



KIPP Delta Public Schools

REQUEST FOR PROPOSALS (RFP) FOR THERAPY SERVICES

****I. Overview****

KIPP Delta Public Schools (hereafter "the School") is seeking proposals from qualified providers (hereafter "the Provider") to furnish physical, occupational, and/or speech therapy services (collectively, "Therapy Services") as specified by the School. The selected provider will enter into a contract to provide these services for the School's special education department.

****II. Scope of Services****

****A. Term****

The School is soliciting the services of qualified providers to deliver Therapy Services for the period starting from the date of contract award to June 30, 2025. The contract may be renewed for two additional one-year terms, subject to performance and approval by the School.

****B. Scope of Work to be Performed****

The Provider shall:

1. Furnish all necessary supervision, materials, equipment, supplies, and services for the delivery of Therapy Services.
2. Provide services in accordance with each student's Individualized Education Plan (IEP), ensuring required duration and frequency.
3. Deliver services at school locations, or if necessary, at the student's home.
4. Update and provide progress notes and goals for each student's IEP monthly and during annual reviews.
5. Attend team meetings and Committee on Special Education (CSE) meetings as required.
6. Complete and submit required documentation for Medicaid reimbursement.
7. Share a schedule of service delivery with the School that is updated and maintained throughout the year to reflect any changes to student services.
8. Complete screenings and formal assessments used to determine eligibility for special education and related services. Also, inform and support the development of goals, milestones, and therapy timelines.
9. Provide signed copies of each assessment and signed parent consent forms which will be included in the student's physical IEP folder.
10. Provide copies of all artifacts, documents, and correspondence provided to the student's families. This includes but is not limited to updates to families about therapy strategies or student progress, summaries of conversations about student progress with students and/or their families, or home progress notes and report cards addendums.
11. Maintain their respective components of the physical IEP folder.
12. Complete quarterly progress reports within the IEP, used to support billing and also as required by the IEP to communicate progress to parents at the end of each grading

period.

KIPP Delta Public Schools
REQUEST FOR PROPOSALS (RFP) FOR THERAPY SERVICES

****C. Medicaid Billing and Compensation****

1. The Provider must be an actively enrolled Arkansas Medicaid provider and provide proof of enrollment prior to contract execution.
2. The School will be responsible for seeking Medicaid reimbursement for services provided.
3. The Provider must agree to compensation terms, which will be a negotiable rate per service, paid monthly.
4. Compensation is contingent upon the Provider adhering to the contract services agreement for both Medicaid and non-Medicaid eligible students.

****D. Insurance Requirements****

1. The Provider must name the School as an unrestricted additional insured on their insurance policies, except for workers' compensation.
2. Required insurance policies include:
 - Commercial General Liability Insurance: \$1,000,000 per occurrence/\$2,000,000 aggregate.
 - Workers' Compensation: Statutory coverage.
 - Umbrella/Excess Insurance: \$2,000,000 each occurrence and aggregate.
 - Failure to obtain such insurance constitutes a material breach of contract.

****III. Proposal Requirements****

Providers wishing to submit proposals must include:

1. A statement of fees using the attached Schedule of Fees form.
2. Names and resumes of all principal, supervisory, and management staff to be assigned.
3. Details on how services will be covered if the regular provider is unavailable.
4. References from current and former school district clients.
5. Contact information for the individual responsible for the proposal.
6. Any regulatory actions taken against the Provider in the last five years.
7. Any litigation brought against the Provider in the last five years.
8. An affirmation that the Provider will not delegate or subcontract responsibilities without written permission from the School.

****IV. Proposal Submission****

Submit the original proposal to the following address by Friday September 27, 2024:

One electronic copy of the RFP response must be received no later than **5:00PM, Friday September 27, 2024. Electronic responses** should be submitted to the following employees:

1. LaKeda Ward, lakeda.ward@kipdelta.org
2. Danyell Rattler, danyell.rattler@kipdelta.org
3. Linda Murdock, linda.murdock@kipdelta.org

The sealed envelope should be labeled: "Therapy Services Proposal." Late proposals will not be opened and will be returned to the sender.

Paper responses should be mailed to the attention of

KIPP Delta Public Schools
Attn: LaKeda Ward
1124 W. Moultrie Street
Blytheville, Arkansas 72315

KIPP Delta Public Schools
REQUEST FOR PROPOSALS (RFP) FOR THERAPY SERVICES

****V. Evaluation Procedures****

Proposals will be evaluated based on:

1. Expertise and Experience: Experience with school districts, size and experience of staff, educational background, and specialized skills.
2. Price: Cost will be considered but will not be the primary factor.

The School reserves the right to reject any or all proposals.

****VI. Timeline****

Issue Date: September 19, 2024

Proposal Due Date: September 27, 2024

Evaluation Period: September 28th - September 30, 2024

Contract Award Date: October 1, 2024

****VII. Contact Information****

For inquiries concerning the RFP, contact:

LaKeda Ward
Managing Director of Academics
1124 W. Moultrie Dr.
Blytheville, Arkansas 72315
(870) 714-9890
lakeda.ward@kipdelta.org

****Attachment:****

1. Schedule of Fees

FORM #2

SCHEDULE OF FEES

For the period: October 1, 2024 through June 30, 2025

Related Service Evaluation Hourly Rate Rate

Occupational Therapy: _____ (Monday through Friday)

Physical Therapy: _____ (Monday through Friday)

Speech Therapy: _____ (Monday through Friday)

Psychological Counseling: _____ (Monday through Friday)

Psycho-Educational Evaluation: _____ (Monday through Friday)

KIPP Delta Public Schools

Project: KIPP Delta Public Schools Request for Proposals for Therapy Services

Company name:

Company address:

Primary contact:

Email address:

Phone number:

By my signature below, I hereby represent that I am authorized to bind the applicant to the provisions of the attached Proposal. The undersigned offers and agrees to provide the specified services in accordance with the provisions set forth in the Request for Proposals (RFP). Furthermore, the undersigned fully understands and assures compliance with the Conditions of Solicitation and Standard Terms and Conditions contained in the RFP. The undersigned is fully aware of the evaluation criteria to be utilized in awarding the contract.

Printed Name and Title

Signature Date

Proposal Due Date: 5:00PM, Friday September 27, 2024. Central Standard Time

Hard copies or Electronic copies are acceptable.

KIPP Delta Public Schools

LaKeda Ward

EMAIL: lakeda.ward@kipdelta.org;

danyell.rattler@kipdelta.org; and linda.murdock@kipdelta.org

PHONE: 870-714-9890

MAIL: 1124 West Moultrie, Blytheville, AR 72315

Vendor Profile

Legal Business Name or

Entity: _____

Doing Business

as: _____

Nature of Business:

Number of years in operation: _____

Veteran owned business? Yes/No

Small-business? Yes/No

Woman-owned business? Yes/No

Minority-owned business? Yes/No

Printed Name and Title

Signature Date

Section 10 – Assurances and Disclosures

I, _____ hereby state:

1. I am the duly authorized agent of _____, the Proposer submitting the competitive bid which is attached to this statement, for the purpose of certifying the facts pertaining to the existence of collusion among and between Proposers and Region officials, as well as facts pertaining to the giving or offering of things of value to Region personnel in return for special consideration in the awarding of any contract pursuant to the bid to which this statement is attached.

2. I am fully aware of the facts and circumstances surrounding the making of the bid to which this statement is attached and have been personally and directly involved in the proceedings leading to the submission of the bid.

3. Neither the Proposer nor anyone subject to the Proposer’s direction or control has been a party:
 - a. To any collusion among Proposers in restraint of freedom of competition by agreement to bid at a fixed price or to refrain from bidding;
 - b. To any collusion with any Region official or employee as to quantity, quality or price in the prospective contract, or as to any other terms of the prospective contract; or
 - c. In any discussions between Proposers and any Region official concerning exchange of money or other things of value for special consideration in the awarding of a contract.

4. I hereby guarantee that the specifications outlined in the bid shall be followed as specified and that deviations from the specifications shall occur only as part of a formal change process approved by the Board of Directors of the Region.

Certification and Violations Disclosure -

1. Is the company or any employees who will be working on this contract presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from submitting bids or proposals by any federal, state or local entity, department or agency? _____ Yes _____ No

2. Has the company in the last five years ever been found in violation of the Equal Opportunity Clause? _____ Yes _____ No

3. Has the company or any of its employees within a five-year period preceding the date of this certification been convicted of fraud or any other criminal offense in connection with

obtaining, attempting to obtain, or performing a public (federal, state, or local) contract, embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property? ____ Yes ____ No

4. Is the company or any of its employees presently indicted for or otherwise criminally charged with commission of any of the offenses enumerated in item 2 of this disclosure? ____ Yes _____ No

5. Has the company or any of its employees, within a five-year period preceding the date of this certification, had a judgment entered against the contractor or its principals arising out of the performance of a public or private contract? _____ Yes _____ No

6. Does the company or any of its employees have pending in any state or federal court any litigation in which there is a claim against the contractor or any of its principals arising out of the performance of a public or private contract? _____ Yes _____ No

7. Has the company or any of its employees within a five-year period preceding the date of this certification had one or more public contracts (federal, state, or local) terminated for any reason related to contract performance? _____ Yes _____ No

(If the answer is yes to any of the above questions, provide details in a separate attachment to this form.)

Conflict of Interest Disclosure:

1. Does any school board member or employee of the Region have a financial interest in your business or hold a position as officer, director, trustee, partner, or other top level management? ____ Yes _____ No

2. Does any school board member or employee of the Region have a family relationship with anyone employed by your business? _____ Yes _____ No

(If the answer is yes to either of the above questions, provide details in a separate attachment to this form.)

Did you or your company assist the Region or any agent of the Region with the development of the bid specifications? _____ Yes _____ No

If yes:

a. Were you or your company compensated? _____ Yes _____ No

b. Is your company's name or identity included anywhere within the specifications? ____ Yes _____ No

c. Were you offered any preferential treatment in the bid evaluation process?

_____Yes _____No

Printed Name and Title

Signature Date