



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

**Request for Proposal: DETENTION HEALTHCARE SERVICES Date Issued: 8-7-12
2013**

PROPOSALS SHALL BE ACCEPTED UNTIL: TUESDAY, SEPTEMBER 11, 2012, AT 2:00 P.M. LOCAL TIME.

**Specification
Contact:**

**GREG ROTH
Juvenile Office
636-797-5509**

**Contract
Contact:**

**VICKIE PRATT
Department of Administrative Services
636-797-5382**

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

**Contract Term:
1-1-13 to 12-31-13**

**Vendor
Information:**

SAMPLE ENVELOPE

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

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

Advanced Correctional Healthcare Neil Leuthold

Company Name	Authorized Agent (Print)
3922 W. Baring Trace	<i>Neil Leuthold</i>
Address	Signature
Peoria, IL 61615	President
City/State/Zip Code	Title
309-692-8100	9.5.12 364495255
Telephone #	Date
nleuthold@advancedch.com	309.272.3499
E-mail	Fax #

AFFIDAVIT OF WORK AUTHORIZATION

(Continued)

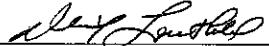
CURRENT BUSINESS ENTITY STATUS

Advanced Correctional

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

Neil Leuthold

Authorized Business Entity
Representative's Name
(Please Print)



Authorized Business Entity
Representative's Signature

Advanced Correctional Healthcare

Business Entity Name

9/5/2012

Date

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

Enroll and participate in the E-Verify federal work authorization program
(Website: http://www.dhs.gov/xprevprot/programs/gc_1185221678150.shtml;

Phone: 888-464-4218; Email: e-verify@dhs.gov) with respect to the employees hired after enrollment in the program who are proposed to work in connection with the services required herein;

AND

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

AFFIDAVIT OF WORK AUTHORIZATION

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

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

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

Neil Leuthold
Authorized Representative's Signature

Neil Leuthold
Printed Name

President
Title

9/5/2012

Date

Subscribed and sworn to before me this 5th of September, 2012. I am (DAY) (MONTH, YEAR)

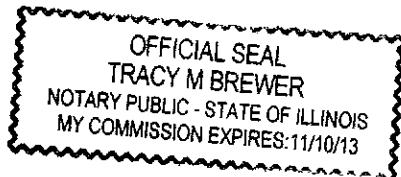
commissioned as a notary public within the County of Peoria, State of (NAME OF COUNTY)

Illinois, and my commission expires on 11/10/13. (NAME OF STATE) (DATE)

Tracy M. Brewer
Signature of Notary

9/5/12

Date





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

8/8/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERs NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CALLENDER & CO. 1615 CANDLETREE DR PEORIA, IL 61614	CONTACT NAME:	Rob Bielenberg	FAX (AGC No.): (309) 693-7969
		PHONE (AGC No. EXH):	(309) 693-1313	
INSURED	Advanced Correctional Healthcare 3922 W Baring Trace Peoria, IL 61615-2500	E-MAIL ADDRESS:		
		INSURER(S) AFFORDING COVERAGE	NAIC #	
		INSURER A: SELECTIVE INSURANCE CO of SC		
		INSURER B: RIVERPORT INSURANCE CO		
		INSURER C: ESSEX INSURANCE CO		
		INSURER D: INSURER E: INSURER F:		

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL/SUBR INSR WWD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR		S1997699	08/01/2012	08/01/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COM/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS		S1997699	08/01/2012	08/01/2013	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
A	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE		S1997699	08/01/2012	08/01/2013	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> N/A If yes, describe under DESCRIPTION OF OPERATIONS below		12-27995-12212-002379	08/01/2012	08/01/2013	WC STATUS: <input checked="" type="checkbox"/> OTHER LTD. PAYMENT LIMITS: <input checked="" type="checkbox"/> E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE: \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	MEDICAL PROFESSIONAL LIAB incl CIVIL RIGHTS		MM-822295	08/01/2012	08/01/2013	\$1,000,000 ea occ \$3,000,000 agg

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Coverage applies to ACH operations in correctional facilities

CERTIFICATE HOLDER

CANCELLATION

TO WHOM IT MAY CONCERN

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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Program Overview
Jefferson County Juvenile

		County ADP: 41 Per Diem \$0.18 Non-County Per Diem: \$0.18
ACH PROVIDED SERVICES		Option 1 \$76,573.23
Physician Services		Weekly sick call 24/7 On-call phone assistance with 3 additional providers
Nursing Staffing - Benefits - Recruiting/Training - Med Malpractice Insurance		Sick call, screenings, medication management, coordination of services & referral for off-site care 20 hours/week RN
Dental Services		Screening, hygiene instruction, medication management, coordination of services included in ACH program. Off-site care included within the financial limit.
Mental Health Services		Screening, medication management, coordination of services & referral for off-site care
Pharmaceuticals and Prescribed Over the Counter Medications		Includes policies on proper storage of medications, pharmacy ordering, usage, returns, storage, and destruction. ACH will cover up to the financial limit.
Radiology & Laboratory		On-site laboratory to include dipstick UA & glucose monitoring included in the ACH program. Coordination & cost of mobile & off-site services included within the financial limit
Off-site & Specialty Services		Coordination of services for off-site and specialty service care. Cost is included within the financial limit.
Medical Records		HIPAA compliance Maintained in the standard SOAP format In accordance with NCCCHC guidelines
Disposable Medical Supplies		Including gloves for the medical unit, glucose strips, bandages & syringes
TB Testing		Management of tuberculosis screening administration for the inmates as recommended by the NCCCHC.
Continuous Quality Improvement Program		Meetings & Statistical reports every 4 months Participation in outcome studies offered
Risk Management Program Compliance with NCCCHC, ACA, DOJ, Missouri & HIPAA standards		Hold Harmless & indemnification ACH on-site for preparation, inspection, consultation, policy evaluation, procedural review, and standards compliance. Assistance in State and Federal mandate resolution
Re-pricing of Invoices		Verification of incarceration date, applied discount & payer
Pre-employment physicals for jail correctional officers		To include basic physical examination by the physician while on duty
\$10,000 pool program with 100% return of unused funds		Financial limit to cover off-site and specialty services, off-site dental, radiology & laboratory, and pharmacy

This proposal is valid for 120 days from September 11, 2012.