

REQUEST FOR QUOTES (RFQ)

FOR

Guardianship Services

KB03-23Q

**Due Date: October 6, 2023
1:00 P.M. EST.**

Issued by

**HAMILTON COUNTY JOB & FAMILY SERVICES
CINCINNATI, OHIO 45202
*September, 2023***

Quotes may be sent to Kris Bullock at Hamil_ContractServicesProcurementBullock@jfs.ohio.gov on
or before **October 6**, 2023,
1:00 P.M. EST.

Hamilton County Job & Family Services is accepting quotes for **Guardianship Services**. The purpose of this RFQ is to select a vendor who can best meet the requirements of the RFQ at the lowest cost for the specified time periods. The Vendor selected from this RFQ process shall provide these services, as defined hereafter. The proposed solution must meet the specific needs of the Board of County Commissioners. The details of the services needed are further defined in **Requirements and Specifications**.

1. Contact:

The contact for this quote is:

**Kris Bullock, Contract Specialist
Hamilton County Job & Family Services
222 East Central Parkway, 3NW225
Cincinnati, Ohio 45202**

All questions regarding this quote must be presented in writing and e-mailed to:

Hamil_ContractServicesProcurementBullock@jfs.ohio.gov

(Quote number should be entered in the subject line of the e-mail)

2. Delivery of Quotes:

Vendors submitting their quotes must submit their quote by e-mailing Hamil_ContractServicesProcurementBullock@jfs.ohio.gov by 1:00 p.m. EST on **October 6, 2023**

3. Requirements and Specification

The Hamilton County, Ohio Department of Job & Family Services (HCJFS) is requesting price quotes for **Guardianship Services** for the HCJFS Adult Protective Services (APS) Program. The Contract term will be for a two (2) year initial period with two (2), optional one (1) year renewal periods. It is anticipated that the Contract will begin **December 1, 2023**.

Purpose

HCJFS is seeking a qualified Provider to supply guardianship services that meet the requirements of HCJFS as set forth in this RFQ.

The selected Provider will assume guardianship for HCJFS' most vulnerable clients, age 60 and above, who require a Guardian due to mental impairment. The selected Provider will provide and/or work with an attorney who can file the appropriate paperwork in court. HCJFS' preference is for an agency or individual experienced with guardianship cases and that demonstrates a commitment to the aging population.

The expectation is for Client placement in a skilled nursing facility or other appropriate placement.

Some of these APS cases have challenging family dynamics. The client may have been abused, neglected or exploited by family members, who will often contest the guardianship case. Other case scenarios include a Client with no family members or any other community resource that could serve the Client in the capacity of Guardian. Some cases include a Client living in the community who will need to be removed from their home and placed in a skilled nursing facility. On occasion, the Guardian may need to call on the assistance of the local police or Sheriff's Department if the Client is resistant to going into a skilled nursing facility.

In some circumstances where the client has an appropriate family member to take guardianship, but doesn't have the funds available to file in court, the selected Provider would provide an attorney to file for guardianship. In these cases, the selected Provider would not become the client's Guardian.

Caseload

HCJFS currently does not provide guardianship services. HCJFS anticipates 20-30 cases per year needing guardianship services.

Program Services

Provider will:

- Facilitate the process of establishing guardianship without limitation.
- Perform initial visit of a client (APS will have the statement of expert evaluation).
- Work with an attorney to prepare for court, secure appropriate testimony, and attend hearings.
- Provider will ensure client is safely placed in a nursing facility once guardianship is awarded.

Capacity/Minimum Qualifications

Interested Providers must demonstrate their capacity to perform work to meet the needs of HCJFS by detailing:

- Experience in handling guardianship cases.
- Current professional qualification required from Hamilton County Probate Court.
- Criminal background checks free from any prohibitive offence as required by the court.
- The Guardian has completed appropriate training required by Hamilton County Probate Court.
- The Guardian meets the legal requirements through the Hamilton County Probate Court.

Authorization, Intake Requirements, and Ongoing

The Provider will:

- Receive a referral from APS and set priorities. If a case is labeled as an emergency, Provider will work with an attorney to get the case into court

within two (2) business days. If case isn't labeled as an emergency, Provider will file the case in court within ten (10) business days.

- Provider will notify APS of the date and time of the guardianship hearing. Provider will review the case with APS (including all details of family involvement) and will communicate with APS regarding details of the case.
- The Provider will handle the complete guardianship process through Probate Court, and will ensure the client is placed in a facility, if not already in a facility at the time of the court hearing. If the ward is eligible for Medicaid, Provider will ensure the Medicaid application process is completed. The Provider can complete this process, or the facility where a client is being placed can assist with this process.
- APS will keep the case open throughout the process and will close the case once the client is in a facility.
- The Provider must be available as needed. Once guardianship is awarded, its possible a nursing home could call the Guardian in the middle of the night.
- APS will pay Provider for up to 5 hours for all services performed by Provider during the month of referral and the month following referral. The Provider must obtain prior approval from APS for any services provided in excess of 5 hours, or provided beyond the month following referral. If the Provider exceeds the maximum number of hours and/or timeframe allowed without prior approval, APS reserves the right to deny payment to the Provider.

Cost Sheet and Questionnaire:

Vendor shall list all costs and return the completed Attachment A- Cost Sheet along with Attachment B- Questionnaire to the contact person listed in section 1.

Attachment A-COST SHEET
RFQ #KB03-23Q

	Initial Term	Optional Renewal Year 1	Optional Renewal Year 2	
	December 1, 2023- November 30, 2025	December 1, 2025 – November 30, 2026	December 1, 2026 – November 30, 2027	
Hourly Rate	\$	\$		
Other				
Other				

Name of Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

E-mail: _____

Signature: _____ Date: _____

Attachment B-Questionnaire

RFQ #KB03-23Q

1. Please describe how you will fulfill the task of handling the APS cases.
2. Please list the total number of Guardians you currently have on staff. If none, list the qualifications you are looking for when hiring?
3. Please list the name(s) of any attorney will/are working with.