

JEFFERSON COUNTY
 DEPARTMENT OF ADMINISTRATIVE SERVICES
 729 MAPLE ST / PO BOX 100
 HILLSBORO MO 63050
 WWW.JEFFCOMO.ORG



Request for Proposal: **DETENTION HEALTHCARE SERVICES 2011** Date Issued: **9-17-10**

PROPOSALS SHALL BE ACCEPTED UNTIL: **TUESDAY, OCTOBER 19, 2010, AT 2:00 P.M. LOCAL TIME.**

Specification
 Contact:

GREG ROTH
 Juvenile Office
 636-797-5509

Contract
 Contact:

WICKIE PRATT
 Department of Administrative Services
 636-797-5382

Mail (3) Three
Complete Copies
With Vendor And
Proposal
Information As
Shown In Sample:

VENDOR NAME
 DEPARTMENT OF THE COUNTY CLERK
 JEFFERSON COUNTY MISSOURI
 729 MAPLE ST / PO BOX 100
 HILLSBORO MO 63050-0100
 SEaled PROPOSAL: (PROPOSAL NAME)

Contract Term:
 1-1-11 to 12-31-11

The undersigned certifies that he/she has the authority to bind this company in an agreement/contract to supply the commodity or service in accordance with all terms, conditions, and pricing specified. Prices are firm during this agreement term, unless agreed upon in writing by the County. The County has the option to renew this agreement at the same terms and conditions as the original agreement for one additional one-year term with the written consent of the successful bidder. Price increases for renewals are not authorized unless approved in writing by the County.

Vendor
Information:

ADVANCED CORRECTIONAL HEALTHCARE
NEIL LEUTHOLD
 Authorized Agent (Print)
 Address
 3922 W BARKING TRACE
 Signature
 PEORIA, IL 61615
 City/State/Zip Code
 309.692.8100
 Telephone #
 10/19/10
 Date
 36-4495255
 Tax ID #
 ach@advancedch.com
 E-mail
 309.692.8106
 Fax #

EXHIBIT C

AFFIDAVIT OF WORK AUTHORIZATION:

The grantee, subgrantee, contractor or subcontractor who meets the section 285.525, RSMo definition of a business entity must complete and return the following Affidavit of Work Authorization.

Comes now Neil Leuthold (Name of Business Entity Authorized Representative) as President (Position/Title) first being duly sworn on my oath, affirm Advanced Correctional Healthcare (Business Entity Name) is enrolled and will continue to participate in the E-Verify federal work authorization program with respect to employees hired after enrollment in the program who are proposed to work in connection with the services related to Detention Healthcare Services (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, or subcontractor, if awarded in accordance with subsection 2 of section 285.530, RSMo. I also affirm that advanced Correctional Healthcare (Business Entity Name) does not and will not knowingly employ a person who is an unauthorized alien in connection with the contracted services related to Detention Healthcare Services 2011 (Bid/Grant/Subgrant/Contract/Subcontract) for the duration of the grant, subgrant, contract, or subcontract, if awarded.

In Affirmation thereof, the facts stated above are true and correct. (The undersigned understands that false statements made in this filing are subject to the penalties provided under section 575.040, RSMo.)

Authorized Representative's Signature *Neil Leuthold*
Printed Name Neil Leuthold

Title President
Date October 19, 2010

Subscribed and sworn to before me this 19th (DAY) of October (MONTH, YEAR), I am

commissioned as a notary public within the County of Peoria (NAME OF COUNTY), State of

Illinois (NAME OF STATE), and my commission expires on 6-22-2014 (DATE).

Signature of Notary *Connie Ware*
Date 10-19-10
Official Seal
Connie Ware
Notary Public State of Illinois
My Commission Expires 06/22/2014

EXHIBIT C
(Continued)

BOX B - CURRENT BUSINESS ENTITY STATUS

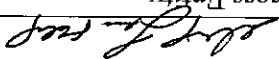
I certify that Advanced Correctional Healthcare (Business Entity Name) MEETS the definition of a business entity as defined in section 285.525, RSMo pertaining to section 285.530, RSMo as stated above.

Neil Leuthold

Authorized Business Entity

Representative's Name

(Please Print)



Authorized Business Entity

Representative's Signature

As a business entity, the grantee, sub grantee, contractor, or subcontractor must perform/provide the following. The grantee, sub grantee, contractor, or subcontractor shall check each to verify completion/submission:

Enroll and participate in the E-Verify federal work authorization program (Website: http://www.dhs.gov/xpre/program/egc_1185221678150.shtm; Phone: 888-464-4218; Email: verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

Provide documentation affirming said company's/individual's enrollment and participation in the E-Verify federal work authorization program. Documentation shall include a page from the E-Verify Memorandum of Understanding (MOU) listing the grantee's, sub grantee's, contractor's, or subcontractor's name and the MOU signature page completed and signed, at minimum, by the grantee, sub grantee, contractor, or subcontractor and the Department of Homeland Security - Verification Division; (if the signature page of the MOU lists the grantee's, sub grantee's, contractor's, or subcontractor's name, then no additional pages of the MOU must be submitted).

SPECIFICATIONS

The Jefferson County Juvenile Court is requesting bids for health care for the Jefferson County Juvenile Detention Facility, a secure juvenile detention center. The Jefferson County Juvenile Court reserves the right to accept or reject any and all bids in whole as deemed in the best interest of the Jefferson County Juvenile Detention Facility. In determining the most advantageous bid, the Jefferson County Juvenile Court reserves the right to consider quality, manufacturer and dealer accountability, independent of price.

HEALTH CARE FOR JUVENILE DETENTION

The health care physician or his/her agent shall:

1. Use its best efforts to identify and arrange to provide medical services on behalf of the Jefferson County Juvenile Detention Facility based on a maximum population of 44. The physician(s), his/her agent and the Jefferson County Juvenile Detention Facility shall set scheduling of such services upon mutual agreement.

2. During such services the physician shall be under the supervision of the Jefferson County Juvenile Detention Facility and subject to its rules and regulations. If an agent is providing the physician, that agent shall not exercise any control over the performance of the professional and administrative duties of the physician. The agent shall not be responsible for patient care.
3. Physician(s) shall be subject to a background check and shall furnish to the Jefferson County Juvenile Court their credentials and shall assist as appropriate in obtaining institutional privileges, namely Jefferson Regional Medical Center.

4. Physician(s), at their own expense, in the professional liability insurance policy shall be insured with the dollar limitation (\$1 million/\$3 million + tail) and terms of the policy while the physician(s) is rendering medical services on behalf of the Jefferson County Juvenile Detention Facility.
5. Agree to indemnify and hold the Jefferson County Juvenile Detention Facility, the Jefferson County Juvenile Office, and Jefferson County Juvenile Court harmless if any of those parties are made party to any civil, criminal, administrative, or investigative action by reason of any acts of omissions by the physician, against expenses, to include attorney fees, judgments, fines and amounts paid in settlement thereof.

6. Agree to provide on-site/off-site mental health services including basic mental health screenings with on-call availability 24-hours a day, seven days a week.
7. Agree to provide pharmaceuticals, hospitalization, laboratory and medical supplies.
8. Agree to provide physician services with on-site visits one time per week during normal business hours, with on-call availability 24-hours a day, seven days a week. In addition, agree to provide a package for New Hire Physicals and monthly Employee Random Drug Testing.
9. Agree to provide a certified nurse practitioner, advanced practice nurse in a collaborative practice agreement with a licensed physician, or a registered nurse who is under the supervision of a licensed physician for daily on-site visits, Monday through Friday, for purpose of sick call, patient care and medication dispensation. The assigned nurse shall remain on-site at least 4 hours per day.

10. Agree to provide the following administrative and support services: program development, program management, risk management, healthcare staff recruiting, healthcare training, medical records and billing management, management reports, utilization review and cost control, policy and procedure development.
11. Agree to provide the following on-site services: preliminary health screening, physician care, pharmaceuticals, emergency care, comprehensive physical assessment, vision, hearing and dental services.
12. Agree to provide the following off-site services: hospital outpatient and emergency services, inpatient hospitalization, inpatient physician care, medical specialty referral, emergency transportation by ambulance, laboratory and diagnosis testing and surgery.

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- The Jefferson County Juvenile Office shall:
1. Require that bids be based on a rate when on-call and services are required via telephone. The physician will be available as needed at his/her office, home, hospital or elsewhere by appropriate paging service.
 2. Require physician to be available for sick call on a weekly basis and assigned nurse to be available for sick call on a daily basis with hours set to see all who are on sick call. This will be based on mutual agreement between the physician, his/her agent and the Jefferson County Juvenile Detention Facility.
 3. Agree to act in good faith regarding the process of reviewing of physician's credentials, providing initial orientation for the physician, and supporting the physician's efforts in the delivery of medical services to patients during these assignments.
 4. Require that this agreement may be terminated by either the Jefferson County Juvenile Court, the physician or his/her agency for any reason by giving written notice to the other parties 60 days prior to the termination date, provided all fees have been paid in full. The agreement shall be renewed each year and remain in force until an additional agreement can be made.

13. Agree to bill all fees for medical services provided through Missouri Medicaid Insurance. Medicaid shall be considered the primary means of payment for services rendered.
14. Will operate based on basic health care standards established by the Missouri Juvenile Justice Association, Missouri Department of Social Services and Missouri Department of Mental Health.

COST

POOL PROGRAM

Based on the ever-changing population, it is more cost-effective to develop a pool of monies available to cover emergency hospitalization, dental and mental healthcare services that may be required by a juvenile at any given time. ACH believes strongly in partnering with the County to bring the highest quality healthcare to the residents while controlling costs.

After reviewing the historical expenses of the facility and in keeping with our commitment to provide cost effective services, we have lowered the pool amount. The healthcare program proposal includes an annual pool with ACH responsible for the first ten thousand (\$10,000) in costs associated with specified off site services. Off Site Services include but are not limited to: hospital inpatient and outpatient services, specialists, consultants, laboratory, radiology, emergency treatment and care, emergency transportation, emergency dental services, emergency mental health services, optometry. All pharmaceuticals prescribed will be billed to Medicaid and any overages will be paid for from the pool monies. ACH will negotiate discounts and provide timely payment of hospital bills to maximize all discounts, statutorily authorized Medicaid-rate billing, or other financial considerations associated with timely payments. At the end of each contract year, 90% of unused monies will be reimbursed to the County after 90 days. The 90 day period allows ACH to receive invoices for services that were provided in the twelfth month of the contract term.

Should the County prefer the current \$25,000 pool (or other amount), ACH can provide those bid amounts.

COST PROPOSAL

Advanced Correctional Healthcare has completed the Cost Sheet for the contract period of one year. This cost amount, included on the RFP supplied form, was based on the following:

Physicians Services as specified in the Request for Proposal
 Nursing Services as specified in the Request for Proposal
 Base ADP: Forty four (44) juveniles

ADP Reconciliation: the ADP will be reconciled quarterly and will be based on the 44 juveniles residing at Jefferson Juvenile Detention Center. The ACH reconciliation process will adjust for increases or decreases in the ADP on a quarterly basis.

Pricing for a one year contract term will remain fixed. The annual rate of increase would be negotiated between the juvenile Court and Advanced Correctional Healthcare no less than thirty (30) days prior to the end of the term of the agreement. Our contract includes language stating the annual rate of increase will not exceed the CPI for healthcare services. The actual rate of increase is determined using the site history, salary increases and changes in the medical environment. Program Cost and Overview is included in the tabbed section of our response.