

INVITATION TO BID

State of Ohio
Department of Administrative Services
General Services Division
Office of Procurement Services

| | | | |
|--|---|--|-----------------------------|
| The Original Signed Bid must be submitted to the Office of Procurement Services to receive consideration for award. | | BIDDER NAME | |
| BID NUMBER <u>OT900013</u> | OPENING DATE (1:00 p.m.) <u>AUGUST 6, 2012</u> | STREET ADDRESS <input type="checkbox"/> Check if remit address is different and list on separate sheet | |
| General Services Division Office of Procurement Services 4200 Surface Road Columbus, OH 43228-1395 Attn: Bid Desk | | CITY | STATE |
| | | CITY | STATE |
| | | CITY | STATE |
| | | CITY | STATE |
| REQ./INDEX NO. LDC001 | | BID NOTICE DATE JULY 16, 2012 | CONTRACTOR'S E-MAIL ADDRESS |
| SELECT YOUR PREFERRED METHOD OF RECEIVING PURCHASE ORDERS AND ENTER THE E-MAIL OR FAX NUMBER INFORMATION (ONLY SELECT ONE METHOD) | | | |
| <input type="checkbox"/> E-Mail <input type="checkbox"/> Fax | | | |
| In addition to the standard terms for payment, the payment terms for state agency(ies) will be 2%, 10 Days, Net 30 Days unless otherwise stated in the following space. If no discount is offered, bidder should circle "Net 30 Days". ____%, ____Days, Net 30 Days | | | |
| PARTICIPATING AGENCY(IES): DEPARTMENT OF YOUTH SERVICES, 30 W. SPRING ST., COLUMBUS, OH 43215; DEPARTMENT OF MENTAL HEALTH, 30 E. BROAD ST., 8 TH FLOOR, COLUMBUS, OH 43215 AND DEPARTMENT OF REHABILITATION AND CORRECTION, 770 W. BROAD ST., COLUMBUS, OH 43222 | | | |
| THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES, IS SOLICITING BIDS FOR: ON-SITE MOBILE DIAGNOSTIC X-RAY AND ELECTROCARDIOGRAM (EKG) SERVICES | | | |
| TERM OF CONTRACT: This Invitation to Bid is to establish a requirements contract to procure the described supplies or services on behalf of the above participating agency(ies). The agency(ies) may place orders against the Contract beginning <u>October 1, 2012</u> or upon the date when DAS signs the Contract, whichever is later in time. The Contract will expire <u>October 31, 2015</u> unless DAS terminates the Contract based upon reasons set forth in Article I-C of the Standard Contract Terms and Conditions. No agencies may place purchase orders against the Contract beyond the expiration date unless DAS renews the Contract by amendment. The Contractor may begin performance under the Contract only upon receipt of a valid order from a participating state agency. | | | |
| INSTRUCTIONS TO BIDDERS AND CONTRACT TERMS AND CONDITIONS, Revised 02/2011, are a part of this Invitation to Bid. Copies may be downloaded by clicking on this link: Instructions: Terms and Conditions for Bidding, Standard Contract Terms and Conditions, and Supplemental Contract Terms and Conditions . All prior versions of Instructions to Bidders, Contract Terms and Conditions are null and void. | | | |
| By submitting this Invitation to Bid, the Contractor certifies that Contractor has truthfully disclosed the location(s) where all services are to be performed; the location(s) where all applicable State contract data is to be maintained or made available; and the principal location of business for the Contractor and all subcontractors. The Contractor further certifies and acknowledges that Contractor will not change the country of the location(s) where services are performed and will not change the country of the location(s) where data is maintained or made available without prior written consent of the State. | | | |
| Any questions or clarifications regarding this Invitation to Bid should be directed to the Office of Procurement Services through the Internet at www.procure.ohio.gov/ . All questions should be submitted a minimum of five (5) working days prior to the bid opening date. | | | |
| PRINTED/TYPED SIGNATURE | | AUTHORIZED SIGNATURE (ORIGINAL SIGNATURE ONLY) (Please sign in blue ink) | |
| | | DATE | |

The ORIGINAL signed Bid must be submitted to the Office of Procurement Services by 1:00 o'clock p.m., on the above listed opening date to receive consideration for award. It is requested that the Bidder NOT sign their bid in BLACK ink. BIDDER CERTIFIES, by signature affixed to its bid, that the information provided by it in its bid including the certified statements, is accurate and complete. Bidder declares to have read and understood and agrees to be bound by all of the instructions, terms, conditions and specifications of this Invitation to Bid and agrees to fulfill the requirements of any awarded contract at the prices bid.

REQUIRED CERTIFICATION FOR BIDDING

Those bidders claiming preference for Domestic Source End Products and/or the Ohio preference, pursuant to Revised Code Sections 125.09 and 125.11 and Administrative Code Section 123:5-1-06 must complete the following information. Bidders who qualify as an "Ohio" bidder (offer an Ohio product or who have significant Ohio economic presence) or who qualify as a Border State bidder are eligible to receive a five percent (5%) preference over non-Ohio/Border state bidders. The state reserves the right to clarify any information during the evaluation process. **BIDDERS MUST COMPLETE THIS CERTIFICATION TO RECEIVE THE PREFERENCE.**

A. DOMESTIC PREFERENCE (BUY AMERICA): [Not applicable to "Excepted Products"]

1. Where is each product/services being offered mined, raised, grown, produced or manufactured?
 United States: _____(State) Canada Mexico (Go to B-1)
 Other: (Specify Country)_____ (Go to A-2)
2. End product is manufactured outside the United States and at least 50% of the cost of its components are produced, mined, raised, grown or manufactured within the United States. The cost of components may include transportation costs to the place of manufacture and, in the case of components of foreign origin, duty whether or not a duty free entry certificate is issued.
 Yes (Go to Section B-1) No (Go to Section A-3)
3. The Bidder hereby certifies that each end product, except the products listed below, is a domestic source end product as defined in the Buy America Act and that components of unknown origin have been considered to have been mined, produced, grown or manufactured outside the United States.
_____(Item) _____(Country of Origin)
_____(Item) _____(Country of Origin)

A domestic end source product is deemed to be excessively priced if it exceeds the cost of the foreign product by more than 6%. Pursuant to FAR, Part 25, the state of Ohio does not acquire supplies or services that cannot be imported lawfully into the United States. The contractor, their subcontractor(s) and any agent of the contractor or subcontractor must not acquire any supplies or services originating from sources within, or that were located in or transported from or through Cuba, Iran, Iraq, Libya, North Korea, Sudan Territory of Afghanistan controlled by the Taliban, or Serbia (excluding the territory of Kosovo).

B. OHIO PREFERENCE (BUY OHIO):

1. The products/services being offered are raised, grown, produced, mined or manufactured in Ohio. 
 Yes (Go to C) No (Go to B-2)
2. Bidder has significant economic presence within the state of Ohio. Yes (Answer a, b, c, d below) No (Go to B-3)
 - a) Bidder has paid the required taxes due the state of Ohio Yes No
 - b) Bidder is registered with the Ohio Secretary of State
 Yes (Charter/Registration No.: _____) No
Questions regarding registration should be directed to (614) 466-3910 or visit their web site at:
<http://www.sos.state.oh.us/>
 - c) Bidder has ten or more employees based in Ohio or border state. Yes No (Go to B-2d)
 - d) Bidder has seventy-five percent or more employees based in Ohio or border state. Yes No (Go to B-3)
3. Border state bidder:
 Yes (Specify which state then go to B-2c): KY MI NY PA IN No (Go to B-4)
4. Border state bidder: mined products mined in respective border state Yes No Not Applicable

C. E.D.G.E. DESIGNATION

Bidder is certified E.D.G.E. business Yes No

For information on E.D.G.E. designation, please visit the DAS Equal Opportunity Division website at:
<http://www.das.ohio.gov/Divisions/EqualOpportunity/tabid/80/Default.aspx>

D. DECLARATION REGARDING MATERIAL ASSISTANCE/NON-ASSISTANCE TO A TERRORIST ORGANIZATION (DMA)

The Bidder being awarded this Contract must:

1. review the Terrorist Exclusion List at http://www.publicsafety.ohio.gov/links/terrorist_exclusion_list.pdf
2. complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form <http://www.publicsafety.ohio.gov/links/HLS0038.pdf> and submit this with your bid response.

Failure to complete the Declaration Regarding Material Assistance/Non-Assistance to a Terrorist Organization (DMA) form may result in the bidder being deemed not responsive and/or may invalidate any Contract award. If not submitted with the bid response, the bidder will have seven (7) calendar days, after notification, to submit the form.

SPECIAL CONTRACT TERMS AND CONDITIONS

AMENDMENTS TO CONTRACT TERMS AND CONDITIONS: The following Amendments to the Contract Terms and Conditions do hereby become a part hereof. In the event that an amendment conflicts with the Contract Terms and Conditions, the Amendment will prevail.

DELIVERY AND ACCEPTANCE: Services will be performed as set forth in the Contract and in accordance with paragraphs S-8, S-9, and S-10 of the SUPPLEMENTAL CONTRACT TERMS AND CONDITIONS. The location of performance will be noted on the purchase order issued by the participating agency/institution. Payment for services rendered will occur upon the inspection and written confirmation by the ordering agency that the services provided conform to the requirements set forth in the Contract. Unless otherwise provided in the Contract, payment shall be conclusive except as regards to latent defects, fraud, or such gross mistakes as amount to fraud.

HIPAA: As a condition of receiving a contract from the State, the Contractor and any subcontractor(s), will be required to comply with 42 U.S.C. Sections 1320d through 1320d-8, and regulations at 45 C.F.R. Section Parts 160, 162, and 164 [relating to privacy and security] regarding disclosure and safeguarding of protected health information under the Health Insurance Portability and Accountability Act (HIPAA) of 1996, as amended by the American Recovery and Reinvestment Act of 2009. Contractor agrees to comply with all requirements of the federal Health Insurance Portability and Accountability Act (HIPAA) applicable to it as a Covered Entity and/or a Business Associate. In the event of a material breach of Contractor's obligations under this section, the State Department of Administrative Services may terminate the Contract according to provisions for Contract termination.

SITE VISIT: Prior to submitting their bid response, the bidder should visit the agency(ies) they are bidding in order to survey the facility(s) and to become familiar with the requirements of the bid. The bidder must contact each facility to schedule an appointment. To schedule an appointment, please refer to Appendix A. Once a contract is awarded, failure of the bidder to have requested a site visit to become familiar with the facility and requirements of the bid will be insufficient reason to support any request to be released from the contract.

EVALUATION: Bids will be evaluated in accordance with Article I-17 of the "Instructions to Bidders". In addition, the state will award based on the low lot total. Low lot total will be determined by multiplying the unit cost by the estimated usage listed in the bid and then adding each of the totals together to arrive at a total for all items. If the estimated annual usage is unknown a quantity of one (1) will be used, for calculation purposes only. Failure to bid all items may result in the bidder being deemed not responsive.

CONTRACT AWARD: The contract will be awarded to the lowest responsive and responsible bidder by low lot total. Failure to bid all items may result in the bidder being deemed not responsive.

FIXED-PRICE WITH WAGE ADJUSTMENTS: No price adjustment will be granted during the first twelve (12) months duration of the contract. Thereafter, should changes be approved to the Federal Minimum Wage Rates, Federal Mandatory Health Care Programs, Workers' Compensation and/or Unemployment Insurance rates and/or transportation costs, the Contractor may petition DAS to increase the contract price(s). If approved by DAS, the Contractor will only be entitled to the exact amount of the increase as approved in the respective program. DAS will not agree to any increase that is retroactive to the start date of the Contract or is within the above stated time period that prices may not be adjusted. The Contractor must give DAS a minimum of thirty-(30) calendar days notice prior to the effective date of the increase. The petition must be accompanied by documentary evidence to fully support the request (e.g. Federal Minimum Wage Scales, tariff schedules, etc.). If approved the increase will become effective on the date set forth in the request and will remain in effect for the duration of the Contract. Approval of said increase is at the sole discretion of DAS. No petition for increase will be considered for adjustments that occurred prior to the effective date of the Contract.

TEMPORARY FUEL ADJUSTMENT: No request for a temporary fuel adjustment may be requested for the first six (6) months duration of the Contract. Thereafter, should a statewide or national increase in the cost of fuel occur, that is greater than 20% of the cost for fuel in place at the time of Contract award, the Contractor may petition DAS to increase the Contract price(s). The Contractor will be required to provide a cost breakdown of each item to indicate the portion of their product cost that is attributed to fuel. If approved, the Contractor will be permitted to adjust the price(s) by the exact amount of the fuel increase. The increase will be effective seven (7) calendar days after approval. Future requests for fuel cost adjustment will be considered in six (6) month intervals, for the duration of the Contract, under the above conditions.

SPECIAL CONTRACT TERMS AND CONDITIONS, CONT'D.

Should a statewide or national decrease in the cost of fuel occur, that is greater than 20% of the cost of fuel at the time of Contract award or approved increase, the Contractor will advise Procurement Services of said decrease and the Contract will be adjusted accordingly. Said decrease will become effective seven (7) calendar days after notification. Failure of the Contractor to notify Procurement Services of a decrease will be considered as a default and the Contractor will be responsible to reimburse the state for any overpayments. Said increases or decreases will be effective on all orders placed on or after the approval date of the adjustment.

REFERENCES: To be considered responsive the bidder must, at the time of bid submission, be an established business with all required licenses, bonds, facilities, equipment and trained personnel necessary to perform the work in this bid. Each bidder is to submit, with the bid, a listing of three (3) references documenting experience in providing mobile X-Rays and EKGs, in accordance with state and federal standards and guidelines, within the previous three (3) years. Name, address and telephone number of each reference must be included.

LICENSE: The Contractor must be properly registered by the Ohio Department of Health to possess x-ray equipment in accordance with Ohio Administrative Code 3701:1. The Contractor shall provide copies of current Ohio licenses, with no restrictions or limitations, with the bid submission. If the licenses are not provided with the bid submission the bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem your bid not responsive.

The Contractor must maintain all licenses throughout the term of this contract and any renewals. At the request of a State Agency, a copy shall be provided within seven (7) calendar days. Failure to maintain and provide copies of license(s) when requested may result in cancellation of the Contract.

CONTRACTOR PERSONNEL: Contractor's warrants that all operation of X-ray and EKG equipment will be by Certified Radiological Technologists, licensed by the State of Ohio. The Contractor must assure that all Radiological Technologists receive an annual performance evaluation. Contractor shall list with bid submittal names of all providers who will be performing services on the contract, and provide copies of current licenses.

Licenses may be verified at the following link: <https://odhgateway.odh.ohio.gov/xraylicensure/activelicenses.aspx>.

Contractor warrants that all radiology interpretation services shall be performed by an Ohio licensed American Board of Radiology Certified Physician. Contractor shall list with bid submittal names of all providers who will be performing services on the contract, and provide copies of current licenses.

If the licenses, for the technologists and the physicians, are not provided with the bid submission the bidder will have seven (7) calendar days in which to provide them once they have been requested by the Office of Procurement Services. Failure to provide them within seven (7) calendar days may deem your bid not responsive. Licenses must be maintained throughout the term of this contract and any renewals. Failure to maintain registration/license(s) may result in cancellation of the Contract. The State reserves the right to ask the awarded Contractor to send proof of requirements at any time during the life of this Contract. Failure to provide them within seven (7) calendar days may in cancellation of the Contract.

CREDENTIALING AND PRIVILEGING (DMH ONLY): The awarded contractor will be required to submit documents necessary for DMH to credential and privilege providers. Subsequent to contract award the Agency will provide the documents for completion. All radiologists must be credentialed and privileged for each of the DMH facilities for which they will be interpreting test results. Failure to provide these documents, properly completed as instructed, may result in cancellation of the Contract. Until the provider has been credentialed by the Agency, they will be unable to provide services.

USAGE REPORTS: Every six (6) months the contractor must submit a report (written or on disk) indicating sales generated by this contract. The report shall list usage by customer, by line item, showing the quantities/dollars generated by this contract. The report shall be forwarded to the Office of Procurement Services, 4200 Surface Rd., Columbus, OH 43228-1395 Attn: Sandy Herrel.

SPECIAL CONTRACT TERMS AND CONDITIONS, CONT'D.

BID AUTOMOBILE LIABILITY CHECKLIST:

Contractor will indicate, by checking the appropriate box(es) below, which mode of transportation will apply to this contract.

- Bidder/Broker ("The Contractor") or their Sub Contractor will make delivery or be performing services using a vehicle that is owned, leased or rented. Provide Certificate of Insurance documenting automobile liability with a Combined Single Limit of \$500,000.00.
- Goods/Services will be delivered via common carrier.
- No employee or representative of the contractor will have cause to be on state property to make deliveries or to perform services.

SPECIFICATIONS FOR ON-SITE MOBILE X-RAY AND EKG SERVICES

I. SCOPE

The purpose of this bid is to obtain a Contractor to provide professional services for the performance of EKGs and the performance and diagnostic reading of radiological (X-Ray) examinations as needed to provide quality, rapid, urgent medical evaluation of adult patients of the Department of Mental Health (DMH), and the Department of Rehabilitation and Correction (DRC), and juveniles at the Department of Youth Services (DYS). The services will be provided at institutions located throughout the State and will be performed will maintaining a safe and secure environment. The patients served by this contract will include minors in a correctional facility, patients with a mental illness, and patients who are inmates.

II. DEFINITIONS

- A. Definitions. Terms used, but not otherwise defined, in this document shall have the same meaning as those terms in 45 Code of Federal Regulations ("CFR") §§ 160.103, 164.402, and 164.501.
1. HIPAA. The use of the term "HIPAA" shall mean the Health Insurance Portability Act of 1996, and all of the implementing regulations of that statute, including Part 160 and 164 of Title 45 of the CFR.
 2. Individual. The use of the term "Individual" in this Exhibit A shall have the same meaning as the term "individual" in 45 CFR § 160.103 and shall include a person who qualifies as a personal representative in accordance with 45 CFR § 164.502(g).
 3. Privacy Rule. The Standards for Privacy of Individually Identifiable Health Information at 45 CFR part 160 and part 164, subparts A and E.
 4. Security Rule. The Standards for Security of Individually Identifiable Health Information at 45 CFR parts 160 and 162 and part 164, subparts A and C.
 5. Information. The use of the term "Information" in this Exhibit A shall have the same meaning as the term "protected health information" in 45 CFR § 160.103, limited to the information created or received by Contractor from or on behalf of the State.
 6. Required By Law. The use of the term "required by law" in this Exhibit A shall have the same meaning as the term "required by law" in 45 CFR § 164.103.
 7. Breach. The use of the term "Breach" in this Exhibit A shall have the same meaning as the term "breach" in 45 CFR § 164.402.
 8. Unsecured Information. The use of the term "Unsecured Information" in this Exhibit A shall have the same meaning as the term "unsecured protected health information" in 45 CFR § 164.402.
 9. HHS - The U.S. Department of Health and Human Services or its designee.
 10. Disclose. The release, transfer or provision of access to Information, whether oral or recorded in any form or medium.
 11. Use - The sharing, employment, application, utilization, examination, or analysis, in any form or medium, of Information within the Contractor's organization.

III. CLASSIFICATION

MOBILE X-RAY AND EKG SERVICES

- A. Certified Radiological Technologist(s) licensed by the state of Ohio shall administer required X-Rays and EKGs and an Ohio Licensed and Board Certified Radiologist Physician shall provide radiology interpretations, consultations and written reports. X-Rays may include, but are not limited to, the following:

| | | |
|----------------------|--------------------------|--------------------|
| Acute Abdomen Series | Hand | Pelvis |
| Abdomen Single AP | Hip | Ribs |
| Abdomen W/PA Chest | Humerus | Sacra-ileac Joints |
| Acromio-Clay Joint | Internal Auditory Canals | Sacrum-Coccyx |
| Ankle | Knee | Scapula |
| Bone Survey | Lumbar Spine | Shoulder |
| Cervical Spine | Lumbar Spine – Oblique | Sinuses |

SPECIFICATIONS FOR ON-SITE MOBILE X-RAY AND EKG SERVICES, CONT'D.

| | | |
|----------------|-------------------|------------------------|
| Chest PA & Lat | Mandible | Skull |
| Clavicle | Mastoids | Sternum |
| Elbow | Nasal Bones | Temp Mandibular Joints |
| Facial Bones | Navicular – Wrist | Thoracic Spine |
| Femur | Orbits | Thumb, finger, toes |
| Foot | OS Callous – Heel | Tibia & Fibula |
| Forearm | Patella | Wrist |

- A. Panorex, dental, or mammogram X-Rays will not be required. Chest X-Rays for positive PPD TB Skin Test shall include Anterior-Posterior (AP) and Lateral Views. The Contractor will provide comparison interpretations when a previous test has been conducted.
- B. Administer electrocardiogram (EKG) procedure and provide the results to the requesting Agency. The institutions will be responsible for the interpretation of the test procedure results.

III. CONTRACTOR REQUIREMENTS

- A. The Joint Commission (TJC) compliance may not be a requirement at all facilities. If required, the awarded contractor will submit necessary documentation of compliance and competence as required by TJC standards; Medicare (CMS) standards; and other regulatory agencies and professional bodies. The Contractor will cooperate in conducting performance improvement studies and quality assurance mechanisms. The Contractor agrees to provide verification of any credentialing and/or privileging information, required by the Department of Mental Health, necessary to privilege and credential physicians. Facilities not currently using TJC requirements may add it during the contract term.
- B. DMH requires that practitioners providing radiological interpretations for DMH hospitals be identified. The DMH hospitals must credential and privilege each practitioner every 2 years for the duration of this contract and any subsequent renewals. The hospitals will not accept Interpretations performed by a non-privileged practitioner. Failure to maintain this accreditation for the practitioners will result in contractor being found in default of Contract.
- C. Only those employees privileged by the facility will be paid for interpretations.

IV. X-RAY AND EKG SERVICE LOCATIONS

- A. Services to be provided
 - 1. X-Ray Services
 - a. The Contractor will provide digital computerized radiography (CR) and furnish medical diagnostic interpretations, consultation as needed, and written reports detailing X-Ray findings to the health care staff at each facility.
 - b. CR X-Rays shall be conducted in a medically appropriate manner and in accordance with applicable sections of the Ohio Revised Code and Ohio Administrative Code. A copy of a previous exam, required for comparison interpretation when a previous X-Ray has been conducted, shall be provided by the Contractor no longer than three (3) business days following request.
 - 2. EKG Services
 - a. The Contractor will provide EKG technician as scheduled by the using institution. Subsequent to performing the services the test results will be forwarded to the agency appointee.
- B. The Contractor will properly invoice each facility monthly, as listed in Appendix A, for the services provided to that facility. The Contractor is to include a log with the billing reports indicating the date, client name, facility, numerical classification and type of service(s) rendered. This log must be signed and dated by a designee of the facility's Health Care Staff verifying the service(s) for payment.

SPECIFICATIONS FOR ON-SITE MOBILE X-RAY AND EKG SERVICES, CONT'D.

- C. Contractor shall be on call and available to provide services during normal business hours of 7:00 AM to 5:00 PM, EST, Monday through Friday, and at such other times as scheduled by the facility.
- D. Contractor shall arrive at the site either at a pre-scheduled time or within three (3) hours of request by the facilities' health care staff. Each facility using the services will be provided with appropriate X-ray and EKG order forms by the Contractor. Doctor's orders will be called or faxed to the Contractor and the Contractor will dispatch the appropriate technologist based on need and priority of service. Once exams are completed the x-ray images will be forwarded to the Radiologist for reading. For routine examinations a type-written interpretation will be provided to the institution no later than two (2) business days following the exam.

For non-routine/emergency exams verbal results are called to the designed location at each facility within two (2) hours. Legible and thorough interpretive reports shall be provided to facility's health care staff immediately or as soon as observed but no later than twenty four hours after testing. Contractor agrees to notify the institution immediately if X-ray images reveal any abnormalities that could cause loss of life, limb, or decrease of function if not identified and treated immediately.

The facility will notify the Contractor of healthcare staff to be involved in this process at each location, once the bid is awarded.

- E. Contractor will be required to have available, at time of exams, a Dicom film printer for institutions that require film to be produced.
- F. For all images and interpretations provided for DRC institutions the Contractor must produce a Dicom CD copy of the exam and a written copy of the Radiologist's report. The CD and the report must be sent to the Franklin Medical Radiology Department at 1990 Harmon Ave, Columbus OH 43223. The CD and report should be mailed within 72 hours of the exam. The cost of providing the CD to Franklin Medical Center shall be included in the cost of performing the services for DRC.

DYS and DMH may request a CD and narrative report, if desired. Please provide pricing, as a separate line item, on page 9 for providing the CD to DYS or DMH, in the event they are requested by the institution. CD should be mailed within 72 hours of the request by the institution.

- G. Telephone consultation between the Contractor's radiologist and the facility's health care staff shall be available as needed, at no additional cost to the facility. Contractor shall provide all institutions with contact information.
- H. Contractor shall insure that all images are readable prior to leaving the facility. If additional images are required by the radiologist to complete the reading, they should be performed, at that time, at no additional charge to the institution.

VI. QUALIFICATIONS

- A. Contractor warrants that all operation of X-Ray equipment shall be performed by Certified Radiological Technologist, licensed by the state of Ohio.
- B. Due to the nature of security and working conditions in mental healthcare and prison environments there may be potential of unexpected delays. The State will not pay any additional charges for travel time for the mobile unit and/or technicians or other employees, or for any other related down time incurred by the Contractor due to delays that may be encountered either entering or leaving a facility.

VIII. ADDITIONAL NOTES

- A. Each facility shall arrange clearance for the successful Contractor and its employees. Background checks may be required.
- B. The awarded Contractor shall remove all waste generated by this service.
- C. State Agencies reserve the right to modify or delete its facility locations with thirty (30) day notice, without additional cost or expense to the agency by the Contractor.

PRICE SCHEDULE

DEPARTMENT OF YOUTH SERVICES

| INSTITUTION | ESTIMATED ANNUAL USAGE | | TRIP CHARGE INCLUDING FIRST X-RAY AND INTERPRETATION | EACH ADDITIONAL X-RAY AND INTERPRETATION DURING SAME VISIT | TRIP CHARGE INCLUDING FIRST EKG | EACH ADDITIONAL EKG DURING SAME VISIT |
|--|------------------------|-----|--|--|---------------------------------|---------------------------------------|
| | X-RAY | EKG | | | | |
| Circleville Juvenile Corr. Facility (CJCF) | 275 | 176 | \$ | \$ | \$ | \$ |
| Cuyahoga Hills Juvenile Corr. Facility (CHJCF) | 320 | 188 | \$ | \$ | \$ | \$ |
| Indian River Juvenile Corr. Facility (IRJCF) | 175 | 88 | \$ | \$ | \$ | \$ |
| Scioto Juvenile Correctional Facility (SJCF) | 435 | 166 | \$ | \$ | \$ | \$ |

DEPARTMENT OF MENTAL HEALTH HOSPITALS

| | | | | | | |
|--|-----|-----|----|----|----|----|
| Heartland Behavioral Healthcare (HBH) | 57 | 56 | \$ | \$ | \$ | \$ |
| Northcoast Behavioral Healthcare (NBH-N) | 390 | 240 | \$ | \$ | \$ | \$ |
| Northwest Ohio Psychiatric Hospital (NOPH) | 35 | 290 | \$ | \$ | \$ | \$ |
| Summit Behavioral Healthcare (SBH) | 688 | 2 | \$ | \$ | \$ | \$ |
| Twin Valley Behavioral Healthcare (TVBH) | 318 | 1 | \$ | \$ | \$ | \$ |

CDs for DMH and DYS, if requested

| DESCRIPTION | ESTIMATED ANNUAL USAGE | PRICE |
|--|------------------------|-------|
| Cost to provide a CD, which includes x-ray images and interpretive report of the images, if requested by DYS or DMH. | 1 | \$ |

*

*

Note: The cost of providing the CD to DMH and DYS will not be included in the evaluation for the award of the Contract.

PRICE SCHEDULE, CONT'D.

DEPARTMENT OF REHABILITATION AND CORRECTION

| INSTITUTION | ESTIMATED ANNUAL USAGE | | TRIP CHARGE INCLUDING FIRST X-RAY AND INTERPRETATION | EACH ADDITIONAL X-RAY AND INTERPRETATION DURING SAME VISIT | TRIP CHARGE INCLUDING FIRST EKG | EACH ADDITIONAL EKG DURING SAME VISIT |
|---|------------------------|-----|--|--|---------------------------------|---------------------------------------|
| | X-RAY | EKG | | | | |
| Allen/Oakwood Correctional Facility (ACI/OCF) | 1,216 | 576 | \$ | \$ | \$ | \$ |
| Hocking Correctional Facility (HCI) | 140 | 150 | \$ | \$ | \$ | \$ |
| Northeast Pre-Release Center (NPRC) | 52 | 19 | \$ | \$ | \$ | \$ |
| Ohio State Penitentiary (OSP) | 483 | 1 | \$ | \$ | \$ | \$ |
| Southeastern Correctional Institution (SCI) | 120 | 1 | \$ | \$ | \$ | \$ |
| Trumbull Correctional Institution (TCI) | 600 | 1 | \$ | \$ | \$ | \$ |

Contains recycled materials – Y/N: _____ if Yes _____%. (Will not be part of the evaluation)

As a baseline for any future cost increase requests, the Bidder shall indicate, as a percentage of the total cost, what the cost elements are for calculating their price to the State. Sum of percentages must equal one hundred percent.

| Administrative Cost | Labor Cost | Fuel Cost | Maintenance Cost | Other (Name Cost) (if applicable) |
|---------------------|------------|-----------|------------------|-----------------------------------|
| % | % | % | % | % |

APPENDIX A

| Institution | Contact | Contact Phone | Contact e-mail |
|--|------------------------|----------------------------------|-------------------------------------|
| Circleville Juvenile Correctional Facility (CJCF) 640 Island Rd. Circleville, OH 43113 | Robert Walker RN | (740) 477-2500 ext.7180 | robert.walker@dys.ohio.gov |
| Cuyahoga Hills Juvenile Corr. Facility (CHJCH) 4321 Green Rd. Highland, Hills, OH 44128 | Alonzo Thornton | (216) 682-2223 | alonzo.thornton@dys.ohio.gov |
| Indian River Juvenile Correctional Facility (IRJCF) 2775 Indian River Road SW Massillon, OH 44647 | Karen McCluney-Jackson | (330) 834-2712 | karen.mccluney-jackson@dys.ohio.gov |
| Scioto Juvenile Correctional Facility (SJCF) 5993 Home Rd. Delaware, OH 43015 | Vickie Donohue | (740) 881-3554 (740) 881-3551 | vickie.donohue@dys.ohio.gov |
| | | | |
| Heartland Behavioral Healthcare (HBH) 3000 Erie Street South Massillon, OH 44647 | Patricia Eddleman | (330) 833-3135 | patricia.eddleman@mh.ohio.gov |
| Northcoast Behavioral Healthcare (NBH-N) Northfield Campus 1756 Sagamore Rd. Northfield, OH 44067 | John Zmina | (330) 467-7131 | zminaj@mh.ohio.gov |
| Northwest Ohio Psychiatric Hospital (NOPH) 930 South Detroit Ave. Toledo, OH 43614 | James Skolmowski | (419) 481-1881 | james.skolmowski@mh.ohio.gov |
| Summit Behavioral Healthcare (SBH) 1101 Summit Rd. Cincinnati, OH 45237 | Steven Burns | (513) 948-3600 | steven.burns@mh.ohio.gov |
| Twin Valley Behavioral Healthcare (TVBH) 2200 West Broad St. Columbus, OH 43223 | John Eardley | (614) 752-0333 | john.eardley@mh.ohio.gov |

APPENDIX A. CONT'D.

| Institution | Contact | Contact Phone | Contact e-mail |
|--|------------------|--------------------------|-----------------------------------|
| Allen/Oakwood Correctional Facility (ACI/OCF) 3200 North West St. Lima, OH 45801 | Tom Ferry | (419) 225-8052 ext. 2005 | tom.ferry@odrc.state.oh.us |
| Hocking Correctional Facility (HCI) 16759 Snake Hollow Rd. Nelsonville, OH 45764 | Craig Rich | (740) 753-1917 ext. 2350 | craig.rich@odrc.state.oh.us |
| Northeast Pre-Release Center 2675 E. 30 th St. Cleveland, OH 44115 | Mark Nemec | (216) 771-6460 ext. 2006 | mark.nemec@odrc.state.oh.us |
| Ohio State Penitentiary (OSP) 878 Coitsville-Hubbard Rd. Youngstown, OH 44505 | Carolyn Nowak | (330) 743-0700 ext. 2130 | carolyn.nowak@odrc.state.oh.us |
| Southeastern Correctional Institution (SCI) 5900 B.I.S. Rd. Lancaster, OH 43130 | Karen Duffel | (740) 653-4324 ext. 2100 | karen.duffel@odrc.state.oh.us |
| Trumbull Correctional Institution 5701 Burnett Rd. Leavittsburg, OH 44430 | Jacqueline Scott | (330) 898-0820 ext. 2023 | jacqueline.scott@odrc.state.oh.us |