

**EDUCATION SERVICE CENTER REGION 19  
RFP AWARD SUMMARY**

**RFP TITLE:** Speech Therapy and Related Professional Services – ESC Region 19 Allied States Cooperative  
**RFP NUMBER:** 15-7112  
**RFP OPENING DATE:** March 21, 2015  
**CONTRACT TERM:** Date of award until April 30, 2016 with the option to extend 12 month increments not to extend beyond 36 months in the aggregate  
**(Extended by Region 19 until April 30, 2017)**  
**(Extended by Region 19 until April 30, 2018)**  
**(Extended by Region 19 until April 30, 2019)**  
**FUNDING SOURCE:** Various  
**RFP's ISSUED:** 231  
**RESPONSES:** 8  
**ADVERTISEMENT DATES:** El Paso Times February 22, 2015 and March 1, 2015  
**BOARD MEETING DATE:** May 21, 2015

**RECOMMENDED FOR AWARD** **El Paso Speech & Language Service Excellence, PLLC Inc. \*updated 1/1/2017**  
**Humanus Corporation**  
**Nancy Lugo Salas**  
**Rio Grande Therapy Group**

**TOTAL (estimated)** \$ 1,000,000.00/ year

**EXPLANATIONS:**

Award of this contract will enable ESC Region 19 Head Start and ESC Region 19 Purchasing Cooperative members to utilize the speech therapy and related professional services specified in the RFP. All vendors recommended for award have provided proper certifications, licenses, background information, references, pricing, insurances, and workers compensation. All vendors being recommended for award scored 8 or above out of a possible 10 utilizing 65% pricing, 15% vendor's reputation and past performance, 10% past relationship with the vendor, and 10% on reference checks as they apply to the requested services under this contract. As per the scope of the award basis weight factors, the references on the proposals submitted from All Source Recruiting Group dba Ardor Health Solutions, Cell Staff, LLC, Circle of Care dba CTW Home Health, Inc. & CareerStaff Unlimited could not be contacted or verified after numerous attempts, therefore these proposals were not considered.

**SPECIFICATIONS PROVIDED BY:** Royce Cleveland  
ESC Region 19 Allied States Cooperative

**EVALUATION COMMITTEE:** Royce Cleveland  
ESC Region 19 Allied States Cooperative

Martin Camacho  
ESC Region 19 Allied States Cooperative

Mary Jane Lopez  
ESC Region 19 Allied States Cooperative

**Contact Information:**

**El Paso Speech & Language Service Excellence, PLLC Inc. \*updated 1/1/2017**  
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915-203-3978

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**Contact Information:**

**Humanus Corporation**

Tom Gradowski

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**Nancy Lugo Salas**

Nancy Lugo Salas

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**Rio Grande Therapy Group**

Melissa Flavin, M.A., CCC-SLP / Julia Alvarado, M.A., CCC-SLP / Loretta Ramirez

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915-449-1820 cell

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La Mesa, MN 880044

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[lr Ramirez@rgstg.com](mailto:lr Ramirez@rgstg.com)

**REQUIRED QUESTIONS AND INFORMATION FOR AWARD CONSIDERATION**

1. PROVIDE 4 REFERENCES ( LARGE ACCOUNTS) YOUR COMPANY HAS DONE BUSINESS WITH IN PAST 12 MONTHS INCLUDING NAME OF CONTACT PERSON, PHONE NUMBER, EMAIL ADDRESS, AND DESCRIPTION OF SERVICES PROVIDED AS IT RELATES TO SERVICES REQUESTED IN THIS RFP:

**On File**

2. LOCAL PERSON TO WORK WITH REGION 19 COOP MEMBERS INCLUDING NAME, PLACE OF RESIDENCE, PHONE NUMBER, CELL PHONE, AND EMAIL ADDRESS?

**El Paso Speech & Language Service Excellence, PLLC Inc. \*updated 1/1/2017**

Karin De La Fuente  
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**Nancy Lugo Salas**

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1532 Capitan Ridge	3611 Buxton	13825 Montes Road
915-842-1778	915-842-1778	915-842-1788
5075-621-2656 cell	915-449-1820 cell	224-678-3159 cell
<a href="mailto:mflavin@rgstg.com">mflavin@rgstg.com</a>	<a href="mailto:jalvarado@rgstg.com">jalvarado@rgstg.com</a>	<a href="mailto:lr Ramirez@rgstg.com">lr Ramirez@rgstg.com</a>

3. YEARS DOING BUSINESS FOR SERVICES SUBMITTED FOR AWARD CONSIDERATION?

**El Paso Speech & Language Service Excellence, PLLC Inc. – 3 years \*updated 1/1/2017**

**Humanus Corporation – 8 years**

**Nancy Lugo Salas – 18 years**

**Rio Grande Therapy Group – 8 years**

4. DOES VENDOR AGREE TO KEEP ALL ESC REGION 19 PURCHASING COOPERATIVE MEMBERS INFORMED VIA ELECTRONIC COMMUNICATIONS AND CURRENT WITH REQUIRED DOCUMENTS?

**El Paso Speech & Language Service Excellence, PLLC Inc. – Yes \*updated 1/1/2017**

**Humanus Corporation – Yes**

**Nancy Lugo Salas – Yes**

**Rio Grande Therapy Group – Yes**

5. PROVIDE LISTINGS AND COPIES OF ALL CERTIFICATIONS, LICENSES, AND BACKGROUND INFORMATION AS IT WOULD APPLY TO THIS CONTRACT;

**All on file**

6. NUMBER OF FULL TIME EMPLOYEES WORKING AND RESIDING IN TEXAS?

**El Paso Speech & Language Service Excellence, PLLC Inc. – 0 – contract only \*updated 1/1/2017**

**Humanus Corporation – 0 –13 full time employees ready to come on board upon award of contract**

**Nancy Lugo Salas – 1 employee**

**Rio Grande Therapy Group – 25 employees**

7. PROVIDE DETAILED DESCRIPTION OF THE PROCESS FOR ADMINISTRATION OF THIS CONTRACT?

**El Paso Speech & Language Service Excellence, PLLC Inc.** – to assign, renew, supervise sub-contractors, maintain records, supply progress notes and results as requested. \*updated 1/1/2017

**Humanus Corporation** – dedicated Account and Contract Managers are assigned to every contract awarded to Humanus. We will communicate with the designated contacts, officials and appropriate personnel of our academic partners at least once per quarter. Should an academic partner request more frequent communications, our Account & Contract Managers will be available to reach out on a monthly basis.

- Contract Monitoring Reports
- Evaluation & Assessment of Contract Fulfillment
- Responding to Service Requests
- Humanus Recruitment Process
- Orientation
- Communication Protocol
- Usage reports
- Billing Documentation
- Issue Resolution

**Nancy Lugo Salas** – Speech Therapy Services will be provided as indicated by the child’s IEP. Documentation of services and evaluations will be maintained and available for reviews as requested. Vendor will notify Region 19 of any changes that may conflict with the contract and service delivery.

**Rio Grande Therapy Group** – approach to providing occupational therapy services begins with assigning staff to each engagement to ensure that experienced supervisory personnel are working in a collaborative manner with on-site personnel. In line with our team approach, we assembled a specialized team of highly experienced therapist to continue and support our engagement with the member. The team consists of occupational therapist with extensive experience who have hands on experience providing occupational therapy services to children in a school setting who have been trained to complete assigned tasks according to the mandates set by the State of Texas. We assure that all required resources will be available as needed and the occupational therapy team will be dedicated to managing all aspects of Occupational Therapy program.

## **SCOPE OF SERVICES**

1. The awarded contractor or contractors shall in a satisfactory and proper manner, as determined by the entity utilizing this contract, perform the following ***Speech and/or related services***; after referral from the member, the vendor will prior to initiation of services,
  - 1) Obtain proper and prior authorization from the referred child, student, or other individual's primary care physician, health insurance/ Medicaid plan prior to initiating medical plan of care,
  - 2) The contractor will ensure that insurance coverage for therapy services is fully utilized and initiate services to a child immediately upon receipt insurance/ Medicaid authorization for such services,
  - 3) notify ESC Region 19 Head Start and/or the ESC-Region 19 Allied States Cooperative member if a child/and or client's insurance/ Medicaid coverage has been discontinued or if the health insurance plan will not cover recommended therapy services. Any services rendered by the vendor must have authorization in writing by the Region 19 member prior to services being rendered and will require the client's name, specific services to be provided, frequency, address or addresses where services will be performed, the beginning date, ending date, and amount to be charged,
  - 4) Ensure that all therapy services provided are in compliance with the Region 19 Head Start Program and/or the ESC-Region 19 Allied States Cooperative member and the health insurance/ Medicaid plan's requirements and on recommendations of the evaluating party.
2. The contractor will complete the comprehensive diagnostic evaluations and medical plan of care signed by the client's Primary Care Physician and an as needed basis for client's referred by Region 19 Head Start and/or the ESC-Region 19 Allied States Cooperative members' Speech Screener or Speech language Pathologist's speech screening results. The comprehensive evaluation will minimally include the following;
  - 1) Prior approval from the ESC Region 19 Head Start Disabilities Program Manager and/or the ESC-Region 19 Allied States Cooperative member's designated representative before any diagnostic evaluation can be conducted,
  - 2) A parent interview will be conducted when possible,
  - 3) A formal assessment will be conducted within 14 days of receiving the signed referral from the physician, including the complete report and a plan of treatment will be completed within 30 days of the referral. Exceptions will be discussed with the ESC Region 19 Head Start Disabilities Program Manager and/or the ESC-Region 19 Allied States Cooperative members' designated coordinator,
  - 4) A formal assessment of voice and fluency will be conducted when deemed necessary utilizing appropriate assessment as per SLP recommendation, and
  - 5) Any other informal assessment information, as determined appropriate by SLP, that will supplement formal assessment information will be included as part of the comprehensive diagnostic evaluation.
3. Formal assessment of primary language must be conducted for children determined to be bilingual a per referral packet;
  - 1) Assessment will include an evaluation of receptive and expressive language (i.e. PLS-4, CELF-Preschool) in primary language, and
  - 2) Assessment will include an evaluation of articulation, voice or fluency when deemed appropriate in primary language.

4. A written diagnostic report will be included as part of the evaluation process and will include the following;
  - 1) Assessment results including statement which identifies the severity of the child's disorder as, "mild", "moderate", "moderately severe", "severe", or "profound" based on evaluation results and SLP professional judgment,
  - 2) A statement identifying the type of service the child warrants (individual, small group, or consultation services) based on the severity of the disorder and SLP professional judgment,
  - 3) Recommendations and referrals, and
  - 4) A plan of treatment including long term goals and short term objectives for each area identified as being disordered through assessment.
5. Copies of assessment protocols for each assessment conducted will be forwarded to the Disabilities Program Manager to be filed in a centralized place.
6. Copies of all items, including complete assessments report, complete plan of treatment, and protocols will be sent to the Disabilities Program Manager for ESC Region 19 Head Start or the ESC-Region 19 Allied States Cooperative member within 7-14 days after the evaluation.
7. The Speech Language Pathologist providing services to ESC Region 19 Head Start or ESC-Region 19 Allied States Cooperative member children will provide copies of their licenses and credentials to the ESC Region 19 Head Start Disabilities Services Coordinator or designated ESC-Region 19 Allied States Cooperative member to keep on file as a record.
8. Services provided to children that are not covered by Medicaid will require prior authorization from the ESC Region 19 Disabilities Program Manager and/or designated ESC-Region 19 Allied States Cooperative member prior to any continuation of services.
9. Awarded contractor in providing speech therapy sessions for groups or individual children at ESC Region 19 Head Start sites and/or ESC-Region 19 Allied States Cooperative members in accordance with SLP recommendations and type of insurance/ Medicaid coverage will;
  - 1) Assure compliance with the State Board of Examiners for Speech Language Pathology and Audiology Rules and Regulations,
  - 2) Implement children's' Individual Education Plan as determined by the ARD committee meeting. The ESC Region 19 Head Start Disabilities Services Coordinator and/or ESC-Region 19 Allied States Cooperative member will be informed prior to implementing any changes to children's IEP goals in order to conduct an ARD committee meeting.
10. Awarded contractor must maintain such records and accounts, including property, personal financial records as per deemed necessary by the Agency of the Director of D.H.H.S. to insure a proper accounting for all project funds, both Federal and non-Federal share. These records will be made available for audit purposes to the Agency, the D.H.H.S., or the Comptroller General of the United States or any authorized representative, and will be retained for 3 years after the expiration of this contract unless written permission to destroy the records is granted both by the Agency and the D.H.H.S.

11. ESC Region 19 Head Start (Agency) and/or ESC-Region 19 Allied States Cooperative member shall furnish to the contractor the following;
  - 1) A complete referral form, parental consent forms and release of information for assessment and placement in speech therapy,
  - 2) Permit access to the pertinent records on identified and/ or referred children,
  - 3) Provide audio metric screening and/ or threshold results for those children referred for comprehensive diagnostic evaluations,
  - 4) Provide pertinent information related to the child that would be beneficial to the Speech-Language Pathologist who is administering diagnostic evaluations and providing therapy,
  - 5) Help coordinate consultations with staff and parents, and
  - 6) Provide the Contractor with forms required by ESC Region 19 Head Start and/or the ESC-Region 19 Allied States Cooperative members with assessment protocol, goals and objectives, daily progress notes, and monthly speech therapy report forms, on an as needed basis.
12. Federal fund regulations stipulate competitive solicitation requirements for Professional Services exceeding \$100,000 in annual aggregate spending, hence this competitive solicitation will serve as the instrument by which ESC Region 19 will comply for its internal programs and extend these services to its ESC-Region 19 Allied States Cooperative members in compliance with State and Federal rules.
13. Award basis weight factors will be 65% pricing, 15% vendor's reputation and past performance , 10% past relationship with the vendor, and 10% on reference checks as they apply to the requested services under this contract.
14. Services under this contract will be paid as per terms of the Prompt Payment Act which states within 30 days or less after proper receipt of invoice in the ESC Region 19 Business Office and/or the ESC-Region 19 Allied States Cooperative member.
15. In accordance with and as authorized in Texas Government Code Sections 791.001 through 791.025 this contract will be a cooperative contract available to the members of the ESC-Region 19 Allied States Cooperative. Vendors who only wish to bid on services for particular ESC-Region 19 Allied States Cooperative members including ESC Region 19 Head Start who is a member of the cooperative must stipulate their limitations and entities they wish to provide services for, at the time proposals are submitted. If no stipulations are submitted, then it will be assumed said services will be extended to all member of the ESC-Region 19 Allied States Cooperative.
16. This proposal must be completed fully and all sections will be addressed for award consideration including insurances, SB 9, and other requirements stipulated in the boiler plate of this RFP. Individuals with credentials are encouraged to respond, however, general liability, SB 9, and other requirements are still required for award consideration.
17. At no time will the awarded contractor bill ESC Region 19 Head Start or any other ESC-Region 19 Allied States Cooperative member for , "no shows", or portions not paid by insurance, Medicaid (traditional or Managed Care) or CHIP. Extension of services without prior approval in writing from the user of this contract will not be paid.

18. Each party shall maintain the confidentiality of information of records of "Covered Person" in accordance with all applicable state and federal laws and regulations of other applicable laws; and shall not divulge or release such information, except as permitted by law and in accordance with a validity executed written release or upon lawful order of a court or public authority which order compels obedience under penalty of contempt, or fine, as impairment or loss of the right to do business. In the event of any such disclosure, the disclosing party shall immediately notify the other party in writing, detailing the circumstances and extent of such disclosure.

**El Paso Speech & Language Service Excellence, PLLC Inc. – Agreed**

**Humanus Corporation – Agreed**

**Nancy Lugo Salas - Agreed**

**Rio Grande Therapy Group - Agreed**

### **RESPONSE FORM - FEE SCHEDULE FOR SERVICES**

**El Paso Speech & Language Service Excellence, PLLC Inc. \*updated 1/1/2017**

1. Direct Speech and Language Therapy Services **\$ 70.00 ½ hour group**
2. Independent Evaluations **\$ 200.00 per evaluation**  
Provide details on time and details
3. Supervision **\$ 30.00 per hour**
4. ARD's **\$ 100.00 per ARD**  
Provide details on time and details
5. ARD's- No Show **\$ 25.00 per No Show ARD**
6. Any other fees, services, and or related services not identified (provide details below)

**N/R**



**Humanus Corporation**

1. Direct Speech and Language Therapy Services \$ **34.00** ½ hour group
2. Independent Evaluations \$ **272.00** per evaluation  
Provide details on time and details
3. Supervision \$ **73.00** per hour
4. ARD's \$ **68.00** per ARD  
Provide details on time and details
5. ARD's- No Show \$ **34.00** per No Show ARD
6. Any other fees, services, and or related services not identified (provide details below)

<b>Occupational Therapy Services</b>	<b>\$67.00 / per hour</b>
<b>Physical Therapy Services</b>	<b>\$67.00 / per hour</b>
<b>School Psychology Services</b>	<b>\$79.00 / per hour</b>
<b>Behavior Specialist Consultant Services</b>	<b>\$58.00 / per hour</b>
<b>Speech / Language Pathology (SLP)</b>	
<b>Direct/Indirect Services</b>	<b>\$68.00 / per hour</b>
<b>Flat Rate for Evaluations</b>	<b>\$272.00 / per hour</b>

**Nancy Lugo Salas**

1. Direct Speech and Language Therapy Services \$ **75.00** ½ hour group
2. Independent Evaluations \$ **225.00** per evaluation  
Provide details on time and details
3. Supervision \$ **85.00** per hour
4. ARD's \$ **80.00** per ARD  
Provide details on time and details
5. ARD's- No Show \$ **25.00** per No Show ARD
6. Any other fees, services, and or related services not identified (provide details below)

**N/R**

**Rio Grande Therapy Group**

1. Direct Speech and Language Therapy Services \$ **60.00** ½ hour group

2. Independent Evaluations \$ **150.00** per evaluation

Provide details on time and details

3. Supervision \$ **30.00** per hour

4. ARD's \$ **50.00** per ARD

Provide details on time and details

5. ARD's- No Show \$ **25.00** per No Show ARD

6. Any other fees, services, and or related services not identified (provide details below)

**N/A - Rio Grande Therapy Group will not charge any other fees other than the ones stated**

Approved by: \_\_\_\_\_  
(Armando Aguirre – Executive Director)  
(Armando Aguirre – Executive Director)  
(Armando Aguirre – Executive Director)  
(Armando Aguirre – Executive Director)

Date: \_\_\_\_\_  
(April 15, 2015)  
(March 31, 2016)  
(March 9, 2017)  
(March 20, 2018)