



OFFICE OF HUMAN RESOURCES  
SANGAMON COUNTY

## **BIDDING INSTRUCTIONS**

1. Vendors who download this document and intend to submit a responsive bid ***MUST PROVIDE THIS OFFICE WITH THEIR CONTACT INFORMATION (i.e., name, address, telephone number, and email address)***. Providing this contact information is necessary so that we may notify all interested vendors of any changes/addendums to this Request for Proposals (RFP).
2. To submit a bid, print out this entire document, complete it by providing all information requested, and deliver an original and one copy of your completed proposal to this office on or before Friday, November 6, 2020 at 12:00 p.m. When using this document to prepare your proposal, do not alter, modify, or rearrange this document in any manner.
3. Bids **MUST** be submitted in an Envelope with the following clearly marked:

RFP # EAP 2020  
Sangamon County Employee Assistance Program

For any questions please call (217) 535-3130 or e-mail  
[Charlie.Stratton@co.sangamon.il.us](mailto:Charlie.Stratton@co.sangamon.il.us).

Charlie Stratton  
Director, Human Resources

**REQUEST  
FOR  
PROPOSAL**

**SANGAMON COUNTY**

**RFP# EAP 2020**

**PROPOSAL FOR:**

**Sangamon County Employee Assistance Program**

**LEGAL NOTICE  
SANGAMON COUNTY  
REQUEST FOR PROPOSAL**

Notice is hereby given that the County will receive sealed competitive proposals from vendors for:

**RFP# EAP 2020 Sangamon County Employee Assistance Program**

Proposals will be accepted in the Office of Human Resources, Sangamon County, Room 205, 200 S. Ninth Street, Springfield, IL, 62701, until:

**Friday, November 6, 2020 at 12:00 p.m.**

Proposals will be opened at the above specified time and date in Room 205, 200 S. Ninth Street, Springfield, IL 62701. No proposals will be accepted subsequent to the preceding time and date. The County reserves the right to accept or reject any or all proposals.

Proposal documents are available to download on the Sangamon County's website at

**<http://www.co.sangamon.il.us/>**

as well as from Room 205, 200 S. Ninth Street, Springfield, Illinois 62701.

**REQUEST FOR PROPOSAL  
SANGAMON COUNTY  
INSTRUCTIONS, STANDARD TERMS AND CONDITIONS  
AND SPECIAL REQUIREMENTS**

**SECTION I**

**GENERAL INSTRUCTIONS, STANDARD TERMS AND CONDITIONS**

- A. Sangamon County reserves the right to reject any and all proposals received as a result of the RFP. If a proposal is selected, it will be the most advantageous regarding price, quality of service, the Vendor's qualifications and capabilities to provide the specified service, and other factors which the County may consider.
- B. Proposals received after the time designated will not be considered by the County.
- C. The price quotations stated in the bidder's proposal will reflect their actual pricing and will not be subject to any price increase from the date on which the proposal is opened at the Office Human Resources.
- D. Proposals must be signed by an official authorized to bind the bidder to its provisions for at least a period of 90 days.
- E. In the event it becomes necessary to revise any part of the RFP, addenda will be provided. Deadlines for submission of the RFP's may be adjusted to allow for revisions. For a proposal to be considered, **an original proposal and one copy** must be delivered to the Office of Human Resources on or before the time specified.
- F. Proposals should be prepared simply and economically providing a straightforward, concise description of the bidder's ability to meet the requirements of the RFP. Proposals shall be written in ink or typewritten. No erasures are permitted. Mistakes may be crossed out and corrected and must be initialed in ink by the person **signing** the proposal.
- G. Upon completion of the evaluation process, the County may then enter into a formal contract with the selected Bidder.
- H. The Contract shall have a term beginning December 1, 2020 and will continue for two (2) years, with a one-year option for extension of the contract to be exercised within sixty (60) days prior to the last day of the initial contract term. The County may terminate the Contract at any time by providing thirty (30) days written notice to the Contractor.

**SECTION II**  
**SPECIFICATIONS**

Sangamon County is currently seeking sealed proposals to provide a paid Employee Assistance Program. Proposals are being requested through the Sangamon County Office of Human Resources for the following period:

**December 1, 2020 – November 30, 2021**  
**December 1, 2021 – November 30, 2022**

Additionally, the County desires a one-year extension after the second year.

Proposals must include the annual fee for providing EAP services for each year.

Currently, the Sangamon County Employee Assistance Program is administered through Morneau Shepell, with counseling services provided by Memorial Employee Assistance Services. **See Appendix A for the current plan utilized by Sangamon County.**

**Sangamon County anticipates the continuation of a quality employee assistance program for employees and their dependents.**

Sangamon County seeks proposals to offer an Employee Assistance Program to all active employees and their dependents of Sangamon County, Sangamon County Central Dispatch System, and Capital Township.

The total number of employees covered under the plan is approximately 800.

The employee assistance program is intended to: (a) Integrate a counseling and referral services into the County's benefit package; and (b) Provide a wide range of counseling services for employees and their family members at no cost to the employees.

Sangamon County considers the following description of plans to be of importance in selecting a Employee Assistant Program provider. No reduction in services currently provided will be accepted.

- No waiting period from the initial group and new participants.
- Participants shall have a network of accessible providers in their area.
- The program must provide coverage to employees and their family members.
- The program must accept employer referrals.
- The program must supply reporting on usage on a quarterly basis.
- The contractor must adhere to State and Federal regulations.

**Sangamon County is open to new ideas regarding benefit structure.**

## SECTION III

### PLAN EVALUATION CRITERIA

In addition to the other requirements of this RFP, the following factors are relevant in evaluating your submitted plan proposal:

- ✓ **Thoroughness of Responses**
- ✓ **Benefit Structure**
- ✓ **Program Innovations**
- ✓ **Premium Cost**
- ✓ **Fee for each of the three years**
- ✓ **Accessibility**
- ✓ **Effective Communication with County Representative**
- ✓ **Ability to Produce Relevant Reports**
- ✓ **Overall Flexibility**
- ✓ **Timeliness and Accuracy in Claim Processing**
- ✓ **Customer Service**
- ✓ **Industry Accreditation**
- ✓ **Fully-Administered & Insured**

Additionally, each bidders must be in good standing with the State of Illinois and Sangamon County and authorized to provide the services called for by this RFP. Further, each bidder must demonstrate that it will be accessible to County employees participating in the plan.

The following will also be considered in analyzing your proposal:

- **The ability to provide a referral list of companies, two (2) of which must be government agencies who you provide the same or similar services requested in this RFP.**
- **Adhere to the RFP specification and requirements.**
- **Completion of the RFP in its entirety.**
- **Value, cost effectiveness, and comprehensiveness of services**

**SECTION IV**

**SCHEDULE FOR RFP PROCESS**

Distribute RFP's	Week of October 19, 2020
Closing Date: All proposals must be received by Sangamon County by 12:00 p.m.	November 6, 2020
Review all submitted bids	November 6-9, 2020
Notification of Award Approval	November 12, 2020
Implementation of the Employee Assistance Program	December 1, 2020

**SECTION V**  
**PROPOSAL QUESTIONNAIRE**

**Each of the following questions must be answered. The questions must be restated with answers. The answers are to be complete and should address all issues involved**

*If a question is unclear please contact Charlie Stratton, Director of Human Resources, for clarification. Incomplete responses will result in the rejection of the proposal.*

**Respond to questions directly and thoroughly.**

**A. General Information**

1. Provide addresses for the following:
  - a. Main Office
  - b. Claims Office (if different from above)
2. Provide the name, address and telephone number for the Contact Person.
3. Will a broker handle the County's account? (Name)
4. If a broker is utilized, what percentage of commission will the broker receive?
5. Will the broker also be eligible to receive bonuses, in addition to a commission?  
Please explain.

**B. Proposed Summary (Management Summary)**

1. Provide a detailed summary of the program you are availing to Sangamon County. Include a one-page overview of your program.
2. Does your detailed program description deviate from the County's requested coverage? If so, explain.
3. Explain any services specified in the selection criteria, which cannot be met by your organization.
4. Is your company licensed and registered to operate in the State of Illinois? (Please submit of certificate of good standing.)
5. How many written complaints, in regards your employee assistance program, have been filed with, a court of law, the Illinois Department of Insurance or any other legal branch of government in the last five (5) years. Describe the outcome of each complaint.
6. Identify any ruling(s) made against you. Include a short description, the date & the outcome.

**C. Specification Questionnaire (Your proposal must address the following issues)**

1. Please list the names and contact information of a minimum of at least three (3) major employers to whom you currently provide employee assistance services in Illinois (include government entities).
2. How many years has your company been providing employee assistance services?

**D. Billing Procedures**

1. Services will be billed and paid on an annual basis after December 1.

**E. Management and Information Reports**

1. Specify in detail and provide examples of the type and frequency of data/reports available to the County.
2. Briefly describe the annual services you will provide in the following areas.
  - a. Reporting
  - b. Plan Evaluation
3. Will you provide ad hoc and custom reports?

**F. Liability and Insurance**

1. Does your company currently carry liability insurance, such as error & omission or malpractice insurance? Provide the declaration, indicating the policy limits.
2. Will your insurance protect Sangamon County from liability for the employee assistance services rendered through the network contracting with your company?

**G. Deviations from Specifications**

1. Please describe any administrative and accounting procedures Sangamon County must adopt to administer the plan, if your company is selected.
2. With respect to the anniversary date, when does renewal underwriting take place? If a change is necessary, when would the rate changes (if any) become effective? How much advance notice will the County receive?

**H. Communications**

1. Please explain how a change from the present provider to your company will be made without depriving any employees of benefits.
2. Include samples of each of the following materials in your proposal:
  - a. Booklet
  - b. Other marketing materials, meetings, etc.
3. Would your organization be available to attend group orientation meetings?
4. Would your organization be available on-site for our yearly enrollment week?
5. Do you provide a voice response system and/or a computer website which provides participants information about your services?

**I. Plan Description**

Enclosed in Appendix A is the County's current EAP plan. Please provide the details for each of the proposed employee assistance program that you are offering Sangamon County.

*If applicable, include your network of physicians/facilities and provide any additional information about your plan, you deem necessary.*

**J. Premium Quotations**

You have the option of submitting separate plan(s) for the consideration by Sangamon County. The County may elect to pick one or more of your plans. If additional rates sheets are necessary, please add.

**SECTION VI**

**CERTIFICATIONS AND SIGNATURE OF BIDDER**

**Proposal No. EAP 2020**

1. The undersigned bidder hereby declares that the only person or persons interested in the above proposal as principals are named herein and that no other person than herein mentioned has any interest in this proposal or in the contract to be entered into; that this proposal is made without connection with any other person, company or parties making a bid or proposal; and that it is in all respects fair and in good faith without collusion or fraud.
  
2. The undersigned bidder certifies that it is not barred from bidding on any contract offered for bid by the State of Illinois or any unit of local government as result of a conviction for violating Sections 33E-33 or 33E-4 of the Illinois Criminal Code.
  
3. The undersigned hereby certifies that it is not delinquent in the payment of any tax administered by the Illinois Department of Revenue. If the undersigned bidder has entered into an agreement with the Department of Revenue for any taxes that are past due and is in compliance with that agreement, the bidder shall so state:

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4. The undersigned bidder certifies that it is not delinquent in the payment of any past due fines, sales tax, small claims or liens administered by Sangamon County.
  
5. The undersigned bidder hereby declares and agrees to make and comply with the commitments to provide equal employment opportunity in accordance with the requirements contained in 6 (c) of this document.

**PROPOSAL PAGE CONTINUED**

If your organization is a corporation, limited liability company, limited liability partnership, or limited partnership, etc., you must provide a copy of your current certification of good standing from your State of incorporation with your bid. Failure to do so may result in the rejection of your bid.

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*Signature*

*Date*

Pursuant to Illinois law as it pertains to foreign corporations, foreign limited liability companies, foreign limited liability partnerships, or foreign limited partnerships, you may be required to register with the Illinois Secretary of State. A foreign entity is an entity organized or incorporated in a state other than Illinois. The undersigned bidder hereby certifies that it has examined the relevant statutes and determined that either: (1) It is not required to register as a foreign entity with the Illinois Secretary of State; or (2) It is required to register as a foreign entity with the Illinois Secretary of State, that it has so registered, and that proof of registration is attached hereto.

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*Signature*

*Date*

The undersigned bidder hereby certifies that it does not employ unauthorized aliens as defined in the Federal Immigration and Nationality Act (8 U.S.C. 1101, *et.seq.* Section 274A).

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*Signature*

*Date*

The undersigned bidder acknowledges and agrees that each of the certifications shall be incorporated into and made a part of the Invitation for Bids, Request for Quotation, Agreement, Contract, Amendment, Renewal or other similar documents to which these certifications are attached. Furthermore, the undersigned bidder certifies that they have read and understand the contents of this invitation and proposes offers and agrees that acceptance of this offer by signature of the Director of Human Resources will effectuate this agreement.

**PURCHASER: SANGAMON COUNTY**

**CONTRACTOR/BIDDER:** \_\_\_\_\_

**Name of business submitting this offer**

\_\_\_\_\_  
**Typed or printed name of person signing**

\_\_\_\_\_  
**Written Signature**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Address**

\_\_\_\_\_  
**City/State/Zip**

( \_\_\_\_\_ )  
**Phone**

\_\_\_\_\_  
**Vendor's F.E.I.N. or Social Security Number**

## **APPENDIX A**

### **Brochure of Current Employee Assistance Program**

# STEPS

for participation in the program

## CONFIDENTIALITY

Confidentiality is an important part of the EAP. Unless written authorization is provided, involvement in EAP services will not be shared with your employer, and confidentiality will be protected to the fullest extent allowed by law.

## COST

There is no cost to use EAP services. If on-going counseling or specialized treatment is recommended, your health insurance or other benefits may apply. In such cases, the EAP will coordinate a referral to the most appropriate and cost effective provider.

1

Call the EAP.

**1.888.817.8989**

2

Following a brief intake, an appointment will be scheduled for you at a convenient time.

3

You will meet with an EAP counselor to discuss your concern in strict confidence.

4

Your counselor will help resolve your concern or refer you to a specialist when appropriate.

Your EAP is available  
**24 hours a day | 7 days a week**

**MemorialEAP.org**



## Sangamon County

# EAP

## EMPLOYEE ASSISTANCE PROGRAM

A counseling and referral service designed to help employees and family members with a wide range of personal concerns.



1.888.817.8989 • MemorialEAP.org



## ABOUT THE EAP

No one is immune to personal concerns, and when left unaddressed, they can impact your work performance or emotional well-being.

The Employee Assistance Program (EAP) is designed to help you resolve personal concerns before they become more serious and difficult to manage.

You and your dependent family members can receive short term, professional counseling to address a wide variety of concerns. The EAP also provides access to information and resources that can help you answer virtually any personal question or concern.

## COUNSELING SERVICES

The EAP provides employees and their dependents up to six free counseling sessions per problem, per year, or you may be referred to a professional resource that has expertise within your area of concern.

Some of the concerns the EAP can help with include:

- Stress Management
- Work Concerns
- Conflict Resolution
- Parenting Support
- Marital and Relationships
- Anxiety and Depression
- Substance Abuse
- Work-Life Balance
- Domestic Violence
- Grief and Loss

## WORK / LIFE SERVICES

### Legal Consultation

- Family Law
- Will and Estate Planning
- Mediation Services
- Power of Attorney

### Financial Consultation

- Budgeting
- Debt Management
- Improving Your Credit
- Taxes

### Identity Theft

- Full Restoration Services

### Elder Care

- In-Home Assessment
- Community Resource Referrals

## NUTRITION AND EXERCISE

The EAP offers an annual, one-time telephonic consultation with a registered dietitian and health fitness specialist. Nutrition and exercise questions or topics may include, but are not limited to:

### Nutrition

- Portion Control
- Weight Loss
- Nutrient Intake

### Exercise

- Planning and Preparation
- Proper Form and Safety

## WEBSITE

Our website contains thousands of articles and self-assessments on a variety of topics such as:

- Mental Health
- Workplace Productivity
- Health and Wellness
- Financial Challenges
- Relationships
- Caregiving
- Daily Living

For more information, visit our website.

**MemorialEAP.org**

User name: **sangcounty**

