

<p align="center">HEALTH CARE SERVICES - JUVENILE 2021 9-15-2020</p>	<p align="center">ADVANCED CORRECTIONAL HEALTHCARE</p>
	<p align="center">3922 W. BARING TRACE PEORIA, IL 61615</p>
<p>ANNUAL COST FOR SERVICES</p>	<p align="center">\$105,354.26</p>
<p align="center">REQUIRED DOCUMENTS</p>	
<p>NOTARIZED WORK AFFIDAVIT COMPLETED</p>	<p align="center">Y</p>
<p>E-VERIFICATION DOCUMENTATION (Y/N):</p>	<p align="center">Y</p>
<p>COPY OF INSURANCE PROVIDED</p>	<p align="center">Y</p>
<p>TAX RECEIPTS OR NOTARIZED LETTER STATING NO REAL OR PERSONAL PROPERTY OWNED IN JEFFERSON COUNTY</p>	<p align="center">Y</p>
<p>COOPERATIVE BID FORM (Y/N)</p>	<p align="center">Y</p>
<p>COOPERATIVE CONTACT INFO:</p>	<p align="center">Y</p>
<p>COMPANY INFORMATION AND SIGNATURE</p>	<p align="center">Y</p>
<p>CERTIFICATE OF DEBARMENT</p>	<p align="center">Y</p>
<p>BID DEPOSIT REQUIRED</p>	<p align="center">N/A</p>
<p>COMMENTS:</p>	<p align="center">SEE ATTACHED COST BREAKDOWN</p>



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

BID #: 20-0062

Request for Proposal: HEALTHCARE SERVICES -- JUVENILE 2021 Date Issued: 8-17-2020

PROPOSALS SHALL BE ACCEPTED UNTIL: TUESDAY, SEPTEMBER 15, 2020, AT 2:00 P.M. LOCAL TIME.

**Specification
 Contact:**

MARK AKINS
 Juvenile Department
 636-797-5347
mark.akins@court.mo.gov

**Contract
 Contact:**

JACKIE TALARSKI
 Department of Administrative Services
 636-797-5380

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

SAMPLE ENVELOPE

<i>VENDOR NAME</i>	
<i>VENDOR ADDRESS</i>	
<i>CONTACT NUMBER</i>	DEPARTMENT OF THE COUNTY CLERK
	JEFFERSON COUNTY MISSOURI
	729 MAPLE ST / PO BOX 100
	HILLSBORO MO 63050-0100
SEALED PROPOSAL: (PROPOSAL NAME)	

**Contract Term:
 TWO YEAR CONTRACT
 WITH A ONE YEAR
 RENEWAL OPTION
 UPON APPROVAL OF THE
 COUNTY COUNCIL AND
 COUNTY EXECUTIVE**

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. This Proposal, if accepted, will constitute an Agreement and Contract with Jefferson County, Missouri, upon approval of the County Council and County Executive. 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	Jessica Young	
Company Name	Authorized Agent (Print)	
3922 W. Baring Trace		Signature
Address		
Peoria, IL, 61615	President	Title
City/State/Zip Code		
309-692-8100	9/15/2020	36-4495255
Telephone #	Date	Tax ID #
Jessica.Young@advancedch.com		309-214-9977
E-mail		Fax #

PRICE PROPOSAL

QUARTERLY ADJUSTMENTS

Account reconciliation will be completed for variances in the ADP and other expenses, such as equipment or services purchased by ACH (with prior approval of the county) on behalf of the county.

Average Daily Population (ADP). ADP for a given quarter will be determined from the facility census records. For billing purposes, the county patient ADP will be 41 and the non-county patient ADP will be 0. Patients who are not presently incarcerated in the facility (i.e., persons on electronic monitoring or probation, or who are hospitalized, or in halfway housing or early release housing) should not be counted in either ADP reported to ACH by the county. The ADPs reported to ACH should only include those patients presently incarcerated in the facility.

Per Diem. Per diem rate(s) are intended to cover additional costs in those instances where minor, short-term changes in the patient population results in the higher utilization of routine supplies and services. The per diem is not intended to provide for any additional fixed costs, such as new fixed staffing positions that might prove reasonable if the patient population grows significantly and is sustained. ACH will request the monthly count for these separate populations on a quarterly basis.

County Patients. When the ADP exceeds or falls below the contracted rate in any calendar quarter, the compensation variance will be figured on the average number of county patients above or below the contracted ADP for that quarter multiplied by the per diem rate of \$0.23 per patient per day. (Example: If the ADP for a quarter is 10 above the contracted ADP, additional compensation due will be calculated as follows: $10 \times \$0.23 \times 91$)

Non-County Patients. To cover the cost of incidental medical expenses for non-county patients (such as disposable medical supplies and biomedical waste disposal services), a separate per diem rate of \$0.00 per patient per day will be assessed for each non-county patient housed in the facility in excess of the contracted non-county patient ADP.

Arrears. Any contract amount in arrears will be settled through reconciliation and adjusted accordingly. Adjustments will be made to the first monthly invoice prepared after reconciliation between ACH and the county. Payment of the adjusted amount will be due upon receipt of said invoice.

Program Cost Breakdown

Staffing	\$77,606.11	76%
Administrative Services (medical malpractice insurance, civil liberties insurance, advertising/recruiting/medical supplies, tb testing, admin cost)	\$17,748.15	17%
Annual Pool	\$10,000.00	9%
Total	\$105,354.26	100%
	\$8,779.52 per month	

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 41. 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.

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.
15. Will provide on-site RN nursing services twenty five (25) hours per week.
16. Each resident is to undergo a preliminary health screening. The screenings are completed on a form that has been approved by the responsible physician. The nursing staff reviews the intake screenings and triages medical needs, concerns or requests as appropriate. Within 5 days of arrival, a health assessment is completed by the nursing staff. The health assessment includes:
 - i. Review of the Receiving Health Screening
 - ii. Review of the initial Dental Screening
 - iii. Medical Examination, including review of mental and dental status
 - iv. Recording of height, weight, pulse, blood pressure, and temperature
 - v. Collection of additional data to complete the medical, dental, mental health, and immunization histories
 - vi. Laboratory and/or diagnostic test to detect communicable disease
 - vii. Review of the results of the medical examination, tests and identification of problems by the site physician
 - viii. Development and implementation of treatment plan, including recommendations concerning housing and program participation
 - ix. Dental hygiene services, education, and instruction
 - x. Initiation of therapy when appropriate
 - xi. Other tests and examinations as indicated

1.1.5 **FINANCIAL LIABILITY LIMIT.** The Service Provider's total financial responsibility for the cost of prescription pharmaceuticals or prescribed over-the-counter medications not covered by Missouri Medicaid Insurance, County requested and the Service Provider's approved medical supplies and equipment, inpatient hospital services, outpatient hospital services, mobile services, specialty services, dental care, laboratory, x-ray, diagnostic testing, consultation services, and medically indicated ambulance transportation provided off-site or by mobile unit to Jefferson County Juvenile Detention Facility residents shall be limited to an aggregate amount of ten thousand dollars (\$10,000.00) per 12 month contract term with the COUNTY responsible for all pharmaceuticals, off-site, specialty and mobile service costs exceeding the aggregate limit.

1.1.5.1 The date of service, or date of admission in the case of a hospital visit, shall be used to determine the calendar month in which the expenses are to be applied toward the \$10,000.00 12 month aggregate limit. Any costs exceeding the \$10,000.00 12 month aggregate limit, will be reconciled back to the COUNTY at the time the costs exceed the limit or monthly as needed.

1.1.5.2 Any monies remaining in the 12 month financial liability pool after receipt of invoices for services will be shared with the County at a rate of 90% County/10% Service Provider within 90 days after the 12 month period. Receipts for services received more than 90 days after the close of the 12 month financial liability pool period will be forwarded to the County for payment. The Service Provider shall not be financially responsible for any offsite costs exceeding the \$10,000 annual pool.

1.1.5.3 In the event the contract is terminated prior to the 12 month annual term in which the annual liability limit applies, the annual liability limit available for services will be prorated for the portion of the 12 month period elapsed. Costs greater than the prorated amount will be the responsibility of the County.

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.

ANNUAL PRICE FOR SERVICES \$ _____

