

**Request for Proposal 07.08.0311
for
Medical Consulting Services**

ADDENDA

Official addenda will be mailed to all known prospective providers if changes, additions or deletions are deemed necessary.

ADDRESSING YOUR BID

To assure that your proposal receives priority treatment within our mailing system, please follow the label form as below:

Bid # 07.08.0311	Bid Due Date & Time: 9/21/07, 5:00 p.m.
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Steps to Success
Mt. Hood Community College
1415 SE 122nd Avenue
Portland, OR 97233

All bids must be received by the Steps to Success office, 1415 SE 122nd Avenue, Portland, OR 97233 prior to the bid closing date and time shown above.

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Part I. SUBMITTAL OF PROPOSALS

Interested organizations may submit responses to this invitation by completing the requested documentation herein and submitting to:

Location: Steps to Success
Mt. Hood Community College
1415 SE 122nd Avenue
Portland, OR 97233

Submittals may be received via paper copy within a sealed envelope marked with the words:

Response to RFP 07.08.0311 Medical Consulting Services

Submittals may also be sent via fax or email. Fax: 503-256-5503. Attn: Molly McKelvey. Fax cover sheet must be marked with the words:

Response to RFP 07.08.0311, Medical Consulting Services

Email address: Molly.McKelvey@mhcc.edu. Subject line of email must contain the words:

Response to RFP 07.08.0311, Medical Consulting Services

Submittals must be received by:

Date: 09/21/07
Time: 5:00 p.m.

Delivery is the sole responsibility of the Proposer. Proposals not received by the deadline will be disallowed and returned unopened. The college is not responsible for delay or problems in receiving proposals sent via fax and email.

Steps to Success, Mt. Hood Community College
Molly McKelvey, Grants & Contracts Coordinator,
Economic and Workforce Development.

SCHEDULE OF EVENTS

Issue RFP----- 9/03/07
Close RFP (proposals due)----- 9/21/07
Interviews, if necessary----- 9/26/07
Determine finalist /apparent winner----- 9/28/07
Contract Signed by ----- 9/30/07

Part II. INTRODUCTION and SCOPE OF WORK

1. STATEMENT OF INTENT

It is the intent of MHCC to provide an equal and open opportunity in the selection of a Subcontractor, herein referred to as Contractor, to provide Medical Consultant services to clients of the Department of Human Services, hereafter called **Department**. Services are to be provided October 1, 2007 through June 30, 2008. It is also our intent to be mindful of the cost of such services and will attempt to secure a competitive schedule of charges from the most responsive and responsible service provider.

2. RATIONALE

MHCC, through the Steps to Success Program, hereafter called **STS**, is the Prime Contractor for the JOBS program in Multnomah County. STS is a jointly administered program of MHCC and Portland Community College. STS collaborates with education, training, employment and health and social service organizations to assist those in poverty reach economic self-sufficiency.

In its capacity as the JOBS Contractor, STS assists DHS in providing targeted services to Department clients. DHS and STS recognize the need for Medical Consulting services to evaluate and recommend next steps for TANF clients claiming medical exemptions for movement into Supplemental Security Income (SSI) or JOBS activities.

MHCC issues this Request for Proposal to identify high-performance operators and partner agencies to provide Medical Consulting services for Department clients.

STS is of the opinion that its program services can be enhanced through subcontract relationships with community partners thereby leveraging resources and reducing duplication of effort in service delivery to mutual clients.

Use of subcontractors will have no adverse impact upon MHCC or STS and its mission, the members of the Board of Education, faculty and staff, Department clients, or any individual or any associated or affected entity.

3. SCOPE OF WORK

Contractor shall provide services to Temporary Assistance to Needy Families (TANF) Clients for whom medical, mental health, alcohol and drug issues may be some of the barriers that hinder their ability to become self sufficient. The primary responsibility of the contractor is to evaluate and recommend next steps for TANF clients claiming medical exemptions, for transition into either Supplemental Security Income (SSI) or Job Opportunity and Basic Skills (JOBS) activities. These services shall be performed at multiple self sufficiency sites in Service Delivery Area (SDA) 2 located in Multnomah County, Portland, Oregon.

A. Contracted Agency shall provide the following services to Department of Human Services (DHS) TANF Clients:

1. Obtain and review medical information from medical providers for clients who feel they are unemployable or have work restrictions due to medical issues.
2. Meet with TANF clients who are in need of medical exemptions to determine barriers and perform screening and evaluation services. Provide referrals to health and medical services including: mental health, alcohol and drug, community health services and appropriate support groups.
3. Consult with service providers to identify the clients' diagnosed condition and identify which activities the clients are capable of completing.

4. Act as liaison between medical providers, TANF clients and DHS staff, and organizations that collaborate with DHS. Work to improve client access to services, resolve problems that may interfere with clients' participation in the JOBS program, and identify/avoid duplication of services.

B. Contracted Agency shall provide the following services for DHS Staff and JOBS Program:

1. Assist DHS staff with assessment of clients with medical issues and development of appropriate self-sufficiency plans.
2. Obtain medical information from medical providers, verify medical information provided by the clients, and interpret medical information for the staff. Make recommendations and referrals as appropriate.
3. Converse with and educate medical providers regarding the JOBS Program and obtain information on the clients' ability to participate.
4. Provide recommendations regarding case progression at SSP staffings, at the Medical Review Team (MRT) meetings and various community meetings as requested by DHS.
5. Provide education to DHS staff and other community partners about medical/health issues, specifically how these issues affect clients' effort to become employable and achieve maximum self-sufficiency.

C. Contracting Agency shall also provide the following services and assistance as a means to meet the needs of DHS, SSP requirements and expectations:

1. Submit timely and accurate attendance reporting information to the designated administrative staff using the designated SSP forms.
2. Document client contact in TRACS narratives and disability screens, following DHS guidelines for narrations of:
 - outcome of health and functional limits assessments
 - medical capabilities and limitations, and recommendations related to employability
 - client and family needs and self-sufficiency issues
 - referrals made
 - family stability and helping the family become as self-sufficient as possible
3. Contracted Agency staff must maintain a physical presence at the designated SSP sites. Contractor must be flexible with the schedule and method of provision of services in order to fulfill the requirements and expectations of SSP.
4. Contractor will participate as a part of the Service District Area (SDA) team that will assess clients' medical strengths and barriers relating to their employability, achieving self-sufficiency and family stability.

D. Other Considerations-Contracted Agency agrees to:

1. Recruit, screen, and hire personnel to provide the services outlined in the Agreement. DHS reserves the right to accept or reject the personnel assigned to the local office to provide the services to DHS clients.
2. The Contracting Agency assumes responsibility for hiring staff who meet the qualifications required to perform the services as outlined in the Agreement.

- a. Have a bachelors' degree in Medicine, Psychology, Nursing, Pharmacy, Rehabilitation Counseling, Vocational Rehabilitation or a closely related field;
OR
 - b. Three (3) years of responsible pertinent experience which provided a knowledge of human anatomy and physiology, physical and mental impairments, how the impairments affect work performance and treatment, prognosis and duration for mental and physical impairments (e.g. Nurse, Psychiatric Aide, Medical Assistant, Bodily Injury Claims Adjudication, etc.)
OR
 - c. An equivalent combination of experience and education that would typically lead to the required knowledge and skills.
3. Contract Agency staff may be required to work from multiple sites at the local DHS offices and JOBS Contractor sites, depending upon client and program needs. Contracting Agency staff person(s) will work from a mutually agreed upon schedule and be accessible to DHS clients, DHS staff, and JOBS Contractor staff.
 4. Ensure Agreement services are provided in conjunction with the requirements and clients' participation expectations of DHS, SSP.
 5. Participate in meetings determined necessary to ensure the smooth implementation and ongoing success of the Agreement.
 6. Provide the services and hours agreed upon in the Agreement, for the duration of the Agreement. (insert specific hours i.e. 160 week)

E. DHS agrees to:

1. Provide access to a work space at the local DHS office or JOBS site for Agency staff to provide client services necessary to meet the needs of DHS clients.
2. Provide Agency staff access to DHS computer systems as necessary to carry out the terms of this Agreement.
3. Provide DHS specific and related training (i.e. Group Wise and TRACS self-sufficiency software programs) necessary for the selected Agency staff to adequately provide Agreement services.
4. Provide Agency staff with access to DHS office machines when working with DHS clients as necessary to provide the services of this Agreement.
5. Collaborate with partners to develop internal processes and procedures which will support the success of this Agreement.
6. Provide an Agreement liaison to support the smooth implementation and ongoing success of this Agreement.
7. Participate in meetings determined necessary to ensure the smooth implementation and ongoing success of this Agreement.

F. Contract Budgets:

The estimated figures may not reflect the figures that may be negotiated, and that will be in a contract, if awarded. This estimate is supplied for information and approximation use only.

Estimated Budget for contracted services for the period October 1, 2007 - June 30, 2008 for Medical Consultant Services described above: \$145,000

October 1, 2007 – June 30, 2008 represents the initial period of contract services. Contracts will be established on a cost reimbursement basis with allowable costs limited to those reasonable and necessary for the effective and efficient performance of contract services.

PART III: GENERAL REQUIREMENTS

1. DOCUMENTATION OF CONTRACTOR QUALIFICATIONS

All organizations must meet a minimum level of administrative and fiscal capacity in order to contract with MHCC. Therefore, all applicants given provisional awards must provide the following Documentation of Qualifications with this Request for Proposal. Failure to satisfactorily provide the following documentation could result in cancellation of award and failure to contract.

- A. Legal Entity (Proof of Incorporation, 501(c)(3), etc.) and Qualifications to do business in Oregon. <Must submit document proving legal entity and qualifications to do business in Oregon.>
- B. Written Personnel Policies <Must submit table of contents of personnel policies.>
- C. Written Conflict of Interest Policy for Staff and Board <Must submit copy of Conflict of Interest.>
- D. Written Grievance Procedure of Customers/Clients <Must submit copy of grievance procedure.>
- E. Ongoing Quality Assurance Process for Services <Must submit descriptions of process.>
- F. Annual Budget of \$145,000. <Must submit an annual budget document.>
- G. More than one funding source <Must submit revenue documentation.>
- H. Proven Fiscal Capacity including Capacity for Fund Accounting <Must submit a short summary of the organization's cost allocation plan. Must submit bound copy of most recent formal audit completed within last 2 years. Must satisfactorily address all findings.>
- I. Good Financial and Management Standing <Must provide a detailed description of any legal complication that involves the organization and may impact its ability to provide management and/or services. A declaration that no such complications exists will suffice for the purposes of this RFP.>
- J. Has (or is able to obtain) up to \$1,000,000 liability, motor vehicle, and Worker's compensation insurance. <Must submit certificate of insurance with contract.>
- K. Completion of Appendices <Must complete the forms attached as Appendices to this RFP.>

Documentation of Qualifications Submission

*Enclose all requested information listed. *Do not include any information that is not specifically requested.

2. Contractor Responsibilities

Program success is contingent upon the ability of the Contractor to meet the demands of managing and administering the program in a dynamic environment. Contracts awarded will be based on cost reimbursement with allowable costs limited to those reasonable and necessary for the effective and efficient performance of the contract services. Partial payment may be withheld for failure to meet Contract performance goals.

Contractor responsibilities include but are not limited to:

- *Program operations and fiscal management
- *Monitoring/evaluation
- *Timely monthly billings and service reports

- *Final meeting(s)/report/evaluation with DHS and STS staff regarding service delivery
- *Cooperation and coordination with DHS, STS and Department staff and other Contractors doing related work.

PART IV. CONTRACTUAL PROVISIONS

COMPLIANCE WITH ALL GOVERNMENT REGULATIONS: Contractor shall comply with all federal, state and local laws, codes, regulations and ordinances applicable to the work to be performed under this contract. Failure to comply with such requirements shall constitute a breach of contract and shall be grounds for contract cancellation. Damages or costs regulating from non-compliance shall be the sole responsibility of Contractor.

MHCC shall not be liable for any costs incurred in the preparation and presentation of proposals.

By proposal submission, proposers agree to all requirements, terms and conditions contained in the Request for Proposal. After determining that a proposal meets and satisfies the written DOCUMENTATION OF CONTRACTOR QUALIFICATIONS requested in this RFP, Part III, Section 1, the comparative assessment of the relative benefits of the proposal in relation to the published evaluation criteria shall be made by using the professional judgment by a Proposal Evaluation Committee. The award of a contract resulting from this RFP shall be based on the best proposal received in accordance with the evaluation criteria.

PART IV. PROPOSAL FORMAT, CONTENTS AND ANALYSIS

1. SPECIFIC PROPOSAL REQUIREMENTS

A. Transmittal Letter Maximum of 2 pages

Address the Proposer's understanding of the objective of the services to be provided. It is appropriate to list the names of persons authorized to represent the Proposer, their titles, addresses and telephone and fax numbers and e-mail addresses. The letter must contain a statement that no attempt has been made or will be made by the Proposer to induce any other person or organization to submit or not submit a Proposal.

B. Documentation of Contractor Qualifications As Needed

Submit the information requested in Part III, Section 1., DOCUMENTATION OF CONTRACTOR QUALIFICATIONS, A through K. If proposal is sent by fax or email, this information must still be included.

C. Proposal Narrative (Technical) Section Maximum of 10 pages

1) PROGRAM DESCRIPTION

Please provide a brief overview of proposed project.

- How will the proposed program fit into your organization's mission and goals?
- Describe whether you can provide services at multiple locations, and, if so, how these services would be provided.
- Describe your past experience and results delivering services in similar projects and/or to similar populations. Your response must address barriers to employment and your strategies for reducing them.

2) OUTCOMES

Please describe your performance objectives.

- Include the total number and a detailed description of the positions to be provided. Indicate specified outcomes, methods and/or tools you will use.
- What (if any) additional outcomes will be part of your program?
- How will you evaluate the effectiveness of the program on an on-going basis?

3) IMPLEMENTATION

What is the plan for implementation of the project? What activities or steps will be taken? What is the timeline for project implementation? When will the project be complete?

4) COLLABORATION

Identify what your organization believes to be the three most critical aspects of a) effective collaboration with community organizations and b) the maintenance of that effective collaboration. Provide examples of how your organization presently coordinates the delivery of services with the Department and/or STS and other workforce training partners.

5) PERFORMANCE MONITORING

Describe the methods by which Proposer will record, monitor and report to STS and Department on the activities, progress and outcomes achieved by individual participants of this Program.

D. Staffing Qualifications

Attach the staffing qualifications and job descriptions of those staff that would perform, if awarded, contract related services and functions.

E. References

Maximum of 2 pages

Provide the agency name, plus the contract administrator's name, title and telephone of not less than three agencies for which your organization has provided comparable services within the last three years. Utilize the PROPOSER REFERENCE FORM attached in the Appendices.

F. Cost Proposal

Maximum 2 pages

Submit the Cost Proposal separate from the proposal, and clearly identified with RFP number, date and time of closing and the words "Cost Proposal." Costs shall not be included in the proposal. Proposer must include a statement that any submitted response and costs shall remain valid for sixty (60) days after the proposal due date or until a contract is approved, whichever comes first. All information relating to the Cost Proposal must be submitted in a sealed envelope.

- 1) Provide a line item budget which includes the total funds being requested under this RFP. Utilize the BUDGET FORMAT attached in the Appendices.

- The budget must contain full descriptions of positions, salaries, and benefits of employees; all categories of direct operational costs to perform the services proposed, and indirect costs. Indirect Costs shall mean any costs not directly related to operating program activities. Examples of indirect costs are as follows:

--General administration and general expenses which do not relate solely to any major function of the organization and may include: finance/business/budget and planning office, personnel office, management information systems, etc.

2) On a separate page, attach a budget narrative:

- Give a brief and concise explanation of each budget item in the same order as the line item budget.
- Include method and/or formula for estimating each line-item figure.
- For personnel costs include personnel justification that lists job titles, rate of pay/fringe, and FTE or anticipated time to be spent in project activities.
- When indirect cost rates or allocation plans are used, a full explanation of such rates, formulas or plans must be included.

Contractor administrative amounts should be determined based upon administrative functions. When indirect cost rates or allocation plans are used, a full explanation of such rates, formulas or plans must be included.

2. EVALUATION AND AWARD CRITERIA

Submittal Requirements	100%	50 points total
A. Transmittal Letter	--	0 points
B. Documentation of Contractor Qualifications	--	Pass/fail
C. Proposal Narrative (Technical) Section		
Question C. 1. (Program Description)	10%	5 points
Question C. 2. (Outcomes)	10%	5 points
Question C. 3. (Implementation)	20%	10 points
Question C. 4. (Collaboration)	20%	10 points
Question C. 5. (Reporting)	10%	5 points
D. Staffing Qualifications	20%	10 points
E. References	--	0 points
F. Cost Proposal	10%	5 points
TOTAL	100%	50 points

A. Awarding of Points

Maximum point values are assigned to indicate the relative importance of each category. All final scores will be rounded to the nearest whole number. Proposers are to retype the Proposal Requirement/Question and respond directly below. Failure to do so may result in reduced scoring and/or rejection due to failure to comply with the requirements of the RFP.

B. Evaluation criteria

Only after final determination of points given for submitted requirements (A through E above), the points for Cost Proposal (F above) shall be assigned based upon the line item budget and budget narrative submitted. There is a maximum of 15 points for the Cost Proposal.

Maximum points for Proposal = 50

The proposer with the highest number of total awarded points shall be the apparent winner.

APPENDICES - PROPOSER REFERENCE FORM

References of Comparable Service Requirements

A. Organization Name	
Address	
Name of Reference (Contact Person)	
Position Title	
Telephone	
Service Date	
Type of engagement/ Services Provided	

B. Organization Name	
Address	
Name of Reference (Contact Person)	
Position Title	
Telephone	
Service Date	
Type of engagement/ Services Provided	

C. Organization Name	
Address	
Name of Reference (Contact Person)	
Position Title	
Telephone	
Service Date	
Type of engagement/ Services Provided	

Proposers may submit additional references and applicable information.

APPENDICES - CERTIFICATION OF COMPLIANCE WITH TAX LAWS

I, the undersigned duly authorized representative of the bidder (proposer), hereby certify that the bidder (proposer) is not, to the best of my knowledge, in violation of any Oregon tax law. For purpose of this certification, "Oregon Tax Laws" are ORS Chapters 118, 119, 314, 316, 317, 318, 320, 321 and 323, and Sections 10 to 20, Chapter 533, Oregon Laws 1981 as amended by Chapter 16, Oregon Laws 1982 (Special Session); the Homeowners and Renters Property Tax Relief

Program under ORS 310.630 to 310.690; and any local tax laws administered by the Oregon Department of Revenue under ORS 305.620

APPENDICES - FINANCIAL RESPONSIBILITY

MHCC reserves the right, pursuant to OAR 125-30-003, to investigate and evaluate, at any time prior to award and execution of the contract, the lowest responsible bidder's/apparent successful proposer's financial responsibility to perform the contract. Submission of a signed bid/proposal shall constitute approval for MHCC to obtain any credit report information MHCC deems necessary to conduct the evaluation. MHCC shall notify the lowest responsible bidder/apparent successful proposer, in writing, of any other documentation required, which may include, but need not be limited to, recent profit-and-loss history; current balance statements; assets-to-liabilities ratio, including number and amount of secured versus unsecured creditor claims; availability of short and long-term financing; bonding capacity and credit information, etc. Failure to promptly provide this information shall result in bid/proposal rejection.

MHCC may postpone the award or execution of the contract after announcement of the lowest responsible bidder/apparent successful proposer in order to complete its investigation and evaluation. Failure of the lowest bidder/apparent successful proposer to demonstrate financial responsibility, as required under OAR 125-30-003, shall render the bidder/proposer non-responsive and shall constitute grounds for bid/proposal rejection, as required under OAR 137-30-100.

SIGNATURE OF BIDDER'S DULY AUTHORIZED REPRESENTATIVE

THIS BID MUST BE SIGNED IN INK BY AN AUTHORIZED REPRESENTATIVE OF THE BIDDER; ANY ALTERATIONS OR ERASURES TO THE BID MUST BE INITIALED IN INK BY THE UNDERSIGNED AUTHORIZED REPRESENTATIVE.

The undersigned agrees and certifies that he/she:

- 1) Has read and understands all bid (proposal instructions, specifications, and terms and conditions contained herein (including the attachments listed in this document);
- 2) Is an authorized representative of the bidder, that the information provided in this bid is true and accurate, and that providing incorrect or incomplete information may be cause for rejection or contract termination;
- 3) Is bound by and will comply with all requirements, specifications, and terms and conditions contained herein; and
- 4) Will furnish the designated item(s) and/or service(s) in accordance with the bid and the contract.
- 5) BIDDER WILL PROVIDE/FURNISH FEDERAL EMPLOYEE IDENTIFICATION NUMBER OR SOCIAL SECURITY NUMBER WITH BID SUBMISSION.

Authorized signature _____

Title _____

FEIN ID# or SSN# (required) _____

Contact Person (Type or Print) _____

AUTHORIZATION TO PROCEED (to be completed by MHCC)

MHCC hereby awards a contract to the above bidder for the item(s) and/or service(s) designated in the Request for Proposal document.

Authorized Signature: _____ Date: _____

Term of Contract: _____ Contract No. _____

APPENDICES – BUDGET FORMAT

COST PROPOSAL LINE ITEM BUDGET

BUDGET CATEGORIES	TOTAL
<hr/>	
PERSONNEL EXPENSES	
1) Position Title	
--Salary	\$ _____
--Fringe	\$ _____
2) Position Title	
--Salary	\$ _____
--Fringe...	\$ _____
OPERATING EXPENSES	
1)	\$ _____
2)	\$ _____
3)	\$ _____
4)...	\$ _____
CONTRACT INDIRECT (8% maximum)	
1)	\$ _____
2)	\$ _____
3)	\$ _____
4)...	\$ _____
<hr/>	
TOTAL PROJECT BUDGET	\$ _____
Proposed number of participants served	_____
Cost per Participant	\$ _____