



ADDENDUM NUMBER THREE

REQUEST FOR PROPOSALS NUMBER 2015-01

FOR

SPEECH AND HEARING SERVICES FOR TOTAL COMMUNITY ACTION HEAD START

**THIS ADDENDUM IS BEING ISSUED TO INCORPORATE THE FOLLOWING IN
REFERENCED TO THE REQUEST FOR PROPOSALS.**

August 27, 2015

I. NEW SUBMISSION DUE DATE: TUESDAY, SEPTEMBER 1, 2015 @ 2:00 P.M.

II. DELETE THE FOLLOWING FROM THE SCOPE OF SERVICES

Services provided will be based on applying the best available research using expert clinical judgements and considering individual client's needs in the screening and evaluations, of children's speech, language and hearing skills. Referrals will address typical and atypical communication, swallowing and hearing, identifying children's developmental speech and communication difficulties/disorders.

- Assessing and treating swallowing and communication difficulties arising from a range of causes, e.g. congenital problems (such as cleft palate) or acquired disorders after a stroke or injury
- Monitoring and evaluating clients' progress
- Managing a caseload taking account of priority cases, waiting lists, successful outcomes, referral and discharge of service users
- In collaboration with speech-language pathologists, identification of infants/children at risk for developing speech-language impairments
- Conduct and interpretation of behavioral, electroacoustic, and/or electro physiologic methods to assess hearing, auditory function, balance, and related systems;
- Evaluation of infants and children with auditory-related processing disorders

III. ADD THE FOLLOWING TO THE SCOPE OF SERVICES

Services provided will be based on applying the best available research using expert clinical judgements and considering individual client's needs in screenings, of children's speech, language and hearing skills. Referrals will address typical and atypical communication, swallowing and hearing, identifying children's developmental speech and communication difficulties/disorders.

- Screening for swallowing and communication difficulties arising from a range of causes, e.g. congenital problems (such as cleft palate) or acquired disorders after a stroke or injury
- Screening of infants and children with auditory-related processing disorders

IV. DELETE REVISED FEE PROPOSAL. SEE REVISED FEE PROPOSAL 2 (ATTACHED)

V. QUESTION RECEIVED IN WRITING:

QUESTION 1

On the revised fee proposal of 8-25-15 it asks for hearing screenings but not speech language screenings. It also does not ask for speech-language therapy. Is NOSH only being asked to conduct hearing screening?

ANSWER 1

See, II ADD THE FOLLOWING TO THE SCOPE OF SERVICES. See Revised Fee Proposal 2

QUESTION 2

In neither the revised scope of services nor the revised fee proposal is there a provision for the IEP conferences – post evaluation- and prior to initiation of therapy. Are we not to conduct IEP conferences prior to enrolling the children in therapy?

ANSWER 2

This Scope of Services does not provide for therapy services. Referrals and Reports are to denote the need for an IEP or an addition to a current IEP.

QUESTION 3

In the revised scope of service speech language screenings are not included but screening for hearing loss is. I need more clarity on this.

ANSWER 3

See, II ADD THE FOLLOWING TO THE SCOPE OF SERVICES. See attached Fee Proposal.

QUESTION 4

Point of clarification: I can state a fee per child for the evaluations and screenings but the amount billed will be greater than billing per hour for the same services.

ANSWER 4

See ANSWER 2. And Revised Fee Proposal 2. Provide a fee per child per screening.

ALL ADDENDA MUST BE ACKNOWLEDGED

**TOTAL COMMUNITY ACTION
REQUEST FOR PROPOSALS
SPEECH AND HEARING SERVICES FOR TOTAL COMMUNITY ACTION HEAD START
REQUEST FOR PROPOSALS NUMBER 2015-01**

REVISED FEE PROPOSAL 2

SERVICES	PER SCREENING/EACH
INITIAL SPEECH AND LANGUAGE SCREENING	
INITIAL HEARING SCREENING	
REPORT(S)	
	PER HOUR
IN-SERVICE TRAINING (PARENT & STAFF)	

ACKNOWLEDMENT OF ADDENDA: _____
ADDENDA#
ADDENDA#
ADDENDA#

SELECT TYPE OF BUSINESS:

☐ Sole Proprietor ☐ Partnership ☐ Company ☐ Franchise ☐ Limited Liability

SELECT ONE OF THE FOLLOWING IF YOUR COMPANY HAS BEEN CERTIFIED BY ONE OF THE LOUISIANA UNIFIED CERTIFIED PROGRAMS.

☐ SECTION 3 ☐ DBE ☐ WBE ☐ NOT APPLICABLE

(COMPANY)

RESPONDENT (PRINT NAME, TITLE)

(SIGNATURE)

(DATE)