

RESOLUTION ORDERING REQUEST FOR THERAPY SERVICES AT THE ASHTABULA COUNTY NURSING & REHABILITATION CENTER

WHEREAS, George Dubic, Administrator of the Ashtabula County Nursing & Rehabilitation Center, requests that the Ashtabula County Board of County Commissioners order Request for Proposals for Therapy Services to include: occupational and physical therapy and speech language pathology, now

THEREFORE, BE IT RESOLVED, By the Board of Commissioners of Ashtabula County, Ohio, that a proposal opening will be held on March 3, 2023 at 2:00 p.m. and received by the Board of Ashtabula County Commissioners and Lisa Hawkins, Clerk of the Board is hereby ordered to advertise in a newspaper of general circulation, via the internet at the Ashtabula County Website, <http://ashtabulacounty.us/bids> and to post notice of said proposal on the bulletin board as required by law.

**ASHTABULA COUNTY COMMISSIONERS
CERTIFICATION PAGE**

Resolution No. 2023-105

February 14, 2023

**RESOLUTION ORDERING REQUEST FOR THERAPY SERVICES AT THE
ASHTABULA COUNTY NURSING & REHABILITATION CENTER**

Upon the motion of Kathryn L. Whittington, seconded by J.P. Ducro IV.

VOTE:

**Casey R. Kozlowski
Kathryn L. Whittington
J.P. Ducro IV**

**Aye
Aye
Aye**

CERTIFICATE OF CLERK

IT IS HEREBY CERTIFIED that the foregoing is a true and correct transcript of a resolution acted upon and duly passed by the Board of County Commissioners of Ashtabula County, Ohio, on the date noted above.



Lisa Hawkins, Clerk of the Board
Board of County Commissioners
Ashtabula County, Ohio

ASHTABULA COUNTY, OHIO



REQUEST FOR PROPOSAL

FOR THERAPY SERVICES

**ASHTABULA COUNTY NURSING AND REHABILITATION CENTER
AS ORDERED BY THE ASHTABULA COUNTY BOARD OF COMMISSIONERS**

RFP#1

ASHTABULA COUNTY BOARD OF COMMISSIONERS
REQUEST FOR PROPOSAL
For
Therapy Services
ASHTABULA COUNTY NURSING AND REHABILITATION CENTER

Name of Offeror: _____

Contact Person: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____

E-mail: _____

Authorized Signature _____ Title: _____

Name Printed: _____ Date: _____

It is agreed by the above signed offer that the signature and submission of this proposal represents the offeror's acceptance of all terms, conditions, and requirements outlined in the proposal.

NOTICE TO FIRMS
ASHTABULA COUNTY NURSING & REHABILITATION CENTER
THERAPY SERVICES
RFP#1

The Board of Commissioners of Ashtabula County, Ohio is issuing this Request for Proposals to obtain Therapy Services for the Ashtabula County Nursing & Rehabilitation Center. If your firm is interested in submitting a proposal, please submit an original and 3 copies of the sealed proposal to Ashtabula County, Board of County Commissioners, Old Courthouse, 2nd Floor, 25 West Jefferson Street, Jefferson, Ohio 44047-1092 by March 3, 2023 by 2:00 p.m. EST at which time said proposals will be opened and read in accordance with specifications on file in the Ashtabula County Board of Commissioners' Office on RFP #1.

Written questions regarding any technical issues in this RFP shall be addressed to:

Phil Coury via email at: prc@generationshcm.com

Each proposal must be in a sealed envelope and the outside thereof properly marked with RFP Number 1, March 3, 2023 by 2:00 p.m. EST

Please visit the Ashtabula County website to obtain and complete the RFP:
<https://www.ashtabulacounty.us/Bids.aspx>

No firm shall be deemed eligible to be awarded the contract of which this notice applies unless the firm has completed this RFP in its entirety.

The Ashtabula County Board of Commissioners reserves the right to waive any and all informalities and the right to reject any and all proposals. The Board has the sole discretion to determine the proposal that is most advantageous to the County.

By order of the Board of Commissioners of Ashtabula County, Ohio:

Casey R. Kozlowski, Kathryn Whittington, J.P. Ducro IV,

Lisa Hawkins,

Clerk of the Board

1. PREAMBLE

The County of Ashtabula (“County”) is issuing this request for proposal to contract for therapy services for the Ashtabula County Nursing and Rehabilitation Center, a 130-bed skilled nursing facility, (Hereinafter referred to ACNRC), for the provision of inpatient physical and occupational therapy and speech language pathology.

To provide high-quality, professional therapy services to the residents of the ACNRC, the County believes it is in the best interest of the ACNRC residents that a Request for Proposal be issued. It is expected that such a firm would be able to provide available resources in response to work flow demands to meet therapy services as required.

The selected Provider is expected to be contracted for one year with an option of successive automatic one-year extensions, with termination only by written notification by either party.

2. PURPOSE

The company will be required to provide Physical Therapy, Occupational Therapy and Speech/language Therapy in compliance with the scope of services governed under their respective licensing Boards and in compliance with all State and Federal laws governing skilled nursing facilities. The company shall be responsible for supervision and organization of the therapy department and will provide staff therapists and therapy assistants to support the needs of the residents at ACNRC.

The County is seeking therapy services that will work on-site, with a flexible schedule according to patient needs. Under the direction of the ACNRC Administrator, the Provider will provide the range of expertise necessary to carry out required therapy functions including: inpatient physical and occupational therapy and speech language pathology.

The County will, based on qualifications presented in the response to this RFP, select the firm(s) best able to provide therapy services for residents of the ACNRC. The successful firm shall also have the resources to provide cost-effective and timely services to the County. Additionally, the County has an option to interview the selected firm’s candidate who will provide Therapy services.

3. SCOPE OF SERVICES

In general, the successful firm will be expected to provide in-patient therapy services for residents at the ACNRC.

The therapy services that a successful applicant would provide include, but are not limited to the ability to perform the following:

A. Develop individualized, comprehensive, goal-oriented treatment plans which include service provided, tracking, expected outcome, and therapy methods.

B. When required, be present at meetings to discuss patient progress and treatment plans with ACNRC staff.

C. Develop and maintain good working relationships with other ACNRC departments, patients and the public.

4. PROPOSAL REQUIREMENTS

The proposal shall clearly address all of the information requested herein. To achieve a uniform review process and obtain the maximum degree of comparability, proposals must be organized and contain all information as specified below:

A. Cover Letter: Maximum of one page serving as an executive summary which shall include an understanding of the scope of services.

B. Brief Company Profile. General company information including number of employees, location of company headquarters and branch offices, number of years in business and organization, disciplines, and staffing. Describe the general qualification of the firm as they relate to the work proposed with this RFP.

C. Organization and Staffing. Provide the necessary staff to perform the duties outlined in this RFP.

D. Description and Approach. The proposal should demonstrate the Provider's knowledge of the needs and objectives of the work proposed under this RFP.

E. Cost Proposal. Provide the estimated costs of providing the services.

F. Résumé, Relevant Projects/Services with References. Provide references, relevant experience and a description of the services to be provided.

5. SUBMITTAL

One original and three (3) copies of the proposal must be submitted no later than 2:00 PM, Friday, March 3, 2023, as addressed below:

Ashtabula County Commissioner
RFP for ACNRC Therapy Services
Attn: Lisa Hawkins, Clerk of the Board
25 West Jefferson St.
Jefferson, Ohio 44047

All questions regarding this RFP shall be directed in writing to Phil Coury, via email at: prc@generationshcm.com by Wednesday, March 1, 2023 at 4:30 p.m. No postmarks will be accepted.

6. AMENDMENTS TO REQUEST FOR PROPOSALS

The County reserves the right to amend the RFP by addendum prior to the final proposal submittal date.

7. PROPOSAL EVALUATION/SELECTION

The County intends to engage the most qualified Provider available who demonstrates a thorough understanding of the County's needs. County staff will use the following criteria to evaluate proposals:

- Understanding of Work to be Performed (the Scope of Services): **15 points**
- Demonstrated Quality Firm and Professional Staff Experience, Performance and Approach: **25 points**
- Familiarity with requested therapy services: **20 points**
- Firm's Professional References/Satisfaction of Clients: **15 points**
- Completeness and Quality of Proposal: **15 points**
- Cost Approach to performing this type of service: **10 points**
- **Total: 100 points**

The County may request a qualification interview with the highest ranked Provider(s) prior to determining the final ranking. This selection will be conducted according to the County's adopted procedures. The County reserves the right to reject any and all proposals.

8. RIGHTS OF COMMISSIONERS

The issuance of this RFP and the acceptance of a proposal does not constitute an agreement by the County that any contract or other agreement will actually be entered into by the County. The County expressly reserves the right to:

- (a) Reject any or all proposals.
- (b) Reissue the RFP.
- (c) Accept portions of individual or multiple RFP responses.
- (d) Request more information and/or clarification of proposals from any or all Respondents.
- (e) Waive immaterial defect(s) or informality(ies).
- (f) Proposals are good for 90 days from the date of submission.

ASHTABULA COUNTY NURSING AND REHABILITATION CENTER

Therapy Services

REQUEST FOR PROPOSAL
RANKING SHEET/SCORING GUIDELINES

Firm: _____

	<u>Maximum Points</u>	<u>Score</u>
Understanding of Work:	15	_____
Demonstrated Firm Quality/ Experience :	25	_____
Familiarity and Quality of Care:	20	_____
Firm References/Client Satisfaction:	15	_____
Completeness/Quality of Proposal:	15	_____
Cost Approach	10	_____

TOTAL: 100 POINTS

VENDOR AFFIDAVIT FORM

PROJECT NAME: RFP THERAPY SERVICES-ASHTABULA COUNTY NURSING AND REHABILITATION CENTER

NON-DELINQUENCY OF PERSONAL PROPERTY TAXES: The undersigned, being duly sworn, if a contract is awarded you, states that we (the Vendor) are not charged at the time the proposal was submitted with delinquent personal property taxes on the general tax list of personal property of any county in which you as a taxing district have territory and that we were not charged with delinquent property taxes on any such tax list. Nor do I have any debt owed to the State of Ohio.

NON-DISCRIMINATION AND EQUAL EMPLOYMENT OPPORTUNITY: That we do not and shall not discriminate against any employee or applicant for employment because of race, religion, color, or national origin. If awarded the proposal and/or contract under this proposal, said party shall take affirmative action to insure that applicants are employed and that employees are treated, during employment, without regard to their race, religion, color, sex, or national origin. If successful as the most advantageous under the foregoing proposal this party shall post non-discrimination notices in conspicuous places available to employees and applicants for employment setting forth the provisions of this affidavit. Furthermore, said party agrees to abide by the assurances found in Section 153.59 of the Ohio Revised Code in contract provisions with the owner if selected as the successful offeror by the Owner.

NON-COLLUSION: That the proposal being submitted is genuine and not collusive or sham; that we/I have not colluded, conspired, connived, or agreed, directly or indirectly, with any other offeror or person, to submit a sham proposal, or refrain from proposing; have not in any manner, directly or indirectly sought by agreement or collusion, or communication or conference, with any person, to fix the proposal price of affiant or any other offeror, to fix any overhead, profit or cost element of said proposal price, or of that of any other offeror; to secure advantages against the County of Ashtabula or any person or persons interested in the proposed contract; that all statements contained in said proposal are true, and that, such offeror has not, directly or indirectly submitted this proposal, or the contents thereof, or divulged information or data relative thereto to any other potential information or date relative thereto to any other potential offeror. Further, Affiant affirms that no county employee has any financial interest in this company or the Proposal being submitted.

That we do hereby affirm the above statements to be true and in consideration of the award of the aforementioned contract, the above statements are incorporated in said contract as a covenant of the undersigned.

Company Name

Company Tax I.D. Number

Offeror/Vendor Signature

Print Name & Title

Sworn to before me and subscribed in my presence this _____ day of _____, 20____.

Notary Public Signature

Date Commission Expires

REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS

1. Company Name: _____
2. Company Address: _____
3. Telephone Number: _____ FAX: _____
4. The name and telephone number of the person(s) who has the authority to submit proposals:

5. The name and telephone number of the person(s) who has the authority to sign contracts:

6. The legal status of the vendor's organization

7. Date of establishment/ incorporation: _____
8. Federal Employer Identification Number (FEIN): _____
9. Is the company co-owned or controlled by a parent company? ___ Yes ___ No

If yes, name of parent company: _____
10. Is the vendor authorized/ licensed to do business in the state of Ohio? ___ Yes ___ No
11. Is the vendor bound by Federal, State, or local Affirmative Action or Equal Employment Opportunity rules? ___ Yes ___ No

If yes, has the company filed all required EEO reports to the necessary agencies? ___ Yes ___ No

12. The company certifies that it is not debarred nor suspended under Federal and State rulings from receiving federal funds. Yes No
13. Does the company have current or future plans for a buyout or sale? Yes No
14. The company certifies that it will not enter into contracts with subcontractors who are debarred or suspended from such transactions to complete work related to this Request for Proposals. Yes No
15. The company certifies it is a drug-free work place? Yes No
16. The company certifies it is not delinquent on any Federal debt? Yes No