REQUEST FOR PROPOSALS
For

Employee Assistance Program

The County of Kanawha
407 Virginia Street, East
PO Box 3627
Charleston, WV 25336

Release Date: **Tuesday, April 16, 2013**

Proposal Due Date: **Tuesday, April 30, 2013 at 11:00 A.M.**
Kanawha County Commission Purchasing Department
407 Virginia Street, East, Room 229
Charleston, WV 25301
(P.O. Box 3627, Charleston, WV 25336)

COUNTY OF KANAWHA

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REQUEST FOR PROPOSAL NOTICE

Notice is hereby given that the County of Kanawha (the County) will accept Proposals for an Employee Assistance Program until **Tuesday, April 30, 2013, at 11:00 a.m.**

All Proposals shall be clearly identified as ***EAP Proposal for the County of Kanawha.*** Copies of your Proposal should be forwarded to the County at the following address:

Kanawha County Commission
Attn: Jerie Whitehead, Purchasing Director
PO Box 3627
Charleston, WV 25336

Proposals will be evaluated and the successful vendor(s) will be determined and approved by the Kanawha County Commission. The County reserves the right to reject any or all Proposals, waive formalities and to select the vendor, benefits and services that best meet the needs of the County and its employees. The County reserves the right to select and terminate any servicing agent, agency, company or administrator.

Inquiries, clarification, or requests for Proposal forms and questionnaires by electronic mail should be directed by telephone or e-mail to the following contacts:

Jerie Whitehead, Purchasing Director
Direct : 304.357.0115
E-mail : jeriewhitehead@kanawha.us

OR

Jennifer Sayre
County Manager
Direct : 304.357.0628
E-mail : jennifer@kanawha.us

BACKGROUND AND GENERAL INFORMATION

The County of Kanawha (the County) is seeking proposals for an Employee Assistance Program (EAP). The purpose of this Request for Proposals is to gather information from your organization relative to the County's required scope of service and key selection criteria. Organizations selected as finalists may be expected to address more detailed issues regarding financial and other specifics of their organization and operations. These same finalists may be expected to participate in interviews with County staff.

Currently, the County does not offer an EAP to its employees.

The County is especially interested in obtaining the following services as part of the EAP:

- Assistance with chemical dependency and substance abuse
- Assistance with depression management
- Assistance with mediation services between employees and supervisors
- Assistance with tracking pre-employment drug screening results, random testing drug screening results, and reasonable suspicion drug screening results (this is a service that has been provided in the past)

The County's objective is to provide an Employee Assistance Program for its employees to assist in creating a more efficient and functioning workplace.

The EAP would be offered to all County employees. The County will determine eligibility for employee participation in the EAP. The total number of employees eligible to participate in the EAP is approximately 600.

The County invites proposals from qualified organizations to administer an Employee Assistance Program. Applicants are required to have a minimum of five years of experience in administering this type of service. Experience in offering an EAP to public entities is also desirable.

SCOPE OF SERVICE

The organization selected will provide the following services:

1. Vendor will work with the County to develop policies and procedures relative to the operation of the EAP. Vendor will consult with the County to publicize the EAP to employees (e.g. supervisors and to all employees). Vendor will assist with employee education efforts.

2. Vendor will provide specific assistance to the County employees who have been referred to EAP or who request such services of their own volition. Vendor and the County will adopt safeguards to insure that EAP counseling is conducted in a manner that will preserve the privacy of County employees and their families. Communications between EAP personnel and County employees shall remain confidential, except as specifically waived in writing by the individual employee.

3. Vendor will counsel and encourage County employees to proceed with a course of assistance by referring the individual to clinical or support organizations and medical professionals when additional services are needed. The vendor will ensure that providers available in the employee's health insurance plan are among those recommended and that the employee knows which providers are most cost-effective to the employee. The vendor will strive to provide short-term counseling where feasible, and not simply act as a clearinghouse.

4. Vendor will remain cognizant of the County's insurance benefits program (currently, Highmark Blue Cross Blue Shield) in order that it can advise employees as to the possible coverage of services by such organizations or professionals. Vendor will examine the accreditation of the organizations and professionals to which it refers employees so as to ensure, as much as possible, medical expense reimbursement under health or medical insurance policies.

5. Vendor will provide such follow-up procedures as are necessary to monitor referred employees' adherence to the agreed course of treatment. Vendor will make progress reports to the County on employees directly referred to the EAP by the County, but such reports will respect the employees' rights to confidentiality, and will be limited to reporting as to whether or not the employee is cooperating with the treatment program.

6. Vendor will periodically prepare reports on the caseload activities of the provider, but such reports shall not jeopardize the rights of confidentiality of the employees or their families.

7. Vendor will supply employer with all brochures and literature regarding the EAP program as part of the cost of administering the program.

The EAP program shall include the following services:

a) Diagnostic, evaluation and referral services for employee - face-to-face counseling sessions per year for the purpose of assessment, short-term counseling and referral. Provide 24-hour coverage for crisis situations.

b) Unlimited telephonic counseling and unlimited access to web and online services and information.

c) Training Sessions and Customized Workshops as needed, including but not limited to:

- New employee orientation sessions
- "Brown Bag" lunches or educational seminars
- Others of special interest to the County

d) Mediation services between employees or between employees and supervisors.

e) Organizational development assessment and planning for specific departments at the request of Human Resources.

f) Quarterly articles for County newsletter for general County or employee use. Articles may vary in length and scope.

g) Annual meeting with appropriate County staff to discuss and evaluate EAP program.

h) As requested, serve as County's Substance Abuse Professional (SAP) for the purposes of the County's drug testing program.

i) Quarterly utilization reports and annual employee surveys for purposes of ongoing evaluation of the program.

j) Quarterly employee communications to promote the EAP services.

k) On-site assistance in the event of a catastrophic event or employee death.

8. With respect to inquiries regarding the County's policies and procedures, the Vendor shall act only in the role of counselor/mediator and not provide legal advice to the employee.

PROPOSAL EVALUATION CRITERIA

The County will evaluate proposals based on the needs of the County and its employees. The following criteria will be used in evaluating each of the vendor responses:

1. Compliance with specifications.
2. Ability to offer a comprehensive set of core services and benefits.
3. Competitive fees.
4. Access to qualified, professional counselors that are located within a **30** mile radius of the County.
5. Compliance with applicable State and Federal laws and regulations.
6. Ability for vendor to show compliance with the Health Insurance Portability and Accountability Act (HIPAA) Administrative Simplification Standards (including, but not limited to, a properly executed business associate agreement).
7. Stability of rates and fees over time.
8. Ability to provide the County with requested reports (including, but not limited to, utilization reports and employee surveys and results).
9. Ability to refer employees and their family members to additional qualified and specialized resources/services in a seamless and efficient manner.
10. The ability of the County to customize an employee assistance program that will meet the needs of the County and its employees.
11. Other criteria identified by the County as important in evaluation of submitted proposals.

The County will choose the proposals that best fits its needs and the needs of employees and their family members. The County is <u>not</u> obligated to award the contract based on cost alone.

CONDITIONS AND STIPULATIONS

You are invited to submit your Proposal for EAP services based on the information contained in this Request for Proposal. Unless a specific note is made to the contrary, we will assume that your Proposal conforms to the County's Specifications.

You are invited to ask questions during the proposal process and to seek additional information, if needed. We want this to be an interactive process and will make every effort to provide sufficient data for your response.

- The County will look to contract with a vendor to provide the most comprehensive set of core benefits to the County and its employees. The services provided should address the wide range of unique needs among County employees. Some areas of interest include (but are not limited to) depression management, critical incident assistance, wellness and health risk management and alcohol and chemical dependency.

- Counselors should have at least a master's degree in psychology, as well as several years of clinical experience. In addition, all counselors must be licensed in the State of West Virginia.

- The County reserves the right to accept or reject any or all proposals and to waive formalities and select the carrier and benefit options that best meet the needs of the County and its employees. The County's objective is to select a carrier who will provide the best possible service at the best possible cost while meeting the Request for Proposal specifications. The County is <u>not</u> obligated to award the contract based on cost alone.

- Any proposed deviations to any part of these Specifications must be submitted in writing as a part of the questionnaire, (question #1) and clearly identified in the appropriate section of the Proposal. Any deviation deemed to be significant by the County will disqualify the Proposal.

  Failure to identify any such deviation(s) shall not in the future accrue to the disadvantage of the County or any qualified participant or dependent in any manner.

- The vendor awarded the business shall submit properly executed contracts to the County within sixty (60) days of the plan effective date.

- The vendor awarded the business shall be required to provide aggregate utilization reports on a **quarterly** basis for purposes of ongoing evaluation of the program.

- The vendor shall work with the County to conduct employee/participant surveys on an annual basis.

- Employees that terminate their employment for any reason must be given the option to continue EAP services per state mandates and federal COBRA regulations. Such coverage shall not be contingent upon the County's coverage continuing with the EAP vendor.

- All Providers must be in full compliance with West Virginia and Federal requirements relating to the requested coverage or administration of such benefits, including (but not limited to) state and federal privacy requirements.

- The County will work closely with the selected vendor to promote the EAP to employees.

- An account representative must be available to the County on an on-going basis.

- The County will determine eligibility for participation and access to the EAP.

- With respect to inquiries regarding the County's policies and procedures, the EAP Vendor shall act only in the role of counselor/mediator and not provide legal advice to the employee. The selected vendor shall refer any inquiries relating to potential legal claims against the County to the County Administrator.

VENDOR ORGANIZATION QUESTIONNAIRE

Note: A complete response to this questionnaire must accompany all Requests for Proposals. A response such as "See Proposal" is **not** sufficient unless there is proper reference to the specific section of the proposal addressing the question. Please be specific in your answers.

Deviations

1. Does your Proposal contain **any** deviations from the benefits, general conditions, stipulations or other provisions of the Specifications? If yes, provide details in a separate cover letter. Otherwise, confirm that you have responded according to Proposal conditions.

Fees

1. Are the fees quoted in this Proposal firm and guaranteed for the term of the contract?

2. Provide the per-employee cost to administer services described within the proposal.

3. Are additional services available beyond what is described within this RFP and/or your proposal? If so, what are the fees for these services?

4. Is this Proposal tied to any other benefit offer (e.g. the EAP is only available if the County also purchases medical insurance through the vendor)?

Implementation / Eligibility

1. Is participation guaranteed for employees? If no, please explain.

2. Are any employee orientation sessions included in the fees being proposed? If so, how many sessions are you recommending we conduct?

3. Will any information be sent to employees to help promote the availability of the EAP? If so, when?

4. How much notice must the County provide if they wish to terminate or non-renew its contract through your company/organization? Describe your termination or non-renewal policy. The County is proposing a 1 year contract with the option to automatically renew it for 2 additional years if satisfied with the services.

Administration and Member Services

1. Describe the range of both administrative and member services provided by your organization.

2. Describe the training and employee communication strategy that would be used to educate County employees about the services available.

3. Who will be responsible for assisting the County with rolling out the services and marketing to employees and their family members?
   Contact Name:

   Contact Phone Number:

4. Who will assist the County with ongoing administration (i.e. account management)?
   Contact Name:

   Contact Phone Number:

5. Who will assist the County with ongoing questions or issues?
   Contact Name:

   Contact Phone Number:

6. Describe how you will handle, process and reply to employee inquiries. Include whether or not you provide a toll free number and if there is 24-hour access to counselors. Also, please provide the office locations and hours in which you will have counselors available by phone. Describe whether all services are provided by telephone or the circumstances under which counselors meet in person.

7. Are the individuals staffing the phones at least master level counselors? If no, please explain.

8. Are background checks conducted on all counselors? Please describe.

9. Are counselors trained on any legal issues associated with employment? Please describe.

10. Does the plan comply with all State and Federal mandates, including COBRA and HIPAA? If no, please explain. Please provide copies of pertinent policies and procedures relating to these requirements.

11. Does your organization outsource administration for any of the services you provide? If so, please explain and identify the other vendors that would be providing services to our employees.

12. In addition to the standard reports presented with your Proposal, do you provide any additional reports upon request? Is there a charge? If yes, please provide additional cost.

13. Are there any reports you will not provide to the County? If so, please describe.

14. What education services (i.e. seminars, etc.) will you provide and at what charge?

Company Overview

1. What experience has your company had with public sector entities?

2. How long has your company been doing business in West Virginia?

3. Briefly indicate the main attributes that differentiate your company from your competitors.

4. Is your company a subsidiary or affiliate of another company? If yes, please explain and provide full disclosure of any direct or indirect ownership or control by any administrative service agency.

5. Describe any pending arrangements to merge or sell your company.

6. Provide the names and telephone numbers of five (5) clients in the State of West Virginia with whom you have had a working relationship, as a reference for the County. Include the number of participants for each group. (Preferably, the references should be governmental units.)

_____ _____
Signature (Provider Representative) Title

_____ _____
Company Date

_____
Telephone Number