



www.idealoption.com
877.522.1275

5615 Dunbarton Ave.
Pasco WA 99301

February 27th, 2022

Re: Request for Proposal for Sexually Transmitted Disease Testing and Treatment Services

To: Purchasing Coordinator
Snohomish Health District
3020 Rucker Avenue Suite 308
Everett, WA 98201
Telephone: (425) 339-5214
Email: shdpurchasing@snohd.org

Ideal Option is one of the nation's largest providers of office based opioid treatment with over 70 clinics across ten states. Ideal Option's mission is to provide underserved populations with low barrier access to evidence-based addiction treatment saving lives, healing families, and helping communities.

In addition to providing evidence-based treatment to our clients in a manner that is clinically driven and tailored to meet the needs of each individual, the staff of Ideal Option has extensive experience establishing qualified office based opioid treatment programs, conducting sexually transmitted disease testing and treatment, and facilitating peer and recovery supports to diverse populations.

Please find enclosed Ideal Option's response to Snohomish Health District's Request for Proposal for Sexually Transmitted Disease Testing and Treatment Services.

As requested, Ideal Option does have two minor exceptions in regard to the Snohomish Health District's insurance attachment C. We carry \$5,000,000 in umbrella coverage and our insurance clauses should negate the need for two of the specified endorsements. The contact person for this proposal is:

Skyler Glatt, MSW
5615 Dunbarton Avenue
(509)591-5841
Skylerglatt@idealoption.net

Thank you for your consideration,

A handwritten signature in black ink, appearing to read "Brian Dawson".

Brian Dawson, MD
Chief Medical Officer
Ideal Option, PLLC



Company Profile

Ideal Option operates over 70 clinics across ten states and 5 laboratories that serve these clinics. Laboratory services are a core part of Ideal Option's model and essential in holistically treating substance use disorder patients. Our headquarters located in Pasco, Washington also houses our various teams including our call center, credentialing, prescription, medical records, prior authorization, and compliance departments.

To provide the most current and accurate clinical information to providers, Ideal Option operates two high-complexity CAP-accredited Toxicology laboratories, a Medical Laboratory, and three moderate-complexity CLIA-certified Toxicology labs. On a monthly basis, we currently perform comprehensive definitive testing on over 20,000 samples across ten states.

Ideal Option, PLLC has been conducting business since 2012 under the same name. Ideal Option, PLLC's UBI is 603-215-600. Listed below are our offices that are applicable to the Snohomish Health District request for proposal (RFP).

Headquarters:

5615 Dunbarton Avenue
Pasco, WA 99301
Monday – Friday
8:00a.m. – 5:00p.m.

Local Office – Everett

4301 Hoyt Avenue
Everett, WA 98203
Monday – Friday
7:00a.m. to 6:00p.m.

Local Office – Arlington

328 South Stillaguamish Avenue
Arlington, WA 98223
Monday – Thursday
7:30a.m. to 6:00p.m.

Local Office – Mountlake Terrace

22000 64th Avenue West, Suite #2F
Mountlake Terrace, WA 98043
Monday – Thursday
7:30a.m. to 6:00p.m.

Local Office – Marysville

1617 Grove St.
Marysville, WA 98270
Monday, Tuesday, and Thursday
7:30a.m. to 6:00p.m.

Personal Resumes

Sexually transmitted disease (STD) testing and treatment will be performed at our Everett, Arlington, Mountlake Terrace, and Marysville clinics. Ideal Option operates with a mix of on-site and telehealth medical providers, all licensed to provide care in the State of Washington. Licensures of individuals participating in testing and treatment will include various levels of medical assistants, lab technicians, registered nurses, physician assistants, advanced registered nurse practitioners, and medical doctors. Providers involved in direct client care will hold X-DEA waivers and be provided training regarding Ideal Option's STD testing and treatment protocols.

Provided are summaries of key individuals that manage our medical and clinical laboratory staff. Full resumes are attached as Attachment D.

Brian Dawson, MD

Brian is the Chief Medical Officer for Ideal Option. Having been with Ideal Option from the beginning in 2012, he has played an instrumental part in Ideal Option's processes and procedures. His primary focus is our clinical practice and ensuring that all Ideal Option practitioners are providing evidence-based addiction medicine treatment. Brian is double board certified in addiction and emergency medicine. He attended the University of Washington School of Medicine, and his residency training was at Resurrection Medical Center in Chicago, Illinois.

Mike Gaulke, MT (ASCP) HMHS

As VP of Laboratory Services, Mike is responsible for Ideal Option's laboratory operations. Mike has 30 years of experience working in and leading physician, hospital, and regional reference laboratories, most recently as General Manager of Tri-Cities Laboratory. He is skilled in Laboratory Medicine, Clinical Laboratory Management, Laboratory Equipment and Healthcare Management. In his spare time, Mike is a volunteer chaplain at the Benton County Jail. Mike received his B.S. in Biology and Medical Technology Certification from Central Washington University, is MT(ASCP) certified, and holds a Masters' Degree in Health System Management from the University of Medicine and Dentistry of New Jersey.

Dave Newcombe, Ph.D., NRCC (TC)

As the Technical Laboratory Director, Dave oversees the technical processes and staff related to our laboratory operations. He has extensive research experience with a several grants/patents and publications to his name. Dave holds a Masters' Degree in Soil Science from University of California Riverside and a Doctorate Degree in Microbiology, Molecular Biology, and Biochemistry from the University of Idaho.

Client References

Agency	Staff	Physical Address	Phone Number	Email Address	Sector
Benton County Corrections Center	Joshua Combs	7122 W. Okanogan Pl. Bldg. B Kennewick, WA 99336	(509)783-1451 x3347	Joshua.combs@co.benton.wa.us	Public
Snohomish County Sheriff's Office	Jamie Kane	3000 Rockefeller Ave. Everett, WA 98201	(425)388-3616	Jamie.Kane@co.snohomish.wa.us	Public
Issaquah Municipal Jail	Paula Schwan	130 E. Sunset Way Issaquah, WA 98027	(425)837-3213	Paulas@issaquahwa.gov	Public
Whatcom County Jail	Wendy Jones	311 Grand Ave. Bellingham, WA 98225	(360)778-6505	WJones@co.whatcom.wa.us	Public
Benton-Franklin Juvenile Justice Center	Darryl Banks	5606 W. Canal Dr. Kennewick, WA 99336	(509)783-2151	Darryl.banks@co.benton.wa.us	Public

Ideal Option proposes one cost for the testing and one cost for the treatment of STDs listed in this RFP. HIV treatment will be referred to a local infectious disease expert for a higher level of care. Individuals with positive pregnancy results will be referred to their primary care for follow-up treatment. We believe that this straightforward, single-price option, will facilitate easier invoicing and clarity of services rendered. Ideal Option's Vice President of Behavioral Health and Partner Operations will provide monthly invoices with the aid of internal reporting software.

Cost Per Visit	Services Included	Staff
\$92.37	Screening Visit STD Testing to include Chlamydia, Gonorrhea, Syphilis, and HIV Pregnancy Testing if applicable	Medical Assistants
\$92.37	Follow-up Treatment STD Treatment to include Chlamydia, Gonorrhea, and Syphilis	Medical Assistants and ARNP/PA-C/MD

Insurance

Ideal Option's insurance policies meet the standard outlined in RFP question 6. Please see attachment E for our certificate of insurance with Snohomish Health District added as a covered entity. Below are notes from our insurance regarding our current policy/coverage intersecting with the endorsement requirements put forth by this RFP:

RFP Requirement: Commercial General Liability Commercial General Liability insurance shall be written at least as broad on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent contractors, products-completed operations, stop gap liability, personal injury and advertising injury, and liability assumed under an insured contract. The Commercial General Liability insurance shall be endorsed to provide a per project general aggregate limit using ISO form CG 25 03 05 09 or an equivalent endorsement.

Ideal Option's Insurance Comments: Ideal Option's general liability policy does not have this endorsement. Ideal Option purchases \$5M in umbrella coverage which should negate the requirement of this endorsement.

RFP Requirement: There shall be no exclusion for liability arising from explosion, collapse, or underground property damage. The District shall be named as an additional insured under the Consultant's Commercial General Liability insurance policy with respect to the work performed for the District using an additional insured endorsement CG 20 10 10 01 and Additional Insured-Completed Operations endorsement CG 20 37 10 01 or substitute endorsements providing at least as broad coverage.

Ideal Option's Insurance Comments: Ideal Option's general liability policy includes blanket additional insured wording, so an endorsement is not necessary.

ATTACHMENT A:


PROPOSAL ACKNOWLEDGMENT

Business Firm's Name: Ideal Option, PLLC

UBI #: 603-215-600

Name and Title of Person Authorized to Sign Proposal:

Sanford Becker, Chief Financial Officer

Signature: 

Date: 03-14-2022

Corporate Attestation or SEAL *here*

Signature: 
(Corporate officer other than above)

Date: 3-14-2022

Name and Title of Person Attesting to Authorized Signature:

Tim Kilgallon, CEO

NAME AND SIGNATURE REQUIREMENTS FOR PROPOSALS AND CONTRACTS

The correct legal business name of the respondent must be used in all contracts. A trade name (i.e., a shortened or different name under which the firm does business) should not be used when the legal name is different.

Corporations must have names that comply with State Law. The respondent's signature must conform to the following:

- Where the respondent is a corporation, a corporate seal is required.
- Where the respondent is a partnership, at least one general partner must sign.
- Where the respondent is a sole proprietor, the owner of the company must sign.

ACKNOWLEDGMENT OF SOLICITATION AMENDMENTS

Please note, that it is the respondent's responsibility to check the District's website frequently for Addendums, which may impact pricing, this documents requirements, terms and/or conditions. Failure to sign and return an Addendum with your response may result in disqualification of proposal.

The respondent acknowledges receipt of the following amendment(s) to the solicitation:

Amendment Number/Date:
Amendment Number/Date:
Amendment Number/Date:

NOTE: THIS FORM MUST BE COMPLETED AND INCLUDED WITH THE PROPOSAL.

ATTACHMENT B:

NON-COLLUSION STATEMENT

In order for your application to be considered, it is necessary to furnish the following information:

Has your firm ever been indicted, pled guilty, pled nolo contendere (no contest), or been convicted of any offense that has resulted in your firm being barred from being or performing work for any State, Local, or Federal Government?

Yes ___ No

If "Yes", attach a separate sheet(s) to this form giving the details involved, the names of the individuals, and their current employment status with your firm.

Has any officer, employee, or other member of your firm ever been indicted, pled guilty, pled nolo contendere, or been convicted of any illegal restraints of trade, including collusive bidding?

Yes ___ No

If "Yes", attach a separate sheet(s) to this form giving the details involved.

Has your firm or any officer, employee, or member of your firm ever been debarred for violation of various Public Constraint Acts incorporating Labor Standards Provision?

Yes ___ No

If "Yes", attach a separate sheet(s) to this form giving the details involved.

Is your firm under the protection of the bankruptcy court, has pending any petition in bankruptcy court, or have you made an assignment for the benefit of creditors?

Yes ___ No

Ideal Option, PLLC

(Printed Name of Contractor)

5615 Dunbarton Avenue

Address

Pasco

WA

99301

City

State

Zip Code



Signature of Authorized Representative

Chief Financial Officer

03-14-2022

Title

Date

NOTE: THIS FORM MUST BE COMPLETED AND INCLUDED WITH THE PROPOSAL.

ATTACHMENT C:

INSURANCE REQUIREMENTS

A. Contractor shall obtain insurance of the types described below:

1. Automobile Liability Automobile Liability insurance covering all owned, non-owned, hired and leased vehicles. Coverage shall be written on Insurance Services Office (ISO) form CA 00 01
2. Commercial General Liability Commercial General Liability insurance shall be written at least as broad on ISO occurrence form CG 00 01 and shall cover liability arising from premises, operations, independent contractors, products-completed operations, stop gap liability, personal injury and advertising injury, and liability assumed under an insured contract. The Commercial General Liability insurance shall be endorsed to provide a per project general aggregate limit using ISO form CG 25 03 05 09 or an equivalent endorsement. There shall be no exclusion for liability arising from explosion, collapse, or underground property damage. The District shall be named as an additional insured under the Consultant's Commercial General Liability insurance policy with respect to the work performed for the District using an additional insured endorsement CG 20 10 10 01 and Additional Insured-Completed Operations endorsement CG 20 37 10 01 or substitute endorsements providing at least as broad coverage.
3. Workers' Compensation coverage as required by the Industrial Insurance laws of the state of Washington.
4. Professional Liability insurance appropriate to the Contractor's profession.

B. Minimum Amounts of Insurance

Contractor shall maintain the following insurance limits:

1. Comprehensive General Liability. Insurance shall be written with limits no less than \$1,000,000 each occurrence, \$2,000,000 general aggregate and \$2,000,000 products-completed operations aggregate limit.
2. Automobile Liability. \$1,000,000 combined single limit per accident for bodily injury and property damage.
3. Workers' Compensation. Workers' compensation limits as required by the Workers' Compensation Act of Washington.
4. Professional Liability/Consultant's Errors and Omissions Liability. \$1,000,000 per claim and \$1,000,000 as an annual aggregate.

C. Other Insurance Provisions

The insurance policies are to contain, or be endorsed to contain, the following provisions for Automobile Liability and Commercial General Liability insurance:

1. The Contractor's insurance coverage shall be primary insurance as respect to the District. Any Insurance, self-insurance, or insurance pool coverage maintained by the

District shall be excess of the Contractor's insurance and shall not contribute with it.

2. The Contractor's insurance shall be endorsed to state that coverage shall not be cancelled by either party, except in accordance with RCW 48.18.290, or prior written notice by delivery or mail has been given to the District.

Name of Company: Lockton Companies

Name of Insurance Agent: Kevin Kelly

Telephone, including Area Code (312)699-6731

NOTE: THIS FORM MUST BE COMPLETED AND INCLUDED WITH THE PROPOSAL.



Attachment E

CERTIFICATE OF LIABILITY INSURANCE

5/1/2022

DATE (MM/DD/YYYY)

2/21/2022

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

Table with PRODUCER, INSURED, CONTACT, and INSURER(S) information.

COVERAGES CERTIFICATE NUMBER: 18299618 REVISION NUMBER: XXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

Main table with columns: INSR LTR, TYPE OF INSURANCE, ADDL INSR, SUBR INSR, POLICY NUMBER, POLICY EFF, POLICY EXP, LIMITS.

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required) *Professional Liability - \$1,000,000 per claim/ \$5,000,000 in the aggregate - Per Location/Provider Aggregate applies.

Table with CERTIFICATE HOLDER and CANCELLATION information, including a signature.