

**CITY OF LA VISTA  
MAYOR AND CITY COUNCIL REPORT  
NOVEMBER 16, 2021 AGENDA**

<b>Subject:</b>	<b>Type:</b>	<b>Submitted By:</b>
AUTHORIZE REQUEST FOR PROPOSALS EMPLOYEE ASSISTANCE PROGRAM SERVICES	◆ RESOLUTION ORDINANCE RECEIVE/FILE	RACHEL CARL ASSISTANT TO THE CITY ADMINISTRATOR

**SYNOPSIS**

A resolution has been prepared authorizing the issuance of a Request for Proposals for Employee Assistance Program Services.

**FISCAL IMPACT**

The FY21/FY22 Biennial Budget contains funding for the proposed services.

**RECOMMENDATION**

Approval.

**BACKGROUND**

The City of La Vista currently offers employee assistance services through Best Care EAP. The City has not requested proposals for these services for many years. In order to provide optimal and clearly defined services to our employees at a reasonable rate, staff prepared the attached RFP. The current intention is to bring the selected vendor’s proposal for Council approval on January 4, 2022 and begin a new contract with the approved vendor on February 1, 2022.

**RESOLUTION NO. \_\_\_\_\_**

A RESOLUTION OF THE MAYOR AND CITY COUNCIL OF THE CITY OF LA VISTA, NEBRASKA AUTHORIZING A REQUEST FOR PROPOSALS FOR EMPLOYEE ASSISTANCE PROGRAM SERVICES.

WHEREAS, the Mayor and Council have determined that employee assistance program services are necessary; and

WHEREAS, the FY21/FY22 Biennial Budget provides funding for the proposed services; and

WHEREAS, proposals will be due December 17, 2021 with the approval of a selected firm by the City Council on January 4, 2022, subject to the discretion of the City;

NOW, THEREFORE BE IT RESOLVED, that the Mayor and City Council hereby authorize the request for proposals for employee assistance program services.

PASSED AND APPROVED THIS 16TH DAY OF NOVEMBER 2021.

CITY OF LA VISTA

\_\_\_\_\_  
Douglas Kindig, Mayor

ATTEST:

\_\_\_\_\_  
Pamela A. Buethe, CMC  
City Clerk

**City of La Vista, Nebraska  
Request for Proposals**



**Employee Assistance  
Program**

**ISSUE DATE:**

**November 17, 2021**

**SUBMISSIONS DUE:**

**December 17, 2021 – 10:00a.m. CST\***

\*Late Proposals Will Be Rejected

**REPLY TO:**

Pamela A. Buethe  
City Clerk  
8116 Park View Blvd.  
La Vista, NE 68128  
[PBuethe@CityofLaVista.org](mailto:PBuethe@CityofLaVista.org)  
402.331.4343

City of La Vista, Nebraska  
Request for Proposals  
**Employee Assistance Program**

Published	November 24, 2021
Deadline for Questions	December 10, 2021
Deadline for Submission of Proposals	December 17, 2021

**Proposal Submission**

Sealed proposals will be received until 10:00a.m. local time on December 17, 2021, at the La Vista City Hall, 8116 Park View Blvd., La Vista, Nebraska, 68128. Proposals received after this time will not be accepted.

Proposal submittals should be addressed as follows:

**City of La Vista – Sealed Proposal for Employee Assistance Program**

Attn: Pamela A. Buehe, City Clerk  
8116 Park View Blvd.  
La Vista, NE 68128-2198

It should be noted that all information submitted to the City is subject to the open records laws of the State of Nebraska. Proprietary information must be appropriately marked.

The City of La Vista reserves the right to disqualify incomplete proposals, waive minor defects in proposals, waive formalities or irregularities, request additional information from any respondent, change or modify the scope of the project, negotiate terms with one or more of the respondents, reject any or all proposals, and/or take any steps it deems necessary to act in the City's best interest, without penalty.

City of La Vista, Nebraska  
Request for Proposals  
**Employee Assistance Program**

**Notice**

The City of La Vista is accepting proposals from qualified suppliers for an Employee Assistance Program (EAP), with services available to all full-time and part-time city employees and their families, with coverage effective on the first day of employment.

**Background**

For many years, the City has offered an EAP program through a contracted supplier for services including, but not limited to: medical and/or health practitioners for up to five counseling sessions per year, financial counseling, 24-hour crisis telephone response, brown-bag educational sessions, supervisor resources, and substance abuse expertise/counseling. The total number of eligible employees is approximately 150.

**General Information**

La Vista is one of the fastest growing cities in the State of Nebraska with a population of approximately 17,000. It is a relatively young, progressive city situated in the southwestern portion of the Omaha Metropolitan Area. The City has a Mayor-Council form of government and employs a professional City Administrator to serve as the chief administrative officer of the City. La Vista has seven departments including Administration, Administrative Services, Community Development, Library, Police, Public Works, and Recreation.

**Scope of Project**

The City of La Vista is soliciting proposals from qualified vendors to provide EAP services for all full-time and part-time employees and their dependents.

**Minimum Work Requirements**

**Service**

Administration of a comprehensive Employee Assistance Program including a well-qualified network of providers and trained staff, strong communication and education components for employees and managers, compliance with all relevant federal and state laws and regulations, ability to provide competitive fees and rates, robust reporting and outstanding customer service.

**Rate Guarantees**

Rates and fees should be guaranteed for a minimum of 3 years. Please indicate your willingness to extend such guarantees by line of coverage on the Rate Proposal (Attachment C) provided.

**Commission**

Please ensure all pricing is net of commissions.

**Customer Service**

The supplier must provide ongoing customer service functions for covered persons and for HR staff. The supplier must be capable of recording and maintaining information regarding service-related or other complaints reported by covered employees and/or employee representative.

**Account Management**

The selected supplier is expected to designate an account manager who has the authority to respond to the City's needs in a timely manner.

**Communications and Marketing**

The selected supplier will provide marketing ad information materials to provide employees with education and resources. We are also asking for assistance with communication of the EAP program prior to implementation on February 1, 2022 to ensure effective education of the program and help achieve stronger understanding and utilization by employees.

**Reports**

The selected supplier must provide quarterly and annual utilization reports to the City's HR Department.

**Quality Assurance**

The supplier will monitor all aspects of services and identify ways to improve services. The EAP account manager will be responsible for all program goals. He/she will meet on a regular basis with the City of La Vista Human Resources designee to review utilization, promotional activities, program strengths and weaknesses, and opportunities for development. The selected supplier must have a documented quality management program and professionals that are dedicated to overseeing implementation and continuous improvement. Examples of quality improvement tracking include confidential client questionnaires results, management evaluations, training evaluations, referral tracking and problem solution.

**Confidentiality**

The supplier agrees to maintain the confidentiality of all EAP, medical, financial, and other patient-specific data pertaining to members, as required by state and federal law. The supplier agrees that except as otherwise provided herein, such data will not be released to individuals or entities other than the member to which the data related or such member's authorized representative, except as required by law or as may be required by order of a court having jurisdiction over the matter.

**Eligibility**

Eligibility for EAP services will be presumed for all individuals that contact your organization and identify themselves as City employees or dependents of City employees.

**Deliverables & Schedule**

The successful bidder will be expected to work with the City to ensure the achievement of the objectives and administer the program in accordance with the needs of the organization to begin February 1, 2022.

**Place of Performance**

Contract performance may take place in the City's facility, the vendor's facility, a third-party location or any combination thereof.

**Period of Performance**

A contract awarded as a result of this RFP will be for a three-year term and is intended to begin on February 1, 2022 and end on January 31, 2025.

The City of La Vista reserves the right to extend the contract resulting from this RFP for a period of two (2) one (1) year renewal periods, with the same terms and conditions, by service of a written notice of its intention to do so prior to the contract termination date.

**Continuation of Services**

The services under this RFP and subsequent contract are vital to the City of La Vista and must be continued without interruption. Upon contract expiration or termination, the proposer will be asked to exercise its reasonable best efforts and cooperation to affect an orderly and efficient transition of patient services to a successor.

**Insurance/Bond**

Prior to the start of any work, the successful vendor shall provide a certificate of insurance to the City Clerk of the City of La Vista indicating the following:

***General Liability***

Limits of at least:

- \$1,000,000 Per Occurrence
- \$2,000,000 General Aggregate
- \$2,000,000 Completed Operations Aggregate
- \$1,000,000 Personal and Advertising Injury
  - The City of La Vista, its agents, officers, directors and employees shall be named as Additional Insured on a primary and non-contributory basis including completed operations.
  - Policy shall contain a waiver of subrogation in favor of the City.

***Umbrella / Excess***

Limits of at least:

- \$4,000,000 Per Occurrence
  - Policy shall provide liability coverage over the specified Employers Liability and Commercial General Liability
  - Policy shall be Primary/Noncontributory coverage over the specified Commercial General Liability.
  - Policy shall contain a waiver of subrogation in favor of the City.

***Workers Compensation***

Limits: Statutory coverage

- |                             |                                  |
|-----------------------------|----------------------------------|
| Employers Liability limits: | \$500,000 Each Accident          |
|                             | \$500,000 Disease – Per Person   |
|                             | \$500,000 Disease – Policy Limit |
- Policy shall contain a waiver of subrogation in favor of the City.

***Professional Liability (aka E&O Insurance)***

- Limits of at least \$1,000,000 per claim and aggregate.

These certificates and the insurance policies required above shall contain a provision that coverage afforded under the policies will not be canceled or allowed to expire until at least 30 days prior written notice has been given to the City of La Vista.

## Required Contents of Proposals

The purpose of the proposal process is to allow Providers the opportunity to demonstrate and clearly articulate the qualifications, service level, costs for services, competency and capacity of the firm seeking to provide EAP services.

At a minimum, each proposal must include the following:

1. Transmittal Letter – Provide a transmittal letter signed by an authorized representative of the firm.
2. Attachment A: Cover (Page 9 of 18)
3. Attachment B: Requested Plan and Proposed Plan (Pages 10-12 of 18)
4. Attachment C: Rate Proposal (Page 13 of 18)
5. Attachment D: References (Page 14 of 18)
6. Attachment E: Questionnaire (Pages 15-17 of 18)
7. Copies of Sample Documents Requested by the City

## Instructions and Other Considerations

1. Interested firms shall submit one (1) unbound, single-sided original on standard-weight paper (no heavy weight paper or tabbed dividers), three (3) printed double-sided bound copies, and one (1) flash drive containing a pdf file of the proposal.
2. Faxes or electronic submissions, or any other media other than listed in #1 are not acceptable.
3. Any proposer may withdraw his/her proposal, either personally or by written request, at any time prior to the closing time for receipt of proposals.
4. Proposals received after the scheduled closing time for receipt of proposals will be returned, unopened, to the proposer(s).
5. No proposals may be withdrawn after the scheduled closing time for receipt of Proposals for at least sixty (60) days.
6. All proposals may be rejected if the City determines that rejection is in the public interest.
7. The City of La Vista is not bound to recommend a proposal on the basis of the lowest quoted price alone.
8. Questions regarding the Scope of Work received less than five business days before the Proposal opening shall not be answered. Any interpretation or correction of the proposed documents will be made only by addendum, duly issued, and a copy of such addendum will be posted on the City's website: [www.CityofLaVista.org](http://www.CityofLaVista.org). The City is not responsible for any other explanations or interpretations of the proposed documents.  
**Questions should be directed in writing to Pam Buethe, City Clerk, at [PBuethe@CityofLaVista.org](mailto:PBuethe@CityofLaVista.org) before proposal is submitted.**



9. Any addenda will be posted on the City's website, [www.CityofLaVista.org](http://www.CityofLaVista.org). Each proposer may ascertain prior to submitting his/her proposal that he/she is in receipt of all addenda issued by telephoning the City Clerk's Office at 402-331-4343 or emailing the same at [PBuethe@CityofLaVista.org](mailto:PBuethe@CityofLaVista.org). Proposer shall acknowledge all addenda in accordance with the instructions on Attachment A of the proposal.
10. All proposal prices shall be guaranteed by the proposer to remain unchanged for a period of three (3) years from and including the date of the proposal opening.
11. The selected firm is expected to maintain the highest level of confidentiality involving all information considered such.
12. The City will not be liable for any costs incurred by the proposer in preparation of a proposal submitted in response to this RFP, in conducting a presentation or any other related activities.
13. Any bidder's exceptions to the terms and conditions or deviation from the written specifications shall be shown in writing as outlined in Attachment E, Part A. However, such exceptions may be cause for rejection of the bid.
14. The vendor will be responsible for providing all services which are necessary within the general parameters described in this RFP, and consistent with established industry practices, regardless of whether those services are specifically mentioned in this RFP or not. The proposer should clearly identify any omissions to the requirements set forth in the RFP as outlined in Attachment E, Part A.
15. Proposals must be submitted on the forms provided in a sealed envelope plainly marked "**CITY OF LA VISTA – SEALED PROPOSAL FOR EMPLOYEE ASSISTANCE PROGRAM**" with the date and time of closing written thereon. All bid proposals must be signed by an authorized officer or employee of the company and include the firm name.
16. As required by State Law, neither the vendor nor his subcontractors shall discriminate against any employee or applicant for employment, to be employed in the performance of this contract, with respect to their hire, tenure, terms, conditions, or privileges of employment or because of their race, color, religion, sex, disability, or natural origin.

## Evaluation of Proposals

Proposals received in response to this RFP will be evaluated by a Review Committee. Committee reviewed results and recommendation will proceed through the approval process with the City Council.

Proposals will be evaluated based on the responsiveness of the proposal, which may be weighted by the City in any manner deemed appropriate. Proposals will be evaluated based on

- Completeness & Quality of Proposal
- Scope of EAP Services Provided
- Experience
- Staffing
- Reasonableness of Cost
- References
- Customer Service
- Resources and Communication

A brief oral presentation may be required after all written proposals have been received. A representative from the City of La Vista will schedule the time and place for this presentation if necessary.

Staff will make a recommendation to the Mayor and City Council on or about January 4, 2022. Contract negotiations will commence following approval of the recommended firm by Mayor and Council. If a contract agreement is not reached with the selected firm, another finalist may be recommended to the Mayor and City Council for approval followed by contract negotiations and final approval by the Mayor and City Council.

## Tentative Schedule

The following dates are being provided for your information and planning purposes. Although every effort will be made to follow this schedule, we reserve the right to modify the dates as necessary.

<u>Action</u>	<u>Date</u>
Release of RFP	November 17, 2021
Published	November 24, 2021
Deadline for Questions	December 10, 2021
Deadline for Submission of Proposals	December 17, 2021
Oral Presentations, if applicable, week of	December 27, 2021
Contract Awarded	January 4, 2022
EAP Program Implementation	February 1, 2022



City of La Vista, Nebraska  
Request for Proposals  
**Employee Assistance Program**

**ATTACHMENT A: COVER SHEET**

Legal Name of Applicant/Company/Agency: \_\_\_\_\_

\_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email Address \_\_\_\_\_ Tax ID Number \_\_\_\_\_

Program Location (if different than address above) \_\_\_\_\_

\_\_\_\_\_

**ADDENDA:**

*Proposer shall insert number of each addendum received. If no addenda were received, please mark "NONE".*

No. \_\_\_\_\_ Dated: \_\_\_\_\_ No. \_\_\_\_\_ Dated: \_\_\_\_\_ No. \_\_\_\_\_ Dated: \_\_\_\_\_

NONE \_\_\_\_\_

**NOTE: Failure to acknowledge receipt of addenda may render the proposal non-responsive.**

I certify to the best of my knowledge the information contained in this proposal is accurate and complete including all forms required for submission in accordance with the terms and conditions listed in this request for proposals and any subsequent addenda and that I have the legal authority to commit this agency to a contractual agreement. I realize that the final funding for any service is based upon funding levels and the approval of the La Vista City Council.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title



City of La Vista, Nebraska  
Request for Proposals  
**Employee Assistance Program**

**ATTACHMENT B: REQUESTED PLAN AND PROPOSED PLAN**

*\* Please complete and submit all three (3) pages of Attachment B. \**

PLAN FEATURE	REQUESTED PLAN	YOUR PLAN
<b># of Service Hours included in Base Rate</b>	<i>Please specify.</i>	
<b>Availability</b>	24-hour toll-free telephone line, 7 days per week	
	Appointments made within 3 business days of request.	
	Level of clinician <i>answering the phone</i> : -during the day: CEAP, Bachelor's, or Master's -all other times: Master's	
<b>Referrals</b>	Appointment made by: -caller -provider	
<b>Basic Services</b>	An Employee Assistance Professional will provide the following basic services:  <ul style="list-style-type: none"> <li>- EAP Account Manager is assigned to consult on EAP design, policies, and procedures.</li> <li>- Short-term counseling and referral services</li> <li>- Supervisory Training Sessions</li> <li>- Management and Supervisory Consultation</li> <li>- Organizational Consultation</li> <li>- Crisis Intervention</li> <li>- Substance abuse resources and counseling</li> <li>- On-demand, virtual employee orientations and/or supervisory training</li> <li>- Onsite Critical Incident Debriefing</li> <li>- Critical Incident Stress Debriefings</li> <li>- Job Performance Referrals</li> <li>- Employee Seminars (up to 10 per year)</li> <li>- Wellness Brown Bag Seminars</li> <li>- Anti-Harassment Training</li> <li>- Diversity and Inclusion Training</li> <li>- Dedicated resources for first responders</li> </ul>	

<b>Enhanced Resources</b>	<p>Program will provide enhanced resources for:</p> <ul style="list-style-type: none"> <li>- Child care</li> <li>- Elder care</li> <li>- First responders</li> <li>- Financial services</li> <li>- Legal services</li> </ul> <p>Please include how enhanced resources are provided (e.g. printed materials, virtual on-demand classes, etc.) and include any additional fees for these resources.</p>	
<b>Travel Time/Costs</b>	Travel time and costs are built into the service hours and rates proposed.	
<b>Optional Services</b>	<p>Additional training on specialized topics is available at a per hour fee.</p> <p>Ability to custom-tailor a training program specific to the City of La Vista's needs based on input from Human Resources at a per hour fee.</p> <p><i>(Fee includes travel costs.)</i> Include hourly fee in response.</p>	
<b>Standard Communications Materials</b>	<ul style="list-style-type: none"> <li>- Supervisor Manuals (Electronic)</li> <li>- Employee Brochures (Electronic)</li> <li>- Worksite posters (8 posters per year)</li> <li>- Wallet Cards / Business Cards (150 per year)</li> <li>- EAP orientation video, at no additional cost</li> <li>- Monthly newsletter that can be provided to participants via email</li> </ul>	
<b>Management / Utilization Reports</b>	<p>Confidential utilization reports provided <i>quarterly</i> and <i>annually</i>. These reports should include:</p> <ul style="list-style-type: none"> <li>- Number of employees utilizing program</li> <li>- Types of problems identified</li> <li>- Review of EAP program activities</li> <li>- Suggestions for program reinforcement</li> </ul>	
<b>Client Satisfaction Reports</b>	<p>Confidential client satisfaction reports provided <i>quarterly</i> and <i>annually</i>. These reports should include:</p> <ul style="list-style-type: none"> <li>- Level of satisfaction (in the aggregate) from employees utilizing program</li> </ul>	
<b>Number of Assessors / Providers</b>	Specify the number within the Omaha – Council Bluffs Metropolitan Area.	

<b>Counselors' or Providers' Credentialing</b>	<ul style="list-style-type: none"><li>- Appropriate degree from an accredited institution (at least Master's Degree level)</li><li>- Valid, unrestricted state license/certification</li><li>- Board Certified or eligible (MD's)</li><li>- Acceptable history of clinical malpractice claims experience</li><li>- Proof of adequate insurance coverage</li><li>- Completion of a signed application and agreement of participant</li><li>- Face-to-face interviews in over 95% of cases</li></ul>	
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City of La Vista, Nebraska  
Request for Proposals  
**Employee Assistance Program**

**ATTACHMENT C: RATE PROPOSAL**

*\* Please ensure that all pricing is NET of broker commission. \**

Provide a detailed fee schedule of the costs for all services that are being proposed. If your fee schedule does not include all services requested in the Minimum Work Requirements (on pages 3-5) and Attachment B: Requested Plan and Proposed Plan (pages 10-12) in this request, please provide a detailed breakdown of **any** deviations in Section A of Attachment E: Questionnaire on page 15.

The term of the agreement shall be for three (3) years beginning on February 1, 2022 and ending January 31, 2025. Prices should be guaranteed for a period of three (3) years. The City of La Vista reserves the right to extend the contract resulting from this RFP for a period of two (2) one-year renewal periods, with the same terms and conditions.

Indicate whether your pricing is based on PEPM (per employee, per month), flat fee for service, or some other structure. If you are unable to provide services at a particular level, please type "N/A".

The estimated number of employees is 150. The exact number of employees is subject to change and will be provided upon execution of the contract.

	<b>PEPM</b>	<b>Flat Fee</b>	<b>Other Structure</b>
February 1, 2022 – January 31, 2023			
Six (6) sessions per year			
Eight (8) sessions per year			
Ten (10) sessions per year			
February 1, 2023 – January 31, 2024			
Six (6) sessions per year			
Eight (8) sessions per year			
Ten (10) sessions per year			
February 1, 2024 – January 31, 2025			
Six (6) sessions per year			
Eight (8) sessions per year			
Ten (10) sessions per year			



City of La Vista, Nebraska  
Request for Proposals  
**Employee Assistance Program**

**ATTACHMENT D: REFERENCES**

Every vendor is expected to provide three (3) references with accurate contact information. Every proposal/bid must include this sheet to facilitate proposal evaluation. This is a requirement that will not be waived.

**REFERENCE 1:**

Name of Company/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**REFERENCE 2:**

Name of Company/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

**REFERENCE 3:**

Name of Company/Agency \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_





City of La Vista, Nebraska  
Request for Proposals  
**Employee Assistance Program**

**ATTACHMENT E: QUESTIONNAIRE**

**Directions:** Please answer each question clearly and completely. If you are unable to answer a question, please indicate why you cannot. If you are unwilling to disclose particular information asked in a question, please indicate why. Please attach any additional relevant information that you feel will aid the City of La Vista in our selection process and provide specific page number references.

**A. Deviations**

1. Does your proposal contain **any** deviations from the benefits, general conditions, stipulations or other provisions of the specifications outlined in the Minimum Work Requirements and in Attachment B: Requested Plan and Proposed Plan in this request? If yes, provide details in a separate cover letter. Otherwise, confirm that you have responded according to proposal conditions.

**B. Experience**

1. How many years has your firm provided employee assistance program (EAP) administration?
2. Provide the number of client organizations added or dropped within the last two (2) years and your annual employee turnover percentage.
3. Describe your firm's ability and past experience in providing focused programs to protective service employees. Does your firm provide services specific to the needs of first responders?
4. Describe what your firm feels gives it a competitive advantage or makes it stand out over other firms that provide these services.
5. Describe your firm's experience in marketing EAP services. As an example, describe how your firm would market this EAP to City employees.
6. Describe your experience and services for handling critical incidents and violence in the workplace.

**C. Staffing**

1. Describe how your firm provides, manages, and guarantees 24/7/365 EAP service coverage. Note any hours that are covered by an answering machine or service.
2. What are your typical timeframes to schedule routine, urgent, and crisis appointments? Please provide examples of situations that would receive an elevated priority as urgent or crisis.
3. Describe how the needs for extended counseling would be met if an EAP participant requires more than the allotted counseling sessions.

4. Will a training coordinator be assigned to the City's account?
5. Please provide a résumé/Curriculum Vitae for each of the EAP clinicians who conduct assessments and counseling.

#### **D. Customer Service**

1. What types of personal and behavioral health problems do your EAP clinicians handle? Include any specialized EAP counseling services you offer (e.g., financial, credit, career, etc.)
2. Provide a list of all available facilities, providers, and services within the Omaha – Council Bluffs Metropolitan Area that your firm intends to use for primary appointments and referrals. Please note any service specializations or referral providers (e.g., addictions, PTSD, etc.)
3. Describe how services are accessed (e.g., toll-free number, online, etc.). Specify whether calls are answered by clerical staff or clinicians. If answered by clerical staff, indicate whether a clinician is present and hours of availability of an on-site clinician. Indicate a call-back time when a clinician is not present, if applicable.
4. Do you have protocol in place to assure the privacy of City employees – for instance, ensuring that employees' appointments would not be scheduled concurrently or consecutively, or that separate waiting spaces are available?
5. Describe the criteria used in initial case assessment and referral, including level of care criteria. Describe the referral process used in selecting providers for short-term counseling including how counselors are matched with specific problem areas.
6. Describe your quality control process.
7. The City's preference is always for a referral for a face-to-face session with a local licensed clinician. How will you ensure this is the process your employees follow when providing referrals?
8. For referrals, are appointments made by the provider or by the employee?
9. How do you propose to integrate your EAP with a participant's medical plan? Please include how continuity of treatment is ensured.
10. Does your firm have a program to determine client satisfaction? Does the program include client satisfaction surveys? If so, describe your firm's survey process.

#### **E. Resources and Communication**

1. Provide samples of the type of utilization reports that your firm can provide quarterly and annually. Is there a charge for requesting ad-hoc reports?
2. Provide a description of training programs that are available to an employer from your firm including information pertaining to wellness, work/life balance issues, etc. and if the training program is included in the base program or an enhanced (for fee) resource. If you have a catalogue, please provide a copy.

3. List your top ten most popular workshops, training seminars, or online training services.
4. How many hours of annual on-site training are included in your cost proposal?
5. Describe the process for setting up a training session. Are there additional steps for setting up a custom training session?
6. What types of materials do you supply for EAP promotion and employee communications? Provide examples of printed communication and links to online resources, if available. If available, provide a hyperlink to your firm's EAP resource website that would be available to eligible users and with a temporary password for evaluation purposes.
7. Are employee communication materials customized or boilerplate? Can these materials be branded?
8. Describe how often your company refreshes its content (e.g., trainings, training material, promotional material, etc.).
9. Describe how your firm would provide on-going outreach to employees throughout the term of the agreement. Specifically provide the methods of EAP promotion to the City and its employees.
10. Are additional services available beyond what is described within this RFP and/or your proposal? If so, identify these services and the corresponding fee(s).

**F. Sample Agreement**

1. Please provide a sample of your employee assistance services agreement.

**G. Wellness Services** – *Responses to these questions are for informational purposes only and will not be used to evaluate the EAP.*

1. What wellness services, programs, or resources are offered? Please describe. Are all of these services included in your rate quote? If not, please specify any that have an additional fee.
2. Do you offer a Health Risk Appraisal? If so, is the service included in your rate quote? If not, please specify any additional fee.
3. Do you maintain a separate website for wellness information?



City of La Vista, Nebraska  
Request for Proposals  
**Employee Assistance Program**

**ATTACHMENT F: PROPOSAL SUBMITTAL CHECKLIST**

The following forms are required to be submitted as part of the proposal. Proposal may be considered non-responsive if you fail to submit the required documents at the closing date/time.

- Transmittal Letter
- Attachment A: Cover Page
  - Acknowledgement of addenda, if applicable
- Attachment B: Requested Plan and Proposed Plan
- Attachment C: Rate Proposal
- Attachment D: References
- Attachment E: Questionnaire
  - Including any additional relevant information or documents requested
- Complete set of proposal documents in the following formats:
  - One (1) unbound, single-sided original on standard-weight paper (no heavy weight paper or tabbed dividers)
  - Three (3) printed double-sided bound copies
  - One (1) flash drive containing a pdf of the proposal