Emergency Department (ED) Coordinated Care Program
August 2018
Request for Proposals
Response to Questions

The following are responses to questions regarding the "Emergency Department (ED) Coordinated Care Program, August 2018, Request for Proposals," previously released on August 17, 2018. These responses are hereby incorporated into the Request for Proposals ("RFP"). Any and all contrary or substitute statements, representations, or declarations encompassed within the previously issued RFP are hereby superseded by this response. Any and all additions or clarifications contained herein constitute supplemental information to be considered in addition to any previous information contained in the RFP. This response is being provided to all potential Applicants that submitted questions and all known potential Applicants who registered via e-mail in accordance with the Legal Notice. A copy of this Response will also be included with the RFP available on Franklin County Public Health's website at https://myfcph.org/fiscal-services, or may be obtained at its office at 280 East Broad Street, Columbus, Ohio 43215-4562. Additionally, the website has been recently updated, consistent with the published Legal Notice and Request for Proposals, to indicate that Franklin County Public Health will accept proposals at its office at 280 East Broad Street, Columbus, Ohio 43215-4562, until 12:00 p.m. on September 7, 2018.

1. The Scoring Tool refers to an RFP Cover sheet, but I have not seen this document. Do you have a standard form, or is this something we can create including basic information about the project?

Response: Responses by corporations must be executed in the corporate name by the president or a vice-president (or other corporate officer accompanied by evidence of authority to sign such proposal) and attested by the secretary or assistant secretary of the corporation. The corporate address and state of incorporation must be shown below the signature. Each submission by a corporation must include the Corporate Affidavit (Exhibit A). Each corporate entity must also submit evidence of good standing in the state of incorporation and that the corporation is qualified to conduct business in the State of Ohio. Each submission by a partnership must be executed in the partnership name and signed by a partner, whose title, if any, must appear under the signature. Proper evidence of the authority of the partner who signs the response must accompany the submission. The official address of the partnership must be shown below the signature. Every response shall be signed and, if necessary, shall be accompanied by an appropriate power of attorney. Attorneys-in-fact who sign any documents must include a valid power of attorney with the submission.

If a Respondent is not qualified to conduct business in the State of Ohio, the Respondent must represent and warrant to the Franklin County Public Health that the Respondent will take all

necessary steps to qualify to conduct business in Ohio, should the Respondent be issued a Notice of Award. The failure of the Respondent to submit evidence of its qualification to conduct business within the State of Ohio within fourteen (14) days of Notice of Award shall terminate the award.

Each Respondent shall execute and submit a Non-Collusion Affidavit (Exhibit B) and the Personal Property Taxes Affidavit (Exhibit C) at the time of submitting the response. Each Respondent shall complete and attach a Qualifications and Financial Capability Statement, explaining in detail the experience of the Respondent in performing similar work. The Qualifications and Financial Capability Statement shall include a list of management employees who will supervise performance of the services. The Qualifications and Financial Capability Statement shall also include appropriate business and bank credit references with contact information who can be contacted to verify the financial condition of the Respondent. Franklin County Public Health reserves the right to request additional information with respect to the qualifications and financial condition of any and all Respondents, their subcontractors or personnel, which must be provided in writing within five (5) days of any such request.

2. How do you define healthcare system? Is there a set organizational structure that FCPH is looking for in grant submittals? If so, what is that structure?

Response: A coordinated care approach for complex chronic conditions has repeatedly shown marked positive influence on disease trajectory (Brennan-Ing M, Seidel L, Rodgers L, et al.). This project requires a comprehensive treatment strategy, which is likely to be more successful in achieving lasting effects, for patients with opioid use disorder. (Weiss RD, Griffin ML, Potter JS, et al. Who benefits from additional drug counseling among prescription opioid–dependent patients receiving buprenorphine-naloxone and standard medical management? Drug Alcohol Depend. 2014;140:118-122). Therefore, treatment will require multiple interventions from multiple sources inside and outside of the ED setting (e.g., medication-assisted therapy, psychological interventions, social support and case management to name a few). A successful proposal will demonstrate the role that various departments and programs within the hospital setting will perform and how they will work with external agencies in the treatment of individuals with Opioid Use Disorder, creating a healthcare system that wraps around the patient. FCPH is NOT looking for a specific organizational structure.

3. What is the likelihood of sustainability of the program beyond this grant year? Is there a potential for additional dollars for contribution of the program after September 2019?

Response: The Deliverables in the RFP assume that the development and integration of the systems will be sustainable going forward. As far as future grant opportunities, potential applicants are encouraged to contact either the Ohio Department of Health or the Centers for Disease Control and Prevention (CDC).

4. Will FCPH be providing a budget template?

Response: No, however, Section V of the RFP, paragraph 1(a) requires that Respondents submit a detailed work plan that identifies the total cost for each deliverable and components of this project proposal to be approved by FCPH and in accordance with the Ohio Department of Health.

5. Will FCPH be available to partner with the awardee on naloxone distribution?

Response: No.

EXHIBIT A

CORPORATE AFFIDAVIT

(To be filled in and executed if the Contractor is a Corporation.)

STATE OF OHIO
COUNTY OF _____ ss:

_____, being duly sworn, deposes and says that he/she is Secretary of the _____, a Corporation organized and existing under and by virtue of the laws of the State of Ohio, and having its principal office at:

_____
Street Address/City/State/Zip Code

AFFIANT further says that he/she is familiar with records, minutes, books, and bylaws of the:

_____
Name of Corporation

AFFIANT further says that:

_____
Name of Officer/Title

is duly authorized to sign the Agreement for the following:

_____
Name of Agreement

for said Corporation by virtue of:

_____
(State whether a provision of bylaws or resolution by Board. If resolution, give date of adoption.)

_____
Signature

Sworn to before me and subscribed in my presence this ____ day of _____, 201__

_____
Notary Public
My Commission Expires:

EXHIBIT B

NON-COLLUSION AFFIDAVIT

State of Ohio

County of _____

Identification: Emergency Department (ED) Coordinated Care Program

Respondent _____,
(Name)

being first duly sworn, deposes and says that he is _____of
(sole owner, a partner, president, etc.)

_____,
(company name)

the party making the foregoing RESPONSE; that such RESPONSE is not made in the interest of or on behalf of any undisclosed person, partnership, company, association, organization, or corporation; that such RESPONSE is genuine and not collusive or sham; that said RESPONDENT has not directly or indirectly induced or solicited any other RESPONDENT to submit a false or sham RESPONSE, and has not directly or indirectly colluded, conspired, connived, or agreed with any RESPONDENT or anyone else to submit a sham RESPONSE, or that any one shall refrain from bidding; that said RESPONDENT has not in any manner, directly or indirectly, sought by agreement, communication or conference with anyone to fix the RESPONSE price of said RESPONDENT or of any other RESPONDENT, or to fix any overhead, profit, or cost element of such RESPONSE price, or of that of any other RESPONDENT, or to secure any advantage against the entity awarding the contract or anyone interested in the proposed contract; that all statements contained in such RESPONSE are true; and, further, that said RESPONDENT has not, directly or indirectly, submitted his RESPONSE, or the contents thereof, or divulged information or data relative thereto, or paid and will not pay any fee in connection therewith, to any corporation, partnership, company, association, organization, or to any member or agent thereof, or to any other individual except to such person or persons as have a partnership or other financial interest with said RESPONDENT in his general business.

Signed:_____

Subscribed and sworn to before me this
_____ day of _____ , 201__

Seal of Notary

_____
Notary Public

EXHIBIT C

PERSONAL PROPERTY TAXES AFFIDAVIT
(ORC 5719.042)

STATE OF OHIO
COUNTY OF _____ ss:

The AFFIANT, being first duly sworn, states that he/she is the

_____
Title and Name of Company

and that he/she or _____
Name of Company

was:

(1) NOT CHARGED with any delinquent personal property taxes on the general tax list of personal property of _____, Ohio, at the time of submitting the response to the Emergency Department (ED) Coordinated Care Program, August 2018, Request for Proposals.

(OR)

(2) CHARGED with delinquent personal property taxes on the general tax list of personal property of _____, Ohio, at the time of submitting the response to the Emergency Department (ED) Coordinated Care Program, August 2018, Request for Proposals and attached hereto is a statement setting forth the amount of such due and unpaid delinquent taxes and any due unpaid penalties and interest thereon.

FURTHER AFFIANT saith naught:

COMPANY AFFIANT AND TITLE

_____ _____

Sworn to before me, a Notary Public, this _____ day of _____, 201__.

_____
Notary Public
My Commission Expires: