

**Request for Competitive Proposals
Richland County Job and Family Services**

Transportation Services

Issue Date: Thursday, September 29, 2022

Closing Date: 10:00 a.m., Friday, October 28, 2022

Contact Person:

**Carmen L. Torrence
Richland County Job and Family Services
171 Park Avenue East
Mansfield, Ohio 44903
(419) 774-5313
Carmen.Torrence@jfs.ohio.gov**

**Richland County Request for Competitive Proposals and Timeline
Transportation Services November 1, 2022 – September 2024**

Activity	Date
Release of Request for Competitive Proposals for Transportation Services	8:00 a.m., Thursday, September 29, 2022
Letter of Intent to Apply Due	Monday, October 10, 2022
Last Date for Submission of Written Questions on Request for Proposals	4:00 p.m., Friday, October 14, 2022
Last Date for RCJFS to Respond, in Writing, to Written Questions on Request for Proposals	Wednesday, October 19, 2022
Due Date for Proposal Submission	10:00 a.m., Friday, October 28, 2022
Successful Applicant Notification	Monday, October 31, 2022
Negotiations Complete/ All Signatures Acquired	Tuesday, November 1, 2022
Transportation Services Contract to begin	Tuesday, November 1, 2022

I. Background

Whereas Richland County Job and Family Services (hereafter referred to as RCJFS), is seeking proposals to provide door to door transportation services to clientele of this agency. This may be for in county and out of county trips for a variety of eligible reasons. The eligibility of clientele and trips will be determined by the RCJFS.

RCJFS is hereby issuing a formal invitation to all qualified vendors to submit proposals for door-to-door transportation services. Proposals are being solicited for transportation services for the period November 1, 2022, through September 30, 2023. RCJFS reserves the right to renew the contract for the period of October 1, 2023, through September 30, 2024, at the same cost and terms and conditions, based on funding availability and performance.

The closing date for Proposals is 10:00 a.m., Friday, October 28, 2022. Proposals must be received by the closing date and time, at Richland County Job and Family Services, 171 Park Avenue East, Mansfield, Ohio 44902, Attention: Carmen L. Torrence.

The following attachments specify all components and expectations of this Request for Proposals:

- Request for Competitive Proposal
- Attachment A: Service Provider Rate Schedule
- Attachment B: Cover Page requirements for Proposals
- Attachment C: Checklist for Proposals
- Attachment D: Competitive Proposal Affidavit
- Attachment E: Representations, Assurances, and Certifications
- Attachment F: Definitions
- Attachment G: Violations
- Attachment H: Direct-Service PTV Employee

II. Objective

The objective of the Transportation contract is to provide eligible residents of Richland County with transportation to and from medically necessary appointments.

III. Scope of Work and Deliverables

Within the scope of the Proposal, the bidder will address the items listed below:

- A. Description of services to be provided (i.e. handicap accessibility, service level volume/capacity, door-to-door service, etc.).
- B. Provision of services to only those individuals authorized by RCJFS (verification of eligibility).
- C. Specification of any restrictions on trips, including geographic, times/days of the week, age limits, policy on personal assistance, etc.
- D. Describe the process for scheduling, making referrals for transportation services.
- E. Provide monthly itemized invoices, including client names, trip origination, and destination points, number of miles, dates/times, actual cost per trip/mile, and invoiced cost per trip/mile.

IV. Service Provider Rate Requirements

Bidder will complete and submit a rate schedule that will be used for the Transportation program, using the attached format (Attachment A), or a pre-approved equivalent format that details all the rate information identified in Attachment A, and allows for an equitable comparison across proposals. Request for approval of rate schedules should be emailed to carmen.torrence@jfs.ohio.gov.

The following reimbursement limitation and allowances are set by the Ohio Administrative Code (OAC):

O.A.C. 5160-15-26 Transportation: Services from an Eligible Provider: Service Limitations and Allowances (effective July 1, 2021)

(A) No payment can be made for the following services and associated costs:

- (1) Transportation services for an individual who is not medicaid-eligible at the time of transport;*
- (2) Transportation of a medicaid-eligible individual for a purpose other than the receipt of medicaid-coverable services;*
- (3) Transportation of a medicaid-eligible individual to or from a service provided outside the limits of the individual's medicaid benefit package;*
- (4) Transports during which there is no medicaid-eligible individual in the vehicle;*
- (5) Services that are available to the general public without charge;*
- (6) Excessive mileage resulting from the use of unnecessarily indirect routes;*
- (7) The service of hospital staff members as attendants during transportation to or from a hospital (which is treated as an inpatient or outpatient hospital service);*
- (8) Transportation of any person other than the medicaid-eligible individual and an attendant who accompanies the medicaid-eligible individual; and*
- (9) Duplicate attendant services provided by the same individual simultaneously to more than one passenger.*

(B) Travel to the point of pick-up or from the point of drop-off is considered to be intrinsic to the transportation service. No separate payment is made for the cost of such travel, nor can it be billed to the medicaid-eligible individual.

(C) An entity that furnishes transportation to a medicaid-eligible individual but is not an eligible provider at the time of transport may submit a claim for that service in accordance with Chapter 5160-1 of the Administrative Code after it has become an eligible provider of transportation services.

(D) Certain coverage limitations are based on the length of a transport.

(1) Mileage payment for a non-emergency transport (either by wheelchair van or by ground ambulance) that is longer than fifty miles from the point of pick-up will be limited to fifty miles unless a transportation provider maintains additional documentation that justifies the distance.

(2) Claims for transportation by wheelchair van or by ground ambulance from an origin or to a destination that is not in Ohio nor in one of the states contiguous to Ohio are subject to manual review.

(E) Claims for loaded mileage are to represent, individually and collectively, only the distance that was actually traveled. When more than one medicaid-eligible individual is transported at the same time, then loaded mileage for the shared portion of the trip should be allocated in a reasonable, consistent manner.

(F) Payment may be made for the transport of a medicaid-eligible individual to or from a medicaid-coverable service that is canceled (or otherwise becomes unavailable before the medicaid-eligible individual arrives) if the following conditions apply:

(1) The transport was provided in accordance with all applicable requirements of this chapter;

(2) The transportation provider received no prior notice of the cancellation or unavailability of the medicaid-coverable service either from the provider of the medicaid-coverable service or from the medicaid-eligible individual;

(3) The cancellation or unavailability of the medicaid-coverable service was not the result of any action or inaction on the part of the transportation provider;

(4) Before submitting a claim, the transportation provider obtains the following items from the provider of the medicaid-coverable service:

(a) The business name, address, and telephone number of the provider of the medicaid-coverable service;

(b) The scheduled date and time of the medicaid-coverable service that was canceled or became unavailable;

(c) A brief explanation of the reason for the cancellation or unavailability of the medicaid-coverable service;

(d) A statement that the provider of the medicaid-coverable service was unable to give notice of the cancellation or unavailability of the medicaid-coverable service before the medicaid-eligible individual was en route; and

(e) The printed name and the signature of an authorized representative of the provider of the medicaid-coverable service; and

(5) On the claim for both the transport and the actual loaded mileage, the transportation provider indicates that the medicaid-coverable service was canceled or became unavailable.

(G) No payment can be made for services provided to an individual who has already died. The coverage of ambulance services is therefore affected by the time of pronouncement of death, which can be made only by someone who is licensed to do so under Ohio law.

(1) If a medicaid-eligible individual is pronounced dead either before an ambulance is called or while arrangements for an ambulance can still be canceled, then no payment is made.

(2) If a medicaid-eligible individual is pronounced dead after an ambulance is called and either the ambulance has not yet begun transport or arrangements for the ambulance can no longer be canceled, then payment may be made for the transport but not for loaded mileage.

(a) If the vehicle is a ground ambulance, then payment may be made for BLS (either emergency or non-emergency). Payment may be made instead for ALS1 or ALS2, with manual review, if there is documentation that the ambulance crew provided a corresponding level of service at the scene.

(b) If the vehicle is an air ambulance, then payment may be made for the appropriate air transport.

(3) If a medicaid-eligible individual is pronounced dead in the ambulance en route to the destination, then payment is made as if the death of the medicaid-eligible individual had not occurred.

(H) Claims for ambulance services provided to medicaid-eligible individuals who also have medicare coverage are paid in accordance with Chapter 5160-1 of the Administrative Code. On claims for services provided to such dually eligible individuals, medicaid does not make separate payment for mileage beyond the closest appropriate facility.

(I) Wheelchair van service is always of a non-emergency nature and does not involve medical treatment. No part of a trip (transport, loaded mileage, or attendant services) can be claimed as wheelchair van service if there is an expectation in advance that the transportation provider will provide medical treatment to a medicaid-eligible individual en route.

As per article (B) above, cancellation fees are not an allowable cost and will not be reimbursed to approved transportation providers.

V. *Proposal Guidelines*

- A. Proposals must clearly address each of the requested deliverables outlined under Scope of Work and Deliverables.
- B. Proposals providing one or more elements of this Request for Proposals, through

partnership or contract, require a complete description of coordinated services, including:

- Name and contact information of collaborating agency(ies)
- Description of what customer services will be provided by each partner
- How costs of services and operating costs of the partnerships will be funded
- Method of referral between partners.

The Provider will be responsible for performance of any sub-contracted activities, including proper procurement, provision of information for audit, performance levels, and quality of work provided. RCJFS reserves the right to verify all information described in proposal and agreement with referenced parties.

- C. Failure to clearly address how the bidder will meet each of the *Objectives, Scope of Work and Deliverables, and Rate Requirements*, directly or through specified sub-contract, may result in immediate dismissal of consideration.
- D. The contract will run from **November 1, 2022**, through **September 30, 2023**. RCJFS reserves the right to renew the contract for the period **October 1, 2023** through **September 30, 2024** at the same cost and terms and conditions, based on funding availability and performance.

Any applicant who plans to submit a response to this RFP is required to submit a letter of intent by **4:00 p.m., Monday, October 10, 2022**. RCJFS will notify all potential applicants of any changes in this solicitation only if a letter of intent is on file. The letter of intent should not exceed one typed page and must state:

- Organization's name
- Mailing address and email address
- Telephone number
- Statement of intent to apply to provide services as described in RFP

Letters of Intent must be sent to Carmen L. Torrence, Richland County Job and Family Services, 171 Park Avenue East, Mansfield, Ohio 44902 or by email Carmen.Torrence@jfs.ohio.gov.

- E. Written questions on this RFP may be faxed or emailed to Carmen L. Torrence no later than **4:00 p.m., Friday, October 14, 2022**. Fax number is (419) 522-4375, Email is Carmen.Torrence@jfs.ohio.gov. Answers will be provided to all bidders submitting a letter of intent no later than **Wednesday, October 19, 2022**.
- F. At the discretion of RCJFS, if it becomes necessary to revise any part of this RFP, an addendum will be provided to all applicants who have submitted letters of intent to apply. All requested clarifications will become an addendum.

- G. RCJFS reserves the right to cancel all or any part of this RFP at any time without prior notice. Additionally, RCJFS reserves the right to modify the proposal process and timeline as deemed necessary.
- I. If an applicant disagrees with the rating decision, the applicant must provide a written response to the RCJFS Director no later than three (3) business days after receipt of rating decision. The RCJFS Director will review the information and provide a written response within two (2) weeks.
- J. Ohio Administrative Code [5160-15-14 Transportation: non-emergency services through a CDJFS: program integrity provisions](#), effective July 1, 2022, requires Private Transportation Vendors (PTV) (e.g. individual person, for-profit company, not-for-profit organization), seeking to establish or to maintain a contract with a county department of job and family services (CDJFS) to supply transportation service to Medicaid recipients and is not a government agency, transit authority, public transportation system, or other quasi-government organization to meet the following conditions:
1. Each PTV owner/manager having an ownership or control interest in the PTV, as defined in [42 C.F.R. 455.101 \(October 1, 2016\)](#) must meet the disclosure requirements set forth in [42 C.F.R. 455, Subpart B \(October 1, 2020\)](#).
 2. Each PTV owner/manager must identify all related enterprises, defined as all other business in which the PTV owner/manager has an ownership or control interest and with respect to those businesses the PTV owner/manager also must meet the disclosure requirements set forth in [42 C.F.R. 455.101 \(October 1, 2016\)](#).
 3. Each PTV must disclose the following information for the PTV, each PTV owner/manager, and any related enterprise:
 - a. Name;
 - b. Medicaid provider name if applicable;
 - c. Physical address;
 - d. Mailing address if different;
 - e. Tax identification number;
 - f. Medicaid provider number if applicable; and
 - g. National provider identifier (NPI) if applicable.
 4. Whenever a contract between the CDJFS and the PTV is established or renewed and whenever the PTV is considering an applicant for a position as a direct-service employee, which is a PTV employee who provides direct

services to Medicaid recipients (e.g. drivers), the following actions must be taken:

- a. Each driver holding or applying for a position with the PTV has a valid driver's license;
- b. For each driver holding or applying for a position with the PTV, a certified driving record history is obtained from the bureau of motor vehicles of the Ohio department of public safety and provided to the CDJFS;
- c. A criminal background check performed in accordance with [section 109.572 of the Revised code](#) on each direct-service employee or applicant returns one of two results:
 - i. The direct-service PTV employee or applicant has never been convicted of or pleaded guilty to an offense listed in divisions (A)(3)(a) to (A)(3)(e) of section 109.572 of the Revised Code (a disqualifying offense); or
 - ii. The direct-service PTV employee or applicant has been convicted of or pleaded guilty to a disqualifying offense and one of the following criteria is met:
 - (A) The individual has satisfied the conditions associated with any applicable exclusionary periods set forth in rule 5160-1-17.8 of the Administrative Code; or
 - (B) The individual has obtained a certificate of qualification for employment in accordance with section 2953.25 of the Revised Code or an equivalent certification issued by another state or federal jurisdiction; and
- d. A search substantiates that no PTV, PTV owner/manager, or direct-service PTV employee or applicant is currently listed as sanctioned or excluded in either of the following databases:
 - i. The system for award management (SAM) maintained by the United States general services administration; or
 - ii. The list of excluded individuals and entities (LEIE) maintained by the office of inspector general in the United States department of health and human services.

VI. *Completing and Submitting Proposals*

1. Proposal Costs. Vendors are responsible for any and all costs related to preparing and submitting proposals for this Request.
2. Closing Date for Proposals. The closing date and time for receipt of proposals is **10:00 a.m., Friday, October 28, 2022.** Any proposal not received by Richland County Job and Family Services by the time and date, will not be considered.
3. Number of Copies. A bidder interested in submitting a proposal must submit ONE original and ONE hard copy in the format described below. All proposal materials must be submitted in one sealed package.
4. Proposal Format. Proposals must be typewritten (no smaller than 12 pt. font), single spaced, and single sided, on standard 8 1/2 X 11 inch plain white paper.
5. Submission of Proposals. Proposals must be submitted in a sealed package. The bidder submitting the proposal assumes full responsibility for the selection of method of delivery for the proposal package. All proposals will be marked with the date and time of receipt. A receipt of delivery will be provided to the bidder submitting the proposal, only upon request. Proposals shall be accepted unconditionally, and without alteration or correction. Withdrawals of proposals, before the closing date and time, are permitted upon written request to the address below. **All proposals must be received on or before 10:00 a.m., Friday, October 28, 2022, and addressed to:**

**Richland County Job and Family Services
171 Park Avenue East
Mansfield, Ohio 44902
Attention: Carmen L. Torrence**

All information contained in the selected proposal will become part of the purchased services agreement, unless otherwise negotiated by the RCJFS.

1. Questions. Questions regarding this Request for Proposals can be directed to Carmen L. Torrence, in writing. Contact may be made by fax (419) 522-4375, Email (Carmen.Torrence@jfs.ohio.us), or U.S. mail (address listed above)
2. Final selection of the successful applicant(s) will be made no later than **4:00 p.m., Friday, October 28, 2022.** The successful applicant(s) will be notified no later than **4:00 p.m., Monday, October 31, 2022.**

VII. *Proposal Format*

Proposals must be assembled according to the following outline and format. The forms necessary to provide the referenced information are included in the Attachments to this Request for Proposals. Failure to follow the outline will result in rejection of the proposal.

1. Request for Proposals Response Cover Page (See Attachment B)
2. Checklist for submitting proposal (See Attachment C)
3. Competitive Proposal Affidavit (See Attachment D)
4. Service Provider Rate Schedule (See Attachment A)
5. Representations, Assurances and Certifications (See Attachment E)
6. Certificate of Liability Insurance
7. Copies of Vehicle Registrations for all vehicles that will be used to transport clients
8. Copy of current Worker Compensation Certificate
9. Copy of Management Letter from most recent audit completed on vendor.
10. Copies of criminal background checks on each direct service employee/driver, performed in accordance with ORC Section 109.572 (Attachment G)
11. Copies of valid driver licenses for all direct service employees/drivers
12. Copies of certified driving record history for all direct service employees/drivers
13. Direct-Service PTV Employee (Attachment H)

VIII. Proposal Evaluation and Selection

Proposals will be rated against a total value of 100 possible points. Selection of Vendor(s) will be awarded to the lowest and best proposal. Lowest and best will be determined by Richland County Job and Family Services, based on what is in the best interest of the County and its residents. Due to individual client needs, RCJFS reserves the right to select vendor(s) on factors other than price. The Vendor(s) will be selected from the proposal that offers the lowest price, greatest availability, and is the most advantageous to the clients utilizing this program.

This Request for Proposals does not constitute an offer. Acceptance of proposals for review does not commit the RCJFS to award a contract, nor is the RCJFS liable for any costs incurred in the preparation of a proposal. A written notice of the award will be sent to the selected Vendor(s), by the RCJFS. This will constitute official notification of selection of the Proposal.

All proposals will be rated in accordance with the following rating scale:

PREPAID FUEL PROPOSAL SELECTION RATING TOOL		
Criteria	Points Available	Points Rated
Met requirements for Proposal Submission: <ul style="list-style-type: none"> ○ cover page information, Attachment B ○ checklist, Attachment C ○ signed affidavit, Attachment D ○ Service Provider Rate Schedule, Attachment A ○ representations/ assurances/ certifications, Attachment E ○ Certificate of Liability Insurance ○ vehicle registrations ○ copy of Worker Compensation Certificate ○ copy of management letter ○ copies of criminal background checks ○ copies of valid driver licenses ○ copies of certified driving record history ○ Direct-Services PTV Employee Forms 	PASS/ FAIL	
Provider's Rate Schedule	50	
Availability and Flexibility to meet client volume, needs and demand.	50	
Total	100	
Comments:		

IX. Award

Based on historical data and present conditions, it is estimated that \$1,388,115 is available for the period of November 1, 2022, through September 30, 2023. Award notification will be mailed to the approved vendor(s). Before funding is received, a mandatory orientation session will be provided for **new vendor(s)** with the opportunity to meet RCJFS staff, and review contract requirements.

X. Vendor Disclosures

Vendors must provide a disclosure of any pending or threatened court actions or claims against the Vendor. This information may not cause rejection of the proposal but withholding the information may be cause to reject the proposal.

XI. Conflict of Interest

No Vendor will promise or give any RCJFS employee anything of value that could influence that

employee's decision on awarding contracts. No Vendor shall attempt to influence an employee of RCJFS to violate any of the procurement policies of the RCJFS.

XII. Contract Requirements

Approved Contract Providers/Vendors will be required to obtain and maintain, at their expense, at all times throughout the contract term, a policy of professional liability and commercial general liability insurance with an insurance company licensed in the State of Ohio. The policy shall have limits of not less than one million dollars (\$1,000,000) per claim and three million dollars (\$2,000,000) in the annual aggregate to cover any loss, liability, or damage alleged to have been committed by the Provider or the Provider's employees, officers, agents, or subcontractors. The policy shall name RCJFS and Richland County Board of Commissioners as Additional Named Insured.

The Contract Provider/Vendor shall furnish to RCJFS upon execution of a contract, a Certificate of Insurance certifying the above types, and minimum amounts of insurance. Said Certificate shall include a "Notice of Cancellation" clause with notification being sent 30 days prior to cancellation to RCJFS. Cancellation of insurance will constitute a default, which, if not remedied within the 30-day notification period, shall cause immediate termination of the contract by RCJFS.

The Certificate of Insurance, as noted above, will be required within thirty days of contract approval. Failure to provide the Certificate of Insurance will constitute a default and shall cause immediate termination of the contract by RCJFS.

Attachment A – Service Provider Rate Schedule

For Ambulatory Clients One Way Rates

Service Provider		0-5 Miles	6-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	Over 25 Miles	Wait Time

For Ambulette (Wheelchair Transportation) One Way Rates

Service Provider		0-5 Miles	6-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	Over 25 Miles	Wait Time

**Ride Share Rates
(Akron/Cleveland/Columbus)**

Service Provider		One Way Trip	Round Trip	Add'l Passenger		

Sample Invoice

Invoice

Provider Name
 Provider Address
 City State Zip
 Phone Number

Date
 to
 Invoice #

To: Fiscal
 Richland County JFS
 171 Park Ave
 E
 Mansfield OH 44902
 419/774-5400

Authorization #	Date	Client Name	Destination	Mileage	# of Trips	Cost/Trip	Total Due
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
							\$ -
					Total		\$ -

ATTACHMENT B – Cover Page

Transportation Services

<i>Name of Vendor:</i>	
<i>Federal ID Number or Social Security Number if an individual:</i>	
<i>Address of Vendor:</i>	
<i>Phone and FAX of Vendor:</i>	
<i>Name of Person with Ownership or Control in Company:</i>	
<i>Contact Person and Contact Number:</i>	
<i>Date of Submission:</i>	

Attachment C - Checklist for Submitting Competitive Proposals

All Vendors responding to the Transportation Services Request for Proposals must include the following documents or proposals will be rejected:

- Cover page with summary information (See Attachment B)
- Checklist for Submitting Competitive Proposals (This page)
- Service Provider Rate Schedule (Attachment A)
- Competitive Proposal Affidavit (Attachment D)
- Representations, Assurances and Certifications (Attachment E)
- Direct-Service PTV Employee Forms (Attachment H)
- Certificate of Liability Insurance
- Vehicle Registrations
- Copy of current Worker Compensation Certificate
- Copy of Management Letter from most recent audit.
- Copies of Background Checks
- Copies of Valid Driver Licenses
- Copies of certified driving record historys

Attachment D - COMPETITIVE PROPOSAL AFFIDAVIT
State of Ohio

I, _____, _____,
(Name of person signing affidavit) (Title)

swear that _____
(Name of Individual, Corporation, or Organization)

(NON-COLLUSION AFFIDAVIT) its agents, officers, or employees have not directly, nor indirectly, entered into any agreements, participated in any collusion, nor taken any action to restrain free competition in connection with this proposal.

(NON-DISCRIMINATION AFFIDAVIT) its agents, officers or employees will not discriminate in the hiring of employees for work under this proposal or in providing services sent forth in this proposal on the basis of race, color, religion, sex, age, disability, national origin or ancestry, or political affiliation or belief.

(PERSONAL PROPERTY TAX DELINQUENCY STATEMENT) The organization is not now charged with any delinquent personal property taxes on the general tax list of personal property of the county. If such delinquency is now charged, a statement setting forth the unpaid delinquent taxes and any due and unpaid penalties and interest now follows:

(CERTIFICATION). The information contained in this proposal fairly represents the organization and its proposed operating plans and price for the Scope of Services and Deliverables described in the Request for Proposals for Transportation Services. I acknowledge that I have read and understand the requirements and provisions of this Request for Proposals, and this organization is prepared to provide the Deliverables, as specified in this proposal.

I further certify that all information contained in this proposal is true and correct, and shall be open to verification, should Richland County Job and Family Services choose to do so.

I certify that I am authorized to sign the attached Proposal, and to commit this organization to the provisions described in the Deliverables, and other provisions contained in the Request for Proposals. Furthermore, I can and do certify that this is a firm offer to complete the items outlined in the Request for Proposals.

Finally, I do certify that this organization is not currently involved in any state of formal bankruptcy proceedings.

Signature of Authorized Representative of Entity Submitting Proposal Date

Sworn to and subscribed before me this _____ day of _____

(Notary Public)

My Commission Expires: _____

_____, Ohio.

Attachment E - REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

1. Company Name: _____

2. Company Address: _____

(Must include primary business address, every business location and P.O. Box address)

3. Telephone Number: _____ FAX: _____

4. The names of any and all persons with ownership or control in the company:

5. The name and telephone number of the person(s) who has the authority to submit proposals:

6. The name and telephone number of the person(s) who has the authority to sign contracts:

7. The legal status of the entity submitting proposal (e.g. corporation, sole proprietor, post-secondary education institution, etc.)

8. Date of establishment/ incorporation: _____

9. Federal Employer Identification Number (FEIN): _____

10. Social Security Number and date of birth: _____

11. Name, address, date of birth and social security number of any managing employees:

12. Workers' Compensation Account Number: _____

13. Unemployment Insurance Account Number: _____
14. Is the company co-owned or controlled by a parent company? ___ Yes ___ No
If yes, name of parent company: _____
15. Is the vendor authorized/ licensed to do business in the state of Ohio? ___ Yes ___ No
16. Is the vendor bound by Federal, State, or local Affirmative Action
or Equal Employment Opportunity rules? ___ Yes ___ No
If yes, has the company filed all required EEO reports to
the necessary agencies? ___ Yes ___ No
17. The company certifies that it is not debarred nor suspended under
Federal and State rulings from receiving federal funds. ___ Yes ___ No
18. Does the company have current or future plans for a buyout or sale? ___ Yes ___ No
19. The company certifies that it will not enter into contracts with
subcontractors who are debarred or suspended from such
transactions to complete work related to this Request for Proposals. ___ Yes ___ No
20. The company certifies it will not use the contract funds to lobby. ___ Yes ___ No
21. The company certifies it is a drug-free work place. ___ Yes ___ No
22. The company certifies it is not delinquent on any Federal debt. ___ Yes ___ No
23. The company certifies that it does not have any Findings for
Recovery with the State of Ohio Auditor. ___ Yes ___ No
24. The company certifies that its agents, officers, or managing employees have not been
convicted of a criminal offense related to any programs under Medicaid, Medicare, or
the Title XX programs since the inception of these programs. ___ Yes ___ No

Attachment F- DEFINITIONS

1) "Private transportation vendor (PTV)" is an entity (e.g., individual person, for-profit company, not-for-profit organization) that meets the following criteria:

(a) It seeks to establish or to maintain a contract with a county department of job and family services (CDJFS) to supply transportation service to Medicaid recipients in accordance with rule [5160-15-13](#) of the Administrative Code; and

(b) It is not a government agency, transit authority, public transportation system, or other quasi-governmental organization.

(2) "PTV owner/manager" is a person having an ownership or control interest in the PTV, as defined in 42 C.F.R. 455.101 (October 1, 2016).

(3) "Related enterprise" is any other business in which a PTV owner/manager has an ownership or control interest.

(4) "Direct-service PTV employee" is a PTV employee who provides direct services to Medicaid recipients.

Person with an ownership or control interest means a person or corporation that—

(a) Has an ownership interest totaling 5 percent or more in a disclosing entity;

(b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;

(c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;

(d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;

(e) Is an officer or director of a disclosing entity that is organized as a corporation; or

(f) Is a partner in a disclosing entity that is organized as a partnership.

Attachment G - Violations

- 959.13 Cruelty to animals
- 959.131 Prohibitions concerning companion animals
- 2903.01 Aggravated murder
- 2903.02 Murder
- 2903.03 Voluntary manslaughter
- 2903.04 Involuntary manslaughter
- 2903.041 Reckless homicide
- 2903.11 Felonious assault
- 2903.12 Aggravated assault
- 2903.13 Assault
- 2903.15 Permitting child abuse
- 2903.16 Failing to provide for a functionally impaired person
- 2903.21 Aggravated menacing
- 2903.211 Menacing by stalking
- 2903.22 Menacing
- 2903.34 Patient abuse or neglect
- 2903.341 Patient endangerment
- 2905.01 Kidnapping
- 2905.02 Abduction
- 2905.05 Criminal child enticement
- 2905.11 Extortion
- 2905.12 Coercion
- 2905.32 Trafficking in persons
- 2905.33 Unlawful conduct with respect to documents
- 2907.02 Rape
- 2907.03 Sexual battery
- 2907.04 Unlawful sexual conduct with minor

2907.05 Gross sexual imposition

2907.06 Sexual imposition

2907.07 Importuning

2907.08 Voyeurism

2907.09 Public indecency

2907.21 Compelling prostitution

2907.22 Promoting prostitution

2907.23 Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another

2907.24 Soliciting - after positive HIV test - driver's license suspension

2907.25 Prostitution - after positive HIV test

2907.31 Disseminating matter harmful to juveniles

2907.32 Pandering obscenity

2907.321 Pandering obscenity involving a minor

2907.322 Pandering sexually oriented matter involving a minor

2907.323 Illegal use of minor in nudity-oriented material or performance

2907.33 Deception to obtain matter harmful to juveniles

2909.02 Aggravated arson

2909.03 Arson

2909.04 Disrupting public services

2909.22 Soliciting or providing support for act of terrorism

2909.23 Making terroristic threat

2909.24 Terrorism

2911.01 Aggravated robbery

2911.02 Robbery

2911.11 Aggravated burglary

2911.12 Burglary

2911.13 Breaking and entering

2913.02 Theft

2913.03 *Unauthorized use of a vehicle*
2913.04 *Unauthorized use of property - computer, cable, or telecommunication property*
2913.05 *Telecommunications fraud*
2913.11 *Passing bad checks*
2913.21 *Misuse of credit cards*
2913.31 *Forgery - Forging identification cards or selling or distributing forged identification cards*
2913.32 *Criminal simulation*
2913.40 *Medicaid fraud*
2913.41 *Defrauding a rental agency or hostelry*
2913.42 *Tampering with records*
2913.43 *Securing writings by deception*
2913.44 *Personating an officer*
2913.441 *Unlawful display of law enforcement emblem*
2913.45 *Defrauding creditors*
2913.46 *Illegal use of food stamps or WIC program benefits*
2913.47 *Insurance fraud*
2913.48 *Workers' compensation fraud*
2913.49 *Identity fraud*
2913.51 *Receiving stolen property*
2917.01 *Inciting to violence*
2917.02 *Aggravated riot*
2917.03 *Riot*
2917.31 *Inducing panic*
2919.12 *Unlawful abortion*
2919.121 *Unlawful abortion upon minor*
2919.123 *Unlawful distribution of an abortion-inducing drug*
2919.22 *Endangering children*

- 2919.23 Interference with custody*
- 2919.24 Contributing to unruliness or delinquency of a child*
- 2919.25 Domestic violence*
- 2921.03 Intimidation*
- 2921.11 Perjury*
- 2921.12 Tampering with evidence*
- 2921.13 Falsification - in theft offense - to purchase firearm*
- 2921.21 Compounding a crime*
- 2921.24 Disclosure of confidential information*
- 2921.32 Obstructing justice*
- 2921.321 Assaulting or harassing police dog or horse or service dog*
- 2921.34 Escape*
- 2921.35 Aiding escape or resistance to lawful authority*
- 2921.36 Illegal conveyance of weapons, drugs or other prohibited items onto grounds of detention facility or institution*
- 2921.51 Impersonation of peace officer or private police officer*
- 2923.12 Carrying concealed weapons*
- 2923.122 Illegal conveyance or possession of deadly weapon or dangerous ordnance or of object indistinguishable from firearm in school safety zone*
- 2923.123 Illegal conveyance of deadly weapon or dangerous ordnance into courthouse - illegal possession or control in courthouse*
- 2923.13 Having weapons while under disability*
- 2923.161 Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function*
- 2923.162 Discharge of firearm on or near prohibited premises*
- 2923.21 Improperly furnishing firearms to minor*
- 2923.32 Engaging in pattern of corrupt activity*
- 2923.42 Participating in criminal gang*
- 2925.02 Corrupting another with drugs*

- 2925.03 Trafficking, aggravated trafficking in drugs*
- 2925.04 Illegal manufacture of drugs - illegal cultivation of marihuana – methamphetamine offenses*
- 2925.041 Illegal assembly or possession of chemicals for the manufacture of drugs*
- 2925.05 Funding, aggravated funding of drug or marihuana trafficking*
- 2925.06 Illegal administration or distribution of anabolic steroids*
- 2925.09 Unapproved drugs - dangerous drug offenses involving livestock*
- 2925.11 Possession of controlled substances*
- 2925.13 Permitting drug abuse*
- 2925.14 Illegal use or possession of drug paraphernalia*
- 2925.141 Illegal use or possession of marihuana drug paraphernalia*
- 2925.22 Deception to obtain a dangerous drug*
- 2925.23 Illegal processing of drug documents*
- 2925.24 Tampering with drugs*
- 2925.36 Illegal dispensing of drug samples*
- 2925.55 Unlawful purchase of pseudoephedrine or ephedrine product*
- 2925.56 Unlawful sale of pseudoephedrine or ephedrine product*
- 2927.12 Ethnic intimidation*
- 3716.11 Placing harmful or hazardous objects in food or confection*

Felonious sexual penetration in violation of former section [2907.12](#) of the Revised Code

A violation of section [2905.04](#) of the Revised Code as it existed prior to July 1, 1996

A violation of section [2923.01](#), [2923.02](#), or [2923.03](#) of the Revised Code when the underlying offense that is the object of the conspiracy, attempt, or complicity is one of the offenses listed above

2923.01 Conspiracy

2923.02 Attempt to commit an offense

2923.03 Complicity

A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses listed above

**Attachment H: DIRECT-SERVICE PTV EMPLOYEE
(Complete for each Direct-Service PTV Employee)**

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____

Last Name: _____ First Name: _____

SSN: _____ Address: _____

City: _____, State: _____, County: _____, Zip Code: _____
