COVER SHEET FOR BID PROPOSAL

RFP Bid Package #: 2020-001

We hereby propose to provide occupational therapy and physical therapy to students in accordance with IDEA, COMAR, the Americans with Disabilities Act. Occupational therapy and physical therapy are provided in accordance with a student's IEP or IFSP.

Company Name: _____

Company Address: _____

_____

_____

Subject to acceptance by the Garrett County Board of Education, the Vendor acknowledges that by submitting an offer AND signing in the space indicated, the Vendor is contractually obligated to comply with all items in this Request for Proposal. Vendors who sign below may not later take exception to any point during contract negotiations.

_____

Signature of Authorized Individual Title Date

Please provide the following contact information pertaining to the person responsible for the completion of your offer. This person will be responsible for answering any questions and clarifications concerning the bid proposal.

Contact Name: _____

Direct Phone: _____

Email: _____

EXHIBIT A- SERVICES

These numbers are fluid and will vary during the term of the contract

Part C- Infants and Toddlers OT

Number of OT Sessions Weekly	Total Hours for Weekly Services	Number of OT Sessions Monthly	Total Hours for Monthly Services
4	2.25	2	1

OT and PT will be required to attend weekly I&T team meetings on Thursdays from 1-3:30

Part B-School Age OT

School	Number of Students	Total Hours per Week	Number of Students (ESY)	Total Hours per Week (ESY)
Accident Elementary	8	3.97	2	0.07
Broad Ford Elementary	13	4.72	3	0.58
Crellin Elementary	2	0.55	1	0.03
Friendsville Elementary	1	0.5	0	0
Grantsville Elementary	3	1.1	1	0.05
Northern Garrett High School	3	0.77	0	0
Northern Middle School	7	2.78	0	0
Route 40 Elementary	3	1.5	1	2
Southern Garrett High School	1	0.6	0	0
Southern Middle School	7	3.1	0	0
Swan Meadow School	1	0.5	0	0
Yough Glades Elementary	21	10.03	8	3.28

These numbers include 3-5 year old children that are not yet enrolled in school

Part C- Infants and Toddlers PT

Number of PT Sessions Weekly	Total Hours for Weekly Services	Number of PT Sessions Monthly	Total Hours for Monthly Services
7	3.75	2	1.5

OT and PT will be required to attend weekly I&T team meetings on Thursdays from 1-3:30

Part B-School Age PT

School	Number of Students	Total Hours per Week	Number of Students (ESY)	Total Hours per Week (ESY)
Accident Elementary	3	1	2	0.07
Broad Ford Elementary	7	4.72	2	0.07
Grantsville Elementary	2	1	0	0
Northern Garrett High School	2	0.72	0	0
Northern Middle School	2	0.38	0	0
Route 40 Elementary	1	0.5	0	0
Southern Middle School	6	2.27	1	0.03
Yough Glades Elementary	9	3.6	4	0.62

These numbers include 3-5 year old children that are not yet enrolled in school

VENDOR QUESTIONNAIRE
RFP Bid Package #: 2020-001

ıdors must complete this questionnaire in full so as to assist the Garrett County Board of Education in reviewing all ȿals in accordance with the criteria. Failure to completely answer all questions in a thorough and accurate manner ɨad to the rejection of the proposal.

Have the employees you would be assigning to this contract had continuing education training to enhance their skills for working with children with disabilities in the following age ranges:

Infants (0-3) _____ Yes _____ No
Pre-school (3-5) _____ Yes _____ No
No School age (5-21) _____ Yes _____ No

If yes please provide information about the continuing education training individual employees have completed in a separate attachment.

Have you previously had or do you currently have contracts with other school systems in Maryland?

_____ Yes _____ No

If yes, identify those school systems for the purpose of providing a reference:

Have you previously had or do you currently have contracts with other school systems in other states?

_____ Yes _____ No

If yes, identify those school systems for the purpose of providing a reference:

Have you previously done medical assistance billing for a school system in Maryland?

_____ Yes _____ No

Have you previously done medical assistance billing for a school system in another state?

_____ Yes _____ No

If yes to either, provide a sample bill that includes both a supervised and a non-supervised therapy session as an attachment.

If you have never billed medical assistance to a school system explain how you adopt your current MA billing system to the requirements for school-based MA billing:

Garrett County Schools shall be entitled to in-service presentations provided by the vendor, covering a variety of topics related to OT/PT upon request.

Will there be a charge for these in-service presentations? _____ Yes _____ No

If yes, what will the fee be?

Vendor Name: _____

VENDOR RECOMMENDATION SERVICE PLAN

RFP Bid Package #: 2020-001

COMPONENT 1 - Fees

Payment for these services shall be in according to the following scale*:

Licensed Registered Occupational Therapist (OTR)	_____/ hour
Licensed Physical Therapist (PT)	_____/ hour
Licensed Certified Occupational Therapy Assistant (OTA)	_____/ hour
Licensed Physical Therapist Assistant (PTA)	_____/ hour

Administrative Assignment Only

Occupational/ Physical Therapy Aide	_____/ hour

***** These fees shall include travel time and routine documentation. Schedule and length of the day will be set for the benefit of students and county personnel served. Service pattern shall be designed to preserve the lowest possible billing to the county while providing quality services to all students. OTR's/ PT's shall also be used, as needed, for supervision, evaluations or as indicated to meet the needs of students served. An invoice must be received by the BOE on the 15th of each month for the prior month of services. Billing backup will need to be provided in order that BOE staff can confirm the charged amounts on the billing.

COMPONENT 2 – FTE's (Full Time Equivalent's)

The following number of FTE's will be used to cover the Scope of Work and meet the Expectations as outlined in the accompanying documents:

Licensed Registered Occupational Therapist (OTR)	_____FTE
Licensed Physical Therapist (PT)	_____FTE
Licensed Certified Occupational Therapy Assistant (OTA)	_____FTE
Licensed Physical Therapist Assistant (PTA)	_____FTE

Administrative Assignment Only

Occupational/ Physical Therapy Aide	_____FTE

Do you currently employ all of the FTE's identified in this proposal?

_____ Yes _____ No

If no, how many FTE's will you need to hire?

Licensed Registered Occupational Therapist (OTR)	_____
Licensed Physical Therapist (PT)	_____
Licensed Certified Occupational Therapy Assistant (OTA)	_____
Licensed Physical Therapist Assistant (PTA)	_____

Administrative Assignment Only

Occupational/ Physical Therapy Aide	_____

COMPONENT 3 – Licensure

How many of the FTE's identified above already hold Maryland DHMH licensure?

Licensed Registered Occupational Therapist (OTR)	____ out of ____
Licensed Physical Therapist (PT)	____ out of ____
Licensed Certified Occupational Therapy Assistant (OTA)	____ out of ____
Licensed Physical Therapist Assistant (PTA)	____ out of ____

Administrative Assignment Only

Occupational/ Physical Therapy Aide	____ out of ____