

REQUEST FOR PROPOSALS FOR SPEECH AND LANGUAGE PATHOLOGY SERVICES
Washington Court House City School District

The Washington Court House City School District Board of Education (WCHCS) is requesting proposals for the following services:

SPEECH AND LANGUAGE PATHOLOGY SERVICES
FISCAL YEAR JULY 1, 2026 TO JUNE 30, 2027 (with option to renew for 2 additional years)

If you are interested in being considered as a Service Provider (Provider) for these services, please submit a written proposal to Becky Mullins, Treasurer/CFO of Washington Court House City School District, at becky.mullins@wchcs.org, by **12:00 p.m. on 6/4/26**. Proposals must be remitted electronically. Proposal submissions should be in strict response to the following instructions/questions and should not include additional promotional materials or a menu of services.

This Request For Proposal (RFP) sets forth the intent of WCHCS as to the procedure and criteria through which a Provider will be selected, but is not to be construed as setting forth specific terms of a contract between the Provider and WCHCS. Except as required by statute, WCHCS reserves the right in its sole discretion, to modify this procedure and criteria. **Questions about this proposal must be submitted by 5/20/26 and will be answered by 5/28/26.**

WCHCS, through its duly authorized officials, reserves the right to reject any, part of, or all proposals and to waive any formality pertaining to any proposal, without the imposition of any form of liability.

Proposals will be evaluated based on the responses to the questions listed below. Please provide answers to the following questions on a separate typed sheet. Responses should be concise and to the point, but should include the information necessary to communicate the information you desire.

1. Name of Provider:
Address:
Telephone Number:
Fax Number
Business Structure:
Contact Person:
2. Please provide pricing for all requested goods and/or services and indicate if there are any discounts for the bundling of goods and/or services. If bundling of services is possible and/or impacts cost, please provide information regarding the bundling of services.
3. What is your previous experience working with the District? Please explain in detail.
4. How many years have you been doing business?
5. Please provide information regarding the quality of services, such as the level of education of employees providing service and the experience of both the employees providing the services and the employees' supervisors.
6. How will your professional staff be assigned to this project? Will WCHCS or its designee(s) be permitted to interview and have input in the selection? How will a person be assigned if the original assigned person should leave your employment?
7. What is your ability to provide services upon short notice and to a specific geographic location or within a specific proximity to meet the educational needs of one or more students?
8. Please provide a list of the Ohio public school districts with which you have provided services in the past 5 years as it pertains to each service that falls under this RFP. Include name and location, services provided, contact name and phone number.

9. How will your employees interact with our staff?
10. Do you have any open litigation pending against you this time? If so, please provide details. How many suits have been filed against you in the past five years?

Overview

Telephone quotations or amendments will not be accepted at any time. All materials submitted will become property of WCHCS.

WCHCS may make any investigation necessary to determine the ability of the Provider to meet the needs of this proposal. The Provider shall furnish any additional information that WCHCS shall request in order to make a determination of a proposal award.

WCHCS reserves the right to waive technical defects in proposals, to reject any or all proposals, in whole or in part, and to make such awards in whole or in part, to re-advertise and invite new proposals; to modify proposals based upon negotiation with the Provider(s); that is in its judgment will be in the best interest of WCHCS even if such proposal is not the lowest cost proposal. WCHCS also reserves the right to discuss the proposal with one or more providers and to make such modifications as WCHCS, in its sole discretion, deems to be in its best interests.

Requests for Proposal

By submitting a proposal, the Provider will be presumed to be thoroughly familiar with the Request for Proposal, Specifications, other documents, including all Addenda and to have inspected the sites or asked questions (if necessary) so as to be fully informed of WCHCS' needs as they pertain to performance of this contract. The failure or omission of any Provider to examine any site, form, instrument, or document shall in no way relieve the Provider from any obligation with respect to its proposal. No proposal may be withdrawn for a period of sixty (60) calendar days after the scheduled closing for the receipt of proposals.

WCHCS may award a contract based upon the initial proposals received without discussion of such proposals with you. Accordingly, each initial proposal should be submitted with the most favorable price and service standpoint. All proposals shall include completed forms as provided by WCHCS, if applicable. WCHCS reserves the right to reject any or all proposals received or any parts thereof for any reason whatsoever, to waive any informality in any proposal or in any provision in the request for proposals, to require a modification of contract terms at any time, and to select the bidder who, in the opinion of WCHCS, will meet the best interests of WCHCS, provided that nothing herein shall be deemed to waive any requirement of federal, state or local law. Under no circumstances will WCHCS be responsible for the cost of preparing any bid or proposal.

Award and Consideration

Award of contract will be based upon the following criteria (not in order of relevance or scoring):

- Experience (new vendors should provide a brief narrative of past experiences with WCHCS or references of work with other school districts, or of other facilities of similar size.)
- Flexibility of the vendor to work with WCHCS (predominantly while school is not in session or after hours).
- Quality of equipment/services offered.
- Pricing
- Availability (ability to provide all products/services in a timely manner).

- Distance/travel time

Discrimination Prohibited

- (a) That in the hiring of employees for performance of work under this contract, or any subcontract hereunder, no such Provider or sub-provider shall, by reason of race, creed or color, discriminate against anyone who is qualified and available to perform the work to which the employment relates.
- (b) That no Provider, sub-provider, nor any person on his behalf shall in any manner discriminate against or intimidate any employee hired for the performance of work under this contract on account of race, creed or color.
- (c) That this contract may be canceled or terminated by WCHCS and all money due or to become due hereunder may be forfeited, for a second or any subsequent violation of the terms or conditions of this portion of the contract.

Insurance

Provider will maintain commercial general liability insurance coverage, including sexual abuse, molestation and contractual liability on an occurrence basis, for bodily injury and property damage. Provider will also maintain errors and omissions insurance for liability resulting from the negligent performance of professional duties or operations. Prior to the commencement of any work and no later than ten (10) days after notice of award of the contract, the successful Provider shall submit to WCHCS evidence of insurance demonstrating that the Provider has coverage for all insurances with the minimum limits of liability set forth herein. Contain a provision that such policies shall not be canceled or permitted to expire until at least thirty (30) days prior written notice has been provided to WCHCS. Provider will maintain such coverage throughout the term of any contract with WCHCS with renewal certificates of insurance provided to WCHCS no less than twenty (20) days prior to the expiration of the prior certificate of workers compensation insurance and certificate of insurance. Provider will provide WCHCS with a Certificate of Coverage naming Washington Court House Board of Education as an additional insured (must be valid for entire length of work performance)

Provider's Responsibilities

- (a) **Licenses:** Provider shall maintain in current status all federal, state, and local licenses and permits required for the operation of the business conducted by the Provider. This shall include proper Ohio Department of Education Licensure. A copy of ODE licensure for any/all staff during the term of contract must be submitted to the Treasurer of WCHCS, prior to commencement of any services and billing.
- (b) **Safety Standards:** All items supplied on this contract shall comply with current applicable Occupational Safety and Health Standards of the State of Ohio and other applicable safety standards.
- (c) **Performance Interference:** Provider shall notify WCHCS immediately of any occurrence of conditions that interfere with the full performance of the contract, and confirm it in writing within twenty-four (24) hours. This includes a change in assigned staff (contract or sub-contract).

Provider's Qualifications

- (a) **References:** Provide a list of at least three school district or business references to include names and phone numbers.

Standard of Quality

The Provider shall at all times maintain on the job a sufficient force of personnel and support to provide efficiency in all work. The work shall be carried on to interfere as little as possible with the normal conduct of school activities and every reasonable care shall be taken to protect the safety of the children, school staff and other employees, as well as any WCHCS property.

All grounds are smoke, drug, and alcohol free.

Specifications for WCHCS Contracted Services

1. Demonstrated capacity to provide school-based/education-focused services (i.e. occupational therapy, physical therapy, speech therapy, transportation, nursing) with public school systems preferably in the State of Ohio.
2. Provide the services of qualified licensed personnel. (Such as speech therapists, occupational therapists, certified occupational therapy assistants, physical therapists, and physical therapy assistants, as WCHCS indicates its need specifically for certain services)
3. Provider to provide supervisory and management level staff to coordinate services with WCHCS administration, and oversee the program and services.
4. All services will be provided in accordance with all federal, state and local regulations which impact service delivery of therapies within a public-school setting and will meet all requirements of the Medicaid Program for School Based Child Health Services.
5. Services will focus on removing barriers from students' ability to learn, and helping students to develop skills that increase independence and participation in the school environment. In order to ensure service delivery within the least restrictive learning environment for students, contracted personnel will provide services to children using a collaborative consultative and integrative model to the maximum extent possible. It is understood that staff will not recommend specific services, intensity, or duration of services on an individual report which falls to the responsibility of the educational team.
6. The specific services to be provided will include:
 - a. direct service, hands-on, educationally-related, including individual and group treatment programs
 - b. indirect service intervention, including collaborative consultation with educators and families, as well as the design, implementation and supervision of programs delivered within the classroom
 - c. monitoring of students, and informal consultation
 - d. skilled observation and preventative intervention
 - e. educationally-related evaluation
 - f. preventative service intervention, if required by WCHCS
7. Contracted staff will be responsible for the following duties (if applicable):
 - a. Provide pre-referral intervention services to support students and educators, when a student has been identified as having special learning needs.
 - b. Screen students for referral to therapy.
 - c. Perform educationally designed evaluations or specialized evaluations as appropriate.
 - d. Provide skilled interventions for each student, employing a continuum of service delivery models, appropriate to school-based practice. Service intervention includes, but is not limited to, utilizing the following frames of reference: Developmental Frame; Sensory Integration; Frames for NDT; Visual Perception; Teaching-Learning; Social Participation; Motor Learning and Control; and Skill Acquisition. Interventions include Fine Motor and Gross

- Motor interventions; Visual Motor; Sensory Motor; AT and ADL interventions.
- e. Develop intervention plans in collaboration with the Educational Team.
 - f. Participate in IEP meetings, and other meetings as required.
 - g. Complete all documentation in a timely basis including evaluations, progress reports, discharge summaries, statistical reports (all as required by the district)
 - h. Provide in-service training to classroom teachers as needed.
 - i. Prepare materials to be used in direct intervention, classroom programs or home use.
8. It shall be the responsibility of the Provider to perform the following activities:
 - a. Recruit, hire and assign therapists who are qualified, properly certified/licensed, and specifically trained to meet the individual and unique needs of the student population; and matched to teacher need for specific and unique knowledge.
 - b. Provide continuing education and onsite training and supervision to therapists assigned to WCHCS.
 - c. Supervise each therapist and monitor school-based practice competencies.
 - d. Notify school administration of any contracted staff resignations or transfer requests. Provider will identify staff to replace the resignation or leave of absence without break in services.
 - e. Monitor productivity and efficiency of therapists.
 - f. Provide any statistical and narrative reports on services as requested by WCHCS.
 - g. Provide orientation and service delivery support to contracted staff.
 - h. Meet periodically with school administration to discuss issues and concerns, evaluate the program and implement any necessary changes as WCHCS requests.
 - i. Log therapy time and information into the Medicaid billing system in use by WCHCS in a timely manner (no less than weekly). WCHCS will provide training as necessary. Fraudulent Medicaid logs will be grounds for WCHCS to recover any/all damages incurred from Provider.
 9. WCHCS will provide contracted staff with access to WCHCS records and any other pertinent information that may relate to or influence the course of services.
 10. WCHCS will provide an appropriate work environment, space and equipment at each location for the delivery of therapy services.
 11. WCHCS will provide information on the extent and scope of services required by students and adequate notice of new referrals, meetings and other responsibilities required of contracted staff. WCHCS shall also furnish Provider with information on any program changes that require changes in service on a timely basis.
 12. WCHCS will provide periodic feedback on the performance of contracted staff and will ask for reassignment of staff as may be appropriate. In the event of lack of performance, WCHCS reserves the right to request a replacement of personnel.
 13. WCHCS administration will periodically meet with Provider management to evaluate the program and to discuss any program changes necessary.
 14. Provider will maintain credentials on each individual staff member including all required licenses, evidence of physical exams, fingerprinting and background checks, freedom from communicable disease, competency testing results.
 15. Provider will take full responsibility for the salary, wages and benefits paid to its employees and for providing Workers Compensation and Unemployment coverage, and for payment of all federal and state payroll tax withholdings. Provider will also take full responsibility for employer and employee share of retirement withholdings into an Ohio Retirement System.

16. WCHCS will reimburse the Provider at an agreed upon rate. Invoices are to be detailed and identified by: type of service, contact time, building, student name and grade level. Invoices will be based upon student contact time for services. Part of the services to be performed include Medicaid logs for subsequent billing. Failure to maintain current logs, will result in WCHCS withholding payment for services not rendered. Failure to maintain detailed documentation and invoicing, which support Medicaid claims will result in withholding payment and possible termination of contract.
17. Provider will remove any of its individual staff members from assignment to WCHCS upon request of WCHCS administration, after it has been determined that performance does not meet the expectation of WCHCS authorities.
18. Provider will indemnify and hold harmless the WCHCS, its officials and WCHCS administration and personnel, its officers and agents from and against any and all claims, damages, losses, liabilities, costs or expenses (including attorneys' fees) arising out of acts or omissions by Provider officers, directors or employees occurring during the term of contract.

Contract must contain the following language:

- Allow the representatives of the US Department of Human Services, ODM, ODE, or their respective designee access to the subProvider's books, documents, and records.
- Acknowledgment from the contracted party that they or their principles are not suspended or debarred.
- Compliance with requirements of 45 CFR 164.504 (e)(1) for safeguarding and limiting access to information containing beneficiaries.
- Acknowledgment of necessity to maintain proper licensure, including ODE licensure.
- Acknowledgement of necessity to maintain proper, accurate, and timely Medicaid service logs.
- Acknowledgement of necessity of detailed invoices as described in this RPF.
- Terms of non-renewal of contract.

WCHCS estimates (based on current year student workload, and subject to change per case load or ODE workload formula): 600 hours per month at various WCHCS service locations. This is in no way a guarantee of hours under contract. This data is provided solely for your benefit of submitting a proposal.

Non-Collusion Affidavit:

The undersigned, as a company proposing on the above indicated project, declares that the only persons or parties interested in this proposal as principals or in the contract proposed to be taken are named herein; that this proposal is fair in all respects and made without collusion or fraud; that the Provider has carefully examined the location of the proposed work, the specifications including the RFP and all addenda thereto, prepared by the Owner; and proposed and agrees if these terms and conditions are accepted that the undersigned will contract, to provide all necessary and proper personnel to do all the work and furnish all labor and material necessary or proper to carry out the contract in the completion of the work for the following pricing.

The undersigned further agrees, if awarded the contract on this proposal, to commence work at the time stated in the notice to proceed, unless otherwise permitted or directed by the Owner and further agrees to complete the work of this contract as specified.

This form must be signed by an officer authorized to represent and commit the organization to all terms and conditions contained in the proposal. The authorized person signing below further certifies that this bid has been prepared without collusion with any other bidder, WCHCS, or any employee of WCHCS.

Name of Company _____

Address _____

Phone #: _____ Fax #: _____ Email: _____

Federal I.D. #: _____

Authorized Signature: _____ Date: _____

Printed Name:

_____ Title: _____

Response Sheet:

Proposals are scheduled to be accepted or rejected by WCHCS within sixty (60) days of the proposal due date. WCHCS reserves the right to waive any formality and to accept or reject all or any part of any or all Proposals.

Speech Therapy _____ Cost: _____

Submitted by: _____

Printed Name

Signature

Title: _____ Date: _____

Telephone #: _____

Must provide a copy of draft contract for review and consideration. Include language for renewal of 2 additional years, if desired.

Please provide any additional documents to complete your proposal and to define your cost listed above.