

Request for Proposal Instructions for Grand Valley State University

Effective January 1, 2021

*Grand Valley State University has contracted with Advantage Benefits Group (ABG) to request and evaluate proposals from qualified organizations for their Employee Assistance Program.* *All information in this RFP or provided in conjunction with this RFP by Advantage Benefits Group and/or Grand Valley State University to the Carrier/TPA, or in response to subsequent inquiries, is confidential information provided for the express purpose of preparing a proposal, and must be treated as such to the extent permitted by law.*

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| Estimated Timeline | Estimated Due Date/Response Date |
| Proposals received | July 29, 2020 |
| RFP responses/data analyzed, compiled for presentation to GVSU | August 10, 2020 |
| Finalists invited in to present based on selection criteria as outlined in this RFP. All presentations completed by August 21st | August 17, 2020 |
| TPA/Carrier Chosen | September 8, 2020 |

All questions or requests for clarification regarding this RFP should be submitted to one of the following individuals at ABG:

* Lead: Jessie Smith, Client Services Director, 616-458-3597 or jsmith@advantageben.com
* Support: Erica Hawkins, Account Coordinator, 616-458-3597 or ehawkins@advantageben.com
* Kurt Swardenski, Employee Benefits Specialist, 616-458-3597 or kswarden@advantageben.com
* Mike Cutlip, Employee Benefits Specialist, 616-458-3597 or mcutlip@advantageben.com

Attachments included with RFP

* EAP Comparison Template – to be completed

RFP Format:

All RFP responses MUST be submitted electronically, along with any supporting information/documentation. We will not accept paper copies or submissions. We are asking that all responses be summarized within the EAP Comparison Template. Please provide a “basic” proposal that is equal to the current EAP. We are asking that you also include a more “robust” or enhanced offering with the recommendations that you feel would be beneficial for GVSU. We also ask that you include a 5-year contract for pricing.

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| Contact Information |
| Organization Name: | Address: |
| Primary Contact/Representative: | Title: |
| Telephone: | Fax: |
| E-Mail Address: |

Vendor Overview

1. What experience has your company had with universities/higher education?
2. Indicate how long your company has been in the EAP market; how long have you been doing business in Michigan?
3. Briefly indicate the main attributes that differentiate your company from your competitors.
4. Explain your ability to offer a comprehensive set of core services and benefits.
5. How would you ensure a customized employee assistance program that will meet the needs of GVSU and its employees?
6. Please demonstrate your assessment of services, specifically how you survey participants, gather and report member feedback.
7. What other survey tools do you provide? What is the frequency?
8. Is your company a subsidiary or affiliate of another company? If yes, please explain and provide full disclosure of any direct or indirect ownership or control by any administrative service agency.
9. Describe any pending arrangements to merge or sell your company.

Fees

1. Are the fees quoted in this Proposal firm and guaranteed for the term of the contract?
2. Provide the per-employee cost to administer services described within the proposal.
3. Are additional services available beyond what is described within this RFP and/or your proposal? If so, what are the fees for these services?
4. What type of educational services and/or presentations do you offer (on site and virtual)? Is this included, how many hours, what are the fees for any additional hours or services? Do you offer options for educational services for leadership, employees?
5. Is this Proposal tied to any other benefit offer?

Implementation/Eligibility

1. Is participation guaranteed for employees and their family members? If no, please explain.
2. Are employee orientation sessions included in the fees being proposed? If so, how many sessions are you recommending GVSU allow? Please define what constitutes a session (i.e., duration or time). Also include the format of included sessions: face to face, virtual, telephonic.
3. What type of marketing services, what is the frequency and platform do you have available to the employer to use to promote the EAP service? Include a sample of all communication material you customarily prepare. Do you provide a best practice outline or calendar for engagement?
4. Are you able to customize written materials and communications? Is there an additional cost associated with customization?
5. How much notice must GVSU provide if they wish to terminate or non-renew its contract through your company/organization? Describe your termination or non-renewal policy.

Administration and Member Services

1. How are emergency and crisis situations handled? How do you recommend your organization be contacted in the case of emergency admissions? What is your response time?
2. Typically, what percent of cases do you resolve within the EAP through short-term counseling and what percent are referred outside the EAP?
3. Does your organization outsource administration for any of the services you provide? If so, please explain and identify the other vendors that would be providing services to the employees.
4. Describe your staffing for the EAP program, including the qualifications of your staff members, your access to psychiatrists, psychologists and other professionals when indicated, and your clinical review and case consultation process.
5. Are background checks conducted on all counselors? Please describe.
6. Are counselors trained on any legal issues associated with employment? Please describe.
7. What resources do you have to refer employees and their family members to additional qualified and specialized resources/services in a seamless and efficient manner?
8. Does the plan comply with all State and Federal mandates, including COBRA and HIPAA? If no, please explain. Please provide copies of pertinent policies and procedures relating to these requirements.
9. What format do you use for reporting usage and stats?
10. In addition to the standard reports presented with your Proposal, do you provide any additional reports upon request? Is there a charge? If yes, please provide additional cost.
11. What member education services will you provide and at what cost?
12. What is the platform you use and how do you communicate using virtual tools?
13. What are your accessibility abilities for those with disabilities? Physical offices, online and telephonic?
14. Do you have basic liability insurance and E&O coverage and what are those levels?

General

1. What type of access do you have to qualified, professional counselors that are located within a 15-mile radius of the city of Grand Rapids, including the Ottawa County area? Does your radius of service include Traverse City, Holland, and Muskegon areas?
2. Do you offer virtual visits (video visits) in addition to phone calls?
3. What type of online access do you provide for information for employees?
4. Do you have a mobile app?
5. Describe any unique services that you would offer. For example, translation services, cultural diversity resources, etc.
6. What type of access would the GVSU Work Life Consultant have to the service providers? Explain what services you would provide by the EAP or in partnership with another
7. Do you offer mediation services?
8. How do you handle emergencies that can occur in the workplace?
9. Who handles the “point of entry” for a client? What are their qualifications?

References

Provide the names and telephone numbers of five clients with whom you have had a working.

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| Reference #1 |
| Organization Name: | Address: |
| Primary Contact/Representative: | Title: |
| Telephone: | Fax: |
| E-Mail Address: | Number of Participants: |
| Services you provide to the company: |
| Reference #2 |
| Organization Name: | Address: |
| Primary Contact/Representative: | Title: |
| Telephone: | Fax: |
| E-Mail Address: | Number of Participants: |
| Services you provide to the company: |
| Reference #3 |
| Organization Name: | Address: |
| Primary Contact/Representative: | Title: |
| Telephone: | Fax: |
| E-Mail Address: | Number of Participants: |
| Services you provide to the company: |
| Reference #4 *(Recently terminated)* |
| Organization Name: | Address: |
| Primary Contact/Representative: | Title: |
| Telephone: | Fax: |
| E-Mail Address: | Number of Participants: |
| Services you provide to the company: |
| Reference #5 *(Recently terminated)* |
| Organization Name: | Address: |
| Primary Contact/Representative: | Title: |
| Telephone: | Fax: |
| E-Mail Address: | Number of Participants: |
| Services you provide to the company: |