Date: January 25, 2018

To: All Prospective Respondents

Subject: Request for Proposals (RFP) No. 1088 OCCUPATIONAL HEALTH SERVICES

The Town of Bloomfield invites you to submit a proposal based on the requirements of the enclosed RFP. The RFP and any addenda can be found on the Town of Bloomfield website, http://www.bloomfieldct.gov as well as the State of CT Dept. of Administrative Services website, http://www.biznet.ct.gov/scp_search/BidResults.aspx?groupid=136. The information contained herein outlines the intent and scope of the project; the guidelines governing the submission and evaluation of all proposals; and IRS Form W-9, Request for Taxpayer Identification Number and Certification which must be completed and submitted with your proposal.

We ask that your proposal conform to our format request as closely as possible. The Town may accept proposals that take exception to any requirement in the RFP. Any exception or alternative must be clearly delineated in a separate attachment to the proposal submitted. This letter, the RFP, and the proposal submitted by the successful Respondent will be made part of the resultant contract between the Town and the successful Provider.

All proposals must be received in the office of the Purchasing and Risk Manager by 1:00 p.m. February 21, 2018.

One Original (clearly identified as such) and five (5) copies of the proposal plus a read only copy on a thumb drive shall be submitted to the attention of

Purchasing and Risk Manager
Town of Bloomfield
2nd Floor
800 Bloomfield Avenue
Bloomfield CT 06002

The Package submitted containing proposals shall be sealed, bearing on the outside the firm's name and address and plainly marked “RFP #1088 OCCUPATIONAL HEALTH SERVICES”

Questions about the Scope of Services, submission and other requirements may be directed to Nancy Haynes, Purchasing and Risk Manager at nhaynes@bloomfieldct.org no later than 4:00 p.m., February 8, 2018. Providers are required to limit their contact with the Town regarding this RFP to the persons named herein.

The Town of Bloomfield looks forward to receiving your response.
TOWN OF BLOOMFIELD

REQUEST FOR PROPOSALS # 1088

OCCUPATIONAL HEALTH SERVICES

1.  **INTENT**

The Town of Bloomfield ("the Town") is a municipal government employer with 157 full time employees and 61 part time employees. The Town combined with the Bloomfield Board of Education (BOE) who have 429 full time employees and 25 part time employees are seeking proposals from qualified firms, agencies, or organizations to provide comprehensive occupational health, workers’ compensation, rehabilitation, and drug and alcohol screening services, pre-employment physicals and drug screening, respirator medical clearance and fit testing.

2.  **SUBMISSION AND DEADLINE**

2.1 All proposals must be received in the office of the Purchasing and Risk Manager by **1:00 P.M. February 21, 2018**. One original (clearly identified as such) and five (5) copies of the proposal plus a read only copy on a thumb drive shall be submitted to the attention of the Purchasing and Risk Manager at:

   **Town of Bloomfield**
   **Town Hall, 2nd Floor**
   **800 Bloomfield Avenue**
   **Bloomfield, CT 06002**

2.2 Package containing proposals must be sealed, bearing on the outside the Provider’s name and address and plainly marked “**RFP # 1088; OCCUPATIONAL HEALTH SERVICES.**”

2.3 Questions about the Scope of Services may be directed to **Nancy Haynes, Purchasing and Risk Manager**, at nhaynes@bloomfieldct.org. The deadline for questions regarding this Request for Proposals is 4:00 p.m. February 8, 2018. Written clarifications or amendments to this RFP will be issued by addenda, no later than 4:00 p.m., February 13, 2018. Only information issued by formal written addenda will be binding. Addenda will be posted solely on the Town’s and State DAS websites.

2.4 Providers are required to limit their contact with the Town regarding this RFP to the persons named herein.

2.5 The Town may entertain the submission of proposals from a team of Providers. The submission of any such proposal shall clearly spell out roles and responsibilities between the parties and identify the lead Provider with whom the Town will contract and who will
coordinate the activities of any sub-Providers. Lead provider and any sub-Providers shall meet the minimum qualifications specified herein.

2.6 The Town may accept proposals which take exception to any requirements in this RFP, or which offer any alternative to a requirement herein. Any exception or alternative must be clearly delineated and cannot materially affect the substance of this RFP.

3. **SPECIAL INSTRUCTIONS**

3.1 Providers responding to this Request for Proposals are hereby notified that all proposals submitted and information contained therein and attached thereto will not become public information until the Town has entered into a contract to the successful respondent.

3.2 Providers responding to this Request For Proposals must have sufficient staff and expertise to complete the required services. The Provider must agree that all personnel assigned to this project are qualified for this type of work.

4. **BACKGROUND INFORMATION AND EXISTING ENVIRONMENT**

The Town of Bloomfield and the Bloomfield Board of Education are currently utilizing St. Francis Hospital and Medical Center in Windsor, which is affiliated with 6 other centers known as the Connecticut Occupational Medicine Partners. COMP services are affiliated with Danbury Hospital, Bristol Hospital, Eastern CT Health Network and Johnson Memorial Medical Center. Having more locations for new employees is helpful as new employees come from locations in and out of state. However, for random drug screening, it is helpful to have locations convenient to the Public Works Garage and the Senior Center.

Foley Carrier Services provides the Town with third party administration of random drug screening program. A list of services provided by Foley is as follows:

- Random, Pre-Employment, Post-Accident and Reasonable Suspicion tests
- Management of your DOT regulated Random Pool
- Access to a nationwide network of 12,000+ collection sites
- A DOT-compliant written policy
- Certificate of Enrollment
- Medical Review Officer services
- Post-accident support
- Free audit support
- 24/7 emergency testing support
- Federal Chain of Custody Management

CIRMA is the Town’s liability and worker’s compensation carrier. The Town and BOE participate in the CIRMAcare Managed Care plan for Worker’s Compensation claims. They provide case management for work-related injured/ill employees for the Town and the BOE employees. CIRMA closely monitors injured/ill employees and coordinates care from the time of injury until the case is closed.

The Town is not looking to replace Foley Carrier Services or CIRMA.
5. **SCOPE OF SERVICES**

The selected Occupational Health Services Provider shall provide:

5.1 **Post Offer/Pre-Employment Physicals**
   a. Police
      Physicals for police in compliance with State regulations:
      - Physical Examination by a medical professional to determine if an individual is physically and/or mentally able to perform the essential functions of their desired position.
      - PPD
      - Drug Screen Non DOT 5 Panel
      - Audiogram
      - Venipuncture
      - Pulmonary Function Test
      - Electrocardiogram
   b. Non Police
      Physical Examination by a medical professional to determine if an individual is physically and/or mentally able to perform the essential functions of their desired position.
      - Drug Screen for both DOT and Non DOT employees
   c. Providers must:
      - Have ability to provide appointments within one week of request
      - Communicate results to Human Resources within 48 hours of exams unless otherwise agreed upon.

5.2 **Occupational Injury/Worker’s Compensation case management**
   a. Same day assessment of employees’ injuries
   b. Provide dedicated workers’ compensation services to prevent long waiting times for employees.
   c. Determine next steps for the employee, i.e. providing rehabilitation services, referral to other services, providing prescriptions etc. in concert with Worker’s Compensation carrier, CIRMA. **Must be a preferred provider of CIRMA**
   d. Follow up with employee as needed
   e. Provide written reports within two (2) days of initial treatment to CIRMA
   f. Communicate within 48 hours with the Town/BOE and CIRMA regarding the employee’s work status either to:
      - Return to work immediately with or without restrictions
      - Stay out of work until follow-up
   g. Return to work services are needed for Workers’ Compensation and could be required for other situations as well.
   h. Participate in consultations with employer and claim administrator as requested to discuss specific cases and procedures
i. Communicating with employees who have limited English

5.3 DOT Drug and Alcohol Screening Program to include:
   a. Pre-employment, Post- Accident or Reasonable Suspicion
   b. Ability to randomly test employees within 48 hours of request by a site trained in DOT collections
   c. Test results to Human Resources within 48 hours of test
   d. Provide DOT Recertification medical exams by physicians on the National Registry of Medical Examiners
   e. Must be a preferred provider of Foley Carrier Services

5.4 Job Related Exams, testing and screening
   a. Fitness for duty services
   b. Work related immunizations
   c. Biometric screening
   d. Physical therapy services
   e. Respiratory Program to include:
      • Respirator medical clearance
      • Fit testing

5.5 General
   a. Provide quality utilization reports at least annually.
   b. Provide accurate and timely billing within 30 days of event/ appointments.
   c. Electronic access to reports is desirable.

6. TERM

The term of this contract will commence upon execution of a written agreement through 6/30/19, with options for two (2) additional one year terms upon mutual agreement, to be exercised solely at the discretion of the Town. Any contract entered into by the Town and the successful respondent shall provide that the Town may terminate the contract upon thirty (30) days’ notice to the bidder.

7. QUALIFICATIONS

Responses will only be considered from Providers that:

7.1 Are a preferred provider of the Town’s Worker’s Compensation carrier, CIRMA
7.2 Are a preferred provider of Foley Carrier Services
7.3 Have physicians on staff performing DOT physicals on staff who are on the National Registry of Medical Examiners.
7.4 Provide evidence that sites are trained in DOT collections.
7.5 Responding firm and any organizations on their team must be a CT Licensed Medical Facility with licensure in Good Standing.
7.6 Providers shall have a minimum of five (5) years of experience providing the required services for employers of a like size and types of employees; municipal and education experience preferred.

7.7 Can maintain separate medical records in the event that an individual is also a private patient.

7.8 Can provide immediate services Monday-Friday 8 am to 5 pm.

7.9 Maintain multiple locations in the surrounding area (25 mile radius from Bloomfield)

8. **TIMEFRAMES**

The RFP schedule is as follows:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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</thead>
<tbody>
<tr>
<td>RFP issued</td>
<td>1/25/18</td>
</tr>
<tr>
<td>Proposals due</td>
<td>2/21/18</td>
</tr>
<tr>
<td>Proposal Review Completed</td>
<td>3/2/18</td>
</tr>
<tr>
<td>Interview Respondents*</td>
<td>Week of 3/12/18</td>
</tr>
<tr>
<td>Site visit</td>
<td>Week of 3/19/18</td>
</tr>
<tr>
<td>Selection</td>
<td>3/26/18</td>
</tr>
</tbody>
</table>

Award of this contract is subject to the availability of funds.

*The Town reserves the right to make a selection on the basis of the proposal alone; however it may invite selected respondents for interview at its discretion.*

9. **CONTRACT MANAGEMENT**

9.1 The Provider will work under the direction of the Bloomfield Human Resources Director and Chief Operations Officer of the Bloomfield Public Schools.

9.2 The selected Provider will assign one qualified individual, who will be the firm's day-to-day contact person who will be responsible for directing and coordinating the activities of the firm's personnel in all aspects of the project.

10. **EVALUATION AND AWARD**

10.1 **Selection Criteria**

The following criteria will be used, without limitation, in evaluating proposals and determining the most responsive Provider:

10.1a The Provider’s technical understanding of the scope of services and proposed professional services as evidenced by the proposal submitted.

10.1b The background and experience of the Provider in providing similar services (especially to other municipalities) as well as the specific background, education,
Proposals in response to this RFP will be reviewed against the criteria listed above, and recommendation for award will be made in accordance with standard purchasing procedures.

10.2 **Selection Procedures**

The Town intends to enter into a contract with the most responsible Provider whose proposal is determined to be in the best interest of the Town.

10.2a The Town reserves the right to reject any or all proposals or parts thereof for any reason, to negotiate changes to proposal terms, to waive minor inconsistencies with the RFP, and to negotiate a contract with the successful Provider.

10.2b It is anticipated that several of the Providers whom the Town determines to have submitted the most responsive proposals will be invited to interview and make a detailed presentation before the Town.

10.2c The Town intends to conduct site visits to the primary and any secondary locations where services are proposed to be performed.

10.2d The Town shall, after a thorough review of the proposals received, and after conclusion of the interview process and site visit if needed, will award the contract to the Provider whom the Town deems best qualified to perform the services required under this contract.

11. **PROPOSALS**

The Town will not be liable for costs incurred in the preparation of the response to this RFP or in connection with any presentation before the Town. Proposals submitted must be bound, paginated, indexed and numbered consecutively. The original proposal must be clearly marked as such. Providers shall submit as their proposal the following:

11.1 **Letter of Transmittal**: A letter of transmittal addressed to The Purchasing and Risk Manager, which includes a statement by the respondent accepting all terms and conditions and requirements contained in this RFP. The letter should also include a brief discussion of the Provider’s background, experience, and ability to perform this contract in accordance with the Scope of Services. Also to be included, is a listing of clients for whom the submitting provider has performed similar services.
11.2 **Detailed Proposal, which includes the following sections:**

11.2a Brief statement as to the firm’s particular abilities and qualifications related to these services in addition to completion of Appendix A.

11.2b List of municipalities in Connecticut for which the firm submitting the proposal has provided similar services in the last three years. Connecticut public schools or municipal references are preferred. Please also include the name and contact information for these references.

11.2c Resumes of key personnel who would be assigned to this account.

11.2d Prior to contract, the selected provider will be required to provide insurance coverage as specified in Section 12.1.

11.2e Information concerning any suits filed, judgments entered or claims made against the firm during the last five (b) or any declaration of default or termination for cause against the firm with respect to such services. In addition, state whether during the past five years the firm has been suspended from bidding or entering into any government contract.

11.2f Confidentiality policy, including methods of sharing confidential information.

11.2g Services expected of the Town: Define the nature and scope of all services to be provided by the Town.

11.3 **Fee Proposal:** Providers are required to submit their fee proposal for the services outlined in Section 5, organized in the same fashion as the Scope of Services. Respondents should note that CIRMA is to be billed for Worker’s Compensation related services. Providers may also supply a fee schedule for other services they may offer that are outside the identified services.

All Proposals must be signed by the firm’s authorized official. The proposal must also provide name, title, address, and telephone numbers for 1) the individual with authority to negotiate and contractually bind the firm, and 2) for those who may be contacted for the purpose of clarifying any information provided therein.

12. **GENERAL REQUIREMENTS**

12.1 **Insurance:**

The selected Provider shall be required to furnish proof of the following insurance coverage within ten (10) days of receipt of Notice of Selection. Insurance shall be issued by an insurance company licensed to conduct business in the State of Connecticut with a Best’s Key Rating of A-, VIII or better. Any and all exceptions must be approved by the Town Manager. Insurance coverage shall remain in full force for the duration of the Contract term including any and all extensions or renewal thereof. Each insurance certificate shall contain a (30) day notice of cancellation. All renewal certificates shall be
furnished at least thirty (30) days prior to policy expiration. Any and all deductibles are the sole responsibility of the Provider to pay and/or indemnify.

<table>
<thead>
<tr>
<th>Coverage</th>
<th>Type</th>
<th>Minimum Limits</th>
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<tbody>
<tr>
<td>General Liability</td>
<td>Each Occurrence</td>
<td>$1,000,000</td>
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<tr>
<td></td>
<td>Products/Completed Operations Aggregate</td>
<td>$2,000,000</td>
</tr>
<tr>
<td></td>
<td>General Aggregate</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Auto Liability</td>
<td>Combined Single Limit</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Worker’s Compensation</td>
<td>WC Statutory Limits</td>
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<tr>
<td>Employer’s Liability</td>
<td>EL each accident</td>
<td>$100,000</td>
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<td></td>
<td>EL disease policy</td>
<td>$500,000</td>
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<tr>
<td></td>
<td>Disease accident limit</td>
<td>$100,000</td>
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<tr>
<td>Umbrella</td>
<td>Each Occurrence</td>
<td>$1,000,000</td>
</tr>
<tr>
<td>Professional Liability</td>
<td>Each Claim/Aggregate</td>
<td>$2,000,000</td>
</tr>
<tr>
<td>Medical Malpractice</td>
<td>Each Claim/Aggregate</td>
<td>$2,000,000</td>
</tr>
</tbody>
</table>

12.1.f The Town of Bloomfield and Bloomfield Board of Education are included as Additional Insureds, ATIMA under the Commercial General Liability, Auto Liability and Professional Liability/Medical Malpractice Policies. THE UNDERLINED WORDING MUST BE SHOWN IN THE SPACE PROVIDED FOR “COMMENTS” ON THE ACORD INSURANCE CERTIFICATE. Coverage is to be provided on a primary, noncontributory basis. Waiver of subrogation endorsements applying to Commercial General Liability and Workers Compensation policies on a blanket basis or in favor of the Town and BOE to be provided.

12.1.g Each insurance coverage named above shall provide not less than a 30-day notice of cancellation to the Town. All policies shall be on the occurrence form. Any and all exceptions shall be reviewed by the Town Manager.

12.1.h Cancellation or other termination of insurance policies required by this Agreement without immediate replacement thereof may be considered a default in the terms and conditions of this Agreement. The Provider agrees that such default may be cured by procurement of insurance on behalf of Provider, at the Provider’s expense, at Town’s option.

12.2 Hold Harmless Agreement:

The Provider, its agents and assigns shall indemnify, defend and hold harmless the Town of Bloomfield and the Bloomfield Board of Education, including but not limited to, its elected officials, its officers, and agents, ("the Town") from any and all claims made against the Town, including but not limited to, damages, awards, costs and reasonable attorney’s fees, to the extent any such claim directly and proximately results from the wrongful, willful or negligent performance of services by the Provider during the Provider’s performance of this Agreement or any other Agreements of the Provider entered into by reason thereof. The Town agrees to give the Provider prompt notice of any such claim and absent a conflict of interest, an opportunity to control the defense thereof.
As a municipal agency of the State of Connecticut, the Town will NOT defend, indemnify, or hold harmless the successful proposer.

12.3 **Conditions**

Providers responding to this RFP will be expected to adhere to the following conditions in an agreement with the Town and must make a positive statement to that effect in its proposal submitted:

12.3a The Provider has personnel sufficient to assure service continuity and agrees to maintain adequate qualified personnel for the full duration of the contract.

12.3b Agree that all work produced under this agreement will become property of the Town of Bloomfield.

12.3c Agree to provide the insurance coverage herein specified for the full duration of the contract's term, including any and all extensions.

12.3d Agree to accept and follow management direction from the Town and specifically, the individuals named herein or their duly authorized designee(s).

12.3e Agree to conform to all applicable laws and ordinances and policies of the Federal Government, State of Connecticut and Town of Bloomfield.

12.3f Agree that if the Town cannot in good faith negotiate a written contract within a reasonable time with the selected Provider, the Town may unilaterally cancel its selection of that Provider.

12.3g Agree that periodic payments to the Provider will be made as agreed upon in the signed contract.

12.3h Agree that the Town reserves the right to terminate the contract at any time. In the event of contract termination, the Provider shall be entitled to payment for approved services rendered after the execution of the contract and prior to receipt of notice of termination. However, if the Provider has damaged the Town, said payment may be withheld until the Town determines whether or not by how much said payment should be reduced.

12.3i Agree that the contract between the Town and the Provider shall be governed by and construed in accordance with the laws of the State of Connecticut and the ordinances of the Town of Bloomfield.

12.3j Agree that no conflict of interest exists. Identify the nature of any potential conflict of interest your firm might have in providing services to the Town under this RFP. Discuss fully any conflicts of interest, actual or perceived, which might arise in connection with your firm’s performance of the proposed agreement. If conflicts do or might exist, describe how your firm would resolve them.
12.3k Agree to protect and safeguard Town confidential information. If there is a security breach that affects Town confidential information while that information is in the possession of the Provider, the Provider will pay for any and all costs incurred with that security breach.

13. **ANTI COLLUSION STATEMENT**

Proposers and their employees, officers, advisers, agents or sub-contractors must not engage in any collusive bidding or other anti-competitive conduct, or any other similar conduct, in relation to:

- the preparation or submission of Proposals;
- the clarification of Proposals; and
- the conduct and content of negotiations, including final contract negotiations, in respect of this RFP or procurement process, or any other procurement process being conducted by the Town in respect of any of its requirements.

14. **TAXPAYER'S IDENTIFICATION NUMBER**

Each Provider, whether an individual, proprietor, partnership or a non-profit corporation or organization must obtain, complete and include, with the proposal submitted, an Internal Revenue Service Form W-9, "Request for Taxpayer Identification Number and Certification".

15. **ADDITIONAL INFORMATION AND REVISIONS TO PROPOSALS**

Information may be provided to potential respondents for the purpose of clarification to assure full understanding of, and responsiveness to the Request for Proposals requirements. Prospective respondents shall be afforded fair and equal treatment with respect to access to additional information and revision of proposals.
# TOWN OF BLOOMFIELD

REQUEST FOR PROPOSALS # 1088

OCCUPATIONAL HEALTH SERVICES
Exhibit A

Current Usage and Cost

<table>
<thead>
<tr>
<th>Service</th>
<th>Usage per year</th>
<th>Cost per service</th>
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<tbody>
<tr>
<td>Pre-employment Police</td>
<td>10</td>
<td>$415.00</td>
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<tr>
<td>Pre-employment Other (Town)</td>
<td>16</td>
<td>$131.00</td>
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<tr>
<td>Work Injury claims (Town and BOE)</td>
<td>100</td>
<td>Cost varies</td>
</tr>
<tr>
<td>Random Drug Testing</td>
<td>20</td>
<td>$57.00</td>
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<tr>
<td>Random Alcohol Testing</td>
<td>10</td>
<td>$38.00</td>
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<tr>
<td>DOT Medical Exam Re-certifications</td>
<td>15</td>
<td>$100.00</td>
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# OCCUPATIONAL HEALTH SERVICES

1. Does each of your facilities employ a Board Certified Occupational Medicine Physician? During what hours is this Physician rendering onsite medical care in each facility?

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<thead>
<tr>
<th>Yes</th>
<th>No</th>
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<tr>
<th>Name</th>
<th>Location</th>
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2. Do your facilities utilize other medical professionals specifically trained in occupational injuries and illnesses?

<table>
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<th>Yes</th>
<th>No</th>
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If Yes, please identify facility, position and qualifications

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3. Does your facility have a procedure currently in place which informs the employer immediately of the employee’s restrictions or limitation due to a work related injury?

   Yes _____________

   Please explain the process including who is responsible and attach any forms at are used to accomplish this service:

   No _____________

   Please explain the current process
4. List the location(s) of your facility/facilities, and the operating hours of each. The Town and BOE have employees who do not work traditional hours so please include after hours and weekend availability. If a different organization than the firm responding to the RFP, please identify and provided detail regarding the relationship and responsibilities.

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<thead>
<tr>
<th>Primary Location:</th>
<th>Hours:</th>
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<tr>
<th>Secondary Locations:</th>
<th>Hours:</th>
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5. Explain the referral process to specialists such as orthopedics, psychiatrists, physical therapist, diagnostic imaging, etc.
6. Provide a list of referral specials that may be utilized. Indicate when a specialist will be utilized and the typical time frame for referrals.