use a secure ftp client (i.e. FileZilla). There are free secure ftp clients, such as FileZilla, that are downloadable from the Internet. This transfer method will maintain a standard of 128 bit encryption for submission of all confidential information.
- G. Providers must provide monthly billing detail. The invoices or any other electronically submitted reports are to be in Excel version XP or 2007 formats.
- H. Data system used by Provider to collect relevant information about the services delivered to consumers necessary to provide reporting and invoices to HCJFS must include at a minimum the following information for each leg of the trip:
 - a. Trip ID – unique identifier for each trip leg
 - b. Consumer ID (Provided from website interface)
 - c. Consumer First Name
 - d. Consumer Last Name
 - e. Trip Date
 - f. Trip Time

- I. Provider may be required to attend training or technical briefings in regards to HCJFS data updates or upgrades.

2.0 Provider Proposal

Each submission must have one original proposal with six (6) copies, using twelve (12) point Arial font when possible. Each Proposal section title must correspond to the following format below. All proposal pages will be numbered sequentially throughout entire proposal beginning with – Section 2.1 – Cover Sheet and ending with Section 2.5 – Personnel Qualifications. Refer to Section 4.9 Public Record, for how to handle Trade secrets or otherwise exempted information. Providers are encouraged, but not required, to use double sided copies in their proposal. Proposals must contain all the specified elements of information listed below **without exception, including all subsections therein:**

Section 2.1 – Cover Sheet

Section 2.2 - Service and Business Deliverables

Section 2.2.1 – Program Components

Section 2.2.2 – System and Fiscal Administration Components

Section 2.3 – Budgets and Cost Considerations

Section 2.4 - Consumer References

Section 2.5 - Personnel Qualifications

2.1 Cover Sheet

Each Provider must complete the Cover Sheet, Attachment A, for each proposal submitted and include such in its proposal. The Cover Sheet must be signed by an authorized representative, Chief Financial Officer of the Provider and also include the names of individuals authorized to negotiate with HCJFS. The signature line must indicate the title or position the individual holds in the company. For any and all unsigned Cover Sheets, the proposals will be rejected.

The Cover Sheet for each proposed service must also include the proposed Unit Rate(s) for each service Provider is proposing for Contract Years 2012 through 2014 (initial term), and 2014 through 2016 (renewal term). These Unit Rate(s) must be supported by the Budget. Please indicate on the Cover Sheet what Service for which the proposal is intended.

2.2 Service and Business Deliverables

Provider should clearly state its competitive advantage and its ability to meet the terms, conditions, and requirements as defined in this RFP in responding to this section.

Providers must describe in detail all information set forth in Section 2.2.1 Program Components and Section 2.2.2 System and Fiscal Administration Components. Answer all questions in two separate and distinct responses.

2.2.1 Program Components

Provider is required to respond to the following for all Proposal submissions -

- A. Describe how your organization will be fully operational and in compliance with the scope of service and other requirements as specified in this RFP.
- B. Describe how your organization will be providing the service identified in Section 1.2 Scope of Service. Include details about the type of vehicles to be utilized and number of staff that will be necessary, for example drivers, administrative staff.
- C. Describe how your organization will identify population you currently serve and your history and experience. Please state your competitive advantage and ability to meet the terms, conditions and requirements defined in this RFP.
- D. Describe how your organization will provide a toll free telephone number accessible twenty-four (24) hours per day, seven (7) days per week, for consumers to call and personnel to answer the toll free telephone number.
- E. Describe how your organization will coordinate all transports in a manner that will be most cost efficient and appropriate to consumer needs.
- F. Describe how your organization will coordinate and monitor the transportation.
- G. Describe how your organization will handle last minute changes to the current trip and newly authorized trips.
- H. Describe your organization's policy for handling contacts from the media regarding consumer incidents.
- I. Describe how your organization will share the communicating of non-medical emergencies such as car trouble, accidents, etc. to HCJFS' transportation management, parents, Children's Services and child care facilities.
- J. Describe how your organization will handle language barriers.
- K. Describe your organization's experience in transporting individuals in wheelchairs and with of other special physical needs.

- L. Describe how your organization will use subcontractors in this contract, if you plan to subcontract.
- M. Describe how your organization will maintain adequate capacity for service provision and submit a fleet inventory defining the number of vehicles you have access to with critical vehicles, and other pertinent information for the provision of safe, efficient transportation for HCJFS consumers.
- N. Describe how your organization will maintain daily records on attendance sheets verifying that service was provided.
- O. Describe how your organization will ensure appropriately skilled drivers by detailing the training policy for drivers, dispatchers, etc. Reference Section 1.3 Employee Qualifications, G. Employee s Operating A Vehicle.
- P. Describe your experience, and or your ability, to maintain the confidentiality of consumer information and to exchange consumer data with HCJFS via secure and encrypted Certified Mail e-mail, per Attachment N.
- Q. Describe your organization's ability to attend trainings/briefings regarding technical requirements as needed
- R. Describe your organization's ability to have transportation available for consumers twenty-four (24) hours, seven (7) days a week regardless of holidays or inclement weather.
- S. Describe your organization's ability to provide comprehensive current records on site in Cincinnati encompassing all service delivery, eligibility, and compliance verifications.
- T. Describe your organization's process for storing hard-copy, electronic, or imaged documents locally.
- U. Describe your organization's ability to provide internet access and secure ftp consumer that will be utilized or the transfer of confidential consumer information.
- V. Provide a file layout or description of the Monthly Billing Detail file that will be delivered.
- W. State how your organization will be able to provide all electronically submitted reports in Excel version XP or 2007 format.

2.2.2 System and Fiscal Administration Components

Please provide the following attached to the original proposal and all copies:

- A. Contact Information - Provide the address for the Provider's headquarters and service locations. Include a contact name, address, and phone number.
- B. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service. Include a listing of all subsidiary and affiliate companies connected with your organization, including the percentage of interest of ownership.
- C. Subcontracts - Submit a letter of intent from each subcontractor indicating their commitment, type and volume service(s) to be provided and three (3) references. All subcontractors must be approved by HCJFS and will be held to the same contract standards as the Agency/Company. If subcontractors are not yet known, provide a plan detailing how your organization will engage the needed number of subcontractors in order to be fully operational with all required specific components as defined by this RFP.
- D. Agency's/Company Primary Business - State the agency's/company's primary line of business, the date established, the number of years of relevant experience, and the number of employees.
- E. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company.
- F. Insurance and Worker's Compensation - A current certificate of insurance, current endorsements and Worker's Compensation certificate.
- G. Job Descriptions - For all positions in the program budget.
- H. Daily Service/Attendance Form - Include a blank copy of the forms used to record services provided. Information must include but not limited to: names of consumer who received service, consumer or pre-authorized adult's signature, pre-authorized adult's form of picture identification checked, consumer's telephone number, date of service, pick up time and location, drop off time and location, the population served, full name of the driver and monitor printed and signature.
- I. Program Quality Documents - Attach documents which describe and support program quality. Such documents might be the forms used for monitoring and evaluation or copies of awards received for excellent program quality.
- J. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.

Please provide the following attached only to the original proposal:

- K. Agency/Company Ownership - Describe how the agency/company is owned (include the form of business entity -i.e., corporation, partnership or sole proprietorship) and financed.
- L. Annual Report - A copy of Provider's most recent annual report, the most recent independent annual audit report, and a copy of all management letters related to the most recent independent annual audit report and the most recent Form 990 if applicable. For a sole proprietor or for profit entities, include copies of the two (2) most recent year's federal income tax returns and the most recent yearend balance sheet and income statement. If no audited statements are available, Provider must supply equivalent financial statements certified by Provider to fairly and accurately reflect the Provider's financial status. **It is the responsibility of the Provider to redact tax identification numbers from all documents prior to submission to HCJFS.**

2.3 Budgets and Cost Considerations

A budget is required for each contract term. HCJFS anticipates services will begin no later than July 1, 2012. Provider must submit a Budget and Unit Rate calculation of the trip rate per leg per person, for the two (2) year initial contract term (July 1, 2012 through June 30, 2014) and the two (2) year optional renewal period (July 1, 2014 through June 30, 2016). The Monitor Hourly Rate component of the Unit rate must be explicitly stated on the Cover Sheet.) Provider understands the rates defined on the Cover Sheet will be used to compensate Provider for services provided.

A. Budgets and Unit Rates

Rate(s) must be submitted in the form provided as Attachment C.

In the event a fuel surcharge is included in your proposal, please submit the following:

1. Your proposed base price of fuel per gallon used in calculating your Unit Rate, as well as the methodology used to determine the Unit Rate.
2. Average miles per gallon fuel consumption per vehicle type.
3. The following method will be used to determine when the fuel surcharge will apply.
NOTE: HCJFS will only allow fuel surcharge compensation if the price per gallon of fuel exceeds the base price of fuel per gallon used by Provider in calculating the Unit Rate by 10% or more ("fuel surcharge threshold price").

4. It is the onus of the Provider to insure timely requests for fuel surcharge compensation; once a service month has been invoiced, no future requests for surcharges will be approved.
5. Should the Ohio monthly average retail price of regular grade gasoline, as reported by the US Energy Information Administration (EIA) website, rise above the fuel surcharge threshold price, HCJFS will compensate the Provider the difference.
6. Compensation by HCJFS for any fuel surcharge will require Provider to submit a separate monthly invoice, outlining the following:
 - i. Base Price \$0.00
 - ii. Fuel Surcharge Threshold Price \$0.00
 - iii. EIA Invoice Month Average Price \$0.00
 - iv. Difference \$0.00
 - v. Number of Gallons of Fuel Purchased for Invoice Month ###
 - vi. Fuel Surcharge Amount \$0.00
7. At HCJFS request, Provider will provide source documents supporting the number of gallons purchased for Invoice Month.
8. In no event, will HCJFS compensate a fuel surcharge greater than actual costs.

B. Profit Margin

Provider must identify profit in a specific line item in the budget. Profit may not exceed 9% over actual costs identified in the budget.

Profit earned shall be reported monthly on each invoice.

All registered Providers will be sent an electronic budget file in Excel format. All Providers submitting a proposal shall include a hard copy of all ten (10) budgets in the proposal and also submit budgets electronically in Excel format to the contact person identified in Section 3.2 HCJFS Contact Person. If Provider is unable to submit an electronic copy of the budget, Provider shall include a statement in the budget narrative explaining the reason.

NOTE: The electronic copy of the budget and Provider's proposals must be received by the due date specified in the RFP.

The electronic copy of the budget must be submitted in an unlocked Excel format and must match the hardcopy budget submitted in the proposal.

For renewal years, any increases in Unit Rates will be at the sole discretion of HCJFS, subject to funding availability and contract performance, and will be limited to no more than 3% of the Unit Rate of the prior term. HCJFS does not guarantee that the Unit Rate will be increased from one contract term to the next. Nothing in the RFP shall be construed to be a guarantee of any Unit Rate increase.

Provider must warrant and represent the Budget is based upon current financial information and programs, and includes all costs relating to but not limited by the following:

1. Transportation; and
2. Monitor(s); and
3. Other direct services (e.g. insurance, administration, etc.) needed to accurately calculate the cost of a unit of Service

All revenue sources available to Provider to serve consumers identified in the Scope of Service shall be listed in the Budget, and utilized, where permissible, to reduce the Unit Rate. All costs must be specified for the various parts of the program. Cost must be broken down by type of work as well as classifications for staff, i.e. senior program manager vs. lower level position.

C. Unit Rate:

Provider must submit a unit rate supported by the project budget for each service proposed for each contract term and must be listed on the Cover Sheet, Attachment A.

1. Provider must submit a detailed narrative which demonstrates how costs are related to the service(s) presented in the proposal.
2. Provider must take note that "profit" will be a separately negotiated element of price pursuant to OAC 5101:9-4-07, if Provider is a for-profit organization.
3. For the purposes of this RFP, "unallowable" program costs include:
 - i. cost of equipment or facilities procured under a lease-purchase arrangement unless it is applicable to the cost of ownership such as depreciation, utilities, maintenance and repair;
 - ii. bad debt or losses arising from uncorrectable accounts and other claims and related costs;
 - iii. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;
 - iv. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;

- v. entertainment costs for amusements, social activities and related costs for staff only;
- vi. costs of alcoholic beverages;
- vii. goods or services for personal use;
- viii. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
- ix. gains and losses on disposition or impairment of depreciable or capital assets;
- x. cost of depreciation on idle facilities, except when necessary to meet Contract demands;
- xi. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in OAC 5101:2-47-25(n);
- xii. losses on other contracts';
- xiii. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
- xiv. costs related to legal and other proceedings;
- xv. goodwill;
- xvi. asset valuations resulting from business combinations;
- xvii. legislative lobbying costs;
- xviii. cost of organized fund raising;
- xix. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
- xx. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
- xxi. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
- xxii. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
- xxiii. major losses incurred through the lack of available insurance coverage;
- xxiv. cost of prohibited activities from section 501©(3) of the Internal Revenue Code. If there is a dispute regarding whether a certain item of cost is allowable, HCJFS' decision is final; and
- xxv. costs associated with staff retention incentives.

D. Contract Period, Funding & Invoicing:

A contract will be written for the initial term of two (2) years and one (1) additional two (2) year renewal period. Contract renewal and any proposed renewal year rate increase (up to 3% subject to Section 2.3) will be initiated at the sole discretion of HCJFS, subject to funding availability and Provider contract performance. Contract payment is based on Unit Rates for authorized services already provided. HCJFS will use its best efforts to make payment within 30 days of receipt of timely and accurate invoices and required documentation. HCJFS will not pay late fees, interest, or other penalties for later payment. See Attachment B for a sample Provider Contract. HCJFS reserves the right to add or delete contract language to meet program needs. This sample contract is being provided only as an example of expectations and language.

E. Invoices:

Provider shall invoice the HCJFS NET Fiscal coordinator on a per person, per leg (one-way) basis. There shall be no additional recompense for companions riding with children/adults or no shows.

Original invoices for each service shall be sent according to Section 1.3.2 Technology Requirement and payment process will be as follows:

1. Provider shall submit a separate invoice for each service month. HCJFS will not make payment for any Service, either an initial invoice or a supplemental invoice, which is submitted to HCJFS more than sixty (60) calendar days from the end of the service month.
2. For invoices which are received timely but are not accurate, there will be no extension of the time limitation set forth in paragraph one (1) of this Section for re-submission of an invoice unless such delay is caused by HCJFS.
3. For accurate invoices that are received timely, HCJFS will use its best effort to make payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of this Contract.
4. The Provider shall submit a separate invoice for each transportation population served: NET Traditional, PRS/Healthchek and Children's Services, as well as Non NET Children's Services.) Each invoice shall include a signed cover sheet with the Provider's name and address, invoice date, invoice number, billing period information, population identification, dollar amount due for each day of the billing period and the total dollar amount due for the billing period.

F. Suspension of Referrals and/or Payment of Invoices:

HCJFS, at its sole discretion, may at any time suspend:

1. requests for service to the Provider; and
2. the processing and/or payment of any invoice(s) submitted by Provider, if at any time during, HCJFS has reasonable belief or actual knowledge of Provider's noncompliance with contract terms with federal, state, local laws, rules and regulations HCJFS shall immediately attempt to notify Provider of any such suspension and shall, within twenty-four (24) hours of a suspension, send written notice of the suspension to Provider by regular U.S. Mail.
3. Upon completion of any investigation conducted pursuant to the provisions of this RFP, Agency shall notify Provider, in writing, of the results of the investigation as well as any action(s) that will be taken by HCJFS including, but not limited to, immediate termination of the contract.

2.4 Consumer References

Provider must submit at least three (3) letters of reference for whom services were provided similar in nature and functionality to those requested by HCJFS. Reference letters from HCJFS or HCJFS employees will not be accepted. Each reference must include at a minimum:

- A. Company name;
- B. Address;
- C. Phone number;
- D. Fax number;
- E. Contact person;
- F. Nature of relationship and service performed; and,
- G. Time period during which services were performed.

If Provider is unable to submit at least three (3) letters of reference, Provider must submit a detailed explanation as to why.

2.5 Personnel Qualifications

For key program and business personnel who will be working with the contract, please submit resumes with the following:

- A. Proposed role;
- B. Industry certification(s), including any licenses or certifications and, if so, whether such licenses or certifications have been suspended or revoked at any time;
- C. Work history; and
- D. Professional reference (company name, contact name and phone number, scope and duration of program).

Provider's program manager must have a minimum of three (3) years experience as a program manager with a similar program.

It is the proposing agency's responsibility to redact all personal information from resumes. Please make sure the resume reflects the person's position title instead of their name so we can tie the position back to the budget.

2.6 Terrorist Declaration

In accordance with ORC 2909.32(A)(2)(b), Provider is to provide a completed Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization, Attachment F. Any material assistance to a terrorist organization or organization that supports terrorism as identified by the U.S. Department of State Terrorist Exclusion List is a felony of the fifth degree. A purchase order for services rendered will not be issued for payment if this form is not completed and returned with the submitted proposal.

2.7 Insurance

Provider agrees to procure and maintain for the term of this Contract the insurance set forth herein. The cost of all insurance shall be borne by Provider. Insurance shall be purchased from a company licensed to provide insurance in Ohio.

Insurance is to be placed with an insurer provided an A.M. Best rating of no less than A-: VII. Provider shall purchase the following coverage and minimum limits:

A. Commercial general liability insurance policy with coverage contained in the most current Insurance Services Office Occurrence Form CG 00 01 or equivalent, with limits of at least One Million Dollars (\$1,000,000.00) per occurrence and Two Million Dollars (\$2,000,000.00) in the aggregate and at least One Hundred Thousand Dollars (\$100,000.00) coverage in legal liability fire damage. Coverage will include:

1. Additional insured endorsement;
2. Product liability;
3. Blanket contractual liability;
4. Broad form property damage;
5. Severability of interests;
6. Personal injury;
7. Joint venture as named insured (if applicable); and
8. Physical abuse and sexual molestation endorsement.

B. Comprehensive business auto liability insurance on any owned, hired and non-owned autos, vehicles, buses and other motor vehicles utilized in the performance of this Contract for the direct delivery of transportation (such as, but not limited to HCJFS "Consumers") with combined single loss limits based on the following:

1. Motor vehicle with capacity of six (6) or less occupants, including operator, including taxis and handicapped livery vehicles, as defined in City of Cincinnati Ordinance 407-29. Such motor vehicle shall have at least \$1,000,000 limit per accident.
2. Motor vehicle with capacity of greater than 6 occupants, including operator, including Class A Limousines and Class B Limousines, as defined in City of Cincinnati Ordinance 407-1-L1. Such motor vehicle shall have at least \$5,000,000 limit per accident.

Motor vehicle coverage shall include any owned, hired, non-owned autos, vehicles, buses and other motor vehicles utilized in the performance of services under this Contract for the direct delivery of transportation (such as, but not limited to HCJFS "Consumers") and provide coverage for Provider's liability to occupants and claimants.

If under this Contract provision of services is provided to HCJFS Consumers through use of its employees' privately owned vehicles "POV", then the Provider's Business Auto Liability insurance shall sit excess to the employees "POV" insurance and provide coverage above its employee's "POV" coverage. Provider agrees the business auto liability policy will be endorsed to provide this coverage.

- C. Umbrella and excess liability insurance policy with limits of at least Two Million Dollars (\$2,000,000.00) per occurrence and in the aggregate, above the commercial general and business auto primary policies and containing the following coverage:
1. Additional insured endorsement;
 2. Pay on behalf of wording;
 3. Concurrency of effective dates with primary;
 4. Blanket contractual liability;
 5. Punitive damages coverage (where not prohibited by law);
 6. Aggregates: apply where applicable in primary;
 7. Care, custody and control – follow form primary; and
 8. Drop down feature.

The limits required in this section for General Liability, Business Auto Liability and Umbrella/Excess Liability may also be satisfied by Provider purchasing coverage for the limits specified or by any combination of primary and umbrella limits, so long as the total amount and scope of insurance is not less than the limits specified in General Liability, Business Auto Liability and Umbrella/Excess Liability when added together.

- D. Workers' Compensation insurance at the statutory limits required by Ohio Revised Code.
- E. The Provider further agrees with the following provisions:

1. All policies, except workers' compensation and professional liability, will endorse as additional insured the Board of County Commissioners Hamilton County, Ohio and Hamilton County Department of Job & Family Services, and their respective officials, employees, agents, and volunteers. The additional insured endorsement shall be on an ACORD or ISO form.
2. The certificate of insurance forms will be sent to: Risk Manager, Hamilton County, Room 607, 138 East Court Street, Cincinnati, Ohio 45202; and to HCJFS, Contract Services, 3rd floor, 222 East Central Parkway, Cincinnati, Ohio 45202. The forms must state the following: "Board of County Commissioners, Hamilton County, Ohio and Hamilton County Department of Job & Family Services, and their respective officials, employees, agents, and volunteers are endorsed as additional insured as required by Contract on the commercial general, business auto and umbrella/excess liability policies."

3. Each policy required by this clause shall be endorsed to state that coverage shall not be canceled or materially changed except after thirty (30) days prior written notice given to: Risk Manager, Hamilton County, Room 607, 138 East Court Street, Cincinnati, Ohio 45202; and to HCJFS, Contract Services, 3rd floor, 222 East Central Parkway, Cincinnati, Ohio 45202.
4. Provider shall provide original insurance certificates demonstrating coverage required by this clause prior to the commencement of this Contract. These original insurance certificates shall be delivered to the Hamilton County Risk Manager and HCJFS, at the locations specified in F.2. above. Upon request, Provider shall make available certified copies of all required insurance policies, including endorsements and other documentation affecting the coverage required by these specifications.

Failure of HCJFS to demand such certificate or other evidence of full compliance with these insurance requirements or failure of HCJFS to identify a deficiency from evidence provided shall not be construed as a waiver of Provider's obligation to maintain such insurance.
5. Provider shall declare any self-insured retention in excess of \$10,000.00 to Hamilton County pertaining to liability insurance. Provider shall provide a financial guarantee satisfactory to Hamilton County and HCJFS guaranteeing payment of losses and related investigations, claims administration and defense expenses for any self-insured retention.
6. If Provider provides insurance coverage under a "claims-made" basis, Provider shall provide evidence of either of the following for each type of insurance which is provided on a claims-made basis: unlimited extended reporting period coverage which allows for an unlimited period of time to report claims from incidents that occurred after the policy's retroactive date and before the end of the policy period (tail coverage), or; continuous coverage from the original retroactive date of coverage. The original retroactive date of coverage means original effective date of the first claim-made policy issued for a similar coverage while Provider was under Contract with the County on behalf of HCJFS.
7. Provider will require all insurance policies in any way related to the work and secured and maintained by Provider to include endorsements stating each underwriter will waive all rights of recovery, under subrogation or otherwise, against the County and HCJFS. Provider will require of subcontractors, by appropriate written contracts, similar waivers each in favor of all parties enumerated in this section.

8. Provider, at its expense, shall replenish all coverage limits immediately upon its insurer's reductions in limits due to claims on this Contract or any other Contract. Failure to do so may result in cancellation of this Contract at HCJFS' sole discretion. If Provider fails to renew, replace, or replenish the coverages required, the HCJFS may do so on the Provider's behalf and deduct the cost from any amount due to Provider from HCJFS.
9. Provider, the County, and HCJFS agree to fully cooperate, participate, and comply with all reasonable requirements and recommendations of the insurers and insurance brokers issuing or arranging for issuance of the policies required here, in all areas of safety, insurance program administration, claim reporting and investigating and audit procedures.
10. Provider's insurance coverage shall be primary insurance with respect to the County, HCJFS, their respective officials, employees, agents, and volunteers. Any insurance maintained by the County or HCJFS shall be excess of Provider's insurance and shall not contribute to it.
11. If any of the work or Services contemplated by this Contract is subcontracted, Provider will ensure that any subcontractors comply with all insurance requirements contained herein.

3.0 PROPOSAL GUIDELINES

The RFP, the evaluation of responses, and the award of any resultant contract shall be made in conformance with current federal, state, local laws, rules, regulations, and procedures.

3.1 Program Schedule

ACTION ITEM	DELIVERY DATE
RFP Issued	Tuesday, November 02, 2011
RFP Conference	Friday, November 18, 2011@10:00am
Deadline for Receiving Final RFP Questions	Wednesday, November 30, 2011
Deadline for Issuing Final RFP Answers	Monday, December 12, 2011
Deadline for Registering for the RFP Process	Friday, November 18, 2011
Deadline for Proposals Received by HCJFS Contact Person	Friday, January 20, 2012 @ 11:00a.m.
Oral Presentation/Site Visits – if needed	Week of January 23, 2012
Anticipated Proposal Review Completed	Thursday, February 09, 2012
Anticipated Negotiation Schedule	Tuesday, February 21, 2012 through Friday, March 2, 2012
Anticipated Start Date	Sunday, July 1, 2012

3.2 HCJFS Contact Person

HCJFS Contact Person and mailing address for questions about the proposal process, technical issues, the Scope of Service or to send a request for a post-proposal meeting is:

*Sheila Bass, Contract Services
Hamilton County Department of Job and Family Services
222 East Central Parkway, 3rd floor
Cincinnati, Ohio 45202
HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org
Fax: (513) 946-2384*

3.3 Registration for the RFP Process

EACH PROVIDER MUST REGISTER FOR AND RESPOND TO THIS RFP TO BE CONSIDERED. THE DEADLINE TO REGISTER FOR THE RFP IS FRIDAY, NOVEMBER 18, 2011, BY END OF DAY.

All interested Providers must complete Registration Form Attachment G and fax or e-mail the HCJFS Contact Person to register, leaving their name, company name, email address, fax number and phone number. The HCJFS Contact Person's fax number is (513) 946-2384, and their e-mail address is:

HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org.

3.4 RFP Conference

The RFP Conference will take place at the ***Hamilton County Department of Job and Family Services, 222 East Central Parkway, Cincinnati, Ohio 45202, 6th Floor, Room 6SE201, on Friday, November 18, 2011@10:00am***

All registered Providers may also submit written questions regarding the RFP or the RFP Process. All communications being mailed, faxed or e-mailed are to be sent only to the HCJFS Contact Person listed in Section 3.2.

- A. Prior to the RFP Conference, questions may be faxed or e-mailed regarding the RFP or proposal process to the HCJFS Contact Person. The questions and answers will be distributed at the RFP's Conference and by e-mail to Providers who have registered for the RFP Process but are unable to attend the RFP's Conference.
- B. After the RFP Conference, questions may be faxed or e-mailed regarding the RFP or the RFP Process to the HCJFS Contact Person.
- C. No questions will be accepted after **Wednesday, November 30, 2011**. The final responses will be faxed or e-mailed no later than Monday, **Monday, December 12, 2011** by the close of business.
- D. Only Providers who register for the RFP Process will receive copies of questions and answers.
- E. The answers issued in response to such Provider questions become part of the RFP.

3.5 Prohibited Contacts

The integrity of the RFP process is very important to HCJFS in the administration of our business affairs, in our responsibility to the residents of Hamilton County, and to the Providers who participate in the process in good faith. Behavior by Providers which violates or attempts to manipulate the RFP process in any way is taken very seriously. Neither Provider nor their representatives should communicate with individuals associated with this program during the RFP process. If the Provider attempts any unauthorized communication, HCJFS will reject the Provider's proposal.

Individuals associated with this program include, but are not limited to the following:

- A. Public officials; including but not limited to the Hamilton County Commissioners;
and
- B. Any HCJFS employees, except for the HCJFS Contact Person.

Examples of unauthorized communications are:

- A. Telephone calls;
- B. Prior to the award being made, telephone calls, letters and faxes regarding the RFP process, interested Proposers, the program or its evaluation made to anyone other than the HCJFS Contact Person as listed in Section 3.2;
- C. Visits in person or through a third party attempting to obtain information regarding the RFP; and
- D. E-mail except to the HCJFS Contact Person, as listed in Section 3.2.

3.6 Provider Disclosures

Provider must disclose any pending or threatened court actions and claims brought by or against the Provider, its parent company or its subsidiaries. This information will not necessarily be cause for rejection of the proposal; however, withholding the information may be cause for rejection of the proposal.

3.7 Provider Examination of the RFP

THIS RFP AND THE REQUIREMENTS HEREIN HAVE BEEN MODIFIED SINCE THE PREVIOUS RFP PROCESS. PLEASE REVIEW ALL REQUIREMENTS AND THE PROPOSAL TO ENSURE ACCURACY. ATTENDANCE AT THE RFP CONFERENCE IS HIGHLY ENCOURAGED.

Providers shall carefully examine the entire RFP and any addenda thereto, all related materials and data referenced in the RFP or otherwise available and shall become fully aware of the nature of the request and the conditions to be encountered in performing the requested services.

If Providers discover any ambiguity, conflict, discrepancy, omission or other error in this RFP, they shall immediately notify the HCJFS Contact Person of such error in writing and request clarification or modification of the document. Modifications shall be made by addenda issued pursuant to Section 3.8, Addenda to RFP.

Clarification shall be given by fax or e-mail to all parties who registered for the RFP Conference, Section 3.3, without divulging the source of the request for same.

If a Provider fails to notify HCJFS prior to, **Friday, December 16, 2011 by 3:00pm** of an error in the RFP known to the Provider, or of an error which reasonably should have been known to the Provider, the Provider shall submit its proposal at the Provider's own risk. If awarded the contract, the Provider shall not be entitled to additional compensation or time by reason of the error or its later correction.

3.8 Addenda to RFP

HCJFS may modify this RFP no later than **Tuesday, December 27, 2011** by issuance of one or more addenda to all parties who registered for the Provider's Conference, Section 3.3. In the event modifications, clarifications, or additions to the RFP become necessary, all Providers who registered for the Provider's Conference will be notified and will receive the addenda via fax or e-mail. In the unlikely event emergency addenda by telephone are necessary, the HCJFS Contact Person, or designee, will be responsible for contacting only those Providers who registered for the Provider's Conference. All addenda to the RFP will be posted to <http://www.hcjfs.hamilton-co.org> and <http://www.bidsync.com>.

3.9 Availability of Funds

This Contract is conditioned upon the availability of federal, state, or local funds appropriated or allocated for payment for services provided under the terms and conditions of this Contract.

By sole determination of HCJFS, if funds are not sufficiently allocated or available for the provision of the services performed by Provider hereunder, HCJFS reserves the right to exercise one of the following alternatives:

1. Reduce the utilization of the services provided under this Contract, without change to the terms and conditions of the Contract; or
2. Issue a notice of intent to terminate the Contract.

HCJFS will notify Provider at the earliest possible time of such decision. No penalty shall accrue to HCJFS in the event either of these provisions is exercised. HCJFS shall not be obligated or liable for any future payments due or for any damages as a result of termination under this section.

4.0 Submission of Proposal

Provider must certify the proposal and pricing will remain in effect until execution of any contract resulting from this RFP.

4.1 Preparation of Proposal

Proposals must provide a straightforward, concise delineation of qualifications, capabilities, and experience to satisfy the requirements of the RFP. Proposals must clearly identify and detail any exceptions it takes to specifications, terms or expectations as defined in this RFP. Expensive binding, colored displays, promotional materials, etc. are not necessary. Emphasis should be concentrated on conformance to the RFP instructions, responsiveness to the RFP requirements, completeness, and clarity of content. The proposal must include all costs relating to the services offered.

4.2 Cost of Developing Proposal

The cost of developing proposals is entirely the responsibility of the Provider and shall not be chargeable to HCJFS under any circumstances. All materials submitted in response to the RFP will become the property of HCJFS and may be returned only at HCJFS' option and at Provider's expense.

4.3 False or Misleading Statements

If, in the opinion of HCJFS, such information was intended to mislead HCJFS, in its evaluation of the proposal, the proposal will be rejected.

4.4 Delivery of Proposals

One (1) signed original proposal and six (6) duplicates of the proposal must be received by the HCJFS Contact Person at the address listed in Section 3.2, HCJFS Contact Person, no later than **11:00a.m. EST on Friday, January 20, 2012**. ***Proposals received after this date and time will not be considered.*** If Provider is not submitting the proposal in person, Provider should use certified or registered mail, UPS, or Federal Express with return receipt requested and email the HCJFS Contact Person the method of delivery. A receipt will be issued for all proposals received. No e-mail, telegraphic, facsimile, or telephone proposals will be accepted.

It is absolutely essential that Providers carefully review all elements in their final proposals to insure completeness and accuracy. Once received, proposals cannot be altered; however, HCJFS reserves the right to request additional information from Providers during the evaluation for clarification purposes only.

4.5 Acceptance and Rejection of Proposals

HCJFS reserves the right to:

- A. award a contract for one or more of the proposed services;
- B. award a contract for the entire list of proposed services;
- C. reject any proposal, or any part thereof; and
- D. waive any informality in the proposals.

The recommendation of HCJFS staff and the decision by the HCJFS Director shall be final. Waiver of an immaterial defect in the proposal shall in no way modify the RFP documents or excuse the Provider from full compliance with its specifications if Provider is awarded the contract.

4.6 Evaluation and Award of Contract

The review process shall be conducted in four stages. Although it is hoped and expected that a Provider will be selected as a result of this process, HCJFS reserves the right to discontinue the procurement process at any time.

Stage 1. Preliminary Review

A preliminary review of all proposals submitted by **11:00a.m. on Friday, January 20 , 2012** to ensure the proposal materials adhere to the Mandatory Requirements specified in the RFP. Proposals which meet the Mandatory Requirements will be deemed Qualified. Those which do not, shall be deemed Non-Qualified. Non-Qualified proposals will be rejected. Qualified proposals in response to the RFP must contain the following Mandatory Requirements:

- A. Timely Submission – The proposal is received at the address designated in Section 3.2 no later than **11:00a.m. Friday, January 20 , 2012** and according to instructions. Proposals mailed but not received at the designated location by the specified date shall be deemed Non-Qualified and shall be rejected.
- B. Signed and Completed Cover Sheet, Section 2.1;
- C. Responses to Program Components, Section 2.2.1;

- D. Responses to System and Fiscal Administration Components, Section 2.2.2;
- E. Completed Budgets, Section 2.3;
- F. Customer References, Section 2.4;
- G. Personnel Qualifications, Section 2.5; and
- H. Terrorist Declaration, Section 2.6.

Stage 2. Evaluation Committee Review

All Qualified proposals shall be reviewed, evaluated, and rated by the Review Committee. Review Committee shall be comprised of HCJFS staff and other individuals designated by HCJFS. Review Committee shall evaluate each Provider's proposal using criteria developed by HCJFS. Ratings will be compiled using a Review Committee Rating Sheet. Responses to each question will be evaluated and ranked using the following scale:

Does Not Meet Requirement	Particular RFP requirements were not addressed in the Provider's proposal.
Partially Meets Requirement	Provider proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt fails below acceptable level.
Meets Requirement	Provider's fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation.
Excellent Requirement	Provider's proposal fulfills a particular RFP requirement in all material respects, and offers some additional level of quality in excess of HCJFS expectations.

Stage 3 Other Materials

Review Committee members will determine what other information is required to complete the review process. All information obtained during Stage 3 will be evaluated using the scale set forth in Stage 2 Review. Review Committee may request information from sources other than the written proposal to evaluate Provider's programs or clarify Provider's proposal. Other sources of information, may include, but are not limited to, the following:

- A. Written responses from Provider to clarify questions posed by Review Committee. Such information requests by Review Committee and Provider's responses must always be in writing;
- B. Oral presentations. If HCJFS determines oral presentations are necessary, the presentations will be focused to ensure all of HCJFS' interests or concerns are adequately addressed. The primary presentation must include Provider's key program personnel. HCJFS reserves the right to video tape the presentations.
- C. Site visits will be conducted for all new Providers and any existing Providers as HCJFS deems necessary. Site visits will be held at the location where the services are to be provided.

Stage 4 Evaluation

Final scoring for each proposal will be calculated. For this RFP, the evaluation percentages assigned to each section are:

- A. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 10% of the total evaluation score.
- B. System Evaluation including responses to Section 2.2.2 Questions are worth 60% of the total evaluation score.
- C. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 25% of the total evaluation score.
- D. Section 4.6, Stage 3, Other Materials considered is worth 5% of the total evaluation score.

If HCJFS determines that is not necessary to conduct a Stage 3 review, the evaluation percentages assigned to each section are:

- A. Program Evaluation including responses to Section 2.2.1 Questions, Section 2.4 Customer References and Section 2.5 Personnel Qualifications are worth 10% of the total evaluation score.
- B. System Evaluation including responses to Section 2.2.2 Questions are worth 65% of the total evaluation score.
- C. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 25% of the total evaluation score.

4.7 Proposal Selection

Proposal selection does not guarantee a contract for services will be awarded. The selection process includes:

- A. All proposals will be evaluated in accordance with Section 4.6 Evaluation & Award of Contract. The Review Committee's evaluations will be scored and sent through administrative review for final approval.
- B. Based upon the results of the evaluation, HCJFS will select a Provider for the services who it determines to be the responsible agency/company whose proposal is most advantageous to the program, with price and other factors considered.
- C. HCJFS will work with selected Provider to finalize details of the Contract using Attachment B, Contract Sample, to be executed between the BOCC on behalf of HCJFS and Provider.
- D. If HCJFS and selected Provider are able to successfully agree with the Contract terms, the BOCC has final authority to approve and award Contracts. The Contract is not final until the BOCC has approved the document through public review and resolution through quorum vote.
- E. If HCJFS and successful proposer are unable to come to terms regarding the Contract, in a timely manner as determined by HCJFS, HCJFS will terminate the Contract discussions with Provider. In such event, HCJFS reserves the right to select another Provider from the RFP process, cancel the RFP or reissue the RFP as deemed necessary.

4.8 Post-Proposal Meeting

The post-proposal meeting process may be utilized only by Qualified Providers passing the preliminary Stage 1 Review, who wish to obtain clarifying information regarding their non-selection. If a Provider wishes to discuss the selection process, the request for an informal meeting and the explanation for it must be submitted in writing and received by HCJFS within fourteen (14) business days after the date of notification of the decision. All requests must be signed by an individual authorized to represent the Provider and be addressed to the HCJFS Contact Person at the address listed in Section 3.2. Certified or registered mail must be used unless the request is delivered in person, in which case the Provider should

obtain a delivery receipt. A meeting will be scheduled within 21 calendar days of receipt of the request and will be for the purpose of discussing a Provider's non-selection.

4.9 Public Records

All proposals submitted shall become the property of Hamilton County to use or, at its option, return. All proposals and associated documents will be considered to be public information and will be open for inspection to interested parties unless identified as a trade secret or otherwise exempted from disclosure under the Ohio Public Records Act.

Trade secrets or otherwise exempted information must be clearly identified and marked as such in the proposal. Each page containing such material must:

1. Be placed in a sealed envelope;
2. Must have the basis for non-disclosure status stamped or written in the upper right hand corner of the page and the envelope; and
3. Be placed in the required order of the response format.

For example if Pages 1-5 are not trade secrets or otherwise exempted information and Page 6 contains a trade secret then

- the word "Trade Secret" would be stamped in the corner of Page 6;
- Page 6 would be placed in an envelope; and
- The envelope that is stamped as containing a "Trade Secret" is placed after page 5.

DO NOT MARK EVERY PAGE OF YOUR PROPOSAL AS TRADE SECRET OR OTHERWISE EXEMPTED FROM DISCLOSURE OR YOUR BID MAY BE REJECTED

It will be the Providers sole responsibility to legally defend the actions of the County for withholding your documents as trade secrets or otherwise exempted information if the issue is challenged.

4.10 Provider Certification Process

HCJFS reserves the right to complete the Provider Certification process for selected Providers, Attachment D. The purpose of the process is to provide some assurance to HCJFS that Provider has the administrative capability to effectively and efficiently manage the contract. The process covers three (3) key areas: Section A - basic identifying information; Section B - financial and administrative information; and Section C – quality assurance information. The process may be abbreviated for Providers already certified through another process, such as Medicaid, Joint Commission on Accreditation of Healthcare Organizations (JCAHO), and Council on Accreditation (COA).

ATTACHMENT A

PROPOSAL COVER SHEET FOR TRANSPORTATION SERVICES Bid No: RFP SB0111R

Name of Provider Organization: _____

Organization Address: _____

Telephone Number: _____ Fax Number: _____

Authorized Representative: _____
(Please Print or type)

Title: _____ E-Mail Address: _____

Authorized Representative Signature: _____

Additional Names: Provider must include the names of individuals authorized to negotiate with HCJFS.

Person(s) authorized to negotiate with HCJFS:

Name: _____ Title: _____
(Please Print)

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Unit Rate for Initial Term July 1, 2012 – June 30, 2014	Unit Rate for Renewal Term July 1, 2014 – June 30, 2016
Medicaid Non-Emergency Transportation (NET), Pregnancy Related (PRS) & Healthcek and Children's Services\$ _____ NET Children Special Handling \$ _____ Non Medicaid Transportation Family & Children \$ _____ Attendant's Rate \$ _____	\$ _ Medicaid Non-Emergency Transportation (NET), Pregnancy Related (PRS) & Healthcek and Children's Services\$ _____ NET Children Special Handling \$ _____ Non Medicaid Transportation Family & Children \$ _____ Attendant's Rate \$ _____

ATTACHMENT A

Certification: I hereby certify the information and data contained in this proposal are true and correct. The Provider's governing body has authorized this application and document, and the Vendor will comply with the attached representation if the contract is awarded.

Signature – Authorized Representative

Title

Date

Signature – Fiscal Representative

Title

Date

By signing and submitting this proposal Cover Sheet, Vendor certifies the proposal and pricing will remain in effect until execution of any contract resulting from this RFP.

ATTACHMENT A

Please complete the checklist below to verify that everything required to be submitted as part of your proposal is included.

RFP Submission Checklist

Pursuant to Section 4.6 of the RFP, the following items are to be included in your proposal in order for it to be deemed qualified. Please indicate that the items are included by checking the corresponding column.

Action Required	RFP Sect ion	Included
Did you register for the RFP process?	3.3	
Will your Proposal be submitted by Friday, January 18, 2011 11:00 p. m.	4.4	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the Unit Rate and Attendant Rate for the Initial Term on the Cover Sheet?	2.1	
Did you include the Unit Rate and Attendant Rate for the Renewal Term on the Cover Sheet?	2.1	
Did you sign the Cover Sheet?	2.1	
Is a response to each Program Component included?	2.2.1	
Is a response to each System and Fiscal Administration Component included?	2.2.2	
Is a Budget for the Initial Term completed along with a calculation of the unit cost?	2.3	
Is a Budget for the Renewal Term completed along with a calculation of the unit cost?	2.3	
Are three Consumer Reference Letters enclosed or is there a written explanation why not? a reference is not included?	2.4	
Are all Personnel Qualifications enclosed?	2.5	

ATTACHMENT B

Contract # _____

HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

PURCHASE OF SERVICE CONTRACT

This Contract is entered into on _____ by and between the Board of County Commissioners, Hamilton County, Ohio (Hereinafter "County"), on behalf of the Hamilton County Department of Job and Family Services (Hereinafter "HCJFS") and Name of Company or Agency, (Hereinafter "Provider") doing business as entered only if different name, with an office at Name and Street Address, Cincinnati, Ohio, 45202, whose telephone number is (513) xxx-xxxx, for the purchase of Transportation Services.

A. TERM

This Contract will be effective from MM/DD/YYYY through MM/DD/YYYY (the "Initial Term") inclusive, unless otherwise terminated or extended by formal amendment.

The total amount of this Contract cannot exceed (\$000,000.00) over the Initial Term of this Contract.

This Contract may be renewed for one (1) additional two (2) year term (the "Renewal Period") at rates agreed upon by Provider and HCJFS. HCJFS agrees to give Provider written notice at least sixty (120) days prior to the expiration of the Initial Term, of its intent to not renew.

2. SCOPE OF SERVICE

Subject to terms and conditions set forth in this Contract and the attached exhibits (such exhibits are deemed to be a part of this Contract as fully as if set forth herein), Provider agrees to provide transportation services (the "Services") to Customers as described in Exhibit I Request for Proposal for Transportation Services (RFP #SB0111) and Exhibit II – Provider's Proposal for Transportation Services dated ??????. These Services will include:

Medicaid Non-Emergency Transportation (NET) and Pregnancy Related and Healthchek (PRS) for traditional consumers;

NET for Children's Services (CS) consumers;

NET for children with special handling; and

Non Medicaid Transportation for Children's Services (CS) consumers.

ATTACHMENT B

For purposes of this Contract, a "Customer" shall mean an individual served under this contract whether a Medicaid eligible individual or a Non Medicaid individual.

3. ORDER OF PRECEDENCE

This Contract is based on Exhibit I and Exhibit II. This Contract and all exhibits are intended to supplement and complement each other and shall, where possible, be so interpreted. However, if any of the provisions of this Contract irreconcilably conflict with an exhibit, this Contract takes precedence over the exhibits. In the event there is inconsistency between the exhibits, the inconsistency will be resolved in the following order:

- A. Exhibit I - The Request for Proposal, the
- B. Exhibit II - Provider's Proposal.

4. CUSTOMER AUTHORIZATIONS

A. Service For Which Prior Customer Authorization Is Required

Subject to paragraph B, Provider agrees that it will only provide Services to Customers who have been previously authorized and approved, in writing by HCJFS (the "Customer Authorization").

HCJFS will not pay for any Service that: i) has not been authorized via a Customer Authorization, or ii) exceeds the approved number of trips on the Customer Authorization.

It is the responsibility of Provider to monitor the number of trips set forth on each Customer Authorization. Provider agrees that it will not receive payment for: i) any Service that exceeds the number set forth on the Customer Authorization or ii) for which no Customer Authorization has been issued. Provider is responsible for requesting additional Customer Authorizations prior to the time such additional Services are rendered.

B. Service For Which No Prior Customer Authorization Is Required

Notwithstanding anything to the contrary herein, Provider may provide Services to Customers active within NET during the current month for which no prior Customer Authorization was issued, so long as the following applies:

ATTACHMENT B

1. The Customer has an unanticipated need for medical transportation services which does not rise to the level to require transport by ambulance; and
2. To the extent HCJFS NET/PRS/Children's Services staff are not available, prior to the time Services are rendered, Provider had left a voice message for such staff with the name of the Customer, Social Security number of the Customer, nature of emergency, addresses for pick up and drop off, and date and times of pick up and drop off.

HCJFS' NET/PRS/Children's Services staff shall forward electronic encrypted authorization to the Provider upon retrieval of the voice message.

To the extent additional, anticipated Services are required for any Customer for which the above paragraph 2 applies, Provider will only be paid for any additional Services which have been previously authorized and approved pursuant to paragraph 2.

5. REPORTS

A. Required Documentation and Reporting

Records of all Service provided to all Customers and all expenses incurred in relation to the provision of Services must be maintained.

B. Additional Reports

HCJFS reserves the right to request additional reasonable reports related to the provision of Service or as required by federal, state, local, laws, rules and regulations at any time during the Contract period. HCJFS reserves the right to withhold payment until such time as the requested and required reports are received.

6. COMPENSATION

A. Base Unit Rate Calculation

Provider has prepared a budget for the time period beginning MM/DD/YYYY and ending MM/DD/YYYY, attached hereto and incorporated herein by reference as Exhibit III (the "Budget"), which Provider understands is a basis of calculation of the Base Unit Rate that will be used to compensate Provider for Services it provides under this Contract.

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Provider represents that such Budget is based upon current financial information and cost projections.

Provider warrants and represents that such budget is based upon current financial information and projections. Provider agrees that it will notify HCJFS, in writing, within thirty (30) calendar days when it knows that the information contained in the budget is materially inaccurate

Provider warrants and represents that the following costs were not included in the Budget and that these costs will not be included in any invoice submitted for payment:

1. bad debt or losses arising from uncollectible accounts and other claims and related costs; bonding costs; contributions to a contingenc(ies)y reserve or any similar provision for unforeseen events;
2. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
3. entertainment costs for amusements, social activities and related costs for staff only;
4. costs of alcoholic beverages;
5. goods or services for personal use;
6. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
7. gains and losses on disposition or impairment of depreciable or capital assets;
8. cost of depreciation on idle facilities, except when necessary to meet contract demands;
9. costs incurred for interest on borrowed capital or the use of a governmental unit's own funds, except as provided in paragraph (n) of rule 5101:2-47-25 of the Ohio Administrative Code;
10. losses on other contracts;
11. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;

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12. costs related to legal and other proceedings;
13. goodwill;
14. asset valuations resulting from business combinations;
15. legislative lobbying costs;
16. cost of organized fund raising;
17. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
18. any costs specifically subsidized by federal monies with the exception of federal funds authorized by federal law to be used to match other federal funds;
19. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
20. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
21. major losses incurred through the lack of available insurance coverage or;
22. cost of prohibited activities from section 501(c)(3) of the Internal Revenue Code.

B. Base Unit Rate

HCJFS agrees to compensate the Provider????????? Dollars and ????????? (\$0.00) (the "Base Unit Rate") per one-way vehicle trip per Customer (a "Trip").

Attendant Hourly Rate

Attendant's Rate shall be reimbursable at the current federal minimum wage rate up to eight (8) hours per day. Relatives of the customer cannot receive an attendant's salary.

D. Profit Margin

Provider and HCJFS agree that the profit margin for the initial and any renewal periods of this Agreement will not exceed an average

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of 9 %. Provider must include the profit and the average percentage on each monthly invoice.

7. BILLING AND PAYMENT

- A. Provider shall use their best efforts to insure that original invoices, sent via encrypted email, will be sent each month to HCJFS within thirty (30) days of the end of the service month. Provider shall make all reasonable efforts to include all Service provided during the service month on such invoice.
- B. Provider shall submit a separate invoice for each service month.
- C. Provider will indicate the purchase order, authorization number and Federal Taxpayer ID on all invoices submitted for payment.
- D. Notwithstanding the above HCJFS will not make payment for any Service, either an initial invoice or a supplemental invoice, which is submitted to HCJFS more than sixty (60) calendar days from the end of the service month.
- E. For invoices which are received timely but are not accurate, there will be no extension of the time limitation set forth in paragraph D for re-submission of an invoice unless such delay is caused by HCJFS.
- F. For accurate invoices that are received timely, HCJFS will use its best efforts to make payment within thirty (30) calendar days after receipt of the invoice for all invoices received in accordance with the terms of this Contract. HCJFS will only pay for those Services for which Provider has complied with Section 4 – Customer Authorizations.

10. AVAILABILITY AND RETENTION OF RECORDS

Provider agrees that all records, documents, writing or other information, including, but not limited to, financial records, census records, Customer records, and documentation are in compliance with the all federal, state, and local laws, rules and regulations. All records, documents, writings or other information, including, but not limited to financial, census and Customer records used by Provider in the performance of this Contract are subject to the following.

- A. All records relating to costs, work performed and supporting documentation for invoices submitted to HCJFS by Provider, along with copies of all deliverables submitted to HCJFS pursuant to this Contract, will be retained locally and made available by the Provider for inspection and audit by HCJFS, or other appropriate governmental entities including,

ATTACHMENT B

but not limited to the Hamilton County Prosecuting Attorney, Ohio Department of Job and Family Services (ODJFS), the Auditor of the State of Ohio, the Inspector General of Ohio, the United States Department of Health and Human Services, or any duly appointed law enforcement officials and for a minimum of six (6) years after reimbursement for Services rendered under this Contract.

- B. If an audit, litigation or other action is initiated during the time period of the Contract, the Provider shall retain such records until the action is concluded and all issues are resolved or the six (6) years have expired, whichever is later.
- C. Provider agrees that it will not use any information, systems or records made available to it for any purpose other than to fulfill the contractual duties specified herein, without the written permission of HCJFS. Provider further agrees to maintain the confidentiality of Customers served. No information on Customers served will be released for research or other publication without the express written consent of the HCJFS Director.
- D. Provider agrees to keep all financial records in a manner consistent with generally accepted accounting principles.
- E. Provider agrees that each financial transaction shall be fully supported by appropriate documentation. Provider further agrees that such documentation shall be available for examination by HCJFS or its designee.

11. NO ASSURANCES

Provider acknowledges that, by entering into this Contract, HCJFS is not making any guarantees or other assurances as to the extent, if any, that HCJFS will utilize Provider's services or purchase its goods.

In this same regard, this Contract in no way precludes, prevents, or restricts Provider from obtaining and working under additional contractual arrangements with other parties, assuming the contractual work in no way impedes Provider's ability to perform the services required under this Contract. Provider warrants that at the time of entering into this Contract, it has no interest in nor shall it acquire any interest, direct or indirect, in any contract that will impede its ability to provide the goods or perform the services under this Contract.

12. PROGRAM DESCRIPTION

Any program description intended for internal or external use shall state that referrals and funding are provided by HCJFS.

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13. CONFLICT OF INTEREST

This Contract in no way precludes, prevents, or restricts the Provider from obtaining and working under an additional contractual arrangement(s) with other parties aside from HCJFS, assuming that the contractual work in no way impedes the Provider's ability to perform the Services required under this Contract.

The Provider warrants that at the time of entering into this Contract, it has no interest in nor shall it acquire any interest, direct or indirect, in any contract, which will impede its ability to perform the Services under this Contract.

The Provider further agrees that there is no financial interest involved on the part of any HCJFS or County officers or employees involved in the development of the specifications or the negotiation of this Contract. The Provider has no knowledge of any situation, which would be a conflict of interest.

It is understood that a conflict of interest occurs when a HCJFS or County officer or employee will gain financially or receive personal favors as a result of the signing or implementation of this Contract. The Provider will report the discovery of any potential conflict of interest to HCJFS. If a conflict of interest is discovered during the term of this Contract, HCJFS may exercise any right under the Contract, including termination of the contract.

Provider further agrees to comply with state ethics laws as listed in the revised code chapters in ORC Sections 102, 292 and the OAC Section 5101. By signing this Contract, Provider certifies to be in compliance with these provisions and any other applicable state ethics laws.

14. ASSIGNMENT AND SUBCONTRACTING

The parties expressly agree that this Contract shall not be assigned by Provider without the prior written approval of HCJFS. Provider may not subcontract any of the Services agreed to in this Contract without the express written consent of the HCJFS. All subcontracts are subject to the same terms, conditions, and covenants contained within this Contract. Provider agrees it will remain primarily liable for the provision of all deliverables under this Contract and it will monitor any approved subcontractors to assure all requirements under this Contract are being met. HCJFS acknowledges and agrees that the following subcontractor may perform services in relation to this Contract:

- A.
- B.

Notwithstanding any other provisions of this Contract that would afford Provider an opportunity to cure a breach, Provider agrees the assignment of any portion of this Contract or use of any subcontractor, without HCJFS' prior written consent, is

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grounds for HCJFS to terminate this Contract with one (1) day prior written notice.

Without limiting HCJFS' right to terminate the Contract pursuant to this section, Provider must notify HCJFS within one (1) business day when Provider has knowledge that the subcontractor is out of compliance or unable to meet contract requirements. Should this occur, Provider will immediately implement a process to bring subcontractor into compliance. Provider shall provide HCJFS with written plan setting forth with specificity how compliance will be achieved.

If Provider decides to terminate such subcontractor's contract, Provider shall notify HCJFS of subcontractor's termination and make recommendations to HCJFS, for its written approval, of a replacement subcontractor. Provider is responsible for making direct payment to all subcontractors for any and all services provided by such subcontractor.

15. GOVERNING LAW

This Contract and any modifications or amendments shall be governed, construed, and enforced under the laws of Ohio.

16. INTEGRATION AND MODIFICATION

This instrument embodies the entire contract of the parties. There are no promises, terms, conditions or obligations other than those contained herein; and this Contract shall supersede all previous communications, representations or contracts, either written or oral, between the parties to this Contract. This Contract shall not be modified in any manner except by an instrument, in writing, executed by the parties to this Contract.

Provider acknowledges and agrees that only staff from the Contract Services Section of HCJFS may initiate contract changes. In no event will an oral agreement with HCJFS be recognized as a legal and binding change to this

17. SEVERABILITY

If any term or provision of this Contract or the application thereof to any person or circumstance shall, to any extent be held invalid or unenforceable, the remainder of this Contract or the application of such term or provision to persons or circumstances other than those as to which it is held invalid or unenforceable, shall not be affected thereby and each term and provision of this Contract shall be valid and enforced to the fullest extent permitted by law.

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18. TERMINATION

A. For Convenience

This Contract may be terminated by either party upon notice, in writing, by delivering upon the other party a notice of termination not less than One Hundred Twenty (120) days prior to the effective date of termination.

B. For Cause

1. Material Breach

In the event of a Material Breach of this Contract by Provider, HCJFS may terminate this Contract, upon thirty (30) days prior written notice to Provider specifying the nature of the breach; provided that Provider shall have the opportunity to cure such breach within such thirty (30) day notice period. Any extension of time to cure any breach given to Provider by HCJFS shall be in writing and will not operate to preclude the future exercise of any rights or remedies HCJFS may have under this Contract.

If Provider has received three (3) previous notices from HCJFS specifying either breach or breaches of this Contract by the Provider, a fourth notice by the HCJFS to the Provider specifying additional breach(es) of this Contract may result in termination of this Contract, at the option of HCJFS, upon seven (7) days prior written notice without an opportunity for Provider to cure such breach.

Material Breach shall mean an act or omission by Provider which violates or contravenes an obligation required of the Provider under this Contract and which, by itself or together with any other breach, has a substantial negative effect on, or thwarts, the purpose of this Contract. Material Breach shall not include an act or omission which is merely a technical or immaterial variation from the form of the Contract, or which has a trivial or negligible effect on quality, quantity, or delivery of the goods or services to be provided under this Contract, to the extent that in the opinion of HCJFS such technical or non-material variation does not rise to the level of a Material Breach when viewed in light of Provider's overall conduct under this Contract.

2. Other Reasons

Notwithstanding the above, based on substantiated allegations of inappropriate activities, behaviors and/or actions including, but not limited to, loss of required license, abuse or neglect of a Customer,

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unethical behavior, or business violations, HCJFS reserves the right to terminate the Contract immediately upon delivery of a written termination notice to Provider.

C. Effect of Termination

Provider, upon receipt of notice of termination, shall take all necessary or appropriate steps to limit disbursements and minimize costs, and furnish a report as of the date of receipt of the notice of termination describing the status of all work under this Contract, including without limitation, results accomplished and such other matters as HCJFS may require.

The parties further agree that should Provider become unable to complete the work requested in this Contract for any reason, such work as Provider has completed upon the date of its inability to continue the term of this Contract shall become the property of HCJFS. HCJFS shall not be liable to pay Provider any further compensation after the date of termination.

In no event will Provider be liable for any damages due to HCJFS documented failure to perform or any failure arising from causes beyond the control or without the fault or negligence of Provider.

19. COMPLIANCE

Provider certifies that Provider and all subcontractors who provide Services under this Contract will comply with all requirements of federal, state, and local laws and regulations, applicable Ohio regulations including, but not limited to, A-133, A-110, A-87, A-122 and A-91, in the conduct of work hereunder.

Provider accepts full responsibility for payment of any and all unemployment compensation premiums, all income tax deductions, pension deductions, and any and all other taxes or payroll deductions required for the performance of the work by the Provider's employees.

20. NONDISCRIMINATION

Provider certifies it is an equal opportunity employer and shall remain in compliance with state and federal civil rights and nondiscrimination laws and regulations including, but not limited to Title VI, and Title VII of the Civil Rights Act of 1964 as amended, the Rehabilitation Act of 1973, the Americans with Disabilities Act, the Age Discrimination Act of 1975, the Age Discrimination in Employment Act, as amended, and the Ohio Civil Rights Law.

During the performance of this Contract, the Provider will not discriminate against any employee, contract worker, or applicant for employment because of race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. The Provider will take affirmative

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action to ensure that during employment, all employees are treated without regard to race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief or place of birth. These provisions apply also to contract workers. Such action shall include, but is not limited to, the following: employment, upgrading, demotion or transfer; recruitment or recruitment advertising, layoff, or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Provider agrees to post in conspicuous places, available to employees and applicants for employment, notices stating the Provider complies with all applicable federal and state non-discrimination laws.

Provider, or any person claiming through the Provider, agrees not to establish or knowingly permit any such practice or practices of discrimination or segregation in reference to anything relating to this Contract, or in reference to any contractors or subcontractors of said Provider.

21. PROVIDER SOLICITATION OF HCJFS EMPLOYEES

Provider warrants that for the duration of the contract and all amendments or renewals with Hamilton County for the service, Provider will not solicit Hamilton County employees to work for Provider.

22. RELATIONSHIP

Nothing in this Contract is intended or shall be deemed to constitute a partnership, association, or joint venture with the Provider in the conduct of the provisions of this Contract. Provider shall at all times have the status of an independent contractor without the right or authority to impose tort, contractual or any other liability on HCJFS or the County.

23. DISCLOSURE

Provider hereby covenants that it has disclosed any information that it possesses about any business relationship or financial interest that said Provider has with a county employee, employee's business, or any business relationship or financial interest that a county employee has with the Provider or in the Provider's business.

24. WAIVER

Any waiver by either party of any provision or condition of this Contract shall not be construed or deemed to be a waiver of any other provision or condition of this Contract, nor a waiver of a subsequent breach of the same provision or condition.

25. NO ADDITIONAL WAIVER IMPLIED

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If either party fails to perform any obligations under this Contract and thereafter such failure is waived by the other party, such waiver shall be limited to the particular matter waived and shall not be deemed to waive any other failure hereunder. Waivers shall not be effective unless in writing.

26. CONFIDENTIALITY

The Provider agrees to comply with all federal, state and local laws applicable to HCJFS and/or Customers concerning the confidentiality of Customers. The Provider understands that any access to the identities of any Customers shall only be as necessary for the purpose of performing its responsibilities under this Contract. The Provider agrees that the use or disclosure of information concerning Customers for any purpose not directly related to the administration of this Contract is prohibited. Provider will ensure that all Customer documentation is protected and maintained in a secure and safe manner.

27. AUDIT RESPONSIBILITY AND REVIEW OF PERFORMANCE

- A. Audits will be conducted using a "sampling" method. Depending on the type of audit conducted, the areas to be reviewed using the sampling method may include but are not limited to months, expenses, total units, and billable units. If errors are found, the error rate of the sample period will be applied to the entire audit period.
- B. Provider agrees to accept responsibility for receiving, replying to and/or complying with any audit request by appropriate federal, state or local audit directly related to the provision of Services under this Contract. HCJFS reserves the right to not increase the rate(s) of payment or the overall Contract amount for Services purchased under this Contract if there is any outstanding or unresolved issue related to an audit finding.

Provider agrees to repay HCJFS any amount it received for duplicate billings, erroneous billings, or false or deceptive claims. In addition, Provider recognizes and agrees HCJFS may withhold any money due and recover through any appropriate method any money erroneously paid under this Contract if evidence exists of less than full compliance with this Contract.

In addition, when an overpayment is identified and the overpayment cannot be repaid in one payment, Provider shall, upon request by HCJFS, enter into a Repayment of Funds Agreement (the "Repayment Agreement"), which shall detail at a minimum, payment amounts and due dates for payments. If payments are not made according to the Repayment Agreement future checks may be held until the repayment of funds is current. Checks held more than Sixty (60) days may be canceled and will not be re-issued.

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- C. Provider shall cause to be completed an annual independent audit for each year Services are being rendered pursuant to this Contract. Provider agrees to permit HCJFS to review its annual audit at Provider's offices within Fifteen (15) days of receipt of such request for review. Provider agrees to comply or as required by local, state or federal rules or laws pertaining to but not limited to the Non Emergency Transportation, Ohio Department of Education's "Pupil Operation and Safety Rules",
- D. HCJFS reserves the right to evaluate the Services being provided by Provider. Evaluation activities may include, but are not limited to reviewing records, observing programs, and interviewing program employees and Customers. Such evaluations will be conducted at Provider's own time and expense.

28. WARRANTIES AND REPRESENTATIONS

- A. Provider warrants and represents that it has the full and unrestricted right, power and authority to enter into this Contract and to perform Provider's obligations in accordance with the terms of this Contract.
- B. Provider warrants and represents that it will perform all Services in a professional and work like manner in accordance with applicable professional standards, using employees and subcontractors having the proper expertise, skills, training and professional education to render the Services.
- C. Provider warrants and represents that it is qualified to do business in the State of Ohio and has all requisite legal power and authority to execute this Contract and to carry out its terms, conditions and provisions. All required action needed to authorize the execution, delivery and performance by Provider of this Contract and the transactions contemplated hereby have been taken and are in full force and effect. This Contract has been duly executed and delivered and constitutes the valid, legal and binding obligation of Provider, enforceable in accordance with the terms hereof except as the enforceability may be limited by applicable bankruptcy, insolvency, reorganization, moratorium or other similar laws affecting creditors' rights generally and other forms of equitable relief are subject to equitable defenses, the discretion of the court before which any proceedings therefore may be brought and the principles of equity in general. There are no suits, threatened or pending, nor claims against Provider, that might materially adversely affect the ability of Provider to meet and carry out its obligations under this Contract. Execution of this Contract by Provider will not contravene any provision of, or constitute a default under, any other agreement or instrument to which it is a party or by which it or its property may be bound.

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- D. Provider warrants and represents that any claims made for payment for Services provided shall be for actual services rendered to Customers and will not duplicate claims made by the Provider to other sources of public funds for the same service.
- E. Provider warrants and represents that it will maintain a separate General Ledger account to record all revenue and expenses in relation to this Contract.

29. AVAILABILITY OF FUNDS

This Contract is conditioned upon the availability of federal, state, or local funds appropriated or allocated for payment for services provided under the terms and conditions of this Contract. By sole determination of HCJFS, if funds are not sufficiently allocated or available for the provision of the services performed by Provider hereunder, HCJFS reserves the right to exercise one of the following alternatives:

1. Reduce the utilization of the services provided under this Contract, without change to the terms and conditions of the Contract; or
2. Issue a notice of intent to terminate the Contract.

30. FORCE MAJEURE

If by reason of force majeure, the parties are unable in whole or in part to act in accordance with this Contract, the parties shall not be deemed in default during the continuance of such inability provided, however, that Provider shall only be entitled to the benefit of this paragraph for Fourteen (14) days if the event of force majeure does not affect HCJFS' property or employees which are necessary to Provider's ability to perform.

The term "Force Majeure" as used herein shall mean without limitation: acts of God; strikes or lockout; acts of public enemies; insurrections; riots; epidemics; lightning; earthquakes; fire; storms; flood; washouts; droughts; arrests; restraint of government and people; civil disturbances; and explosions.

Provider shall, however, remedy with all reasonable dispatch any such cause to the extent within its reasonable control, which prevents Provider from carrying out its obligations contained herein.

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31. LEGAL ACTION

Any legal action brought pursuant to the Contract will be filed in the courts located in Hamilton County, Ohio and Ohio law will apply.

32. PUBLIC RECORDS

This Contract is a matter of public record under the laws of the State of Ohio. Provider agrees to make copies of this Contract promptly available to any requesting party. By entering into this Contract, Provider acknowledges and agrees that records maintained by Provider pursuant to this Contract may be deemed public records and subject to disclosure under Ohio law.

33. DRUG-FREE WORKPLACE

Provider agrees that it will comply with all applicable state and federal laws regarding a drug-free workplace as outlined in 45 CFR Part 76, Subpart F. Provider will make a good faith effort to ensure that all employees, while performing duties or responsibilities, under this Contract will not purchase, transfer, use or possess illegal drugs or alcohol, or abuse prescription drugs in any way.

34. PUBLIC ASSISTANCE WORK PROGRAM PARTICIPANTS

Pursuant to Chapter 507 of the Ohio Revised Code and Prevention, Retention, and Contingency Program established under Chapter 5108 of the Revised Code, Provider agrees to not discriminate in hiring and promoting against applicants for and participants for the Ohio Works Program. Provider also agrees to include such provision in any such contract, subcontract, grant or procedure with any other party which will be providing Services to Customers.

35. MEDIA RELATIONS, PUBLIC INFORMATION, AND OUTREACH

Information about and generated under this Contract may fall within the public domain. Provider will not release information about or related to this Contract to the general public or media verbally, in writing, or by any electronic means without prior approval from the HCJFS Communications Director, unless Provider is required to release requested information by law.

HCJFS reserves the right to announce to the general public and media: award of the Contract, Contract terms and conditions, scope of work under the Contract, deliverables and results obtained under the Contract, impact of Contract activities, and assessment of Provider's performance under the Contract.

Except where HCJFS approval has been granted in advance, the Provider will not seek to publicize and will not respond to unsolicited media queries requesting: announcement of Contract award, Contract terms and conditions, Contract scope

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of work, government-furnished documents HCJFS may provide to Provider to fulfill the Contract scope of work, deliverables required under the Contract, results obtained under the Contract, and impact of Contract activities. If contacted by the media about this Contract, Provider agrees to notify the HCJFS Communications Director in lieu of responding immediately to media queries. Nothing in this section is meant to restrict Provider from using Contract information and results to market to specific Customers or prospects.

36. AMENDMENTS

This writing constitutes the entire agreement between Provider and HCJFS with respect to all matters herein. This Contract may be amended only in writing and signed by Provider and HCJFS.

It is further agreed that any amendments to laws or regulations cited herein will result in the related modification of this Contract, without the necessity for a written amendment.

37. INDEMNIFICATION

To the fullest extent permitted by and in compliance with applicable law, Provider agrees to protect, defend, indemnify and hold harmless the Board of County Commissioners, Hamilton County, Ohio and HCJFS and their respective members, officials, employees, agents and volunteers (the "Indemnified Parties") from and against all damages, liability, losses, claims, suits, actions, administrative proceedings, regulatory proceedings/hearings, judgments and expenses, subrogation's (of any party involved in the subject of this Contract), attorneys' fees, court costs, defense costs or other injury or damage (collectively "Damages"), whether actual, alleged or threatened, resulting from injury or damages of any kind whatsoever to any business, entity or person (including death), or damage to property (including destruction, loss of, loss of use of resulting without injury damage or destruction) of whatsoever nature, arising out of or incident to in any way, performance of the terms of this Contract including, without limitation, by Provider, its subcontractor(s), Provider's or its subcontractor(s) employees and agents, assigns, and those designated by Provider to perform the work or services encompassed by the Contract. Provider agrees to pay all Damages, costs and expenses of the Indemnified Parties in defending any action arising out of the aforementioned acts or omissions.

38. LOBBYING

Provider warrants and represents that during the life of the Contract, it has not and will not use Federal appropriated funds to pay any person or organization for influencing or attempting to influence an officer or employee of any Federal agency, a member of Congress, officer or employee of Congress, or an employee of a member of Congress in connection with obtaining any Federal contract, grant or any other award covered by 31 U.S.C. 1352. Provider further warrants that it

ATTACHMENT B

shall disclose any lobbying with any non-Federal funds that takes place in connection with obtaining any Federal award. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of this Contract. If Provider fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

39. GRIEVANCE PROCESS

Provider will notify HCJFS and HCJFS shall notify Provider (to the extent permitted by rule or law) in writing on a monthly basis of all grievances initiated by Customers or their parents or guardians that involve the Services provided through this Contract. Provider shall submit all facts pertaining to the grievance and the resolution of the grievance.

Provider will use its best efforts to post and distribute the grievance policy and procedure in a manner so that all Customers and their parents or guardians are aware of this process.

40. PROPERTY OF HAMILTON COUNTY

To the extent any item is produced under this Contract or with funds provided under this Contract, including any documents, data, photographs and negatives, electronic reports/records, or other media, are the property of County, which has an unrestricted right to reproduce, distribute, modify, maintain, and use the deliverables. Provider will not obtain copyright, patent, or other proprietary protection for the deliverables. Provider agrees the deliverables will be made freely available to the general public unless HCJFS determines, pursuant to federal and state law, that such materials are confidential.

41. DEBARMENT AND SUSPENSION

Provider warrants and represents that it is not included on the non-procurement portion of the General Services Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs: (the "List") in accordance with Executive Order 12549 and 12689. Provider must immediately notify HCJFS if Provider is added to the List at any time during the life of this Contract. Upon receipt of notice, HCJFS will issue a termination notice in accordance with the terms of the Contract. If Provider fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

42. CHILD SUPPORT

Provider agrees to cooperate with ODJFS and any Ohio Child Support Enforcement Agency ("CSEA") in ensuring Provider or the employees of Provider meet child support obligations established under state or federal law. Further, by executing this Contract, Provider certifies present and future

ATTACHMENT B

compliance with any court or valid administrative order for the withholding of support which is issued pursuant to the applicable Ohio law.

43. DEBT CHECK PROVISION

Ohio Revised Code Section 9.24 prohibits public agencies from awarding a contract for goods, services, or construction, paid for in whole or in part from state funds, to a person or entity against who a finding for recovery has been issued by the Auditor of State, if the finding for recovery is unresolved. By entering into this Contract, Provider warrants that a finding for recovery has not been issued to Provider by the Auditor of State. Provider further warrants that Provider shall notify HCJFS within one (1) business day should a finding for recovery occur during the Contract term.

44. CONTRACT CLOSEOUT

At the discretion and initiation of HCJFS, a contract closeout procedure may commence within ninety (90) days after the termination or expiration of this Contract to ensure at a minimum that all required forms, reports and deliverables were submitted to and accepted by HCJFS in accordance with this Contract.

45. ENERGY POLICY AND CONSERVATION ACT

Provider agrees to comply with all applicable standards, orders or regulations issued relating to energy efficiency that are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 42 U.S.C. 871).

46. CLEAN AIR AND FEDERAL WATER POLLUTION CONTROL ACT

Provider agrees to comply with all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and any applicable environmental protection agency regulation. Provider understands that violations of all applicable standards, orders or regulations issued pursuant to section 306 of the Clean Air Act (42 U.S.C. 7401), section 508 of the Clean Water Act (33 U.S.C. 1368), Executive Order 11738, and any applicable environmental protection agency regulation must be reported to the Federal awarding agency and the Regional Office of Environmental Protection Agency (EPA).

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47. NOTICES

Any information or notice required to be given in writing under this Contract shall be effective upon receipt at the address of the addressee. For purposes of notice, the addresses of the parties shall be as follows:

If to Board:

County Administrator
Room 603
138 East Court Street
Cincinnati, OH 45202

If to HCJFS:

Director
222 Central Parkway
Cincinnati, Ohio, 45202

If to ??????????:

46. HCJFS CONTACT INFORMATION

NAME	PHONE #	DEPARTMENT	RESPONSIBILITY
Sheila B	513-946-2236	Contract Services	Contract changes, Contract language, Budget, audits
??????????	????????????	Fiscal/Program Services	Billing and payment
??????????	????????????	Program Services	Scope of service, Customer Authorization, Service eligibility

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SIGNATURES

The terms of this Contract are hereby agreed to by both parties, as shown by the signatures of representatives of each.

SIGNATURES

Board of County Commissioners,
Hamilton County, Ohio

??????????,

By: _____

By: _____

Name: _____

Printed
Name: _____

Title: _____

Title: _____

Date: _____

Date: _____

Recommended By: _____

Date: _____

Moir Weir, Director
Hamilton County Department of Job & Family Service
Hamilton County, Ohio

Approved as to form: _____

By: _____
Assistant Prosecuting Attorney
Hamilton County, Ohio

ATTACHMENT D

Hamilton County Department of Job and Family Services Provider Certification Document

Section A. Program Identifying Information - This process is designed strictly for internal HCJFS decision making and should not be seen as an official accreditation, licensing or endorsement of a provider program or agency.

1. Reviewer's Name and Title	
2. Initiation of Certification Process (Date)	
3. Completion of Certification Process (Date)	
4. Certification Status	
5. Tax I.D. #	
6. Oracle Contract #	
7. Agency Name	
8. Agency Address	
9. Phone #	
10. Fax #	
11. Program Name	
12. Service Name	
13. Program Address, if different	
14. Program Phone #, if different	

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15. Program Fax #, if different	
16. Agency's Hours/Days of Operation	
17. Program's Hours/Days of Operation	
18. Indicate seasonal hours/days of operation, if applicable	
19. Agency Director's Name	
20. Agency Director's E-Mail Address	
21. Program Director's Name, if different	
22. Program Director's Phone #, if different	
23. Program Director's E-Mail Address	
24. Program Contact Person, if different	
25. Program Contact Person's Phone #, if different	
26. Program Contact Person's E-Mail Address	

NOTES:

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Section B. Administrative Capacity - This section must be completed prior to contract signing

Item	Comments	Date Rec'd.	Date Complete
1. Other Provider certifications, i.e., Medicaid, JACHO, COA, etc.			
2. Reviewed and accepted:			
a. most recent annual indep. audit or comparable financial documents;			
b. audit management letters, is applicable;			
c. SAS61 (auditor's communication to the board's audit committee), if applicable;			
d. most recent 990 and Schedule A;			
e. most recent federal income tax return;			
f. written internal financial controls. For assistance in developing internal financial controls, providers can consult the standards issued by the General Accounting Office (GAO) in the booklet titled <i>Government Auditing Standards</i> . The information is also available on the GAO website at http://www.gao.gov/policy/guidance.htm			
3. Indicate Provider's filing status with the IRS			
a. 501C3 (not-for-profit);			
b. sole proprietor;			
c. corporation (for profit);			
d. government agency;			
e. other (specify).			
4. Received current copies of:			
a. Articles of Incorporation, if applicable;			

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b. job descriptions for all staff in program budget;			
c. insurance with the correct amount, type of coverage and add'l. insureds listed; Expiration Date:			
d. Worker's Compensation insurance;			
e. table of organization including advisory boards & committees;			
f. service/attendance form, sign-in sheet, etc.			
g. copy of the contract service contingency plan, if applicable for this service.			
5. Reviewed 3 of the last 12 months board minutes			
6. Reviewed accounting/record keeping system:			
a. financial record keeping method			
1) is a separate account set up for our program?			
2) are invoices filed for easy reference?			
b. cash or accrual system;			
c. revenue source during start-up period;			
d. ability to issue accurate and timely reports			
e. maintenance of client service records .			
1) method for documenting client service;			
2) method for compiling data for reports;			
3) method for tracking performance indicators;			
f. how will provider manage cash flow during the first 3 months of the contract?			

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7. When applicable, reviewed personnel files for proof of required documentation including, but not limited to: a. current professional license/certification; b. driver's license with < 5 points;			
c. proof of car insurance;			
d. police/BCII check completed w/in last 12 mons.			
8. Transportation Issues (when applicable) a. is public transportation readily available? b. how far from the program site is the public transportation stop? c. indicate the type of available parking facilities:			
1) private lot;			
2) municipal/public lot;			
3) on-street parking;			
4) client/staff pay to park.			
9. Interior - Public Areas a. indicate general impression of appearance - cleanliness, neatness, safety, etc. b. is facility handicapped accessible? c. are bathrooms handicapped accessible? d. does facility design ensure client confidentiality? e. is the facility adequate for our program?			

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f. ask Provider if a negative building safety report was issued by the fire department.			
10. Contract Management Plan - review provider's written plan for contract management.			
a. how will provider ensure integrity and accuracy of the financial system for reporting to HCJFS?			
b. how will provider ensure integrity of record keeping for documenting and reporting units of service and performance objectives to HCJFS?			
c. how will provider ensure administrative and program staff are fully aware of and comply with contract requirements?			
d. what is provider's plan for conducting self-reviews to ensure contract compliance?			
e. what is provider's plan for ensuring receipt of client authorization forms prior to invoicing?			
f. what is provider's plan to remain in compliance with contract requirements for timely invoicing to HCJFS?			
g. what is provider's plan for monitoring contract utilization?			

Additional comments/notes for Section B:

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Section C. Quality Assurance - If unavailable prior to contract signing, items in this section must be obtained and/or reviewed within the first 6 months of the contract.

Item	Comment	Date Rec'd.	Date Complete
1. Training plan for program area staff. a. proof provider staff are aware of contract requirements.			
2. Written program policies			
3. Policy & procedure manual for staff a. provider's overall operation policy; b. personnel policies;			
c. policy for using volunteers;			
d. affirmative action;			
e. cultural diversity training;			
f. police check policy.			
4. Received copy of provider's brochures or literature regarding their programs. How are cultural sensitivity issues addressed in the literature? Does provider serve specific cultural and/or ethnic populations?			
5. Received copy of providers's QA/QI plan or activities. At a minimum, the following should be included: a. consumer program satisfaction results (define method(s) to be used); b. HCJFS & provider staff satisfaction feedback mechanisms (defined in plan);			

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c. unduplicated monthly & YTD data on # of referrals from HCJFS, # of consumers engaged in services, outreach efforts for no-show consumers, and contact dates and units;			
d. how goal/performance standard attainment will be documented and reported on an individual & aggregate basis;			
e. written information regarding service programs operated by provider & how the information is disseminated to consumers;			
f. provider's publicized complaint & grievance system to include written policies & procedures for handling consumer and family grievances and individual and program related grievance summaries;			
g. detailed safety plan;			
h. detailed written procedure for maintaining the security and confidentiality of client records.			

Additional comments/notes for Section C:

ATTACHMENT D

Hamilton County Department of Job and Family Services Provider Certification Process

(Revised 6/05)

I. Overview

The purpose of the **Hamilton County Department of Job and Family Services (HCJFS) Provider Certification Process** is to determine a service Provider's apparent administrative capacity to effectively manage an HCJFS contract. The process is designed strictly for internal HCJFS decision making and should not be seen as an official accreditation, licensing or endorsement of a Provider program or agency. The process is divided into three (3) sections - ***A. Program Identifying Information, B. Administrative Capacity and C. Quality Assurance.*** Sections A. and B. must be completed prior to contract signing. Section C. must be completed within six (6) months of contract signing. A six (6) month period is given for Section C. to allow time for smaller agencies who may not have all of the quality assurance components in place. As with any process, there are always exceptions so consult with management if certain portions of the document are not applicable to a specific Provider.

A. **Program Identifying Information (Section A)** - identifies key information such as:

1. agency name and address;
2. director's name;
3. service being purchased;
4. hours/days of operation, etc.

B. **Administrative Capacity (Section B)** - identifies administrative areas which are key to an effective operation such as:

1. accounting and record keeping systems;
2. copies of important documents such as the table of organization, Articles of Incorporation, insurance, etc.;
3. review of Provider personnel files for proof of drivers' licenses, insurance, professional credentials, etc.;
4. tour of the Provider's facility.

None of this information is to be released to anyone other than the Provider without HCJFS management approval.

C. **Quality Assurance (Section C)** - identifies processes and procedures for ensuring quality service such as:

1. program staff training plan;
2. staff policy and procedure manual;
3. quality assurance plan/activities.

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Refer to detailed instructions for completing the certification document.

II. INSTRUCTIONS FOR THE PROVIDER CERTIFICATION PROCESS

Section A. Program Identifying Information

ITEM	EXPLANATION
1. Reviewer's Name and Title	Staff name(s)/title(s) who completed the certification review.
2. Initiation of Certification Process (Date)	Date the certification process began.
3. Completion of Certification Process (Date)	Date the certification process was completed - all 3 sections completed.
4. Certification Status	Select the applicable answer as the certification process is completed. Select: in process, approved, denied.
5. Tax I.D. # (aka Provider #)	Tax I.D. (Provider) number used in Performance.
6. Oracle Contract #	Contract number used in Oracle
7. Agency Name	Official name of the contract agency.
8. Agency Address	Address for the location of the agency's administrative office. Indicate if there is a separate mailing address.
9. Phone #	Phone number for the agency's administrative office.
10. Fax #	Fax number for the agency's administrative office.
11. Program Name	Program name for the purchased service, if applicable.
12. Service Name	Service name from the Contract Services database pick list.
13. Program Address, if different	Program address if different from the administrative office.
14. Program Phone #, if different	Program phone number if different from the administrative office.
15. Program Fax #	Program fax number if different from the administrative office.
16. Agency's Hours/Days of Operation	Agency's hours of operation (begin/end times) and days of the week the agency is open for service.
17. Program's Hours/Days of Operation	Contracted program's hours of operation (begin/end times) and the days of the week the program is open for service.
18. Seasonal Hours, if applicable	Indicate if the program has seasonal (summer, holiday, etc) days and hours of operation.
19. Agency Director's Name	Name of the Executive Director for the contracted agency.
20. Agency Director's E-Mail Address	E-mail address for the Agency Director.
21. Program Director's Name, if different	Name of the Program Director for the contracted program/service if different from the Executive Director.
22. Program Director's Phone #, if different	Phone number for the Program Director if different from the agency or program phone numbers listed above in #9 and #14.
23. Program Director's E-Mail Address	E-mail address for the Program Director if different from the Agency Director.
24. Program Contact Person, if different	Name of the program Contact Person if different from the Program Director listed above in #20.

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25. Program Contact Person's Phone number, if different	Phone number for the program Contact Person if different from the phone number for the Program Director listed above in #21.
26. Program Contact Person's E-Mail Address	E-mail address for the program contact person if different from the Program Director.

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Section B. Administrative Capacity - This section must be completed prior to contract signing.

ITEM	EXPLANATION
1. Other Provider certifications	Ask Provider if the agency is currently certified by another entity. This could be Medicaid, JACHO, COA, etc. Obtain information regarding the type, time period and particular services covered by the certification and discuss findings with Section management.
2. Reviewed and accepted: a. Most recent annual indep. audit or comparable financial documents; b. audit management letter, if applicable; c. SAS61 (auditor's communication to the board's audit committee), if applicable; d. most recent 990 and Schedule A ; e. most recent federal income tax return; f. written internal financial controls.	This information is used to determine the financial status of an agency. Things to look for are: 1. Did the audit firm issue an unqualified opinion on the report? If not, a further review of the agency's financial status should be conducted. If the audit report is not for the prior calendar year, ask when the report will be finished and follow-up with Provider to obtain a copy. 2. Do the attachments/exhibits indicate problems, recommendations, etc.? 3. Does the audit management letter indicate a problem or areas that need improvement? 4. Does the SAS61 indicate problems, concerns, etc.? 5. The 990 repeats much of the information in the independent audit but also includes the salaries for the top 5 positions earning over \$50,000.00 per year. 6. Were taxes filed timely? If not, why? Were extensions requests done timely? 7. Do the controls indicate a separation of duties? Is there a clear understanding of duties and roles? For assistance in developing internal financial controls, Providers can consult the standards issued by the GAO in the booklet titled Government Auditing Standards . The information is also available on the GAO website at: http://www/gao.gov/policy/guidance.htm
3. Indicate Provider's filing status with the IRS: a. 501C3 (not-for-profit); b. sole proprietor; c. corporation (for profit); d. government agency; e. other (specify).	The filing status is important because of filing and tax conditions which are unique to each category.

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<p>4. Received current copies of:</p> <ul style="list-style-type: none"> a. Articles of Incorporation, if applicable; b. job descriptions for all staff in program budget; c. insurance with the correct amount, type of coverage and add'l. insureds listed; d. Worker's Compensation insurance; e. table of organization including advisory boards & committees; f. service/attendance form, sign-in sheet, etc. g. contract service contingency plan, if applicable. 	<p>Copies of all the documents must be received prior to contract signing.</p> <ul style="list-style-type: none"> 1. Job description titles should match to the salaried positions in the budget and to the positions in the T.O. 2. Insurance amounts are the standard amounts listed in the boiler plate contract. Work with management for unusual coverage amounts for unusual services. Indicate the expiration date so HCJFS can do timely follow-up to ensure the insurance coverage remains current. 3. Table of organization should show the relationship of the contracted service to the entire organization. The T.O. may reference programs for positions. 4. The service/attendance form is the sheet used to document units of service. Determine if information maintained is adequate - client names, date, begin/end time, unit(s) of service, name of teacher/case worker, etc. 5. The contract service contingency plan is to detail how service will be provided to HCJFS clients should the Provider be unable to comply with the contract terms. What is the Provider's back-up plan?
<p>5. Reviewed 3 of the last 12 months board minutes</p>	<p>Review for problems which could reflect on the administrative capacity of the agency, i.e. issues with the contracted programs, staff issues, funding issues, etc.</p>

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<p>6. Reviewed accounting/record keeping system:</p> <ul style="list-style-type: none"> a. financial record keeping method <ul style="list-style-type: none"> 1) is a separate account set up for our program? 2) are invoices filed for easy reference? b. cash or accrual system; c. revenue source during start-up period; d. ability to issue accurate and timely reports e. maintenance of client service records . <ul style="list-style-type: none"> 1) method for documenting client service; 2) method for compiling data for reports; 3) method for tracking performance indicators; f. how will the Provider manage cash flow during the first 3 months of the contract? 	<ul style="list-style-type: none"> 1. The agency must show how the expenses and revenue for each contracted program will be reported/tracked in a separate account. 2. Determine how financial invoices will be filed. Is this adequate for audit purposes? 3. Identify the accounting system used - cash vs accrual. This is important in an audit for determining how expenses and revenues are reported. 4. Determine how the agency will meet payroll and other contract related expenses during the start-up period, prior to receiving the first contract reimbursement. 5. Review the process for reporting expenses, service and performance goals. Does Provider have the administrative capacity to manage the contract in an accurate and timely fashion? In the program area? In the financial area? 6. Review the process for documenting and maintaining client service records. Is it acceptable for audit purposes? Can invoiced services be easily tracked to a source document? Is the information in the source document legible, complete, etc? 7. Since the initial reimbursement will be approximately 2 months from the end of the first service month, discuss with Provider how program expenses will be paid during that time.
<p>7. When applicable, review personnel files for proof of required documentation including, but not limited to:</p> <ul style="list-style-type: none"> a. current professional license/certification; b. driver's license with < 5 points; c. proof of car insurance; d. police/BCII check completed within the last 12 mons. 	<p>Based on the work performed by the contract agency's staff, conduct a sampled review of personnel files to ensure required documentation is current and on file. Indicate discrepancies and develop an action plan with the agency to ensure compliance prior to contract signing.</p>
<p>8. Transportation Issues (when applicable)</p> <ul style="list-style-type: none"> a. is public transportation readily available? b. how far from the program site is the public transportation stop? c. indicate the type of available parking facilities: <ul style="list-style-type: none"> 1) private lot; 2) municipal/public lot; 3) on-street parking; 4) client/staff pay to park. 	<p>This section is to identify potential problems for the program area in client access of service.</p>

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<p>9. Interior - Public Areas</p> <ul style="list-style-type: none"> a. indicate general impression of appearance- cleanliness, neatness, safety, etc. b. is facility handicapped accessible? c. are bathrooms handicapped accessible? d. does facility design ensure client confidentiality? e. is the facility adequate for our program? f. ask Provider if a negative building safety report has been issued by the fire department. 	<p>Purchased services are to be provided in an appropriate setting and accessible to all referred clients. This area is subjective and open to interpretation. The question to ask yourself is if you'd feel comfortable referring a client to this location. The fire department only issues a report when there are building safety issues. Ask to see any negative safety report and, if any, ask for proof of compliance - repair invoices, etc. Calls can be made to the fire department if the status is in doubt.</p>
<p>10. Contract Management Plan - review Provider's written plan for contract management.</p> <ul style="list-style-type: none"> a. how will Provider ensure integrity and accuracy of the financial system for reporting to HCJFS? b. how will Provider ensure integrity of record keeping for documenting and reporting units of service and performance objectives to HCJFS? c. how will Provider ensure administrative and program staff are fully aware of and comply with contract requirements? d. what is Provider's plan for conducting self-reviews to ensure contract compliance? e. what is Provider's plan for ensuring receipt of client authorization forms prior to invoicing? f. what is Provider's plan to remain in compliance with contract requirements for timely invoicing to HCJFS? g. what is Provider's plan for monitoring contract utilization? 	<p>The purpose of the plan is to ensure the Provider is fully aware of the contractual obligations and has a pro-active plan for managing the various contract components. At a minimum, the Provider's written plan must address these seven (7) areas.</p>

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Section C. Quality Assurance - If unavailable prior to contract signing, items in this section must be obtained and/or reviewed within the first 6 months of the contract.

ITEM	EXPLANATION
1. Training plan for program area staff. Are Provider staff aware of contract requirements?	Provider must have a written plan for ensuring Provider's staff is aware of contract/amendment requirements and conditions. Staff must be aware of the target population, special need clients, reporting requirements, etc.
2. Written program policies	Review program policies to ensure contract conditions are maintained.
3. Policy & procedure manual for staff a. Provider's overall operation policy; b. personnel policies; c. policy for using volunteers; d. affirmative action; e. cultural diversity training.	The manual is for the entire Provider agency. Is cultural diversity part of agency wide training?
4. Received copy of Provider's brochures or literature regarding their programs.	How are cultural sensitivity issues addressed in the literature? Does Provider serve specific cultural and/or ethnic populations?

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<p>5. Received copy of Providers's QA/QI plan or activities. At a minimum, the following must be included:</p> <ul style="list-style-type: none"> a. consumer program satisfaction results (define method(s) to be used); b. HCJFS & Provider staff satisfaction feedback mechanism (defined in plan); c. unduplicated monthly & YTD data on # of referrals from HCJFS, # of consumers engaged in services, outreach efforts for no-show consumers, service contact dates and units; d. how goal/performance standard attainment will be documented and reported on an individual & aggregate basis; e. written information regarding service programs operated by Provider & how the information is disseminated to consumers; f. Provider's publicized complaint & grievance system to include written policies & procedures for handling consumer and family grievances, QI report to include individual and program related grievance summaries; g. detailed safety plan; h. detailed written procedure for maintaining the security and confidentiality of client records. 	<ul style="list-style-type: none"> 1. Does the agency have a Quality Improvement program? 2. Is there a <u>current</u> QI plan that incorporates involvement of all program areas, front line staff representation, fiscal, administration, clinical staff, families served? 3. Is there a client satisfaction mechanism in place? 4. How are client contacts, referrals, service delivery measured and tracked? 5. Are service goals articulated clearly? Are there mechanisms in place to track and report individual and aggregate data on client activities/outcomes? Financial outcomes? 6. Service brochures that describe program availability? Quality Improvement information that is distributed to stakeholders and utilized for program decision making? 7. Grievance process available - easily accessible to clients. Process for tracking and reporting individual and aggregate data on grievances? 8. Safety plan available and mechanisms in place to evaluate, monitor, and report safety issues? 9. How are client records maintained for security and confidentiality in Provider's office? Can records be taken off site? If yes, how is the security and confidentiality guaranteed?
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ATTACHMENT E

Declaration of Property Tax Delinquency (ORC 5719.042)

I, _____, hereby affirm that the Proposing Organization
herein, _____, is ____ / is not ____ (**check
one**) charged at the time of submitting this proposal with any delinquent property taxes on
the general tax list of personal property of the County of Hamilton.

If the Proposing Organization is delinquent in the payment of property tax, the amount of
such due and unpaid delinquent tax and any due and unpaid interest is
\$ _____.

State of Ohio
County of Hamilton

Before me, a notary public in and for said County, personally appeared
_____, authorized signatory for the Proposing Organization,
who acknowledges that he/she has read the foregoing and that the information provided
therein is true to the best of his/her knowledge and belief.

IN TESTIMONY WHEREOF, I have affixed my hand and seal of my office at
_____, Ohio this _____ day of _____ 20____.

Notary Public

ATTACHMENT F

***** FOR INSTRUCTIONAL USE ONLY *****

READ BEFORE COMPLETING YOUR DMA FORM

Forms not conforming to the specifications listed below or not submitted to the appropriate agency or office will not be processed.

- To complete this form, you will need a copy of the Terrorist Exclusion List for reference. The Terrorist Exclusion List can be found on the Ohio Homeland Security Web site at the following address:

<http://www.homelandsecurity.ohio.gov/dma/dma.asp>

- Be sure you have the correct DMA form. If you are applying for a state issued license, permit, certification or registration, the "State Issued License" DMA form must be completed (HLS 0036). If you are applying for employment with a government entity, the "Public Employment" DMA form must be completed (HLS 0037). If you are obtaining a contract to conduct business with or receive funding from a government entity, the "Government Business and Funding Contracts" DMA form must be completed (HLS 0038).
- Your DMA form is to be submitted to the issuing agency or entity. "Issuing agency or entity" means the government agency or office that has requested the form from you or the government agency or office to which you are applying for a license, employment or a business contract. For example, if you are seeking a business contract with the Ohio Department of Commerce's Division of Financial Institutions, then the form needs to be submitted to the Department of Commerce's Division of Financial Institutions. Do NOT send the form to the Ohio Department of Public Safety UNLESS you are seeking a license from or employment or business contract with one of its eight divisions listed below.
- Department of Public Safety Divisions:

Administration	Ohio Homeland Security*
Ohio Bureau of Motor Vehicles	Ohio Investigative Unit
Ohio Emergency Management Agency	Ohio Criminal Justice Services
Ohio Emergency Medical Services	Ohio State Highway Patrol
- * DO NOT SEND THE FORM TO OHIO HOMELAND SECURITY UNLESS OTHERWISE DIRECTED. FORMS SENT TO THE WRONG AGENCY OR ENTITY WILL NOT BE PROCESSED.

***** FOR INSTRUCTIONAL USE ONLY *****



OHIO DEPARTMENT OF PUBLIC SAFETY
DIVISION OF HOMELAND SECURITY
<http://www.homelandsecurity.ohio.gov>

GOVERNMENT BUSINESS AND FUNDING CONTRACTS

In accordance with section 2909.33 of the Ohio Revised Code

DECLARATION REGARDING MATERIAL ASSISTANCE/NONASSISTANCE TO A TERRORIST ORGANIZATION

This form serves as a declaration by an applicant for a government contract or funding of material assistance/nonassistance to an organization on the U.S. Department of State Terrorist Exclusion List ("TEL"). Please see the Ohio Homeland Security Division Web site for a copy of the TEL.

Any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided. Failure to disclose the provision of material assistance to such an organization or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree.

For the purposes of this declaration, "material support or resources" means currency, payment instruments, other financial securities, funds, transfer of funds, financial services, communications, lodging, training, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

COMPLETE THIS SECTION ONLY IF YOU ARE AN INDEPENDENT CONTRACTOR

LAST NAME		FIRST NAME		MI
HOME ADDRESS				
CITY	STATE	ZIP	COUNTY	
HOME PHONE		WORK PHONE		

COMPLETE THIS SECTION ONLY IF YOU ARE A COMPANY, BUSINESS OR ORGANIZATION

BUSINESS/ORGANIZATION NAME			PHONE	
BUSINESS ADDRESS				
CITY	STATE	ZIP	COUNTY	
BUSINESS/ORGANIZATION REPRESENTATIVE NAME			TITLE	

DECLARATION

In accordance with section 2909.32 (A)(2)(b) of the Ohio Revised Code

For each question, indicate either "yes," or "no" in the space provided. Responses must be truthful to the best of your knowledge.

- Are you a member of an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you used any position of prominence you have with any country to persuade others to support an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you knowingly solicited funds or other things of value for an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you solicited any individual for membership in an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you committed an act that you know, or reasonably should have known, affords "material support or resources" to an organization on the U.S. Department of State Terrorist Exclusion List? ☐ Yes ☐ No
- Have you hired or compensated a person you knew to be a member of an organization on the U.S. Department of State Terrorist Exclusion List, or a person you knew to be engaged in planning, assisting, or carrying out an act of terrorism? ☐ Yes ☐ No

If an applicant is prohibited from receiving a government contract or funding due to a positive indication on this form, the applicant may request the Ohio Department of Public Safety to review the prohibition. Please see the Ohio Homeland Security Web site for information on how to file a request for review.

CERTIFICATION

I hereby certify that the answers I have made to all of the questions on this declaration are true to the best of my knowledge. I understand that if this declaration is not completed in its entirety, it will not be processed and I will be automatically disqualified. I understand that I am responsible for the correctness of this declaration. I understand that failure to disclose the provision of material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List, or knowingly making false statements regarding material assistance to such an organization is a felony of the fifth degree. I understand that any answer of "yes" to any question, or the failure to answer "no" to any question on this declaration shall serve as a disclosure that material assistance to an organization identified on the U.S. Department of State Terrorist Exclusion List has been provided by myself or my organization. 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 the company, business or organization referenced above on of this declaration.

APPLICANT SIGNATURE	DATE
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X	
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ATTACHMENT G

REQUEST FOR PROPOSAL REGISTRATION FORM

RFP SB0111R – TRANSPORTATION SERVICES

All inquiries regarding this RFP are to be in writing and are to be mailed, email or faxed to:

Sheila Bass
Hamilton County Job and Family Services
222 E. Central Parkway Contract Services, 3rd Floor
Cincinnati, OH 45202
Fax#: (513) 946-2384
Email: HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org

The Hamilton County Job and Family Services (HCJFS) will not entertain any oral questions regarding this RFP. *Other than to the above specified person, no bidder may contact any HCJFS, county official, employee, project team member or evaluation team member.* Providers are not to schedule appointments or have contact with any of the individuals connected to or having decision-making authority regarding the award of this RFP. **Inappropriate contact may result in rejecting of the Provider's Proposal, including attempts to influence the RFP process, evaluation process or the award process by Providers who have submitted bids or by others on their behalf.**

By faxing this completed page to the HCJFS Contract Services you will be registering your company's interest in this RFP, attendance at the pre-proposal conference and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page.

DATE:	
COMPANY NAME:	
ADDRESS:	
REPRESENTATIVE'S NAME	
TELEPHONE NUMBER	
FACSIMILE NUMBER:	
EMAIL ADDRESS:	
NUMBER OF PEOPLE ATTENDING PROVIDER'S PROPOSAL CONFERENCE:	
SIGNATURE:	

Registration helps insure that Providers will receive any addenda to or correspondence regarding this RFP in a timely manner. The HCJFS will not be responsible for the timeliness of delivery via the U.S. Mail.

***RFP Registration Forms are due November 18, 2011 3:00p.m.**

Only providers registering for the RFP will be considered for a contract. All other providers will be disqualified.

Please fax or email this completed page to Sheila Bass, Contract Services at (513) 946- 2384.

ATTACHMENT H



222 East Central Parkway • Cincinnati, Ohio 45202-1225

General Information: (513) 946-1000

General Information TDD: (513) 946-1295

FAX: (513) 946-2250

www.hcjfs.org

www.hcadopt.org

www.hcfoster.org

Employer Name:			
Employee Name:			
Employee Address:			
Authorization Date:		Expiration Date:	

RELEASE OF PERSONNEL RECORDS AND CRIMINAL RECORD CHECKS

Whereas R.C. 2151.86 requires the Hamilton County Department of Job and Family Services (HCJFS) to obtain a criminal records check on each employee and volunteer of a HCJFS Provider who is responsible for a consumer's care during service delivery and

Whereas HCJFS, and HCJFS' funding organizations, may be required to audit the records of Providers to ensure compliance with provisions relating to criminal record checks of Providers' employees who are responsible for a consumer's care during service delivery and

NOW THEREFORE

I authorize HCJFS, and those entitled to audit its records, to review my personnel records, including, but not limited to, criminal records checks. This authorization is valid for this, and the three subsequent fiscal years of HCJFS.

Signature _____ Date _____

A. Criminal Record Check

Provider shall comply with R.C. Sections 2151.86 and 5153.111. Generally these require that every employee or volunteer of Provider who has contact with a Consumer have an effective criminal record check. Notwithstanding the aforesaid, an employee or volunteer, without an effective criminal record check, may have contact with a Consumer if he/she is accompanied by an employee with an effective criminal record check. As used in this section an "effective criminal record check" is a criminal record check performed by the Ohio Bureau of Criminal Identification and Investigation, done in compliance with ORC 2151.86, which demonstrates that the employee or volunteer has not been convicted of any offense listed in R.C. Section 2151.86(C).

ATTACHMENT I

Hamilton County Department of Job & Family Services Non-Emergency Transportation (NET) Rules

Eligibility	<p>In order to receive NET services, the consumer must have an active Hamilton County Medicaid case and be traveling to a Medicaid provider.</p> <p>The most cost-efficient mode of transportation must be utilized whenever possible. If you are enrolled in a Managed Care Plan (MCP), you may contact the MCP for transportation for each appointment before contacting your NET worker.</p>
Mode of Transportation Guidelines	<p>If you have an automobile or access to an automobile, mileage may be the most cost effective mode of transportation. If you can ride the bus or qualify for a less expensive mode of transportation, you may be required to utilize the most cost effective mode of transportation based on their medical condition. You can be paid mileage according to the mileage rate the county pays its employees.</p> <p>If you can ride the bus, and the cost of riding to and from the Medicaid provider is less than the cost of a bus pass, you will receive bus tokens for the month. Otherwise, you will receive the appropriate bus pass to cover the cost of the transportation.</p> <p>Customers eligible for ACCESS will receive the appropriate number of ACCESS tickets required to cover the cost of transportation to Medicaid providers each month. Customers will only be required to apply for ACCESS if they qualify per the preliminary ACCESS questionnaire, or if the Medicaid provider indicates ACCESS as the most cost effective mode of transportation based on the customer's medical condition.</p> <p>Customers requesting contracted curb to curb service can be transported up to 125 miles. In narrowly limited circumstances, door to door service may be provided.</p>
Scheduling Trips	<p>To be approved for any NET service, the consumer must call 946-1000 and select option 6 to speak to a worker who can determine eligibility and schedule trips. Any trip should be requested a minimum of five (5) working days prior to the appointment to schedule trips,</p> <p>When scheduling an appointment, the following information must be provided:</p> <ol style="list-style-type: none">1. Name2. Social Security number3. Date(s) and time(s) of appointment(s) for the entire month, if possible4. Origin and destination of transport, including pick up address (with apartment number and zip code), and destination address (including building name, office number and zip code)5. Name of physician6. Need for attendant, if applicable7. Need for car seat, if applicable8. Type of mobility aide (if used), including wheelchair, cane, etc. <p>Consumers receiving contracted curb to curb service may confirm their trips with the vendor one day in advance of the trip 1-877-722-2285.</p>
No Show Procedure	<p>The consumer must cancel all scheduled cab and van trips a minimum of three (3) working hours prior to the scheduled pick up time. If the consumer has a phone and misses three (3) consecutive trips without good cause, the consumer may be required to confirm all subsequent trips a minimum of three (3) working hours before each appointment for the next 90 days or the transportation may be cancelled.</p>
Lost Bus Passes,	<p>Bus passes, tokens, and Access tickets will not be replaced if reported lost. Should</p>

ATTACHMENT I

Tokens or Access Tickets	this occur, you will be advised to reschedule the medical appointment to the following month. If you report not receiving a mailed bus pass, bus tokens and/or access tickets, you will be asked to come to the office to pick up a replacement. Exceptions can be made only with supervisory approval.
Children	<p>Children may have an accompanying adult ride with them except when children are transported via contracted curb to curb service to and from day treatment and partial hospitalization, or if the child is age 14 or over and the parent or legal guardian gives authorization for the child to ride a bus alone to appointments.</p> <p>The accompanying adult can only be picked up and dropped off at the same location as the child.</p>
Appropriate Behavior	All riders must act respectfully and appropriately while using NET transportation services. All riders must in no way compromise the safety of self or anyone involved in the transport. Behaviors that risk harm to self, others or property may result in suspension from contracted transportation.
Downgrade of Services	A violation of any of the above rules can result in a downgrade of the level of transportation service provided.
Mileage Reimbursement	Consumers must provide proof of insurance and current driver's license if they are being reimbursed mileage through NET. The HCJFS 3307-A, NET Mileage Reimbursement form, as well as the <u>HCJFS 3307-B</u> , NET Medicaid Provider Certification Form, must also be provided monthly. All verifications are due by the 10 th of the month following the month for which mileage reimbursement is being requested. MapQuest, or another Internet mileage calculation tool, will be used to determine the number of miles from the Medicaid customer's home address to the Medicaid provider's address, and the provider will be paid accordingly. Only the Medicaid customer or Foster Parent can receive the mileage reimbursement.

ATTACHMENT I

Hamilton County Department of Job & Family Services Non-Emergency Transportation (NET) Rules

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Scheduling Trips	<p>To be approved for any NET service, the consumer must call 946-1000 and select option 6 to speak to a worker who can determine eligibility and schedule trips. Any trip should be requested a minimum of five (5) working days prior to the appointment to schedule trips,</p> <p>When scheduling an appointment, the following information must be provided:</p> <ol style="list-style-type: none">1. Name2. Social Security number3. Date(s) and time(s) of appointment(s) for the entire month, if possible4. Origin and destination of transport, including pick up address (with apartment number and zip code), and destination address (including building name, office number and zip code)5. Name of physician6. Need for attendant, if applicable7. Need for car seat, if applicable8. Type of mobility aide (if used), including wheelchair, cane, etc. <p>Consumers receiving contracted curb to curb service may confirm their trips with the vendor one day in advance of the trip 1-877-722-2285.</p>
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ATTACHMENT I

**Tokens or Access
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Children

Children may have an accompanying adult ride with them except when children are transported via contracted curb to curb service to and from day treatment and partial hospitalization, or if the child is age 14 or over and the parent or legal guardian gives authorization for the child to ride a bus alone to appointments.

The accompanying adult can only be picked up and dropped off at the same location as the child.

Appropriate Behavior

All riders must act respectfully and appropriately while using NET transportation services. All riders must in no way compromise the safety of self or anyone involved in the transport. Behaviors that risk harm to self, others or property may result in suspension from contracted transportation.

**Downgrade of
Services**

A violation of any of the above rules can result in a downgrade of the level of transportation service provided.

**Mileage
Reimbursement**

Consumers must provide proof of insurance and current driver's license if they are being reimbursed mileage through NET. The HCJFS 3307-A, NET Mileage Reimbursement form, as well as the HCJFS 3307-B, NET Medicaid Provider Certification Form, must also be provided monthly. All verifications are due by the 10th of the month following the month for which mileage reimbursement is being requested. MapQuest, or another Internet mileage calculation tool, will be used to determine the number of miles from the Medicaid customer's home address to the Medicaid provider's address, and the provider will be paid accordingly. Only the Medicaid customer or Foster Parent can receive the mileage reimbursement.



Main Office: 222 East Central Parkway • Cincinnati, Ohio 45202-1225
General Information: (513) 946-1000
General Information TDD: (513) 946-1295
www.hcjfs.org

ATTACHMENT J

Date:

CINCINNATI OH

Non-Emergency Transportation (NET) Customer Standards

- ▶ **Transportation by cab or livery service is a privilege and not a right.** During transportation, customers must conduct themselves (and their children, if any) in a reasonable manner. Customers must:
 - Avoid using profanity; and
 - Avoid verbally or physically abusing drivers, monitors, dispatchers and/or order takers.Failure of a customer to exhibit good behavior may result in a progressive disciplinary process that may result in an indefinite suspension of transportation by cab or livery services.
- ▶ **The transportation vendor is:**
 - **Not allowed** to take you to any unauthorized medical providers.
 - **Only allowed** to pick you up and drop you off at the address that our agency has given them.
- ▶ **If you move, you need to call your transportation worker and your Medicaid eligibility worker right away to change your address.** If your address is not changed, you cannot be picked up and you will miss your appointments.
- ▶ **You may be picked up 5 minutes before or up to 15 minutes after the designated pick up time.**
 - You must be ready to leave any time during this 20-minute period.
 - The transportation vendor does not have to send another vehicle if you are not ready and you may miss your appointment.
- ▶ **Rides are only allowed for the person who is authorized for service.**
 - No extra riders are allowed to go with you unless prior authorized.
- ▶ **If you have any problems with the quality of service you receive from the vendor,**
 - You should call the vendor first and try to work them out.
 - If you cannot solve the issue with the vendor, then you may call your transportation worker for assistance.
- ▶ **Rides are for non-emergency purposes only;**
 - The vendor is not allowed to take you to the emergency room without prior authorization from your transportation worker.
 - If you have an emergency, you must call 911.
- ▶ **You are only allowed to go to scheduled medical appointments.**

Your Transportation Worker is:

Transportation Worker's Phone Number: (513) 946-

ATTACHMENT K

CHILDREN'S SERVICES MANUAL

Manual Section:	2.07	OAC Reference:	None
Effective Date:	Immediate	COA Reference:	None
Approved By:	Molra Weir	Cross Reference:	None
Approval Date:	05/01/08	Planned Review Date:	5/1/08
		Obsoletes:	CS PM #104

Inclement Winter Weather

Background The safety of staff and the children/families that we serve is of paramount importance. Preparing for the winter season and knowing how to react if you are stranded or lost on the road are keys to safe winter driving. This policy memo discusses winter driving guidelines and identifies specific conditions which require evaluation and, potentially, delay of HCJFS transportation or field work.

Weather Alerts CS Administration will utilize the snow emergency guidelines established by the Hamilton County Sheriff's Office as a tool in making the decision to cancel scheduled transportation or delay non-emergency field work for Children's Services. The Sheriff's Office recognizes the following snow emergency levels:

Level I – Snow Alert	Roadways are hazardous with blowing and drifting snow.
Level II – Snow Advisory	Roadways are hazardous with blowing and drifting snow. Only those who feel it is necessary to drive should be out on the roadways.
Level III – Snow Emergency	All roadways are closed to non-emergency personnel. No one should be out during these conditions unless it is absolutely necessary to travel. Those traveling on roadways may subject themselves to arrest.

Continued on next page

ATTACHMENT K

Inclement Winter Weather, Continued

CS Field Work The Assistant Director's designee will evaluate the necessity and issue notice of any necessary delay of non-emergency field work for Children's Services. In the event of a *Level II Snow Advisory* or *Level III Snow Emergency*, non-emergency field work will be cancelled or delayed. The status of the delay will be evaluated throughout the day and changed as needed based on weather alerts, current road conditions, and local weather forecasts. Caseworkers must consult with their supervisor or section chief regarding the completion of field work that is considered necessary or urgent (i.e., meeting the priority response on an allegation, placing of children, returning children to his/her placement setting). This consultation will include discussion of the safety risks involved, the availability of alternate means to complete the required actions, and any follow-up plan required. Caseworkers must include documentation in the case notes of all consultation and contacts.

**Case Aide
Transportation
Services**

The Transportation Coordinator will cancel or delay the start of transportation assignments in the event that a notice of delay is received from the Assistant Director's designee. Under circumstances where the transportation need is a "retrieval" or "return" of a child to his/her placement setting (i.e., foster home, relative home, etc) from another location, consultation must occur between the transportation coordinator, the assigned case aide and the child's caseworker and/or supervisor. This consultation will include a discussion of the safety risks involved, the urgency of the need for transportation, the availability of any alternate means to ensure the child is safely returned, and the availability of alternate safe locations. Any "no drive" status will be updated in accordance with the designee's evaluation throughout the day.

**Out-of-County
Travel**

When a transportation assignment or visit requires travel outside of Hamilton County, the caseworker or case aide should consult the weather forecast and road conditions of the designated city and any major cities throughout the planned route. If there are concerns regarding inclement weather or road conditions, consultation should occur with the supervisor, section chief, or transportation coordinator (for case aides). An emergency supply box can be obtained prior to a trip from the administrative assistant for each section or the case aide managers (for case aides).

Continued on next page

ATTACHMENT K

Inclement Winter Weather, Continued

Weather and Travel Links

Current weather and travel information can be found at the following links or phone numbers:

- ODOT Traffic Information - <http://www.buckeyetraffic.org/>
- ARTIMS - <http://www.artims.org/> or dial 511
- National Weather Service - <http://weather.nasa.gov/>
- Ohio State Highway Patrol - <http://ohiopatrol.ohio.gov/>
- Indiana State Police - <http://www.in.gov/sp/roadinfo/weather.html>
- Kentucky State Police - <http://www.kentuckystatepolice.org/>
- The Weather Channel - <http://www.weather.com/>
- SORTA - <http://www.sorta.com/>

Winter Driving Tips

The following winter driving tips are adapted from the City of Cincinnati Public Services department and the FEMA Winter Driving Fact Sheet:

Tips Before You Drive:

- Keep your vehicle's gas tank at least half full at all times.
- Make sure your windshield fluid is full.
- Winterize your car by fully charging the battery and checking for adequate tire tread and air pressure.
- Use deicer or heat with your key with a match or lighter to open frozen locks. Do not use water, even if it's hot.
- Keep emergency driving supplies such as ice scrapers, shovels, jumper cables, flares, deicer, flashlights, fully charged cell phone (and car charger), blanket, water and non-perishable food in your vehicle.
- Dress warmly.

Tips While on the Road:

- Remember bridges and ramps freeze before roads.
- Keep a safe distance of 50 feet from snow removal equipment and traffic in front of you. It takes longer to stop on wet or icy roads.
- When skidding, steer your vehicle in the direction you want to go. Don't slam on the brakes.
- SLOW DOWN.
- If your vehicle gets stuck, ease or "rock" out of spaces. Spinning the tires only digs a car deeper in the snow.

Continued on next page

ATTACHMENT K

Inclement Winter Weather, Continued

Winter Driving Tips, *continued*

If You Become Stranded:

- Stay in the car unless help is visible within 100 yards. You may become disoriented and lost in blowing and drifting snow.
 - Call for assistance from your cell phone.
 - Display a 'trouble' sign (i.e., a brightly colored cloth on the antenna and raise the hood of the car).
 - Occasionally run the engine to keep warm (about 10 minutes each hour). Run the heater when the car is on.
 - Keep the exhaust pipe clear of snow and open the window slightly for ventilation.
 - Do minor exercises such as clapping hands and moving arms and legs occasionally. This will help to maintain circulation.
 - Avoid overexertion. Cold weather puts an added strain on the heart.
-

ATTACHMENT L

NON-EMERGENCY TRANSPORTATION (NET) Policy Memo

Effective Date: Immediate NET Policy Memo #: 11 A
 Approval: Jerry O'Flynn ORC/OAC Reference: 5101:3
 Date: 12/19/08 Subject: Drop Off – No Responsible Party Home
 Obsoletes: 11

Background	At no time, shall any child be dropped off at a location not approved by the parent/guardian, and/or Children's Services Worker. This memo establishes guidelines for the use of Non-Emergency Transportation services when children are unable to be dropped off due to no responsible party being there to receive them.
When No Responsible Adult is available to Receive Child	<p>When authorizing Non-Emergency Transportation (NET) Services for children to day treatment, partial hospitalization, therapeutic preschool, after school programs, medical, dental, therapy appointments, the NET worker will:</p> <ul style="list-style-type: none"> Secure the parent's/guardian's signature on an <u>HCJFS 3305 – NET Consent Form</u> to: <ul style="list-style-type: none"> Authorize the transport; and Confirm the parent's or guardian's understanding of the procedures to be followed by the driver if an adult is not home at the time of the drop off. <p>When no responsible party is home to receive the drop off of a child by the Transportation Provider, the Transportation Provider will:</p> <ul style="list-style-type: none"> Attempt to reach the following parties to arrange for drop off in the order listed below: <ol style="list-style-type: none"> The parent/guardian by phone. All alternate phone numbers listed for the parent/guardian or other care givers authorized to receive the child in lieu of the parent/guardian; The Children's Services worker during normal business hours (prior to 4:45 PM). 241-KIDS – if calling after 4:45 PM. 241-KIDS will advise the provider how to proceed (Note – steps 3 and 4 will be the same regardless of custody status.) Advise the parent/guardian of the steps taken and the drop off location of the child. Complete an <u>HCJFS 3303 – NET Incident Report</u> and fax to the NET Fiscal Coordinator (946-2268) within 24 hours. The NET Fiscal Coordinator will file the documentation in the child's NET file.
Suspension and/or Termination of NET Contracted Services	<p>If the parent/guardian fails to have a responsible party at home on three (3) occasions within a school year (August 1 –July 31), the NET worker may:</p> <ul style="list-style-type: none"> Suspend the child from contracted-services' transportation (until the parent/guardian or Children's Services worker/supervisor provides a workable solution to have a responsible party present upon the child's arrival**); Assess eligibility for mileage reimbursement or bus tokens/passes (for both child and adult) for subsequent transportation needs; E-mail the transportation provider notice of any suspension or termination of contracted services; and <p>For children having open Children's Services cases: Prior to terminating cab/van service, the NET Supervisor will notify the Children's Services worker or supervisor of the proposed suspension and change in transportation mode.</p> <p>** Note: Additional infractions may result in termination of contracted-services for the remainder of the school year as defined above. At that time, the child will become eligible for mileage or bus tokens/passes only and the NET worker will e-mail the transportation provider notice of termination of services.</p>

ATTACHMENT L

NET Children's Services Contract – Monitor Rider Cases	<p>Transportation Provider will:</p> <ul style="list-style-type: none"> • Request to view a picture ID such as a valid driver's license, State ID, Passport, etc. from the adult present to ensure the child is received by the pre-authorized individual. • Have the pre-authorized adult sign the <u>HCJFS 3546 – Children's Services Medical Trips With Monitor</u> attendance sheet to verify that the child was dropped off. • Fax or mail daily attendance sheets to the NET Fiscal Coordinator at HCJFS. <p>If the adult present is not pre-authorized to receive the child, the Transportation Provider will:</p> <ul style="list-style-type: none"> • Contact 241-KIDS to notify Children's Services that the child will be dropped off at HCJFS. <p>If no pre-authorized responsible party is home to receive the drop off of a child, the Provider will:</p> <ul style="list-style-type: none"> • Attempt to contact the pre-authorized adult listed on the <u>HCJFS 3546 – Children's Services Medical Trips With Monitor</u> attendance sheet. <ul style="list-style-type: none"> ➤ If unable to reach the pre-authorized adult, leave a written message at the home and a voice mail message on the caregiver's phone/answering service that the child will be transported to 241-KIDS.
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ATTACHMENT M

Transportation Authorization Orders

<u>Field</u>	<u>Datatype</u>	<u>Description</u>
TRIP_CATEGORY	Varchar2 (15)	Derived from Purpose (PRS, PRS CS, MEDICAL, DAY TREATMENT, NET CS)
TRIP_PURPOSE	Varchar2 (61)	Purpose of Client's Trip
TRIP_DATE	Date (10)	MM/DD/YYYY Trip Date
LAST_NAME	Varchar2 (26)	Client's Last Name
FIRST_NAME	Varchar2 (26)	Client's First Name
APPT_TIME	Varchar2 (10)	HH:MM AM Time of Client's appointment
TRIP_ID	Number (11)	Trip ID
TRIP_LEG_ID	Number (11)	Trip Leg ID
TRIP_STATUS	Varchar2 (61)	Status of trip
SSN	Varchar2 (10)	Client's SSN
CLIENT_PHONE_NO.	Varchar2 (11)	Client's Phone Number
PICKUP_ADDRESS	Varchar2 (99)	Address where client is being picked up May be Client or Provider address
PICKUP_PROVIDER	Varchar2 (61)	Pickup Provider Name if Applicable
DROPOFF_ADDRESS	Varchar2 (99)	Address where client is being dropped off May be Provider or Client address
DROPOFF_PROVIDER	Varchar2 (61)	Drop Off Provider's Name if Applicable
RETURN_TIME	Varchar2 (9)	HH:MM AM Time the client returned from trip
MOBILITY_AIDE	Varchar2 (27)	Client's Mobility Aide
NO_RIDERS	Number (5)	Number of riders for trip
WORKER_NAME	Varchar2 (41)	HCJFS Workers first/last name
MONITOR	Varchar2 (7)	NEEDED, MALE or FEMALE (null = no monitor)
AUTH_LAST_NAME	Varchar2 (26)	authorized representative Last Name
AUTH_FIRST_NAME	Varchar2 (26)	authorized representative First Name
COMMENTS	Varchar2 (201)	Comments regarding trip.
LAST_UPDATE_DATE	date/time	MM/DD/YYYY HH:MM:SS PM

Invoice Details

<u>Field</u>	<u>Datatype</u>	<u>Description</u>
TRIP_ID	Number (10)	Trip ID
TRIP_LEG_ID	Number (10)	Trip Leg ID
FINAL_TRIP_STATUS	Number (10)	3=no show 9=completed 2=canceled COST
Currency (4,2)	9999.99	Vendors charge for the trip

ATTACHMENT N

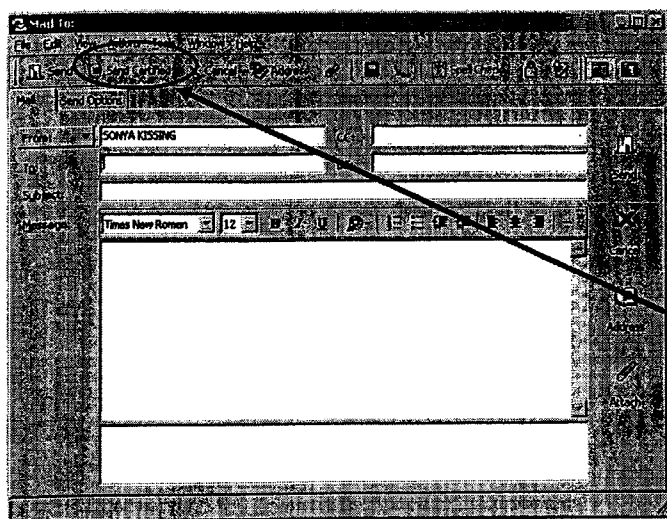
Sending Encrypted Email

Quick Reference Card

For technical assistance call:
Computer Support 946-1900



The GroupWise New Mail Window



Sending Secure Email

Compose the new e-mail by filling out the addressing information, subject information, and message body.

Do not place any sensitive information in the "Subject" line as this information is not hidden from others during storage or delivery to the recipient.

After composing the e-mail, click the "Send Certified" button, located directly to the right of the "Send" button, and just to the left of the "Cancel" button.

After clicking Send Certified, the "To" field will change to: "CertifiedMail" <cm@mailcmd.odjfs.state.oh.us> <"CertifiedMail"<cm@mailcmd.odjfs.state.oh.us>>.

What is CertifiedMail?

CertifiedMail is a software product developed by CertifiedMail, Inc. The product provides a secure transport mechanism between HCJFS and the public for exchanging electronic-mail including file attachments.

Why is CertifiedMail needed?

Due to increased regulatory requirements and the ever-increasing need to securely and efficiently communicate information using electronic-mail, a mechanism to secure this type of information as it travels between HCJFS and public recipients over the Internet was required.

When do I use CertifiedMail?

When sending any personal information, including information contained in an email or information contained within a file attachment, over the Internet to an external recipient (i.e., someone outside of HCJFS)

How do I install the CertifiedMail "Send Certified" button into GroupWise?

You do not have to do anything, I.S. will have GroupWise re-installed. The "Send Certified" button will appear on all new mail.

How do I determine what type of information needs to be sent using CertifiedMail?

Speak with your supervisor if you have any question about what type of information should be secured.. Essentially, any confidential or sensitive information should be and must be secured using CertifiedMail when sending it to a recipient outside of the agency. Violations of state and federal regulations, which require our agency to secure sensitive and confidential electronic information, include fines and possible imprisonment.

I thought Novell GroupWise e-mail was secure, it isn't?

E-mails including file attachments sent within the HCJFS GroupWise system are secure. Confidentiality and integrity of GroupWise email occurs as long as it stays within the HCJFS GroupWise environment. Forwarding e-mails outside to an external recipient (someone outside of HCJFS) or archiving the email to a local file-system such as a CD, a USB drive, or a local hard-drive has the potential to compromise the information's confidentiality and integrity.

The recipient of your email will receive notice from the State website that they have certified mail from you and instructions on how to retrieve that email.

Key Strokes

Open a New Mail Message	<Ctrl> + <M>
Print Current View	<Ctrl> + <P>
Delete	<Delete>
Undo	<Ctrl> + <Z>
Help	<F1>
Check Spelling	<Ctrl> + <F1>
Cut	<Ctrl> + <X>
Copy	<Ctrl> + <C>
Paste	<Ctrl> + <V>
Find	<Ctrl> + <F>
Select All	<Ctrl> + <A>
Go to today's date	<Ctrl> + <G>

ATTACHMENT N

What is the process for retrieving a secure e-mail?

An email message is received from the state giving directions on how to retrieve certified mail:



KISSISSRifs.hamilton-co.org has created a secure e-mail message for you at:

<https://mailms.odifs.state.oh.us/r.aspx?b=166w-WU9V>

To access your message, simply follow these steps:

1. Click on the above link.
2. Type skissing@fusa.net for your Login ID and click Next. You will then be prompted to create a password to protect your account.
3. Access your Inbox to view your message

If you need help, please send an e-mail to certifiedmail_support@odifs.state.oh.us.

Message Details:
Subject: Test Mail 2
From: KISSISSRifs.hamilton-co.org
To: skissing@fusa.net
Created: 1/30/2007 3:02:02 PM (EST)
Expires: 2/13/2007 3:02:02 PM (EST)

(c) 1996-2006 CertifiedMail.com Inc., All Rights Reserved.

Once on the State Website the recipient enters their email address and creates a password.



Secure Message Pickup (Step 1 of 2)

To access your important CertifiedMail message, please enter your email address below and click next.

▼ Email Address (the email address your message notification was sent to)



Powered by CertifiedMail



Secure Message Pickup (Step 2 of 2)

Simply create a password to protect your account.

▼ Create a Password



(Re-enter password to Verify)

Powered by CertifiedMail

ATTACHMENT O

Example of NET Customers Locations

DROPOFF ADDRESS	DROPOFF ADDRESS
9th St Cincinnati OH 45203	Lincolnshire Cincinnati OH 45240
Allison Ave. Cincinnati OH 45212	Linden Dr Cincinnati OH 45224
Anthony Wayne Street Cincinnati OH 45216	Linn St. Cincinnati OH 45203
Anthony Wayne Av Cincinnati OH 45213	Linn Street Cincinnati OH 45214
Ardmore Ave. Cincinnati OH 45237	Locust Street Cincinnati OH 45216
Ashburn Rd. Cincinnati OH 45240	Loralinda Dr Cincinnati OH 45251
Auburn Ave. Cincinnati OH 45219	Losantiville Ave Cincinnati OH 45237
Auten Ave. Cincinnati OH 45213	Lowell Ave. Cincinnati OH 45220
Bahama Terrace Cincinnati OH 45223	Madison Rd. Cincinnati OH 45227
Baker Ave. Cincinnati OH 45211	Madison Rd. Cincinnati OH 45227
Bedford St. Cincinnati OH 45227	Madison Rd. Cincinnati OH 45227
Beech St. Cincinnati OH 45216	Madison Rd. Cincinnati OH 45209
Beecher Cincinnati OH 45206	Maple Ave. Cincinnati OH 45229
Beechmont Ave Cincinnati OH 45230	Maple Avenue Cincinnati OH 45212
Beechwood Terr. Cincinnati OH 45230	Maplehill Dr Cincinnati OH 45240
Bellune Dr Cincinnati OH 45231	Maplewood Ave Cincinnati OH 45219
Beresford Av Cincinnati OH 45206	Marino Drive Cincinnati OH 45251
Betton St. Cincinnati OH 45214	Marshall Ave Cincinnati OH 45225
Biloxi Dr. Cincinnati OH 45231	Mchenry Ave Cincinnati OH 45211
Bitterroot Ln. Cincinnati OH 45224	Mchenry Ave Cincinnati OH 45225
Blanchard Av Cincinnati OH 45205	Memory Ln Cincinnati OH 45239
Blue Ash Rd. Cincinnati OH 45242	Meredith Dr. Cincinnati OH 45231
Bluelark Dr Cincinnati OH 45231	Miami Ave North Bend OH 45052
Boal Street Cincinnati OH 45202	Mills Ave Cincinnati OH 45212
Bonnell Av Cincinnati OH 45215	Montana Ave. Cincinnati OH 45211
Boudinot Ave. Cincinnati OH 45211	Montgomery Rd Cincinnati OH 45242
Bowling Green Ct Cincinnati OH 45225	Montgomery Rd. Cincinnati OH 45212
Broadway Cincinnati OH 45202	Montgomery Rd. Cincinnati OH 45213
Brower Rd North Bend OH 45052	Montgomery Rd. Cincinnati OH 45212
Burnett Ave. Cincinnati OH 45219	Montgomery Rd. Cincinnati OH 45213
Burton Ave. Cincinnati OH 45229	Montgomery Road Cincinnati OH 45212
Camden St Cincinnati OH 45229	Morroco Ct. Cincinnati OH 45240
Camvic Terr. Cincinnati OH 45211	Mulberry St Cincinnati OH 45202
Canterbury Ave Cincinnati OH 45237	Myrtle Ave Cincinnati OH 45206
Carll Street Cincinnati OH 45225	Newfield Street Cincinnati OH 45237
Carnegie Dr Cincinnati OH 45240	North Hegry Cr Cincinnati OH 45238
Carolina Ave. Cincinnati OH 45237	North Wayne Av Cincinnati OH 45215
Carrington Ln. Loveland OH 45140	Northern Ave. Cincinnati OH 45229
Cascade Rd. Cincinnati OH 45240	Northland Blvd Cincinnati OH 45240
Catalpa Ave Cincinnati OH 45239	Oak St Cincinnati OH 45219
Cedar Ave. Cincinnati OH 45224	Olive Ave. Cincinnati OH 45205
Central Ave. Cincinnati OH 45202	Omena Pl. Cincinnati OH 45238
Chapel St. Cincinnati OH 45206	Ontario St. Cincinnati OH 45231
Cheviot Rd. Cincinnati OH 45247	Park Ave Cincinnati OH 45206
Church St Cincinnati OH 45244	Patterson Ave Cincinnati OH 45215
Clarion Av Cincinnati OH 45207	Pedretti Ave. Cincinnati OH 45238
Clark Street Cincinnati OH 45203	Pedretti Rd. Cincinnati OH 45238
Clovernook Ave. Cincinnati OH 45231	Pelham Pl. Cincinnati OH 45237
Colerain Ave. Cincinnati OH 45223	Pike St. Cincinnati OH 45215
Colerain Ave. Cincinnati OH 45239	Plainfield Rd. Cincinnati OH 45213

ATTACHMENT O

Example of NET Customers Locations

Colerain Ave. Cincinnati OH 45223	Plainfield Rd. Cincinnati OH 45236
Compton Rd. Cincinnati OH 45231	Poplar St. Cincinnati OH 45214
Continental Dr. Cincinnati OH 45246	Prairie Ave. Cincinnati OH 45215
Converse Dr Cincinnati OH 45240	President Dr Cincinnati OH 45225
Copperfield Ln Cincinnati OH 45238	Prospect Pl Cincinnati OH 45229
Corbly Rd Cincinnati OH 45230	Quail Ct Cincinnati OH 45240
Cordova Ave. Cincinnati OH 45239	Quailwood Dr. Cincinnati OH 45240
Cornell Rd Cincinnati OH 45241	Queen City Ave Cincinnati OH 45214
Craft Street Cincinnati OH 45232	Queen City Ave Cincinnati OH 45238
Crestline Ave. Cincinnati OH 45205	Random Hill Rd. Cincinnati OH 45231
Crestview Pl. Cincinnati OH 45230	Reading Rd Cincinnati OH 45229
Dallas Ave Cincinnati OH 45239	Reading Rd. Cincinnati OH 45237
Daly Rd Cincinnati OH 45231	Reading Rd. Cincinnati OH 45241
Dana Ave. Cincinnati OH 45229	Regal Ln Cincinnati OH 45251
David St Cincinnati OH 45214	Regent Ave. Cincinnati OH 45237
Dawson Ave. 2 Cincinnati OH 45223	Rhode Island Ave, Cincinnati OH 45212
Delhi Ave. Cincinnati OH 45204	Riddle Rd South Cincinnati OH 45220
Delmar Av Cincinnati OH 45211	Ridge Ave. Cincinnati OH 45209
Delta Ave. Cincinnati OH 45226	Rion Lane Cincinnati OH 45217
Denham St. Cincinnati OH 45225	River Rd. Harrison OH 45030
Dewdrop Cr. Cincinnati OH 45240	Roanoke St Cincinnati OH 45227
Dorothy Ct. Cincinnati OH 45215	Robb Ave 14 Cincinnati OH 45211
Duluth Ave. Cincinnati OH 45220	Roosevelt Ave. Cincinnati OH 45240
Dutch Colony Dr. Cincinnati OH 45232	Rossmore Ave Cincinnati OH 45237
E. 13th St. Cincinnati OH 45202	Roxbury Ave Cincinnati OH 45230
E. Epworth Ave. Cincinnati OH 45232	Rutland Ave. Cincinnati OH 45207
E. Main St Cleves OH 45002	S. Jefferson Ave 1st Fl Cincinnati OH 45212
Earnshaw Ave. Cincinnati OH 45219	S.Wayne Cincinnati OH 45215
Ebenezer Rd. Cincinnati OH 45248	Sarvis Ct Cincinnati OH 45214
Ehrling Rd Cincinnati OH 45227	Savannah Way Cincinnati OH 45224
Elberon Av Cincinnati OH 45205	School Rd. Lot Cincinnati OH 45249
Elda Ln. Cincinnati OH 45224	Section Rd Cincinnati OH 45237
Elizabeth St. Cincinnati OH 45203	Seton Ave. Cincinnati OH 45205
Elkwood St Cincinnati OH 45240	Seymour Ave. Cincinnati OH 45237
Emerson Ave Cincinnati OH 45239	Shadymist Lane Cincinnati OH 45239
Erie Ave. Cincinnati OH 45227	Shamrock Av Cincinnati OH 45231
Esmonde St. Cincinnati OH 45214	Sharondale Rd.Cincinnati OH 45241
Estes Pl. Cincinnati OH 45229	Sheehan Ave. Cincinnati OH 45216
Ezzard Charles Dr. Cincinnati OH 45203	Shepard Ln Cincinnati OH 45215
Fairfax Ave. Cincinnati OH 45207	Sherman Av Cincinnati OH 45212
Fairhurst Ave. Cincinnati OH 45213	Sidney Ave Cincinnati OH 45225
Fairmount Ave Cincinnati OH 45214	Signal Pointe Dr Cincinnati OH 45247
Fairview Ave. Cincinnati OH 45219	Silverton Ave Cincinnati OH 45236
Ferguson Rd. Cincinnati OH 45238	Simpson Cincinnati OH 45224
Ferncrest Ct. Cincinnati OH 45211	Simpson Ave. Cincinnati OH 45227
Fernview Ct. Cincinnati OH 45212	Smiley Av Cincinnati OH 45240
First Ave Cincinnati OH 45205	Smith Rd Cincinnati OH 45212
Flatt Terr. Cincinnati OH 45232	Smith Rd. Cincinnati OH 45212
Folchi Dr. Cincinnati OH 45224	Springfield Pk Cincinnati OH 45246
Fontibleau Te Cincinnati OH 45231	St Ledger Pl Cincinnati OH 45207
Forest Ave. Cincinnati OH 45229	St. James Ave. Cincinnati OH 45206
Fox Run Dr Cincinnati OH 45236	St. Lawrence Cincinnati OH 45205

ATTACHMENT O

Example of NET Customers Locations

Frintz St Cincinnati OH 45202	St. Leo Pl Cincinnati OH 45225
Fulton Ave. Cincinnati OH 45206	Stanton Cincinnati OH 45206
Gahel Terr. Cincinnati OH 45215	State Ave. Cincinnati OH 45204
Garden Hill Ln Cincinnati OH 45232	Stewart Ave. Cincinnati OH 45215
Garden Ln Cincinnati OH 45237	Stonemasters Drive Loveland OH 45140
Gate Street Cincinnati OH 45211	Stover Ave. Cincinnati OH 45237
Georgia Ave Cincinnati OH 45223	Strand Lane Cincinnati OH 45232
Gholson Ave. Cincinnati OH 45229	Summit Rd Cincinnati OH 45237
Gilbert Ave Cincinnati OH 45206	Sunset Ave. (Eagle Watch Apts) Cincinnati OH 45238
Gilman Ave. Cincinnati OH 45219	Sunshine Ave Cincinnati OH 45211
Gilsey Ave. Cincinnati OH 45205	Sutton Avenue Cincinnati OH 45230
Glen Meadows Ln. Cincinnati OH 45237	Tacoma Ave. Cincinnati OH 45220
Glencross Ave Cincinnati OH 45217	Thomasville Dr 1625 Cincinnati OH 45238
Glenridge Pl Cincinnati OH 45217	Versailles Dr. Cincinnati OH 45240
Glenway Ave Cincinnati OH 45205	Versailles Rd Cincinnati OH 45240
Grand Avenue Cincinnati OH 45205	View Pointe Dr. Cincinnati OH 45213
Green St. Cincinnati OH 45202	Viewpointe Dr D Cincinnati OH 45213
Greenview Place Cincinnati OH 45237	Vine St Cincinnati OH 45202
Greenwich Ave. Cincinnati OH 45238	Vine St Cincinnati OH 45217
Greenwood Ave Cincinnati OH 45229	Vine St. Cincinnati OH 45219
Groesbeck Rd Cincinnati OH 45224	Vine St. Cincinnati OH 45216
Gurley Rd Cincinnati OH 45238	Vine St. Cincinnati OH 45217
Hackberry Cincinnati OH 45206	Vine Street Cincinnati OH 45220
Hackberry Street Cincinnati OH 45206	Virginia Ave. 4 Cincinnati OH 45223
Hamilton Ave. Cincinnati OH 45224	Vivian Pl. Cincinnati OH 45232
Hamilton Ave. Cincinnati OH 45223	W Liberty Cincinnati OH 45214
Hanfield Street Cincinnati OH 45223	W McMicken Cincinnati OH 45214
Hanson Dr. Cincinnati OH 45240	W. 14 St Cincinnati OH 45202
Harris Ave. 2 Cincinnati OH 45212	W. 8th St. Cincinnati OH 45205
Harrison Ave Cincinnati OH 45214	W. 9th St. Cincinnati OH 45203
Harrison Ave Cincinnati OH 45211	W. Benson St Cincinnati OH 45215
Hauck Rd Cincinnati OH 45241	W. Eighth Street Cincinnati OH 45205
Havenwood Ct Cincinnati OH 45237	W. Galbraith Rd. Cincinnati OH 45231
Hawaiian Terrace Cincinnati OH 45223	W. H. Taft Rd Cincinnati OH 45206
Hillvista Ln Cincinnati OH 45239	W. Liberty St. Cincinnati OH 45205
Hirsch Dr Cincinnati OH 45237	W. Liberty St. Cincinnati OH 45214
Homelawn Av Cincinnati OH 45211	W. McMicken Street Cincinnati OH 45214
Homeside Ave Cincinnati OH 45224	W. Northbend Rd. Cincinnati OH 45224
Iliff Ave Cincinnati OH 45205	Walden Glen Cr. Cincinnati OH 45231
Iroll Ave Cincinnati OH 45225	Walnut St. Cincinnati OH 45202
Jonrose Ave Cincinnati OH 45239	Warren Ave. Cincinnati OH 45212
Joyce Lane Cincinnati OH 45237	Warsaw Ave. Cincinnati OH 45205
Kellerman Ave Cincinnati OH 45237	Wayne Ave. Cincinnati OH 45215
Kemper Ln Cincinnati OH 45206	Weber Ln. Cincinnati OH 45205
Kennedy Av Cincinnati OH 45213	Wells St. Cincinnati OH 45205
Kenoak Ln Cincinnati OH 45213	Wellspring Dr. Cincinnati OH 45231
Kerper Ave Cincinnati OH 45206	Werk Road Cincinnati OH 45211
Kessler Ave Cincinnati OH 45217	Werner Ave. Cincinnati OH 45231
Kings Run Court Cincinnati OH 45232	Weron Lane Cincinnati OH 45225
Kinney Ave Cincinnati OH 45207	Wess Park Dr. Cincinnati OH 45217
Kipling Ave Cincinnati OH 45239	West North Bend Rd Cincinnati OH 45239
Kirby Ave Cincinnati OH 45223	West 7th St. Cincinnati OH 45202

ATTACHMENT O

Example of NET Customers Locations

Kirby Ave. Cincinnati OH 45239	West Galbraith Pointe Ln A Cincinnati OH 45231
Kirby Rd.Cincinnati OH 45223	West Knolls Ln Cincinnati OH 45211
Kline Ave. Cincinnati OH 45211	Westmont Ln. Cincinnati OH 45205
Koehler St # Cincinnati OH 45215	Westwood Av Cincinnati OH 45214
Lafayette Ave Cincinnati OH 45220	Westwood Northern Blvd Cincinnati OH 45211
Lafeuille Ave Cincinnati OH 45211	William Howard Taft Rd. Cincinnati OH 45219
Laidlaw Ave. Cincinnati OH 45237	Williamsburg Dr. Cincinnati OH 45225
Lakenoll Dr Cincinnati OH 45231	Williamson Pl Cincinnati OH 45223
Lantana Ave. Cincinnati OH 45224	Wilson Ave Cincinnati OH 45229
Larona Ave Cincinnati OH 45229	Winkler St Cincinnati OH 45219
Lathrop Pl Apt Cincinnati OH 45224	Winneste Av Cincinnati OH 45232
Lawn Street Cincinnati OH 45237	Winton Rd. Cincinnati OH 45232
Lawnview Ave. Cincinnati OH 45246	Wm. H. Taft Rd Cincinnati OH 45206
Lehigh Ave. Cincinnati OH 45230	Woolper Cincinnati OH 45220
Lexington Av Cincinnati OH 45229	Zinsle Ave Cincinnati OH 45213
Lincoln Ave. Cincinnati OH 45246	Zion Rd. Cleves OH 45002

ATTACHMENT P

Examples of Medicaid Provider

Access Center	4623 Wesley Ave N Cincinnati OH 45212
Alcoholism Counsel Of The Cincinnati Area	2828 Vernon Place Cincinnati OH 45219
Alliance Primary Care	10475 Reading Road 45 Cincinnati OH 45241
Alliance Primary Care	3131 Harvey Ave Cincinnati OH 45229
Alliance Primary Care	3306 Ruther Ave Cincinnati OH 45219
Alliance Primary Care	4631 Ridge Avenue B Cincinnati OH 45209
Altercrest	274 Sutton Road Cincinnati OH 45230
Amazing Smile	1140 Harrison Av Harrison OH 45030
Anderson Ferry Group Health	2001 Anderson Ferry Cincinnati OH 45238
Anderson Medical Building	8000 5 Mile Rd Cincinnati OH 45230
Aquatic Rehabilitation Center	10567 Montgomery Rd Cincinnati OH 45242
Arthritis Care, Lewis Flaspohler Rheumatology	2355 Norwood Avenue Cincinnati OH 45212
Balance Disorder Inst.	6527 Colerain Ave Cincinnati OH 45239
Barrett Center University Of Cincinnati	234 Goodman Ave Cincinnati OH 45219
Beech Acres	4966 Glenyway Ave. Cincinnati OH 45238
Beresh Pain Management	840 Nw Washington Blvd. Hamilton OH 45013
Bethesda	4360 Cooper Rd Cincinnati OH 45242
Bethesda	1821 Summit Rd. Cincinnati OH 45237
Bethesda North Hospital	10500 Montgomery Rd. Cincinnati OH 45242
Bethesda Norwood Family Practice	4411 Montgomery Rd Cincinnati OH 45212
Bethesda Outpatient Cardiac Rehab Center	6200 Pfeiffer Rd. Cincinnati OH 45242
Bioworks Inc.	7791 Cooper Road Cincinnati OH 45242
Bliss Chiropractic	7687 Beechmont Ave. Cincinnati OH 45255
Blue Ash Dialysis & Compass Health Care	10600 Mckinley Rd. Cincinnati OH 45242
Bond Hill Dental Ctr	1665 California Avenue Cincinnati OH 45237
Braxton Cann Clinic	5818 Madison Rd. Cincinnati OH 45227
Ernesto Tan Inc: Tan Ernesto MD	4373 Bridgetown Rd. Cincinnati OH 45211
Camelot Community Care	1500 McMakin (Assumption Church) Cincinnati OH 45231
Camelot Community Care	210 North Cooper (Lockland School) Cincinnati OH 45215
Camelot Community Care	3900 Cottingham Cincinnati OH 45246
Camelot Community Care	4400 Smith Rd. Cincinnati OH 45212
Camelot Community Care & Norcen Behavioral Health	7162 Reading Rd #300 Cincinnati OH 45237
Cancer Center	2421 Auburn Ave Cincinnati OH 45219
Cei Cincinnati Eye Institute	1945 Cei Drive Cincinnati OH 45242
Center For Foot Care	2859 Boudinot Ave Cincinnati OH 45238
Center For Foot Care	7344 Hamilton Ave Cincinnati OH 45231
Center For Physical Therapy	431 Ohio Pk. Cincinnati OH 45255
Center Point Health	2602 Victory Parkway Cincinnati OH 45206
Center Point Health	4760 Madison Cincinnati OH 45206
Center Point Health	4968 Glenway 2nd Fl Cincinnati OH 45238
Center Point Health & Core Behavioral	5837 Hamilton Ave Cincinnati OH 45224
Central Clinic	311 Albert Sabin Way Cincinnati OH 45229
Central Community Health Board	3020 Vernon Pl Cincinnati OH 45219
Central Community Health Board	526 Maxwell Ave. Cincinnati OH 45219
CFAC	4973 Glenway Ave Cincinnati OH 45238
Cheviot Medical Center	3502 Boudinot Ave Cincinnati OH 45211
Children Hospital	619 Oak Street Cincinnati OH 45206
Children'S Home	5014 Madison Rd Cincinnati OH 45227
Children's Home	5050 Madison Rd Cincinnati OH 45227
Children'S Hospital	2800 Winslow Cincinnati OH 45206
Children'S Hospital	7777 Yankee Rd Middletown OH 45044
Children's Hospital Medical Center	3333 Burnet Ave. Cincinnati OH 45229
Children'S Hosptial Children'S Hosptial	3430 Burnet Ave Cincinnati OH 45229
Christ Hospital	2139 Auburn Ave Cincinnati OH 45219
Christ Hospital Medical Building	2123 Auburn Ave. Cincinnati OH 45219
Cincinnati Foot Clinic	8111 Cheviot Rd Cincinnati OH 45247

ATTACHMENT P

Examples of Medicaid Provider

Cincinnati Center For Pain Relief	3145 Hamilton-Mason Rd. Hamilton OH 45011
Cincinnati Eye Institute	1945 Cei Dr. Cincinnati OH 45242
Cincinnati Pain Management	8261 Cornell Road, Unit 630 Cincinnati OH 45249
Cinti Group Health Associates Off/clinics	375 Glensprings Dr Cincinnati OH 45246
Colerain	9505 Colerain Ave. Cincinnati OH 45251
Compass Healthcare	9873 Montgomery Rd Cincinnati OH 45242
Crest Smile Shop	612 Rockdale Ave. Cincinnati OH 45229
Crossroads	311 Martin Luther King Dr Cincinnati OH 45219
Crossroads & Dental One	5 E Liberty St Cincinnati OH 45202
CVS Pharmacy	5229 Mtgmy. Rd. Cincinnati OH 45212
CVS Pharmacy	934 E. Mcmillan St. Cincinnati OH 45206
CVS Pharmacy	17 W. Howard Taft Cincinnati OH 45219
Daughtery Medical Group	2230 Auburn Ave Cincinnati OH 45219
Davita Dialysis	6550 Winton Rd Cincinnati OH 45224
Dialysis Davita White Oak	5520 Cheviot Rd Cincinnati OH 45247
Davita Dialysis	3267 Westbourn Dr Cincinnati OH 45248
Davita Dialysis	5040 Delhi Pike Cincinnati OH 45238
Davita Dialysis	6929 Silverton Ave. Cincinnati OH 45236
Davita Norwood	2300 Wall St. Cincinnati OH 45212
Dci Dci Clinic	6432 Glenway Ave Cincinnati OH 45211
Dci Forest Park	1075 Kemper Meadow Dr. Cincinnati OH 45240
Deaconess Hosp	311 Straight Street Cincinnati OH 45219
Deaconess Medical Office Bldg	330 Straight St Cincinnati OH 45219
Dental One Dentist	3529 Reading Rd. Cincinnati OH 45229
Diabetes And Endocrinology	4360 Cooper #201 Cincinnati OH 45242
Dialysis Clinic Inc.	499 E. McMillan Cincinnati OH 45206
Dialysis Corp	7600 Affinity Pl Cincinnati OH 45231
Dialysis Corp Of America	1721 Tennessee Ave Cincinnati OH 45229
Dialysis Specialist of Fairfield	4750 Dixie Highway Fairfield OH 45014
Digestive Health Network	317 Howell Ave Cincinnati OH 45220
Dr Bingman	5535 Montgomery Rd Cincinnati OH 45212
Dr Lisa Larkin	4460 Red Bank Express Cincinnati OH 45227
Dr Copeland	5939 Colerain Ave Cincinnati OH 45239
Dr Derrick Hindman Better Foot Care	434 Ray Norrish Dr. Cincinnati OH 45246
Dr Durrani Center For Advance Spine Technologies	4555 Lake Forest Rd Cincinnati OH 45242
Dr Fley	6240 Hamilton Ave Cincinnati OH 45224
Dr Fox	6480 Harrison Ave Cincinnati OH 45248
Dr Gelman	105 West Fourth St Cincinnati OH 45202
Dr Khan	1966 Anderson Ferry Rd Cincinnati OH 45238
Dr Stacy Osborne	5521 Montgomery Rd. Cincinnati OH 45212
Dr. Babar	6107 Hamilton Ave. Cincinnati OH 45224
Dr. Jason White	9509 Montgomery Rd. Cincinnati OH 45242
Dr. Kay American Health & Pain Management Center	1074 Patterson Rd Dayton OH 45420
Dr. Marcella Zal-Bouchar	3012 Glenmore Ave 101 Cincinnati OH 45238
Dr. Margaret Isaacs	3315 Ashwood Drive Cincinnati OH 45213
Dr. Marsha Smith Win-Med. City West	1202 Linn St. Cincinnati OH 45203
Dr. Miller Lisa Larkin,Md. & Assoc.	4440 Redbank Express Way 27 Cincinnati OH 45227
Dr. Neimes	2055 Reading Rd. Suite 150 Cincinnati OH 45202
Dr. Robert Maltz Ear Nose & Throat Specialist	11135 Montgomery Rd. Cincinnati OH 45249
Dr. Sadd	3020 Hospital Dr. Batavia OH 45103
Dr. Ward	4350 Malsbary Rd. Cincinnati OH 45242
Dr. Weinkam	8041 Hosbrook Rd. Cincinnati OH 45236
Drake Rehabilitation Center	151 W. Galbraith Rd. Cincinnati OH 45216
Drake Rehabilitation Stetson Square	266 Stetson Cincinnati OH 45219
Duvall Head Start	924 Waycross Road Cincinnati OH 45240
Dynamic Psy Dr. Souza	999 Lila Ave Milford OH 45150

ATTACHMENT P

Examples of Medicaid Provider

East End Health Center	4027 Eastern Avenue Cincinnati OH 45226
East Indiana Treatment Center Greendale	816 Rudolph Way. Lawrenceburg IN 47025
Elm Street Clinic	1525 Elm Street Cincinnati OH 45202
Eye Care Associates	4631 Ridge Avenue #A Cincinnati OH 45209
Family Dental Care Associates	6016 Glenway Cincinnati OH 45211
Family Dental Care Associates Tri County Mall	300 E. Kemper Rd. Cincinnati OH 45246
Family Dentistry	2310 Baltimore Av Cincinnati OH 45225
Family Service	3740 Glenway Ave Cincinnati OH 45205
Farber Family Denistry	4338 Montgomery Cincinnati OH 45212
Freiburg Orthopaedic & Sports Medicine	8250 Kenwood Crossing Cincinnati OH 45236
Gastroenterology Associates	2925 Vernon Pl Cincinnati OH 45219
General & Vascular Surgeons	11155 Kenwood Rd Cincinnati OH 45242
Glad House	4721 Reading Rd Cincinnati OH 45237
Glenway	5945 Glenway Ave. Cincinnati OH 45238
Glenway Family Medical	5757 Glenway Ave. Cincinnati OH 45238
Good Samaritan Er	6949 Good Samaritan Dr. Cincinnati OH 45247
Good Samaritan Hospital	375 Dixmyth Ave. Cincinnati OH 45220
Good Samaritan Med/office Bldg	3219 Clifton Cincinnati OH 45220
Good Samaritan Out Patient	6350 Glenway Ave Cincinnati OH 45211
Greater Cinti Associated Physicians	5525 Marie Ave. Cincinnati OH 45248
Greater Cinti Behavioral Health Services	1501 Madison Road Cincinnati OH 45227
Group Health Asso	8245 North Creek Dr Cincinnati OH 45236
Group Health Associates	2915 Clifton Ave Cincinnati OH 45219
Hand Surgery Specialist Inc.	538 Oak St Cincinnati OH 45219
Health Alliance	3200 Burnet Ave Cincinnati OH 45229
Health Care For Women	1728 Chase Ave Cincinnati OH 45223
Hearing, Speech & Deaf Center	2825 Burnet Ave. Cincinnati OH 45219
Hopple Street Health Center	2750 Beekman Cincinnati OH 45225
Hoxworth Blood Center	3131 Highland Avenue Cincinnati OH 45219
IKron Rehabilitation	2347 Vine St Cincinnati OH 45229
Internal Medicine & Infectious Disease	10495 Montgomery Rd 19 Cincinnati OH 45242
Jewish Hospital	6350 E Galbraith Rd Cincinnati OH 45236
Jewish Hospital Kenwood	4725 E Galbraith Rd. Cincinnati OH 45236
Jewish Hospital Medical Arts Building Kenwood	4750 E. Galbraith Rd. Cincinnati OH 45236
Jewish Hospital Professional Bldg.	3120 Burnet Avenue Cincinnati OH 45219
Jewish Hospital-Kenwood	4777 East Galbraith Rd. Cincinnati OH 45236
Kenwood	9403 Kenwood Rd. Cincinnati OH 45242
Kenwood Professional Building	7565 Kenwood Rd Cincinnati OH 45236
Kroger Pharmacy	222 Piedmont Cincinnati OH 45219
Kroger Pharmacy	4500 Montgomery Rd. Cincinnati OH 45212
Kroger Pharmacy	6165 Glenway Ave. Cincinnati OH 45211
Liberty Dialysis	2071 Sherman (Norwood) Cincinnati OH 45212
Liberty Dialysis (Kenwood)	8251 Pine Rd 110 Cincinnati OH 45236
Lincoln Hights Center	1401 Steffen St Cincinnati OH 45215
Medical Arts Building	222 Piedmont Cincinnati OH 45219
Mercy Medical Associates	6540 Winton Road Cincinnati OH 45224
Mercy Anderson Center For Women	7502 State Road 100 Cincinnati OH 45255
Mercy Franciscan Hospital	2446 Kipling Ave. Cincinnati OH 45239
Mercy Franciscan Hospital	3131 Queen City Ave. Cincinnati OH 45238
Mercy Franscian Medical Bldg	2450 Kipling Avenue Cincinnati OH 45239
Mercy Hosp- Health Plex	3050 Mack Rd Suite 300 Fairfield OH 45014
Mercy Hospital System Partners	7500 State Rd. Cincinnati OH 45255
Mercy Hospital-Fairfield	3000 Mack Rd. Fairfield OH 45014
Mercy Professional Service	2330 Victory Pkwy. Cincinnati OH 45206
Midwest Eye Clinic	6779 Colerain Ave Cincinnati OH 45239
Midwest Medical Group	1380 Compton Rd Cincinnati OH 45231

ATTACHMENT P

Examples of Medicaid Provider

Millvale Health Center	3301 Beekman St Cincinnati OH 45225
Montgomery Emt	9200 Montgomery Rd Cincinnati OH 45242
MRI Center	321 Albert Sabin Way Cincinnati OH 45219
Mt Healthy Dialysis	1075 Kemper Meadow Dr Cincinnati OH 45240
Mt. Auburn Health Center	2415 Auburn Ave. Cincinnati OH 45219
Mt. Healthy Family Practice	8146 Hamilton Ave. Cincinnati OH 45231
Northside Health Center	3917 Spring Grove Ave. Cincinnati OH 45223
Nova Care	8220 North Creek Drive Cincinnati OH 45236
Oakley Square Eye	3039 Madison Rd Cincinnati OH 45227
Ohio River Valley	7124 Miami Ave. Cincinnati OH 45243
Ohio Valley Orthopedics	8311 Montgomery Rd. Cincinnati OH 45236
Oncology Hematology Care	199 Wm Howard Taft Road Cincinnati OH 45219
Ortho & Diagnostic Cener	4600 Smith Rd Cincinnati OH 45212
Oxford Physical Therapy	4030 Smith Rd. Cincinnati OH 45209
Pain Management	4243 Hunt Rd Cincinnati OH 45242
Pain Management Specialist	7862 Kingland Dr. West Chester OH 45069
Physican Health Source	3328 Westbourne Dr Cincinnati OH 45248
Price Hill Health Center	2136 W. 8th St. Cincinnati OH 45204
Primary Care Of Cincinnati	318 E University Ave Cincinnati OH 45219
Pro-scan Imaging	5400 Kennedy Avenue Cincinnati OH 45213
Queen City Physicians	6350 Glenway Ave Cincinnati OH 45211
Queen City Physicians	7825 Laurel Ave Cincinnati OH 45243
Queen City Surgical Consultant	4260 Glendale /Milford Rd 102 Cincinnati OH 45242
Recovery Center	2430 Auburn Ave Cincinnati OH 45219
Roselawn Family Dental	7540 Reading Rd Cincinnati OH 45237
Schaeper's Pharmacy	4187 Hamilton Ave. Cincinnati OH 45223
Scott Larkin & Associates Family Dentistry	2200 Auburn Ave. Cincinnati OH 45219
Seven Hills Womens Health Centers Obgyn	3035 Hamilton-Mason Rd. Hamilton OH 45011
Spectrum Rehab	4760 E. Galbraith Rd. Cincinnati OH 45236
St. Aloysius	4721 Reading Road Cincinnati OH 45237
St. Joseph Orphanage	5400 Edalbert Dr. Cincinnati OH 45239
Stratford Family Medicine	2600 Stratford Aveue Cincinnati OH 45219
Summit Behavioral Health	1350 Michigan Cincinnati OH 45208
Talbert House	2600 Victory Parkway Cincinnati OH 45206
Talbert House	4531 Reading Road Cincinnati OH 45229
TIP Program	2850 Winslow Ave Cincinnati OH 45206
Tri-state Primary Care	5310 Rapid Run Cincinnati OH 45238
U. C. Hosp	234 Goodman Ave Cincinnati OH 45219
U/c Sleep Center	7777 University Dr. A West Chester OH 45069
Uc Holmes Hospital	1 Eden Albert Sabin Way Cincinnati OH 45219
University Family Physicians	1295 Kemper Meadow Dr. Cincinnati OH 45240
University Point	7700 University Court West Chester OH 45069
University Point Pain Management Center	7759 University Dr. West Chester OH 45069
University Pointe Surgical Hosp	7750 University Dr West Chester OH 45069
Urology Group	10700 Montgomery Rd 319 Cincinnati OH 45242
Valley Dental	7125 Reading Rd Cincinnati OH 45237
Walgreens	3822 Paxton Cincinnati OH 45209
Walgreens	4605 Montgomery Rd. Cincinnati OH 45212
Walgreens	9 West Mitchell Cincinnati OH 45229
Walgreens Pharmacy	6918 E. Galbraith Rd. Cincinnati OH 45231
Walgreens University Plaza Shopping Center	1 W. Corry St. Cincinnati OH 45219
Walmart Eye	2322 Fergurson Dr Cincinnati OH 45238
Walmart Vision Center	4000 Red Bank Rd Cincinnati OH 45227
Walmart Vision Center	8451 Colerain Ave. Cincinnati OH 45239
Walnut Hill Health Center	2805 Gilbert Ave Cincinnati OH 45206
Wellington Orthopaedic& Sport Medicine	5589 Cheviot Rd Cincinnati OH 45247

ATTACHMENT P

Examples of Medicaid Provider

Wellington Orthopedics&sports Medicine	4701 Creek Rd Cincinnati OH 45242
Wellington Spine And Rehab Ctr	111 Wellington Place Cincinnati OH 45219
Winton Hills Medical Center	5275 Winneste Cincinnati OH 45232