



Board of Commissioners
SC13-17R Addendum Page 1
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February 22, 2018

**HCJFS REQUEST FOR PROPOSAL
NON-EMERGENCY GROUP TRANSPORTATION
FOR MEDICAID MINORS
RFP SC13-17R**

ADDENDUM 4

Remove RFP SC13-17R language previously issued in its entirety and replace with revised RFP SC13-17R language contained on the following pages.

The RFP can be found at www.hcjfs.org (select About then Request for Proposals).

The new date to register for the RFP is March 6, 2018 no later than noon. All registrations must be faxed or e-mailed to the RFP Contact Person, Sandra Carson at (513) 946-2384 or carsos01@jfs.hamilton-co.org

Providers who have previously registered for this RFP do not need to complete a new registration form.

The RFP Conference will be held on February 28, 2018, 1:00 p.m. - 3:00 p.m. EST at Hamilton County Job & Family Services, 222 E. Central Parkway, 6th Floor - Room 6SE401, Cincinnati, OH 45202. All interested Providers are highly encouraged to attend and to bring a printed copy of the RFP as these will not be provided at the RFP Conference.

Proposal submittal is due on or before March 19, 2018, no later than 11:00 a.m. EST to Sandra Carson at Hamilton County Job & Family Services, 3rd Floor, 222 E. Central Parkway, Cincinnati, OH 45202.

Thank you for your consideration, and I look forward to receiving a response from you.

Sincerely,
Sandra Carson
Procurement Specialist

**REQUEST FOR PROPOSALS
FOR
NON-EMERGENCY TRANSPORTATION FOR MEDICAID
ADULTS AND GROUP TRANSPORTATION
FOR MEDICAID MINORS**

RFP SC13-17R

Issued by

THE HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES

222 E. CENTRAL PARKWAY

CINCINNATI, OHIO 45202

February, 2018

RFP Conference: February 28, 2018, 1:00 p.m. – 3:00 p.m.

Location: Hamilton County Job & Family Services

222 East Central Parkway

6th Floor, Room 6SE401

Cincinnati, Ohio 45202

Deadline for Proposal Registration: March 6, 2018, no later than noon

Due Date for Proposal Submission: On or Before March 19, 2018, no later than 11:00 a.m.

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REQUEST FOR PROPOSAL (RFP)

FOR NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS AND GROUP TRANSPORTATION FOR MEDICAID MINORS

MISSION STATEMENT

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

1.0 REQUIREMENTS AND SPECIFICATIONS

1.1 Introduction & Purpose of the Request for Proposal

HCJFS is seeking proposals for the purchase of non-brokerage, non-emergency transportation for Medicaid eligible adults and children. A small percentage of minors are accompanied by a responsible adult, but the largest percentage require group van transportation to day treatment/partial hospitalization Medicaid services. HCJFS desires multiple Providers to deliver all the services described in the Scope of Services in this Request for Proposals (RFP). Subcontractors are permitted for adult transportation, or for minors with accompanying adults. No subcontractors are permitted for group transportation for Medicaid minors to day treatment/partial hospitalization. HCJFS' need is for the selected Providers to coordinate service delivery to assure high quality transportation services and increased efficiency/cost effectiveness in providing these services to HCJFS consumers. Transportation services under this contract will be delivered primarily in Hamilton County, OH with some locations served in adjacent counties (including, but not limited to, Butler, Warren, and Clermont). On few occasions, a trip may require transportation out of the Tri-State region.

Provider agrees that if selected by HCJFS under this RFP or any re-released RFP and if requested by HCJFS, that it will enter into an extension of the Contract for up to 180 days following the expiration of the term then in effect under the current terms, conditions and prices applicable at that point in time. This will allow HCJFS to make a seamless transition to any new Provider and mitigate negative impact for customers.

The resulting contract serves two distinct populations:

- A. Medicaid eligible adults (and accompanied minors) traveling to Medicaid billable services. A significant number are recurring appointments such as dialysis, substance abuse treatment and mental health services.
- B. Medicaid minors traveling in groups to Medicaid billable services, including, but not limited to, day treatment/partial hospitalization programs.

Individuals from these populations, who have been authorized by HCJFS to receive transportation services, shall be referred to herein as Consumer(s).

The intent of this RFP is to secure pricing for a maximum of four (4) years consisting of an initial term (Initial Term) of two (2) years and a renewal term (Renewal Term) of two (2) years. The Renewal Term will be at the option of the County (HCJFS). Provider must submit a proposal for both the Initial Term and the Renewal Term. The purpose of the pricing structure is to minimize the costs for Provider and for the County (HCJFS). HCJFS specifically reserves the right to negotiate, to the extent legally permissible, any terms, conditions or requirements set forth in this RFP.

1.2 Scope of Service

Requirements for Non-Emergency Transportation for Medicaid Adults and Group

Transportation for Medicaid Minors: The Provider understands and agrees that the following are applicable to the services described herein:

- A. Provider shall schedule, coordinate and monitor the transportation. Provider services shall comply, at a minimum, with the requirements set forth in Ohio Administrative Code effective April 4, 2016.(OAC 5160—15-01 and 5160-15-11 through 13,) any other applicable federal, state, local laws, rules and regulations and any applicable requirements for each particular program area described in this RFP.
- B. Provider shall coordinate transportation trips to both optimize efficiency and consumer safety in a manner that results in prompt response times. Provider shall continuously review and compare actual service results, implementing changes as necessary to improve transportation services.

- C. HCJFS shall provide Provider with trip specific service authorizations based upon Consumer requests received by HCJFS and HCJFS confirmation of current Medicaid eligibility. Requests are submitted by email by the service location and by calls to the HCJFS/NET Call Center.
- D. Requestors will be instructed to request transportation services via a monthly requisition or at least five (5) business days in advance of the appointment. New clients may be added at any time in the month with at least five (5) business days' notice in advance of the first trip. Changes to existing monthly transportation are approved in limited circumstances at the discretion of HCJFS only. In limited circumstances, for adults and accompanied minors, HCJFS may schedule urgent trips, with two (2) days or less notice in advance of the trip, for dialysis related issues or hospital release.
- E. Provider may not transport Consumers to locations except those specifically stated in the authorization.
- F. Transportation services shall be provided at the request and authorization of HCJFS for transportation to services such as, but not limited to: day treatment/partial hospitalization, medical, dental, therapy, behavioral health treatment, dialysis, pharmacy and additional services authorized by NET.

An authorization for service will be transferred electronically and encrypted to Provider, who shall then schedule and provide the service. Authorizations will be forwarded to Provider with the following expectations:

1. Monthly authorizations will be sent to the Provider after the 20th of the month preceding the service month; and
 2. It is generally expected that new consumer authorizations shall be made a minimum of five (5) business days prior to the first trip date; and
 3. It is generally expected that authorizations shall be made a minimum of five (5) business days prior to the trip date for existing consumers
- G. Provider shall establish a means for Requestors/Consumers to obtain information on pick up times for trips for new clients and changes to existing routing.

- H. Provider shall provide an additional driver/monitor at the request of HCJFS. This will be in very limited circumstances, and is based on risk to other riders and/or behavioral issues. A monitor may also be required for groups of children six (6) years old or younger traveling together.
- I. Transportation will be for curb to curb service. Many consumers utilize specified return times, especially for recurring appointments such as minors traveling in groups to day treatment/partial hospitalization programs and adults receiving dialysis treatments.
- J. Transportation is in the form of car/van transportation for adults traveling to Medicaid billable services or van transportation for groups of children going to the same location, unless authorized otherwise by HCJFS.
- K. Provider must ensure a Consumer will not ride in transportation vehicles during any single transport leg for more than seventy-five (75) minutes while traveling to or from an authorized destination, unless authorized by HCJFS. The exception is an authorized alternate drop off for a minor with no responsible adult at home and no waiver of the same or authorized by HCJFS.
- L. Provider shall defer to HCJFS to determine any termination of curb to curb service for Consumers in cases where disruptive behavior merits consideration of redirection to public transportation or other methods of transportation. See Attachment H - HCJFS 3547 Non-Emergency Transportation (NET) Rules; Attachment I – Transportation Services Procedure Memo (TSPM) 002 Transportation Incident Reports/Behavioral Suspensions and Attachment J – HCJFS 3303 – Transportation Incident Report.
- M. Provider shall maintain daily trip sheets or similar electronic records verifying that services were provided. Minimum information requirements include, but are not limited to: printed minor Consumer name, pick-up and drop off location, pick-up and drop-off times, and driver's printed name and signature. If at any time HCJFS discovers it has paid for a trip and that the minimum required information is not completed on the trip log, HCJFS can either withhold the amount paid for such trip from amounts due Provider or require Provider to reimburse HCJFS for such trip.
- N. Provider shall make verbal contact with the HCJFS Transportation Services Supervisor within one (1) hour of the occurrence of a critical incident.

A critical incident includes, but is not limited to: no responsible adult at home to receive child, vehicle accident, trauma or injury, danger to life or limb, death and/or medical involvement, or an incident or event that may result in media involvement for HCJFS. Please see Attachment J for a full listing of critical incidents. If the Transportation Services Supervisor is unavailable Provider shall contact the supervising Section Chief. The Provider shall also e-mail a detailed written incident report within twenty-four (24) hours of the critical incident. If a review of the available reports determines additional information for proper and meaningful analysis is required, HCJFS shall conduct follow-up with the Provider.

- O. Provider shall e-mail any non-critical incident reports within twenty-four (24) hours of the actual incident to HCJFS Transportation Services. The report shall detail what occurred, staff involvement, outcome(s), and resolution. Reports that are purely informational and do not require intervention or follow-up shall be labeled-"FYI."-Please see Attachment H HCJFS 3547 Non-Emergency Transportation (NET) Rules; Attachment I – Transportation Services Procedure Memo (TSPM) 002 Transportation Incident Reports/Behavioral Suspensions and Attachment J – HCJFS 3303 – Transportation Incident Report.
- P. Provider shall develop and implement policies and procedures to detail all aspects of managing and delivering transportation services that are requested herein, including but not limited to: transportation scheduling, transportation services, invoicing, complaint/incident resolution, reporting 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. HCJFS will intervene on complaints only when resolution is not provided by the provider.
- Q. If contacted by the media or any other party about the contract, Provider must notify the HCJFS Transportation Supervisor or Section Chief in lieu of responding immediately to media or other third party requests.
- R. 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. All Provider records shall be available for review upon request in Cincinnati either electronically (scanned or original electronic record) or in hard copy.

1.2.1 Population

The following data is provided for planning purposes only. HCJFS does not guarantee that the service level set forth below will increase, decrease, or remain the same. Provider understands that neither HCJFS nor the County is making any guarantees as to the amount of Non-Emergency Transportation for Medicaid Adults and Group Transportation for Medicaid Minors service that it will purchase pursuant to this RFP.

Medicaid eligible adults receive transportation to Medicaid billable services. On occasion, a Medicaid child will be transported with an accompanying adult.

- A. Transportation for Non-Emergency Transportation for Adult Medicaid/Accompanied Minors – From July 2013 to July 2017 – 1,055,470 scheduled, one way transports.
- B. There is a 33% no-show/cancellation rate for the adult population. The funding does not allow reimbursement for no-showed/canceled trips.

Medicaid minors traveling in groups are receiving transportation to medically necessary behavioral health services and present unique challenges. Some children have open child welfare cases due to child abuse, neglect or dependency or are in HCJFS custody, however most are not. Due to exposure to trauma or intense mental health needs children often require de-escalation from the Medicaid provider prior to boarding transportation vehicles, and their behaviors can escalate during transport. Drivers/monitors must be able to provide safe, professional and age appropriate redirection when behaviors escalate in transport. Drivers/monitors must remain empathetic, kind, and courteous towards the children at all times.

- A. Transportation for Non-Emergency Group Transportation for Medicaid Minors – From July 2013 through June 2017 – 999,435 scheduled, one way transports for minors traveling in groups to day treatment/partial hospitalization services.
- B. There is a 41% no show/cancellation rate for this population. The funding does not allow reimbursement for no-showed/canceled trips.

1.2.2 Service Components

The following Service Components apply to all Consumers:

- A. Provider shall provide a means to receive and/or respond to email cancellations/confirmations, monitored from 5:00 A.M. through 8:00 P.M. seven (7) days per week.
- B. Provider shall be available to provide transportation services 4:00 A.M. through 10:00 P.M., seven (7) days a week. Sunday trips are rare, but Saturday trips are common for the adult population. Medicaid minors traveling in groups are transported five (5) days per week only, Monday through Friday. The earliest/latest program times for day treatment/partial hospitalization are 7:30 AM/6:30 PM.
- C. When providing services to Consumers, Provider shall deliver transportation services exclusively to Consumers and shall not combine trips with persons from non-HCJFS sources or other HCJFS contracts.
- D. Provider shall pick up and drop off Consumers only at locations authorized by HCJFS.
- E. Provider shall arrive at all Consumers' originating pick-up locations in time to be at their appointments and destinations on time, as scheduled. This includes adequate wait periods at each of the pick-up locations, anticipating traffic, weather and other impacts with transportation timeframes.
- F. Based on the age, height and weight of the Consumer transported, Provider shall have vehicles equipped in accordance with all federal, state, local laws, rules and regulations (i.e., car seats, booster seats, etc.). All Consumers shall be transported using age and size appropriate safety restraints in compliance with all federal, state, and local laws, rules and regulations. Drivers and Monitors delivering services shall be able to secure all restraints in vehicles, and insure Consumers are safely restrained during transports.
- G. Provider shall transport consumers in folding wheelchairs, who can independently transfer from such wheelchair to the vehicle. Provider shall supply drivers who shall fold and store the wheelchair and provide minimal assistance (i.e. opening/closing the vehicle door and providing a step stool, when necessary).
- H. Provider shall ensure the response time for established return times shall be no later than twenty (20) minutes after the scheduled return time.

- I. I Provider shall ensure the response time for an unscheduled will call will not exceed sixty (60) minutes from the time of the first call to the line and the vehicle arriving at the designated pick up location.
- J. In the cases of scheduling errors that occur outside of HCJFS business hours, the Provider may, without prior approval from HCJFS, transport a Consumer with recurring appointments. The Provider is required, to adhere to the following minimum guidelines:
 - 1. Provider shall make every reasonable attempt to gain authorization from HCJFS; however, if outside of HCJFS business hours, Provider shall send an e-mail to the Transportation Services Supervisor (within one business day of the transport) with the name of the Consumer and the trip Identification Number. At no time can Provider use this process to assist a Consumer to avoid established business day rules. See Attachment G HCJFS 3547 Non-Emergency Transportation (NET) Rules
 - 2. When no authorized adult is home for the drop-off of a Consumer under the age of 18, and the authorized adult does not answer the phone, the Provider shall follow Attachment K – Transportation Services Procedure Memo (TSPM) 011 – No Responsible Party at Home.

The exception is for a child age 13-17 with an HCJFS waiver on file with HCJFS and Provider.

- K. Provider shall transport Consumers in inclement weather, unless the location in which the Consumer will be picked up or dropped off has a Level 2 (or higher) Snow Emergency. Provider shall coordinate with schools, medical facilities, and other authorized designated facilities in cases where those facilities may be closed or close early because of inclement weather.
- L. Provider shall dedicate an employee(s) to respond to non-medical emergencies (car trouble, accidents, etc.) and communicate emergency information to HCJFS Transportation Services, parents/guardians, and designated facilities involved in the pick-up or drop off of Consumers.

1.2.3 Complaint Resolution

Provider is required to:

- A. Have a Complaint Management process, establishing response and resolution expectations for all complaints received by Provider via e-mail. The expectation is that facilities which act as requestors of service will follow the e-mail complaint process outlined in Attachment L – Transportation Services Procedure Memo 016 - NET Complaint Process;
- B. Designate an employee who is responsible for managing all Consumer complaints. Such individual 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 submit a complaint;
- D. Ensure the above contact person, or someone providing coverage for this person, is available at the minimum by phone during HCJFS business hours (M-F 7:30 a.m. – 4:30 p.m.);
- E. Provider will track complaints by Consumer 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 HCJFS and /or the end of each month, depending on which occurs first;
- G. Excellent Consumer service is a priority. HCJFS reserves the right to implement a performance improvement plan as a result of multiple complaints concerning service delivery; and
- H. Provider shall send monthly and ad hoc (as requested) complaint reports to HCJFS.

1.3. Employee Qualifications

Individuals who, in the normal course of business, have direct or indirect contact with Consumers or Consumer data or information must meet the following criteria:

- A. Citizenship: All employees shall be citizens of the United States of America or documented persons who were lawfully admitted for permanent residence. The Provider understands that the U.S. Citizenship and Immigrations Services require all U.S. employers to complete and retain a Form I-9 for each individual that they hire for employment in the United States (, including citizens and noncitizens). Provider further understands that the form requires them, as the employers to examine the employment eligibility and identity document(s) that an employee presents to determine whether the document(s) reasonably appear to be genuine and relate to the individual and to record the document information on the Form I-9.
- B. Work History: Providers shall verify all information on job applications for their respective employees who have direct or indirect contact with Consumers. 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, 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 maintained 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 F to allow inspection and audit of the above criminal records transcripts or reports by HCJFS or anyone conducting compliance reviews on its 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 individual is hired.

- D. Central Registry Report: Provider warrants and represents it will secure a release for an annual Central Registry report from all individuals assigned to work with or transport Consumers. 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 F to allow inspection and audit of the above Central Registry report 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 Central Registry report has been obtained. A Central Registry report must be dated within six (6) months of the date an employee is hired.
- E. Bureau of Motor Vehicle Transcript: Provider warrants and represents it will obtain an annual satisfactory Bureau of Motor Vehicle transcript from the each individual's state of residence from all individuals assigned to transport Consumers. All completed and documented checks shall be in the employee file.
- F. Individuals Who Have Been Convicted: Individuals 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 Consumer as a passenger if:
1. Safe Driving: If individual has a condition which would affect safe operation of a motor vehicle;
 2. Driving Records: If individual has six (6) or more points on his or her driver's license, or the individual 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. Public Children's Services Agency (PCSA) History: HCJFS may request that the Provider not use an employee or prospective employee as a driver or a monitor based on confidential information known to HCJFS.

H. Qualifications: All individuals who will performing the tasks of a driver or monitor are expected to be able to operate a vehicle and monitor Consumers and have the following:

1. A valid and current driver's license.
2. Be at least twenty-one (21) years of age and have a history that demonstrates the ability, maturity and sensitivity to care for abused and neglected children.
3. Must be able to 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. Have an employee picture ID issued by Provider (displaying Provider's name) when providing HCJFS transportation. The identification must be clearly visible and displayed at all times.
5. Be trained and have competence in using age appropriate safety restraints (i.e., car seats, booster seats, safety belts, etc.) as required by law. Provider must maintain and document a regularly scheduled training for drivers, monitors and dispatchers. Training must include but not be limited to appropriate customer service, passenger assistance, and emergency procedures.

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 the transportation of Consumers.

All vehicles used shall be operated and maintained in a safe manner and in conformance with federal, state, local laws, rules and regulations. It is expected that vehicles will be maintained in accordance with manufacturer's specifications. In addition, the interior and exterior of each vehicle will be cleaned weekly and be free of debris, smoke –free and fragrance-free.

In no event shall any vehicle used be equipped with a lift.

To comply with confidentiality requirements, nothing may be displayed on the vehicle that implies that Medicaid Consumers are being transported. In this same regard, the Provider's business may not imply that Medicaid Participants are being transported.

The vehicle license number, Provider's toll-free and local phone number shall be prominently displayed on the interior of each vehicle. This information and the complaint procedures shall be clearly visible and available in written format in each vehicle for distribution.

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 or cell phone which can cover all Hamilton County and adjacent counties.

HCJFS reserves the right to randomly inspect any vehicle used by Provider for transporting Consumers at any time and without prior notice to the Provider. HCJFS reserves the right to randomly ride in any vehicle used by Provider.

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.

Provider shall utilize cameras in vehicles providing transportation services so as to provide documentation to resolve complaints and incident reports. Cameras must be front mounted, with a 360 degree view, a continuous loop, and the ability to view the driver, any monitor(s), Consumer(s) and have capacity for storage which allows HCJFS to review and preserve video of an incident. Notice of Provider's use of a vehicle camera shall be prominently displayed on the interior or exterior of the vehicle.

A policy must be in place regarding the use of personal electronics. It is the preference of HCJFS that the personal use of personal electronics is prohibited by drivers/monitors (except in emergency situations or when pulled over to the side of the road) and Consumer(s).

1.3.2 Technology Requirements

It is expected that the following will be the Technology Requirements for the services described herein. HCJFS reserves the right to change such requirements to the extent that it deems it necessary or appropriate.

A secured FTP site for data transfer will be provided for Provider to share information necessary to schedule transportation for Consumers. Providers must demonstrate capacity to comply with all of the following technical requirements:

- A. Providers must have Internet access.
- B. Providers run Internet Explorer v 9 (or newer) or Firefox v 33.1.1 (or newer) to browse the internet.
- C. Providers must have JavaScript enabled on their Internet browser.
- D. 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 that must have access to the web based application in order to receive login permission and ID's. 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. Provider must use this account to submit any file transfers to HCJFS. 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 submit an invoice to HCJFS STFP site on monthly basis which provides the billing detail in Attachment M. All invoices or any other electronically submitted reports are to be in ASCII File as outlined in Attachment M.
- H. Any system used by Provider to collect information about the services delivered to Consumers for reporting and invoicing purposes to HCJFS must include at a minimum the following 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; and

- f. Trip Leg Time.
- I. Provider may be required to attend training or technical briefings in relation to HCJFS data or technology updates or upgrades.

1.4 Reporting Requirements

Provider shall provide HCJFS with the reports specified below. Report formats may include paper reports or electronic data files. Provider shall provide additional reports or make revisions in the data elements or format upon the request of HCJFS, without additional charge to HCJFS and without a contract amendment. Upon request of HCJFS, the Provider shall supply the underlying data to support any report submitted. All data shall be in a electronic file format, approved by HCJFS. HCJFS may add, substitute or eliminate reports to be submitted without additional charge to HCJFS and without a contract amendment.

1.4.1 No Show Reports

No Show Reports for Medicaid minors traveling in groups to day treatment/partial hospitalization programs will be submitted on a weekly basis. These reports will be submitted the first business day of the week following the service week. No Show Reports will be generated by facility/location for transports to locations in which a facility requests transportation on behalf of the client (DT/PH, dialysis, etc.). The No Show reports will provide the facility name, client's name, appointment date, established pick up time and street number and street name. All information will be at the trip leg level.

1.4.2 Employee Criminal Record Bureau of Motor Transcripts and Central Registry Checks

Upon execution of the contract, Provider shall provide the HCJFS Contract Specialist with an electronic report comprised of a complete roster of all drivers and monitors, along with copies of their Criminal Record, Bureau of Motor Transcript, and Central Registry Check results.

2.0 PROVIDER PROPOSAL

It is required all proposals be submitted in the format as described in this section.

Hardcopy Requirements

- All proposal pages must be numbered sequentially from beginning to end, including attachments.
- Each proposal should not exceed a total of 300 pages.
- Each submission must have one signed original proposal and eight (8) copies.
- One of the eight (8) copies must be submitted as single-sided.
- Each proposal must be written in twelve (12) point font.

A. Electronic Requirements

- Budget in unlocked, non-encrypted Excel format.
- Original proposal on a CD or flash drive in a pdf format and the pages must be numbered from 1 – no more than 300.

B. Proposal Organization

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 2.3 - Budgets and Cost Considerations
- Section 2.4 - Customer References
- Section 2.5 - Personnel Qualifications
- Section 2.6 – Financial Documentation
- Section 2.7 - Declaration of Property Tax Delinquency
- Section 2.8 - Original Proposal Documents

2.1 Cover Sheet

Each Provider must complete the Cover Sheet, Attachment A, and include such in its proposal. The Cover Sheet must be signed by an authorized representative 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. All unsigned proposals will be rejected.

The Cover Sheet must also include the proposed Unit Rate(s) Provider is proposing for both the Contract Initial Term and Renewal Term. These Unit Rates must be supported by the Budget, Attachment C.

2.2 Service and Business Deliverables

Providers shall respond to the following for all proposals submitted:

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. Provider must describe in detail all information set forth in Section 2.2.1 Program Components and Section 2.8 - System and Fiscal Administration Components:

Licensure, Administration and Training

1. Identify any actions against your organization through ODJFS, ODMHAS or any other licensing body over the past 2 years that included Corrective Action Plans, Temporary License or Revocation. For the past 10 years, provide outcome of any action that resulted in a revocation.
2. Provide a description of your organization's employee screening and clearance policy.
3. Describe training, supervision, and support provided to staff.

2.2.1 Program Components

Providers are required to respond to the following for all proposals submitted:

1. Describe how your organization will be fully operational and in compliance with the scope of service and other requirements on July 1, 2018, as specified in this RFP.
2. Describe your organization's ability to have transportation available for Consumers eighteen (18) hours a day, seven (7) days a week, regardless of holidays or inclement weather.
3. Describe how your organization will be providing the services 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, etc.
4. Describe your organization's work history with the Consumer population described herein. Please state your competitive advantage and ability to meet the terms, conditions and requirements defined in this RFP. Provide copies of any corrective action plans, performance improvement plans or other similar plans regarding the delivery of purchased service delivery.
5. Describe how your organization will provide a monitored email address from 5:00 AM to 8:00 PM, seven (7) days per week.
6. Describe how your organization will coordinate all transports in a manner that will ensure safe and timely transportation of Consumers, and be cost efficient and appropriate to Consumer needs.
7. Describe how your organization will coordinate and monitor the transportation.
8. Describe your organization's policy for handling contacts from the media regarding consumer incidents whether critical, non-critical or otherwise.
9. Describe how your organization will share the communication of non-medical emergencies such as car trouble, accidents, etc. to HCJFS' transportation management, parents, day treatment/partial hospitalization programs and child care facilities.
10. Describe how your organization will handle language barriers.
11. Describe your organization's experience in transporting Consumers in wheelchairs and with other special physical needs.
12. Describe how your organization will maintain adequate capacity for service provision and submit a fleet inventory setting forth the number of vehicles you will utilize.

Please indicate the year, make and model of the vehicles that will be used for the service.

13. Describe how your organization will maintain daily records on trip logs verifying that service was provided.
14. Describe how your organization will ensure appropriately skilled drivers and monitors by detailing the training policy for drivers, monitors, dispatchers, etc. Reference Section 1.3 Qualifications.
15. Describe your organization's experience and/or your organization's ability, to maintain the confidentiality of Consumer information and to exchange Consumer data with HCJFS via secure and encrypted certified e-mail.
16. Describe your organization's ability to attend trainings/briefings regarding technical requirements, as needed or requested by HCJFS.
17. Describe your organization's ability to provide comprehensive current records on site in Cincinnati encompassing all service delivery, eligibility, and compliance verifications.
18. Describe your organization's process for storing hard-copy, electronic, or imaged documents locally.
19. Describe your organization's ability to provide internet access and a secure file transfer protocol (ftp site) that will be utilized for the transfer scheduled trips and with confidential consumer information.
20. Provide a file layout or description of the Monthly Billing Detail file that will be delivered.
21. State how your organization will be able to provide all electronically submitted reports in Internet Explorer v 9 or newer or Firefox v 33.1.1 or newer.

2.3 Budgets and Cost Considerations

A Budget is required for the Initial Term and the Renewal Term. HCJFS anticipates services will begin no later than July 1, 2018. Provider must submit a Budget and Unit Rate calculation of the trip rate per leg per person, for the Initial Term of July 1, 2018 through June 30, 2020 and the Renewal Term of July 1, 2020 through June 30, 2022. Provider understands the Unit Rates set forth on the Cover Sheet will be used to compensate Provider for services provided.

A. Budgets and Unit Rate

Unit Rates must be submitted in the form provided as Attachment C.

B. Profit Margin

Provider must identify profit in a specific line item in the Budget. Profit earned/loss 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 the Budget in the proposal and also submit the required Budgets electronically in Excel format to the RFP Contact Person identified in Section 3.2. 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 proposal 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 the Renewal Term of July 1, 2020 through June 30, 2022, any increase in Unit Rate will be at the sole discretion of HCJFS, subject to funding availability and contract performance, and will be limited to no more than a 3% increase of the Unit Rate from the Initial Term. HCJFS does not guarantee that the Unit Rate will be increased from the Initial Term to the Renewal Term. 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;
2. Monitor(s); and
3. Other direct services and indirect costs which include but are not limited to insurance, administration necessary to accurately calculate the cost of a unit of Service.

All revenue sources available to Provider to serve Consumers must 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 Unit Rates supported by the Budget for service proposed for Initial Term and the Renewal Term and must be listed on the Cover Sheet, Attachment A.

1. Provider must submit a detailed narrative demonstrating 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 (detailed list is located in 2 CFR Part 200 Subpart E) include:
 - a. 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;
 - b. bad debt or losses arising from uncorrectable accounts and other claims and related costs;
 - c. contributions to a contingency(ies) reserve or any similar provision for unforeseen events;
 - d. contributions, donations or any outlay of cash with no prospective benefit to the facility or program;
 - e. entertainment costs for amusements, social activities and related costs for staff only;
 - f. costs of alcoholic beverages;
 - g. goods or services for personal use;
 - h. fines, penalties or mischarging costs resulting from violations of, or failure to comply with, laws and regulations;
 - i. gains and losses on disposition or impairment of depreciable or capital assets;
 - j. cost of depreciation on idle facilities, except when necessary to meet Contract demands;

- k. 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);
 - l. losses on other Contracts';
 - m. organizational costs such as incorporation, fees to attorneys, accountants and brokers in connection with establishment or reorganization;
 - n. costs related to legal and other proceedings;
 - o. goodwill;
 - p. asset valuations resulting from business combinations;
 - q. legislative lobbying costs;
 - r. cost of organized fund raising;
 - s. cost of investment counsel and staff and similar expenses incurred solely to enhance income from investments;
 - t. 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;
 - u. advertising costs with the exception of service-related recruitment needs, procurement of scarce items and disposal of scrap and surplus;
 - v. cost of insurance on the life of any officer or employee for which the facility is beneficiary;
 - w. major losses incurred through the lack of available insurance coverage; and
- If there is a dispute regarding whether a certain item of cost is allowable, HCJFS' decision is final.

D. Contract Period, Funding & Invoicing:

A contract will be written for an Initial Term of two (2) years and a Renewal Term of two (2) years. The Renewal Term will be at the option of the County. 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 Rate 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 all required documentation. HCJFS will not pay late fees, interest, or other penalties for payments made thirty (30) days after receipt of an invoice from Provider.

This Contract may be terminated by Provider upon notice, in writing, delivered upon HCJFS two hundred and forty (240) calendar days prior to the effective date of termination.

See Attachment B for a sample Provider Contract. This is merely a sample contract and HCJFS reserves the right to add or delete contract language to meet program needs in the final contract. This sample contract is provided as an example of expectations and possible language and cannot be relied upon by Provider as the form of the final contract.

E. Invoices:

Provider shall submit a monthly invoice to the HCJFS NET Supervisor 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 1.3.3 Technology Requirements and payment process will be as follows:

1. Provider shall submit a separate invoice for each service month. HCJFS reserves the right to not make payment for any invoice, 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 limitations set forth in Paragraph one (1), above of this Section for re-submission of an invoice unless such delay is caused solely by HCJFS.
3. 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 the contract.
4. The Provider shall submit one invoice for the transportation population served: Non-Emergency Medicaid Day Treatment/Partial Hospitalization.

The 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.

2.4 Customer References

Provider must submit at least three (3) current 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

Please submit resumes with the following information for key program and business personnel who will be assigned to work on the services described herein:

- A. Proposed role;
- B. Industry certification(s), including any licenses or certifications and, 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 two years' experience as a program manager with a similar program that has comparable responsibilities.

It is the proposing agency's responsibility to redact all personal information from resumes. RFPs and all attachments are public documents and are available for general viewing. 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 Financial Documentation

Prior to Contract award, a copy of the most recent independent annual audit report, most recent single audit, if applicable and the most recent Form 990. 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 year- end 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. Provider's failure to provide these documents prior to final approval by the Board of County Commissioners may result in a Contract not being awarded. **It is the responsibility of the Provider to redact tax identification numbers from all documents prior to submission to HCJFS.**

2.7 Declaration of Property Tax Delinquency

After award of a Contract, and prior to the time a Contract is entered into, the successful bidder shall submit a statement in accordance with ORC Section 5719.042. Such statement shall affirm under oath that the person with whom the Contract is to be made was not charged at the time the bid was submitted with any delinquent personal property taxes on the general tax list of personal property of any county in which the taxing district has territory or that such person was charged with delinquent personal property taxes on any such tax list, in which case the statement shall also set forth the amount of such due and unpaid delinquent taxes any due and unpaid penalties and interest thereon. If the statement indicates that the taxpayer was charged with any such taxes, a copy of the statement shall be transmitted by the fiscal officer to the county treasurer within thirty days of the date it is submitted.

A copy of the statement shall also be incorporated into the Contract, and no payment shall be made with respect to any Contract to which this section applies unless such statement has been so incorporated as a part thereof.

2.8 Proposal Documents

- A. The following items are to be attached only to the original proposal:

Ownership, Annual Report, and Licensure

1. 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.
2. Annual Report - A copy of Provider's most recent annual report.
3. Licensure - A copy of appropriate licensure from ODJFS, ODMHAS or other licensing agencies. If Provider does not have a finalized license by the end of the proposal selection process, Provider will be granted 60 days from the date of acceptance of the proposal to finalize its license or Provider's proposal will be disqualified.

- B. The following items are to be attached to the original proposal and all copies:

System and Fiscal Administration Components

1. Contact Information - Provide the address for the Provider's headquarters and service locations. Include a contact name, address, and phone number.
2. Agency/Company History - Provide a brief history of Agency/Company's organization. Include the Agency/Company mission statement and philosophy of service.
3. Subcontracts - Submit a letter of intent from each subcontractor indicating its commitment, the 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 and obligations as the Agency/Company.
4. 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.

5. Table of Organization - Clearly distinguish programs, channels of communication and the relationship of the proposed provision of services to the total company. In addition, please provide a list of all subsidiaries, affiliated companies, brother/sister companies and any other related companies as well as each company's major line of business.
6. Insurance and Worker's Compensation - A current certificate of insurance, current endorsements and Worker's Compensation certificate.
7. Job Descriptions - For all key clinical and business personnel who will be working with the program, to include: CFO, Clinical Director, Administrators, staff and Supervisors.
8. If needed: Daily Service/Attendance Form - Include a blank copy of the forms used to record services provided. Information must include: date of service, beginning and end time of service, names of all participants who received service, the type of service received, and name of the instructor or social worker. Also include forms used to record participant progress.
9. 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. QA manual need not be included.
10. Agency's/Company's Brochures - A copy of the Agency's/Company's brochures which describe the services being proposed.
11. Federal Programs- Provide a description of the Agency's/Company's experience with federal programs.

2.9 Insurance

Provider agrees to purchase 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 the contract for the direct delivery of transportation (such as, but not limited to "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 the Contract for the direct delivery of transportation (such as, but not limited to "Consumers") and provide coverage for Provider's liability to occupants and claimants.

If under the contract, provision of services is provided to Consumers through use of 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 its respective officials, employees, agents, and volunteers and the Hamilton County Department of Job & Family Services, and its 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

707, 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 its respective officials, employees, agents, and volunteers Hamilton County Department of Job & Family Services, and its respective officials, employees, agents, and volunteers are endorsed as additional insured as required by the 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 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 County pertaining to liability insurance. Provider shall provide a financial guarantee satisfactory to 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 Board of County Commissioners 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 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 the contract or any other agreement. Failure to do so may result in cancellation of the 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, 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 County its respective officials, employees, agents, and volunteers and HCJFS and its 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 the Contract is subcontracted, Provider will ensure that all subcontractors comply with the insurance requirements contained herein.

2.10 Indemnification

A. General

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 its respective individual members,

officials, officers, employees, agents, and volunteers and the Hamilton County Department of Job and Family Services and its respective individual members, officials, officers, employees, agents, and volunteers (collectively all entities and individuals to be known as the "Indemnified Parties") from and against all damages, liability, losses, claims, suits, actions, administrative proceedings, regulatory proceedings/ hearings, judgments and expenses, subrogation (of any party involved in the subject of the Agreement), 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 use of resulting without injury damage or destruction) of any nature whatsoever, arising out of or incident to in any way, the performance of the terms of the Agreement including, without limitation, by Provider, its subcontractor(s), Provider's or its subcontractor's(s') employees, agents, assigns, volunteers and those designated by Provider to perform the work or services encompassed by the Agreement. Provider agrees to pay all damages, liabilities, costs and expenses of the Indemnified Parties in defending any action arising out of the aforementioned acts or omissions.

B. Patent and Copyright

Provider agrees to protect, defend, indemnify and hold free and harmless the Indemnified Parties from and against any and all claims for compensation, suits, demands, actions, settlements, damages, judgments, expenses, legal expenses, court costs or other costs whatsoever relating to Provider or Provider caused infringement of any copyright, invention, trade secret, patent used or any other proprietary rights of a third party pertaining thereto.

The Indemnified Parties shall provide Provider prompt written notice of any such claim, suit, demand, or action of which they become aware, and shall cooperate with Provider in the defense and settlement thereof. Provider shall have control of the defense of such claim, suit, demand, or action and the settlement or compromise thereof. In the event Provider fails to defend the Indemnified Parties as set forth in this Paragraph, such parties may defend themselves and Provider shall pay all actual costs and expenses for such defense including, but not limited

to, judgments, awards, amounts paid in settlement, applicable court costs, witness fees and attorneys' fees. The respective rights and obligations of the parties under this Paragraph shall survive the expiration or termination of the Agreement for any reason.

If such claim has occurred, or is likely to occur, Board agrees to permit Provider, at Provider's option and expense, either to procure for HCJFS the right to continue using the designs, configurations, software, technology, or other products to be supplied under the Agreement, or to replace or modify the same with at least equal functionality and reliability so that they become non-infringing but still meet the requirements of the Agreement.

If, during the course of any litigation or threatened litigation concerning such allegations of copyright, invention, trade secret, patent or any other proprietary right infringement, a temporary or a final injunction is obtained against the Indemnified Parties' use of the Provider's deliverables or portions thereof which allegedly caused infringement of any copyright, invention, trade secret, patent used, or any other proprietary rights, or if in Provider's opinion, a deliverable is likely to be declared infringing of copyright, invention, trade secret, patent or any other proprietary right, Provider will, at its option and expense, either:

1. Procure for the Indemnified Parties the right to continue using the deliverable(s); or
2. Replace or modify the deliverable(s) for the Indemnified Parties of such infringing portion thereof so that it no longer infringes such copyright, invention, trade secret, or other proprietary right, so long as the utility or performance of the deliverable(s) is not adversely affected by such replacement or modification of the deliverable(s).

3.0 PROPOSAL GUIDELINES

The RFP, the evaluation of responses, and the award of any resultant Contract must be made in conformance with current federal, state, and local laws and procedures.

3.1 Program Schedule

ACTION ITEM	DELIVERY DATE
RFP Addendum 4 Issued	February 22, 2018
RFP Conference	February 28, 2018, 1:00 p.m. – 3:00 p.m.
Deadline for Registering for the RFP Process (for Providers who have not previously registered)	March 6, 2018, noon
Deadline for Receiving Final RFP Questions	March 6, 2018, noon
Deadline for Issuing Final RFP Answers	March 9, 2018
Deadline for Proposals Received by RFP Contact Person	March 19, 2018 No later than 11:00 a.m. EST
Anticipated Proposal Review Completed	Week of March 26, 2018
Anticipated Start Date	July 1, 2018

3.2 RFP Contact Person

RFP 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:

Sandra Carson, Contract Services
Hamilton County Department of Job & Family Services
222 East Central Parkway, 3rd floor
Cincinnati, Ohio 45202
Carsos01 @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 MARCH 6, 2018 NO LATER THAN NOON.

All interested Providers must complete Registration Form (see Attachment G) and fax or e-mail the RFP Contact Person to register, leaving their name, company name, email address, fax number and phone number. The RFP Contact Person's fax number is (513) 946-2384, and their e-mail address is carsos01@jfs.hamilton-co.org.

3.4 RFP Conference

The RFP Conference will take place at ***Hamilton County Department of Job & Family Services 222 East Central Parkway, Cincinnati, Ohio 45202 - 6th Floor, Room 6SE401 on February 28, 2018, 1:00 p.m. – 3:00 p.m.***

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 RFP 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 RFP Contact Person. The questions and answers will be distributed at the RFP Conference and by e-mail to Providers who have registered for the RFP Process but are unable to attend the RFP Conference.
- B. After the RFP Conference, questions may be faxed or e-mailed regarding the RFP or the RFP Process to the RFP Contact Person.
- C. No questions will be accepted after March 6, 2018, noon. The final responses will be faxed or e-mailed no later than March 9, 2018 by the close of business.
- D. Only Providers who register for the RFP Process will receive electronic, unlocked budget, attachments and addenda.
- D. 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 the RFP process. If an interested Provider or anyone associated with an interested Provider attempts any unauthorized communication, Provider's proposal is subject to rejection.

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

- A. Public officials; including but not limited to the Hamilton County Commissioners;
- B. Program Managers and their staff assigned to the project;
- C. Issuing Officer;
- D. Individuals involved with the evaluation process;
- E. Any HCJFS employees, except for the RFP Contact Person listed in Section 3.2; and
- F. Employees of the requesting department or agency.

Examples of unauthorized communications prior to the award of the contract, except to the RFP Contact Person listed in Section 3.2, including but are not limited to:

- A. Telephone calls;
- B. Letters, emails, social media contacts and faxes regarding the RFP process, interested Proposers, the program or its evaluation, anything related to the RFP or the RFP process; and
- C. Visits in person or through a third party attempting to obtain information regarding the RFP, anything related to the RFP or the RFP process.

Notwithstanding the above, there shall be no contact with anyone, including the RFP Contact Person after March 6, 2018 no later than 12:00 noon.

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 RFP Contact Person no later than March 6, 2018, noon 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, Section 3.3, without divulging the source of the request for same.

If a Provider fails to notify HCJFS prior to March 6, 2018, noon 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 by issuance of one or more addenda to all parties who registered for the RFP, Section 3.3. In the event modifications, clarifications, or additions to the RFP become necessary, all Providers who registered for the RFP 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 RFP Contact Person, or designee, will be responsible for contacting only those Providers who registered for the RFP Conference. All addenda to the RFP will be posted to <http://www.hcjfs.org>

3.9 Availability of Funds

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

- A. Reduce the utilization of the services provided under the Contract, without change to the terms and conditions of the Contract; or
- B. Issue a notice of intent to terminate the Contract.

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

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. 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, information included within Provider's proposal was intended to mislead the County in its evaluation of the proposal, the proposal will be rejected.

4.4 Delivery of Proposals

Proposals must be received by the RFP Contact Person, Sandra Carson at Hamilton County Job & Family Services, 222 E. Central Parkway, 3rd Floor, Cincinnati, Ohio 45202, on or before March 19, 2018 no later than 11:00 a.m. ***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 RFP Contact Person the method of delivery. A receipt will be issued for all proposals received. No e-mail, facsimile, or telephone proposals will be accepted.

It is absolutely essential that Providers carefully review all elements in their final proposals.

Once received, proposals cannot be altered; however, HCJFS reserves the right to request additional information 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 approval 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 on or before March 19, 2018 no later than 11:00 a.m. will be performed 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. Registry for RFP
- B. Timely Submission – The proposal is received at 222 E. Central Parkway, Cincinnati, OH 45202 on or before March 19, 2018 no later than 11:00 a.m. 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.

- C. Signed and Completed Cover Sheet, Section 2.1;
- D. Responses to Program Components, Section 2.2.1;
- E. Completed Budgets, Section 2.3;
- F. Responses to System and Fiscal Administration Components, Section 2.8.

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	A particular RFP requirement was not addressed in the Provider's proposal.
Partially Meets Requirement	Provider's proposal demonstrates some attempt at meeting a particular RFP requirement, but that attempt falls below an acceptable level.
Meets Requirement	Provider's proposal fulfills a particular RFP requirement in all material respects, potentially with only minor, non-substantial deviation.
Exceeds 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 and incorporated into the overall rating for the proposal. 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 may be conducted with Providers as HCJFS deems necessary. Site visits will be held at the location where the services are to be provided.

Stage 4 Evaluation Scoring

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 60% of the total evaluation score.
- B. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 20% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.8 Questions are worth 10% of the total evaluation score.
- D. Section 4.6, Stage 3, Other Materials considered are worth 10% of the total evaluation score.

If HCJFS determines that it 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 70% of the total evaluation score.
- B. Fiscal Evaluation, Section 2.3 Questions, Cost Analysis and Project Budget are worth 20% of the total evaluation score.
- C. System and Fiscal Administration Evaluation including responses to Section 2.8 Questions are worth 10% 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 Provider(s) for the services who it determines to be the responsible agency/company(s) whose proposal(s) is (are) 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 Provider 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.
- F. If a proposal is selected with a Provider who has not yet received its licensure from the appropriate Board, the proposal will be disqualified unless the Provider receives its licensure within 60 days of acceptance of the proposal.

4.8 Post-Proposal Meeting

The post-proposal meeting process may be utilized only by Providers who submitted Qualified Proposals, 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 RFP 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 HCJFS to use or, at its option, return such proposals. All proposals and associated documents will be considered to be public information and will be open for inspection to interested parties after the award of a contract 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 from disclosure 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 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 PROPOSAL MAY BE REJECTED

If HCJFS is requested by a third party to disclose those documents which are identified and marked as Trade Secret or Otherwise Exempted from disclosure, HCJFS will notify Provider of that fact. Provider shall promptly notify HCJFS, in writing, that either a) HCJFS is permitted to release these documents, or b) Provider intends to take immediate legal action to prevent its

release to a third party. A failure of Provider to respond within five (5) business days shall be deemed permission for HCJFS to release such documents.

It is Provider's sole responsibility to legally defend the actions of HCJFS for withholding Provider's 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. 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, JCAHO, COA, CARF, etc.

4.11 Public Record Requests Regarding this RFP

Per ORC 307.862 (C), in order to ensure fair and impartial evaluation, proposals and any documents or other records related to a subsequent negotiation for a final Contract that would otherwise be available for public inspection and copying under section 149.43 of the Revised Code, shall not be available until after the award of the Contract(s). Award is defined as when the Contract is fully executed by all parties.

ATTACHMENT A

Cover Sheet for Non-Emergency Transportation for Medicaid Adults and Group Transportation for Medicaid Minors (includes checklist)

**ATTACHMENT A COVER SHEET
NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS AND GROUP
TRANSPORTATION FOR MEDICAID MINORS
RFP SC13-17R**

Name of Provider _____

Provider Address: _____

Telephone Number: _____ Fax Number: _____

Contact Person: _____

(Please Print or type)

Phone Number: _____ (ext) _____ E-Mail Address: _____

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: _____

Name: _____ Title: _____

Phone Number: _____ Fax Number: _____ E-Mail: _____

Please Complete Rate Grid below.

Rate for Initial Term 7/1/2018 – 6/30/2020 MEDICAID ADULTS	Rate for Initial Term 7/1/2018 – 6/30/2020 GROUP FOR MEDICAID MINORS	Rate for Renewal Term 7/1/2020 – 6/30/2022 MEDICAID ADULTS	Rate for Renewal Term 7/1/2020 – 6/30/2022 GROUP FOR MEDICAID MINORS
\$ _____	\$ _____	\$ _____	\$ _____

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 Provider will comply with the attached representation if the contract is awarded.

Signature - Authorized Representative

Title

Date

By signing and submitting this proposal Cover Sheet, Provider certifies the proposal and pricing will remain in effect for 180 days after the proposal submission date.

Please complete the next page of this form containing a checklist 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 Section	Included
Did you register for the RFP process by January 26, 2018?	3.3	
Will your Proposal be submitted by 11:00 a.m. on or before February 26, 2018?	4.4	
Did you include all the Contact Information on the Cover Sheet?	2.1	
Did you include the Unit Rate for the Initial Term on the Cover Sheet?	2.1	
Did you include the Unit Rate for the First and Second Renewal Terms 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?	2.8	

ATTACHMENT A-1

Program Component Checklist

RFP# SC13-17R - Non-Emergency Transportation for Medicaid Adults and Group Transportation for Medicaid Minors RFP

Program Component Checklist

Please ensure all questions in Section 2.2.1 are answered and page numbers are listed by using checklist below.

Proper Answer: If YES - list page number where response can be found. If NO - list reason for not responding.

Licensure, Administration and Training				
QUESTION #	YES	PAGE #(s)	NO	REASON FOR NOT RESPONDING
Question 1				
Question 2				
Question 3				
Program Components				
Question 1				
Question 2				
Question 3				
Question 4				
Question 5				
Question 6				
Question 7				
Question 8				
Question 9				
Question 10				
Question 11				
Question 12				
Question 13				
Question 14				
Question 15				
Question 16				
Question 17				
Question 18				
Question 19				
Question 20				
Question 21				

ATTACHMENT B

Contract Sample

Contract # _____

HAMILTON COUNTY DEPARTMENT OF JOB & FAMILY SERVICES**PURCHASE 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 "Vendor") doing business as enter 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 type of service.

1. TERM

This Contract will be effective from **July 1, 2018** through **June 30, 2020** (the "Initial Term") inclusive, unless otherwise terminated or extended by formal amendment.

The total amount of the Contract shall not exceed (\$000,000.00) over the life of this Contract including the Renewal.

In addition to the terms set forth above, Contract may be renewed, at the County's option for one (1) additional one (1) year terms at the prices set forth below, unless County gives the Vendor written notice of its intent not to renew the Contract at least one hundred twenty (120) days prior to the expiration of the term then in effect.

The anticipated expenditure for the period July 1, 2018 to December 31, 2018 is \$\$\$\$\$, and for the period January 1, 2019 to December 31, 2019 is \$\$\$\$\$ and from January 1, 2020 to June 30, 2020 is \$\$\$\$ and July 1, 2020 to December 31, 2020 is \$\$\$\$\$, and January 1, 2021 to December 31, 2021 is \$\$\$\$\$, and for January 1, 2022 to June 30, 2022 \$\$\$\$\$.

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), the Provider agrees to provide transportation services to Consumers (Non-Emergency Group Transportation for Medicaid Minors will be individually known as the "Services" and collectively be known as the "Services"), as more particularly described in Exhibit I –Non-Emergency Group Transportation for Medicaid Minors and all addendum thereto (the "Request for Proposals") and Exhibit II- Provider's Proposal for Exhibit I – RFP# SC13-17R Non-Emergency Group Transportation for Medicaid Minors Services dated MMDDYYY (the "Provider's Proposal").

For purposes of this Contract, a "Consumer" shall mean an individual served under this

contract whether a Medicaid eligible individual under this contract whether a Medicaid eligible individual.

3. ORDER OF PRECEDENCE

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

- A. Exhibit I – The Invitation to Bid
- B. Exhibit II – Vendor’s Bid
- C. Exhibit III – Budget;

4. BILLING AND PAYMENT

- A. Rates of Payment – County agrees to compensate the Vendor in the amount of \$00.00 per ____ for the services performed by the Vendor.
- B. Billing and Payment - Original invoices, signed by the Vendor, will be sent each month to *Program/Service Area, Hamilton County Dept. of Job and Family Services, Location, Cincinnati, Ohio 45202* 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 the invoice. Under no circumstances will HCJFS make payment for any services invoiced after two (2) months after the end of the service month. County will use its best efforts to make payment within thirty (60) days after receipt of the invoice, for all invoices received in accordance with the terms of this Contract.
- C. Provider will indicate purchase order number and vendor number on all invoices submitted for payment.
- D. The Vendor warrants that claims made to HCJFS for payment for services provided shall be for actual services rendered and do not duplicate claims made by the Provider to other sources of public funds for the same service.

5. AVAILABILITY AND RETENTION OF RECORDS

Provider agrees that all records, documents, writing or other information, including, but not limited to, financial records, census records, consumer records and documentation of compliance with Ohio Administrative Code rules, produced by Provider under this Contract, and all records, documents, writings or other information, including, but not limited to financial, census and consumer records used by Provider in the performance of this Contract are treated according to the following terms:

- 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 and made available by the Provider for inspection and audit by HCJFS, or other relevant governmental entities including, 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 or any duly appointed law enforcement officials and the United States Department of Health and Human Services for a minimum of three (3) years after reimbursement for services rendered under this Contract. 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 resolved or the three (3) years have expired, whichever is later.
- B. 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 permission of HCJFS. Provider further agrees to maintain the confidentiality of all consumers and families served. No information on consumers served will be released for research or other publication without the express written consent of the HCJFS Director.
- C. Provider agrees to keep all financial records in a manner consistent with generally accepted accounting principles.
- D. Provider agrees that each financial transaction shall be fully supported by appropriate documentation. Provider further agrees that such documentation shall be available for examination.

6. NON-EXCLUSIVE

This is a non exclusive Contract, and HCJFS may purchase the same or similar item(s) from other Providers at any time during the term of this Contract.

7. 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 that 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 officers, Board of County Commissioners or employees of the county involved in the development of the specifications or the negotiation of this Contract.

The Provider has no knowledge of any situation that would be a conflict of interest. It is understood that a conflict of interest occurs when a HCJFS 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. Should a conflict of interest be discovered during the term of this Contract, HCJFS may exercise any right under the Contract including termination of this Contract.

Provider further agrees to comply with Ohio ethics laws as listed in the Ohio Revised Code Chapters 102 and 2921 and the Ohio Administrative Code Chapter 5101. By signing this Contract, Provider certifies to be in compliance with these provisions.

8. ASSIGNMENT AND SUBCONTRACTING

Provider may not subcontract any of the services agreed to in this Contract.

9. GOVERNING LAW

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

10. INTEGRATION AND MODIFICATION

This instrument including Exhibits I & II embodies the entire Contract of the parties. There are no promises, terms, conditions or obligations other than those contained herein. 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.

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

11. 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.

12. TERMINATION

A. Termination for Convenience

1. By HCJFS:

This Contract may be terminated by HCJFS upon notice, in writing, delivered upon Provider One Hundred Twenty (30) calendar days prior to the effective date of termination.

2. By Provider:

This Contract may be terminated by Provider upon notice, in writing, delivered upon HCJFS Two Hundred Forty (240) calendar days prior to the effective date of termination.

B. Termination for Cause by HCJFS

If Provider fails to provide the Services as provided in this Contract for any reason other than Force Majeure, or if Provider otherwise materially breaches this Contract, HCJFS may consider Provider in default. HCJFS agrees to give Provider thirty (30) days written notice specifying the nature of the default. Provider shall have seven (7) calendar days from receipt of such notice to provide a written plan of action to HCJFS to cure such default. HCJFS is required to approve or disapprove such plan within five (5) calendar days of receipt. In the event Provider fails to submit such plan or HCJFS disapproves such plan, HCJFS has the option to immediately terminate this Contract upon written notice to Provider.

If Provider fails to cure the default in accordance with an approved plan, then HCJFS may terminate this Contract at the end of the thirty (30) day notice period. Any extension of the time periods set forth above shall not be construed as a waiver of any rights or remedies the County or HCJFS may have under this Contract.

For purposes of the Contract, material breach shall mean an act or omission that violates or contravenes an obligation required under the Contract and which, by itself or together with one or more other breaches, has a negative effect on, or thwarts the purpose of the Contract as stated herein. A material breach shall not include an act or omission, which has a trivial or negligible effect on the quality, quantity, or delivery of the goods and services to be provided under the Contract.

Notwithstanding the above, in cases of substantiated allegations of: i) improper or inappropriate activities, ii) loss of required licenses iii) actions, inactions or behaviors that may result in harm, injury or neglect or a Consumer, iv) unethical business practices or procedures; and v) any other event that HCJFS deems harmful to the well being of a Consumer; HCJFS may immediately terminate this Contract upon delivery of a written notice of termination to Provider.

C. Effect of Termination

1. Upon any termination of this Contract, Provider shall be compensated for (i) any outstanding invoices that have been issued in accordance with this Contract; and (ii) services satisfactorily performed in accordance with the terms and conditions of this Contract up to the date of termination. In addition, HCJFS shall receive credit for reimbursement made, as of the date of termination, when determining any amount owed to Provider.
2. 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 notice of termination, describing the status of all work under this Contract, including without limitation, results accomplished, conclusions resulting therefrom and any other matters as HCJFS may require.
3. Provider shall not be relieved of liability to HCJFS for damages sustained by HCJFS by virtue of any breach of the Contract by Provider. HCJFS may withhold any compensation to Provider for the purpose of off-set until such time as the amount of damages due HCJFS from Provider is agreed upon or otherwise determined.

13. COMPLIANCE

Provider certifies that Provider who provide direct or indirect services under this Contract will comply with all requirements of federal laws and regulations, applicable Code of Federal Regulations cites including, but not limited to 2CFR Part 215 (OMB A-110), 2CFR Part 225 (OMB A-87), 2CFR Part 230 (OMB A-122), and 2CFR Part 220 (OMB A-21), state statutes and Ohio Administrative Code rules in the conduct of work hereunder. The 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.

14. NON-DISCRIMINATION IN EMPLOYMENT

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 Ohio Civil Rights Law.

During the performance of this Contract, 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. Provider will take affirmative 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.

15. NON-DISCRIMINATION IN THE PERFORMANCE OF SERVICES

Provider agrees to comply with the non-discrimination requirements of Title VI of the Civil Rights Act of 1964, 42 USC Section 2000d, and any regulations promulgated there under. Provider further agrees that it shall not exclude from participation in, deny the benefits of, or otherwise subject to discrimination any HCJFS consumer in its performance of this Contract on the basis of race, color, religion, sex, national origin, ancestry, disability, Vietnam-era veteran status, age, political belief, or place of birth.

Provider further agrees to comply with OAC 5101:9-02-01 and OAC 5101:9-02-05, as applicable, which require that contractors and sub-grantees receiving federal funds must assure that persons with limited English proficiency (LEP) can meaningfully access services. To the extent Provider provides assistance to LEP individuals through the use of an oral or written translator or interpretation services, in compliance with this requirement, individuals shall not be required to pay for such assistance.

16. PROVIDER SOLICITATION OF HCJFS EMPLOYEES

Provider warrants that for one (1) calendar year from the beginning date of this Contract with HCJFS, Provider will not solicit HCJFS employees to work for Provider.

17. RELATIONSHIP

Nothing in this Contract is intended to, or shall be deemed to constitute a partnership, association or joint venture with the Provider in the conduct of the provisions of this Contract. The 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.

18. DISCLOSURE

The 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.

19. 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.

20. NO ADDITIONAL WAIVER

If HCJFS or Provider 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.

21. CONFIDENTIALITY

The Provider agrees to comply with all federal and state laws applicable to HCJFS and/or consumers of HCJFS concerning the confidentiality of HCJFS consumers. The Provider understands that any access to the identities of any HCJFS consumers 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 HCJFS consumers for any purpose not directly related to the administration of this Contract is prohibited.

22. AUDIT RESPONSIBILITY

- A. Provider agrees to accept responsibility for receiving, replying to and/or complying with any audit exception by appropriate federal, state or local audit directly related to the provision of this Contract.

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.

Provider agrees to repay HCJFS the full amount of payment received for duplicate billings, erroneous billings, or false or deceptive claims. Provider recognizes and agrees that 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. When an overpayment is identified and the overpayment cannot be repaid in one (1) month, Provider will be asked to sign a REPAYMENT OF FUNDS AGREEMENT (the "Repayment Agreement"). If payments are not made according to the agreed upon terms, future

checks may be held until the repayment of funds is current. Checks held more than sixty (60) days will be cancelled and will not be re-issued. HCJFS also 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.

HCJFS may allow a change in the terms of the Repayment Agreement. Any change will require a formal amendment to the Repayment Agreement that will be signed by all parties. An amendment to the Repayment Agreement may also be processed if any additional changes or issues develop or need to be addressed.

- B. Provider shall cause to be conducted an annual independent audit report. Within fifteen (15) days of receipt, Provider agrees to give HCJFS a copy of Provider's most recent annual report and most recent annual independent audit report.
- C. HCJFS reserves the right to evaluate programs of the Provider. Evaluation activities may include, but are not limited to reviewing records, observing programs, and interviewing program employees and Consumers. Such evaluations will be conducted at Provider's own time and expense.
- E. To the extent applicable, Provider will cause a single or program-specific audit to be conducted in accordance with OMB Circular A-133. Provider should submit a copy of the completed audit report to HCJFS within forty-five (45) days after receipt from the accounting firm performing such audit.

23. WARRANTY

The Provider warrants that its services and/or goods shall be performed and/or provided in a professional and work like manner in accordance with applicable professional standards.

24. 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.

25. 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; lightening; 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 that prevents Provider from carrying out its obligations contained herein.

26. 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.

27. 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. Upon request made pursuant to Ohio law, HCJFS shall make available the Contract and all public records generated as a result of this Contract.

By entering into this Contract, Provider acknowledges and understands that records maintained by Provider pursuant to this Contract may be deemed public record and subject to disclosure under Ohio law. Provider shall comply with the Ohio public records law.

28. DRUG-FREE WORKPLACE

Provider certifies and affirms that Provider will comply with all applicable state and federal laws regarding a drug-free workplace. Provider will make a good faith effort to ensure that all employees performing duties or responsibilities under this Contract,

while working on state, county or private property, will not purchase, transfer, use or possess illegal drugs or alcohol, or abuse prescription drugs in any way.

29. PUBLIC ASSISTANCE WORK PROGRAM PARTICIPANTS

Pursuant to Chapter 5107 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, grant or procedure with any other party which will be providing services, whether directly or indirectly, to HCJFS consumers.

30. MEDIA RELATIONS, PUBLIC INFORMATION, AND OUTREACH

Although 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 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 consumers or prospects.

31. 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.

32. LOBBYING

Provider warrants that during the life of this Contract, Provider 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 Provider will disclose any lobbying with any non-Federal funds that takes place in connection in 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.

33. DEBARMENT AND SUSPENSION

HCJFS may not contract with Providers on the non-procurement portion of the General Services Administration's "List of Parties Excluded from Federal Procurement or Non-procurement Programs: (hereinafter known as List) in accordance with Executive Order 12549 and 12689. By signing this Contract, Provider warrants that Provider is excluded from the List and will 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 this Contract. If Provider fails to notify HCJFS, HCJFS reserves the right to immediately suspend payment and terminate the Contract.

34. FAITH BASED ORGANIZATIONS

If Provider is a faith based organization, Provider agrees that it will perform the duties under this Contract in compliance with section 104 of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 and in a manner that will ensure that the religious freedom of program participants is not diminished and that it will not discriminate against any participant based on religious belief, or refusal to participate in a religious activity.

No funds provided under this Contract will be used to promote the religious character and activities of the Provider. If any participant objects to the religious character of the organization, the Provider will immediately refer the individual to HCJFS for an alternate Provider.

35. CHILD SUPPORT

Provider agrees to cooperate with ODJFS and any Ohio Child Support Enforcement Agency ("CSEA") in ensuring Provider or the employees of Provider meets child support obligations established under state or federal law. Further, by executing this Contract Provider certifies present and future compliance with any court or valid administrative order for the withholding of support which is issued pursuant to the applicable sections in Chapters 3119, 3121, 3123, and 3125 of the Ohio Revised Code.

36. 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 Ohio 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 Ohio 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.

37. 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).

38. ENERGY POLICY AND CONSERVATION ACT

Provider agrees to comply with all applicable standards, orders or regulations issued relating to energy efficiency which are contained in the state energy conservation plan issued in compliance with the Energy Policy and Conservation Act (Pub. L. 94-163, 89 Stat. 871).

39. 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.

40. TRANSITION PLAN

The Transition Plan to be used in the event of termination or expiration of this Contract. The goals of the Transition Plan are to: a) ensure continuity transportation and b) not disrupt transportation unnecessarily. The parties agree that each shall provide reasonable cooperation in the transitioning of responsibilities to any other person or entity selected by HCJFS to assume administration of such responsibilities. To ensure continuity of

services to Consumers and families, the Transition Plan, at a minimum, includes the following schedule:

- A. ?????? will be provided to HCJFS thirty (30) days prior to the termination date of the Contract;
- B. ?????? will be provided to HCJFS or designee until the termination date of the Contract; and

HCJFS reserves the right to waive any of the above Transition Plan requirements and dates at its sole discretion.

41. GOOD FAITH EFFORT

In the event of termination of this Contract, both parties agree to work cooperatively and use their best efforts to minimize any adverse effects of such termination on the Consumers.

42. CONTRACT CONTACTS

A. HCJFS Contacts

Provider should contact the following HCJFS staff with questions:

Name	Phone #	Department	Responsibility
	946-	Contract Services	contract changes, contract language
	946-	Fiscal	billing & payment

B. Provider Contacts

HCJFS should contact the following Vendor staff with any questions:

Name	Phone #	Department	Responsibility

43. NOTICES

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

If to Board:

County Administrator

Room 603

138 East Court Street

Cincinnati, OH 45202

If to Provider, :

Attn:Name

Name

Street Address

City, State Zip Code

With a copy to:

Moir Weir

Director

222 Central Parkway

Cincinnati, OH 45202

ATTACHMENT C

Budget and Instructions

CONTRACT BUDGET INSTRUCTIONS

When contracting with the Hamilton County Department of Job & Family Services (HCJFS), it is required that a budget be completed for each program/service being proposed. In order to facilitate the process, HCJFS requests that the attached budget be used.

These instructions are designed to assist in the completion the budget. Should you have any questions, please submit them to the HCJFS Contact Person in one of the following ways:

- 1) Fax:

Fax: (513) 946-2384

- 2) E-mail:

HCJFS_RFP_COMMUNICATIONS@jfs.hamilton-co.org

- 3) Mail:

Contract Services
Hamilton County Department of Job & Family Services
222 East Central Parkway, 3rd Floor
Cincinnati, OH 45202

PAGE 1 - SUMMARY PAGE

Page 1 is the summary page for all information entered on pages 2 through 10. If you are not using the Excel spreadsheet for the budget, the summary page should be completed after all other budget pages (pages 2 through 10) are finalized. The total amounts for each expense type on this page (A through N) should equal the total amounts of each section on pages 2 through 9.

As the amounts are entered on pages 2 through 9, the total amounts on the summary page will be populated, if using the Excel spreadsheet to complete the budget.

Mgmt Indirect Cost

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency. Mgmt Indirect costs, allocated to the proposed service(s) should not exceed 15% of the total proposed service(s) cost. After allocating Mgmt Indirect costs between Other Direct Services and the proposed service(s), total program expenses for Mgmt Indirect should equal zero.

The Summary Page, once completed, should give a total budget for the service being proposed as well as a picture of your agency's total budget.

HCJFS CONTRACT BUDGET

AGENCY: (Enter legal name of your agency)

BUDGET PREPARED FOR PERIOD

NAME OF CONTRACT PROGRAM: (Enter name of program, e.g. Foster Care) (Enter Begin Date of Budget) **TO** (Enter End Date of Budget)

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	CCMEP –WIOA	CCMEP- TANF	<u>WORK PARTICIPATION</u>	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SERVICE	TOTAL EXPENSE
EXPENSES BY PROGRAM SERVICES							
A. STAFF SALARIES							
B. EMPLOYEE PAYROLL TAXES & BENEFITS							
C. PROFESSIONAL & CONTRACTED SERVICES							
D. CONSUMABLE SUPPLIES							
E. OCCUPANCY							
F. TRAVEL							
G. INSURANCE							
H. EQUIPMENT							
I. MISCELLANEOUS							
J. PROFIT MARGIN							
K SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION							
ALLOCATION OF MGT/INDIRECT COSTS							
TOTAL PROGRAM EXPENSES							
L. INCENTIVES							
M. TUITION SERVICES							
N. SUPPORT SERVICES							
GRAND TOTAL							

1

**ESTIMATED TOTAL UNITS OF YOUTH TO BE SERVED (for an estimated cost per youth): _____

**TOTAL PROGRAM EXPENSES / # OF YOUTH SERVED
= COST PER YOUTH: \$ _____

**Although we are asking for a cost per youth, this is a COST REIMBURSEMENT CONTRACT.

TOTAL REVENUE*							
-----------------------	--	--	--	--	--	--	--

*As the amounts for revenue are entered on page 10 of the budget, total revenue will be populated here.

Instructions:

Column 1: Description of expenses by type.

Columns 2-4: Totals of the direct costs entered for each section on pages 2 through 8. **Direct costs** are those that can be identified specifically to the service being proposed.

Column 5: Totals of management, administrative, and indirect costs for each section on pages 2 through 9. **Indirect costs** are those costs incurred for a common or joint purpose benefiting more than one service area or cost center. It is not possible to specify the types of costs which may be considered as indirect cost in all situations due to the diverse characteristics and accounting practices of nonprofit organizations. However, typical examples of indirect cost for many nonprofit organizations may include the costs of operating and maintaining facilities, personnel administration, salaries and expenses of executive officers, and accounting functions such as payroll, and accounts payable.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Totals for all other direct and indirect costs of your agency not associated with the service being proposed to HCJFS on pages 2 through 9. For example, if your agency provides both WIOA Youth Services and Non WIOA Youth Services and you are responding to a Request For Proposals (RFP) for WIOA Youth Services, all costs associated with Non WIOA Services should be entered under "Other Direct Serv".

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 2 - SECTION A - STAFF SALARIES

This section is used to list all positions by position title, number of staff per position, annual salary per position, percent of time to program per position and total contract salaries cost per position and included in the proposed service. All management and administrative positions indirectly associated with the service being proposed should be listed with their corresponding salaries listed under the column, "Mgmt Indirect". All other positions **not** directly or indirectly associated with the service being proposed may be grouped together and listed as "All Other Positions" with their total salaries listed under the column "Other Direct Ser".

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
POSITION TITLE	# STAFF	Annual Salary	Percent of time to program	ANNUAL CONTRACT COST	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
TOTAL SALARIES											

2

Instructions:

- Column 1: List all position titles of staff that will be associated with the service being proposed. All other positions not associated with the proposed service may be grouped together and labeled as "Other Personnel".
- Column 2: Indicate the number of staff for the position title identified in Column 1.
- Column 3: Enter the annual salary for each position listed in Column 1. For the positions grouped as "Other Personnel", you may enter the sum of the salaries.
- Column 4: Indicate the percentage of each staff/position salary allocated to the service being proposed.

Column 5: List the annual salary cost for the allocated to the contract.

Columns 6-8: List the salary costs that are directly associated with the position titles for the proposed service.

Column 9: Enter the salary costs that are indirectly associated with the service being proposed.

Column 10: Column 10 is the sum of Columns 6 through 9.

Column 11: Enter the total salaries for staff employed by your agency but are **not** directly or indirectly associated with the proposed service.

Column 12: Column 12 is the sum of Columns 10 through 11.

PAGE 3 – SECTION B – EMPLOYEE PAYROLL TAXES & BENEFITS

This section is used to calculate the employee payroll taxes and benefits.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
B. PAYROLL TAXES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SERVICE	TOTAL EXPENSE
FICA _____ %							
WORKER'S COMP. _____ %							
UNEMPLOYMENT _____ %							
BENEFITS							
RETIREMENT _____ %							
HOSPITAL CARE							
OTHER (SPECIFY)							
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS							

3

Instructions:

Column 1: List the percents used to calculate the amounts withheld for payroll taxes and benefits. Please list separately any other employee deduction not listed under "Other".

Columns 2-4: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary in the corresponding columns on Page 2. **Please Note:**

Unemployment taxes should only be calculated up to the first \$9,000.00 of an employee's salary.

Column 5: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary for Mgmt Indirect on Page 2.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Calculate the payroll taxes and benefits by multiplying the percent listed in Column 1 by the Total Salary for Other Dir Serv on Page 2.

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 3 - SECTION C – PROFESSIONAL FEES & CONTRACTED SERVICES

This section is used to list any contracted services such as janitorial, pest control, and security; as well as any professional fees such as consultants and auditors. Also, if you have any contracted employees from a temporary agency who are performing duties either directly or indirectly related to the service proposed; those costs should be entered here. Foster care agencies should enter their Foster Parent fees here. Any subcontractor's costs should be entered here.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
C. PROFESSIONAL FEES & CONTRACTED SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES							

3

Instructions:

Column 1: List all professional fees and contracted services.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 4 - SECTION D – CONSUMABLE SUPPLIES

This section is used to enter costs for items that will be directly used or consumed in the proposed service. These items must be used or consumed within one (1) Consumable supplies that are more of a general supply used within your agency should be entered in the “Mgmt Indirect” column. Examples of some of these costs are janitorial supplies (cleaning supplies, paper towels, floor cleaner, mops, brooms, etc.). Program supplies such as pamphlets, text books, and computer software directly related to the proposed service should be entered in this section as well.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
EXPENSES BY PROGRAM SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES							
OFFICE							
CLEANING							
PROGRAM							
OTHER (SPECIFY)							
TOTAL CONSUMABLE SUPPLIES							

4

Instructions:

Column 1: List of consumable supplies by expense type. List any other consumable supplies separately under “Other”.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 4 - SECTION E – OCCUPANCY COSTS

This section is used to enter occupancy costs that will be associated with the proposed service. If your agency is renting the entire building and using all of the space for the proposed service, enter the total rental amount for the building. If your agency is renting the entire building and not using all of the space for the proposed service, the rental cost for the proposed service is calculated by multiplying the Cost per Square Foot by the total Square Footage of the space used for the proposed service. The remaining rental cost should be entered under “Other Direct Ser”.

If your agency owns the building, a charge for depreciation **or** usage allowance is allowable. Depreciation or usage allowance should be applied to the original acquisition cost of the building. Depreciation should be calculated using the straight-line method. The lifespan of a nonresidential building is 31.5 years for property placed in service before May 13, 1993. If the property was placed in service after May 13, 1993 the lifespan is 39 years per the Internal Revenue Service (IRS) (Publication 946). If the building has been fully depreciated, the usage allowance method should be used. The usage allowance is limited to 2% of the original acquisition cost.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
	CCMEP – WIOA	CCMEP - TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
EXPENSES BY PROGRAM SERVICES							
E. OCCUPANCY COSTS							
RENTAL @ _____ PER SQ. FT. SQ. FT. _____							
USAGE ALLOWANCE OF BLDG. OWNED @ 2% OF ORIGINAL ACQUISITION COST							
MAINTENANCE & REPAIRS							
UTILITIES (MAY BE INCLUDED IN RENT) HEAT & ELECTRICITY _____ WATER _____							
TELEPHONE							
OTHER (SPECIFY)							
TOTAL OCCUPANCY COSTS							

4

Instructions:

Column 1: Rental – Enter the amount per square foot and the total square footage used for the proposed service.

Usage Allowance of Building – Should be used when building has been fully depreciated. Usage Allowance is limited to 2% of the original acquisition cost.

Maintenance & Repairs – Enter any projected building maintenance and repair costs.

Utilities – Enter the projected utility costs on the appropriate lines. If heat and electricity is included in the rent, write “included” on this line. If water is included in the rent, write “included” on this line.

Telephone – Enter the projected telephone costs including long distance. Cell phone costs should be entered on this line, also.

Other – List separately any other costs associated with occupancy.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 5 - SECTION F – TRAVEL COSTS

This section is used to enter the costs of operation, maintenance, and repairs of agency vehicles when relevant to the delivery of the proposed service. Such costs may be charged on an actual cost basis, a per diem or mileage basis in lieu of actual costs incurred, or a combination of the two, provided the method used is applied to an entire trip and not to selected days of the trip, and results in charges consistent with those normally allowed in like circumstances in the non-profit organization’s non-federally sponsored activities. The amount paid for mileage reimbursement should not exceed HCJFS’ reimbursement rate, which is the rate determined by the IRS. The reimbursement rate can be found on the IRS website.

Conference and meeting costs are allowable if the primary purpose is the dissemination of technical information relating to the proposed service. Purchased transportation is allowable if required for the delivery of the proposed service.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
EXPENSES BY PROGRAM SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
F. TRAVEL COSTS							
GASOLINE & OIL							
VEHICLE REPAIR							
VEHICLE LICENSE							
VEHICLE INSURANCE							
OTHER (PARKING)							
MILEAGE REIMBURSE. @ PER MILE							
CONFERENCES & MEETINGS, ETC.							
PURCHASED TRANSPORTATION							
TOTAL TRAVEL COSTS							

Instructions:

Column 1: List of travel costs by expense type. List any other travel costs separately under, "Other".

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 5 - SECTION G – INSURANCE COSTS

This section is used to enter insurance costs relevant to the delivery of the proposed service. Some agencies allocate all insurance costs to the Mgmt Indirect column of their budgets, and then allocate them along with all the other shared type of costs. If one service operated by the agency has disproportionate insurance costs (either higher or lower) than the other agency services, then a more appropriate method would be to show the insurance costs in the column for that service. Records substantiating development of the means of allocating must be provided with your budget submittal and also maintained in your agency.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
EXPENSES BY PROGRAM SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
G. INSURANCE COSTS							
LIABILITY							
PROPERTY							
ACCIDENT							
OTHER							
TOTAL INSURANCE COSTS							

Instructions:

Column 1: List of insurance costs by expense type. List any other insurance costs separately under, "Other".

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 6 - SECTION H – EQUIPMENT COSTS

This section is used to enter small equipment (items costing under \$5,000.00 and will be purchased during the budget period); equipment maintenance and repair; equipment lease costs; and depreciation costs for capital equipment (any item or group of like items costing \$5,000.00 or more) relevant to the delivery of the proposed service. Leased equipment in excess of \$5,000.00 must be depreciated. If your agency has, or acquires equipment costing \$5,000.00 or more with an anticipated useful life in excess of one (1) year a charge for depreciation is allowable.

Depreciation should be calculated using the straight-line method. Refer to IRS guidelines to determine the useful life of equipment. Follow the instructions on Page 7 of Budget Form to calculate depreciation.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
EXPENSES BY PROGRAM SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
H. EQUIPMENT COSTS							
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)							
TOTAL SMALL EQUIPMENT COSTS							
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)							
TOTAL EQUIPMENT & REPAIR							
EQUIPMENT LEASE COSTS (DETAIL)							
TOTAL LEASE COSTS							
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)							
TOTAL EQUIPMENT COSTS							

Instructions:

Column 1: List of equipment costs by expense type.

Columns 2-4: Enter the costs that are directly associated with the service proposed.

Column 5: Enter the costs that are **indirectly** associated with the service proposed.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Enter the costs that are not associated (directly or indirectly) with the service proposed.

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 7 - LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the “individual equipment item” is for computer components which are purchased as a group, e.g. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any items of equipment used by the Management Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C, etc.

[illegible]

Instructions:

Column 1: Enter item to be depreciated.

Column 2: Enter “N” for new equipment or “U” for used equipment.

Column 3: Enter date of purchase.

Column 4: Enter acquisition cost of item.

- Column 5: Enter salvage value.
- Column 6: Subtract value entered in Column 5 from the value entered in Column 4.
- Column 7: Enter useful life per IRS guidelines.
- Column 8: Divide value in Column 6 by value in Column 7.
- Column 9: Enter percent item will be used in the service proposed.
- Column 10: Multiply value in Column 8 by percent in Column 9.
- Column 11: Enter name of service proposed.

PAGE 8 – SECTION I - MISCELLANEOUS COSTS

This is the section to enter anticipated miscellaneous costs incidental to the delivery of the service proposed. Allowable miscellaneous include costs such as printing, advertising, postage, FBI background checks, and drug testing.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
EXPENSES BY PROGRAM SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS							
TOTAL MISCELLANEOUS COSTS							

8

Instructions:

- Column 1: List miscellaneous costs separately.
- Columns 2-4: Enter the costs that are directly associated with the service proposed.
- Column 5: Enter the costs that are **indirectly** associated with the service proposed.
- Column 6: Column 6 is the sum of Columns 2 through 5.
- Column 7: Enter the costs that are not associated (directly or indirectly) with the service proposed.
- Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 8 – SECTION J - PROFIT MARGIN

This section is for for-profit entities only. Enter the amount of anticipated profit being charged to the service proposed. The profit margin will be negotiated during contract negotiations.

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
EXPENSES BY PROGRAM SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
J. PROFIT MARGIN (For profit entities only- indicate the amount)							

8

PAGE 8 – SECTION K – SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION

This is the grand total of Sections A through J for each column. The values on this line should equal Sub-Total of Expenses Before Mgmt Indirect Allocation on Page 1 - Summary Page.

(1)	(2)	(3)	(4)	(5)	(6)	(8)	(7)
EXPENSES BY PROGRAM SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL EXPENSE
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION							

8

PAGE 9 – REVENUE BY PROGRAM SERVICES

Projected revenues of your agency should be entered for the same time period of the budget for expenses. Government contracts, including revenues expected to be received from HCJFS, should be listed separately (e.g. HCJFS, Butler County, etc.). “Fees From Clients” should only represent monies received directly from clients. These are not fees paid by third parties (insurance, Medicaid, contracts). Contributions from individual benefactors need not be listed individually unless they represent a significant proportion or amount of donated funds.

Total revenues shown **MUST** equal or exceed the total expenses shown on Page 1 – Summary Page.

REVENUE PREPARED FOR PERIOD
(Enter Begin Date of Budget) **TO** (Enter End Date of Budget)

(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
REVENUE BY PROGRAM SERVICES	CCMEP – WIOA	CCMEP – TANF	WORK PARTICIPATION	MGMT INDIRECT	TOTAL CONTRACT EXPENSE	OTHER DIRECT SER	TOTAL REVENUE
A. GOVERNMENTAL AGENCY FUNDING (specify agency)							
HCJFS							
B. OTHER FUNDING							
Fees From Clients							
Contributions							
Awards & Grants							
Other (specify)							
TOTAL REVENUE							

9

Instructions:

Column 1: List funding sources.

Columns 2-4: Enter the revenues that are directly associated with the service proposed.

Column 5: Enter revenue such rental of facilities, interest income, investment income, contributions, etc.

Column 6: Column 6 is the sum of Columns 2 through 5.

Column 7: Enter all other revenues that are not associated with the service proposed.

Column 8: Column 8 is the sum of Columns 6 through 7.

PAGE 10 – RENEWAL YEAR ESTIMATED COST SHEET

Please estimate the total expenses and the unit rate by program for renewal years. These estimates will be used in helping HCJFS determine increases for the renewal years.

BCCS CONTRACT BUDGET
HCJFS CONTRACT BUDGET

RENEWAL YEAR ESTIMATED COST SHEET

(1)	(2)	(3)	(4)
PROGRAM	RENEWAL YEAR 1 EXPENSE	RENEWAL YEAR 1 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1 and 2.
PROGRAM 1			
PROGRAM 2			
PROGRAM 3			
PROGRAM 4			
PROGRAM	RENEWAL YEAR 2 EXPENSE	RENEWAL YEAR 2 UNIT RATE	NARRATIVE - Please describe in detail the reasons for increased costs/expenses. This narrative will be used to help determine the amount of increase Provider may receive if HCJFS awards increases in renewal years 1 and 2.
PROGRAM 1			
PROGRAM 2			
PROGRAM 3			
PROGRAM 4			

Column 1: Please list the program name (ie Out of School/In School CCMEP WIOA, Out of School/ In School CCMEP TANF, Work Participation)

Columns 2: Please enter the estimated total expense for renewal year 1 by program. Further down under the second set of headings, please list the estimated total expenses for renewal year 2 by program.

Column 3: Please enter the estimated cost per youth for renewal year 1 by program. Further down under the second set of headings, please list the estimated cost per youth for renewal year 2 by program.

Column 4: Please write a detailed narrative of justifying the increased costs and cost per youth.

ATTACHMENT C

HCJFS CONTRACT BUDGET

AGENCY:

NAME OF CONTRACT PROGRAM:

7/1/2018 TO 6/30/2020

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	0.00	0.00	0.00	0.00	0.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00
C. PROFESSIONAL & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00
D. CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00
E. OCCUPANCY	0.00	0.00	0.00	0.00	0.00
F. TRAVEL	0.00	0.00	0.00	0.00	0.00
G. INSURANCE	0.00	0.00	0.00	0.00	0.00
H. EQUIPMENT	0.00	0.00	0.00	0.00	0.00
I. MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
J. PROFIT MARGIN	0.00	0.00	0.00	0.00	0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00
ALLOCATION OF MGT/INDIRECT COSTS					0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00	0.00

ESTIMATED TOTAL UNITS OF SERVICE
TO BE PROVIDED:

1.00	1.00
------	------

TOTAL PROGRAM COST/TOTAL UNITS
OF SERVICE = UNIT COST:

\$0.00	\$0.00
--------	--------

TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00
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BUDGET PREPARED FOR PERIOD

7/1/2018 -6/30/2020

A. STAFF SALARIES - Attach Extra Pages for Staff, if needed.

Postion/Title	#Staff	Fill/ Vacant	HRS Wk	HRL Y Rate	Annual Cost	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINIOIRS	MGMT INDIRECT	OTHER DIRECT SER
TOTAL SALARIES					0.00	0.00	0.00	0.00	0.00

Salaries Narrative. Describe how each position relates to the service proposed.

Please type narrative here.

TOTAL EXPENSES	
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00

BUDGET PREPARED FOR PERIOD
7/1/2018 -6/30/2020

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL
B.PAYROLL TAXES					
FICA %					0.00
WORKER'S COMP. %					0.00
UNEMPLOYMENT %					0.00
BENEFITS					
RETIREMENT					0.00
HOSPITAL CARE					0.00
OTHER (SPECIFY)					0.00
					0.00
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00

Employee Payroll Taxes & Benefits Narrative.

Please type narrative here.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.))	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
					0.00
					0.00
					0.00
					0.00
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00

Professional Fees & Contracted Services Narrative

Please type narrative here.

BUDGET PREPARED FOR PERIOD
7/1/2018 -6/30/2020

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES					
OFFICE					0.00
CLEANING					0.00
PROGRAM					0.00
OTHER (SPECIFY)					0.00
					0.00
					0.00
TOTAL CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00

Consumable Supplies Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
E. OCCUPANCY COSTS					
RENTAL @ PER SQ. FT.					0.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST					0.00
MAINTENANCE & REPAIRS					0.00
UTILITIES (MAY BE INCLUDED IN RENT)					
HEAT & ELECTRICITY WATER					0.00
TELEPHONE					0.00
OTHER (SPECIFY)					0.00
					0.00
					0.00
TOTAL OCCUPANCY COSTS	0.00	0.00	0.00	0.00	0.00

Occupancy Costs Narrative

Please type narrative here.

EXHIBIT II

BUDGET PREPARED FOR PERIOD

7/1/2018 -6/30/2020

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER
F. TRAVEL COSTS	\$200.00			
GASOLINE & OIL				
VEHICLE REPAIR				
VEHICLE LICENSE				
VEHICLE INSURANCE				
OTHER (PARKING)				
MILEAGE REIMBURSE.@ _____ PER MILE				
CONFERENCES & MEETINGS, ETC.				
PURCHASED TRANSPORTATION				
TOTAL TRAVEL COSTS	0.00	0.00	0.00	0.00

Travel Costs Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER
G. INSURANCE COSTS				
LIABILITY				
PROPERTY				
ACCIDENT				
OTHER				
TOTAL INSURANCE COSTS	0.00	0.00	0.00	0.00

Insurance Costs Narrative

Please type narrative here.

TOTAL EXPENSE	
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00

TOTAL EXPENSE	
	0.00
	0.00
	0.00
	0.00
	0.00

BUDGET PREPARED FOR PERIOD

7/1/2018 -6/30/2020

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSES
H.EQUIPMENT COSTS					
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)					
					0.00
					0.00
					0.00
TOTAL SMALL EQUIPMENT COSTS					0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)					0.00
					0.00
					0.00
					0.00
TOTAL EQUIPMENT & REPAIR					0.00
EQUIPMENT LEASE COSTS (DETAIL)					
					0.00
					0.00
					0.00
TOTAL LEASE COSTS			0.00	0.00	0.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	0.00	0.00	0.00	0.00	0.00
TOTAL EQUIPMENT COSTS	0.00	0.00	0.00	0.00	0.00

Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)

Please type narrative here.

BUDGET PREPARED FOR PERIOD

7/1/2018 -6/30/2020

LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, i.e. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the agency's books prior to the beginning date of the contract may not be used as a basis for determining costs of the program proposed for a contract, even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.

ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	*PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
Total			0.00		0.00		0.00		0.00	

BUDGET PREPARED FOR PERIOD
7/1/2018 -6/30/2020

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS					
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL MISCELLANEOUS COSTS				0.00	0.00
J. PROFIT MARGIN (For profit entities only)					0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00

Miscellaneous Costs Narrative.

Please type narrative here.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

Mgmt/Indirect Cost Narrative.

Please type narrative here.

Profit Margin Narrative (for profit entities only).

Please type narrative here.

BUDGET PREPARED FOR PERIOD

7/1/2018 -6/30/2020

REVENUES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)					
					0.00
					0.00
					0.00
B. OTHER FUNDING					
FEES FROM CLIENTS					0.00
CONTRIBUTIONS					0.00
					0.00
					0.00
					0.00
					0.00
AWARDS & GRANTS					0.00
					0.00
OTHER (specify)					0.00
					0.00
TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00

Revenue Narrative

Please type narrative here.

ATTACHMENT C

HCJFS CONTRACT BUDGET

AGENCY:

NAME OF CONTRACT PROGRAM:

7/1/2020 TO 6/30/2022

INDICATE NAME OF SERVICE IN APPROPRIATE COLUMN BELOW

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
A. STAFF SALARIES	0.00	0.00	0.00	0.00	0.00
B. EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00
C. PROFESSIONAL & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00
D. CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00
E. OCCUPANCY	0.00	0.00	0.00	0.00	0.00
F. TRAVEL	0.00	0.00	0.00	0.00	0.00
G. INSURANCE	0.00	0.00	0.00	0.00	0.00
H. EQUIPMENT	0.00	0.00	0.00	0.00	0.00
I. MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00
J. PROFIT MARGIN	0.00	0.00	0.00	0.00	0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00
ALLOCATION OF MGT/INDIRECT COSTS					0.00
TOTAL PROGRAM EXPENSES	0.00	0.00	0.00	0.00	0.00

ESTIMATED TOTAL UNITS OF SERVICE
TO BE PROVIDED:

1.00	1.00
------	------

TOTAL PROGRAM COST/TOTAL UNITS
OF SERVICE = UNIT COST:

\$0.00	\$0.00
--------	--------

TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00
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BUDGET PREPARED FOR PERIOD

7/1/2020 -6/30/2022

A. STAFF SALARIES - Attach Extra Pages for Staff, if needed.

Postion/Title	#Staff	Fill/ Vacant	HRS Wk	HRL Y Rate	Annual Cost	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINIOIRS	MGMT INDIRECT	OTHER DIRECT SER
TOTAL SALARIES					0.00	0.00	0.00	0.00	0.00

Salaries Narrative. Describe how each position relates to the service proposed.

Please type narrative here.

TOTAL EXPENSES	
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00

BUDGET PREPARED FOR PERIOD
7/1/2020 -6/30/2022

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL
B.PAYROLL TAXES					
FICA %					0.00
WORKER'S COMP. %					0.00
UNEMPLOYMENT %					0.00
BENEFITS					
RETIREMENT					0.00
HOSPITAL CARE					0.00
OTHER (SPECIFY)					0.00
					0.00
TOTAL EMPLOYEE PAYROLL TAXES & BENEFITS	0.00	0.00	0.00	0.00	0.00

Employee Payroll Taxes & Benefits Narrative.

Please type narrative here.

C. PROFESSIONAL FEES & CONTRACTED SERVICES (Indicate type, function performed, and estimate of use (hours, days, etc.))	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SERVICES	TOTAL EXPENSE
					0.00
					0.00
					0.00
					0.00
TOTAL PROFESSIONAL FEES & CONTRACTED SERVICES	0.00	0.00	0.00	0.00	0.00

Professional Fees & Contracted Services Narrative

Please type narrative here.

BUDGET PREPARED FOR PERIOD

7/1/2020 -6/30/2022

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
D.CONSUMABLE SUPPLIES					
OFFICE					0.00
CLEANING					0.00
PROGRAM					0.00
OTHER (SPECIFY)					0.00
					0.00
					0.00
TOTAL CONSUMABLE SUPPLIES	0.00	0.00	0.00	0.00	0.00

Consumable Supplies Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
E. OCCUPANCY COSTS					
RENTAL @ PER SQ. FT.					0.00
USAGE ALLOWANCE OF BLDG. OWNED @2% OF ORIG. ACQUISITION COST					0.00
MAINTENANCE & REPAIRS					0.00
UTILITIES (MAY BE INCLUDED IN RENT)					
HEAT & ELECTRICITY WATER					0.00
TELEPHONE					0.00
OTHER (SPECIFY)					0.00
					0.00
					0.00
TOTAL OCCUPANCY COSTS	0.00	0.00	0.00	0.00	0.00

Occupancy Costs Narrative

Please type narrative here.

EXHIBIT II

BUDGET PREPARED FOR PERIOD

7/1/2020 -6/30/2022

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER
F. TRAVEL COSTS	\$200.00			
GASOLINE & OIL				
VEHICLE REPAIR				
VEHICLE LICENSE				
VEHICLE INSURANCE				
OTHER (PARKING)				
MILEAGE REIMBURSE.@ _____ PER MILE				
CONFERENCES & MEETINGS, ETC.				
PURCHASED TRANSPORTATION				
TOTAL TRAVEL COSTS	0.00	0.00	0.00	0.00

Travel Costs Narrative

Please type narrative here.

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER
G. INSURANCE COSTS				
LIABILITY				
PROPERTY				
ACCIDENT				
OTHER				
TOTAL INSURANCE COSTS	0.00	0.00	0.00	0.00

Insurance Costs Narrative

Please type narrative here.

TOTAL EXPENSE	
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00
	0.00

TOTAL EXPENSE	
	0.00
	0.00
	0.00
	0.00
	0.00

BUDGET PREPARED FOR PERIOD

7/1/2020-6/30/2022

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SERV	TOTAL EXPENSES
H.EQUIPMENT COSTS					
SMALL EQUIPMENT (items costing under \$5,000.00, which are to be purchased during budget period should be listed)					
					0.00
					0.00
					0.00
TOTAL SMALL EQUIPMENT COSTS					0.00
EQUIPMENT MAINTENANCE & REPAIR (DETAIL)					0.00
					0.00
					0.00
					0.00
TOTAL EQUIPMENT & REPAIR					0.00
EQUIPMENT LEASE COSTS (DETAIL)					
					0.00
					0.00
					0.00
TOTAL LEASE COSTS			0.00	0.00	0.00
TOTAL COST DEPRECIATION OF LARGE EQUIPMENT ITEMS (detail on page 7)	0.00	0.00	0.00	0.00	0.00
TOTAL EQUIPMENT COSTS	0.00	0.00	0.00	0.00	0.00

Total Equipment Costs Narrative (Small Equipment, Equipment Maintenance & Repair, Equipment Lease, Equipment Depreciation)

Please type narrative here.

BUDGET PREPARED FOR PERIOD

7/1/2020 -6/30/2022

LARGE EQUIPMENT DEPRECIATION COSTS

Any individual equipment item costing \$5,000 or more at time of purchase may be included in the budget and must be depreciated. The exception to the "individual equipment item" is for computer components which are purchased as a group, i.e. hard drive, monitor, keyboard, printer, etc. If the total cost for all the components is \$5,000 or greater, the equipment must be depreciated. Any item which was full depreciated on the agency's books prior to the beginning date of the contract may not be used as a basis for determining costs of the program proposed for a contract, even though that item of equipment is used by the program. Any items of equipment used by the Management and Indirect activities of the Agency for which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.

For which costs are included in this budget must also be itemized on this sheet. If needed, extra copies may be made and numbered 7A, 7B, & 7C.										
ITEM(S) TO BE DEPRECIATED	NEW OR USED	DATE OF PURCHASE	TOTAL ACTUAL COST	SALVAGE VALUE	TOTAL TO DEPRECIATE	USEFUL LIFE	CHARGEABLE ANNUAL DEPRECIATION	*PERCENT USED BY CONTRACT PROGRAM	AMOUNT CHARGED TO CONTRACT PROGRAM	WHICH CONTRACTED PROGRAM
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
							0.00		0.00	
Total			0.00		0.00		0.00		0.00	

BUDGET PREPARED FOR PERIOD
7/1/2020 -6/30/2022

EXPENSES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIRECT	OTHER DIRECT SER	TOTAL EXPENSE
I. MISCELLANEOUS COSTS					
					0.00
					0.00
					0.00
					0.00
					0.00
TOTAL MISCELLANEOUS COSTS				0.00	0.00
J. PROFIT MARGIN (For profit entities only)					0.00
K. SUB-TOTAL OF EXPENSES BEFORE MGMT INDIRECT ALLOCATION	0.00	0.00	0.00	0.00	0.00

Miscellaneous Costs Narrative.

Please type narrative here.

A rationale or basis for the allocation of Mgmt Indirect cost which details how the amount charged to the proposed service was determined must be included. Some agencies allocate these types of costs on staff salaries, total personnel costs, total direct cost of service proposed, and/or time studies. Records substantiating development of the means of these costs must be provided with your budget submittal and also maintained by your agency.

Mgmt/Indirect Cost Narrative.

Please type narrative here.

Profit Margin Narrative (for profit entities only).

Please type narrative here.

BUDGET PREPARED FOR PERIOD

7/1/20120 -6/30/2022

REVENUES BY PROGRAM SERVICES	NON-EMERGENCY TRANSPORTATION FOR MEDICAID ADULTS	GROUP TRANSPORTATION FOR MEDICAID MINORS	MGMT INDIREC T	OTHER DIRECT SER	TOTAL REVENUES
A. GOVERNMENTAL AGENCY FUNDING (specify agency & type)					
					0.00
					0.00
					0.00
B.OTHER FUNDING					
FEES FROM CLIENTS					0.00
CONTRIBUTIONS					0.00
					0.00
					0.00
					0.00
					0.00
AWARDS & GRANTS					0.00
					0.00
OTHER (specify)					0.00
					0.00
TOTAL REVENUE	0.00	0.00	0.00	0.00	0.00

Revenue Narrative

Please type narrative here.

ATTACHMENT D

Provider Certification

Hamilton County Department of Job and Family Services

Provider Certification Process

(Revised 5/10)

I. Overview

The purpose of the **Hamilton County Department of Job and Family Services (HCJFS) Provider Certification Process** is to assess a service provider's 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. may be completed prior to contract signing. Section C. 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.

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 Vendor #)	Tax I.D. (Vendor) 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 picklist.
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.
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.

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: <ul style="list-style-type: none"> a. Most recent annual independent 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. 	<p>This information is used to determine the financial status of an agency. Things to look for are:</p> <ol style="list-style-type: none"> 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 <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: <ul style="list-style-type: none"> 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.

<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 additional 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> <ol 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>

<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? 	<p>1. The agency must show how the expenses and revenue for each contracted program will be reported/tracked in a separate account.</p> <p>2. Determine how financial invoices will be filed. Is this adequate for audit purposes?</p> <p>3. Identify the accounting system used - cash vs. accrual. This is important in an audit for determining how expenses and revenues are reported.</p> <p>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.</p> <p>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?</p> <p>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?</p> <p>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>
<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 months. 	<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>

<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>

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.

SC19-17R Addendum Page 422

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?
5. Received copy of provider's QA/QI plan or activities. At a minimum, the following must be included: 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.	<p>1. Does the agency have a Quality Improvement program?</p> <p>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?</p> <p>3. Is there a client satisfaction mechanism in place?</p> <p>4. How are client contacts, referrals, service delivery measured and tracked?</p> <p>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?</p> <p>6. Service brochures that describe program availability? Quality Improvement information that is distributed to stakeholders and utilized for program decision making?</p> <p>7. Grievance process available - easily accessible to clients? Process for tracking and reporting individual and aggregate data on grievances?</p> <p>8. Safety plan available and mechanisms in place to evaluate, monitor, and report safety issues?</p> <p>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?</p>

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	
15. Program Fax #, if different	

16. Agency's Hours/Days of Operation	SC13-17R Addendum Page 124
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:

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;			
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?			
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.		SC13-17R Addendum Page 127	
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?			
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?		SC13-17R Addendum Page 128	
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:

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);			
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;	SC13-17R Addendum	Page 130
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 E

Declaration of Property Tax Delinquency

Declaration of Property Tax Delinquency

(ORC 5719.042)

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

Print Name_____ Date_____

Signature _____

State of Ohio - County of _____ Notary

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

Release of Personnel Records & Criminal Records Checks



222 East Central Parkway • Cincinnati, Ohio 45202-1225

General Information: (513) 946-1000**General Information TDD:** (513) 946-1295**FAX:** (513) 946-2250www.hcjfs.orgwww.hcadopt.orgwww.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 G

RFP Registration Form

REGISTRATION FORM

**RFP: SC13-17R, Non-Emergency Transportation for Medicaid Adults and Group Transportation
for Medicaid Minors
January, 2018**

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

**Sandra Carson
Hamilton County Job and Family Services
222 E. Central Parkway Contract Services, 3rd Floor
Cincinnati, OH 45202
Fax#: (513) 946-2384
Email: carsos01@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 employee, county official, 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 rejection of the Providers 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 Department, you will be registering your company's interest in this RFP, attendance at the RFP Conference and all ensuing addenda. Your signature is an acknowledgement that you have read and understand the information contained on this page. Due date for Registration Form is **March 6, 2018 no later than noon.**

DATE:	
COMPANY NAME:	
ADDRESS (including zip code):	
REPRESENTATIVE'S NAME	
TELEPHONE NUMBER	
FACSIMILE NUMBER:	
EMAIL ADDRESS:	
NUMBER OF PEOPLE ATTENDING RFP 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.

**Please fax this completed page to HCJFS Contract Services at (513) 946-2384,
or e-mail to carsos01@jfs.hamilton-co.org**

ATTACHMENT H

Non-Emergency Transportation Rules

Non-Emergency Transportation (NET) Rules

Two criteria must be met to receive NET services:

- The client must have an active Hamilton County Medicaid case, and
- The client must be traveling to a Medicaid provider and receiving a Medicaid reimbursable service.

The most cost-efficient mode of transportation must be utilized whenever possible.

Mode of Transportation Options/Guidelines

Bus tickets/passes – If you live on a bus line and travel to appointments on a bus line, the expectation is you will utilize this mode of transportation. Any exception must be supported by the Medical Certification Form submitted directly to NET by the primary medical provider.

- If the cost of riding to and from the Medicaid provider is less than the cost of a bus pass, you will receive individual bus tickets for your scheduled appointments. Otherwise, you will receive the appropriate bus pass (Zone 1 or Zone 2) to cover the cost of the transportation.
- Clients eligible for ACCESS will receive the appropriate number of ACCESS tickets required to cover the cost of transportation to Medicaid providers each month.

Cab/van (contracted curb-to-curb service) – If you are unable to use bus tickets, you may be approved for cab/van service. Clients can be transported up to 125 miles from Hamilton County Job and Family Services (222 East Central Parkway).

Scheduling Trips

To be approved for any NET service, you must call **946-1000** and **select option 6** to speak to a worker who can determine eligibility and authorize trips. Any trip should be requested **at least five (5) business days prior to the appointment.**

When scheduling an appointment, the following information must be provided:

- Name
- Social Security number
- Date(s) and time(s) of appointment(s) for the entire month, if possible
- 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)
- Need for child safety seat, if applicable
- Type of mobility aide (if used), including folding wheelchair, cane, etc.

Clients receiving contracted curb-to-curb service should **confirm their trips with the vendor** one day in advance of the trip by calling **1-877-722-2285**.

You must cancel all scheduled cab/van trips a minimum of 24 hours prior to the scheduled pick up time.

Bus Passes, Tickets or Access Tickets

- Once tickets or passes have left HCJFS/NET, please allow for a minimum of five (5) business days for delivery.
- You are responsible for notifying the post office branch of any address changes or delivery concerns.
- Bus passes, one ride tickets and access tickets will not be replaced if reported lost or stolen. Should this occur, you will be advised to reschedule the medical appointment.

Children

The expectation is a minor child will have an accompanying adult when transported to a medical appointment. The accompanying adult must be picked up/dropped off at the same location as the child.

There are exceptions for the following:

- Children transported via contracted curb-to-curb service to/from day treatment (DT)/partial hospitalization (PH) programs, at the written request of the DT/PH site, are part of group transport.
- Children age 14 or over may ride a bus alone to appointments when NET is in receipt of a signed consent form from the child's parent or legal guardian. Unaccompanied children transported using NET services must be dropped off to the parent or legal guardian or an authorized adult. The authorized adult must be identified by the child's parent or guardian when they sign the consent to transport.

Appropriate Behavior

All riders must act respectfully and appropriately while using NET transportation services. All riders must in no way compromise the safety of themselves 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.

ATTACHMENT I

Transportation Incident Reports/ Behavioral Suspensions

TRANSPORTATION SERVICES PROCEDURAL MEMO

TSPM #:	002-D	OAC Reference:	None
Effective Date:	Immediate	COA Reference:	None
Approved By:	Judy Leonard	Cross Reference:	TSPM 011 ; County Transportation Plan
Approval Date:	12/27/17	Obsoletes:	TSPM 002-C; TSPM 010

Transportation Incident Reports/Behavioral Suspensions

Purpose

This memo establishes guidelines for the documentation and review of Incident Reports received from the contracted vendor, or any of its assigned subcontractors, as outlined in the contract. All reports utilize the [HCJFS 3303 – Transportation Incident Report](#). Subcontractors are to submit Incident Reports via the vendor.

The **mode** of service offered may be impacted by the consumer's failure to comply with NET rules ([HCJFS 3547](#)). Transportation by cab/van services may not be provided to consumers acting in a manner which could cause harm to the driver/monitor or other passengers. The contracted transportation services vendor will be referred to as the "vendor" for the balance of the memo.

Critical Incidents

For most purposes, **critical incidents** are defined as:

- No responsible adult at home when dropping off minor child; possible transport to 241-KIDS
- Vehicle accident (involving passengers)
- Medical emergency/injury
- Any incident involving law enforcement or other emergency personnel
- Unauthorized exit from the vehicle
- Possession of a weapon
- Behavioral incident which results in **serious** injury

The following are also **critical incidents**, reported through the HCJFS 3303, which may be utilized as a cover sheet for a more detailed report:

- Information related to any lawsuit filed against the vendor or its subcontractors, specific to HCJFS transportation services
- Allegations of misconduct by employees of vendor, including subcontracted employees

When HCJFS receives a **critical incident**, which involves **child abuse and/or neglect** allegations, the incident report **must be forwarded by HCJFS Transportation Services as a priority email** to the:

- Children Services Intake Supervisor and Section Chief(s)

Deadlines for critical incidents:

- The **vendor** must contact the Transportation Services Supervisor/Section Chief and designated DT/PH site contact (if applicable), **by phone**, within **one hour** of the incident.
- The vendor must also complete an incident report within **twenty-four (24) hours of the actual incident** and send, as an attachment, by **priority email**, to TransportationServices@jfs.hamilton-co.org.
- If it is a media sensitive incident, including death, trauma, abuse or neglect, the HCJFS Communications Department must also be contacted, at 513-470-3320.

Behavioral Incidents

Behavioral incidents may be defined as behavior, threatening or dangerous, which jeopardizes the safety and/or well-being of other passengers and/or the driver/monitor. **The majority of behavioral incidents are considered non-critical incidents to be addressed at the discretion of HCJFS Transportation Services.**

Examples include, but are not limited to:

- possession or use of objects as a weapon
- possession of drugs
- tampering with safety restraints (door mechanism, seat belts, etc.)
- attempting to exit a moving vehicle
- physical violence/fighting with other riders
- physical aggression toward monitors/drivers during transport
- destruction of property

Behavioral incidents are addressed based on the **age** of the individual, the provider of the Medicaid billable service and the **severity** of the behavioral incident.

Behavioral incidents involving **adults** will be addressed by HCJFS Transportation Services with any conditions (i.e., a monitor) on future transports noted in writing to the vendor.

Incidents Specific to DT/PH

Incidents involving **Day Treatment/Partial Hospitalization (DT/PH) consumers** will be addressed in the following manner:

- Each DT/PH site is to identify a **single point of contact** for receipt of Incident Reports. This person must have management level authority, coordinate internal efforts with therapeutic staff and speak on behalf of the site's management.
- The vendor will provide electronic copies of the Incident Report to the **identified contact** for the DT/PH site.
- Upon receipt of the Incident Report, the identified contact is to transmit the report to appropriate site staff.
- Transportation Services will review Incident Reports and **expect** the site to address the behavior within their program.
 - The goal is to address the behavior without imposition of a suspension of cab/van services by HCJFS. The sites have more flexibility to address minor behavioral incidents, an established relationship with the parent/guardian/custodian/child and tools within therapeutic intervention. They must **advise HCJFS of their actions with a response on the [HCJFS 3303 – Transportation Incident Report](#) returned to: TransportationServices@jfs.hamilton-co.org.**
 - If at any point, HCJFS does not see sufficient progress with a child (recurring behavior, etc.) HCJFS reserves the right to impose a suspension of transportation.
- Sites are to review the NET Rules and the terms of the [HCJFS 3305 – Consent Form](#) with the parents/guardian of the child both at the point of intake and through any on-going conferences.
- When children present with behaviors which have not de-escalated prior to transport, no transport will occur and the program site will notify the parent or guardian that the child will remain at the site until arrangements are made for pickup of the child.

HCJFS Right to Impose Suspension

HCJFS always reserves the right to impose a suspension of cab/van services based on the severity of the behavioral incident or an ongoing history of incidents.

- HCJFS will notify the site and the vendor in writing and set an effective date for the suspension.
- Reinstatement of cab/van services will be based on a signed letter (on agency letterhead) from a licensed professional which indicates: therapeutic interventions utilized, potential remedies to prevent a reoccurrence of the behavior and a statement that the child is ready to return to group transport at that particular time.

Non-Critical Incidents

The contracted transportation services vendor must forward (via email) all non-critical incident reports within **twenty-four (24) hours of the incident** to: TransportationServices@jfs.hamilton-co.org. The report must detail what occurred, the driver/monitor reporting the incident, and information regarding outcome/resolution. Reports that are purely informational, and do not require intervention or follow-up, should be labeled "FYI". Reports considered "FYI" involve minor behavior and inappropriate language towards the driver/monitor and other passengers.

**Alternative
Forms of
Transportation**

If the suspended rider is eligible to use public transportation, the customer may be provided one ride bus tickets or a bus pass, depending on the transportation needs. Customers who are not capable of using public transportation due to physical/geographical limitations will need to secure alternate means of transportation. Parents or guardians of minors may receive mileage reimbursement for the period of the suspension.

**Record
Maintenance**

All incident reports are virtually printed into OnBase with the case and client information listed.

ATTACHMENT J

Transportation Incident Report



Transportation Incident Report

E-mail to: TransportationServices@JFS.Hamilton-co.org within 24 hours of incident.

Incident Detail:		Consumer Information:			Reporter Information:	
Date of Report:		Name:			Name:	
Date of Incident:		Address:			Signature:	
Incident Time: <input type="checkbox"/> AM <input type="checkbox"/> PM		City:	State:	Zip Code:	Van/Bus #:	Check: <input type="checkbox"/> RR driver <input type="checkbox"/> Other: (specify)
Incident Location:		Check: <input type="checkbox"/> Child <input type="checkbox"/> Adult		Age:	Report sent to facility listed below:	
<input type="checkbox"/> No Responsible Adult at Home per Procedure Memo 011 – Program is to provide response indicating parent/guardian is informed of consequences of continued reports. This is a critical incident tracked separately.						
<input type="checkbox"/> Vehicle accident (involving passengers) – Critical incident reported by RR – No response required by program site						
Critical Incident <input type="checkbox"/> Report of abuse/neglect <input type="checkbox"/> Medical emergency/injury <input type="checkbox"/> Police involvement <input type="checkbox"/> Unauthorized exit from vehicle <input type="checkbox"/> Possession of weapon/drugs <input type="checkbox"/> Behavioral w/ serious injury <input type="checkbox"/> Damage/destruction/theft of property				Behavioral Incident <input type="checkbox"/> Physical fighting/violence <input type="checkbox"/> Overt threats/aggression directed at a child <input type="checkbox"/> Threats/aggression directed at monitor/driver <input type="checkbox"/> Threatening behavior by parent/guardian <input type="checkbox"/> Tampering w/ or refusal to use safety restraints <input type="checkbox"/> Attempting to exit vehicle without permission <input type="checkbox"/> Sexualized behaviors <input type="checkbox"/> Use of object as a weapon <input type="checkbox"/> Child could not be transported and remained at program site		
Additional Description of Incident and Driver/Monitor Resolution of Incident: (use additional paper if necessary)						
Medical Treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No	Transport for Treatment: <input type="checkbox"/> Vendor <input type="checkbox"/> Ambulance <input type="checkbox"/> Other: (specify)		Medical Treatment provided at: <input type="checkbox"/> Hospital: (specify) <input type="checkbox"/> Other: (specify)		Medical Services Provided:	
Police Report? <input type="checkbox"/> Yes <input type="checkbox"/> No	Police Agency:			Date of Police Report:	Time of Police Report: <input type="checkbox"/> AM <input type="checkbox"/> PM	
DT/PH Site Response:						
Received by:				Date Received:		
Program response to report: <input type="checkbox"/> Conference with child & parent/guardian <input type="checkbox"/> Removal of program privileges <input type="checkbox"/> Rewards and incentives for good behavior <input type="checkbox"/> Therapeutic interventions specific to van behavior <input type="checkbox"/> Program suspension for ____ days <input type="checkbox"/> Other: (describe)						

ATTACHMENT K

No Responsible
Party at Home

TRANSPORTATION SERVICES PROCEDURAL MEMO

TSPM #:	011-C	OAC Reference:	5160-15-11
Effective Date:	Immediately	COA Reference:	None
Approved By:	Judy Leonard	Cross Reference:	TS Procedural Memo # 002 , 007 , County Transportation Plan
Approval Date:	12/27/17	Obsoletes:	NET Policy Memo 011-A, TSPM 011-B

No Responsible Party at Home

Background

This memo establishes guidelines for instances in which a minor child using NET/Non-NET transport is unable to be dropped off at home, as a responsible adult is not present to receive the child. A responsible adult is defined through the consent and requisition process. The consent is completed by the parent/guardian and, when applicable, by the Children's Services caseworker.

Consent, Requisition and Alternative Drop Offs

Prior to authorizing Non-Emergency Transportation (NET) and Non-NET Transportation Services for minor children, the parent/guardian or Children's Services worker (on custody cases) must:

- Complete and sign an [HCJFS 3305 – Transportation Services Consent Form](#) to:
 - Authorize the use of transport; and
 - Confirm the parent or guardian understands the transportation rules and the procedures to be followed by the driver if a responsible adult is not home at the time of the drop off.

The consent form provides multiple options for listing alternative drop off names, addresses and phone #'s for those times that the parent/guardian cannot be at home for the drop off. All individuals listed on the consent must be 18 or older. The expectation is that all are made aware they are listed on the consent and agree to serve as an alternative drop off.

The alternative drop off cannot be a library, recreation center, etc. in which there is no party available to complete a legal transfer of custody. We do not transport to the parent/guardian's place of work.

Ongoing **planned** alternative drop off names and locations are provided through the requisition for services. As well, the caseworker (in custody cases) lists pre-authorized individuals on the requisition.

No Responsible Adult to Receive Child

If no responsible party is available at the time of the child's drop-off, the transportation provider will attempt to reach the following parties in the order listed below :

- Parent/guardian by phone
- All alternate phone numbers listed for the parent/guardian or other caregivers authorized to receive the child in lieu of the parent/guardian
- Emergency contact for the site, if this is a Day Treatment (DT)/Partial Hospitalization (PH) transport
- 241-KIDS and the NET Supervisor or Section Chief (within one hour as a critical incident)

The transportation provider will advise the parent/guardian of the steps taken and the drop off location of the child. An [HCJFS 3303 – Transportation Incident Report](#) will be submitted within 24 hours to Transportation Services and the DT/PH facility.

**Suspension
and/or
Termination of
Contracted
Services**

Cab/van transportation may be suspended if there are **three** occasions within a school year in which no responsible party is home for the return of the child. In the case of suspended cab/van service, Transportation Services will request that the caseworker and/or the DT/PH site staff develop workable solutions with the parent/guardian to restore service. Additional infractions, occurring after restoration of services, may result in termination of cab/van services.

Transportation Services may:

- Suspend the child from cab/van transportation (until the parties named above provide 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

Prior to suspending cab/van service, the Transportation Services Supervisor will notify the Children's Services worker/supervisor of the proposed suspension and change in transportation mode for any children in HCJFS custody.

**Waiver for 13-17
Year Old Youth**

A parent/legal guardian may request waiver of the drop off which would allow the contracted vendor to drop off youth, ages 13-17, at home with no adult present. The waiver is initiated by the parent/legal guardian who must complete the waiver in the presence of a staff member of the DT/PH location requesting transportation for the child. The staff member must also sign the waiver as a witness to the signature. If the youth is in the custody of HCJFS, no witness signature is required at the DT/PH location. The signature of the caseworker will be obtained internally.

The waiver is sent to TransportationServices@jfs.hamilton-co.org. The waiver is scanned to the OnBase document imaging system and emailed to the contracted vendor with notification of an effective date no later than five days from the date of receipt.

This waiver applies only to the child in question. This does not apply to siblings under the age of thirteen (13). A minor child cannot serve as the responsible adult for the siblings.

The HCJFS 3305 – Transportation Services Consent Form is still required for the child, as the consent also includes emergency contacts and signature of the parent/legal guardian indicate acceptance of the terms of behavior on van transport.

ATTACHMENT L

Complaint Process

TRANSPORTATION SERVICES PROCEDURAL MEMO

TSPM #:	016-J	OAC Reference:	
Effective Date:	Immediate	COA Reference:	
Approved By:	Judy Leonard	Cross Reference:	
Approval Date:	9/21/17	Obsoletes:	016-I

NET Complaint Process

Purpose	Complaints are strictly for contracted vendor performance issues , based on the contractual agreement between HCJFS and the vendor.
Definition	Common examples of complaints are late vans, late pick-ups, absent monitors (assigned to a route or child), lack of adherence to proper use of child safety seats, improper transfer of custody and driver/monitor behavior.
Process	<p>Complaints received via the Call Center may be transferred to the “We Care” line monitored by MTM. When a complaint is submitted via email, the protocol is to submit an email to all of the following individuals:</p> <p>Shelly Fields sfields@mtm-inc.net Courtney Nolle cnolle@mtm-inc.net QM Complaints QM@mtm-inc.net</p> <p>Copy in: Judy Leonard leonaj@jfs.hamilton-co.org Rosemary Hain hainr@jfs.hamilton-co.org Ryan Walters rwalters@ride-right.net Terri Smith tsmith@ride-right.net Jack Hempstead jhempstead@ride-right.net</p> <p>Updates to the list are sent via email to NET staff and external partners such as DT/PH locations, dialysis clinics, visitation programs, etc.</p> <p>Once a complaint is received, MTM Complaints acknowledges receipt and assigns a unique identifier based on the specific trip identification number and client’s last name.</p> <p>All complaints are ultimately resolved through the complaint process even when there is early intervention by Ride Right or HCJFS. This is necessary to provide full and accurate documentation of complaints. Throughout any email chain on the complaint, please “reply all”, so that all parties can follow the course of the resolution.</p> <p>Monthly Quality reports are submitted to NET by MTM Complaints. These reports are submitted after the 10th of the month for the previous month. By agreement, weekly resolution reports and monthly quality reports are also sent by MTM Complaints to the identified site contacts for external requestors of cab/van services.</p>
General Guidelines	<p>To properly identify and track complaints through resolution, all parties (internal and external) must:</p> <ul style="list-style-type: none"> • Keep each email to one type of complaint and one event (multiple kids can be part of one complaint if it is one event, such as a late van). • Provide the name of the child involved in the complaint and the date of the incident. • Submit a new complaint; don’t add to a complaint which is already in the response/resolution process.

**Scheduling
Questions**

If a problem is believed to have originated in NET **scheduling**, all parties should:

- Program - Verify the information on the **monthly spreadsheet** sent by NET.
 - Program/NET - Review the requisition submitted by the requesting party.
 - NET - Review the Transportation Services database.
 - NET - Managerial review, if required, of the file transfer process
 - All - Resolve any discrepancies and correct for future appointments.
-

ATTACHMENT M

Transportation Authorization Orders

File Layout

MONTHLY Vendor's File Layout (Vendor returns this file to HCJFS)

File Name: **EMTVendor_invoice_YYYYMMDD.txt**

<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)	Vendor will fill in and return Status of trip. 9999.99 Vendors Charge for the trip

PROCESS & SPECIFICATIONS

3. Vendor Monthly File Submission & Invoice Specification

- a. The Vendor uses the trips in the Vendor database to formulate the final invoice
- b. The vendor sends the signed Summary Invoice as defined outside of this process
- c. The vendor sends the details (cost of individual trips and status) to HCJFS in an ASCII file
- d. The detail submission must match the final invoice
- e. If trips are missing from the vendor database, the vendor must contact the HCJFS NET worker and have the missing trips added to the HCJFS database as CALLED IN. These trips will then be sent to the vendor with the daily file submission.
- f. Once the vendor has all the trips in their database that are relevant to the final invoice, the vendor will export a file containing.
 - TRIP_ID (key)
 - TRIP_LEG_ID (key)
 - Final Status Of Trip (3=NO SHOW, 2=CANCELED, 9=COMPLETED)
 - Charge for Trip (\$9999.99)
- g. The vendor writes the Invoice detail records to the HCJFS secure FTP server in the MTM folder as EMT_VENDOR_INVOICE.TXT
- h. HCFS retrieves the invoice file, updates the HCJFS trip files and prints a Final Invoice Detailed Report to reconcile against the Summary Invoice. (Note: only records with valid HCJFS assigned TRIP_ID & TRIP_LEG_ID combination key will be updated.

File Layout

Daily Vendor's File Layout

<u>Field</u>	<u>Datatype</u>	<u>Description</u>
TRIP CATEGORY	Varchar2(15) Not Null	Derived from Purpose (PRS, PRS CS, MEDICAL, DAY TREATMENT, NET CS)
TRIP_PURPOSE	Varchar2(61) Not Null	Purpose of Client's Trip
TRIP_DATE	Date(10) Not Null	MM/DD/YYYY Trip date
LAST_NAME	Varchar2 (26) Not Null	Client's Last Name
FIRST_NAME	Varchar2 (26) Not Null	Client's First Name
APPT_TIME	Varchar2(10)	HH:MM AM Time of Client's appointment.
TRIP_ID	Number(11) Not Null	Trip ID
TRIP_LEG_ID	Number(11) Not Null	Trip Leg ID
TRIP_STATUS	Varchar2 (61) Not Null	Status of trip.
SSN	Varchar2(10) Not Null	Client's SSN
CLIENT PHONE NO.	Varchar2(11)	Client's Phone Number
PICKUP_ADDRESS	Varchar2 (99) Not Null	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) Not Null	Address of 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(40)	Client's Mobility Aide (ex: 2 Car Seats, 1 Booster)
NO_RIDERS	Number (5) Not Null	Number of riders for trip.
WORKER_NAME	Varchar2(41) Not Null	HCJFS Workers first/last name
COMMENTS	Varchar2 (201)	Comments regarding trip
MONITOR	Varchar2(6)	NEEDED, MALE or FEMALE (null = no monitor)
AUTHORIZED_REP	Varchar2(52)	authorized representative First and Last Name (Children Services Only Trips, If Applicable)
DROPOFF_CONSENT	Varchar2(3)Not Null	Consent Drop-off (Yes/no field)
SUB_CONTRACTOR	Varchar2(20)	Sub Contractor
LAST_UPDATE_DATE	date/time Not Null	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

PROCESS & SPECIFICATIONS

1. Vendor Daily File Submission Process

- a. The daily file will be automatically generated twice daily (at 12:00 and 3:00)
- b. A version of the daily file containing Urgent trips (scheduled to occur in 2 days or less) will be generated every 30 minutes (at n:55 and n:25)
- c. The Daily and/or Urgent file will be placed on the FTP server in the vendor's folder
- d. These files will have a date and time stamp appended and will remain on the server for 30 days
- e. The vendor will download the files from the FTP server (AFTER 12:00pm AND 3:00pm AND EVERY 30MINUTES AS NEEDED) (note: this is best done in an automated process that only processes the newly added files)
- f. The vendor will upload the Daily/Urgent file to a database structure for processing. This structure should use the unique key of combined TRIP_ID & TRIP_LEG_ID. Process as follows:
 - i. Trip Status = 1 (PENDING), This is a new trip to be scheduled
 - ii. Trip Status = 7 (CALLED IN) this trip was called in and may already be completed, add to data base for invoice purposes
 - iii. Trip Status = 4 (CHANGED) this is a change to a trip that was previously sent, locate the prior record by the key and make the changes
 - iv. Trip Status = 2 (CANCELED) this is previously sent trip that should be canceled, locate the prior record by the key and cancel the trip

2. Vendor Daily File Submission Specification

- a. The daily file will be automatically generated twice daily (at 12:00 and 3:00)
- b. A version of the daily file containing Urgent trips (scheduled to occur in 2 days or less) will be generated every 30minutes
- c. Sort Criteria
 - Sorted by 3 Categories (Purpose of Trip)
 - Sorted by date of Trip within Category
 - Sorted by Client's Name within Date
 - Sorted by Trip Appointment time within Client
- d. Contains Fields

Header

 - Category Header (PRS, Day Treatment, Medical, **EMT CS, PRS CS**)
 - Date of Trip Header

Details

 - Trip Number and Leg Number
 - Submission Type (4 = CHANGED, 1= PENDING, 2=CANCELED, 7=CALLED IN)
 - Client's name (detail)
 - Client SSN
 - Client's Phone Number
 - Trip Appointment Time
 - Pickup Address
 - Pickup Provider
 - Drop off Address
 - Drop off Provider
 - Mobility Aid (**2 Car Seat, 1Booster Seat**)

- Number of Riders
- Workers Name
- Comments for Vendor
- Modification Date and Time Stamp

File Layout

MONTHLY Vendor's File Layout (Vendor returns this file to HCJFS)

File Name: **EMTVendor_invoice_YYYYMMDD.txt**

<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 Vendor will fill in and return Status of trip.
COST	Currency (4,2)	9999.99 Vendors Charge for the trip

PROCESS & SPECIFICATIONS

3. Vendor Monthly File Submission & Invoice Specification

- The Vendor uses the trips in the Vendor database to formulate the final invoice
- The vendor sends the signed Summary Invoice as defined outside of this process
- The vendor sends the details (cost of individual trips and status) to HCJFS in an ASCII file
- The detail submission must match the final invoice
- If trips are missing from the vendor database, the vendor must contact the HCJFS NET worker and have the missing trips added to the HCJFS database as CALLED IN. These trips will then be sent to the vendor with the daily file submission.
- Once the vendor has all the trips in their database that are relevant to the final invoice, the vendor will export a file containing.
 - TRIP_ID (key)
 - TRIP_LEG_ID (key)
 - Final Status Of Trip (3=NO SHOW, 2=CANCELED, 9=COMPLETED)
 - Charge for Trip (\$9999.99)
- The vendor writes the Invoice detail records to the HCJFS secure FTP server in the MTM folder as EMT_VENDOR_INVOICE.TXT
- HCFS retrieves the invoice file, updates the HCJFS trip files and prints a Final Invoice Detailed Report to reconcile against the Summary Invoice. (Note: only records with valid HCJFS assigned TRIP_ID & TRIP_LEG_ID combination key will be updated.

ATTACHMENT N

Examples of Providers and their Locations

Program Name	Program Location
Beech Acres	3325 Glenmore Ave Cincinnati OH 45211
Beech Acres	3343 Glenmore Ave Cincinnati OH 45211
Camelot (Mt Healthy)	7711 Joseph St. Cincinnati OH 45231
Camelot (Northwest)	3312 Compton Rd Cincinnati OH 45251
Camelot Community Care	3900 Cottingham Cincinnati OH 45241
Children's Home	5014 Madison Rd Cincinnati OH 45227
Children's Home	5050 Madison Rd Cincinnati OH 45227
TIP Children's Hospital	2850 Winslow Ave Cincinnati OH 45206
Glad House	1994 Madison Rd Cincinnati OH 45208
St. Aloysius	4721 Reading Road Cincinnati OH 45237
St. Joseph	5400 Edalbert Drive Cincinnati OH 45239
Positive Leaps	5900 West Chester Rd West Chester OH 45069