

EDUCATION SERVICE CENTER REGION 19
RFP AWARD SUMMARY

RFP TITLE: Speech Therapy and Related Professional Service- ESC Region 19 Purchasing Cooperative
RFP NUMBER: 12-6758
RFP OPENING DATE: April 5, 2012
CONTRACT TERM: Date of Award until March 30, 2013 with the option to extend in 12 month increments not to exceed 36 months in the aggregate
(Extended by ESC Region 19 until March 31, 2014)
(Extended by ESC Region 19 until March 31, 2015)
FUNDING SOURCE: Various Region 19 Purchasing Cooperative members
RFP's ISSUED: 17
RESPONSES: 8
ADVERTISEMENT DATES: March 21st & March 28th, 2012
BOARD MEETING DATE: May 17th, 2012

RECOMMENDED FOR AWARD **Center for Therapeutic Services (HUB Qualified)**
El Paso Speech and Language Service Excellence, PLLC
Learn It Therapy Services, LLC
Nancy Lugo Salas (HUB Qualified)
Prime HealthCare Staffing, Inc.
Rio Grande Speech Therapy
~~Sante Rehabilitation LP dba. Sante Pediatric Services (Removed as of 5/20/2014)~~

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. 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 7 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. A proposal from Inspire Systems was incomplete and therefore was not considered.

SPECIFICATIONS PROVIDED BY: Royce Cleveland
ESC Region 19

EVALUATION COMMITTEE: Nancy Alvarado
ESC Region 19

Martin Camacho
ESC Region 19

ORDER INFORMATION:

Center for Therapeutic Services (HUB Qualified)
Attn: Sergio R. Navarrete
2009 Montana Ave.
El Paso TX 79903
915-533-3511
Fax: 915-533-3522
www.centerfortherapeuticservices.com / metalsrn@yahoo.com

ORDER INFORMATION: (CONT)

El Paso Speech and Language Service Excellence, PLLC

Attn: Karin M. De La Fuente M.S., CCC

1527 Brown St. Ste. B-1

El Paso, TX 79902

915-203-3978 / ~~915-500-1857~~ 915-857-1875 (correction as of 5/0/2013)

karindelafuente@epslse.com

Learn It Therapy Services, LLC

Attn: ~~Michael Maloney / George Rosero 410-929-7241~~ Kerri Sullivan - Director of Client Partnerships (as of 2/13/13)

~~2201 Old Court Road~~ 3600 Clipper Mill Road, Suite 330 as of 3/25/2013

~~Baltimore, MD 21208~~ Baltimore, MD 21211

1-866-986-0008 / 410-929-7241

Fax: 410-369-0137

www.learnittherapy.com / george.rosero@learnittherapy.com kerri.sullivan@learnittherapy.com / kerri.sullivan@learnsystems.com (updated as of 5/21/2014)

Nancy Lugo Salas (HUB Qualified)

Attn: Nancy Lugo Salas

12253 Delacroix

El Paso, TX 79936

915-525-3269

Fax: 877-728-7699

nlugosalas@yahoo.com

Prime HealthCare Staffing, Inc.

Attn: Pamela K. Besiak

27240 Haggerty Rd. Ste. E-15

Farmington Hills, MI 48331

866-991-0900

Fax: 866-992-0900

www.primehcs.com

Rio Grande Speech Therapy

Attn: Melissa Flavin, M.A., CC-SLP / Hector Zavaleta 915-842-1788

109 S. Festival Dr.

El Paso, TX 79915

915-842-1778

Fax: 915-842-1778

mflavin@rgstg.com / hzavaleta@rgstg.com

~~Sante Rehabilitation LP dba. Sante Pediatric Services (Removed as of 5/20/2014)~~

~~Attn: Aimee C. Kilgore - 972-309-8906~~

~~6601 Montana Ave. Ste. G-H~~

~~El Paso, TX 79925~~

~~915-838-7604~~

~~Fax: 915-581-7057~~

~~www.santepediatric.com / info@santepediatrics.com~~

SPECIAL CONDITIONS

- 1. This bid will be for use by ESC Region 19 and its ESC Purchasing Cooperative members as well as any other members that join during the contract period. While Region 19 Purchasing Cooperative Membership is State-Wide, this contract is intended for use by local and surrounding area agencies participating in the ESC Region 19 Purchasing Cooperative.

- 2. Please indicate which if any of the Purchasing Cooperative Members your company could not or would not be able to provide services to under this agreement?

- Region 19 Head Start Sites _____
- Anthony ISD _____
- Burnham Wood Charter School _____
- Candlelighters of El Paso _____
- Children’s Kingdom Learning Center _____
- Canutillo ISD _____
- Christian Joy Center Academy _____
- City of El Paso (all departments) _____
- City of Horizon _____
- City of Socorro _____
- Clint ISD _____
- El Paso Academy East _____
- El Paso Catholic Diocese _____
- El Paso ISD _____
- El Paso Community College _____
- El Paso Housing Authority _____
- El Paso MHMR _____
- El Paso School for Excellence _____
- El Paso Water Utilities _____
- Fabens ISD _____
- Father Yermo _____
- Hudspeth County Sheriff _____
- La Fe Preparatory School _____
- Rio Grande Counsel of Governments _____
- San Elizario ISD _____
- Socorro ISD _____
- St. Mark’s School _____
- St. Raphael School _____
- Texas Tech University Health Sciences _____
- Texas Tech University _____
- Tornillo ISD _____
- UTEP _____
- Ysleta ISD _____
- YWCA of El Paso _____

Visit web site under current membership for a detailed listing of all ESC Region 19 Purchasing Coop members.

- 3. While this contract specifically identifies Speech Therapy Services, vendors wishing to submit qualified proposals for related services such as Occupational Therapy, Physical Therapy, School Psychology, and Behavior Management can be submitted separately for review by the evaluation committee.

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:**

All references on file

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

Center for Therapeutic Services –

Sergio R. Navarrete – 6058 Via De Los Arboles – El Paso TX – 915-533-3511

El Paso Speech & Language Service Excellence

Karin de la Fuente – 1527 Brown St. Ste. B-1, El Paso TX 79902, ~~915-500-1857~~ 915-857-1875
(c) 915-203-3978 karinadelafuente@epslse.com

Learn It Therapy Services, LLC –

Ivan Valera – 8616 Vanderbilt Dr. – Fort Worth TX – 817-213-6513 – (c) 817-454-1039 –
ivan.varela@learnsystems.com / kerri.sullivan@learnsystems.com

Nancy Lugo Salas –

Nancy Lugo Salas - 12253 Delacroix – 915-525-3269 – nlugosalas@yahoo.com

Prime HealthCare Staffing, Inc. –

Prime will designate one of our assigned therapists (who have an appropriate level of supervisory experience) as a local lead therapist and will provide this information to your members.

Rio Grande Speech Therapy Group –

Melissa Flavian, M.A., CCC-SLP – 1532 Capitan Ridge, El Paso TX 79912 – 915-842-1778 – (c) 575-621-2556
mflavian@rgstg.com

Julia Alvarado, MA., CCC-SLP – 3611 Buxton, El Paso TX 79928 – 915-842-1778 – (c) 915-449-1820
jalvarado@rgstg.com

Loretta Ramirez – 13825 Montes Road, La Mesa NM 88044 – 915-842-1778 – (c) 224-678-3159
lr Ramirez@rgstg.com

Santo Rehabilitation, LP dba Santo Pediatric Services – (Removed as of 5/20/2014)

~~Gloria Macias DeFrance – 915-838-7604 – gmaciasdeFrance@santopediatrics.com~~

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

Center for Therapeutic Services – 15 years

El Paso Speech & Language Service Excellence – 22 years

Learn It Therapy Services, LLC – 5 years

Nancy Lugo Salas – 15 years

Prime HealthCare Staffing, Inc. – 10 years

Rio Grande Speech Therapy Group – 5 years

~~Sante Rehabilitation, LP dba Sante Pediatric Services – 24 years~~

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

Center for Therapeutic Services - Yes

El Paso Speech & Language Service Excellence - Yes

Learn It Therapy Services, LLC - Yes

Nancy Lugo Salas – Yes

Prime HealthCare Staffing, Inc. - Yes

Rio Grande Speech Therapy Group - Yes

~~Sante Rehabilitation, LP dba Sante Pediatric Services – Yes~~

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

Center for Therapeutic Services – On File

El Paso Speech & Language Service Excellence - On File

Learn It Therapy Services, LLC – On File

Nancy Lugo Salas – On File

Prime HealthCare Staffing, Inc. - On File

Rio Grande Speech Therapy Group – On File

~~Sante Rehabilitation, LP dba Sante Pediatric Services – On File~~

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

Center for Therapeutic Services – 8 employees

El Paso Speech & Language Service Excellence – 1 employee

Learn It Therapy Services, LLC – 4 employees

Nancy Lugo Salas – 1 employee

Prime HealthCare Staffing, Inc. – 10 employees (20% active employees)

Rio Grande Speech Therapy Group - 14 employees

~~Sante Rehabilitation, LP dba Sante Pediatric Services – 350 employees~~

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

Center for Therapeutic Services – The Center for Therapeutic Services (TCFTS) will obtain proper prior authorization when a referral is received. TCFTS will ensure that the member’s insurance coverage is utilized and will initiate services immediately upon receipt of insurance or Medicaid authorization for speech therapy services. TCFTS will notify ESC Region 19 if a child’s insurance or Medicaid has been discontinued or will not cover the recommended services. Services will also require an authorization in writing from Region 19 for services prior to initiating services. Speech therapy services will be in full compliance with Region 19 Head Start program, Insurance and Medicaid plan’s requirements and Speech Therapist’s evaluation recommendations.

El Paso Speech & Language Service Excellence – Evaluations mono-lingual, bilingual, Group – Individual therapy, ARD support documentation, Communication with teachers and parents.

Learn It Therapy Services, LLC – Learn It Therapy understands the scope of work outlined in this RFP, and our team has extensive experience providing similar services to school districts. For the purpose of this contract, our program includes all services outlined in the Scope of Work and will be delivered using the following processes.

Nancy Lugo Salas – Speech Therapy Services will be provided at the Head Start sites as indicated by the child’s IEP documentation of services and evaluations will be maintained and available for review as requested. Vendor will notify Region 19 of any changes that my conflict with the contract and service delivery.

Prime HealthCare Staffing, Inc. - We work closely with our school customers to provide effective staffing plans geared to help bridge personnel gaps throughout the school year. Your district will be assigned one point of contact: Pam Besiak, she will work with our team of recruiters, locating and assigning therapist whose work skills match those requested by your district.

Rio Grande Speech Therapy Group – The Administration for RGSTG to provide speech therapy services to the Head Start officials to provide speech therapy services for the approved Head Start case load at each facility. The RGSTG front office will determine whether we will be able to obtain insurance benefits for the particular caseload. Once the caseload has been approved by Head Start officials, RGSTG will provide the appropriate speech therapy as indicated in each ARD to each student. RGSTG will also submit progress updates as needed by Head Start for their internal records.

~~Sante Rehabilitation, LP dba Sante Pediatric Services – Agree to terms, rates and dates to sign and execute, start services~~

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 Purchasing 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 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 Purchasing 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 Purchasing 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 Purchasing Coop 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 Purchasing Coop 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 Purchasing Coop 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 Purchasing Coop 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 Purchasing Coop member prior to any continuation of services.

SCOPE 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 Purchasing Coop 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 Purchasing Coop 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 Purchasing Coop 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 Purchasing Coop 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 Purchasing 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 Purchasing 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 Purchasing Cooperative. Vendors who only wish to bid on services for particular ESC Region 19 Purchasing 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 Purchasing 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. Individual's 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 Purchasing Coop 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.

RESPONSE FORM

FEE SCHEDULE FOR SERVICES

1. Direct Speech and Language Therapy Services \$ 60.00 / ½ hour group
2. Independent Evaluations \$ 160.00 / per evaluation
Provide details on time and details

For Diagnostic evaluations \$ 100.00 / per evaluation
To write up evaluation \$ 60.00
3. Supervision \$ 60.00 / per hour
4. ARD's \$ 60.00 / per ARD
Provide details on time and details
5. ARD's- No Show \$ 0 / per No Show ARD
6. Any other fees, services, and or related services not identified (provide details below)

Mileage reimbursement for business travel \$ 0.51 cents per mile.

Awarded Vendor – Center for Therapeutic Services

FEE SCHEDULE FOR SERVICES

1. Direct Speech and Language Therapy Services \$ ~~45.00~~ / ½ hour group \$51.00
2. Independent Evaluations \$ 175.00 / per evaluation
Provide details on time and details
3. Supervision \$ 30.00 / 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)

Bilingual evaluations \$ 225.00

Awarded Vendor – El Paso Speech & Language Service Excellence

Price Increase Effective Fall Semester 2013 as of 6/08/2013

RESPONSE FORM

FEE SCHEDULE FOR SERVICES

- | | |
|---|------------------------------------|
| 1. Direct Speech and Language Therapy Services | \$ <u>60.00</u> / ½ hour group |
| 2. Independent Evaluations
Provide details on time and details | \$ <u>125.00</u> / per evaluation |
| 3. Supervision | \$ <u>65.00</u> / per hour |
| 4. ARD's
Provide details on time and details | \$ <u>65.00</u> / per ARD |
| 5. ARD's- No Show | \$ <u>65.00</u> / per No Show ARD |
| 6. Any other fees, services, and or related services not identified (provide details below) | |
| Telespeech Services | \$ <u>65.00</u> / per hour / group |
| Bilingual Telespeech Services | \$ <u>80.00</u> / per hour / group |

Awarded Vendor – Learn It Therapy Services, LLC

FEE SCHEDULE FOR SERVICES

- | | |
|---|-----------------------------------|
| 1. Direct Speech and Language Therapy Services | \$ <u>60.00</u> / ½ hour group |
| 2. Independent Evaluations
Provide details on time and details | \$ <u>200.00</u> / per evaluation |
| 3. Supervision | \$ <u>40.00</u> / per hour |
| 4. ARD's
Provide details on time and details | \$ <u>35.00</u> / per ARD |
| 5. ARD's- No Show | \$ <u>10.00</u> / per No Show ARD |
| 6. Any other fees, services, and or related services not identified (provide details below) | |
| N/A | |

Awarded Vendor – Nancy Lugo Salas

RESPONSE FORM

FEE SCHEDULE FOR SERVICES

- | | |
|---|--|
| 1. Direct Speech and Language Therapy Services | \$ <u>68.00</u> / \$ <u>69.50</u> / ½ hour group |
| PT and OT bill rates | \$ <u>68.00</u> per hour |
| Bilingual (Spanish) SLP-CCC | \$ <u>69.50</u> per hour |
| 2. Independent Evaluations | \$ <u>68.00</u> / per evaluation |
| Provide details on time and details | |
| 3. Supervision | \$ <u>68.00</u> / per hour |
| 4. ARD's | \$ <u>68.00</u> / per ARD |
| Provide details on time and details | |
| 5. ARD's- No Show | \$ <u>0</u> / per No Show ARD |
| 6. Any other fees, services, and or related services not identified (provide details below) | |
| Mileage between buildings charged back to District at same rate paid to district employees | |

Awarded Vendor – Prime HealthCare Staffing, Inc.

FEE SCHEDULE FOR SERVICES

- | | |
|---|-----------------------------------|
| 1. Direct Speech and Language Therapy Services | \$ <u>70.00</u> / ½ hour group |
| 2. Independent Evaluations | \$ <u>210.00</u> / per evaluation |
| Provide details on time and details | |
| Evaluations will be billed at a flat rate of | \$ <u>210.00</u> / per evaluation |
| 3. Supervision | \$ <u>140.00</u> / per hour |
| 4. ARD's | \$ <u>210.00</u> / per ARD |
| Provide details on time and details | |
| ARD's will be billed at flat rate | \$ <u>210.00</u> / per evaluation |
| 5. ARD's- No Show | \$ <u>50.00</u> / per No Show ARD |
| 6. Any other fees, services, and or related services not identified (provide details below) | |
| N/A | |

Awarded Vendor – Rio Grande Speech Therapy Group

RESPONSE FORM

FEE SCHEDULE FOR SERVICES

- | | |
|---|--|
| 1. Direct Speech and Language Therapy Services | \$ 105.00 / ½ hour group visit |
| 2. Independent Evaluations
Provide details on time and details | \$ 250.00 / per evaluation |
| 3. Supervision | \$ N/A / per hour |
| 4. ARD's
Provide details on time and details | \$ 400.00 / per ARD |
| 5. ARD's- No Show | \$ 50.00 / per No Show ARD |
| 6. Any other fees, services, and or related services not identified (provide details below) | |
| N/A | |

Awarded Vendor – Sante Rehabilitation LP, dba. Sante Pediatric Services

Approved by: _____
(James R. Vasquez)
(James R. Vasquez)
(Armando Aguirre)

Date: _____
(April 20, 2012)
(March 7, 2013)
(February 17, 2014)