

# 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>OT904414</u>	OPENING DATE (1:00 p.m.) <u>OCTOBER 16, 2013</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 ZIP	
		COUNTY	MBE/EDGE CERTIFICATE NUMBER
		TELEPHONE NO. ( )	TOLL FREE NO. 1 - ( )
		CONTACT PERSON	FAX NO. ( )
REQ./INDEX NO. DDD004	BID NOTICE DATE 09/24/2013	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			
<u>PARTICIPATING AGENCY(IES):</u> Ohio Department of Developmental Disabilities: Cambridge Developmental Center, 66737 Toland Dr., Cambridge, OH 43725-9298; Gallipolis Developmental Center, 2500 Ohio Ave., Gallipolis, OH 45631; Southwest Ohio Developmental Center, 4399 E. Bauman Lane, Batavia, OH 45103; Tiffin Developmental Center, 600 N. River Rd., Tiffin, OH 44883; and Warrensville Developmental Center, 4325 Green Rd., Highland Hills, OH 44128.			
<b>ADDENDUM FOR CHANGE</b> <b>ADDENDUM NO.: 1</b> <b>REVISION DATE: 09/26/13</b>			
<u>THE DEPARTMENT OF ADMINISTRATIVE SERVICES, OFFICE OF PROCUREMENT SERVICES IS SOLICITING BIDS FOR:</u> <b>SPEECH-LANGUAGE PATHOLOGY SERVICES</b>			
Attached are pages 6 through 12 to this Invitation to Bid. Remove the corresponding pages from the existing bid and replace with the attached.			
As indicated herein this addendum is issued to advise of changes to specifications, section and page numbers.			

## SPECIFICATIONS

### I. SCOPE

These specifications shall cover Speech-Language Pathology services for the Ohio Department of Developmental Disabilities (DODD). DODD specializes in intermediate care facilities for adults with developmental disabilities.

Service provided by the Speech-Language Pathologist includes a great amount of interaction with the Planning Team which includes the Dietician, Therapist, Supervisors and other team members.

The Speech-Language Pathologist shall report to the Program Director through the term of this contract. The term of any contract(s) issued pursuant to this Invitation to Bid shall be for three (3) years, from January 1, 2014 through December 31, 2016.

### II. DEFINITIONS

The following is a partial list of terms used in this Invitation to Bid, for reference:

- A. DODD is the Ohio Department of Developmental Disabilities, and may also be referred to as the Agency. DODD is part of the State of Ohio (the State).
- B. Developmental Center has the same meaning as DC and facility, and it is part of DODD.
- C. IPP Team means The Individual Program Plan Team. It is the group who develops the treatment plan for the residents. It consists of professionals and para-professionals, as well as the resident and their guardian.
- D. Language Pathologist Cost Per Hour for services is an all-inclusive hourly wage which incorporates work time, travel and miscellaneous expenses. Language Pathologist Cost Per Hour shall be the only cost billed to the State, and there will be no additional reimbursement for any other expenses (except communication devices in accordance with section VI.C.5). All costs shall be in U.S. dollars. \*
- E. QIDP means Qualified Intellectual Disability Professional. This is the person who coordinates the IPP for the individual and ensures any staff are provided as per the plan.

### III. CONTRACTOR EXPERIENCE AND REQUIREMENTS

- A. The Contractor shall have a minimum of two (2) years' experience in working with individuals with disabilities or behavioral needs.

### IV. SPEECH-LANGUAGE PATHOLOGIST EXPERIENCE AND REQUIREMENTS

- A. The Speech-Language Pathologist must have a Master's degree in Speech-Language Pathology, Communication Science and Disorders, or equivalent.
- B. The Speech-Language Pathologist must be licensed by the State of Ohio Board of Speech-Language Pathology and Audiology.
- C. The Speech-Language Pathologist shall have a minimum of two (2) years' full time clinical experience as a licensed speech-language pathologist working with individuals with disabilities or with behavioral needs.
- D. The Contractor shall work Monday through Friday. No holidays or weekends are required unless otherwise specified by the DC.

\* To advise of change in specification.

SPECIFICATIONS (Continued)V. RESPONSIBILITIES OF THE CONTRACTOR

- A. The Contractor shall be exempt from overtime.
- B. Contractor shall bill according to the contractual Language Pathologist Cost Per Hour rate(s).
- C. The Contractor must submit a valid invoice to the agency within 30 days after date of service.
- D. The person(s) to be providing services under this Contract shall be subject to a criminal records (background) check prior to performing any services. The agency will be responsible for the cost of the criminal background check.
- E. The Contractor may be required to have Tuberculosis (TB) testing. One-Step testing may be required if Two-Step testing has been completed previously and last TB test was completed within the past year. Two-Step testing may be required if it has been more than one year since last TB test. The Contractor may be required to provide proof of a negative TB test, or provide certification from a physician that they are free of TB, if past positive reactor to TB test. The Contractor will be responsible for any cost of the TB testing.

VI. DUTIES REQUIRED FOR LANGUAGE DEVELOPMENT SERVICESA. ASSESSMENTS

- 1. The Contractor will be responsible for performing all aspects within the scope of practice of speech pathology, in accordance with the Ohio Revised Code Section 4753, and include hearing screenings subject to pass-or-fail determination, speech, language, social/pragmatic skills, and/or swallowing deficits of the individuals. The Contractor must determine the patient's level and status of communication skills and abilities. Assessments of the individuals will be completed at the developmental centers. Assessments will take place prior to developmental center placement, through the individual's stay, and also as a follow-up measure for individuals after community placement.
- 2. The Contractor shall evaluate communication skill abilities and interprets results of formal and informal assessments.
- 3. The Speech-Language Pathologist will be required to assess language abilities through formal assessments (comprehensive functional assessments) and other language tests which would reflect the capabilities and skills of the individuals as needed. This work will also include dysphagia assessments.
- 4. The Contractor shall assess individuals at least once annually for language skills and dietary appropriateness. Additional assessments and training sessions may vary based on individual needs.

B. MEETING PARTICIPATION \*

- 1. The Contractor shall attend and participate in departmental and client team meetings. The Contractor shall participate as a member of the interdisciplinary team which includes work with other professional staff in delivering evaluations, and modifying total habilitation plans in accordance with ICF/DD Certification Regulations, Ohio Revised Code Statute 5123.85 and other applicable State and Federal regulations.
- 2. When it is determined by the IPP Team that an individual has a communication disorder that may be amendable by treatment and/or intervention, a program is formulated to habilitate the individual to his/her highest level of functioning. These programs (goals and objectives) are implemented by the Speech-Language Pathologist.

\* To advise of change in section number.

SPECIFICATIONS (Continued)C. THERAPY \*

1. The Contractor shall provide individual client and group communication programming, (i.e., education, training and support to patients and families for augmentative communication devices, social skills, receptive and expressive language skills, and aid the patient in developing a functional communication system, etc.). The Contractor shall treat patients individually; however, during training classes, groups may be utilized.
2. The Contractor shall develop and modify implementation of individual/group program plan for instructional or therapeutic language, speech, hearing screenings within the scope of practice of speech-language pathology, and/or swallowing.
3. The Contractor shall evaluate/follow up and monitor swallowing deficiencies, (i.e., recommend changes in food textures and consistencies of liquids, medical referrals, medication changes directed under physician's orders, modified barium swallowing studies, etc.).
4. The Contractor shall provide small group and/or individual therapy utilizing verbalization/communication skills, and swallowing precautions/techniques. The Contractor shall coordinate with QIDP for delivery of functional communication training.
5. The Contractor shall evaluate and then either fabricate or order communication devices. Communication devices to be approved in accordance with Agency and/or Developmental Center's procedures. The Contractor shall monitor the use and repair of all equipment. For payment of said communication devices, Contractor shall apply to Medicaid and/or insurance. If claim is denied, the DC may use State funds to pay for the device after Contractor provides all necessary documentation requested by the DC. \*\*

D. COORDINATION WITH STAFF PERSONNEL \*

1. The Contractor shall provide consultation and in-service training to staff, families, other professionals and administrators to assure continuity and congruity of communication skill development and swallowing programs. The Contractor must also become a liaison with district case managers, county boards work placements, and community members of intervention technique.
2. The Contractor shall provide training to direct care staff and monitor delivery of services for communication and dysphasia management to individuals with hearing aids, augmentative communication devices, social skills, receptive and expressive language skills, etc.
3. The Contractor shall assist staff members in the implementation of programs, (i.e., receptive and expressive language, communication skills, augmentative devices, and swallowing) to develop communication abilities, and assure that such programs are carried out properly.
4. The Contractor will designate an Administrator to be responsible for the direction of its Contract responsibilities under this Contract. This designee must be available by phone during reasonable business hours (Monday – Friday, 8:00am – 4:30pm) to discuss areas of concern with the Agency's Medical Director.

E. REPORTING \*

1. The Contractor must maintain records and the confidentiality of all personal and professional contacts with residents.

\* To advise of change in section number.

\*\* To advise of change in specification.

SPECIFICATIONS (Continued)

2. The Contractor shall complete monthly reports of treatment status and make recommendations for modifications following current procedures and timelines. The Contractor must maintain and prepare written records and reports that meet all State and Federal regulatory requirements of assessments, program objectives, and progress data for regular evaluations and revision of individual program plans. The reports shall be provided to the Program Director.

F. PROFESSIONAL DEVELOPMENT \*

The Contractor shall attend professional development ongoing training and workshops.

\* To advise of change in section number.

\*\* To advise of change in page number.

YOUR BID:

PRICE SCHEDULE

Language Pathologist services at the following facilities:			
Item No.	Description	Estimated Annual Usage in Hours	Language Pathologist Cost Per Hour
1.	Cambridge Development Center	208	\$ Per Hour
2.	Gallipolis Development Center	1040	\$ Per Hour
3.	Southwest Developmental Center	660	\$ Per Hour
4.	Tiffin Development Center	750	\$ Per Hour
5.	Warrensville Development Center	480	\$ Per Hour

COST ALLOCATION TABLE					
As a baseline for any future cost increase requests, bidders should indicate, as a percentage of the total cost, what the cost elements are. Sum of the percentages must equal one hundred percent. (Add additional cost elements and/or copy this form as necessary, and attach to this page.)					
Labor Cost	Training Cost	Recruitment Cost	Healthcare/ Benefits Cost	Administrative Cost	Other (Explain)
%	%	%	%	%	%

Notes:

1. All costs shall be in U.S. Dollars.
2. Language Pathologist Cost Per Hour shall be the only cost billed to the State, and there will be no additional reimbursement for any other expenses (except communication devices in accordance with section VI.C.5 of the Specifications). \*
3. All costs shall be entered in the "Cost Per Hour" space(s) above, on this Price Schedule form only. Cost submission on other forms, attachments, or formats will not be considered.
4. Any zero or blank Cost Per Hour space(s) above will be considered a No-Bid for that facility.
5. Failure of Bidder to complete the Cost Allocation Table located above, on this Price Schedule page, may be a cause for DAS to reject Contractor's price increase requests.

\* To advise of change in Notes.

\*\* To advise of change in page number.

ATTACHMENT A

CONTRACTOR / SUBCONTRACTOR AFFIRMATION AND DISCLOSURE  
(page 1 of 2)

DEPARTMENT OF ADMINISTRATIVE SERVICES  
STANDARD AFFIRMATION AND DISCLOSURE FORM  
EXECUTIVE ORDER 2011-12K

Governing the Expenditure of Public Funds on Offshore Services

By the signature affixed hereto, the Contractor affirms, understands and will abide by the requirements of Executive Order 2011-12K. If awarded a contract, both the Contractor and any of its subcontractors shall perform no services requested under this Contract outside of the United States.

The Contractor shall provide all the name(s) and location(s) where services under this Contract will be performed in the spaces provided below or by attachment. Failure to provide this information may subject the Contractor to sanctions. If the Contractor will not be using subcontractors, indicate "Not Applicable" in the appropriate spaces.

1. Principal location of business of Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Name/Principal location of business of subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

2. Location where services will be performed by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City, State, Zip)

Name/Location where services will be performed by subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

\* To advise of change in page number.

ATTACHMENT A

CONTRACTOR / SUBCONTRACTOR AFFIRMATION AND DISCLOSURE (CONTINUED)

(page 2 of 2)

3. Location where state data will be stored, accessed, tested, maintained or backed-up, by Contractor:

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address, City, State, Zip)

Name/Location(s) where state data will be stored, accessed, tested, maintained or backed-up by subcontractor(s):

\_\_\_\_\_  
(Name)

\_\_\_\_\_  
(Address, City, State, Zip)

Contractor also affirms, understands and agrees that Contractor and its subcontractors are under a duty to disclose to the State any change or shift in location of services performed by Contractor or its subcontractors before, during and after execution of any contract with the State. Contractor agrees it shall so notify the State immediately of any such change or shift in location of its services. The State has the right to immediately terminate the contract, unless a duly signed waiver from the State has been attained by the Contractor to perform the services outside the United States.

On behalf of the Contractor, I acknowledge that I am duly authorized to execute this Affirmation and Disclosure form and have read and understand that this form is part of any Contract that Contractor may enter into with the State and is incorporated therein.

By: \_\_\_\_\_  
Contractor

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

\* To advise of change in page number.