

Board of Stark County Commissioners on behalf of Stark County Job and Family Services

STARK COUNTY CHILDREN SERVICES DIVISION

Request for Proposals (RFP) #26-02

PURCHASE OF RESPITE CARE SERVICES
for an approximate start date of January 1, 2027, through December 31, 2028

To be considered for funding, applicants must complete and submit one (1) signed original Proposal, with original signatures throughout of all required materials by

4:00 pm on Friday, November 6, 2026.

SUBMIT PROPOSAL VIA EMAIL TO:

Stark-Finance@jfs.ohio.gov

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GENERAL INFORMATION

PURPOSE

The purpose and release of this Request for Proposals (RFP) is to solicit competitive proposals from vendors qualified to provide respite care services to children and youth who are involved with STARK COUNTY JOB AND FAMILY SERVICES (SCJFS), CHILDREN SERVICES DIVISION (SCCS).

FUNDING SOURCES

Funding for respite care services to children and youth involved with SCCS will be provided through Federal Title IV-B and local tax dollars. The majority of the funding will come from the local Children Services levy.

This RFP and all agency contracts are contingent upon the availability of funds.

VENDOR EXPERIENCE AND QUALIFICATIONS

The Board of Stark County Commissioners will prefer and/or offer the award of contracts to providers who are most advantageous in terms of cost efficiency, quality of services, and have demonstrated measurable customer-based outcomes.

SCCS seeks providers, (whenever reasonable and appropriate in relation to the needs of individual service recipients), within close proximity to the residence of the individuals in need of service (Stark County).

QUALIFICATIONS

- The provider must show proof of experience or otherwise demonstrate the ability to provide quality care to the individuals the provider serves.
- The provider must provide names and titles, addresses, telephone numbers, and email addresses of three (3) professional references.
- The provider must submit copies of the provider's Certificates of Insurance as verification of adequate insurance as follows: Commercial general liability insurance of at least \$1,000,000.00 per occurrence and \$3,000,000.00 in the aggregate and at least \$100,000.00 coverage in legal liability fire damage. Endorsements for physical abuse claims and for sexual molestation claims must be a minimum of \$300,000.00 per occurrence and \$300,000.00 in the aggregate. Professional liability insurance of at least \$1,000,000.00 per claim and \$1,000,000.00 in the aggregate. Business auto liability insurance of at least \$1,000,000.00 combined single limit, on all owned, non-owned, leased and hired automobiles. Umbrella and excess liability insurance policy with limits of at least

\$1,000,000.00 per occurrence and \$1,000,000.00 in the aggregate. Stark County JFS must be listed as the certificate holder.

- The provider must submit information regarding the eligibility of their services for insurance/Medicaid coverage.
- If applicable, the provider must submit a copy of their sliding fee scale based upon family income.
- The provider must submit proof of current license/certification in accordance with State Law. Further, the provider must be able to certify that all personnel or other resources incorporated in the programming and services offered by the provider are licensed or certified, as required, by the proper authority including, however not limited to, the Ohio Department of Job & Family Services, the Ohio Department of Mental Health and Addiction Services, the Ohio Department of Health, the Ohio Department of Developmental Disabilities, and the Ohio Counselor, Social Worker and Marriage and Family Therapist Board.
- One or more of the following certifications is/are strongly preferred:
 - ODJFS, Ohio Department of Job & Family Services
 - OMHAS, Ohio Department of Mental Health & Addiction Services
 - DODD, Ohio Department of Developmental Disabilities (Community Alternative Funding System)
 - CARF, Commission on Accreditation of Rehabilitation Facilities
 - COA, Council on Accreditation
 - QRTP, Qualified Residential Treatment Program
 - JCAHO, Joint Commission on Accreditation of Healthcare Organizations
 - NCQA, National Committee for Quality Assurance
- Provider must demonstrate compliance and cooperation with any Child Support Enforcement Agency regarding payment requirements.
- The provider shall include a statement affirming the provider is in compliance with federal laws and regulations, including a statement the provider does not discriminate in its employment practices.
- The provider certifies that it is not subject to a finding of recovery under section 9.24 of the Ohio Revised Code, or it has taken the appropriate remedial steps required under ORC 9.24 or otherwise qualifies under that section to contract with the Board of Stark County Commissioners.
- The provider certifies that it is in full compliance with all statutes and regulations pertaining to the Americans with Disabilities Act of 1990 and with section 504 of the Rehabilitation Act of 1973.
- The provider certifies that it is not excluded from doing business with federal contracts.

- The Provider agrees to comply with all ODJFS licensing rules for completing background checks and will continue to do so with new hires.

SCOPE OF WORK AND SPECIFICATIONS

SCCS is seeking providers for the following:

Respite care services for children and youth involved for one or more of the following primary reasons:

- Abuse/Neglect
- Dependency
- Delinquent/Unruly Behavior
- Abusive Reactive/Sex Offending
- Behavior/Control Issues
- Emotional Problems
- Mental Illness
- Developmental Disabilities
- Physical Disabilities
- Substance Abuse/Chemical Dependency

Providers of respite care services for children and youth are sought that will offer one or more of the following programs/services:

- **Short Term Respite:** A short period of time providing caregivers with temporary relief from the tasks of caring for a developmentally disabled or functionally impaired individual. Respite Care is provided in the actual residence of staff. Available in schedules such as: overnight respite care, emergency respite care (depending on availability of staff), scheduled respite care, day-time respite care and weekend respite care.
- **Short Term Intensive Needs Respite:** A short period of time providing caregivers with temporary relief from the tasks of caring for an individual with intensive behavioral and emotional challenges. Respite care is provided in the actual residence of staff. Available in schedules such as: overnight respite care, emergency respite care (depending on availability of staff), scheduled respite care, day-time respite care and weekend respite care.
- **Long Term Respite:** An extended period of time providing caregivers with relief from the tasks of caring for a developmentally disabled or functionally impaired individual. Respite occurs at an actual residence of staff. Availability includes weekdays/weekends and the option of any unknown end date.
- **Intensive Needs Respite:** Respite provision for youth who require intensive supervision and safety measures due to behavioral and emotional challenges. Respite occurs at an actual residence of staff. Availability includes weekdays and weekends.
- **Intensive Group Home Respite:** Respite for individuals who may have more aggressive

behaviors and staff are paid hourly and are providing care for shifts rather than care being provided in a home of a family. Given the intensity of the behaviors, there may need to be additional staff to address the behaviors.

PROPOSAL CONTENT, FORMAT AND SUBMISSION

1. The Proposal must include a narrative description of the provider program(s). Multiple programs will require separate descriptions. The program description should include all services and the frequency of the services provided. Include educational and health related services. Include credentials of staff associated with the program(s) or service(s).
2. Identify and describe any treatment modality and the population intended to benefit from the services. Identify anticipated outcomes (efforts to reduce symptoms, increase functioning) and goal related time frames to meet outcomes as identified. Describe the measurements that are applied to the individual or family's progress in meeting the anticipated outcomes and how that information will be conveyed to SCCS.
3. Explain how and where the needs of each individual or family will be met. Identify any additional or specialized services or resources that will be made available as appropriate to the individual or family's needs.
4. Provide a listing of the cost(s) associated with the specified service that is to be provided. Presumably, the cost will be reflected as an hourly or unit rate. The rate is identified as the current customary cost applied to SCCS.
5. The proposal must be signed by an individual who is authorized to contractually bind the provider and include the names of individuals authorized to negotiate with SCCS. The signature must indicate the title or position the individual holds in the provider's organization. Any and all unsigned proposals will be rejected.

CONTACT INFORMATION

Contact Person:	Jamie Horey
Address:	402 2 nd St. SE Canton, OH 44702
Telephone Number:	330-451-8840
Fax Number:	(330) 451-8706
Email address:	Jamie.Horey@jfs.ohio.gov

PROPOSAL FORMAT

To simplify the process for evaluating proposals, and to assure each proposal receives the same review, proposals must be submitted in the following format and contain all items listed.

Proposal sections must be identified according to the following format:

- A. **Cover Letter:** Submit a cover letter representing the provider, identifying the type of organization (such as: individual, non-profit corporation, profit-making corporation, or other legal entity) that includes a brief statement describing the provider organization.

- **Also include identifying information:** Provider legal name as it appears in articles of incorporation [identify other name(s) if applicable – doing business as...(DBA)]; business address and services address if applicable; telephone; fax; email; World Wide Web address. Include a statement identifying the organization's mission and goals. Provide the name of a contact person relating to this proposal including the person's title, address, telephone number, fax number, and email address. Provide the federal tax identification number.
 - **The letter must be signed** by the person authorized to legally bind the provider along with the position the signer holds in the organization, presumably the Director, CEO, or President.
- B. Rate Sheet:** For each program offered by the provider, include a separate rate sheet demonstrating the cost of the component services provided within the program.
- C. Proposal:** Based on information provided above, and in response to the description of the proposal and finally, in consideration of the proposal evaluation and rating categories that SCCS will apply; present a narrative that represents the services and programs the provider is proposing that SCCS purchase. **The entire proposal, including any attachments must not exceed 20 pages. The proposal must contain sufficient information for the RFP reviewers to make an informed judgment as to the quality and cost of the services proposed.** SCCS will not compensate the vendor for any expenses incurred as a result of the RFP process. All proposals become the property of SCCS and are considered public information.
- D.** An electronic copy of all submitted proposals is required to be emailed to Stark-Finance@jfs.ohio.gov as part of the RFP process.

CRITERIA FOR EVALUATION AND SELECTION

ACCEPTANCE OR REJECTION OF PROPOSALS

All providers must carefully review their final proposals. Once opened, proposals cannot be changed; however, SCCS may request additional information.

The Board of Stark County Commissioners reserves the right to reject any or all proposals, to waive any informalities or irregularities in the proposal received, and to accept any proposal or combination of proposals which are deemed most favorable to Stark County at the time and under the conditions stipulated. The decision of the Board of Stark County Commissioners will be final.

PROPOSAL REVIEW PROCEDURE AND AWARD OF CONTRACT

The review process will be conducted in two (2) parts: initial review and final review.

Initial Review

The initial review ensures the proposal meets the minimum requirements (and mandatory conditions) specified in the RFP. Proposals not meeting the minimum requirements will be rejected. Proposals submitted in response to the RFP must meet the following requirements:

- The proposal must be received in a timely fashion.
- The proposal must be signed by an authorized representative of the provider.

Proposals that pass the initial review will be considered valid and will move on to the final review.

Final Review

- All valid proposals will be reviewed, evaluated, and rated by the Review Committee (RC). The RC will be composed of SCCS staff or designees of the Board of Stark County Commissioners thereof.
- The RC will evaluate each proposal against the criteria in the RFP. During the review, the RC may request additional information from the provider. Provider's responses must always be in writing.
- All qualified proposals shall be reviewed by the RC using the attached Rating Criteria sheet tailored specifically to this RFP. The number of evaluation points for each section varies according to the value assigned for that particular segment of the program.

RC rating sheets will be used to focus discussion. The final composite Evaluation Rating Sheet will be maintained on file by SCCS.

PROPOSAL SELECTION AND NOTIFICATIONS

Based upon the results of the evaluation, SCCS will recommend provider(s) for the services that it determines to be the most advantageous with price and other factors considered. SCCS will work with that provider to finalize the details of the contract document.

All providers will be notified of their non-selection immediately after the preferred provider(s) is/are notified. If the successful provider fails to execute the contract, the Board of Stark County Commissioners may award the contract to another provider whose proposal met the requirements of the RFP and any addenda.

The decisions made by the Board of Stark County Commissioners are final. However, questions, clarifications, and additional information in regard to the decision or in regard to this RFP and the completion of a Proposal may be directed to the RFP contact person.

CONDITIONS AND OTHER REQUIREMENTS

CONTRACT REQUIREMENTS

The contract will incorporate the requirements of the RFP, the provider's proposal, and all other agreements that may be reached. If the provider proposes a sub-contract approach, the contract must clearly describe the responsibilities of each party and the assurances of the performance offered. Provider must adhere to the applicable code of federal regulations regarding cost principles, administrative requirements and audit authority.

CONTRACT PERIOD & INVOICING

Contract will be written for a period of approximately two (2) years. Payment for services rendered is made monthly and within 45 days of receipt of an accurate invoice and required documentation.

CONFLICT OF INTEREST

No provider will attempt to influence an employee of SCCS in violation of any procurement policies of the agency, the Ohio Revised Code, or Federal Procurement Regulations.

PROVIDER DISCLOSURES

Provider must provide a disclosure of any pending or threatened court actions and/or claims against the provider. This information may not cause rejection of the proposal, but withholding the information may be cause to reject the proposal.

CONFIDENTIALITY

Provider that has access to confidential information will be required to keep that information private, classified and confidential.

REPORTING REQUIREMENTS

- Provider shall provide written documentation to SCCS on a monthly basis, including but not limited to: service recipient progress reports indicating attendance, compliance, progress, and performance on outcomes, results, goals, and objectives; special interventions or incidents; program completion, graduation, or dismissal. Reports are to be submitted with monthly invoices or under separate cover to SCCS.
- The provider is expected to meet any transportation needs required by the children or youth in their care. This includes transportation to and from visits, appointments, court hearings and other day to day transportation needs.

RATING CRITERIA

RFP RATING SHEET

Evaluation Criteria	Maximum	
Initial Review requirements met (If “yes,” continue; if “no,” stop here)	Yes/No	(not a weighted item)
Strength and stability of the provider to provide the requested services	10 points	
Overall responsiveness and completeness of the proposal as well as the likelihood that the proposal best meets or exceeds the specifications	20 points	
Scope of service being proposed	15 points	
Outcomes and measurement of service(s)	10 points	
Price of proposed service(s)	25 points	
Experience with a similar project/program	15 points	
Other factors considered relevant by SCCS and demonstrated by the bid proposal or investigation by SCCS	5 points	
Total	100 points	

*NOTE: A rating of at least 75 out of 100 possible points is required for further consideration.

Signature of Reviewer

Date

FORM OF NON-COLLUSION AFFIDAVIT

STATE OF _____)
) SS:
COUNTY OF _____)

_____,
BEING FIRST DULY SWORN, AND SAYS THAT HE IS _____
_____, (SOLE OWNER, A PARTNER, PRESIDENT, SECRETARY, ETC.) OF _____
_____ THE PARTY MAKING THE FOREGOING PROPOSAL , THAT SUCH PROPOSAL
IS GENUINE AND NOT COLLUSIVE OR SHAM, THAT SAID PROPOSER HAS NOT COLLUDED,
CONSPIRED, CONNIVED, OR AGREED DIRECTLY OR INDIRECTLY WITH ANY PROPOSER OR
PERSON, TO PUT IN A SHAM PROPOSAL, OR THAT SUCH OTHER PERSON SHALL REFRAIN
FROM SUBMITTING A PROPOSAL, AND HAS NOT IN ANY MANNER, DIRECTLY OR INDIRECTLY
SOUGHT BY AGREEMENT OR COLLUSION, OR COMMUNICATION OR CONFERENCE WITH ANY
PERSON, TO FIX THE PROPOSAL PRICE OF AFFIANT OF ANY OTHER PROPOSER, OR TO FIX
ANY OVERHEAD, PROFIT OF COST ELEMENT OF SAID PROPOSAL PRICE, OR OF THAT OF ANY
OTHER PROPOSER, OR TO SECURE ANY ADVANTAGE AGAINST STARK COUNTY, OR ANY
PERSON INTERESTED IN THE PROPOSED CONTACT; AND THAT ALL STATEMENTS CONTAINED
IN SAID PROPOSAL ARE TRUE, AND, FURTHER THAT SUCH PROPOSER HAS NOT, DIRECTLY OR
INDIRECTLY SUBMITTED THIS PROPOSAL, OR THE CONTENTS THEREOF, OR DIVULGED
INFORMATION OR DATA RELATIVE THERETO TO ANY ASSOCIATION OR TO ANY MEMBER OR
AGENT THEREOF.

AFFIANT

SWORN TO AND SUBSCRIBED BEFORE ME THIS _____ DAY OF _____, 20_____.

MY COMMISSION EXPIRES:
_____, 20_____

NOTARY PUBLIC IN AND FOR

PROPOSER'S NAME _____

STATE OF OHIO)
) SS:
STARK COUNTY)

STATEMENT OF NON-LIABILITY
FOR DELINQUENT PERSONAL
PROPERTY TAXES

_____, BEING FIRST DULY SWORN, SAYS THAT HE HAS
(SEE NOTE BELOW)

BEEN AWARDED A CONTRACT BY _____
(NAME OF TAXING DISTRICT)

AFTER COMPETITIVE BIDDING; AND THAT AT THE TIME OF THE SUBMISSION
OF SAID BID SAID AFFIANT WAS NOT CHARGED WITH ANY DELINQUENT
PERSONAL PROPERTY TAX ON THE GENERAL TAX LIST OF PERSONAL
PROPERTY OF STARK COUNTY.

(SEE NOTE BELOW)

SWORN TO AND SUBSCRIBED BEFORE ME THIS ____ DAY OF _____, 20__.

NOTARY PUBLIC

NOTE: WHERE AN INDIVIDUAL HAS SUBMITTED A BID, THE NAME OF THE
INDIVIDUAL SHOULD APPEAR HERE. WHERE AN INDIVIDUAL SIGNS FOR A
PARTNERSHIP THE NAME OF THE PARTNER SIGNING FOR THE PARTNERSHIP
SHOULD APPEAR TOGETHER WITH THE NAME OF THE PARTNERSHIP. WHERE
A CORPORATION HAS SUBMITTED A BID, THE NAME OF THE OFFICER, HIS
POSITION AND THE NAME OF THE CORPORATION SHOULD APPEAR.

PROPOSER'S NAME: _____

STATEMENT OF LIABILITY FOR DELINQUENT PERSONAL PROPERTY TAXES

BEEN AWARDED A CONTRACT BY _____
(NAME OF SUBDIVISION)

(SEE NOTE BELOW)

NOTARY PUBLIC

NOTE: WHERE AN INDIVIDUAL HAS SUBMITTED A BID, THE NAME OF THE INDIVIDUAL SHOULD APPEAR HERE. WHERE AN INDIVIDUAL SIGNS FOR A PARTNERSHIP THE NAME OF THE PARTNER SIGNING FOR THE PARTNERSHIP SHOULD APPEAR TOGETHER WITH THE NAME OF THE PARTNERSHIP. WHERE A CORPORATION HAS SUBMITTED A BID, THE NAME OF THE OFFICER, HIS POSITION AND THE NAME OF THE CORPORATION SHOULD APPEAR.

SAMPLE

CORPORATE RESOLUTION

_____, Secretary of

and _____ corporation hereby certifies that the following is a true and correct copy of a resolution duly adopted by the Board of Directors of _____ on _____, 20____, to wit:

“Resolved, that _____ of this Company, namely, _____ be and he hereby is authorized and directed to enter into any and all contracts, bid guaranty and performance bonds with the Board of Commissioners, Stark County, Ohio, for the purpose of furnishing labor and materials as to

_____ at such price and upon such terms and conditions, including any amendments or modifications thereto, as said

_____ in his sole discretion shall deem best, and that said actions shall be binding upon the corporation.

Resolved, further, that said

_____ be, and he further is hereby authorized and directed to execute and deliver unto said Board of Commissioners other instruments which in his discretion he shall deem necessary to carry out the foregoing resolution.”

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said corporation at _____, _____, this ____ day of _____, 20____, and I further certify that said resolution is still in full force and effect.

SECRETARY