Hearing Aid Services and Devices

The Iowa Veterans Home is seeking proposals from qualified contractors to provide comprehensive audiology services, including hearing evaluations and devices, for individuals residing at the facility.

1. INTRODUCTION/SERVICES
2. This is a solicitation in which the Contractor shall provide Hearing Aid Services and Devices, on an as-needed basis, to Iowa Veterans Home (IVH) residents. Contractor shall provide all labor, materials, staff, license, permits, and every other item of expense necessary, unless otherwise noted herein. Services are to be provided at the provider’s location in Marshalltown, Iowa.
3. Contractor must be able to perform the tasks associated with providing Hearing Aid Services and Devices under the scope of their license. Contractor will perform services in accordance with federal and state laws and regulations and IVH policies and procedures and shall at all time comply with Standard safety precautions and maintain IVH security measures and a safe work environment.
4. CONTRACTORS AND/OR PROVIDERS QUALITIFICATIONS

Contractors and/or Providers Qualifications are noted in Exhibit A-1 Service Specifications

1. LICENSES, PERMITS AND CERTIFICATION REQUIREMENTS

Prior to providing services as outlined in the Agreement Contractor and/or Provider shall possess and maintain throughout the term of this agreement, all licenses, permits and certification requirements noted in Exhibit A-1, Service Specifications.

1. CONTRACTORS RESPONSIBILITIES

Services and all requirements shall be provided by the Contractor for Hearing Aid Services and Devices, at the request of IVH. The services shall include, but are not limited to the following:

Contractor must be able to adequately provide services to all residents as needed, and meet the requirements specified in Exhibit A-1, Service Specifications. Contractor must provide IVH with proof of any required training, licenses, permits, certifications and any other required documents as stated in Exhibit A-1, Service Specifications and as required by law.

1. **Standards of Obligation**
2. Contractor agrees to acknowledge and adhere to IVH medical staff rules, regulation, policies and procedures as direct by the institution and comply with standard infection control procedures and precautions.
3. **Authorization**
4. Authorization for Treatment

Contractor agrees that prior authorization must be obtained in writing from IVH in accordance with resident’s health care plan. Contractor shall complete and return all forms required by IVH regarding treatment of IVH residents. Authorization shall be documented in the electronic health record in all cases. Except for emergency care, IVH shall not render payment for services that do not have prior authorization, or were inappropriately delivered.

1. **Reports**

IVH reserves the right to request that Contractor provides reports or information related to this Agreement as-needed by IVH. Report submission details shall be determined by IVH.

The Agency anticipates that the term of any resulting contract will be on year beginning June 18, 2018 with five (5) on-year renewal options.

Service Providers interested in providing these services should submit proposals to the Iowa Veterans Home, 1301 Summit St., Marshalltown, IA 50158, no later than 2:00 p.m. (C.S.T.) on Thursday, May 3, 2018. Any proposal received after this deadline will be rejected and returned to the Service Provider.

The Agency reserves the right to reject any or all bids, in whole or in part, to advertise for new bids, to abandon the need for such services, and to cancel this informal Competitive Solicitation at any time prior to the execution of the written contract.

The Service Provider will invoice the Agency on a monthly basis using a properly prepared invoice. Payment will be made within 30 days after receipt of an invoice for services rendered during the prior month, upon inspection and approval of satisfactory performance of the contract services.

If interested, please submit your bid with the cost of each audiometric hearing test evaluation and the cost of hearing aids.

Send all bids for this solicitation to:

Julie Randall, Purchasing Agent

Iowa Veterans Home

1301 Summit Street

Marshalltown, IA 50158

Fax: 641-844-6336

Email: [julie.randall@ivh.state.ia.us](mailto:julie.randall@ivh.state.ia.us)

**All bids are due no later than 2:00 cst Thursday, May 3, 2018**

Exhibit A-1

HEARING AID SERVICES AND DEVICES

1. **CONTRACTOR QUALIFICATIONS**

Contractors performing services under this Agreement must have the minimum experience outlined below:

1. Hearing Aid Services and Devices: Minimum of Twelve (12) continuous months of experience within the last three (3) years performing services similar in scope to those defined herein, in a public or private institution. Internship does not count towards the required experience.
2. Audiologist: Minimum of twelve (12) continuous months of experience within the last three (3) years performing services similar in scope to those defined herein, in a public or private institution. Internship does not count towards the required experience.
3. Hearing Aid Dispensers: Minimum of twelve (12) continuous months of experience within the last three (3) years performing services similar in scope to those defined herein, in a public or private institution. Internship does not count towards the required experience.
4. All contractors must have the required licenses, permits, and/or certifications noted herein (Refer to Exhibit A-1, Section 2 – Licenses, Permits and Certification Requirements for details).
5. Contractors providing services through this Agreement must be proficient in the English language and be able to communicate effectively with IVH. All Contractors must be able to speak, understand oral and written communication, and write effectively, in the English language.
6. Any Contractors who fail to meet the minimum qualifications shall not be permitted to preform service.
7. **LICENSES, PERMITS AND CERTIFICATION REQUIREMENTS**
8. Contractor agrees that while performing duties and obligations under the Agreement they are qualified to perform the various functions under the Agreement, as defined by applicable statutes and regulations related to their scope of health care practice. Contractor agrees that all medical and professional staff and subcontractors are duly licensed, certified, and/or registered as required by the laws of this State and that no restrictions exist on said licensure, certification, and/or registration.
9. Prior to providing services as outlined in the Agreement Contractor shall:
10. Ensure that each provider shall possess and maintain throughout the term of this Agreement, a current and valid license, issued by the State of Iowa, in order to perform services in this state.
11. Provide copies of any required license(s), permits and/or certification(s) for each provider to the IVH Medical Director, or facility designee, to be kept on file at the facility throughout the term of this Agreement. Contractor shall ensure all required licenses, permits, certifications and any other requirements outlined herein are current and in effect at all time during the term of this Agreement.
12. In the event the required licenses, permits and/or certificates are to expire, Contractor shall provide current/renewed license(s), permit(s), and/or certification(s) to IVH no less than thirty (30) calendar days prior to their expiration. If, during the course of this Agreement, any of the licenses and/or requirements are found to be inactive or not in compliance, IVH may withhold payment for services rendered during the expiration period and/or immediately terminate the Agreement.
13. Assume responsibility for verifying through the appropriate licensing boards that no current or unresolved adverse actions have been taken by the State licensing authorities against any providers servicing IVH and that all licenses are active and void of misconduct.
14. **CONTRACTORS RESPONSIBILITIES**
15. Under the direction of the IVH Medical Director or designee, Contractor shall provide services as permitted within the scope of practice for Hearing Aid Services and devices in accordance with IVH policies and procedures.
16. Services will be performed only by Contractors who meet the requirements outlined in the Agreement.
17. Duties/Responsibilities shall include, but are not limited to:
18. Perform an audiometric hearing evaluation on referred resident. Each comprehensive audiometric hearing evaluation shall include, but is not limited to, an air conduction, bone conduction and speech discrimination test.
19. Provide all equipment and supplies necessary to perform an audiometric hearing test on referred patient. Equipment and supplies shall include, but are not limited to: Calibrated Audiometer, microphones, ear phones, accessory cords, supplies and equipment for ear mold impressions and any equipment necessary for testing, cleaning, or repair of hearing aids.
20. Provide, per exam, a screening audiogram and hearing assessment report. The report shall contain current hearing complaints, past hearing history, findings, and recommendations for the resident’s hearing ability to function in the facility’s general population.
21. Take impressions, fit and supply all ear molds, if needed.
22. Contractor shall be responsible for minor repair services of hearing aids supplied by provider to IVH residents. If necessary, Contractor may be required, at no additional cost to the state, to provide a temporary hearing aid to residents whose hearing aids must be repaired off-site. Major repair work shall be warranted for a period of one (1) year from the date of repair.
23. Issue residents that require hearing aids no more than two (2) hearing aids every three (3) years. Replacement of hearing aids earlier than three (3) years, will require the IVH Medical Director or designee, approval.
24. Ensure consultation and progress reports are completed as required in the resident chart or outpatient health report.
25. Maintain continuity of care until treatment is complete.
26. **ACKNOWLEDGEMENT OF DUTIES**

As the Contractor’s representative, I hereby certify that I have discussed the above Hearing Aid Services and Devices – Contractors Qualifications; Licenses, Permits and Certification Requirements and Responsibilities and we understand the duties required to successfully perform the services stated herein.

**BASE BID**

Cost per each Audiometric Hearing Test Evaluation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cost per hearing aid: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name of Contractor’s Representative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Bidder: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cellular Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_