

**Attachment A
Bidder Questionnaire
RFP 6395 Z1**

Bidder Name: _____

Bidder should complete all questions in Attachment A. Bidders must describe in detail how the proposed system meets the requirements. It is not sufficient for the Bidder to state that the bidder intends to meet the requirements of the RFP.

CORPORATE OVERVIEW	
1.1	<p>BIDDER IDENTIFICATION AND INFORMATION</p> <p>The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.</p>
Response:	
1.2	<p>FINANCIAL STATEMENTS AND INFORMATION</p> <p>The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.</p> <p>If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size, longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.</p> <p>The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.</p> <p>The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.</p>
Response:	

1.3	<p>CHANGE OF OWNERSHIP</p> <p>If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded bidder(s) will require notification to the State.</p>
Response:	
1.4	<p>OFFICE LOCATION</p> <p>The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska must be identified.</p>
Response:	
1.5	<p>RELATIONSHIPS WITH THE STATE</p> <p>The bidder should describe any dealings with the State over the previous five (5) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.</p>
Response:	
1.6	<p>BIDDER'S EMPLOYEE RELATIONS TO STATE</p> <p>If any Party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.</p> <p>If any employee of any agency of the State of Nebraska is employed by the bidder or is a Subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.</p>
Response:	

1.7	<p>CONTRACT PERFORMANCE</p> <p>If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.</p> <p>It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.</p> <p>If at any time during the past five (5) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.</p>
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Response:

1.8	<p>SUMMARY OF CONTRACTOR'S BIDDER'S CORPORATE EXPERIENCE</p> <p>The bidder should provide a summary matrix listing the bidder's previous projects similar to this solicitation in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.</p> <p>The bidder should address the following:</p> <p>A. Provide narrative descriptions to highlight the similarities between the bidder's experience and this solicitation. These descriptions should include:</p> <ol style="list-style-type: none"> 1. The time period of the project; 2. The scheduled and actual completion dates; 3. The bidder's responsibilities; 4. For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and 5. Each project description should identify whether the work was performed as the prime Contractor or as a Subcontractor. If a bidder performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget. <p>B. Contractor and Subcontractor(s) experience should be listed separately. Narrative descriptions submitted for Subcontractors should be specifically identified as Subcontractor projects.</p> <p>C. If the work was performed as a Subcontractor, the narrative description should identify the same information as requested for the Contractors above. In addition, Subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a Subcontractor.</p>
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Response:

1.9	<p>SUMMARY OF BIDDER'S PROPOSED PERSONNEL/MANAGEMENT APPROACH</p> <p>The bidder should present a detailed description of its proposed approach to the management of the project.</p> <p>The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this solicitation. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.</p> <p>The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the solicitation in addition to assessing the experience of specific individuals.</p> <p>Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.</p>
Response:	
1.10	<p>SUBCONTRACTORS</p> <p>If the contractor bidder intends to Subcontract any part of its performance hereunder, the bidder should provide:</p> <p>A. name, address, and telephone number of the Subcontractor(s);</p> <p>B. specific tasks for each Subcontractor(s);</p> <p>C. percentage of performance hours intended for each Subcontract; and</p> <p>D. total percentage of Subcontractor(s) performance hours.</p>
Response:	
TECHNICAL APPROACH	
2.1	Describe other behavioral health network affiliations.
Response:	
2.2	Explain your organization's safeguards, policies and procedures to ensure the confidentiality of participants and dependents.
Response:	
2.3	Describe the additional EAP services that could be offered (e.g. Financial, credit, career, legal, harassment or aggression in the workplace, mobile app and push technology/messaging). .
Response:	

24-HOUR ACCESS, INTERVENTION, AND INTAKE	
3.1	Describe your process to verify a participant's eligibility.
Response:	
3.2	Describe the roles, qualifications, credentials and ability to provide emergency support of the initial intake call operator.
Response:	
3.3	Describe the telephone access and intake system, including how calls are addressed after business hours and on weekends/holidays.
Response:	
3.4	Describe how 24-hour telephone crisis counseling, emergency triage, and schedule appointments are provided.
Response:	
3.5	Describe what would happen if one of the State's employees accessed the EAP at 3:00 a.m. with symptoms of suicidal ideation requesting to meet with an EAP clinician immediately.
Response:	
3.6	Under what circumstances would telephone counseling or intervention be provided in lieu of in-person services?
Response:	
3.7	Describe when is telephone or virtual care counseling considered a replacement, rather than a supplement, to in-person counseling?
Response:	
3.8	Describe to what extent is client preference factored into the counseling matching process.
Response:	
CLINICAL ASSESSMENT AND SHORT-TERM COUNSELING	
4.1	Describe how complete confidentiality for all participants in a safe, private, confidential setting, whether in person or virtual, where applicable will be maintained.

Response:	
4.2	Describe the service offerings and support for each of the following programs: <ul style="list-style-type: none"> a. Marital and family relationships counseling, including counseling on adolescent issues, b. Personal adjustment, c. Emotional distress/depression/grief, d. work/school issues, e. Aging, f. Substance abuse, g. Financial and legal difficulties for employees of the State and members of their households, and h. Gambling issues.
Response:	
4.3	Describe the process for providing in-person clinical assessment and short-term counseling as well as for providing remote clinical assessment and short-term counseling.
Response:	
WORKPLACE ASSISTANCE	
5.1	In the case of a critical incident/catastrophic event, what is the processes to make contact within 30 minutes? Describe how this requirement will be met for either onsite workplace incidents or incidents related to an individual employee or eligible dependent.
Response:	
5.2	Describe managerial training/education services for managers/supervisors and employees, such as <i>Responding to Difficult Interactions at Work, Managing the Impaired Employee: A Guide for Managers and Supervisors, Creating a Harassment Free and Respectful Workplace.</i>
Response:	

5.3	Describe the process of evaluations, interviews and/or counseling sessions, when they are referred by a supervisor. Including but not limited to each of the following program requirements. a. In-house, no-fee treatment insofar as practical, b. Referral/turn-over to specific employee's health plan when appropriate, c. Referral to community treatment facility when appropriate, d. After-care follow-up, e. Program monitoring, evaluation and reporting, f. Critical Incident Stress Debriefing (CISD) and Critical Incident Stress Management (CISM) services, g. Make referrals to community resources.
Response:	
5.4	Describe education, webinars and/or workshops provided to eligible families through EAP.
Response:	
5.5	Describe experience in identifying family support and peer resources within the organization or community..
Response:	
5.6	Describe experience and services for training and debriefing related to critical incidents and trauma.
Response:	
5.7	Describe prevention programs offered including supervisory training, mental health and wellness promotion, support groups and educational seminars.
Response:	
5.8	Describe how EAP will support managers/ supervisors with services/guidance to support employees (i.e. supporting return-to-work and work accommodation efforts, performance issues related to unresolved personal or behavioral/medical problems, offering performance management guidelines for managers regarding their employees, training and educations and other management consulting and coaching etc.).
Response:	
5.9	Describe the process of recording the training sessions, including recording retention and how the recordings will be provided to the State.
Response:	
PROFESSIONAL QUALIFICATIONS AND REFERRAL COORDINATION	

6.1	Describe the process of determining if referral beyond EAP is indicated. Including the EAP clinician's role in facilitating appropriate clinical referrals and how clients are matched with resources within the State's employee benefit programs and community-at-large.
Response:	
QUALITY IMPROVEMENT, EVALUATION AND AUDITING	
7.1	Describe any formal quality management structure or programs used to gage quality of services.
Response:	
7.2	Describe the audit program capabilities to the State. At a minimum, include in your response the timing of the audit, who is allowed to audit, the documentation that can be audited and made available to the State upon request in electronic format, web-based system, or both.
Response:	
ACCOUNT MANAGEMENT, COMMUNICATION AND MEMBER SATISFACTION	
8.1	Describe account management support, including the mechanisms and processes in place to allow the State to communicate with account service representatives, types of inquiries that can be handled by account service representatives.
Response:	
8.2	Describe the Communication plan, including outreach materials typically provided to members and how cognitive health and other resources available through the EAP are promoted.
Response:	
8.3	Describe all links and content of dedicated EAP website (e.g., emotional, wellness and work-life educational information; other subject areas; children and eldercare resource search capability; online health and wellness training materials; self-assessments and screening tools, appointment scheduling, provider directory, etc.).
Response:	
8.4	Describe how services are accessible to participants who are disabled or for whom English is not the primary language.
Response:	

Response:	
8.5	Describe how you will continue to support the State during open enrollment as well as an ongoing basis to promote your EAP services.
Response:	
8.6	Describe the post-service satisfaction survey that will be provided to participants upon completion of services for each incident or event. Include how the results are collected and reported to the State.
Response:	
REPORTING	
9.1	Describe and provide an examples of a standard reporting package provided to the State.
Response:	
9.2	Describe and provide examples of additional reports that meet the requirements of the RFP.
Response:	
IMPLEMENTATION	
10.1	Provide the draft implementation plan for the State.
Response:	
10.2	Describe the transition of individuals who may be within a mandatory counselor/psychiatrist relationship at the start or at the close-out of the contract.
Response:	
ACCOMMODATIONS RELATED TO CURRENT LANDSCAPE	
11.1	As a result of the COVID-19 pandemic, what impact has the Bidder experienced from current clients and how has the anticipated increased need for EAP services been addressed?
Response:	
11.2	In light of the COVID-19 pandemic, describe what methods are used to provide specialized training and support for contracted mental health professionals..

Response:	
11.3	Describe the process of ensuring appointment availability of providers, including but not limited to virtual capabilities.
Response:	
11.4	Describe what methods are used to ensure members receive consistent high-quality service in a secured remote access sessions.
Response:	
11.5	Describe what methods have been used to provide training to management and supervisors on how to address crisis related mental health and work/life issues for employees.
Response:	
11.6	Describe the sources for information made available through your EAP regarding the COVID-19 pandemic, including how often the information is updated and distributed, and through what modalities.
Response:	
11.7	Describe any efforts to provide specialized training and support for your mental health professionals in light of the current crises.
Response:	
11.8	Describe methods used to match marginalized communities with compatible licensed therapists based on unique experiences and identities across race, gender identity, class, sexuality, ethnicity, and ability.
Response:	