REQUEST FOR PROPOSAL (RFP)

Coordination of County-Level Healthcare Coalition and Completion of Deliverables and Requirements

I. Introduction

The Research and Educational Foundation (REF) of the Ohio Hospital Association (OHA), seeks professional services from parties, hereinafter referred to as Bidder, to perform all necessary facets for the coordination and completion of deliverables and requirements of the county-level Community Healthcare Coalition located in Bidder’s geographic area.

The Southeast Ohio Healthcare Region is comprised of 21 counties, seven of which do not have acute care hospitals. Currently, these seven are paired with counties containing one or more hospitals to form 14 county-level healthcare coalitions. Federal guidance provided by the Department of Health and Human Services through the Assistant Secretary for Preparedness and Response (ASPR) Healthcare Preparedness Program (HPP) Grant and state guidance provided by the Ohio Department of Health through the Regional Healthcare Preparedness Grant, defines Healthcare System Preparedness as the ability of a community’s healthcare system to prepare, respond, and recover from incidents that have a public health and medical impact in the short and long term. The healthcare system as a whole must be addressed to ensure essential services are maintained for the health and welfare of the community before, during, and after an event.

The coalition areas are as follows:
- Athens County
- Belmont and Monroe Counties
- Coshocton County
- Gallia and Meigs Counties
- Guernsey and Noble Counties
- Harrison County
- Hocking County
- Jackson and Vinton Counties
- Jefferson County
- Muskingum, Morgan, and Perry Counties
- Pike County
- Ross County
- Scioto and Lawrence Counties
- Washington County
Successful Bidder will identify the coalition area in which they will perform services; provide a listing of the required coalition partners; provide information on the organizational structure of the coalition; identify roles and responsibilities for the completion of the grant deliverables; and submit a detailed budget justification of the funding requested to complete the work.

Successful Bidder will be an individual or agency that provides a dedicated person to coordinate a minimum of four quarterly coalition meetings to manage the fulfillment of the grant deliverables assigned to the coalition detailed herein and added as necessary. This person will work closely with their local coalition partners, the Regional Coalition Liaison (RCL), and the REF to ensure the work is completed and all required documentation of such is submitted. It is estimated that a work effort of 1000 hours will be dedicated to this project.

Successful Bidder must have a minimum of one year involvement with the county-level healthcare coalition for which bid is submitted, having attended meetings and worked with healthcare organizations and partners to complete deliverables and projects. Bidder must provide two letters of recommendation from healthcare organizations in the defined coalition area supporting their past involvement and ability to provide services for a project of the nature, size, and scope in this Proposal. Bidder or Person assigned by Bidder to fulfill deliverables must be well organized, have excellent written and verbal communication skills, personal computer skills, and be able to work with and represent stakeholders across the healthcare delivery system.

The successful Bidder will be an independent contractor for a period of approximately 12 months. The Bidder will adhere to the U.S. Department of Health and Human Services Office of the Assistant Secretary for Preparedness and Response (ASPR) FY 2013 Guidelines and the Ohio Department of Health (ODH) Grant Administration Policies and Procedures Manual (GAPP). Payment will be upon submission of documentation of successful completion of each deliverable.

II. Scope of Service

In response to this RFP, the Bidder shall submit a detailed Work and Effort Estimation Report found in Attachment A explaining how Bidder will meet all of the following project requirements and deliverables. Refer to Attachment B for a timeline of completion.

a. Requirements and Deliverables of the Project:
   1. Meetings:
      a. Coordinate and hold a minimum of 4 quarterly county-level coalition meetings with partners in the defined coalition area.
      b. Meet in person quarterly with the Regional Coalition Liaison
      c. Participate in two regional coalition meetings
2. Document participation of the coalition partners in the regional Training and Exercise Plan and provide quarterly updates to the Southeast Ohio Healthcare Coalition Steering Committee:
   a. Training and drills utilizing situational awareness tools
   b. HICS/ICS and NIMS training
   c. Continuity of Operations (COOP) plans and planning
   d. If holding a patient care cache in the coalition area, ensure the asset is moved from storage to the location of an Alternate Care Center and inventoried by June 15, 2014.
   e. Regional Medical Material request drill
   f. Development/review of communications plans
   g. Development/review of Emergency Operations Plans
   h. SurgeNet (bed tracking)
   i. OH Trac (patient tracking)
   j. OPHCS (Ohio Public Health Communication System)
   k. Regional Coalition Exercise

3. Conduct assessments, identify needs and gaps, and provide findings to the Southeast Ohio Healthcare Coalition Steering Committee including, but not limited to the following:
   a. Identify agencies that provide services to “at risk” populations and all healthcare partners and provide them with necessary information to participate in trainings, drills, exercises
   b. Identify healthcare organizations from which situational awareness is needed to inform partners of the capabilities and needs of the healthcare system during an event.
   c. For new healthcare partners, identify essential services they must maintain and can provide support for to other partners
   d. Identify pharmaceuticals resources available outside the hospital and identify gaps
   e. Using MOUs held by partners for resources, transportation, and alternate locations, identify agreements held by multiple partners for the same resource/service.
   f. Identify public and private caches of assets that could be used to address resource gaps at healthcare organizations
   g. Assess local Functional Needs Plan and identify gaps
   h. Identify non-hospital partner organizations to be included in bed tracking (SurgeNet) and patient tracking (OH Trac) systems
   i. Identify non-hospital partner organizations to be included in the OPHCS.
   j. Identify volunteer organizations active in disasters in the coalition area and invite them to participate
   k. Based on the assets identified by the SOHC Steering Committee, develop and submit a spending plan for the assets needed in the coalition area or that can be stored and maintained for the region.

4. Documentation:
a. Maintain a member roster with complete contact information for all partners
b. Ensure reports, surveys, meeting notes, attendance records, and all other supporting documentation are completed and submitted on time and as required by the RCL/RHC/REF.

b. Contract Award and Duration

Total funding approved by the Ohio Department of Health for the full project of funding local coalitions is $210,000. One contract will be awarded for each county-level coalition contingent the availability of funds. The contract will be awarded to only one Bidder in each coalition with the award amount based on a minimum of $10,000 for a single county and a maximum of $30,000 for multiple county coalitions.

The successful Bidder will be required to contract with the REF of the OHA to perform the Scope of Services described in this RFP. A contract will be issued, which shall be in effect commencing on or about July 1, 2013 through June 30, 2014. All contract deliverables shall be completed during this time. It is estimated that a work effort of 1000 hours will be dedicated to this project.

c. Submittal Process

RFP Questions

1. Persons who have questions concerning the RFP are encouraged to email questions to:

Carol Jacobson
carolj@ohanet.org

2. Questions must be received at the above-mentioned email addresses no later than 12 p.m. on June 13, 2013. The above mentioned party shall respond to any questions by close of business on June 14, 2013. Telephone inquiries will not be accepted.

Submittal Information

1. Time Schedule

The following is the projected timetable to be applied to submission, receipt, and evaluation of proposals:

<table>
<thead>
<tr>
<th>June 13, 2013</th>
<th>Deadline for Written Questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 p.m. Eastern Standard Time</td>
<td></td>
</tr>
</tbody>
</table>
June 24, 2013  Deadline for Proposal
2:00 p.m. Eastern Standard Time

June 28, 2013  Notification of Vendor Contract Award

2. The Bidder shall submit one (1) original proposal and two (2) complete copies of the formal proposal. This material must be received by the REF at this address:

Ohio Hospital Association
155 E. Broad Street, 14th Floor
Columbus, OH 43215
ATTN: Carol Jacobson

3. Packages containing the proposal material shall be sealed and plainly marked on the outside in the following manner:

Coordination of County-Level Healthcare Coalition and Completion of Deliverables and Requirements

4. Late or fax proposals will not be accepted. Envelopes or packages received after the above date and time will not be accepted. Proposals will be available for public inspection upon completion of the proposal review process.

d. Selection Process

1. A selection committee for the REF will review and score all properly submitted proposals that are received on or before the deadline. The committee will then rank the proposals based on a quantitative scoring system taking into account, but not limited to, the evaluation factors set forth below:

- Location of Applicant Agency/Individual and Capabilities
- Coalition Experience and Work with Healthcare Providers in the coalition area
- Letters of Recommendation
- Understanding of the Project
- Agreement to Comply with Relevant Local, State, and Federal Standards and Requirements
- Conflict of Interest Statement

a. Location of Applicant Agency and Capabilities: Using the Application Page of Attachment A, provide the name, address, and tax identification number of the submitting agency or individual.
This should also include details on the relevant knowledge and training of the dedicated person who will complete the deliverables, their accessibility for the project, and the amount of work to be performed as compared to their other duties.

b. **Coalition Experience and Work with Healthcare Providers:** Using the Application Page of Attachment A, provide a summary of the submitting organization including work with the county-level healthcare coalition in the geographic area for which proposal is submitted.

c. **Letters of Recommendation:** Provide at least two letters of recommendation from healthcare organizations in the coalition area supporting Bidder’s ability to provide services for a project of the nature, size, and scope in this Proposal.

d. **Understanding of the Project:** Using the Work and Effort Estimation Report in Attachment A, provide the estimated hours and describe the work to be conducted to complete each deliverable.

e. **Agreement to Comply with Relevant Local, State and Federal Standards and Requirements:**
   i. Copeland “Anti-kick-back Act” (18 U.S.C. 874)
   ii. Ohio Department of Health (ODH) GAPP Manual (available online at www.odh.ohio.gov) directives that states: “Sub-grantees may not contract for extra compensation with its employees to provide services to the program without prior written authorization of ODH. Consideration will only be given in the following two situations: 1) a salaried faculty member of an educational institution when the consultation is across departmental lines or involves a separate or remote operation, and the work performed by the consultant is in addition to his regular departmental load; or 2) a sub-grantee employee when the agency’s policies permit such consulting fee payments to its own employees regardless of whether federal or state grant funds are involved, when the work involved is clearly outside the scope of the employee’s salaried duties. Any request to approve such a contract must address these issues.
   iii. All contracts and subcontracts subject to the Contract Work Hours and Safety Standards Act (40 U.S.C. 327 etseq.) shall include a provision requiring the contractor to comply with the
applicable sections of the Act and the Department of Labor’s supplementing regulations (29 CFR Parts 5 and 1926).

f. Conflict of Interest Statement: Provide a conflict of interest statement indicating that the agency and the individuals assigned to this project are not and shall not be for the duration of the subject contract, subdivisions or employees of the REF.

2. Failure by the Bidder submitting a proposal to respond to a specific requirement may be a basis for elimination for consideration during the comparative evaluation. The REF reserves the right to accept or reject any or all proposals. The REF also reserves the right to elect not to award a contract based on this Request for Proposal for any reason.

3. The REF is not liable for any costs incurred by the Bidder in responding to this RFP, or for any costs incurred in connection with any discussions or correspondences required for clarification of any subject contained in this RFP. Any and all costs incurred in responding to this RFP, including oral interviews, demonstrations or other related activities shall be the responsibility of the Bidder.

e. Selection Procedures

The selection of the Bidder will follow the outline below.

1. The selection committee shall review and evaluate all proposals submitted in response to this RFP.
2. The REF will consider whether all proposals submitted are completed and whether they meet all of the requirements outlined in the RFP and the specific criteria for evaluating competitive proposals earlier detailed in this section.
3. Proposals will be evaluated as identified and no further clarification requests will be accepted.
4. Notwithstanding anything herein to the contrary, the REF reserves the sole and exclusive right to reject any and all proposals.

f. Contract

If a contract is awarded, the successful Bidder shall enter into a Professional Service Agreement with the REF. The contract entered into between the successful Bidder, the REF shall be similar to other standard agreements for professional services involving the FY14 grant award from the Ohio Department of Health with the REF.
1. The REF reserves the right to amend or withdraw the RFP any time prior to the award of a contract. The Bidder may withdraw a response to the RFP any time prior to the award of a contract.

2. All products that result from the proposed contractual agreement will be the sole property of the U.S. Department of Health Resource and Human Services Administration (HRSA) National Bioterrorism Hospital Preparedness Program, FY14.

3. All bids will be considered firm and in the event a contract ensues as a result of this solicitation, the Bidder selected will be required to fulfill the contractual obligations at the amount quoted in the cost proposal. Bidder shall be responsible for any travel expenses incurred and all other expenses for supplies or equipment purchased for use in performance of the contract. Bidder shall be responsible for any and all local, state, and federal tax liabilities resulting from the receipt of payment.

4. Pursuant to Section 149.43 of the Ohio Revised Code, the proposal may be considered a public record and be released upon request.

5. The REF does reserve the right not to award a contract under this RFP.

g. Other Considerations

1. Public Records: The REF will treat any documents submitted with the proposal as a public document unless informed in writing by Bidder that it considers the document to contain trade secrets under Ohio laws. The REF may require additional information in support of such a claim.

2. Background Information regarding the REF is available on the OHA web site: www.ohanet.org
Bidder Name: _______________________________________________________________

Coalition Area: ____________________________________________________________

Total Funding Requested: __________________________________________________

Bidder or Agency Name to receive reimbursements:

___________________________________________________________________________

Address: ___________________________________________________________________

Tax Identification Number: __________________________________________________

Phone number of person coordinating work: _________________________________

Email address of person coordinating work: _________________________________

If Agency, please list name, phone number, and email of person’s supervisor:

___________________________________________________________________________

**Experience and Availability of person completing work:**

Relevant Training (courses/degrees/current certifications and year of completion)

<table>
<thead>
<tr>
<th>Course / Degree / Certification</th>
<th>Year Completed</th>
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<tbody>
<tr>
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</tr>
</tbody>
</table>

Availability

Total Hours to be dedicated to this project: _________________________________

Total Hours to be dedicated to other work projects: _________________________
Summary of participation in the coalition for which the bid is submitted:

Listing of Coalition Partners

<table>
<thead>
<tr>
<th>Partner Name</th>
<th>Discipline</th>
<th># of years in Coalition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hospital</td>
<td></td>
<td></td>
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<tr>
<td>Emergency Management</td>
<td></td>
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<tr>
<td>Public Health</td>
<td></td>
<td></td>
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<tr>
<td>Long Term Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Behavioral/Mental Health</td>
<td></td>
<td></td>
</tr>
<tr>
<td>At-Risk/Special Needs</td>
<td></td>
<td></td>
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<tr>
<td>Community Clinics</td>
<td></td>
<td></td>
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<tr>
<td>Private Provider</td>
<td></td>
<td></td>
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<tr>
<td>Emergency Medical Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Specialty Healthcare Provider</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urgent Care</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Support Service (lab, pharmacy)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Red Cross</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Medical Reserve Corps</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Volunteer Organization</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Coroner/Funeral Director</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Law Enforcement</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Public Works</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>County Government</td>
<td></td>
<td></td>
</tr>
<tr>
<td>School</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Local Business</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Bidder Name: _______________________________________________________________

Coalition Area: ______________________________________________________________

1. Meetings:
   a. Coordinate and hold a minimum of 4 quarterly county-level coalition meetings with partners in the defined coalition area.
   b. Meet in person quarterly with the Regional Coalition Liaison
   c. Participate in two regional coalition meetings

   Estimated hours of effort: __________

   Funding Requested based on hours: _________________

   Work to be performed:
Attachment A  
Work and Effort Estimation Report

Bidder Name: ________________________________________________________________

Coalition Area: ______________________________________________________________

2. Document participation of the coalition partners in the regional Training and Exercise Plan and provide quarterly updates to the Southeast Ohio Healthcare Coalition Steering Committee.

   Estimated hours of effort: __________

   Funding Requested based on hours: ______________

   Work to be performed:
Attachment A
Work and Effort Estimation Report

Bidder Name: ________________________________________________________________

Coalition Area: ______________________________________________________________

For the project deliverables below, please provide the estimated hours of effort and detail the work to be performed for the tasks described.

3. Conduct assessments, identify needs and gaps, and provide findings to the Southeast Ohio Healthcare Coalition Steering Committee.

   Estimated hours of effort: ____________

   Funding Requested based on hours: ________________

   Work to be performed:
Attachment A  
Work and Effort Estimation Report

Bidder Name:  _______________________________________________________________

Coalition Area:  ___________________________________________________________

For the project deliverables below, please provide the estimated hours of effort and detail the work to be performed for the tasks described.

4. Documentation:
   a. Maintain a member roster with complete contact information for all partners
   b. Ensure reports, surveys, meeting notes, attendance records, and all other supporting documentation are completed and submitted on time and as required by the RCL/RHC/REF.

   Estimated hours of effort: __________

   Funding Requested based on hours: _________________

   Work to be performed:
## Attachment B
Timeline for Completion of Deliverables

<table>
<thead>
<tr>
<th>Deliverable</th>
<th>Completion Timeline*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Quarterly local meetings held in appropriate quarter</td>
<td>July-Sept/Oct-Dec/Jan-March/April-June</td>
</tr>
<tr>
<td>Quarterly meeting with Regional Coalition Liaison</td>
<td></td>
</tr>
<tr>
<td>Quarterly reporting of participation in regional training and exercise</td>
<td>July-Sept/Oct-Dec/Jan-March/April-June</td>
</tr>
<tr>
<td>plan to Southeast Ohio Healthcare Coalition Steering Committee</td>
<td></td>
</tr>
<tr>
<td>Provide information on trainings, drills, and exercises to partners</td>
<td>July – June 2014</td>
</tr>
<tr>
<td>Identify and submit to SOHC SC non-hospital partners to be included in</td>
<td>July – August 15</td>
</tr>
<tr>
<td>OPHCS</td>
<td></td>
</tr>
<tr>
<td>Identify and submit to SOHC SC a listing of HCOs from which situational</td>
<td>July – September 1</td>
</tr>
<tr>
<td>awareness is needed</td>
<td></td>
</tr>
<tr>
<td>Identify and submit to SOHC SC a listing of non-hospital partners to</td>
<td>July – September 1</td>
</tr>
<tr>
<td>be included in SurgeNet and OH Trac</td>
<td></td>
</tr>
<tr>
<td>Identify and submit to SOHC SC a listing of volunteer organizations</td>
<td>July – September 30</td>
</tr>
<tr>
<td>active in disasters and invite their participation</td>
<td></td>
</tr>
<tr>
<td>Identify and submit to SOHC SC a listing of essential healthcare services</td>
<td>July – September 30</td>
</tr>
<tr>
<td>at HCOs to be maintained and which can be provided by other partner HCOs</td>
<td></td>
</tr>
<tr>
<td>Identify and submit to SOHC SC a listing of HICS and NIMS training needs</td>
<td>July – September 30</td>
</tr>
<tr>
<td>at partner HCOs</td>
<td></td>
</tr>
<tr>
<td>Develop and submit a spending plan for assets (optional)</td>
<td>September – October</td>
</tr>
<tr>
<td>Identify and submit to SOHC SC the pharmaceutical resources available</td>
<td>October – December</td>
</tr>
<tr>
<td>outside the hospital and gaps</td>
<td></td>
</tr>
<tr>
<td>Identify and submit to SOHC SC a listing public and private caches of</td>
<td>October – December</td>
</tr>
<tr>
<td>assets that could be used to address resource gaps at HCOs</td>
<td></td>
</tr>
<tr>
<td>Identify and submit to SOHC SC a listing MOUs held by multiple partners</td>
<td>October – June</td>
</tr>
<tr>
<td>for the same resource/service</td>
<td></td>
</tr>
<tr>
<td>Participate in Regional Coalition Exercise</td>
<td>March 2014 (proposed)</td>
</tr>
<tr>
<td>Movement of the patient care supply cache</td>
<td>July 2013 – June 2014</td>
</tr>
</tbody>
</table>

*Deliverables with set end dates must be completed by that date.
Deliverables with June – July dates may be completed any time during the grant year.
Deliverables may be completed earlier than proposed.