



Presents a Request for Proposal (RFP) for a
Behavioral Healthcare and Recovery Enterprise System

December 25, 2019

Table of Contents

SECTION 1	GENERAL INFORMATION	Page 4
SECTION 2	PROPOSAL SUBMISSION INSTRUCTIONS	Page 13
SECTION 3	GENERAL INFORMATION AND CONDITIONS.....	Page 18
SECTION 4	CONTRACT TERMS AND CONDITIONS	Page 21
SECTION 5	PROPOSAL CONTENT REQUIREMENTS	Page 28
SECTION 6	FUNCTIONAL REQUIREMENTS.....	Page 30
SECTION 7	IMPLEMENTATION SUPPORT REQUIREMENTS	Page 35
SECTION 8	OFFEROR PROFILE.....	Page 38
SECTION 9	SUPPLEMENTAL INFORMATION.....	Page 41
SECTION 10	PROPOSAL EVALUATION METHODOLOGY	Page 42
APPENDIX A	- NON-DISCRIMINATION/EQUAL OPPORTUNITY AFFIDAVIT	Page 47
APPENDIX B	- DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT.....	Page 48
APPENDIX C	- NON-COLLUSION AFFIDAVIT	Page 49
APPENDIX D	- COST BREAKDOWN TEMPLATE	Page 50

INVITATION TO SUBMIT PROPOSAL

Sealed proposals, in accordance with the Alcohol, Drug and Mental Health Board of Franklin County's Request for Proposal (RFP) for a Behavioral Healthcare and Recovery Enterprise System, will be received at the Board's offices at 447 East Broad Street, Columbus, Ohio, 43215 until 4:30 p.m. local time on January 22, 2020.

The Request for Proposals (RFP) package, containing the terms and conditions of the proposed purchase, the duties and responsibilities of the contractor, and this notice, may be obtained on or after December 25, 2019, by contacting Justin N. Curtis at 614-222-3752 or RFRsubmission@adamhfranklin.org. The RFP package will also be available at www.adamhfranklin.org/financials/requests-for-results starting December 25, 2019.

Proposals (five hard copies and a Microsoft Word version stored on a flash drive) and a cover letter containing the full name of each person/company submitting the proposal and signed by an official authorized to execute a contract shall be submitted in a sealed envelope marked "RFP Behavioral Healthcare and Recovery Enterprise System." All proposals shall incorporate the specifications stated in the RFP by reference and attachment. Proposals received after 4:30 p.m. local time on January 22, 2020 shall not be considered

Proposals will be opened at 9:00 a.m. local time on January 23, 2020 at the Alcohol, Drug and Mental Health Board of Franklin County office, located at 447 East Broad Street, Columbus, Ohio 43215, in accordance with the specifications contained in the RFP package. The Board reserves the right to reject any or all proposals in whole or in part, to waive any informalities or irregularities in the proposal received, and to accept any proposal or combination of proposals deemed most advantageous to the Board under the conditions stipulated.

Published in the Daily Reporter
December 11, 2019

SECTION 1 – GENERAL INFORMATION

1.1 RFP Summary

The Alcohol, Drug and Mental Health Board of Franklin County (hereafter referred to as “ADAMH Board”, the “Board” or “ADAMH”), located at 447 E. Broad St, Columbus, Ohio, 43215, is soliciting written proposals for a software system that will support management of client enrollment and eligibility management, claims processing, utilization and capacity management, contract and provider network management, interfaces with other data systems, outcomes reporting and episode management, data warehouse services and reporting, overall database access, controls and security, as well additional flexibility and development opportunities for other business requirements. The ADAMH Board will be the contracting entity and will be responsible for the administration and operation of the new information system or systems that result from this procurement. ADAMH will also oversee the proposal submission process, conduct the proposal evaluation process and, if an acceptable offer is made in response to this request, select an Offeror for a contract.

The ADAMH Board, in its sole discretion, may choose to enter into a contract (the Contract) to have the Selected Offeror (the Contractor) perform the work (the Project). This document provides details on the requirements for submitting a proposal for the Project, how ADAMH will evaluate the proposals, and what will be required of the Contractor in performing the Project.

This Project will be administered through the ADAMH Board, which will:

- Participate in the discovery process for a community mental health and recovery information system which meets the needs of the Board, our providers and the public;
- Conduct the implementation and ongoing training of staff for a selected system;
- Provide all administrative support of a selected system;
- Act as a first line of support for all provider agencies contracted with the Board;
- Provide funding and/or financing for the purchase, development and maintenance of the system;
- Develop a plan for the ongoing operation of the system once implemented, and
- Develop a plan for the inclusion of additional county Boards and system partners including the distribution of operational costs and the recovery of capital investment if such action is warranted in the future.

The following is a listing of procurement actions and their respective dates and items to assist you in planning potential next steps. Not all respondents will participate in the entire Project timeline. ADAMH reserves the right to alter this schedule without cause or notice. Any changes to the schedule will be posted to the procurement web site at: www.adamhfranklin.org/financials/requests-for-results.

Key Dates	Event
December 25, 2019	Release of RFP
January 14, 2020	Deadline for questions and requests for clarification
Within 3 business days of request	Responses to questions and requests for clarification issued
January 22, 2020	<p>ADAMH Board must receive sealed proposals, with all requested documentation, by 4:30 PM. Proposals received after this date and time will be rejected.</p> <p>The responses are to be delivered to:</p> <p>Alcohol, Drug and Mental Health Board of Franklin County Attn: Justin N. Curtis</p> <p><i>“Request for Proposal (RFP) for a Behavioral Healthcare and Recovery Enterprise System”</i></p> <p>447 E. Broad St, Columbus, Ohio, 43215</p>
February 3, 2020	Notification to finalist Offerors
February 10, 12, 14, 18 and 20, 2020	Interviews and Demonstrations with finalist Offerors
March 25, 2020	Notification of selection decision
April 1, 2020	Starting date of Contract

12 Overview of the Alcohol, Drug and Mental Health Board of Franklin County

As established in Ohio Revised Code (ORC), Chapter 340, the Alcohol, Drug and Mental Health (ADAMH) Board of Franklin County is the public entity responsible for serving as the community addiction and mental health planning agency for the county. In this capacity, the ADAMH Board contracts with providers of community behavioral health services for delivery of a variety of treatment, residential, prevention and recovery supports for residents of the county. The agency is governed by a Board of Directors consisting of appointees designated by appointed the director of the state behavioral health agency and the county commissioners in accordance with ORC.

According to recent (2018) U.S. Census estimates, the population of Franklin County exceeds 1.3 million persons, making it the most populous county in the state of Ohio. The county forms the core of the Columbus Metropolitan Statistical Area and its principal city, Columbus, serves as both the county seat and the state capital. In addition to the overall population of the county, some additional indicators of the Board’s volume of business are as follows:

Data Point	Contract Year (KY) 2018	Average per month
837s Submitted	2,582	215
New Member Enrollments	8,936	745
Member Updates	8,667	722
Covered Lives*	Enrolled members = 21,177 Group members = 756 (see Note 1)	Enrolled members = 6,827 Group members = 96 (See Note 2)
Dollar value of claims paid	\$60,246,001 (see Note 3)	\$5,020,500 (see Note 4)
Claim lines processed	722,840 (see Note 5)	60,237 (see Note 6)

Data Notes

(1) Distinct count of SHARES member IDs with ADAMH-paid services – dates of service between 1/1/2018 and 12/31/2018.

(2) Average of the monthly distinct counts of SHARES member IDs with ADAMH-paid services – dates of service between 1/1/2018 and 12/31/2018. Numbers rounded up to the nearest 1.

(3) The sum of all approved payable and accepted amounts in contract year 2018.

(4) \$60,246,001 / 12 (rounded to the nearest dollar)

(5) The number of claims adjudications that FIAT produced from processing SHARES fiscal extract data in KY2018.

(6) 722,840 / 12 (rounded up to the nearest 1).

13 General Environmental Overview

The ADAMH Board operates and manages a complex client care environment. The publicly funded mental health and substance use services system is responsible for providing behavioral health services including both treatment and prevention for participants covered by Medicaid, Medicare and other funds, both public and private, as well as people who are uninsured or under-insured. The ADAMH Board responds to a highly dynamic environment in which the agency plays an essential role in addressing the behavioral health needs of consumers and their communities.

A system to replace the current enterprise system is necessary in order to provide continued support for the payor role of the ADAMH Board, as a component of the local authority’s statutory responsibility for developing, funding, overseeing, and evaluating mental health and substance use care for the county. The Board contracts with +/-32 agencies for prevention and treatment services and supports to reduce the incidence, prevalence, and impact of behavioral healthcare issues for individuals and the community as a whole. Unaddressed behavioral health issues

adversely affect the physical health of individuals, which increases healthcare costs. The ADAMH Board implements localized strategies and solutions that require coordinating and managing timely access to a wide range of behavioral healthcare services to meet the needs of various priority populations typically served in local community-based systems of care. The Board contracts with community-based mental health and substance use prevention and treatment providers, and also perform hospitalization management functions, such as clinical monitoring, continuity of care coordination, and oversight. In addition to clinical services, the Board provides access to housing, social and employment supports, transition to adulthood, medications and risk reduction programs.

The Board collaborates closely with other community system partners and stakeholders, including physical health providers, youth offender services, developmental disabilities, aging, and child welfare agencies and providers, along with schools, faith-based organizations, economic assistance and workforce development systems in addition to provider agencies, OhioMHAS, and other local Boards. The Board utilizes a variety of federal, state, and locally generated resources, which vary in source, purpose, regulations, payment methods, outcome indicators, and availability (both in amounts and within a particular county).

The Board has a responsibility to develop systems as appropriate to ensure that duplicate payments are not made to provider agencies across service populations (Medicaid and Non-Medicaid). Further, the ADAMH Board has a responsibility to develop systems to ensure that duplicate payments are not made across local Board areas (e.g. to other public ADAMH Boards serving other jurisdictions or counties).

The Board seeks to maximize the effective and efficient use of this portfolio of tax-supported resources, as well as private, philanthropic, self-pay and insurance-based funds, at both the community and individualized care levels. The selected system will support the Board as the agency coordinates and manages this wide variety of activities, services, and resources at the individual consumer, county, and funding source/program levels.

Federal and state health reform developments are significant factors that amplify the need for a system that is flexible and nimble. Due to such vast changes in our landscape, the Board desires a system that positions the agency to take advantage of current and future initiatives at the state and federal levels. While the aforementioned state and federal directions are evolving, the responsibility of the Board for coordination of community-based systems of care will also continue to change. For example, state Medicaid eligibility policies and benefit plan coverage are directly affecting the essential clinical benefits for individuals accessing care. The Board will continue to direct funds to necessary clinical and supportive services for any eligible Franklin County consumer, not only for non-Medicaid and uninsured populations, but also to complement benefits available through other payers. Other developments in the field include continued integration of electronic health records across providers, as well as regional and statewide health information exchange strategies which will require a system to interface effectively with Health Information Exchanges using standard protocols (i.e. HL7).

As a result, the Board needs to be able to participate as a vital partner in the healthcare networks of central Ohio and to have adaptability to specific features of various delivery system models

and partners' specific needs. The Board desires that the system support additional lines of business that may evolve in this complex and dynamic environment, such as value-based contracting payment models or management functionality that could be desired for coordination with other insurers, such as managed care organizations.

Within this context of opportunities and challenges, the Board must be accountable for meeting federal, state, and local mandates, including but not limited to outcomes, quality and performance expectations. The member Boards desire the system to support their strategies, business processes, and provide timely and accurate data in order to produce accountable, measurable, and fiscally responsible and sustainable results.

14 Objective of Request for Proposal

The objective of this request is to provide sufficient information to interested Offerors to prepare and submit proposals for consideration by the ADAMH Board for selection of the new enterprise system. ADAMH desires to procure a total solution system that will address core enrollment, claim payment, clinical and fiscal operations as well meet its data, reporting and information system needs. This system will be critical for the ADAMH Board to achieve, within the context described in the previous section (1.3), all of the following goals:

- Provide the highest quality of care at the most appropriate level to its clients;
- Ensure that clients are able to access appropriate, quality services in a timely manner;
- Function as the cognizant agency for the local public behavioral health system;
- Increase overall administrative efficiency for the Board and provider network;
- Develop and maintain a cutting-edge system capable of meeting developing local, state and federal requirements;
- Develop more efficient business practices;
- Become a value purchaser of behavioral health services;
- Maximize use of existing revenue sources;
- Comply with requirements as stewards of federal, state, and local funding;
- Control fraud and abuse;
- Interface with other payer systems to coordinate benefits and to protect against duplicating payments across governmental entities;
- Minimize financial risk for those who provide services, so that risk does not adversely impact client care;
- Deliver providers and other partner agencies timely and easy access to systems data;
- Monitor and evaluate the public behavioral health system's capacity;
- Use data to establish areas of need/demand (location, population, service);
- Partner with managed care organizations (MCOs as appropriate to coordinate the care of Medicaid-eligible Ohioans with mental health and substance use issues; and
- Interface with regional, state and federal health information exchanges.

To support the achievement of these goals, the ADAMH Board seeks Proposals that address all of the following with respect to the system, in addition to the specific Functional Requirements stated in Section 6:

- Implementation of an integrated managed care information system application that will meet the known, expected, and future management, monitoring, and reporting requirements of the Board;
- Specific hardware recommendations for operating the application, if not a SaaS/hosted solution;
- Project management of the installation, implementation, data conversion, and system setup of the application;
- On-site user training and complete up-to-date operation, technical, and user documentation for all job roles and functions, including the ADAMH Board's enrollment, claims, data, clinical and fiscal functional areas. The training plan should include provider agency use of a provider interface (portal);
- A post-implementation review and sign off period;
- Ongoing support relative to maintenance and enhancement of the application;
- ADAMH staff will require adequate permissions to the Production environment to function as the first line of help desk support for the provider agencies using the system, regardless of the SaaS/Self-hosted nature of the implementation.

The vision for this new system is a shared information system environment where the Board will administer the system to determine eligibility and claim payment requirements. The intent of this system is streamline processes, align provider experience with business practices of Medicaid Managed Care Organizations and Medicaid Behavioral Health Redesign and minimize in-house support efforts and resources. Additional goals include the ability to administer benefit plans with defined subsets of eligible services, code sets that are compatible with Ohio Medicaid Behavioral Health Redesign and management of benefit limits.

Offerors should submit proposals for a complete solution for the system according to the functionality described in this document. Each proposal will be measured on its own merits, based on the requirements of the system. The ADAMH Board reserves the right to award partial or multiple-party contracts if the Board determines that such action is necessary to obtain a complete and fully functioning system as described in this proposal. If that should occur, one Offeror will be identified as the prime Contractor and will be required to partner with other Offerors to provide a fully functioning system.

Each proposal must include sufficient data to allow for the verification of the total cost of the Offeror's ability to meet the request's requirements. Each proposal must respond to every request for information in this document. Unless specifically directed, do not refer to outside documentation or reference other responses when responding to the questions.

This request also gives the estimated dates for the various events in the submission and selection process as well as planned Project timelines. While these dates are subject to change, prospective Offeror should be prepared to meet them as stated.

The Board is interested in SaaS/hosted solution only (not self-hosted) and seeks an Offeror's software, hardware recommendations, implementation, training and support solution that meets all of its operational and the information system functional needs and requirements.

The approach used throughout this request is to describe specific business situations and functional needs that the ADAMH Board desires to address. The Offeror's response should indicate an understanding of the issues and include detailed explanations describing the Offeror's ability to address these issues.

15 Project Scope

This Request for Proposals seeks acquisition and implementation of a comprehensive, integrated behavioral health management information system. This system will be the primary tool utilized by the ADAMH Board to manage, monitor, and/or provide reports on the following essential system functions:

- client enrollment and eligibility management
- claims processing
- utilization and capacity management
- user interface management
- contract and provider network management
- interfaces with other data systems
- outcomes reporting and episode management
- reporting and data warehouse services
- data services
- database access, controls and security
- system flexibility and development
- other business requirements

In addition, the application should provide for the establishment of a reporting database which is refreshed a minimum of daily from the Production database that will allow for the Board to generate customized reports for the end user.

A well-qualified system will provide a mechanism through which custom reports developed in SQL Server Reporting Services to be deployed by the customer or offeror in a manner which allows users to run reports in the system pertaining to the Board (or provider agencies contracted with the Board) in the system. A well-qualified system will also provide a mechanism through which Board staff can develop additional data collection screens and publish them to the provider portal and allow them to be linked to the existing database infrastructure with minimal reliance on the Offeror.

The system will be used initially by approximately 15 Board staff, and approximately 300 provider agency staff who may access the system remotely through a web browser. Board staff will require fiscal interfaces and the ability to authorize services as well as assign benefit plans. Provider staff will need access to perform tasks such as submission of enrollment, assessment, outcomes, and claims data, and/or check on the status of claims. The system should have the ability for providers to share Protected Health Information (treatment plans, Diagnostic Assessments, etc.) securely and to coordinate care in an environment covered by HIPAA, HITECH, and the federal regulations pertaining to the confidentiality of substance use disorder

(SUD) patient records (42 CFR Part 2).

The proposed system should be readily scalable to allow for the inclusion of additional Board staff and providers, as well as (potentially) other community partners who purchase behavioral health services in the community.

Detailed software and hardware requirements to support the proposed system should be provided, though any hardware purchases may be required to be made through a separate purchasing process and the Board reserves the right to purchase any hardware through other vendors. Proposals and pricing should clearly identify options and requirements for SaaS/hosted solutions, non-hosted in-house internet-based solutions or non-internet-based solutions. If an Offeror is offering multiple options each one should be priced separately to avoid any confusion of what is available and at what cost.

Any system resulting from a contract solicited by this request requires the utilization of state-of-the-art industry standard information technology, equipment, materials, and support services. It should interface with existing Board management information systems (primarily the Board's existing fiscal, accounting systems and reporting warehouses.) The system must be fully HIPAA-compliant in order to accept and send files to the information systems of all current and future providers. Since eligibility data is a critical aspect of any client-based system, the success of inbound and outbound HIPAA transaction sets from the Medicaid system to the system is of critical importance. The availability and access to this data by the ADAMH Board is critical for accurate claims adjudication.

The manner in which an Offeror's system complies with HIPAA transaction, privacy and security regulations should be included as a key component with any response. The ability to handle eligibility verification, enrollment, claims submission, and outcome reporting electronically is also essential.

The Board and provider agencies should be able to access and enter data directly into the enterprise system. Enrollments will be entered (manually or by electronic batch), updated and verified online and claims will be adjudicated using the system.

State and Federal laws change frequently and the system should exhibit flexibility when the Board needs to change system configurations, datasets, and payment methodologies in response to changing laws or funding. This may require scalability on the part of the system to include multiple lines of business that can exist as separate fiscal entities. Offerors should be prepared to meet all changes to Federal and State requirements in a timely manner and as a function of continued business without incurring added customer costs.

Offerors should provide examples of expertise in electronic data interfaces and service coordination as it pertains to both other public ADAMH Board areas outside of Franklin County and other payers (i.e. Medicaid managed care organizations and other private insurance). Offerors should demonstrate the system's ability to process both incoming and outgoing claims, eligibility and associated HIPAA-compliant file formats (including but not limited to 837/835, 834, 270/271, and 999) in order to maximize interoperability with other systems.

In summary, the ADAMH Board is looking for an Offeror that can provide a comprehensive off-the-shelf information system(s) with the necessary support services to operate an enterprise system for the Board. The term “enterprise system” in this context means hardware, software, implementation, training and ongoing support for these components.

SECTION 2 – PROPOSAL SUBMISSION INSTRUCTIONS

2.1 General Information

This section presents information regarding the procurement process. See Section 1 for the procurement schedule.

2.2 Offeror Registration

The Offeror will be directed to the Alcohol, Drug and Mental Health Board of Franklin County website at www.adamhfranklin.org/financials/requests-for-results to register and then receive the official copies of the RFP documents.

All procurement information including RFP documents, amendments, addendums, schedule changes and questions and answers will be emailed to registered Offerors. Registered Offerors should also monitor this website for new information to assure complete compliance with specifications, terms and conditions.

2.3 Requests for Clarification/Questions

Requests for clarification and questions pertaining to the terms and conditions or scope of work of this request shall be made only in writing via e-mail to Justin N. Curtis at RFRsubmission@adamhfranklin.org prior to the deadline for requests for clarification and questions identified in Section 1.1. No other form for submitting questions and requests for clarifications is acceptable.

Requests for clarification and questions received after the identified deadlines will not receive a reply unless the ADAMH Board ascertains that the answer could result in a material change to the specification that could affect all proposals. Responses to questions and request for clarifications will be made on or before the date identified in Section 1.1. Responses to questions and clarifications may be handled as an addendum to this request for proposals if the ADAMH Board determines that they provide clarification to its requirements.

2.4 Amendments and Addendums

Amendments and/or addendums to this RFP may be issued by the ADAMH Board at any time preceding the proposal submission deadline and upon issuance will become part of the RFP. All amendments and addendums will be e-mailed to all registered Offerors and posted to the Alcohol, Drug and Mental Health Board of Franklin County website at www.adamhfranklin.org/financials/requests-for-results.

2.5 Proposal Delivery

When Proposals Must Be Delivered

The Alcohol, Drug and Mental Health Board of Franklin County (“Receiving Entity”) must receive proposals prior to and no later than 4:30 pm on the day the proposals are due, as specified

in Section 1.1. Sealed proposals received after the specified date and time will be considered late and will not be opened.

The time clock at the ADAMH Board will serve as the official record of the time and date that sealed proposals are received and will be the sole factor in determining if proposals are received in time to be considered.

Where Proposals Must Be Delivered

Proposals must be delivered to the following address:

Alcohol, Drug and Mental Health Board of Franklin County
Attn: Justin N. Curtis
“Request for Proposal (RFP) for a Behavioral Healthcare
and Recovery Enterprise System”
447 E. Broad St.
Columbus, Ohio, 43215

How Proposals May Be Delivered

- Each proposal must be submitted in a sealed envelope or similar container with “RFP Behavioral Healthcare and Recovery Enterprise System” clearly marked on the outside and in the “attention” line of the address.
- If an Offeror uses an express mail or courier service, “RFP Behavioral Healthcare and Recovery Enterprise System” must be clearly marked on the express mail or courier envelope or must be enclosed in a sealed envelope inside the express mail or courier service envelope. A proposal that is not properly and clearly marked and is inadvertently opened before the scheduled proposal opening time may be disqualified without additional consideration. Use of an express mail or courier service is at Offerors sole discretion and responsibility. ADAMH is not responsible for delivery mistakes including but not limited to late deliveries or improperly handled deliveries.
- ADAMH will not accept proposals with postage due or collect postage on delivery charges.
- Sealed proposals received through the mail after the specified proposal due date and time will be returned to the Offeror unopened.
- Sealed proposals received through a courier service after the specified proposal opening date and time will not be accepted from the Courier Service.
- ADAMH will receive proposals by hand delivery prior to the specified due date and time during the hours of 8:30 a.m. through 4:30 p.m. Monday through Friday, except public holidays observed by Franklin County.
- **Faxed, entirely electronic, or e-mailed proposal submissions are not acceptable.**

2.6 Proposal Contents

Proposals must contain the following:

- One complete, original hard copy, signed and notarized where applicable, of all documents, including all statements, assurances and affidavits as directed in this request;
- Five paper copies of Offeror's complete proposal;
- The following documents on a USB flash drive:
 - A copy of Offeror's completed proposal in MS Word document or PDF format (please do not submit any ZIP files) including a completed cost breakdown in an Excel document following the format described in Appendix D - Cost Breakdown Template

Offerors must not staple, bind or place document hardcopies in any 3-ring binders or GBC type binders, although documents may be secured by using paper clips, binder clips or rubber bands to keep them orderly. This requirement includes any amendments or addendums applicable to the request. All hardcopy documents will be on 8.5-inch x 11-inch paper; brochures should be copied to the same format.

Proposals should be structured according to the proposal content requirements as described in Section 5.

2.7 Withdrawal or Modification of Proposals

Prior to the proposal opening, Offerors may withdraw proposals for modification and resubmit at any time prior to the proposal due date or may be withdrawn at any time prior to contract signing.

2.8 Proposal Opening

Proposals shall not be opened until the due date. Proposals will be opened publicly, in a manner to avoid public disclosure of contents, however, only names of Offerors will be read aloud. The ADAMH Board reserves the right to postpone the proposal opening for its convenience.

2.9 Evaluation Process

At any point during the evaluation process, the Board may request clarifications from any Offeror under active consideration and may give any Offeror the opportunity to correct defects in its proposal if the Board believes doing so does not result in an unfair advantage for the Offeror and it is in the Board's interest to do so. The phases of the evaluation process will be as follows:

Phase 1 – Initial Review of Proposal

The Board will review all proposals for their format, completeness and compliance with the submission requirements of this RFP. All proposals that comply with the RFP's submission requirements shall move on to Phase 2. The Board reserves the right to waive any informalities or irregularities in the proposals received.

Phase 2 – General Functional Requirements Screening

In order to concentrate evaluation resources most effectively on qualified Offerors, a screening of proposals, using the criteria identified in Section 10.2, will be conducted by the Board to identify proposals that will be evaluated by the full Selection Committee in Phase 3 in accordance with the evaluation methodology described in Sections 10.3 to 10.7. Proposals will be ranked with the highest ranked proposals moving on to Phase 3.

Proposals that do not meet the pre-screening requirements will be held by the Board and considered if a successful outcome is not reached with the Offerors that move on to Phase 3.

Phase 3 – Interviews and Demonstrations

As determined by the Board's pre-screening of proposals in Phase 2, a selected number of Offerors shall be requested to be interviewed regarding their proposals and to demonstrate their products in accordance with the process described in Section 10.8. The Board, in its sole discretion, will determine how many Offerors within that range will be selected for oral presentations and demonstrations

A Selection Committee comprised of member Board staff of varying scope (fiscal, clinical, information technology, executive management) and representatives of provider agencies will interview Offerors and score the presentations in accordance with Sections 10.3 to 10.8. Based upon the results of the evaluation, the Selection Committee shall identify proposals that will be comprehensively evaluated in Phase 4.

Proposals that are not selected for a comprehensive evaluation will be held by the Board and considered if a successful outcome is not reached with the Offerors that move on to Phase 4.

Phase 4 – Comprehensive Evaluation

As determined by the Board's evaluation of Offeror product demonstrations and interviews in Phase 3, a selected number of proposals shall be selected for a comprehensive evaluation that includes an assessment of the following:

- Implementation Support Requirements (Section 7)
- Offer Profile (Section 8)
- Supplemental Information (Section 9)

Based upon the results of the comprehensive evaluation, a single proposal will be advanced to Phase 5.

Phase 5 – Offeror Recommendation

The Selection Committee will inform executive leadership and the Board of Trustees of the ADAMH Board as to the proposal that it has determined is the highest ranked Proposal, in consideration of the evaluation factors, criteria and process described in this request.

2.10 Contract Negotiations

The ADAMH Board will enter into contract negotiations with the Offeror whose proposal was recommended by the Selection Committee.

ADAMH and the highest ranked Offeror shall begin negotiations to determine if a contract can be reached. If the parties can agree to contractual terms, then they shall reduce those terms to a writing that is acceptable to both parties.

At any time during the negotiation process, if an Offeror fails to provide the necessary information for negotiations in a timely manner, fails to negotiate in good faith, or takes exception to the contract terms and conditions specified in this RFP, the Board may terminate negotiations with that Offeror and begin negotiations with the Offeror whose proposal was determined by the Selection Committee to be the next highest ranked Offeror.

The Selection Committee retains the right to request and/or review security audit results performed by a neutral outside network security firm prior to Contract signing and may require that a satisfactory security audit to be performed as a requirement of entering into a Contract.

If compensation and payment terms, contract requirements and contract documents can be agreed upon with the Offeror, and the security audit results, if requested, are satisfactory, the contract will be awarded to that Offeror. The Board will send a written notice to the Offeror that it wishes to award the contract to that Offeror. Within a reasonable time period after the award is made, the Board will notify all other Offerors that the contract has been awarded to another Offeror.

If compensation and payment terms, contract requirements and contract documents cannot be agreed upon with the Offeror, or the security audit results, if requested, are not satisfactory, the Board will notify the Offeror of the termination of negotiations which will be confirmed by written notice within three business days.

Upon failure to negotiate a contract with that Offeror, negotiations will begin with the next highest-ranked Offeror and the same requirements for awarding of the contract will apply.

If no contract can be negotiated with any Offeror, or as it may determine in the exercise of its discretion during the proposal process, ADAMH may cancel the RFP and re-solicit proposals.

2.11 Proposal Rejections

The Board reserves the right to reject any proposal in which the Offeror takes exception to the terms and conditions of the RFP; fails to meet the terms and conditions of the request for proposals, including but not limited to, the standards, specifications and requirements specified in the RFP; or submits prices that the Board considers to be excessive, compared to existing market conditions, or that are in excess of the available funds of the ADAMH Board.

The Board also reserves the right to reject, in whole or in part, any proposal that it has determined, using the evaluation factors and criteria described in this RFP, would not be in the best interest of the ADAMH Board.

SECTION 3 – GENERAL INFORMATION AND CONDITIONS

3.1 Procurement Process

This procurement process is being conducted in accordance with O.R.C. 307.862.

3.2 Ethics

All Offerors and employees of ADAMH Board are bound by the Ethics Laws of Ohio. Any Offeror or employee who violates any of these laws will be subject to penalties set forth by law.

3.3 Public Record and Treatment of Confidential and Proprietary Information

- Proposals shall be opened so as to avoid disclosure of contents to competing Offerors. In order to ensure fair and impartial evaluation, proposals and related documents submitted in response to a Request for Proposals and any subsequent negotiation for a final Contract, will not be available for public inspection and copying under O.R.C. §149.43 of the Revised Code until after the award of the contract.
- All materials in proposals will become the property of the ADAMH Board and may be returned only at the Board's discretion. Any portion of the proposal to be held confidential should be marked to that effect and will not be considered public record if it clearly falls within an exemption enumerated in O.R.C. §149.43. In addition, any information that is clearly considered to be a "trade secret" under Ohio's Uniform Trade Secret Act will be considered exempt from public records requests in accordance with section 149.43(A)(1)(v) of the Ohio Revised Code.
- In order to ensure fair and impartial evaluation, proposals and any documents or other records related to a subsequent negotiation for a final contract that would otherwise be available for public inspection and copying under O.R.C. §149.43 will not be available until after the Contract is awarded. Any information that is subject to an exception set out in the Public Records Act will be redacted before the record is made public.
- The written notice sent to the Offeror awarding Offeror the Contract will be a public record available to the public.

3.4 Proposal Costs

The ADAMH Board will not be responsible for any costs incurred by Offerors in preparation of responses. Total liability of the Board is limited to the terms and conditions of any resulting Contract.

3.5 Offeror’s Warranty against an Unresolved Finding for Recovery

O.R.C. §9.24 prohibits the ADAMH Board from awarding a contract to any Offeror against whom the Auditor of the State has issued a finding for recovery if the finding for recovery is “unresolved” at the time of the award. By submitting a proposal, an Offeror warrants that it is not now, and will not become, subject to an “unresolved” finding for recovery under O.R.C. §9.24 prior to the award of any contract arising out of the request without notifying the ADAMH Board of such finding.

3.6 Representations and Warranties

The Offeror warrants the accuracy of information submitted and acknowledges that the ADAMH Board will rely on the Offeror’s information in making its selection and contracting with the successful organization.

3.7 Funding Arrangements, Fee Structure and Guarantee

Offerors are expected to quote firm and fixed prices. The successful Offeror will not change pricing or the scope of work during the contract period or any renewal periods without change order approval by the Board. When there are errors in multiplication or addition in a proposal, the unit price quoted will be used for calculating the correct total price. If the error is in the unit price, the proposal will be automatically disqualified. All pricing will be valid for 180 calendar days from the proposal opening date to permit adequate evaluation of the responses.

3.8 Specifications

The Board may use any form of specification it determines to be in the best interest of the Board and that best describes the goods or services to be purchased. A specification may be in the form of a design specification, a performance specification or a combination thereof.

3.9 Communication During Evaluation

- The Board may conduct discussions at any point in the evaluation process with Offerors who submit proposals for the purpose of clarifications or corrections regarding a proposal and to ensure full understanding of, and responsiveness to, the requirements specified in this request, including but not limited to, discussions that occur during the oral presentations and system demonstrations that will be required of the top-ranked Offerors.
- During the evaluation process, unless requested by the Board, as part of the evaluation process, any attempt on the part of the Offeror, the Offeror’s agent(s), or any party representing the Offeror, to submit correspondence that is determined by the Board to be an attempt to compromise the impartiality of the evaluation or any party on the part of the Offeror, the Offeror’s agent(s), or any party representing the Offeror to communicate with any member of the Board regarding the evaluation process may be grounds for immediate disqualification of the Offeror. A determination to cease the evaluation or reverse an award determination will be at the sole discretion of the Board.

3.10 Offeror's Affirmation Regarding Location of Service Performance

By submitting a proposal, the Offeror affirms, understands and will abide by the requirements of Executive Order 2011-12K which requires that no services requested under this Contract will be performed outside of the United States including, but not limited to, the accessing, testing, maintaining, backing-up or storing of data. If awarded a contract, the Offeror becomes the Contractor and must affirm that both the Contractor and any of its subcontractors will not perform the services provided under the Contract outside of the United States.

SECTION 4 - CONTRACT TERMS AND CONDITIONS

4.1 Contract Agreement

The final set of Contracts (including but not limited to initial contracts and ongoing support contracts, hereafter referred to collectively as “the Contract”) shall be the negotiated agreement between the ADAMH Board and the Offeror.

An Offeror’s standard administrative contract will not be accepted as a deviation from the Board’s Contract Terms and Conditions and will not be considered during evaluation or negotiations.

4.2 Entire Agreement; Parties to the Contract

The selected Offeror (“Contractor”) and the ADAMH Board shall enter into a contract (“Contract”), which shall comprise the entire agreement of the parties, subject to Section 4.3.

4.3 Contract Components

The Contract will consist of the signed contract; the terms and conditions contained in this Section (Section 4) and the forms set forth in Section 5.9; the original request, including the request specifications, pricing forms, all documents requiring the Offeror’s signatures and any written amendments/addendums to the request; and the Offeror’s complete written proposal, including proper modifications, clarifications and samples.

Any inconsistency in this document or the Contract shall be resolved by giving precedence in the following order:

- The signed contract documents
- This Request for Proposals
- The Offeror’s submitted proposal

4.4 Standard of Care

Contractor will discharge its obligations under the Contract with that level of reasonable care that a similarly-situated professional would exercise under similar circumstances.

4.5 Indemnification

The Contractor must agree to assume the defense of, indemnify, and save harmless the ADAMH Board, the Board’s employees, officials, contract providers, agents and joint venture(s) from any and all losses, claims, actions, damages, lawsuits, costs, judgments, expenses, subrogation and any other liabilities that may arise from the Offeror’s performance of the terms of the Contract, including but not limited to the Contractor’s employees, agents, subcontractors, sub-subcontractors, and any others designated by the Contractor to perform work or services under the terms of the Contract. The Board is prohibited under Ohio law from agreeing to indemnify or hold harmless Contractor in any manner.

4.6 Unresolved Finding for Recovery

If, after the Contract is awarded, it is determined that an “unresolved” finding for recovery had been issued against the Contractor prior to the award the Contract shall be void. The Contractor understands that Contractor shall be responsible to the Board for any expenditure against the Contract.

4.7 Subcontracting

Contractor will confirm that it will be the primary Contractor that will be performing the work under the Contract. Contractor may use subcontractors for portions of the work under the Contract, but Contractor will remain the primary Contractor and will remain liable for all work performed hereunder regardless of whether performed directly by it or by a subcontracted entity.

Contractor shall not use any subcontractor who has been subject to action that limits the subcontractor’s right to do business with the local, state, or federal government.

Contractor shall ensure that all subcontractors are bound by the same requirements and obligations as Contractor.

4.8 Consent to Assign

Contractor will not assign any of its rights under the Contract unless the ADAMH Board consents to the assignment in writing. Any purported assignment made without the Board’s written consent is void and may result in termination of the Contract. The Board may assert against an assignee any claim or defense the Board may have against the assignor.

4.9 Record Keeping

Contractor will keep all financial records consistent with Generally Accepted Accounting Principles (GAAP) during the period covered by the Contract and is required to provide the Board, or their designated representative, access to all books, documents, papers, or records related to the Contract.

4.10 Insurance Requirements

Throughout the Contract period, the Contractor must maintain commercial general liability insurance, errors and omissions/professional liability insurance, comprehensive automobile coverage and cyber liability insurance cover in sufficient amounts. All coverage must be occurrence based. These insurance requirements apply equally to all subcontractor and sub-subcontractors during the period of their performance of work or services under the Contract.

A Certificate of Insurance for all required coverage must be submitted to the ADAMH Board on the ACORD 25 Form (preferred) at least seven (7) calendar days prior to contract signing. Failure to provide such Certificate within the stated time period may be deemed to be a failure of contract

negotiations. Failure to maintain such insurance coverage as required by law and any renewal thereto will be considered as a default.

ALL INSURANCE COMPANIES PROVIDING COVERAGE SHALL BE LICENSED TO CONDUCT BUSINESS IN THE STATE OF OHIO.

4.11 Non-Discrimination / Equal Opportunity

Contractor will agree that:

- In the hiring of employees for the performance of work under the Contract or any subcontract, Contractor and its subcontractors will not, by reasons of race, color, religion, sex, age, disability, military status, national origin or ancestry, discriminate against any citizen of this state in the employment of a person qualified and available to perform the work to which the Contract relates.
- Contractor, its subcontractors, and any person acting on behalf of Contractor and its subcontractors will not, in any manner, discriminate against, intimidate, or retaliate against any employee hired for the performance of work under the Contract on account of race, color, religion, sex, age, disability, military status, national origin or ancestry.

Contractor will agree to have a written affirmative action program for the employment and effective utilization of economically disadvantaged persons, as defined in O.R.C. §122.71 and to annually file a description of the affirmative action program and a progress report on its implementation with the Ohio Civil Rights Commission and the Minority Business Development Office established under O.R.C. §122.92.

4.12 Term of Contract

The exact Contract commencement date and expiration date shall be set forth in the Contract. The Contract is effective on the later of the Effective Date set forth in the Contract or the date upon the signatures of the ADAMH Board. The Contract will remain in effect until the end date as noted in the Contract or until the Contract is fully performed by both parties or until it terminates in accordance with the termination language of the Contract.

4.13 Fee Payment Schedule

The payment plan shall be broken down by phase or major deliverable components. A final payment plan will be determined in the Contract. Tentatively, the payment plan will take the following format:

Milestone #	Amount	Milestone Description
1	10%	Contract Signing
2	10%	System Setup Complete in Test Environment
3	10%	Data Conversion Completed in Test Environment
4	20%	Completion of Training
5	25%	Completion of agreed to configured content
6	25%	Final Acceptance

4.14 Invoicing

Contractor will submit an invoice to the Board following the completion of each milestone. The Board will pay invoices within 45 days of the receipt of each such invoice. Invoices are to be sent via United States Postal Service first-class mail to the Board address listed above to ATTN: ACCOUNTS PAYABLE or e-mailed to: accountspayable@admhfranklin.org.

4.15 Taxes

The ADAMH Board is exempt from all federal, state, and local taxes. The Board will not pay any taxes on supplies or services purchased from an Offeror, unless the Contract terms and conditions specifically state otherwise. A tax-exempt certificate will be provided on request by the Offeror receiving the award.

4.16 Contract Administration

The ADAMH Board will be responsible for the administration of the Contract and will monitor the Offeror's performance and compliance with the terms, conditions and specifications of the Contract. If the Board observes any infraction(s), such shall be documented and the Offeror will be notified of the infraction. Failure of the Offeror to rectify the infraction(s) may result in Offeror being deemed in default, whereas, the Board may exercise its rights under the termination clauses of the Contract.

4.17 Acceptance Testing and Final Acceptance

The Board will make full acceptance of the system and all related deliverables when satisfactory performance, according to requirements described in the request, have been met and documentation delivery requirements have been satisfied, along with the delivery of all required training.

In measuring acceptance, a system failure resulting from external causes, including but not limited to acts of God, fire or ADAMH Board oversight, will be excluded from the acceptance testing. System failures, which occur and are not covered by the preceding sentence, will require a new period of acceptance testing at the discretion of the ADAMH Board.

The Board will be the sole judge of whether or not the system has passed all tests performed. If, in the Board's judgment, it determines that the system has not passed a required test, Contractor may request a written description of the way in which the system's performance was unsatisfactory in order that the Contractor may correct the system's deficient performance.

If it is discovered that the system or any part thereof requires correction, the Board shall maintain the absolute right to continue the use of the system until such time as it is convenient to the Board for change implementation.

If the system does not function because of a problem in the Board's production-computing environment, it is the Contractor's responsibility to define/document the problem and furnish the corrective action to fix the problem. The ADAMH Board will notify the Contractor in writing when the system has passed/completed the final acceptance test.

4.18 Non-Acceptance of Goods

No certificate of payment, no provision in the request documents, nor any partial shipment of materials or entire occupancy of government shall constitute an acceptance of work, materials or equipment not done or provided in accordance with the contract documents, or relieve the Contractor of liability for any express or implied warranties or responsibility for faulty materials, workmanship or service.

The Contractor shall remedy any defects in the work, material, or equipment and pay for any other resulting damage to other work, material, or equipment that appears within one year of final acceptance of the work, materials, or equipment unless a longer period is elsewhere specified. Nothing stated herein shall relieve the Contractor of common-law liability for latent defects that may appear after the expiration of the warranty period.

4.19 Contract Termination

If the Contractor fails to perform any one of its obligations under the Contract, it will be in default and the Board may terminate the Contract in accordance with Section 4.20 and the terms of the Contract.

If a petition in bankruptcy or similar proceeding has been filed by or against the Contractor, the Board may terminate the Contract with written notice to the Contractor. The cancellation will be effective on the date stated in the notice. In addition, the Board reserves the right to terminate the Contract for any reason with thirty (30) days written notice to Contractor. The notice shall state the date upon which the Contractor shall cease further work under the Contract. Contractor will be paid for all services provided prior to the date identified in the notice.

Contractor may request termination of the Contract but the termination and any related terms and conditions must be agreed to by ADAMH Board.

4.20 Termination for Default:

The Board may, subject to the paragraphs below, by written notice of default to the Contractor, terminate the Contract in whole or in part if the Contractor fails to:

- Deliver the supplies or to perform the services within the time specified in the Contract or any extension;
- Comply with a requirement of the Contract; or
- Make insufficient progress such as to endanger performance of the Contract.

The Board may exercise its right to terminate the Contract under this Section of the RFP and the terms of the Contract if the Contractor does not offer a plan to cure such failure within ten (10) calendar days (or more if authorized in writing by the Board) after receipt of the notice from the Board specifying the failure.

The Board, in its sole discretion, may also exercise its right to terminate the Contract under this Section if it determines that Contractor has not satisfactorily fulfilled its plan to cure the failure (as defined above) within the timeframe stated in the plan.

If the Board terminates the Contract in whole or in part for default under this Section, it may acquire, under the terms and in the manner the Board considers appropriate, supplies or services similar to those terminated and the Contractor will be liable to the Board for any excess costs for those supplies or services. The maximum amount of liability of the Contractor shall not exceed the total amount of fees that have been paid to the Contractor as of the termination date of the Contract. The Contractor shall continue any work not terminated.

Except for defaults of subcontractors at any tier, the Contractor shall not be liable for any excess costs if the failure to perform the Contract arises from causes beyond the control and without the fault or negligence of the Contractor. Examples of such causes include (1) acts of God or of the public enemy, (2) acts of the Government in either its sovereign or contractual capacity, (3) fires, (4) floods, (5) epidemics, (6) quarantine restrictions, (7) strikes, (8) freight embargoes, or (9) unusually severe weather. In each instance, the failure to perform must be beyond the control and without the fault or negligence of the Contractor.

If failure to perform is caused by the default of a subcontractors at any tier, and if the cause of the default is beyond the control of the Contractor and subcontractor, and without fault or negligence of either, the Contractor shall not be liable for any excess costs for failure to perform, unless the subcontracted supplies or services were obtainable from other sources in sufficient time for the Contractor to meet the required delivery schedule.

If, after termination, it is determined that the Contractor was not in default, or that the default was excusable, the rights and obligations of the parties shall be the same as if the termination had been issued for the convenience of the Board.

4.21 Actual Damages

A Contractor is liable for all actual damages and direct damages caused by the Contractor's default or gross negligence. The Board may buy substitute services or supplies, from a third party, for those that were to be provided by the Contractor. The Board may recover the costs associated with acquiring substitute supplies or services, less any expense or costs saved by the Contractor's default, from the Contractor.

4.22 Legal Compliance

The Contractor must agree to comply with all applicable local, state, and federal laws in the performance of the work specified in this request for proposal, including applicable state and federal laws regarding drug-free work places. The Contractor will be required to accept full responsibility for payment of all taxes and insurance premiums including, but not limited to: Unemployment Compensation insurance premiums, Workers' Compensation, all income tax deductions, Social Security deductions and any other taxes or payroll deductions required for all employees engaged by the Contractor in the performance of the work specified in this request.

4.23 Workers' Compensation Provision

The Contractor shall be required to carry Workers' Compensation Liability Insurance as required by Ohio law for any work to be performed within the state of Ohio and provide evidence of such to the ADAMH Board at least seven (7) calendar days prior to contract signing. Failure to provide such evidence within the stated time period may be deemed to be a failure of contract negotiations. Failure to maintain Workers' Compensation Liability Insurance coverage as required by law and any renewal thereto will be considered as a default.

4.24 Location of Service Performance

The Contractor shall be required to affirm that Contractor has read and understands Executive Order 2011-12K, which requires that no services performed under the Contract will be performed outside of the United States including, but not limited to, the accessing, testing, maintaining, backing-up or storing of data. Contractor must agree to abide by such requirements in the performance of the Contract and require the same of any subcontractors.

4.25 Compliance with Confidentiality Laws

Due to the sensitive and confidential nature of the data that will be contained in the system, Contractor must agree to the provisions required to be included in a business associate agreement pursuant to the Health Insurance Portability and Accountability Act (HIPAA) of 1996 (45 CFR Parts 160, 162 and 164) and to the confidentiality provisions required by the federal regulations pertaining to confidentiality of substance use disorder (SUD) patient records (42 CFR Part 2).

4.26 System Availability and Recovery

Contractor must guarantee at least 99% availability of the system and reports server and that back-ups of the system and reports server will occur at minimum on a nightly basis.

SECTION 5 – PROPOSAL CONTENT REQUIREMENTS

5.1 General Information

This section describes the information that must be contained in Offeror’s Proposal. Proposals must be clear and concise. Offerors should take care to completely answer questions, provide the requested information and meet the request’s requirements. The objectives and project scope described in Sections 1.4 and 1.5 should be considered when determining Offeror’s responses.

Proposals should be structured using the section headings and content described in Sections 5.2 to 5.10. Pre-printed materials not written specifically for this proposal should be clearly marked to indicate which section they are intended to address.

5.2 Point of Contact Information

Offeror should identify a single point of contact for the proposal and the contact information for that person.

5.3 Executive Summary

The Offeror should provide an Executive Summary that gives an overview of the proposal, highlighting the offer and outlining the benefits of the company and product (software, hardware, services, etc.) being proposed. This section should include a corporate resolution or other evidence of authority. It should also include a proposed grand total summary.

5.4 Acceptance of Contractual Requirements

The Offeror should provide acknowledgement of acceptance of the contractual requirements stated in the request.

5.5 Project Timeline

Offeror must propose a project timeline which shall permit the development and installation of a fully operational system to be completed and ready to “go-live” within twelve (12) months from the Contract's effective date. The project timeline shall include the submission of a project plan within one (1) month from the Contract’s effective date.

5.6 Conflict of Interest

Offeror must provide a written statement indicating whether the Offeror or any people that may work through the Offeror have a possible conflict of interest (e.g., employment with the Board or an agency contracted by the Board, etc.) and, if so, the nature of the conflict. This statement must be signed by the signatory authority who signs the proposal. The ADAMH Board has the right to reject a proposal in which a conflict is disclosed or cancel the Contract if any interest is later discovered that could give the appearance of a conflict.

5.7 Response to Sections 6, 7 and 8

Offeror must respond to the information requested in Section 6 - Functional Requirements, Section 7 - Implementation Support Requirements and Section 8 - Offeror Profile.

Most of the responses in these sections will require a **coded response** that indicates your system's ability to meet a specific requirement followed by a detailed explanation of how the system meets the requirement. *Offerors should be candid about their system strengths and limitations and realistic in their responses and should use the terminology listed in section 6.2 to describe the offerings as responses shall be verified through product demonstrations if the proposal is selected for further evaluation.*

Several requirements request a **narrative response** rather than or in addition to a coded response. The Offeror should take care to read the requirements carefully and respond to the specific items discussed. The Offeror should give a brief comment explaining how the system meets the requirement even if not specifically asked for as part of the requirement.

5.8 Supplemental Information

Responses to this section should include information described in Section 9 - Supplemental Information.

Additional information and data sheets to support responses made in the proposal may also be submitted in this section, but the Offeror may not simply refer to documentation without responding to the specific requirement. In cases where the ability to determine an Offeror's response requires unreasonable effort or research on the part of the Board, the requirement may be considered unanswered and may be treated as **NOT AVAILABLE**.

5.9 Cost Breakdown and Offeror Profile Templates

The cost breakdown (APPENDIX D) template made available to offerors must be completed and submitted by each Offeror in an Excel document that follows the structure presented in the template. Each section shall be completed with at least as much detail as requested in the template. Cost or profile categories not listed on the template should be added by the Offeror.

5.10 Affidavits

The following affidavits are included in the appendices to this request and are incorporated herein by reference. Each Affidavit must be signed and notarized:

- Non-Discrimination / Equal Opportunity Affidavit Delinquent Personal Property Tax Affidavit
- Non-Collusion Affidavit

SECTION 6 – FUNCTIONAL REQUIREMENTS

6.1 General Information

The Offerors’ responses in each of these categories will be evaluated by ADAMH Board. Scored items shall be addressed by a narrative document structured similarly to the example below. The Offeror should provide a detailed explanation on how the Offeror specifically meets the desired need.

Example:

Req #	Requirement Description	Offeror Narrative/Comments
1.1	Batch enrollment of individual consumers	Offeror response example: <i>“Fully Functional” - offeror supports this functionality for 5 customer installations in production; the first of which went live in December of 2013</i>

Each response should begin with a statement of the level of functionality in the proposed solution in accordance with the categories listed in Section 6.2 and should provide more detailed narrative as appropriate to support the category chosen.

If additional cost is involved, indicate the item reference number in the Cost Breakdown Template (Appendix D) that reflects the cost.

6.2 Product Capabilities

Offerors should describe the offered product’s capabilities by categorizing the required functionality using the terms listed below:

- *Fully Functional:* Offered product meets the stated requirements “off-the-shelf” and requires no additional development or unusual, costly, or time-consuming configuration beyond normal system installation and implementation. Stated requirements are being met by existing customer(s) who share the requirement in a live Production environment.
- *Requires Configuration:* Stated requirement can be met in the existing system but would require configuration outside the scope of usual and customary implementation, though without additional development.
- *Requires Development or In Development (no charge to customer):* Stated requirement is understood to require development or is currently in development for a future release which is scheduled to be made available to customers as part of the standard development cycle and would not necessitate an additional charge.
- *Requires Development (with charge to customer):* Stated requirement is either entirely new to the vendor or has been rejected in previous development plans. Customer would be

charged for the development.

- *Not Available:* Stated requirement is outside the scope of the offered product and/or has been rejected from inclusion in the offered product (specify which).

Stated requirements for which the above classifications do not apply (i.e. general/strategic) should be addressed appropriately in the written response.

6.3 General System Functions Requirements

Proposals shall address, at minimum, each requirement listed below:

1. Enrollment and Eligibility Management

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
1.1	Batch enrollment of individual consumers	3
1.2	Manual enrollment of individual consumers	5
1.3	Management of consumer co-insurance responsibilities	5
1.4	Management of 3rd party insurance/coordination of benefits	5
1.5	Billing for Non-Individual ("Group" or pseudo-UCI) Members	5
1.6	Support for concept of tagging for specialty populations by status	5
1.7	Inclusion of ICD-10 diagnostic codes with every claim	5
1.8	Re-Enrollment and Retention	5
1.9	Ability to manage and identify a "lead" provider for each consumer	5
TOTAL for Enrollment and Eligibility Management functionality		43

2. Claims Processing

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
2.1	Automation of adjudication process	5
2.2	Method for handling pending claims	3
2.3	Reversal/reprocessing of errors in claims	3
2.4	Support for mapping requirements for multiple contracts with provider based on different service types	3
2.5	Provider feedback loop re: claims payment status (including 835s, 999s, adjudication detail)	5
2.6	Medicaid eligibility verification (270/271 or other mechanism)	5
2.7	Flexibility to create own procedure codes and modifiers	5
2.8	Adjudication logic	3
2.9	Weekly claims extract (Fiscal Extract)	5
2.10	Flexibility in unit definitions	5
TOTAL for Claims Processing functionality		42

3. Utilization and Capacity Management

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
3.1	Referral Management	3
3.2	Waiting List Management	3
3.3	Utilization Management	3
TOTAL for Utilization and Capacity Management functionality		9

4. User Interface

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
4.1	Ease of use for non-technical users/fit and finish of graphical user interface	3
4.2	Ability to design custom data collection interfaces	5
TOTAL for User Interface functionality		8

5. Contract and Provider Network Management

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
5.1	Provider Credentialing Management	3
5.2	Different pricing decisions based on provider credential	3
5.3	Support broad variety of payment models	5
5.4	Contract/rate management	5
5.5	Payment for services by specific grants and/or programs - management of fund sources	5
5.6	Benefit Plan management	5
TOTAL for Contract and Provider Network Management functionality		26

6. Interfaces

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
6.1	HIE compatibility	5
6.2	Integration of Board-managed fiscal platform in system/adjudication or demonstrated ability to replace Board platform	5
6.3	Interaction with other payer systems (MITS, private insurance, Managed Care)	5
TOTAL for Interfaces functionality		15

7. Outcomes Reporting and Episode Management

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
7.1	Support member specific data collection (outcomes, OHBH, etc.)	3
7.2	NOMS, HEDIS, NCQA - National outcome measures/standards built in	3
7.3	Supports data submission through batch data uploads	3
TOTAL for Outcomes Reporting and Episode Management functionality		9

8. Reporting and Data Warehouse

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
8.1	Administrator level access to production database	5
8.2	Availability of standalone Reporting Server	5
8.3	Mechanism for Provider reporting/querying own claims	5
8.4	Mechanism for Board developed reporting to be executed in the system by providers if desired	5
8.5	Availability of updated data dictionary/schema diagrams	5
8.6	Schedule and availability of database backups for combination with legacy data locally	3
TOTAL for Reporting and Data Warehouse functionality		28

9. Data Services

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
9.1	Data Conversion requirements from legacy system	3
9.2	Inclusion of legacy system client identifier	5
9.3	Creation of "Reverse Extract" for state department	5
TOTAL for Interfaces functionality		13

10. Database Access, Controls and Security

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
10.1	Providers able to access only their own clients unless specifically shared with other providers	5
10.2	Management of user accounts to system and provider portal	5
10.3	Password & user account Management	5
10.4	Secure Client Lookup	5
10.5	HIPAA and 42 CFR compliance (system-wide)	5
TOTAL for Database Access, Controls and Security functionality		25

11. Other Business Requirements

<u>Req #</u>	<u>Requirement Description</u>	<u>Weighted Score</u>
11.1	Active whitelisting to restrict by time or location	5
11.2	Multiple system environments available for different uses (DEV, PROD, TEST, TRAIN)	5
11.3	Identification of providers subject to 42 CFR requirements (federal funding for SUD programs)	5
11.4	Collect consumer consent for 42 CFR compliance	5
11.5	Ability to produce mailing list for HIPAA notice of privacy practices	5
11.6	Ability to create designated records set	5
11.7	Management of expiration of releases of information	5
TOTAL for Other Business Requirements functionality		35

SECTION 7 - IMPLEMENTATION SUPPORT REQUIREMENTS

7.1 Implementation Project Plan

Offerors shall provide an implementation work plan, project management methodology and project timeline (Gantt Chart) that addresses, at a minimum, the following categories:

- Project Management
- System Surveys (user stories from Agile) and System Functional Design
- Software Installation
- Configuration Specifications and Development – include any & all interface costs
- Table and Master File Configuration
- Forms and Report Design
- Training Resources, Plan and Schedule, Training Manuals and Materials Provided.
- Training should include training for user interface, provider agency staff access and ADAMH Board (system administrator) staff access
- Training will be at the ADAMH Board offices unless otherwise agreed to by the ADAMH Board
- System Test Plan and User Acceptance Testing
- Data Conversion for integration and uploading of historical data
- "Go Live" Support
- Post Implementation Support

The plan described in this section of the request should relate directly to the cost section of the request. All travel costs involved in providing any of these services (training, project management, etc.) onsite in Columbus, Ohio and should be estimated based on current actual travel costs and the number of onsite days included in the project plan. The Offeror shall make its own determination as to the frequency and duration of travel necessary to ensure a successful implementation. The details of the estimated travel costs should also be included in the narrative response for this section.

7.2 Project Manager and Other Implementation Resources

The Offeror should identify the individuals that the Offeror will commit to this project. Their proposed role in the project should be identified as well as the percentage (%) of time that will be dedicated to the project during the implementation. The Offeror shall designate a Project Manager to coordinate all activities of this project with the Board's representative. The Board will have the option of selecting specific individuals among those available through the Offeror and have the Offeror commit these individuals for the duration of the project. The Board reserves the right to request that Offeror's project staff be replaced with other staff if the services provided are not deemed satisfactory.

7.3 Implementation Support-Training

The training of Board staff will require special attention. During system go-live, the Offeror must be willing to provide a high level of on-site support.

Ongoing training is also a major concern. It is critical that the Offeror agree to provide a training approach that will not only provide sufficient training prior to go-live, but will provide an ongoing training support strategy to ensure staff can be retrained and that new staff can be trained.

The Offeror should describe the types of documentation that will be delivered with the system. Examples of the documentation are desired as part of the request response. A review of all documentation will be required prior to the final Offeror selection.

Types of documentation that the Board is looking for include:

- Online system documentation
- Screen level documentation
- Application procedure manuals
- Training manuals and training aids
- System operations manuals
- User interface
- Report Writer documentation
- Data Dictionary, Database Definitions document, & database schema diagrams

7.4 Implementation and Support Resources

The Offeror should provide a comprehensive overview of the resources needed during the implementation and ongoing support of the proposed system, including number of staff and their responsibilities and optimal skill sets.

7.5 Software Support Services

The plan described in this section of the request should relate directly to the cost section of the request. These costs should reflect ongoing licensing fees and software support and maintenance (include third party product support) costs required to maintain the ongoing operation of the system for a period of five (5) years after “Go-Live”.

The Offeror should provide a comprehensive overview of the software maintenance and support services provided with this proposal. Identify what is covered as part of a standard support and maintenance agreement and what is not.

The Offeror should also address each of the following questions:

- What do you require from the Board to ensure a successful implementation?
- What support services are available from your company? Provide a detailed description of problem escalation procedures and specify responsibilities of the parties involved.
- What is your policy and procedure regarding new releases and updates of the proposed product? Describe what documentation will be included for new releases and updates.
- How is version control managed for modifications that the Board may make after

installation, without interrupting or adding additional cost for product upgrades?

- How is version control managed for vendor customizations made to the product, without interrupting or adding additional cost for product upgrades? Specify how a self-hosted solution might vary, if appropriate.

SECTION 8 – OFFEROR PROFILE

8.1 Company History

The Offeror's written narrative shall address, at a minimum, the points in this section by providing a concise overview of the company's history. Topics to be covered include:

- The formation of the company.
- Past and projected growth.
- Previous, planned (futuristically) or current acquisition activities
- Number of employees and their disciplines (i.e., marketing, support R&D, etc.).
- Year of incorporation / first year of business.
- Describe your company's primary business. Do you have a parent company or other subsidiaries?
- To what degree do the Offeror staff possess autonomy and decision-making authority over the pricing, contract negotiations, and long-term strategic vision of the product being offered?
- Description of experience relevant to the overall proposed system.
- Description of experience relevant to the proposed system in regards to behavioral healthcare
- History of product development for major components of proposed system.
- Evidence of your company's commitment to both the physical and behavioral health care fields.
- Evidence of HIPAA certification (and from whom) as well as any other certifications.
- Results of any network security audits (if the proposed system would not be self-hosted) of the parties proposed to host the system in the prior 3 years.

8.2 Profiles of Key Staff

The Offeror shall provide profiles of the principals of the company and of all key employees that potentially will be involved in this project. For implementation personnel, indicate sites similar to the ADAMH Board where they have been involved and indicate responsibilities.

8.3 Financial Information

The Offeror shall supply certified financial audits for each of the last three years including at a minimum:

- Balance Sheet;
- Statement of Income;
- Statement of Changes in Financial Position;
- Auditor's Reports;
- If a public company, supply current prospectus.

8.4 Client Reference List

The Offeror shall provide a client reference list that address each of the following questions:

- How many implementations does your company have with the proposed software in production?
- What type of business is each customer in? How many are Behavioral Health organizations, managers of behavioral health services, and/or operate Medicaid managed care plans?
- List at least the three (3) most recent implementations. List your closest implementations to Ohio.
- Are there any implementations in Ohio?
- Are there any implementations of the proposed product(s) at a state level? Identify any such implementations.
- How many new customers have you implemented in the last 24 months?
- How many customers, if any, have you lost / have stopped using your software in the last 24 months and why?

Provide references for at least three (3) client installations that are similar in scope and have been implemented in the past three (3) years. The Offeror should be willing to allow the ADAMH Board to contact these clients as references. At least two of these reference sites should have passed Go- Live in their implementation.

Specific information on each client should include at a minimum:

- Customer Name (Company Name);
- Customer Contact (Name and Title);
- Address/Phone #s;
- Email address;
- Number of users and/or enrolled members;
- Nature of Contract;
- Software Modules Implemented;
- Hardware Configuration;
- Implementation Time Line (Proposed and Actual); and
- Explanation of any outstanding issues with Client.

8.5 Potential Conflicts of Interest

The Offeror shall state clearly any potential conflicts of interest along with any current or past business relationships with the ADAMH Board, including any contracted providers of the Board as listed below:

Africentric Personal Development Shop
Alvis House
Buckeye Ranch
Choices for Victims of Domestic Violence

Columbus Health Department
Columbus Urban League
Community for New Direction, Inc.
Community Housing Network, Inc.
CompDrug
Concord Counseling Services
Directions for Youth and Families, Inc.
Eastway
House of Hope for Alcoholics
Huckleberry House, Inc.
Maryhaven
Nationwide Childrens Hospital
National Church Residences
Netcare Corporation
North Central Mental Health Services, Inc.
North Community Counseling Centers, Inc.
Ohio State University
OhioGuidestone
PrimaryONE
The PEER Center
Schottenstein Chabad House Friendship Circle
Southeast, Inc
Saint Vincent Family Centers
Syntero, Inc.
Twin Valley Behavioral Health-CSN
UMADAOP of Franklin County, Inc.
The Village Network

8.6 State of Ohio Business Relationships

The Offeror should state clearly any current or past business relationships with the State of Ohio along with a contact name that can verify relationship with the Offeror.

8.7 Subcontractors

Any subcontractor(s) the Offeror will employ in the course of this project should be clearly documented along with organizational information as requested above.

SECTION 9 - SUPPLEMENTAL INFORMATION

9.1 General Information

Information contained in this section does not relieve the Offeror from the obligation to complete any section of the request. Answers within the request cannot refer to this section. The intent of this section is to allow the Offeror to present system and service capabilities that may not have been requested in the Request for Proposal but are available to the Board.

9.2 Product Data Sheets

This section is reserved for the Offeror to provide the Board with any additional information that the Offeror feels is relevant, but not specifically requested. The Offeror should provide data sheets or documentation regarding the system functions and features that will be delivered with the system and are therefore included in the costs proposed.

9.3 Additional Modules

Describe any additional modules that are available and recommended if beneficial to the system's functionality as described. Include pricing if modules are optional and specify in pricing which cost lines are optional.

9.4 Consulting Services

Information regarding additional information systems or management consulting services that could be purchased, in addition to the implementation services proposed, to assist in the implementation of the system is also desired. Information regarding billing rates is desired. Each service available and the corresponding hourly rate should be provided.

9.5 Programming Services

Information regarding programming services that could be purchased and the related billing rates is also desired.

9.6 Training Services

Information regarding training services that could be purchased and the related billing rates is also desired.

SECTION 10 – PROPOSAL EVALUATION METHODOLOGY

10.1 Purpose

The purpose of this evaluation methodology is to establish a process that allows the Board to evaluate and rank each proposal in order to determine which is the most advantageous to the Board. The evaluation process will assess a wide variety of data included in the request response. The methodology provides for an analytical evaluation of the Offeror's ability to meet the system requirements. The end result is a quantified evaluation process leading to the selection of the Offeror.

10.2 General Functional Requirements Screening (Phase 2)

A screening of each proposal will be conducted to evaluate each Offeror's responses to the General System Functions Requirements detailed in Section 6.3. The Offeror's coded responses in the Product Capability narrative discussed in Sections 6.1 and 6.2 will be scored using the evaluation methodology described in Section 10.3 and up to three (3) proposals with the highest scores in the screening will be advanced to Phase 3 as described in Section 2.9 and evaluated using the scoring methodology described in Section 10.4.

Proposals that are not selected to advance to Phase 3 will be held by the Board and considered if a successful outcome is not reached with the Offerors that move on to Phase 3.

10.3 Screening Criteria

This section outlines the methodology of the evaluation to rank and score responses to Section 6.3 as described in Phase 2 of Section 2.9 and Section 10.2. Each Offeror's response to each of the General Functional Requirements identified in Section 6.3 will be scored according to the following criteria:

The Offeror's response to each system requirement worth 5 points will be scored. Values will be assigned on the Offeror's ability to meet each requirement. These values will be referred to as the Offeror's Response. The Offeror's Response should conform to the instructions found in the request. The following values will be assigned:

- **5 Points: Fully Functional** – meets or exceeds customer needs; functionality exists “out of the box” or with minimal configuration not outside the scope of usual and customary implementation in the core product; functionality is in use in Production by at least one customer
- **4 Points: Requires Configuration** – desired functionality could require using system logic and/or fields in a manner not intended by original development, but can meet customer needs with configuration outside the scope of usual and customary implementation; vendor development is not required
- **3 Points: Requires Development or In Development (no charge to customer)** – Functionality does not exist in current product but will be developed by the vendor in a manner that will not inhibit the implementation timeline and will not incur a cost to the customer

- **2 Points: Requires time-sensitive vendor development at an additional cost** – Functionality can be developed by the vendor but will either delay implementation beyond usual and customary timelines, will incur an additional cost to the customer, or both.
- **0 Points: Not Available** – Functionality is not available and is not planned or has been ruled out.

The Offeror’s response to each system requirement worth 3 points will be scored. Values will be assigned on the Offeror’s ability to meet each requirement. These values will be referred to as the Offeror’s Response. The Offeror’s response should conform to the instructions found in the request. The following values will be assigned:

- **3 Points: Fully Functional** – meets or exceeds customer needs; functionality exists “out of the box” or with minimal configuration not outside the scope of usual and customary implementation in the core product; functionality is in use in Production by at least one customer
- **2 Points: Requires no cost, implementation-neutral vendor development** – Functionality does not exist in current product but will be developed by the vendor in a manner that will not inhibit the implementation timeline and will not incur a cost to the customer
- **1 Point: Requires time-sensitive vendor development at an additional cost** – Functionality can be developed by the vendor but will either delay implementation beyond usual and customary timelines, will incur an additional cost to the customer, or both.
- **0 Points: Not Available** – Functionality is not available and is not planned or has been ruled out.

<u>Req Group #</u>	<u>Functional Area</u>	<u>Total Possible Score</u>
1	Enrollment and Eligibility Management	43
2	Claims Processing	42
3	Utilization and Capacity Management	9
4	User Interface	8
5	Contract and Provider Network Management	26
6	Interfaces	15
7	Outcomes Reporting and Episode Management	9
8	Reporting and Data Warehouse	28
9	Data Services	13
10	Database Access, Controls and Security	25
11	Other Business Requirements	35
TOTAL for General System Functional Requirements		253

The Selection Committee reserves the right to change Offeror’s initial scores based on additional information gained during product demonstrations, reference checks and continued evaluation beyond the written responses as it is gathered and evaluated.

10.4 Scoring Methodology for Interviews and Demonstrations (Phase 3)

Offerors that are selected for interviews and demonstrations, in accordance with Phase 3 of Section 2.9, will be interviewed to validate the proposal responses scored in Phase 2 and then asked to present demonstrations of their system solution to further validate the system's capabilities and the Offeror's experience working in Ohio behavioral health. Such activities provide an Offeror and the Selection Committee an opportunity to clarify the proposals submitted and to ensure a mutual understanding of the proposal's content. The Selection Committee may record any or all presentations. Interview/demonstrations will take no more than 6 hours.

The Selection Committee will evaluate the functionality, quality, training and reference documentation as well as support resources as part of the interview and demonstration and assign a score for each Offeror's presentation on a 0 to 100 point basis. Based upon the results of this evaluation, the Selection Committee will identify the two (2) proposals with the highest scores as finalists to be advanced to Phase 4 to receive a comprehensive evaluation as described in Section 2.9 and Section 10.5.

10.5 Comprehensive Evaluation Methodology (Phase 4)

The finalists identified for comprehensive evaluation shall be reviewed by the Selection Committee on the basis of a holistic evaluation of the Offeror's narrative responses to the Implementation Support Requirements (Section 7) and the Offer Profile (Section 8) sections of the proposal in order to determine the ability of the Offeror to deliver the system as specified. The proven track record of the Offeror and the ability to provide implementation, training and ongoing support services for the system are very important criteria for this procurement. As part of the comprehensive evaluation, any supplemental Information provided by Offerors in the Supplemental Information (Section 9) that is germane to the evaluation will be considered.

The Selection Committee shall also conduct a detailed cost analysis based upon the Offeror's cost spreadsheets submitted in accordance with Section 5.9 and the narrative describing a typical similarly-sized customer's costs to implement and manage the system, to be factored over a startup period plus five (5) full years of operation. A Grand Total System Cost will be based on the sum of the costs for all aspects of the system procurement, even if those items may be purchased in separate procurements. The Board may make adjustments to the cost proposal, for evaluation purposes only, if determined necessary to more accurately represent the correct total cost to the Board, but the proposals will be compared on an equal basis.

References will also be checked thoroughly during this phase of the process and Offerors will be required to submit their disaster recovery and security policies and procedures for review by the Selection Committee. Re-evaluation and calculation of the Offeror's proposal and Offeror profile scores will be allowed, using the same methodology described in this section, based on information obtained as a result of interviews, system demonstrations and reference checks.

The Selection Committee will establish a final score for each proposal based upon the system demonstration, comprehensive evaluation and total cost analysis which will be used to rank the Offerors for the purpose of making a final selection.

10.6 Final Selection

Final selection will be made by the Selection Committee based upon the comprehensive evaluation to determine the offeror with the lowest and best offeror qualifications and proposal.

APPENDICES

APPENDIX A: NON-DISCRIMINATION / EQUAL OPPORTUNITY AFFIDAVIT

APPENDIX B: DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT

APPENDIX C: NON-COLLUSION AFFIDAVIT

APPENDIX D : COST BREAKDOWN TEMPLATE

APPENDIX A: NON-DISCRIMINATION / EQUAL OPPORTUNITY AFFIDAVIT

State of _____

County of _____

_____ being first duly sworn, deposes and states
Printed Name

that he/she is _____ (president, secretary, sole owner, etc.) of:

_____, the party making the foregoing proposal, and as its duly authorized representative states that such party as Offeror does not and will not discriminate against any employee or applicant for employment because of race, religion, color, sex, age, disability, military status, ancestry or national origin. If awarded a contract under its proposal, said Offeror shall take affirmative action to insure that applicants are employed and that employees are treated, during employment, without regard to their race, religion, color, sex, age, disability, military status, ancestry or national origin. If successful as the Contractor under the foregoing proposal, this Offeror shall post non-discrimination notices in conspicuous places available to employees and applicants for employment, setting forth the provisions of this affidavit.

Affiant

Sworn to and subscribed before me by the above named person
this ____ day of _____, 20_____.

NOTARY PUBLIC:

My Commission Expires:

APPENDIX B: DELINQUENT PERSONAL PROPERTY TAX AFFIDAVIT

State of _____

County of _____

_____ being first duly sworn, deposes and states
Printed Name

that he/she is _____ (president, secretary, sole owner, etc.) of:

_____, the party
making the foregoing proposal, and as its duly authorized representative states that as of this
____ day of _____, 20____, such Party as Offeror:

- () is not charged with delinquent property taxes on the general list of personal property in Franklin County, Ohio, or any other counties containing property in the taxing districts under the jurisdiction of the Auditor of Franklin County, Ohio.
- () is charged with delinquent personal property taxes on the general list of personal property in Franklin County, Ohio, or of another county containing property in the taxing districts under the jurisdiction of the Auditor of Franklin County, Ohio. The County and Amount of delinquent personal property taxes is listed below and includes total amount and any penalties and interest thereon.

County: _____ Amount: _____

Affiant

Sworn to and subscribed before me by the above named
person
this ____ day of _____, 20_____.

NOTARY PUBLIC:

My Commission Expires:

APPENDIX C: NON-COLLUSION AFFIDAVIT

State of _____

County of _____

_____ being first duly sworn, deposes and states
Printed Name

that he/she is _____ (president, secretary, sole owner, etc.) of:

_____, the

party making the foregoing proposal, and as its duly authorized representative states that such proposal is genuine and not collusive or sham; that said Offeror has not colluded, conspired, connived or agreed, directly or indirectly, with any Offeror or person, to put in a sham proposal, or that such other person shall refrain from submitting a proposal, and has not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or any other Offeror, or fix any overhead, profit or cost element of said proposal price, or that of any other Offeror, or to secure any advantage against the Franklin ADAMH Board or any person or persons interested in the proposed contract; and that all statements contained in said proposal or proposal are true; and further, that such Offeror has not, directly or indirectly submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any association or to any member or agent thereof.

Affiant

Sworn to and subscribed before me by the above named person
this _____ day of _____, 20_____.

NOTARY PUBLIC:

My Commission Expires:

Appendix D: COST BREAKDOWN TEMPLATE

Vendor Cost Template

Please use a spreadsheet designed as closely to this example as possible as a template for reporting costs: add rows as needed to specify more detail

Cost Category	Frequency of Cost (one-time/ongoing)	Subcomponents of cost (add rows as needed)	Cost (note per time period if not annual)	Annualized Cost
Implementation	One-time			
		Project Management	\$XXX (one-time)	N/A
		Technical Support	\$XXX (one-time)	N/A
		Data Conversion	\$XXX (one-time)	N/A
Hosting	Ongoing		\$XXX per month	\$XXX per year
Software Licensing	Ongoing		\$XXX per month	\$XXX per year
Development of content not already within core product	One-time or repeated		\$XXX	N/A
Training	One-time		\$XXX (one-time)	N/A
Required Interfaces				
Other Costs (specify)				