COUNTY OF KERN

DEPARTMENT OF HUMAN SERVICES

REQUEST FOR QUALIFICATIONS

To provide Medical Consultation Services

DUE ............ April 5, 2013

TIME ............. Before 11:00 a.m.
COUNTY OF KERN
DEPARTMENT OF HUMAN SERVICES

Request for Qualifications to Provide: Medical Consultation Services

The County of Kern is issuing this Request for Qualifications (RFQ) to licensed health care professionals to be used in the selection of a medical professional qualified to provide medical consultation services, consisting of disability evaluations (medical/physical) for public assistance applicants/participants. Evaluations will consist of a medical records review to determine the disability status and duration of disability of recipients who receive or apply for aid; which is essential in the qualification of aid.

The County will review responses to this RFQ and anticipates ranking the firms based on the firm’s Statement of Qualifications (SOQ), experience, and history of performance using predetermined selection criteria.

The following contains a general outline of the Scope of Work that this project requires. It is anticipated that the final scope of work will be a product created through the negotiation process, with changes based upon the professional input from the selected consultant.

Consultants are specifically directed not to contact any County personnel, other than the Contact Person indicated below, for any purpose related to this RFQ. Unauthorized contact of any County personnel may be cause for rejection of a consultant’s SOQ.

All inquiries concerning this RFQ should be directed to the following Contact Person:

Linda Hibbard, MPA, Administrative Coordinator
Kern County Department of Human Services
P.O. Box 511, Bakersfield, CA 93302
e-mail: hibbarl@co.kern.ca.us
Telephone (661) 334-3402

Envelopes/packages containing the SOQs are to be marked:

RFQ: “Medical Consultation Services” and delivered to:
Kern County General Services Division
1115 Truxtun Ave., 3rd Floor, Bakersfield, CA 93301
Telephone (661) 868-3000

Projected Timetable

The following dates are set forth for information and planning purposes only. These dates may be changed by County upon notice to prospective consultants:

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<tr>
<td>Issuance Date</td>
<td>February 22, 2013</td>
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<tr>
<td>RFQ inquiries from responding firms</td>
<td>March 8, 2013</td>
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<tr>
<td>County’s response to RFQ inquiries</td>
<td>March 22, 2013</td>
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<tr>
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<tr>
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<td>Before 11:00 a.m.</td>
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Postmark date will NOT constitute timely delivery. Responses received after the above time WILL NOT be considered. Consultants are solely responsible for ensuring timely receipt of their SOQs.

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**FORMS:**
- Authorization to Release Medical Information;
- Medical Disability
- Determination And Physician’s Report of Examination
  - Exhibit A

**SAMPLE PROFESSIONAL SERVICES AGREEMENT**
  - Exhibit B
I. GENERAL INFORMATION

A. Request for Qualifications/Rules for Competition

The competitive method used for this solicitation is known as a ‘Request for Qualifications’ (RFQ). Individuals and/or firms shall be ranked and selected according to their Statement of Qualifications (SOQ).

B. Requests for Additional information

Inquiries regarding the RFQ shall be made via e-mail to:

Linda Hibbard, MPA
Administrative Coordinator
Kern County Department of Human Services
e-mail: hibbarl@co.kern.ca.us

Any inquiries shall be accepted no later than 14 working days prior to the RFQ due date. Written responses to the inquiries shall be issued no later than seven calendar days prior to the RFQ due date.

C. Statement of Qualifications (SOQ)

Response to this solicitation will be in the form of a Statement of Qualifications according to the work Scope of Work found in Section F below. The SOQ shall document the individual’s and/or firm’s qualifications as they apply to the above information contained herein.

The County will evaluate all responses using the evaluation criteria stated in Section G, sub-section 3, paragraph g below. The selection panel will consist of representatives from various County departments associated with or having expertise relating to the project. Composition of the selection panel is subject to change at the sole discretion of the County. Firms will be ranked in numerical order based on the scoring of the firm in relation to the evaluation criteria.

D. Project Background and Description

The Kern County Department of Human Services administers a number of Federal and State mandated financial aid programs. They include California Work Opportunity and Responsibility to Kids (CalWORKs), Federal Food Stamps (CalFresh), and County General Assistance programs. Eligibility factors for these programs include a requirement that able-bodied applicants/participants must be available for and seeking employment.

Verification of an individual’s disability status is integral to eligibility for these programs. Therefore, in an effort to determine eligibility, the Kern County Department of Human Services contracts with a medical doctor to evaluate medical records and determine the disability status and duration of disability of recipients of, or application for, aid.
E. Statement of Need

The Department of Human Services is required by the California Department of Social Services manual, Section 42-712.442, to provide a professional medical review of client medical records to determine incapacities which is essential in qualifying applicants and recipients for various public aid programs. CDSS manual, Section 42-701.2(d)(2) states, “Doctor” means a health care professional who is licensed by the State to diagnose/treat physical and mental impairments that can effect an individual’s ability to work or participate in Welfare-to-Work activities.

F. Consultant Scope of Work

To ensure services are performed in accordance with State Mandates, this request seeks to maintain the approach in place based on long standing practice. As such, the following services will be sought:

1. Consultant shall provide applicant’s/participant’s disability determinations based on a review of various medical diagnoses, prognoses, and/or treatment plans submitted by the Kern County Department of Human Services.

2. Consultant shall be able to complete an average of approximately 80 to 115 disability determinations per month.

3. Consultant shall be able to provide completed disability determinations to the Kern County Department of Human Services via facsimile or other mutually agreed upon methods.

4. Consultant shall be required to make determination based on medical records only. Consultant will not meet or examine the applicant/participant.

5. Consultant shall make medical judgments based solely upon the medical documentation of another medical professional who has examined the applicant/participant and/or other available medical records as provided.

6. Consultant shall be able to determine the status and duration of the disability(ies) prohibiting employment.

7. Consultant shall be able to provide in the scope of the disability determinations that include both mental and physical disability as reported by the applicant/participant.

8. Consultant shall be able to provide disability determinations to the Kern County Department of Human Services on KCDHS Forms 110-Gen (4-12) / 111-GA (6/90)/ CW61 (7/01) (Exhibit “A”), within 10 working days of receipt of request.

9. Consultant shall be able to provide duplicate disability determinations to the Kern County Department of Human Services as requested.
10. Consultant shall determine the method, details, and means of performing the above-described services utilizing the medical information provided by the Kern County Department of Human Services.

11. Consultant shall be required to maintain data and records in an accessible location and condition for a period of not less than three years from the termination date of the Agreement.

12. Consultant may represent, perform services for, and be employed by such additional clients, persons, or companies as determined in the Consultant’s sole discretion. However, Consultant shall refrain from entering into such relationships that may conflict with the services provided to the County of Kern under the Agreement.

G. Statement of Qualifications Requirements and Format

In responding to this Request for Qualifications, the responding individual or firm is expected to demonstrate knowledge, experience and ability to perform the scope of work and provide the services being requested. If the responder makes no response on an item, the evaluators will assume that the responder has no expertise in that area.

Cover must be titled: Statement of Qualifications
For Medical Evaluation Services

1. General

   a. The Statement (SOQ) shall be concise, well organized and demonstrate an understanding of the Scope of Services. The SOQ shall be limited to 20 one-sided pages (8 1/2 inches X 11 inches), inclusive of resumes, graphics, forms, photographs, dividers, front and back covers, cover letter, etc. Type size and margins for text pages should be in keeping with accepted standard formats for desktop publishing and processing. Arial font size 11 is preferred.

   b. The Statement (SOQ) will be evaluated in accordance with the required services indicated above and in the Requirements and Format as stated in this Section G.

2. Content

Elements of Statements submitted in response to this RFQ shall be in the following order and shall include:

   a. Executive Summary

Include in no more than three pages an overview of the entire Statement of Qualifications describing its most important elements.

   b. Identification of the Medical Professional/Firm

   ● Legal name and address of individual/firm
● Legal form if a company (partnership, corporation, joint venture, etc.). If joint venture, identify the members of the joint venture and provide all information required within this section for each member. Identify if the firm is the primary corporation or a subsidiary and, if a subsidiary, of what parent firm.

● Address(es) of home or office locations working on the project.

● Name, title, address and telephone number of the person to contact concerning the submittal.

c. **Experience and Technical Competence**

Of critical importance is the composition of the professional(s) proposed to provide services on this project. Credentials and resumes of the person(s) responsible for providing the services must be provided. Responder shall specifically provide the following information about any person who will be providing services:

a. Copy of Current Medical License
b. Current Resume
c. Name, address and telephone number
d. Description of education
e. Experience or education related to the RFQ project
f. Letters of reference, if available

Describe any litigation involvement in the last five years. List all publicly recorded legal actions stemming from performance of professional responsibilities in which the firm or individuals assigned to this project have been named (even if actions occurred under the employment of others). Specifically describe the outcome of all actions or declare the current status if litigation is pending.

Include any other information you believe to be pertinent but not required.

d. **Schedule of Fees**

The actual fee will be negotiated with the selected firm(s). In the event that a fee for the required services cannot be negotiated with the selected firm(s), the County reserves the right to discontinue negotiations, and begin negotiations with the next ranked firm(s).

The SOQ must include a “schedule of fees” which lists the cost per disability evaluation completed.

e. **Exceptions to this Request for Qualifications**

The consultant shall certify whether or not it takes any exceptions to this RFQ, including, but not limited to, the sample Standard Professional Services Contract, which is attached as Exhibit “B”. Any and all such
exceptions must be clearly identified in the SOQ. The identification of significant exceptions in a SOQ, as determined in the sole discretion of the County, may be cause for rejection of the consultant’s SOQ.

3. Selection Process

a. All SOQs received by the specified deadline will be reviewed by a Consultant Selection Committee. Each member of the Committee will evaluate each of the Statement of Qualifications according to the criteria stated in sub-paragraph g. below.

Based upon the SOQ submitted, the Committee may select a short list of firms qualified for this project to participate in oral interviews.

b. Based upon the SOQ and any oral interview, the Committee will rank the finalists as to qualifications. The top ranked individual or firm will be the selected consultant. The County may enter into contracts with more than one qualified firm.

c. Consultants are advised that the County, at its option, may award a contract strictly on the basis of the SOQ, and not create a short list of firms or conduct oral interviews.

d. The Committee, or a representative, will enter into negotiations with the selected firm(s). The negotiations will cover: scope of work, contract schedule, contract terms and conditions, and fees. If the Committee or representative is unable to reach an acceptable agreement with the selected firm(s), the negotiations will be terminated, negotiations with the next ranked firm(s) will be initiated, or a new procurement process will be initiated with a revised scope of work.

e. The following is a list of general criteria that may be used by the Selection Committee in making its selection(s). Please note that the Selection Committee may consider any information they deem relevant in making a selection(s), and may give each of the criteria considered as little or as much weight as they consider appropriate.

1) Project Understanding:
   a) Comprehension of the Scope of Services
   b) Awareness of the County’s needs
   c) Familiarity with the project
   d) Overall interest in the project

2) Operational/Organizational approach of the responding firm to fulfill the scope of work and the goals of the project.
   a) Capability of developing innovative or advanced techniques.
   b) Stature in industry of consultant.

3) Experience:
   a) Familiarity with scope of work required.
   b) Relevant experience
c) Relevant projects completed
d) Past performance on related assignments

4) Financial Responsibility, Budgeting, and Scheduling:
   a) Outline of project schedule
   b) Cost control techniques
   c) On time/within budget
   d) Ability to complete the project on time

5) Client references.

6) Medical Professional Qualifications:
   A combination of experience, education, and background in undertaking similar type projects.

7) Any other factors the Selection Committee deems relevant.

h. The County reserves the right to reject any and all SOQs and to waive informalities and irregularities in any SOQ received. Absence of required information may render a SOQ non-responsive, in the sole discretion of the County, resulting in rejection of the SOQ.

i. The County may, during the evaluation process, request from any consultant additional information which the County deems necessary to determine the consultant’s ability to perform the required services. If such information is requested, the consultant shall be permitted five working days to submit the information requested.

j. An error in the SOQ may cause the rejection of that SOQ; however, the County may, in its sole discretion, retain the SOQ and make any corrections it deems appropriate. In determining if a correction will be made, the County will consider the conformance of the SOQ to the format and content required by the RFQ, and any unusual complexity of the format and content required by the RFQ. If the consultant’s intent is clearly established based on review of the complete SOQ submittal, the County may, at its sole option, correct an error based on that established content. The County may also correct obvious clerical errors. The County may also request clarification from a consultant on any item in a SOQ that County believes to be in error, and make corrections accordingly.

k. The County reserves the right to select the SOQ which in its sole judgment best meets the needs of the County. The recommendation by the Selection Committee shall be based on any information and criteria the Selection Committee considers relevant, which may include criteria not listed in sub-paragraph g above. The schedule of costs is not a criteria for the initial selection(s) by the Selection Committee.

l. All firms responding to this RFQ will be notified of their selection or non-selection in writing after the Selection Committee has completed the selection process. All consultants shall have seven days from the
date of the notice to submit any additional information **not previously submitted** to the County for final consideration.

m. County employees will not participate in the selection process when those employees have a relationship with a person or business entity submitting a SOQ which would subject those employees to the prohibition of Section 87100 of the Government Code. Any person or business entity submitting a SOQ who has such a relationship with a County employee who may be involved in the selection process shall advise the County of the name of the County employee in the SOQ.

n. Any person or business entity which engages in practices which might result in unlawful activity relating to the selection process including, but not limited to, kickbacks or other unlawful consideration paid to County employees, will be disqualified from the selection process.

o. The process, procedures and evaluation criteria used by County staff and the Selection Committee in developing and issuing this RFQ and evaluating the SOQs received for purposes of completing the selection process shall be determined in the sole discretion of the County. Potential consultants shall have no rights whatsoever regarding the processes and procedures used by the County relating to this RFQ or the manner in which a consultant is selected by the Selection Committee provided their decision is not arbitrary and capricious, and there is some reasonable basis for the selection(s) made.

H. **Solicitation Caveat**

The issuance of this solicitation does not constitute an award commitment on the part of the County, and the County shall not pay for costs incurred in the preparation or submission of a SOQ. **The County reserves the right to reject any or all SOQs or portions thereof if the County determines that it is in the best interest of the County to do so.**

Failure to furnish all information requested or to follow the format requested herein, or the submission of false information, may disqualify the consultant, in the sole discretion of the County. The County may waive any deviation in a SOQ. The County's waiver of a deviation shall in no way modify the RFQ requirements nor excuse the successful consultant from full compliance with any resultant agreement requirements or obligations.

I. **Time**

Time and the time limits stated in this RFQ are of the essence of this Request for Qualifications.

J. **Form of Agreement**

No agreement with the County is in effect until a contract has been signed by both parties. Attached to this RFQ as Exhibit "B" is a sample agreement which is in substantially the form the successful consultant will be expected to sign. The
The selected consultant(s) will be required to execute an agreement with the County for the services requested by July 1, 2012. If agreement on the terms and conditions of the contract that are acceptable to the County including, but not limited to, compensation, cannot be achieved within that timeframe, the County reserves the right to continue negotiations or to award the bid to another consultant and begin negotiations with that consultant.

Consultant must identify and provide contact information in their SOQ of the individual within their organization who is authorized to negotiate the terms and conditions of any agreement between consultant and County.

K. Modifications to Scope of Work

In the event that sufficient funds do not become available to complete all the services identified in this RFQ, the scope of services may be amended, as determined in the sole discretion of the County. The County may also, from time-to-time, request changes in and/or additions to the services to be provided by the successful consultant. Such changes, including any increase or decrease in compensation, which are mutually agreed upon by and between the County and the successful consultant, shall be incorporated into the contract prior to execution of the contract, and by written amendments thereto after execution.

L. News Releases

News releases pertaining to any award resulting from this RFQ may not be made without prior written approval of the Director of Department of Human Services.

M. Payment Schedule

Periodic payments will be made to the consultant upon submission of an invoice, based on a payment schedule to be developed and included in the final agreement for services.

N. Statutes and Rules

The terms and conditions of this RFQ, and the resulting consulting services and activities performed by the successful consultant, shall conform to all applicable statutes, rules and regulations of the federal government, the State of California and the County of Kern.
O. Background review

The County reserves the right to conduct a background inquiry of each consultant that may include collection of appropriate criminal history information, contractual and business associations and practices, employment histories, reputation in the business community and financial condition. By submitting a SOQ to the County the consultant consents to such an inquiry and agrees to make available to the County such books and records the County deems necessary to conduct the review.

II. SOQ INFORMATION AND REQUIREMENTS

A. General Instructions

To receive consideration, SOQs shall be made in accordance with the following general instructions:

1. The completed SOQ shall be without alterations or erasures. Errors may be crossed out and corrections printed in ink or typed adjacent, and must be initialed in ink by an authorized representative of the consultant.

2. No oral, telephonic, telegraphic, e-mailed or faxed SOQs will be considered.

3. The submission of a SOQ shall be an indication that the consultant has investigated and satisfied him/herself as to the selection process to be used by the County, the conditions to be encountered, the character, quality and scope of the work to be performed, and the requirements of the County.

4. All SOQs shall remain firm for 180 days from the SOQ submission deadline.

B. Business Address

Consultants shall furnish their business street address. Any communications directed either to the address so given, or to the address listed on the sealed SOQ container, and deposited in the U.S. Postal Service by Certified Mail, shall constitute a legal service thereof upon the consultant.

C. Corrections and Addenda

If a consultant discovers any ambiguity, conflict, discrepancy, omission, or other error in this RFQ, the consultant shall immediately notify the Contact Person of such error in writing and request clarification or modification of the document. Modifications will be made by addenda as indicated below to all parties in receipt of this RFQ.

If a consultant fails to notify the Contact Person prior to the date fixed for submission of SOQs of a known error in the RFQ, or an error that reasonably should have been known, the consultant shall submit a SOQ at their own risk,
and if the consultant is awarded a contract they shall not be entitled to additional compensation or time by reason of the error or its subsequent correction.

Addenda issued by the County interpreting or changing any of the items in this RFQ, including all modifications thereof, shall be incorporated in the SOQ. The consultant shall sign and date the Addenda Cover Sheet and submit same with the SOQ (or deliver them to the Department of Human Services Business Office, Attn: Linda Hibbard, 4901 Commerce Drive, Bakersfield, CA 93309, if the consultant has previously submitted a SOQ to the department).

Any oral communication by the County’s designated Contact Person or any other County staff member concerning this RFQ is not binding on the County and shall in no way modify this RFQ or the obligations of the County or any consultants.

D. SOQ SUBMITTAL REQUIREMENTS

Three copies of the SOQ shall be submitted to the address indicated below. SOQs submitted by email or facsimile are not acceptable and will not be considered.

RFQ: “Medical Consultation Services”
Kern County General Services Division
1115 Truxtun Ave., 3rd Floor
Bakersfield, CA 93301
Telephone (661) 868-3000

SOQs may be delivered in person, by courier service or by mail to the address indicated above. ALL SOQs MUST BE SEALED AND RECEIVED BEFORE 11:00 A.M. on April 5, 2013, at the above office and address. SOQs submitted after the above deadline will not be accepted. It is strongly suggested that any consultants intending to hand deliver a SOQ on the last day for submission arrive at the General Services Division third floor main lobby at least 10 minutes prior to the SOQ receipt deadline to receive a “test” time stamp to validate the official current time. The time stamp clock in the main lobby of General Services will be the official time. Any SOQ received at or after 11:00 a.m. will be returned unopened.

Only one SOQ may be submitted from each consultant. For purposes of this RFQ, a consultant is defined to include a parent corporation of the consultant and any other subsidiary of that parent corporation. If a consultant submits more than one SOQ, all SOQs from that consultant shall be rejected.

SOQs are not publicly opened.

E. Withdrawal and Submission of Modified SOQ

A consultant may withdraw a SOQ at any time prior to the submission deadline by submitting a written notification of withdrawal signed by the consultant or his/her authorized agent. The consultant must, in person, retrieve the entire sealed submission package. Another SOQ may be submitted prior to the
deadline. A SOQ may not be changed after the designated deadline for submission of SOQs.

F. Disposition of SOQs and Proprietary Data

All materials submitted in response to this RFQ become the property of the County. Any and all SOQs received by the County shall be subject to public disclosure and inspection, except to the extent the consultant designates trade secrets or other proprietary data to be confidential, after the Selection Committee has completed its deliberative process.

Material designated as proprietary or confidential shall accompany the SOQ and each page shall be clearly marked and readily separable from the SOQ in order to facilitate public inspection of the non-confidential portion of the SOQ. Prices, makes and models or catalog numbers of the items offered, deliverables, and terms of payment shall be publicly available regardless of any designation to the contrary. The County will endeavor to restrict distribution of material designated as confidential or proprietary to only those individuals involved in the review and analysis of the SOQs.

Consultants are cautioned that materials designated as confidential may nevertheless be subject to disclosure. Consultants are advised that the County does not wish to receive confidential or proprietary information and that consultants are not to supply such information except when it is absolutely necessary. If any information or materials in any SOQ submitted is labeled confidential or proprietary, the SOQ shall include the following clause:

____________________ (legal name of consultant) shall indemnify, defend and hold harmless the County of Kern, its officers, agents and employees from and against any request, action or proceeding of any nature and any damages or liability of any nature, specifically including attorneys' fees awarded under the California Public Records Act (Government Code §6250 et seq.) arising out of, concerning or in any way involving any materials or information in this SOQ that ________________ (legal name of consultant) has labeled as confidential, proprietary or otherwise not subject to disclosure as a public record.
Section I must be completed by the patient/client. Sections 2 and 3 are to be completed by the type of provider (or his/her authorized representative) checked below: (County worker to check appropriate box below.)

- □ Licensed physician or certified psychologist.
- □ Health care professional licensed or certified by a state to diagnose/treat physical or mental impairments affecting the ability to work or participate in education/training activities including, but not limited to, medical doctors, osteopaths, chiropractors, and licensed/certified psychologists.

**SECTION 1. PATIENT/CLIENT INFORMATION AND AUTHORIZATION TO RELEASE INFORMATION**

<table>
<thead>
<tr>
<th>NAME OF PATIENT/CLIENT (LAST, FIRST, MIDDLE)</th>
<th>BIRTH DATE</th>
<th>SEX (CIRCLE)</th>
<th>M / F</th>
<th>SOCIAL SECURITY NUMBER</th>
<th>AGE(S) OF CHILD(REN) IN HOME</th>
</tr>
</thead>
</table>

I authorize __________________________________________ of __________________________________________________________ to release information to the county welfare department from my records on the conditions checked below:

- □ Physical Condition
- □ Mental Condition
- □ Other (Describe) __________________________________________

I know this authorization may be used by the county welfare department for up to one year to obtain medical information. I may revoke this authorization at any time, except for information that has already been given to the welfare department. This information is needed by the county welfare department to determine eligibility for cash aid or food stamps. It is also needed to decide the type of work or training activities that I can take part (participate) in, and the CalWORKs services that I need. This information will be kept in the case file and will not be disclosed without my signed consent for each disclosure unless the disclosure is specifically required or allowed by law. I have read this form (or had this form read to me) after it was completed. I know I can get a copy of this form if I ask for it.

**PATIENT/CLIENT SIGNATURE**

**SIGNATURE OF WITNESS TO MARK, INTERPRETER, OR PERSON ACTING FOR PATIENT/CLIENT**

**RELATIONSHIP TO PATIENT, IF NOT SELF**

**DATE SIGNED**

**SECTION 2. STATEMENT OF PROVIDER**

The information requested is needed to evaluate eligibility for public assistance for the person named above and to determine his/her work assignment. Please answer the following questions as indicated by check mark:

- □ Questions 1 through 5
- □ Question 6
- □ Question 7

1. Does the patient have a medically verifiable condition that would limit or prevent him/her from performing certain tasks? .................................................. □ YES □ NO
   If YES, complete the rest of this form, and the Physical Capacities and/or Mental Capacities form (if attached), as appropriate. If NO, just complete the Health Care Provider Certification Section below.
2. Onset Date of Condition ____________. The condition is _ Chronic _ Acute, expected to last until __________________
3. Is the patient actively seeking treatment? □ YES □ NO Next appointment date __________________
4. Is this person able to work? .................................................. □ YES □ NO
   If YES, how many hours per day? __________________
5. Does this person have any limitations that affect his/her ability to work or participate in education or training? . □ YES □ NO
6. It is necessary to determine whether child care needs to be provided to enable the other parent to work. Does the patient’s condition prevent him/her from providing care for the child(ren) in the home? .................................................. □ YES □ NO
7. Does the patient’s condition require someone to be in the home to care for him/her? .................................................. □ YES □ NO

**SECTION 3. PROVIDER CERTIFICATION**

<table>
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<tr>
<th>SIGNATURE OF PROVIDER OR PROVIDER’S AUTHORIZED REPRESENTATIVE</th>
<th>DATE SIGNED</th>
</tr>
</thead>
<tbody>
<tr>
<td>PRINT NAME AND TITLE/SPECIALITY</td>
<td>PHONE NUMBER ( )</td>
</tr>
<tr>
<td>STREET ADDRESS (MAILING ADDRESS, IF DIFFERENT) CITY</td>
<td>STATE ZIP CODE</td>
</tr>
</tbody>
</table>

CW 61 (07/01) Authorization to Release Medical Information
# Medical Consultation Services

## MEDICAL DISABILITY DETERMINATION

(Determination based on medical records from Kern Medical Center/Sagebrush Medical Plaza)

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**HST/SSW USE ONLY.**

*Note: DO NOT give this form to the client. You MUST attach a completed “Consent & Authorization to Release & Exchange Information,” (KCDHS 694-GEN) to this form as it is needed for processing purposes.*

<table>
<thead>
<tr>
<th>Date:</th>
<th>HST/SSW Name:</th>
<th>Worker ID #:</th>
</tr>
</thead>
</table>

Type of Aid: □ CalWORKs  □ General Assistance  □ CalFresh  □ Medi-Cal

<table>
<thead>
<tr>
<th>Patient’s Name:</th>
<th>Case #:</th>
</tr>
</thead>
</table>

Date of Birth:  Social Security #:  

Occupation:  Client states unable to work because:  

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**MEDICAL CONSULTATION SERVICES CLERK USE ONLY.**

Date received:  

Medical Record #:  Date of current medical visit:  

Previous “Medical Disability Determination” processed: □ No  □ Yes – Date:__/Previous visit:__/

**PHYSICIAN USE ONLY.**

### PHYSICIAN’S REPORT

*Disability Guidelines:*

**General Assistance** – A person is considered unemployable if he/she is incapacitated for all gainful, full-time employment with his/her capabilities.

**Other Aid Programs** – A parent is incapacitated if such parent has a physical or mental illness, defect or impairment that is expected to last at least 30 days, is verifiable and/or reduces substantially or eliminates the parent’s ability to support or care for the child.

### MEDICAL DETERMINATION

□ Employable  □ Unemployable – Length of incapacity: From ____________ To ____________

Diagnosis:  

Comments:  

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Physician’s Name:  

Physician’s Signature:  

Date:  

KCDHS 110-Gen (5/99)
INSTRUCTIONS TO PHYSICIAN: The public assistance applicant named below claims to be incapacitated. This report should provide the Department of Human Services with an assessment of any medically verifiable condition(s) which would prevent the applicant from accepting and/or keeping employment. **KCDHS NOT RESPONSIBLE FOR PAYMENT**

I, ___________________________ (DOB: ___________) HEREBY AUTHORIZE THE RELEASE OF MEDICAL FINDINGS TO THE DEPARTMENT OF HUMAN SERVICES TO DETERMINE MY ELIGIBILITY FOR PUBLIC ASSISTANCE.

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Signature of Applicant/Patient</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

I. **PHYSICIAN'S REPORT**

1. Medical Problem:
   - Diagnosis:
   - Prognosis:
   - **EMPLOYABLE? _______  UNEMPLOYABLE? _______**
   - Length of Incapacity (if unemployable in c. above) from _________ to _________
     ***A person is considered unemployable if he/she is incapacitated for all gainful, full-time employment within his/her capabilities.*** -per County Manual Section 7101.III.A.1.

II. 2. Recommended Treatment:
   - Special diet? _______ Type _____________ Duration _____________
   - Therapy? _______ Type _____________ Duration _____________
   - Do you recommend Vocational Rehabilitation Training? Yes _______ No _______
     If yes, please refer the patient to the nearest Vocational Rehabilitation Center or call (661) 395-2525.
   - Other? ________________________________________________________

3. Date of Examination: ________________
   - Date of prior examination _______
   - Date of next appointment _______
   - No appointment necessary _______

**COMMENTS:** ____________________________

______________________________  ____________________________
Name of Physician (Print)        Address

SIGNATURE OF PHYSICIAN _________ Tel. No. ___________ Date _________

Expiration Date of Report ________

KCDHS 111-GA (6/90) (To be completed by worker)
KERN COUNTY

PERSONAL/PROFESSIONAL SERVICES AGREEMENT

SCHEDULE TO MASTER TERMS AND CONDITIONS: PPSA-004

THIS SCHEDULE shall be effective on: July 1, 2013, and shall terminate no later than June 30, 2014.

Kern County Department: HUMAN SERVICES (Responsible County Department)*

Located at: 100 E. California Avenue, Bakersfield, CA 93307.

Service Provider: (Consultant)

Consultant is (select one):
☐ Sole Proprietorship
☐ Incorporated in the State of
☐ Other (specify) ____________________________

Consultant shall provide those services described in Exhibit “A” which is attached hereto and incorporated herein by this reference.

County shall compensate Consultant for all services to be provided hereunder, including any reimbursement of travel expenses and other costs incurred by Consultant under this Agreement, in an aggregate sum not to exceed $75,000.00 which includes (select all that apply) ___ a fixed fee of $ _________, ___ a not to exceed fee of $ _________ at the hourly rate of $ ________, or other (specify) Refer to fees listed in Exhibit “A”.

(select one of the following two)
☐ County shall not reimburse Consultant for any costs or travel expenses incurred by Consultant hereunder.
☐ County shall reimburse Consultant for all necessary and reasonable actual costs incurred on behalf of County in an amount not to exceed $ __________. Reasonable and necessary travel expenses, approved in advance by the Responsible County Department, shall not exceed the following County per diems: Lodging, $202.00 per night including taxes; breakfast, $10.00; lunch, $13.00; dinner, $23.00; economy rental car; and mileage, if by private automobile, at $.555 per mile; and by common carrier at actual fare charged for economy or coach class.

Consultant shall be required to have the following Insurance coverages, as described in the Master Terms and Conditions, in the minimum amounts indicated: (select all that apply)
☐ Commercial General Liability ($1,000,000/Occurrence & $2,000,000/Aggregate) or other amounts ____________________________.
☐ Automobile Liability ($1,000,000/Occurrence) or other amounts ____________________________.
☐ Professional Liability ($1,000,000/Claim & $2,000,000/Aggregate) or other amounts ____________________________.

Should any conflicts arise between this Schedule and the Master Terms and Conditions attached hereto and incorporated herein by this reference, the Master Terms and Conditions shall control.

IN WITNESS WHEREOF, each party has signed this Schedule upon the date indicated, and agrees, for itself, its employees, officers, partners and successors, to be fully bound by all terms and conditions of this Agreement.

COUNTY OF KERN

By ____________________________
Sandi Formhals, Purchasing Manager
“County”
Date: ____________________________

APPROVED AS TO CONTENT:
Responsible County Department

By ____________________________
Pat Cheadle, Director

SERVICE PROVIDER

By ____________________________
Name of Provider
“Consultant”
Date: ____________________________

APPROVED AS TO FORM:
Office of the County Counsel

By ____________________________
Brian Van Wyk, Deputy
Date: ____________________________

B-1
FEES & SERVICES

Consultant shall provide the Services indicated below for the Responsible County Department based on the following payment schedule: (select one of the following four options)

___ Consultant shall submit one (1) invoice to County upon contract completion and acceptance of Services by County.

___ Consultant shall invoice monthly for hours expended over the prior thirty (30) days; County to retain twenty percent (20%) of all invoiced amounts until final County acceptance of Services.

___ Consultant shall invoice County upon the successful completion of milestones:
   (insert percentages next to applicable milestones)
   ___% Upon completed installation of
   ___% Upon completed installation of
   ___% Upon completion of training
   ___% Other Milestone (describe)
   ___% Other Milestone (describe)
   ___% Upon contract completion and County acceptance of Services

X Consultant shall invoice County as follows: (describe in detail any payment schedule, milestone payments, percentages and retention as applicable)

CONSULTANT shall be reimbursed _______dollars ($xxx) for each completed disability determination.

CONSULTANT shall submit an invoice for reimbursement of allowable expenditures to DEPARTMENT by the 25th of each month for the previous month’s services. All invoices for payment shall be submitted in triplicate in a form approved by County, and shall contain an itemization of the day the determination is completed, the name of participant determination completed on behalf of, total number of determinations completed by day and total monthly charges. Invoices shall be submitted to Department of Human Services Accounts Payable Unit, 100 E. California Avenue, Bakersfield, CA 93307, for review and processing. Payment will be made to CONSULTANT within thirty (30) days of receipt and approval of each invoice by the Responsible County Department.
FEES & SERVICES

1. Full description of Services:

CONSULTANT shall assume responsibility for providing the following services:

A. Provide client disability determinations necessary to ascertain eligibility for the DEPARTMENT’s programs which include, but are not limited to, CalWORKs and County General Assistance programs. This will allow the DEPARTMENT to determine eligibility for financial aid and consider disability exemptions, when applicable.

B. Provide determination of disability prohibiting employment activities, as well as the estimated duration of the disability. The scope of the medical determinations shall extend to both mental and physical disabilities dependent upon, but not limited to what the client is claiming as a disability.

C. Provide completed disability determinations within ten (10) business days of receiving the request from DEPARTMENT. Completed Disability determinations shall be faxed to the DEPARTMENT’S following secured fax machine number: (661) XXX-XXXX.

D. Service to be provided by CONSULTANT includes review of medical records and does not require direct client contact.

2. Dates and location where Services will take place (include time schedule and/or milestone dates if appropriate):

Services are to be provided on an “as-needed” basis as determined by DEPARTMENT.

3. If training is involved, the hours per day that are included in the training and minimum/maximum number of staff/trainees allowed to attend the training:

N/A

4. Materials, equipment, facilities, manuals, study guides, etc., will be provided as indicated to assist the Consultant in provision of Services:

By Responsible County Department:

A. Provide CONSULTANT with the medical information necessary to enable CONSULTANT to perform services required herein. A complete description shall be provided in the format set forth in (Exhibit will be attached to final document, however is the same as Exhibit A in RFQ document).

B. DEPARTMENT will provide CONSULTANT with all information electronically (via fax and/or e-mail).
Exhibit B

FEES & SERVICES

C. Provide a central point of contact for all requests under this Agreement. The DEPARTMENT shall maintain a log of all requests to CONTRACTOR and all disability determinations received from CONTRACTOR.

D. COUNTY estimates approximately _______ (xxx) referrals will be made to CONTRACTOR for each month of the Agreement.

By Consultant:

CONSULTANT shall provide all materials and equipment necessary to provide required services which include but may not be limited to a facsimile machine, computer and/or telephone.