



Department of
Developmental Disabilities

Cambridge Developmental Center
Cathleen A. Ballinger, Acting Superintendent

John R. Kasich, Governor
John L. Martin, Director

April 9, 2013

Dear State of Ohio Vendor:

Cambridge Developmental Center is presently accepting bids for the cleaning of the fuel and fuel tanks in six (6) generator fuel tanks. Price quotes must be good for the period July 1, 2013 through June 30, 2014 and include any transportation charges. These specifications are intended only to give a generalized idea of the scope of this agreement. **A site visit must be made in order to be considered a qualified bidder.**

See Attached Cleaning of Fuel and Fuel Tanks Specifications

If additional information is needed, please contact John Charles at (740) 432-0417. No bid can be considered unless it is on your letterhead. Bids are due in the Center's Business Office **by 3:00 p.m. no later than April 24, 2013.** If you do not wish to bid, please mark "NO BID" on this form and sign and return to me.

Sincerely,

Kelli Ward
Business Office/Purchasing

By returning this bid, the vendor listed above hereby certifies that they are currently in compliance with and will continue to adhere to the requirements of the Ohio ethics laws, as provided by sections 102.03 and 102.04 of the Revised Code. Further, the vendor listed above affirms that, as applicable to the vendor, no party listed in division (I) or (J) of section 3517.13 of the Revised Code or spouse of such party has made, as an individual within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the governor or to his campaign committees.

Equal Employment Opportunity. The Contractor will comply with all state and federal laws regarding equal employment opportunity, including Ohio Revised Code Section 125.111 and all related Executive Orders. Before a contract can be awarded or renewed, an Affirmative Action Program Verification Form must be submitted to the DAS Equal Opportunity Division to comply with the affirmative action requirements. Affirmative Action Verification Forms and approved Affirmative Action Plans can be found by going to the Equal Opportunity Departments web site: <http://www.das.ohio.gov/Exd/AAEQO.htm>.

The State of Ohio is an Equal Opportunity Employer and Provider of Services

Cambridge Developmental Center	(740) 439-1371 (Phone)
66737 Old Twenty-One Road	(740) 439-4382 (Fax)
Cambridge, Ohio 43725-8987	(740) 432-3072 (TDD)
1-800-822-1371 (Toll Free)	dodd.ohio.gov

Project Specifications

1. Fuel and fuel tanks shall be cleaned and fuel filtered by High Velocity, multistage filtration and recirculation.
 2. Water bottoms shall be removed from tank if necessary, all tank caps, gaskets, fittings and vents shall be inspected.
 3. The interior surfaces of the tank are to be cleaned by using a procedure which creates sufficient agitation of the fuel so as to decontaminate the bottom and side walls of the tank to remove insoluble gums and other contaminants that may decrease the grade and performance of the fuel.
 4. A written report for each tank containing all service and inspections shall be provided to the owner.
 5. A second service visit shall be provided no later than 10 months after initial testing and include (prior to June 30, 2013).
 - Monitoring of any fuel/water level.
 - Identify the condition of the tank caps, gaskets, fittings and vents.
 - The fuel in each tank shall be sampled to determine the oxidation/contamination levels in the fuel.
 - A written report for each tank for all service and inspections, and fuel sample results shall be provided to the owner.
 6. The contractor shall be responsible for disposal of all water bottoms and contaminants to a registered disposal site.
 7. Contractor (Awarded Bid) has 30 working days to complete initial cleaning and filtering work upon notification of award of contract. *Hourly rates are requested for repairs plus percent markup of material from wholesale cost.*
-

CaDC		
	Fuel Tank Location	Capacity in Gallons
1	Building Dietary	600
2	Building Heat Plant	180
3	Building 507	440
4	Building 512	440
5	16 Bed Cottages	1000
6	32 Bed Cottages	443

General Specifications

- Successful bidder will furnish all tools, labor, material and equipment.
- All contract work is to be completed during the hours 7:00 am to 3:30 pm, Monday thru Friday. (Unless prior arrangements are made with Designated Supervisor of Project).
- All contract work must be completed by individuals at least 18 years of age. Identification will be required upon request.
- Contractor (Awarded Bid) must contact the Maintenance Office daily upon arrival on the job site and “sign in” at designated site per Supervisor of Project.
- Contractor (Awarded Bid) will keep the work area safe at all times and erect necessary barriers and danger signals.
- Contractor (Awarded Bid) will clean work area at end of each work day.
- Contractor (Awarded Bid) tools, equipment, etc, must be secured/supervised at all times for safety of patients in facility area.
- All refuse, rubbish, scrap material/debris caused by construction shall be hauled away by the contractor awarded bid.
- After completion of all work, the contractor and Designated Supervisor will make final inspection.
- All construction MUST comply with both State/Local Codes.
- Employees of contractor (Awarded Bid) must comply with all areas of the Code of Federal Regulations (Labor & Construction) which are applicable to the project/construction. Examples include but not exclusive to tool control, control of hazardous material, protective equipment (if warranted), housekeeping, etc.
- Contractor (Awarded Bid) will guarantee workmanship and materials for period of one (1) year from date of completion.
- Contractor (Awarded Bid) will be responsible for providing Material Safety Data Sheet (MSDS) for any chemical that is brought onto State of Ohio Facility property and (per OSHA Standard CFR 1910.1200). Provide copy to Designated Supervisor.



Ohio Shared Services
Service First
1-800-392-1844

VENDOR INFORMATION FORM

All parts of the form must be completed by the vendor and returned to Ohio Shared Services. The information must be legible.

SECTION 1 – PLEASE SPECIFY TYPE OF ACTION

- NEW (W-9 OR W-8ECI FORM ATTACHED) CHANGE OF CONTACT PERSON/INFORMATON
- ADDITIONAL ADDRESS (PLEASE PROVIDE COPY OF INVOICE OR LETTER OF EXPLANATION)
- CHANGE OF ADDRESS – ENTER OLD ADDRESS
- CHANGE OF TIN (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE, WHICH INCLUDES OLD TIN, IS REQUIRED)
- CHANGE OF NAME (NEW W-9 AND LETTER OF EXPLANATION OF CHANGE IS REQUIRED)
- CHANGE OF PAY TERMS CHANGE OF PO DISPATCH METHOD OTHER _____

SECTION 2 – PLEASE PROVIDE VENDOR INFORMATION

LEGAL BUSINESS OR INDIVIDUAL NAME: (MUST MATCH W-9 OR W-8ECI FORM)

BUSINESS NAME, TRADE NAME, DOING BUSINESS AS: (IF DIFFERENT THAN ABOVE)

FEDERAL TAX ID (TIN), EMPLOYER ID (EIN) OR SOCIAL SECURITY NUMBER (REQUIRED):

<input type="text"/>											
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

BUSINESS ENTITY: (IF A SOLE PROPRIETOR, THE INDIVIDUAL'S NAME MUST APPEAR IN LEGAL BUSINESS NAME) CHECK ONE:

- INDIVIDUAL/SOLE PROPRIETOR CORPORATION S CORPORATION PARTNERSHIP TRUST/ESTATE
- LIMITED LIABILITY COMPANY CIRCLE THE TAX CLASSIFICATION (C=CORPORATION, S= S CORPORATION, P=PARTNERSHIP) _____
- OTHER (PLEASE EXPLAIN)

SECTION 3 – PLEASE PROVIDE COMPLETE ADDRESS 1 (IF MORE THAN 2 ADDRESSES, INCLUDE A SEPARATE SHEET)

ADDRESS: <input type="text"/>	COUNTY: <input type="text"/>
----------------------------------	---------------------------------

CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>
-------------------------------	--------------------------------	-----------------------------------

SECTION 4 – PLEASE PROVIDE COMPLETE ADDRESS 2

ADDRESS: <input type="text"/>	COUNTY: <input type="text"/>
----------------------------------	---------------------------------

CITY: <input type="text"/>	STATE: <input type="text"/>	ZIP CODE: <input type="text"/>
-------------------------------	--------------------------------	-----------------------------------

SECTION 5 – CONTACT INFORMATION AND PERSON TO RECEIVE PURCHASE ORDER

NAME:

WEBSITE:

PHONE:

FAX:

E-MAIL:

SECTION 6 - STRATEGIC SOURCING CONTACT INFO (PERSON TO RECEIVE E-MAIL NOTICE OF BID EVENTS)

THE USER ID & PASSWORD TO COMPLETE STRATEGIC SOURCING REGISTRATION WILL BE SENT TO E-MAIL ADDRESS BELOW.

NAME:

E-MAIL:

PHONE NUMBER:

SECTION 7 – IS YOUR BUSINESS CURRENTLY CERTIFIED AS? (PLEASE CHECK)

MBE (MINORITY BUSINESS ENTERPRISE) EDGE (ENCOURAGING DIVERSITY, GROWTH, & EQUITY) N/A

SECTION 8 – PAYMENT TERMS (PLEASE CHECK ONE, OTHERWISE NET 30 WILL BE APPLIED BY DEFAULT)

2/10 NET 30 NET 30 NET 45 NET 60 NET 90

SECTION 9 – PURCHASE ORDER DISTRIBUTION- OTHER THAN USPS MAIL (NOTE: APPLICABLE FOR VENDORS THAT RECEIVE PO ONLY (INPUT E-MAIL ADDRESS OR FAX NUMBER BELOW)

E-MAIL OR FAX:

SECTION 10 – PLEASE SIGN AND DATE

PRINT NAME:

DATE:

SIGNATURE:

SECTION 11 – STATE OF OHIO AGENCY CONTACT INFORMATION (AGENCY WHERE GOODS OR SERVICES ARE DELIVERED)

AGENCY NAME:

E-MAIL:

PHONE NUMBER:

COMMENTS:

Note: This document does contain sensitive information. Sending via non-secure channels, including e-mail and fax can be a potential security risk.

SUBMIT FORM TO:

Mail: Ohio Shared Services
P.O. Box 182880 Cols., OH 43218-2880
Fax: (614) 485-1052
E-mail: vendor@ohio.gov

QUESTIONS? PLEASE CONTACT:

Phone: 1 (877) OHIO-SS1 (1-877-644-6771)
1 (614) 338-4781
E-mail: vendor@ohio.gov

Request for Taxpayer Identification Number and Certification

**Give Form to the
 requester. Do not
 send to the IRS.**

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number		
-		
Employer identification number		
-		

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,
- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS a percentage of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name/disregarded entity name" line.

Partnership, C Corporation, or S Corporation. Enter the entity's name on the "Name" line and any business, trade, or "doing business as (DBA) name" on the "Business name/disregarded entity name" line.

Disregarded entity. Enter the owner's name on the "Name" line. The name of the entity entered on the "Name" line should never be a disregarded entity. The name on the "Name" line must be the name shown on the income tax return on which the income will be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a domestic owner, the domestic owner's name is required to be provided on the "Name" line. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on the "Business name/disregarded entity name" line. If the owner of the disregarded entity is a foreign person, you must complete an appropriate Form W-8.

Note. Check the appropriate box for the federal tax classification of the person whose name is entered on the "Name" line (Individual/sole proprietor, Partnership, C Corporation, S Corporation, Trust/estate).

Limited Liability Company (LLC). If the person identified on the "Name" line is an LLC, check the "Limited liability company" box only and enter the appropriate code for the tax classification in the space provided. If you are an LLC that is treated as a partnership for federal tax purposes, enter "P" for partnership. If you are an LLC that has filed a Form 8832 or a Form 2553 to be taxed as a corporation, enter "C" for C corporation or "S" for S corporation. If you are an LLC that is disregarded as an entity separate from its owner under Regulation section 301.7701-3 (except for employment and excise tax), do not check the LLC box unless the owner of the LLC (required to be identified on the "Name" line) is another LLC that is not disregarded for federal tax purposes. If the LLC is disregarded as an entity separate from its owner, enter the appropriate tax classification of the owner identified on the "Name" line.

CONTRIBUTION STATEMENT

CONTRACTOR'S NAME: _____

FEDERAL TAX I.D. NUMBER: _____

The contractor certifies by their signature below, that they are currently in compliance with and will continue to adhere to the requirements of the Ohio ethics laws as provided by Sections 102.03 and 102.04 of the Revised Code.

Further, the contractor affirms that as applicable to the contractor, no party listed in division (I) or (J) of Section 3517.13 of the Revised Code or spouse of such party has made, as an individual within the two previous calendar years, one or more contributions totaling in excess of \$1,000.00 to the Governor or to his campaign committees.

Signature Contractor/Vendor

Date signed

Please note: No work may proceed or payment be remitted until above statement has been signed and returned to the following address:

Cambridge Developmental Center
Attn: Business Office
66737 Old 21 Road
Cambridge, OH 43725

CERTIFICATE OF DRUG FREE WORKPLACE COMPLIANCE

The undersigned certifies that a good faith effort to ensure that all employees, while working on state property, will not purchase, use or possess illegal drugs or alcohol or abuse prescription drugs in any way.

Name of Contractor

Address

City, State Zip Code

Authorized signature of contractor

NON-COLLUSION AFFIDAVIT

STATE OF OHIO

COUNTY OF GUERNSEY

The Bidder and each person signing on behalf of the Bidder certifies, and in the case of a joint bid, each party thereto certifies as to such party's organization, under penalty of perjury, that to the best of the undersigned's knowledge and belief:

1. The base Bid and Unit Prices in the bid have been arrived at independently without collusion, consultation, communication or agreement, for the purpose of restricting competition as to any matter relating to such Base Bid and Unit Prices with any other Bidder or third party.
2. Unless otherwise required by law, the Base Bid and Unit Prices which have been quoted in the bid have not been knowingly disclosed by the Bidder and will not knowingly be disclosed by the Bidder prior to the bid opening, directly or indirectly, to any other Bidder or to any third party that would have any interest in the Base Bid or Unit Prices.
3. No attempt has been made or will be made by the Bidder to induce any other individual, partnership or corporation to submit or not to submit a bid for the purpose of restricting competition.

Authorized Signature:

Print Name:

Title:

Company Name:

HIPAA Compliance Provisions

Ohio Department of Mental Retardation and Developmental Disabilities

Service Contract

Provisions for Compliance with the Health Insurance Portability and Accountability Act of 1996 (HIPAA)

A. Definition

Protected Health Information (hereinafter "PHI") is information received from or on behalf of the Department that meets the definition of PHI as defined by the Health Insurance Portability and Accountability Act (HIPAA) and the regulations promulgated by the United States Department of Health and Human Services, specifically 45 C.F.R. 164.501, and any amendments thereto.

B. Permitted Uses and Disclosures

Contractor shall not use or disclose PHI except as provided within this contract solely to fulfill the specific contract activities specified herein or as otherwise required under the HIPAA regulations or other applicable law. Contractor and all subcontractors and agents of Contractor are limited to the uses or disclosures that the Department is permitted by HIPAA to conduct.

C. Safeguards

Contractor shall use appropriate safeguards to protect against use or disclosure not provided for by this contract.

D. Reporting of Disclosure

Contractor shall promptly report to the Department any knowledge of uses or disclosures of PHI that are not in accordance with this contract or applicable law. In addition, Contractor shall mitigate any adverse effects of such a breach to the extent possible.

E. Agents and Subcontractors

Contractor shall ensure that all of its agents and subcontractors that receive PHI from or on behalf of Contractor or the Department or create PHI on behalf of Contractor or the Department agree to the same restrictions and conditions that apply to Contractor with respect to the use or disclosure of PHI.

F. Accessibility of Information

Contractor shall make available to the Department such information as the Department may require to fulfill the Department's obligations to provide access to, provide a copy of, and account for disclosures with respect to PHI pursuant to HIPAA and regulations promulgated by the United States Department of Health and Human Services, including, but not limited to, 45 C.F.R. Sections 164.524 and 164.528 and any amendments thereto.

G. Amendments of Information

Contractor shall make PHI available to the Department in order for the Department to fulfill its obligations pursuant to HIPAA to amend the information and shall, as directed by the Department, incorporate any amendments into the information held by Contractor and ensure incorporation of any such amendments into information held by Contractor's agents or subcontractors.

H. Disclosure

Contractor shall make available its internal practices, books and records relating to the use and disclosure of PHI received from the Department, or created or received by Contractor on behalf of the Department, to the Department and to the Secretary of the United States Department of Health and Human Services for the purpose of determining the Department's compliance with HIPAA and the regulations promulgated by the United States Department of Health and Human Services and any amendments thereto.

I. Material Breach

In the event of a material breach of Contractor's obligations under this section, the Department may at its option terminate this contract. Termination of this contract shall not affect any provision of this contract that, by its wording or nature, is intended to remain effective and to continue to operate in the event of termination.

J. Return or Destruction of Information

Upon termination of this contract, Contractor, at the Department's option, shall return to the Department, or destroy, all PHI in its possession, and keep no copies of the information except as requested by the Department or required by law. If Contractor or its agents or subcontractors destroy any PHI then Contractor will provide the Department documentation evidencing such destruction. Any PHI maintained by the Contractor shall continue to be extended the same protections set forth in this contract for as long as it is maintained.

Detecting and Preventing Fraud, Waste, and Abuse in the Department's Medicaid Billing Practices

As an employee of the Ohio Department of Mental Retardation and Developmental Disabilities or an employee of a contractor or agent performing work on behalf of one of the department's developmental centers, you can play a critical role in helping prevent fraud, waste, and abuse in our Medicaid billing practices. To that end, we want to make you aware of the following:

- It is both the department's policy and practice to strive to detect and prevent fraud, waste, and abuse in Medicaid billing practices and to create and submit accurate and truthful claims for federal funds under the Medicaid program in accordance with state and federal law.
- The department has established procedures to detect and prevent fraud, waste, and abuse in our Medicaid billing practices. These procedures are described below.
- There are important federal and state laws that aid in detecting and preventing fraud, waste, and abuse with respect to public funds. These laws are described below.

Procedures for Detecting and Preventing Fraud, Waste, and Abuse

The department maintains accounting systems and internal controls to ensure the accuracy and integrity of our Medicaid billing practices and to detect and prevent fraud, waste, and abuse.

The department's accounts payable system guards against fraud, waste, and abuse in the operation of our developmental centers. The centers receive federal funds through the Medicaid program as intermediate care facilities for persons with mental retardation and developmental disabilities and are reimbursed for their allowable costs up to a ceiling. On an annual basis, the department prepares a cost report for the developmental centers. The cost report is audited by the Ohio Department of Job and Family Services to ensure accuracy and that only allowable costs are reimbursed.

All employees and contractors are expected to record their time accurately and completely and document their billable activities in a timely manner. Documentation that a service or healthcare item was actually delivered must exist before a supplier is paid. Additionally, the supplier must submit a proper invoice. Program staff must document that services are delivered in accordance with a client's service plan.

The department uses a computer-based administrative claiming system that requires two levels of review to ensure that any claims we submit to the federal government for the administrative expenses incurred in administering home and community-based waivers are accurate and truthful. The claiming process begins with the preparation of quarterly time studies by employees that capture the

The Ohio Department of Mental Retardation and Developmental Disabilities is an Equal Opportunity
Employer and Provider of Services

amount of time they devote to Medicaid administrative activities within various categories. Prior to conducting each quarterly time study, employees are trained in the proper method for recording and categorizing their time. The time studies are initially reviewed by the employees' supervisors. Once approved by the supervisors, the time studies are submitted to the Division of Fiscal Administration, where the staffs who oversee the Medicaid administrative claiming system review the time studies a second time.

False Claims Act

The federal False Claims Act (FCA), 31 U.S.C. 3729-33, imposes civil penalties on any person or organization for knowingly making a false record or filing a false claim with the government for payment. "Knowingly" can include deliberate or reckless ignorance of facts that make the claim false. The FCA does not require proof of a specific intent to defraud. A claim includes any request or demand for money to the United States government or its contractors.

Examples of possible false claims include someone knowingly billing Medicaid for services that were not provided, billing for services that were not authorized, or duplicate billing to obtain double payment.

A person who knows a false claim was filed for payment can file a lawsuit in Federal Court on behalf of the government. Whistleblowers who prevail in such "qui tam" actions may receive a reward of 15 - 30 % of the amount recovered by the government.

Penalties for violating the federal False Claims Act can be up to three times the value of the false claim, plus from \$5,000 to \$10,000 in fines, per claim.

Administrative Remedies for False Claims and Statements

The Program Fraud Civil Remedies Act of 1986, 31 U.S.C. Chapter 38, provides administrative remedies for false claims and statements. It provides for a civil penalty of up to \$5,000 per false claim plus an assessment of up to twice the amount of the claim for anyone who makes, presents, or submits (or causes to be made, presented, or submitted) a claim that the person knows or has reason to know is false, fictitious, or fraudulent. The U.S. Inspector General investigates violations of this law.

Ohio Laws Pertaining to Civil or Criminal Penalties for False Claims and Statements

Although Ohio does not have a law equivalent to the False Claims Act, there are state laws that regulate the filing of false claims in an attempt to defraud Medicaid. Under O.R.C. 5111.03, providers can be found civilly liable for obtaining or attempting to obtain payments to which a Medicaid provider is not entitled. If the provider is found to have violated this law, the provider is subject to civil penalties, fines, and loss of its Medicaid provider agreement.

In some circumstances, a provider or other responsible persons may also be found guilty of the crime of Medicaid Fraud. Criminal charges are not limited solely to

providers. Anyone who files a false claim or in some way participates in a scheme to file false claims for Medicaid funds can be charged with fraud. If convicted, the individual could go to jail and be ordered to pay fines and restitution. Additionally, a physician or other licensed healthcare provider can have his or her license to practice suspended or permanently revoked.

Whistleblower Protections

The federal False Claims Act protects anyone who files a false claim lawsuit from being fired, demoted, threatened or harassed by his or her employer for filing the suit. An employer who fires an employee in retaliation can be ordered by a court to re-hire the employee, and to pay double the amount of back pay, plus interest and attorney's fees.

State law also provides whistle blower protections to both public and private sector employees. In accordance with O.R.C. 124.341, state employees are permitted to file a written report that identifies either (1) a violation of state or federal law or (2) the misuse of public resources that the employee becomes aware of in the course of employment. The written report is to be filed with the employee's supervisor or appointing authority (assuming the supervisor or appointing authority has the authority to correct the violation or misuse).

The statute also permits the employee to report the violation of state or federal law or misuse of public resources to a prosecuting attorney, law enforcement, or similarly situated person, if the employee reasonably believes that the violation is a criminal offense, or to the Ohio Ethics Commission.

Reporting Fraud, Waste, or Abuse

If you have questions concerning this policy, you should feel free to ask your supervisor for clarification and guidance. If you suspect that improper billing or documentation is occurring or know of other possible violations of this policy, you should immediately notify your supervisor or a higher-level manager. You are expected to report your concerns about possible fraud, waste, or abuse and should do so without fear of retaliation. If you want to, you may report your concerns anonymously.

You also may report suspect activity to any of the following.

- **The Department's Division of Audits at 614-728-0125.**
- **The Department's Chief Ethics Officer at 614-466-5216**
- **The Ohio Attorney General's Medicaid Fraud Control Unit toll free at 800-642-2873.**
- **The Ohio Department of Job and Family Services' Office of Research, Assessment, and Accountability at 614-466-7936.**