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**NOTICE INVITING PROPOSALS  
FOR  
STUDENT HEALTH SERVICES FOR  
STUDENTS OF IMPERIAL COMMUNITY COLLEGE DISTRICT**

**RFP #1002**

The Board of Trustees of Imperial Community College District requests the submission of formal proposals for student health services for students of Imperial Valley College in accordance with the attached specifications.

A detailed explanation of our Request for Proposal and facts about Imperial Community College District can be obtained on the college's website [www.imperial.edu/RFP](http://www.imperial.edu/RFP). Pay particular attention to the section that explains information to include in your response.

Six sealed proposals shall be received up to but no later than 4:00 p.m., July 2, 2015 at the Purchasing Department, Imperial Valley College, 380 East Aten Road, Imperial, CA 92251, at which time said proposals will be publicly opened and read.

**LATE PROPOSALS WILL NOT BE ACCEPTED**

Each proposal shall specify completely each and every item as set forth in the specifications. Any and all exceptions to the original specifications must be clearly stated in the proposal and the failure to do so may be grounds for rejection of the proposal.

The Board of Trustees has the right to select the proposal which best meets the needs of the District and enter into contract(s) incorporating the proposal(s) as submitted. The Board reserves the right to reject any or all proposals or waive any irregularities in the submission process.

All questions should be emailed to: [sergio.lopez@imperial.edu](mailto:sergio.lopez@imperial.edu)

Respectfully,

Sergio A. Lopez,  
Dean of Student Affairs and  
Enrollment Services

**REQUEST FOR PROPOSALS  
RFP #1002  
PROVIDE STUDENT HEALTH SERVICES FOR STUDENTS OF  
IMPERIAL COMMUNITY COLLEGE DISTRICT**

**1. General Information**

The Imperial Community College District annual student enrollment ranges from approximately 16,000-20,000 (2,000-3,800 during the winter and summer terms).

The District is requesting proposals from private and/or public health services providers, to provide the following oversight services to all enrolled students of Imperial Community College District.

Student Health Services is a program supported by a Student Health Service Fee, which is charged per individual student. Providers will provide Student Health Services based on a fixed-rate fee per student of up to \$11.50 per qualified student during fall and spring terms and \$9.50 per qualified student during winter or summer sessions. Health fees will be charged to each student regardless of credit enrollment amount.

**2. Scope of Services**

**A. PRIMARY CARE PROFESSIONAL SERVICES OFFERED FREE OF CHARGE**

Primary care professional services offered are many and varied to integrate the biological, clinical and behavioral sciences. The scope encompasses all ages, both sexes, and each organ system.

1) GENERAL and AGE SPECIFIC SCREENINGS

|                |                                     |
|----------------|-------------------------------------|
| Blood pressure | Sexually transmitted diseases (STD) |
| Body fat       | Skin cancer                         |
| Diabetes       | Tuberculosis                        |
| Hearing        | Vision                              |
| Lung function  |                                     |

2) PHYSICAL EXAMINATIONS FOR STUDENTS

Participating in programs requiring a physical exam, except students engaged in inter-colleges sports.

3) IMMUNIZATIONS

|                |         |
|----------------|---------|
| Diphtheria     | Tetanus |
| Gamma Globulin | Polio   |

MMR

Influenza

4) MINOR EMERGENCY MEDICAL TREATMENT

Including, but not limited to, burns, fractures, minor lacerations, sprains, strains, etc.

5) MINOR NON-EMERGENCY MEDICAL TREATMENT

Including, but not limited to, fever, bronchitis, colds, flu, respiratory infections, urinary tract infection (UTI), etc.

6) GENERAL MEDICAL EVALUATIONS AND TREATMENT FOR ACUTE MEDICAL PROBLEMS

General medical evaluation and treatment for acute medical problems would include those stated in this document and illnesses or conditions that are not chronic in nature. The scope of services provided is intended to be broad and oriented toward acute disorders, but is not all inclusive. (Some conditions not covered would be cancer, diabetes care, chronic kidney disease, chronic obstructive pulmonary disease, chronic arthritis, obstetric, epilepsy, and chronic neurotic disorders.)

7) LABORATORY TESTING

Blood sugar

Pregnancy

Cholesterol

Sexually transmitted disease (STD)

HIV screening

Stool occult blood

Mononucleosis

Urinalysis

Pap smear

8) WOMEN'S HEALTH CARE

Annual breast exams

Birth control counseling and prescribing

Hormone replacement therapy

Mammography

Natural family planning

Osteoporosis assessment

Pap smear

Sexual responsibility education

9) WEIGHT CONTROL COUNSELING

Weight control counseling shall be performed by a medical doctor with a focus on proper diet and exercise along with medical guidance.

10) MINOR SURGERY

Minor surgeries include laceration repair, incision and abscesses, cysts, skin tags/warts/mole removal, and nail excision. Dressings, local anesthesia and sterilization must be free of charge

11) GENERIC DRUGS

- Please list all generic drugs (topical/oral/injectable) that will be dispensed on-site free of charge.
- Please list other generic drugs (topical/oral/injectable) that will be dispensed on-site at a reduced cost.

**B. OTHER SERVICES**

1) COMMUNICABLE DISEASES

Provider shall report all cases of communicable diseases to the County Health Department, as required by law, and to the specified District Administrator.

List any communicable diseases that cannot be reported to the college due to privacy laws.

2) PSYCHOLOGICAL SCREENING AND COUNSELING

Psychological screening and counseling shall be performed by a Nurse Practitioner/ medical doctor to determine what type of intervention is indicated. Frequency of counseling will include no less than two sessions a month. Appropriate low-cost referrals will be made to an LMFT, LCSW, LPCC, licensed psychologist, psychiatrist or other necessary health care professionals if medically necessary.

3) COMMUNITY REFERRALS

Community referrals include Imperial County Health Department, Dental Association, Crisis Hotline, AIDS Hotline and Medi-Cal Information Registration. Should specialty care be required outside of the student health services programs, a full panel of consultants shall be maintained.

**C. SPECIALTY CARE**

Please list all Specialty Care you would provide free of charge, e.g. Acupuncture, Ear, Nose and Throat, Orthopedics and Sports Medicine, Physical Therapy, Podiatry, Cardiology, OBGYN, etc.

Please list below and explain in detail services your agency can provide by an area specialist and the applicable percent (%) discount from usual and customary fees.

| SERVICES                        | DISCOUNT RATE (%) |
|---------------------------------|-------------------|
| Ear, nose and throat surgery    | _____             |
| Orthopedics and sports medicine | _____             |
| Physical Therapy                | _____             |
| Podiatry                        | _____             |
| Gynecology surgery              | _____             |

## D. VALUE ADDED SERVICES

Please list any additional services not covered above that your facility can offer free of charge or at a discounted rate. (If discounted rates are offered, please list the specific percentage discount for each additional service).

### 3. Additional Documentation Required

The provider may include in the proposal any material representative of the services to be provided, but must include the following information:

- A. Last audited Financial Statement.
- B. General liability and professional liability carriers and limits; workers' compensation carrier information.
- C. List any malpractice cases in the last ten years for similar services specifically proposed in the RFP and any individual employee to perform the medical services referenced in the malpractice case (doctor, physician assistant, nurse, etc.).  
***Please provide Plaintiff's name, Date, Court and Case Number, Charges and Disposition. Use separate sheet if necessary.***
- D. Has the agency ever lost a major client for whom it was providing services within the last five years? (e.g.; workers' comp., drug screening, pre-employment physical, etc.)  
***Please provide name and address of group, period of time service provided, nature of arrangements, and reason for cessation.***
- G. Provide complete information on your agency's staffing, both administrative and professional, including licenses, experience, and medical specialty.
- H. List any programs you can provide to assist low-income students.
- I. List all of the agency's community or hospital affiliations.
- J. List all of the agency's PPO group affiliations.
- K. Are all of agency's physicians affiliated with Blue Cross Prudent Buyer PPO? If not, please explain.
- L. List hours and days that services are available at the agency.
- M. Provide addresses of all facilities if you have multiple locations.
- N. Will your medical facility agree to a five (5)-year contract? If not, indicate the length of agreement preferred.

#### **4. Terms and Conditions of Agreement**

- A. The District will consider entering into a three (3)-year agreement.
- B. Any agreement signed by the District shall include, as a minimum, the provider's proposal as accepted by the District, insurance and bonding requirements, indemnity, independent contractor statement, and cancellation clauses. The cancellation for non-performance.
- C. Agency must furnish detailed monthly and annual reports as to the number of students receiving services and the type of services received.
- D. Students requesting services must furnish provider with proof of enrollment and one (1) photo identification such as the Imperial Valley College Student Identification Card, a valid driver's license or California Identification Card. Health services are available from the first day of the semester in which the student is enrolled, until the last day of the semester. Students who drop all classes are no longer eligible for health care services.
- E. The District will furnish the Provider a report, at the college's census date, listing all enrolled students.
- F. During the term of this Agreement, compensation shall be payable within thirty (30) days following the census of the applicable semester and/or session during the term of this Agreement.
- G. Termination without Cause. Either party may terminate this Agreement upon no less than one hundred eighty (180) days prior written notice to the other.

Termination of Agreement with Cause. Either party may terminate this Agreement for cause in the event of the other party's breach of any material term, covenant, non-performance, or condition and subsequent failure to resolve such breach within thirty (30) days following receipt of written notice from the party alleging the breach.

Automatic Termination upon Revocation of License or Certificate. This Agreement shall automatically terminate upon the revocation, suspension or restriction of any license, certificate, accreditation or other authority required to be maintained by either party in order to perform the services required under this Agreement.

#### **5. Evaluation and Selection Process**

- A. All proposals should be received by the District by 4:00 p.m. on **July 2, 2015**.
- B. Following receipt of the proposals, the evaluation committee composed of administrative staff, faculty, and students will review and evaluate all proposals submitted.
- C. The evaluation process will include legal due diligence review and visiting of provider's facilities.

- D. All decisions made by the District are final and not open to arbitration. The District in its sole discretion reserves the right to choose the agency it believes best meets the needs of its students.

**6. District Contact Person**

Sergio A. Lopez, Dean of Student Affairs and Enrollment Services

Email address: sergio.lopez@imperial.edu

Phone number: (760) 355-6456.