



## VILLAGE OF OAK PARK

### REQUEST FOR PROPOSALS: OCCUPATIONAL HEALTH SERVICES

DATE ISSUED: March 6, 2019

#### I. REQUEST FOR PROPOSALS - INSTRUCTIONS AND SPECIFICATIONS

The Village of Oak Park ("Village") is requesting proposals from qualified Contractors to provide professional Occupational Health Services beginning the effective date of the fully executed agreement for services relating to pre-employment, post-accident, return to work (fitness for duty) physical exams, drug and alcohol testing, both DOT and Non-DOT and physical testing as required by Village Police and Fire personnel.

The Village will receive proposals at the Human Resources Department, Monday through Friday, 8:30 a.m. to 5:00 p.m., at 123 Madison, Oak Park, Illinois 60302. Proposals will be accepted until 5:00 p.m. (local time) **March 20, 2019**. Firms responding to this Request for Proposals must submit seven (7) copies of their proposals in sealed envelopes, and must conform to the format specified below.

The Village reserves the right to accept or reject any and all proposals or to waive technicalities. Information concerning this request for proposals is available from Julia Scott-Valdez, Assistant Village Manager/Human Resources Director, 123 W. Madison, Oak Park, Illinois 60302. Ms. Scott-Valdez can be reached by telephone at the following number, (708) 358-5652, or via e-mail at [jvaldez@oak-park.us](mailto:jvaldez@oak-park.us).

The documents constituting this request for proposals are listed below. Respondents are responsible for the completion of Sections II through VIII, in their entirety and in the order presented below. Missing information or proposals that are deemed by the Village to be incomplete will not be considered for award.

- I CALL FOR PROPOSALS
- II BACKGROUND INFORMATION
- III AWARD OF CONTRACT
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- VIII E.E.O. REPORT

Upon formal award to the successful Service Provider, an agreement will be executed for the performance of services and payment of agreed-upon fees.

Below is a tentative schedule for the request for proposal, evaluation of responses, selection and approval of a preferred firm or firms ("Service Providers"), and implementation of insurance benefits:

Proposals due to Human Resources Department	March 20, 2019
Tentative: presentations by preferred firm(s) (if needed)	Week of March 25, 2019
Recommendation to Village Manager of preferred firm(s)	April 1, 2019
Village Board approval	April 16, 2019
Execution and implementation work plan & work flow	Week of April 22, 2019
Effective date of service	May 1, 2019

## **II. BACKGROUND INFORMATION**

The Village is a full-service home rule municipal corporation located in Cook County, Illinois. Oak Park is a thriving, transit-oriented community of about 52,000 people located immediately west of the City of Chicago and known for its great neighborhoods, architectural heritage and innovative public policy initiatives. Within its 4.5 square miles live one of the region's most diverse mixes of cultures, races, ethnicities, professions, lifestyles, religions, ages and incomes.

The Village provides a full range of municipal services including fire protection, ambulance, police, highway and street maintenance, building code enforcement, public improvements, economic development, planning, zoning, transportation, water and sewer services and general administrative services.

The Village operates under the village manager form of government. An elected legislative board consisting of a president and six trustees set policy and a professional manager oversees the day-to-day administration of government. Village services and programs are delivered by about 370 employees.

The Human Resources Department provides internal services to all Village departments via highly complex administrative support of the Village Manager, Department Directors and all employees by managing recruiting procedures, employee/retiree services, equal opportunity employment plan management, position classification and pay plan management, records maintenance for all Village employees reflecting tenure, qualifications and service, leaves of absence and related matters workers' compensation and work related injuries and administration of retirement and insurance plans via a third party contractor.

### **A. Current Providers**

The Village currently receives a full complement of services from Concentra Health Services. The Village has been satisfied with the level of service provided by Concentra.

## **III. AWARD OF CONTRACT**

### **A. Contract Term**

The Village anticipates awarding an initial minimum contract for two years, after which the Village will have the right to renew for an additional one year period of time. The annual contract period for the period commences on May 1, 2019 and ends on April 30, 2021.

### **B. Authorization**

Any agreement with a selected Service Provider must be reviewed and approved by the Village Attorney, approved and authorized by the Village of Oak Park Board of Trustees, and executed by the Village Manager. The Service Provider is advised that Village staff, other than the Village Manager, have no authority to sign agreements or modify existing agreements on behalf of the Village and that any such agreements are null and void. The agreement shall be in substantially the form of the Professional Services Agreement attached hereto.

### **C. Payments**

All invoices will be paid within 30 days of approval. Charges for late payments must be in accordance with the Local Government Prompt Payment Act, 50 ILCS 505/1, requiring a maximum interest penalty of 1% per month or portion thereof.

### **D. Termination for Non-appropriation of Funds**

The Village reserves the right to terminate any multiyear agreement if the Village's Board of Trustees fails to appropriate funds for this purpose in any subsequent fiscal year. All funds for payments after December 31st of the current fiscal year are subject to Village appropriation for this purpose.

**E. Service Provider Personnel Assigned to the Village of Oak Park Account(s)**

The Village reserves the right to accept or reject any staff designated by the service provider to manage the Village account(s). If no suitable replacement staff is provided, the Village reserves the right to terminate the contract.

**F. Ownership of Data**

The Village will remain the owner of its employee and claims data at all times. At the conclusion of the services, the vendor will be required to transfer all employee and claims data back to the Village in a format acceptable to the Village.

**G. Confidentiality**

The Service Provider shall keep the Village's employee and claims data confidential.

**H. Subcontracting**

The Service Provider shall not assign or subcontract any portion of the services to be provided without the written approval of the Village. The Service Provider assumes responsibility for performance of all Sub-Contractors, whether or not authorized. In the event of a merger of a service provider with another firm, this contract will be transferable to the successor firm only upon the approval of the Village President and Board of Trustees.

**I. Insurance Requirements**

The selected Service Provider must purchase and maintain for the length of the agreement and coverage shall be provided as set forth in the attached agreement.

**IV. DETAILED SPECIFICATIONS**

All firms interested in providing Occupational Health services to the Village of Oak Park must provide detailed responses for each of the questions listed below. Be sure to indicate next to your response the question that is being answered. If the answer is contained within any attached marketing material, please indicate **precisely** where the response to the particular question is located.

**A. Characteristics and Qualifications of the Firm**

1. Describe the history and organization of your firm. Include number of employees, number of offices, locations and financial information.
2. Describe the office that will be designated to serve the Village's program and the services available at that office. If your firm intends to utilize other offices or locations, describe the services they would provide for this account at each office or location.
3. Name the principal and other key personnel who will be fully responsible for the account. Provide a resume or statement of professional qualifications, related educational background and professional certifications of the personnel assigned to this account. Also, list each person's title as it is conveyed professionally within the firm and their particular area of expertise. Specifically identify personnel in the following areas:
  - i. Medical Doctor
  - ii. Clinical Staff
  - iii. Account Manager
  - iv. Main Service Support Contact.
4. Personnel assigned to the account shall have a minimum of five (5) years of related occupational health experience. Five (5) years of experience with public entities is preferred. Board certified in occupational medicine is required. Must be on the National Registry of Certified Medical Examiners as required by the United States Department of Transportation ("DOT").
5. Provide proof of any applicable certifications, licenses and credentials of staff committed to this contract including their names and documentation of their training successfully completed.
6. Provide a price proposal as set forth in this RFP.

7. Provide forms and reports as set forth in this RFP, including time frames for the provision of said forms and reports to the Village.

## **B. Scope of Services**

1. Exams:
  - i. Pre-employment medical evaluations for safety and non-safety sensitive employees.
  - ii. Return to work (fitness for duty) examinations for safety and non-safety employees.
  - iii. DOT physical exams (FMCSA and FTA) and Medical Examiner's Certification issuance.
  - iv. Physical fitness examination program for firefighters and police officers as defined by professional standards.
  - v. Post-exposure exams and follow-up screenings provided immediately with ongoing monitoring after report of exposure with appropriate treatment options as defined by current medical standards.
  - vi. Audiometry and basic vision exams.
  - vii. Tuberculosis screenings
  - viii. Respiratory exams consistent with OSHA standards.
2. Testing:
  - i. Pre-employment, DOT (FMCSA & FTA); NIDA-5 Panel and/or NIDA-10 Panel Split Drug testing certified collection site performing; pre-employment, return-to-duty, reasonable suspicion, post-accident, and follow-up alcohol testing.
  - ii. Breath alcohol testing (BAT) certified collection site performing: pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident, and follow-up alcohol testing.
3. Occupational Injury/Workers' Compensation Case Management
  - i. Provide preliminary examinations for injuries that are reported to be work related
  - ii. Provide follow-up care and case management for work related injuries.
  - iii. Provide professional opinion in reviewing employee's work restrictions and duty related leaves of absence.
  - iv. Offer rehabilitation services including physical and occupational therapy, worksite, functional capacity and ergonomic evaluations.
  - v. Conduct upon request medical and occupational health and safety surveillance examinations to address specific hazardous exposures or conditions in the workplace.
  - vi. Conduct physical fitness testing for fire personnel as defined by the National Fire Protection Association (NFPA) 1582
  - vii. Conduct executive physicals as required.
4. Other:
  - i. Medical consultation to Village Human Resources staff.
  - ii. Provide on-site drug and alcohol testing for Village departments as required.
  - iii. Partner with the Village in administering its return to work program.
  - iv. All medical services and testing shall be performed at the Service Provider's facility or facilities. Testing facilities must be certified pursuant to applicable standards.
  - v. Wellness programs, work hardening, and educational services preferred.
  - vi. Services shall be provided on an as-needed basis.
  - vii. Participate in wellness programs and screenings to establish and promote a safety and health-conscious culture among Village employees.

## **C. Program Administration**

1. Provide services Monday – Friday during normal business hours starting at 7:00 a.m. – 5:00 p.m. Evenings and weekend hours preferred.
2. Provide high level of customer service to current and prospective Village employees receiving services. Must be able to schedule employees within two (2) business days for return-to-work examinations. Clinic and walk-in scheduling preferred.
3. Provide urgent and after-hours care, weekend availability is also preferred.

4. Provide high level of support to Village Human Resources staff regarding occupational health trends, requirements and health issues impacting Village job classifications.
5. Maintain confidential records of all employees/applicants examined by the office.
6. Collection site to maintain supply of and ensure use of appropriate Chain of Custody (COC) forms in urgent manner following appropriate protocol.
7. Provide program monitoring for DOT and Non-CDL Driver Fitness exams, vaccination program follow-up, respirator testing record maintenance, etc.
8. Maintain records of medical tests, examinations, evaluations, etc. for the retention period required by State and Federal laws and regulations.
9. Provide accurate records and reports as required by State and Federal laws and regulations.
10. Provide a system that allows for efficient communication and close coordination between the Human Resources staff and the provider's clinical, administrative and billing staff for day-to-day operations needs and questions.
11. Meet with the Village staff and designated representatives as reasonably requested.
12. A minimum of two (2) physicians must be on the National Registry of Certified Medical Examiners as required by DOT regulations for medical certification issuance.
13. Staff shall be trained and experienced in urine specimen collection for drug testing and shall be breath alcohol technician certified. A minimum of two (2) BAT certified staff in practice is required.
14. Provide convenient online resources and support is preferred.

#### **D. Price Proposal**

Service Providers shall provide an itemized list of available procedures and associated prices to fulfill the Scope of Services outlined in this RFP. Under each service list each procedure that will be included and the associated price. If there are services offered at no cost, please indicate services in the list with \$0 indicated for cost.

1. Pre-employment medical exams for safety sensitive staff.
2. Pre-employment medical exams for non-safety sensitive staff.
3. Fitness-for-Duty (return to work) exams.
4. Treatment of work-related injuries and illnesses (office visits, physical therapy, etc.)
5. Non-DOT drug testing collection fees for pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident and follow-up.
6. DOT drug testing collection fees for pre-employment, random, return-to-duty, reasonable suspicion/reasonable cause, post-accident and follow-up.
7. BAT testing.
8. Vaccinations.
9. TB Screenings.
10. Respiratory/spirometry exams.
11. Vision exams.
12. Post-exposure screenings and treatment.
13. Preventive care and educational services.
14. Other available services.

#### **E. Forms and Reports**

Provide samples of all forms your facility uses to report exam/test results and specify how quickly results will be available for the Village. Indicate which results can be completed, submitted or retrieved online. Please provide samples of invoices, statements and any other accounting reports. Indicate which of these documents can be accessed online.

#### **E. Legal Compliance**

Comply with all state and federal laws and regulations pertaining to occupational health services licensed in the State of Illinois.

#### **F. Reference List**

1. Provide evidence of the firm's experience in providing service for other unionized municipalities.
2. List other accounts the firm has served and indicate whether the Village may independently contact such accounts for an appraisal of comparable services they have received from your firm.

#### **G. Evaluation Process**

1. A Selection Committee will evaluate the technical proposals submitted using the Evaluation Criteria detailed below.
2. The Selection Committee will select the proposal which is most responsive to the Village's requirements and based on the ability and fee, appears to be best able to serve the Village.
3. Award of the Contract must be approved by the Village's Board of Trustees.

#### **H. Evaluation Criteria**

1. Proposals shall provide a straight-forward, concise description of the Service Provider's capabilities to satisfy the requirements of this RFP. Award will be made to the vendor who represents the best overall quality and value to the Village and proposals will be evaluated with an emphasis on the following:
  - i. Qualifications and experience providing occupational health services for government agencies with similar job classifications to the Village.
  - ii. Performance (quality and efficiency) providing occupational health services to government agencies.
  - iii. Proximity to Village of Oak Park employee worksites
  - iv. Industry knowledge of occupational health services.
  - v. Service availability, ease of process, customer service and convenience.
  - vi. Proven systems in place for timely communication and follow-up.
  - vii. Price.
2. During the evaluation process, the Selection Committee may, at its discretion, request any one or all Contractors to make oral presentations. Such presentations will provide Contractors with an opportunity to answer any questions the Selection Committee may have on a firm's proposal. Not all Contractors may be asked to make such oral presentation.
3. During the evaluation process, the Selection Committee, may, at its discretion, request any one or all Service Providers to provide a site visit of the facility intended to be used for Village purposes.

## V. PROPOSAL FORM

The undersigned proposes to furnish Occupational Health Services for the Village of Oak Park as follows:

**Fee for Specified Work:** – Defined in Price Proposal (Attach)

**Hourly Rate(s) for Specified Work** – Specify below

_____	\$ _____
_____	\$ _____
_____	\$ _____

**Other Pricing** - Specify below

_____	\$ _____
_____	\$ _____
_____	\$ _____

**Proposal Signature:** \_\_\_\_\_

State of \_\_\_\_\_), County of \_\_\_\_\_)

\_\_\_\_\_, being first duly sworn on oath deposes and says that the Contractor on the above Proposal is organized as indicated below and that all statements herein made on behalf of such Contractor and that their deponent is authorized to make them, and also deposes and says that deponent has examined and carefully prepared their proposal from the Contract Specifications and has checked the same in detail before submitting their Proposal; that the statements contained herein are true and correct.

Signature of Contractor authorizes the Village of Oak Park to verify references of business and credit at its option.

Signature of Contractor shall also be acknowledged before a Notary Public or other person authorized by law to execute such acknowledgments.

\_\_\_\_\_  
Organization Name  
(Seal - If Corporation)

By: \_\_\_\_\_ Dated: \_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

\_\_\_\_\_  
E-mail

Subscribed and sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2016.

\_\_\_\_\_  
Notary Public

## VI. COMPLIANCE AFFIDAVIT

I, \_\_\_\_\_ being first duly sworn on oath depose and state as follows:  
(Print Name)

1. I am the (title) \_\_\_\_\_ of the Proposing Firm and am authorized to make the statements contained in this affidavit on behalf of the firm;
2. The Proposing Firm is organized as indicated on Exhibit A to this Affidavit, entitled "Organization of Proposing Firm," which Exhibit is incorporated into this Affidavit as if fully set forth herein;
3. I have examined and carefully prepared this proposal based on the request and verified the facts contained in the proposal in detail before submitting it;
4. I authorize the Village of Oak Park to verify the Firm's business references and credit at its option;
5. Neither the Proposing Firm nor its affiliates<sup>1</sup> are barred from proposing on this project as a result of a violation of 720 ILCS 5/33E-3 or 33E-4 relating to bid rigging and bid rotating, or Section 2-6-12 of the Oak Park Village Code relating to "Proposing Requirements".
6. Neither the Proposing Firm nor its affiliates is barred from contracting with the Village of Oak Park because of any delinquency in the payment of any debt or tax owed to the Village except for those taxes which the Proposing Firm is contesting, in accordance with the procedures established by the appropriate revenue act, liability for the tax or the amount of the tax. I understand that making a false statement regarding delinquency in taxes is a Class A Misdemeanor and, in addition, voids the contract and allows the Village of Oak Park to recover all amounts paid to the Proposing Firm under the contract in civil action.
7. I am familiar with Section 13-3-2 through 13-3-4 of the Oak Park Village Code relating to Fair Employment Practices and understand the contents thereof; and state that the Proposing Firm is an "Equal Opportunity Employer" as defined by Section 2000(E) of Chapter 21, Title 42 of the United States Code Annotated and Federal Executive Orders #11246 and #11375 which are incorporated herein by reference. **Also complete the attached EEO Report or Submit an EEO-1.**
8. All statements made in this application are true and correct.

Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

Name of Business: \_\_\_\_\_ Your Title: \_\_\_\_\_

Business Address: \_\_\_\_\_

(Number, Street, Suite #)

(City, State & Zip)

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ Web Address: \_\_\_\_\_

Subscribed to and sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 2015.

\_\_\_\_\_  
Notary Public

<sup>1</sup> Affiliates means: (i) any subsidiary or parent of the bidding or contracting business entity, (ii) any member of the same unitary business group; (iii) any person with any ownership interest or distributive share of the bidding or contracting business entity in excess of 7.5%; (iv) any entity owned or controlled by an executive employee, his or her spouse or minor children of the bidding or contracting business entity.



## VII. ORGANIZATION OF PROPOSING FIRM

(Complete Applicable Paragraph Below)

- (a) **Corporation:** The Service Provider is a corporation, operating under the legal name of \_\_\_\_\_, is organized and existing in good standing under the laws of the State of \_\_\_\_\_ and is authorized to conduct business in the State of Illinois. The full names of its Officers are:

President \_\_\_\_\_

Secretary \_\_\_\_\_

Treasurer \_\_\_\_\_

The Name and Address of its Registered Agent is: \_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Number, Street, Suite #) (City, State & Zip)

The corporation has a corporate seal. (In the event that this proposal is executed by a person other than the President, attach hereto a certified copy of that section of Corporate By-Laws or other authorization by the Corporation that permits the person to execute the offer for the corporation.)

- (b) **Partnership:** The Service Provider is a Partnership operating under the name \_\_\_\_\_

The following are the names, addresses and signatures of all partners:

_____ Name Signature	_____ Address	_____
_____	_____	_____
_____	_____	_____

(Attach additional sheets if necessary.) If so, check here \_\_\_\_\_.

If the partnership does business under an assumed name, the assumed name is \_\_\_\_\_ which is registered with the Cook County Clerk and the partnership is otherwise in compliance with the Assumed Business Name Act, 805 ILCS 405/0.01 et.seq.

- (c) **Sole Proprietor:** The Service Provider is a Sole Proprietor. If the Vendor does business under an Assumed Name, the Assumed Name is \_\_\_\_\_, which is registered with the Cook County Clerk. The Vendor is otherwise in compliance with the Assumed Business Name Act, 805 ILCS 405/0.01 et.seq.

- (d) **Affiliates:** The name and address of any affiliated entity of the business, including a description of the affiliation: \_\_\_\_\_

The name and address of any affiliated person of the business entity, including a description of the affiliation. \_\_\_\_\_

\_\_\_\_\_  
Signature of Owner

## VIII. VILLAGE OF OAK PARK EQUAL EMPLOYMENT OPPORTUNITY REPORT

Please fill out this form completely. Failure to respond truthfully to any questions on this form, failure to complete the form or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this proposal. For assistance in completing this form, contact the Finance Department at 708-358-5470. **An EEO-1 Report may be submitted in lieu of this report**

1. Vendor Name: \_\_\_\_\_

2. Check here if your firm is:

\_\_\_\_\_ MBE \_\_\_\_\_ WBE \_\_\_\_\_ DBE \_\_\_\_\_ None of the above

3. What is the size of the firm's current stable work force?

\_\_\_\_\_ Number of full-time employees \_\_\_\_\_ Number of part-time employees

4. Similar information will be requested of all subcontractors working on this contract. Forms will be furnished to the lowest responsible bidder with the notice of contract award, and these forms must be completed and submitted to the Village before the execution of the contract by the Village.

### EEO REPORT (An EEO-1 Report may be submitted in lieu of this report)

Please fill out this form completely. **Failure to respond truthfully to any questions on this form, or failure to cooperate fully with further inquiry by the Village of Oak Park will result in disqualification of this proposal.** An incomplete form will disqualify your proposal. For assistance in completing this form, contact the Finance Department at 708-358-5471.

Job Categories	Total Employees	Total Males	Total Females	Males				Females				Total Minorities
				Black	Hispanic	American Indian & Alaskan Native	Asian & Pacific Islander	Black	Hispanic	American Indian & Alaskan Native	Asian & Pacific Islander	
Officials & Managers												
Professionals												
Technicians												
Sales Workers												
Office & Clerical												
Semi-Skilled												
Laborers												
Service Workers												
TOTAL												
Management Trainees												
Apprentices												

**This completed and notarized report must accompany your bid. It should be attached to your Affidavit of Compliance. Failure to include it with your bid will be disqualify you from consideration.**

\_\_\_\_\_, being first duly sworn, deposes and says that he/she is  
(Name of \_\_\_\_\_ Person Making Affidavit)  
(Title or Officer) of \_\_\_\_\_ and that the above EEO Report information is true and accurate and is submitted with the intent that it be relied upon.  
Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2016.

**END OF PROPOSAL**