

Ohio Department of Mental Health and Addiction Services

Twin Valley Behavioral Healthcare
2200 West Broad Street
Columbus, Ohio 43223

Request for Proposal Psychiatrist

Request for Proposal Number: MHA15035

Request for Proposal Issued: September 16, 2014

Request for Proposal Due: September 25, 2014 by 2:00 PM

A. Project Overview Twin Valley Behavioral Healthcare (TVBH), 2200 West Broad Street, Columbus, OH 43223 and Community Service Network (CSN), 3595 Sullivant Avenue, Columbus, Ohio 43228. TVBH is soliciting personal services contracts for Fiscal Year 2015 (September 25th, 2014-June 30, 2015).

B. Scope of Work

- Provide a dedicate pool of State of Ohio Psychiatrist to provide on-site services to on-roll patients of Twin Valley Behavioral Healthcare.
- Provide a mutually agreeable method of orientation and assignment of personnel.
- Provide a system of credentials and evaluation review that complies with the standards set forth, by Twin Valley Behavioral Healthcare.
- As assigned, complete Psychiatrist examination and assessment of patients relating to placement in CSN; provide treatment and continuity of care; provide services which equals 60% productivity as set forth by ADAMH Board; individual a group psychological therapy; and provide supervision of psychology assistants.
- Bid for contract shall be for cost per hour of clinical service. Expected work to be 8 – 10 hrs per week.
- Document services activities in accordance with ODMH/TVBH/CSN, The Joint Commission guidelines, policies and procedures.
- Documents all findings and intervention in psychological progress notes; completes assessments, consulting requests, treatment plans and other related work and requests, and documents according to TVBH/CSN policy.
- Provides all services in an ethical manner consistent with applicable HIPPA, AMA, APA, TJC and hospital standards. Selected provider agrees to submit information on each candidate to the hospital's credentials committee for granting of specific privileges.
- May periodically meet with the hospital's Chief Clinical Officer and Director of Psychology to assure that documentation is in accordance with certifying agency standards.

C. Vendor Requirements

The provider shall include, but not limited to obtaining, maintaining, and reviewing the credential of each Psychologist:

- State of Ohio Psychology license per Section 4732.12 or 4732.15 (A) of Ohio Revised Code
- Review of academic and professional background
- Verification of good standing with all, applicable Psychology Boards
- The provider retains responsibility for verifying the clinical privileges of each psychologist to perform the duties and all pertinent memoranda of agreement between the firm and the TVBH facility, under the supervision of TVBH staff.

D. Specification Requirements

The contractor will be required to submit proposals that include, but not limited to, the following:

- Cover letter and summary of services to be provide consistent with duties identified below:
- Proof of Insurance Liability and Worker’s Compensation.
- Work Plan: Provide clinical case consultations to TVBH's Chief Clinical Officer (CCO), staff psychiatrist, &/or other members of the professional staff in either the civil hospital units or the Forensic Unit.
- Agency Licensure &/or Certification

D. Evaluation of Proposals

1. Proposals will be scored and point values given to the following criteria.

Technical Criterion	Weight	Rating (0 – 4)	Technical Score
Current Ohio Medical License	25		
Academic and Professional Background	25		
Cost per Report	25		
Organizational Capacity	25		
Total Weight	100		
Total Technical Score			

E. Submission of Proposal

Electronic bids must be sent to OhioMHASBidOpportunity@mha.ohio.gov. Original bid may be sent via U.S. mail to:

Lisa Emrich, Twin Valley Behavioral Healthcare 2200 West Broad Street Columbus Ohio 43223. The bid number **MHA15034** must be clearly marked on the sealed envelope.

Bids are to be submitted on your company’s letterhead before **2:00 PM Sept. 25, 2014**.

Bids must include: vendor name, address, Federal Tax Identification number, contact person, phone number, signature, total cost, and documentation identifying experience relevant to proposals.

<http://procure.ohio.gov/proc/viewWhatsNewSolicitations.asp> this is where a potential vendor looks for opportunities.

Questions regarding the Request for Proposal must be sent via the State of Ohio Procurement Website under the Request for Proposal "Submit Inquiry".

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)

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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://das.ohio.gov/Eod/Edge/Index.htm>



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):

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: **OHIO DEPARTMENT OF MENTAL HEALTH**

E-MAIL: Lucille.Fuller@mh.ohio.gov

PHONE NUMBER: 614-466-7697

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.

Social security number									

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

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 ▶
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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.