Request for Applications
Research on Children’s Access to Psychiatric Services

I. Summary

The Ohio Colleges of Medicine Government Resource Center (GRC) is requesting applications from qualified investigators to perform a Children’s Access to Psychiatric Services project. The RFA is issued on behalf of the Ohio Department of Job and Family Services (ODJFS), Office of Ohio Health Plans, and the Ohio Department of Mental Health (ODMH).

The project is funded by federal Medicaid funds and a grant from ODMH which is being used as non-federal match for the federal funding. One project will be funded for $144,625, including $130,000 in Direct Costs and $14,625 in F&A. Funding may vary slightly as unrecovered F&A from the university of the Principal Investigator is expected to be used as part of the non-federal match, and each university has a different F&A rate for research.

Eligible applicants include: The principal investigator must be a faculty member of a college or university in the state of Ohio.

II. Background

The Office of Ohio Health Plans (OHP) manages the Medicaid and SCHIP programs, serving over 1 million children and more than 55,000 pregnant women in Ohio. Children’s mental health care is a “Medicaid Hot-Spot”, as mental health expenditures for children in 2009 were $357 million, including $76 million in prescribed drugs, and were by far the highest volume of episodes of care for children’s manageable health conditions.

In early 2011, OHP drafted the Ohio Medicaid Quality Strategy, focused in part on the development and implementation of quality improvement strategies for Ohio’s Medicaid-eligible pregnant women and children. OHP leadership presented this new strategy to the Best Evidences to Advance Childhealth in Ohio Now (BEACON) Council, a public private partnership comprised of Ohio’s healthcare leaders, state agencies, and key healthcare stakeholders, and focused on improving children’s health in the state. The strategy emphasizes the following aims:

1. Better Care: Improve the overall quality, by making health care more patient-centered, reliable, accessible, and safe.
2. Healthy People/Healthy Communities: Improve the health of the Ohio Medicaid population by supporting proven interventions to address behavioral, social and, environmental determinants of health.
3. Practice Best Evidence Medicine: Facilitate the implementation of best clinical practices to Medicaid providers through collaboration and improvement science approaches.
Priority areas within the Ohio Medicaid Quality Strategy include the following:

<table>
<thead>
<tr>
<th>Priority Area</th>
<th>Supporting Initiatives</th>
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| Improve Care Coordination         | • Managed Care Plan Delivery System  
- Access to services in a timely manner  
- Availability of a robust provider network  
- Care management  
- Behavioral Health Collaborative (COL)  
  
  Health Homes – Intense care management of chronically ill consumers using *Patient-Centered Medical Homes* as the foundation (COL) |
| Promote Evidence-Based Prevention and Treatment Practices | • Managed Care Plan Quality Accountability System:  
- Process & outcome measures for six Clinical Focus Areas (including behavioral health)  
  
  • Implementation and spread of Pediatric Psychiatric Network (QIS) |

The Children’s Access to Psychiatry Services Research project is designed to provide vital information to improve both Medicaid and the Ohio Department of Mental Health’s quality improvement (QI) efforts in these priority areas, including the implementation of the Pediatric Psychiatry Network (PPN), improving access to psychiatric services, and care coordination between primary care practitioners and psychiatric specialty providers.

The delivery system for children’s mental health services is fragmented, and is contributing to the excessive level and unsustainable growth rate of expenditures in the Medicaid program. Primary care clinicians are often the de facto mental health system for children and adolescent mental disorders in the United States. This is especially true in rural and inner city areas where access to mental health specialists in general and child psychiatrists in particular is extremely limited. The expansion of capitation payments, accountable care organizations, enhanced primary care homes, health homes, managed behavioral healthcare organizations and other factors has further pushed children and adolescents with mental disorders away from specialty settings into primary care.

Unfortunately, the quality of primary care mental health services for children and adolescents raises grave concerns. Children and adolescents with mental disorders treated in primary care settings are infrequently provided with recommended psychotherapies, are at greater risk of being over-diagnosed with certain conditions, undertreated with psychiatric drugs and infrequently followed for sufficient time.

Primary care clinicians acknowledge the deficiencies and shortcomings in their care, maintaining in surveys that they are ill prepared to treat such conditions, inadequately trained, and most importantly, face significant challenges in accessing consultation and advice from specialty trained child psychiatrists. For instance, pediatricians cite the lack of time to treat mental health problems as well as the long waiting periods to see mental health providers as key barriers to identification and management of psychosocial issues in children. Additionally, type of insurance has been identified as a critical factor in that barriers to obtaining mental health referrals from pediatricians were more common for patients with managed care coverage vis-a-vis patients with “fee-for-service” coverage.
The Ohio Department of Mental Health (ODMH) has intensively studied the problem of limited access to child and adolescent psychiatric services in Ohio. Over the past six years, three high level groups have been appointed to first, study the extent of the problem, second, make recommendations regarding the next steps for remediation of the access concerns, and third, begin to implement some of the recommendations. While ODMH recognized the lack of access to psychiatric care, the challenges in gaining access to child psychiatry services in Ohio have only recently been quantified. Furthermore, primary care clinicians have not had an opportunity to provide feedback regarding the specific features of psychiatric support services that would most benefit their patients and practices.

III. Scope of Work:

In 2010, ODMH sponsored a study entitled "Access to Psychiatric Services for Children". The purpose of the study was to: (1) assess the adequacy of access to psychiatric care for child and adolescent patients in primary care practices throughout the State of Ohio; and (2) identify the nature and extent of barriers to psychiatric care. More specifically, the study evaluated the capacity, willingness, and availability of child psychiatry providers in the state to provide timely support services responsive to the mental health needs of children in primary care settings. The study consisted of two data collection efforts, including an online survey of 228 pediatricians and an assessment of the difficulty and wait times that parents experience in making an appointment for their child.

Recently, ODJFS and ODMH asked the Ohio Colleges of Medicine Government Resource Center (GRC) to submit a proposal for an expanded scope of work related to the original study. The expanded scope of work includes:

- Conducting a survey, similar to the one completed for American Academy of Pediatrics (AAP) pediatricians, of practitioners who serve children served in pediatric, family practice, and community mental health settings, expanding the focus to include a range of clinical conditions, such as depression, ADHD, anxiety, and trauma, and assess decision support available for prescribing psychiatric medications.
- Expanding the appointment wait time assessment to additional geographic areas, including a new appointment wait time assessment of practices in rural areas.
- Presenting the findings of both studies to physician focus groups and soliciting feedback to ensure that their perceptions are accurately portrayed.
- Based on the findings from the 2010 survey of pediatricians, use surveys and semi-structured interviews to refine the understanding of who is using the PPN and user experiences in doing so.

This project will be completed as part of a larger effort to implement a QI science strategy for the PPN. The results of this study will be used to inform the implementation of Regional Learning Collaboratives to support physician practice transformation and delivery of evidence based care for children with mental health conditions. The study findings regarding scheduling difficulty, wait times, and practitioner perceived barriers will be used to develop a ‘change package’ for the learning collaboratives. The results will also inform BEACON QI science experts about what physicians consider to be the metrics for measuring improved care to patients.

A. Activities. To conduct the proposed study, the GRC and the Research Team will undertake a set of related research activities, which are outlined below:
1. Organize initial meetings with project leadership from ODJFS and ODMH to refine project plans, finalize the evaluation work plan and associated timetable, identify specific project deliverables and otherwise solidify the specific actions and accomplishments to be achieved during the feasibility study and needs assessment.

2. Develop a sampling methodology for the provider survey and the mystery shopper survey. We anticipate needing a provider list from ODMH of mental health provider organizations from which to draw a sample. The research team will work with ODMH on the sampling plan. Physician surveys usually have low response rates in the range of 25% to 40%. We anticipate a response rate of approximately 33%. The research team will work to increase the response rate by using strategies similar to those used in the previous survey of AAP pediatricians, whereby providers who have not responded will be tracked, and reminders will be sent. In addition, to increase the response rate, we will seek the endorsement of the Ohio Association of County Behavioral Health Authorities and the Ohio Council of Behavioral Health and Family Service Providers.

   The mystery shopper survey will involve project research staff making multiple calls to pediatricians, family practice, and community mental health providers stratified by geographic region of the state, including rural areas. For some calls, the researcher will pose as a parent seeking a psychiatric consult for his or her child; for other calls, the researcher will pose as a pediatrician or family practice physician seeking a psychiatric consult from a psychiatric provider. Efforts should be made to improve the sample design, so that the effect of Medicaid insurance status of the child can be isolated independently of other child characteristics. The mystery shopper calls will be staged over a period of two months, with each pediatric, family practice, and community mental health practice receiving a minimum of 10 calls.

   The research team will consider methods for:
   a. post sample weighting of the wait-time study to adjust results for independent geographically based measures of population demand, and service capacity.
   b. Seasonal variation in the wait-time study.

3. Develop provider survey protocols and measures. This task will involve several activities. For the provider survey, we will develop a web site and procedures to distribute the survey via the internet using methods similar to those employed in the previous pediatrician survey. The project research team will develop and refine specific measures to be included in the survey and will design the survey to minimize respondent burden. It is anticipated that the survey will include not more than 20 to 25 closed-ended items and possibly one or two open-ended items and will take no more than 7 to 10 minutes to complete. The project research team staff will use contact information provided by the ODMH, the Ohio Chapter of the American Academy of Pediatrics (AAP), the Ohio Academy of Family Physicians (OAFP), and the Ohio Council of Behavioral Health and Family Service Providers to establish the sampling frame. We will draw a regionally-stratified random sample of e-mail addresses, possibly oversampling certain regions, e.g. SE Ohio, to ensure adequate respondent representation throughout the state.

   The survey questions will focus on: (1) provider perceptions regarding the demand for timely psychiatric consultation to primary care providers; (2) the ability to provide pediatricians and their patients with psychiatric consultation when needed; (3) key barriers that hinder provision of needed psychiatric consultation and mental health treatment; and (4) possible approaches for
overcoming the identified barriers. The survey will focus on a range of clinical conditions, such as depression, ADHD, anxiety, and trauma, and assess decision support available for prescribing psychiatric medications.

The development of the wait time assessment protocol will involve creating several defined scripts that will be followed by project research team members to gather information from pediatric, family practice, and community mental health providers. Separate parent scripts and pediatrician scripts will be utilized to collect information from several areas related to the provision of psychiatric consultation and mental health care to primary care patients, including waiting time for the initial call to get an appropriate nurse or clinic staff person on the line, the capacity of the provider to deliver needed care, and length of time to get a phone consultation or to schedule an appointment. The information collected will be pre-coded or coded later so that responses can be tabulated and reported descriptively.

4. Conduct survey/protocol pilot tests and revise instruments and protocols as necessary. The research team will conduct pilot tests with a small number of pediatricians, family practice, and community mental health providers to assess the survey and the mystery shopper protocol, and will revise the survey instrument and secret shopper protocol as needed.

5. Administer provider survey and implement mystery shopper protocol. The survey will be administered on-line, with two follow-up reminders. The protocol will be implemented by project research staff over a two-month period.

6. Construct data files and analyze data. The data gathered through the survey and mystery shopper protocol will be uploaded into data files suitable for statistical analysis. We anticipate data analysis will involve primarily univariate and bivariate analyses.

7. Develop structured interview questions for key informants and focus groups of physicians using the PPN network. The interviews will be structured to include domains related to the interaction with the PPN, recollections of practice change (diagnosis and treatment processes), and practice workflow that may have occurred as a result of interaction with the PPN.

8. Conduct structured interviews. Use qualitative data analysis methods to categorize the responses.

9. Participate in planning sessions for the development of the PPN QI Learning Collaborative. Identify the key drivers for practice transformation and barriers that need to be overcome as a result of these studies.

10. Summarize findings in a report to ODJFS and ODMH. The findings will be summarized in a report, with data presented in both tabular and graphical form. The report will be written for a general audience and include limited technical terminology. Technical information will be included in an appendix.

B. Deliverables:
1. The contractor will submit monthly reports detailing work activities with a focus on key accomplishments contributing to assigned projects to GRC. GRC will review, reject or approve and compile approved reports and submit to the Ohio Department of Job and Family Services. The monthly reports will provide detailed information on the status on each of the action items identified in the scope of work and Deliverables B through D. The status of each item in the scope of work and each deliverable will be coded as P=Progress, NP= No Progress, and C= Completed in the monthly report. A detailed description must accompany each code for each reported action item and deliverable. In the first monthly report, the contractor will also identify a target date that the action item and/or deliverable being reported on will be completed. Once the action item and/or deliverable is completed, the contractor will report on the end date. If the target completion date is not met, the contractor will be required to submit an explanation in writing as an attachment to the monthly report. This written explanation will include the following components: a) reason why the target completion date was not met, b) identified next steps for completing the action item and/or deliverable, and c) new target completion date. Please see Attachment A for an example of the format of the monthly report.

2. The contractor will submit monthly invoices to GRC according to the guidelines provided by the Ohio State University Office of Sponsored Programs. The invoices will be submitted in hard copy to the Ohio State University Office of Sponsored Programs and in electronic format to the GRC program manager.

3. The contractor will participate in quarterly meetings via conference call with the Ohio Department of Job and Family Services to discuss progress.

4. The contractor will submit a sampling plan for the surveys.

5. The contractor will submit a plan for Survey protocols and measures.

6. The contractor will submit final data files from the surveys in multiple formats (SAS, STATA, SPSS, and Excel).

7. The contractor will submit basic data analysis reports consisting of frequency distributions of responses, overall, and grouped by key respondent characteristics.

8. The contractor will submit a summary report of the results of the structured interviews and focus groups.

9. The contractor will submit a final report by June 1, 2012. The report will summarize findings of the studies, with data presented in both tabular and graphical form. The report will be written for a general audience and include limited technical terminology. Technical information will be included in an appendix.

C. Timeline:

<table>
<thead>
<tr>
<th>Timeframe</th>
<th>Task</th>
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<tbody>
<tr>
<td>October 2011</td>
<td>Competitive bidding, contracting process with contractors</td>
</tr>
<tr>
<td>Nov-Dec 2011</td>
<td>Initial Meetings</td>
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<tr>
<td></td>
<td>Sampling plan for surveys</td>
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<tr>
<td></td>
<td>Survey protocols and measures</td>
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<td></td>
<td>Survey pre-tests</td>
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Jan-Mar 2012 | Survey Administration
---|---
Develop Structured Interviews and Focus Groups
Conduct structured interviews and Focus Groups

Mar-May 2012 | Construct data files and analyze data
---|---
Analyze interview data

Mar – Jun 2012 | Participate in QI Planning Process
---|---
Finalize report

D. Roles and responsibilities:

To conduct the study, the GRC and contractor will work in close collaboration with ODJFS and ODMH; however, each party will have distinct functions. The principal roles and responsibilities of each party are differentiated below:

<table>
<thead>
<tr>
<th>ODJFS &amp; ODMH</th>
<th>GRC</th>
<th>Research Team</th>
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<tr>
<td>• Participate on the review team facilitated by GRC to select the principal investigator and research team; and • Participate in Project planning and implementation; • Ensuring overall success of the project.</td>
<td>• Solicit competitive bidding through an RFA process amongst faculty of Ohio’s colleges and universities to be the principal investigator and research team; • Facilitate the selection of the principal investigator and research team by a review team made up of state agency personnel; • Provide project management support for the project which will include monitoring the performance of the contractor to complete the deliverables, coordinating communication between the contractor</td>
<td>• Ensure the adequate completion of the deliverables, provide documentation and feedback to sponsors on work completed, • Conduct the pediatric, family practice, and CMH provider survey: Identify and assess community mental health providers’ perspectives on access and barriers to psychiatric care; • Implement a wait-time assessment study; • Conduct structured interviews regarding the implementation of PPN; • Conduct survey of PPN utilization; • Complete quantitative and qualitative data analyses; • Present findings and solicit feedback from physician focus groups; • Report of study findings;</td>
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IV. PROJECT BUDGET:

The Project budget is limited to $148,149 through June 30, 2012. Maximum funding may vary slightly as unrecovered F&A from the university of the Principal Investigator is expected to be used as part of the non-federal match, and each university has a different F&A rate for research. The contractor should propose a scope of work that can be accomplished with this level of funding. Proposals that exceed this amount will be rejected. The evaluation of proposals will consider the quality and scope of the proposal based upon this limit. There will not be any evaluation credit given for budgets that are less than this amount. The contract may be renewed for an additional three year period with a revised scope of work and pricing.

V. RFA Response Requirements

RFA Schedule of Events
RFA Issued to Bidders 10/12/11
Bidder Questions Due 10/19/11 @12:00 Noon ET
Response to Bidder Questions 10/26/11 @5:00 P.M. ET
RFA Due Date 11/09/11 @3:00 P.M. ET
Award information Estimated Posting Date To be determined

Bidder Questions: Send questions to Dushka.Crane-Ross@osumc.edu. Responses will be posted at http://grc.osu.edu/projects/beacon/medtapp/index.cfm

RFA Response Format: Responses must address all aspects of the RFA and should follow the chronology of the RFA. Please limit your response to no longer than 15 pages, not including appendices. Submit 1 copy of your response in MS Word format to: Dushka.Crane-Ross@osumc.edu. Attachments such as resumes and Vitae may be in PDF format. The document should be double spaced, in Times New Roman 12 pt font, include page numbers, and a table of contents.

RFA Package Requirements Checklist

Due by Bid Closing Date/Time: 11/09/11 @3:00 P.M. ET

The following must be included in the RFA response package

- Cover letter
- Project Summary
- Organizational Capacity
Past Project Performance (Attachment C)
- Staff Qualifications
  - Personal Education Summary (Attachment D)
  - Technical Experience Summary (Attachment E)
  - Resumes/Vitae (must be limited to 4 pages in length)
- Project Management (including detailed timeline- see Attachment F) & Scope of Work
- Methodology
- Data Requirements
- Resource allocation
- Budget
- Appendices

VI. Proposal Format

1. Cover Letter

The cover letter must be in the form of a standard business letter and must be signed by an individual authorized to legally bind the Bidder. The cover letter will provide an executive summary of the solution the Bidder plans to provide. The letter must also have the following:

1. A statement regarding the Bidder’s university or college affiliation, Federal tax identification number, and address.
2. A list of the people who prepared the Proposal, including their titles;
3. The name, phone number, and fax number, and email address of a contact person who has authority to answer questions regarding the Proposal;
4. The name, phone number, and fax number, and email address of the Sponsored Programs Officer who is responsible for this proposal.
5. A list of all Sub-Contractors, if any, that the Bidder will use on the Work if the Bidder is selected to do the Work. If the subcontractor has not yet been identified, the information must be submitted once selected.
6. For each proposed Sub-Contractor, the Bidder must attach a letter from the Sub-Contractor, signed by someone authorized to legally bind the Sub-Contractor, with the following included in the letter:
   a. The Sub-Contractor’s legal status, tax identification number, and principal place of business address;
   b. The name and phone number of someone who is authorized to legally bind the Sub-Contractor to contractual obligations;
   c. A description of the portions of the Work the Sub-Contractor will do;
   d. A commitment to do the Work if the Bidder is selected;
   e. A statement that the Sub-Contractor has read and understood the RFA and will comply with the requirements of the RFA; and
7. A statement that the Bidder’s Proposal meets all the requirements of this RFA.

2. Project Summary
The summary must describe project goals and objectives, organization and staffing, and the solution that the contractor is offering to fulfill the requirements of the contract. The summary must describe the benefits of the proposal for the State of Ohio.

3. Organizational Capacity

**Bidder Profile.** Each Proposal must include a profile of the Bidders relevant experience working on projects similar to this work. The profile must also include the Bidders university or college affiliation, address, and telephone number; address; and any other background information that will help the evaluation committee gauge the ability of the Bidder to fulfill the obligations of the Contract.

**Past Project Performance.** The Bidder must complete Appendix B. The Bidder must include contact information for services the Bidder has provided on up to three projects in the past five years that were similar in their nature, size, or scope to the Work. The project references information must include the organization the work was done for, a project reference person from that organization, phone number, and company or organization address.

**Equipment and Software Requirements.** The Bidder must demonstrate access to hardware and software capacity capable of performing the services in this RFA.

4. Staff Qualifications, Resumes

One of the criteria on which OSU may base the award of the Contract is the quality of the Bidder’s Work Team. Switching personnel after the award will not be accepted without prior OSU approval of replacement personnel.

The Bidder must propose a Work Team that collectively meets all the requirements in this RFA, as demonstrated through the Personal Education and Training Summary forms, the Technical Experience Summary forms, and demonstrated competency in performing similar work.

a) **Personal Education and Training Summary.** Bidders must complete Appendix C, the Personal Education and Training Summary form for each Key Member that would be assigned to the Work Team for each of the areas described later in this section. Bidders must duplicate this form and complete it for each Key Member. Primary Work Team resumes/biographies are required. Resumes and biographies should be limited to 4 pages. The NIH Bio-sketch is preferred if available.

b) **Technical Experience Summary.** Each Proposal must also include a Technical Experience Summary for each Key Member of the proposed Work Team. The profile form is included in this RFA as Appendix D. Bidders must duplicate this form and complete it for each team member. If additional space is needed for completion of the form for any Key Member, the Bidder may reproduce as many of the attachments as necessary to complete its information. Each form must be completely filled out using the format given in the attachment to this RFA.

All candidates proposed must be identified by name. If the Bidder does not address how well any Key Members meet or exceed the Minimum Desired Qualifications for the position the candidate has
been proposed to fill, the Bidder’s Proposal may be rejected as non-responsive. The various sections of the form are described below.

The Technical Experience Summary must list the experience of the proposed candidate(s) and demonstrate, in detail, the proposed candidate’s ability to properly execute the Contract based on the relevance of the experience to the RFA requirements. The Technical Experience Summary must include all organizations for which the proposed candidate has worked on projects of similar nature, size, or scope in the past five years. The references given must be a person within the customer’s organization and not a co-worker or contact within the Bidders organization. All references provided must be willing to discuss reference information with OSU.

For each relevant project, the company or organization name, phone number, name and address of a contact person in the organization that the work was done for, a brief description of project nature, size and complexity, and dates (month and year) of work on the project must be given. If the primary contact cannot be reached, an alternate contact name in the company or organization, address and phone number must be provided in lieu of the primary contact. The candidate must include a list of professional contacts that can attest to his/her specific qualifications. The references given should be a person the candidate reported to or worked under contract for, and not a co-worker.

**Dates of Work.** Must be completed to show the length of time the candidate performed the technical experience being described, not the length of time the candidate worked for the company or organization. These dates must be completed by giving a beginning month and year and an ending month and year.

**Description of the Related Service Provided.** Bidders must describe the experience of similar nature, size, or scope to the Work, including the capacity in which the experience was performed and the role of the candidate in the project. It is the Bidder’s responsibility to customize the description to clearly substantiate the candidate’s qualifications.

c) **Demonstrated Competency.** The profile must include samples of completed work, recommendation letters, publications, and/or other evidence that demonstrates competency in referenced work of similar nature, size, or scope. Bidders are encouraged to include citations for any authored professional journal articles relevant to the Work

d) **Resumes/biographies for Position.** The candidate’s resume/biography must immediately follow the completed form for each “position”. The NIH bio-sketch is an acceptable alternative.

**Bidders must identify Key Members that will be assigned to each of the following areas.**

The criteria and qualifications listed below will be used for evaluating personnel. Although the Minimum Desired Qualifications are not mandatory, Bidders not meeting any of the Minimum Desired Qualifications must otherwise demonstrate their competence, capacity, and willingness to do the Work in order to receive consideration. Bidders are encouraged to address both the Minimum Desired Requirements and any additional education, training, experience, or expertise that is relevant to the Work.
NOTE: Individual proposed Key Members of the Work Team may serve in multiple project roles if the Bidder demonstrates that the proposed person meets all applicable qualifications and will devote sufficient time to the Work to justify having multiple responsibilities.

1. **Principal Investigator/Co-Principal Investigator**: This Key Member assigned to Project Management will have primary responsibility for the Work, including planning and coordination of the Work effort, assurance of timely completion of Work, assurance that Work is of high quality, using valid research methods, and is completed according to contract specifications, communication with OSU, and addressing any issues or problems including development of corrective action plans.

   **Minimum Desired Qualification:**

   - Faculty member employed at a college or university in Ohio.
   - Master’s Degree in health sciences, public health, biostatistics, epidemiology social sciences or a related field.
   - At least two years experience and demonstrated competency in leading health services research projects.
   - Demonstrated competency in planning, managing, and completing projects on schedule.

   **Preferred Qualifications:**

   - Doctorate degree in a related field.
   - Published research in children’s behavioral or developmental health, including access and delivery of services.
   - M.D. or D.O. practicing in a relevant board certified capacity

2. **Project Manager**: This Key Member is responsible for planning and implementing project strategies and tactics and developing the overall project plan, including planning and coordination of the work effort, assurance of timely completion of work, assurance that work is of high quality and is completed according to contract specifications, communication with OSU, and addressing any issues or problems including development of corrective action plans.

   **Minimum Desired Qualifications:**

   - Bachelor’s degree in business administration, health sciences, social sciences or a related field.
   - 2 years experience and demonstrated competency in project management for research projects in health care.

   **Preferred Qualifications:**

   - Master’s Degree
   - Project Management Institute or similar certification

5. **Project Management, Research Methodology & Scope of Work**
**Project Management Plan:** The Bidder must fully describe its approach, research methods, and specific work steps for doing the work on this Project and producing the Deliverables. OSU encourages responses that demonstrate a thorough understanding of the nature of the project and what the contractor must do to get the Project done well.

OSU seeks insightful responses that describe proven, state-of-the-art methods. Recommended solutions should demonstrate that the Bidder would be prepared to quickly undertake and successfully complete the required tasks. The Bidders work plan should clearly and specifically identify personnel assignments and the number of hours by individual for each task.

After best and final negotiations and award, the Project Management Plan will become the Bidder’s management plan to fulfill the Contract. It will incorporate other plans and performance requirements required by this RFA.

The Management Plan must be as complete as possible at the time of submission. It must:

1. Describe the Bidder’s proposed organization and management structure responsible for fulfilling the Contract’s requirements.
2. Describe the proposed planning and coordination of the work effort, including the methodologies, processes, and procedures that the Bidder’s proposed organization will follow to implement the Project.
3. Describe the major challenges presented by this project and how they would be addressed.
4. Describe any other potential problem areas, risks and recommended solutions to the problem areas and risks and any assumptions used in developing those solutions.
5. Describe how you will ensure that the Work will be completed on time, will be of high quality, and will meet contract specifications.
6. Describe how communication, status review, and reporting procedures will be conducted between all parties. Include frequency and mode of communication (e.g. e-mail, telephone, personal meetings).
7. Describe contingency plans if the primary plan is not able to meet the project’s needs, including an action plan if the Contractor or OSU is dissatisfied with the individual performance of any Key Members of the project work team.
8. Include a detailed timeline. The timeline should be completed in accordance with the form provided in Appendix F.

6. **Methodology.**

The bidder should prepare preliminary research plans for the wait time assessment and the physician survey. The preliminary research plan should identify:

1. Survey/Assessment domain identification, survey measures
2. Sampling frame, stratification, oversampling
3. Strategies to maximize response rate
4. Pilot test
5. Fielding strategy
6. Post Survey/Assessment weighting
7. Post Survey/Assessment analytics

The bidder should prepare preliminary research plans for the key informant interviews and focus groups emphasizing the use of qualitative research methods.

7. Data Requirements

For proposals in which data collection and use involves human subjects, the contractor is expected to have an approved IRB application prior to the beginning of data collection. Bidders should describe what aspects of their proposal requires IRB approval, and identify the IRB that will be used to approve the project.

8. Resource Allocation

The Bidder must submit a statement and chart that clearly indicates the time commitment of the Key Members of the proposed Work Team to each Deliverable of this Project and to other projects during the term of the Contract. The Bidder must indicate to what extent, if any, Key Members of the Work Team may be assigned to other projects during the term of the Contract.

9. Budget

Detailed Budget. In this section, the Bidder must provide a detailed budget for the total scope of the Proposal (main and optional service offerings) using the budget sheets provided in APPENDIX E and required corresponding narrative justifications they describe. Maximum funding for the project is $144,625, including $130,000 in Direct Costs and $14,625 in Facilities & Administrative costs. F&A is a combined rate from both sponsors (ODJFS-10%, and ODMH-15%).

VII. Proposal review

Evaluation of Proposals Generally. The evaluation process may consist of up to four distinct phases:

1. The initial review of all proposals for defects;
2. The evaluation committee’s evaluation of the proposals;
3. Request for more information (interviews, presentations, and/or demonstrations).
4. Contract award

Proposal Evaluation Criteria. In the Proposal evaluation phase, the committee will rate the Proposals submitted in response to this RFA based on the following criteria and weight assigned to each criterion:
<table>
<thead>
<tr>
<th>Criteria</th>
<th>Weight</th>
<th>Does Not Meet Requirements</th>
<th>Meets Requirements</th>
<th>Exceeds Requirements</th>
<th>Greatly Exceeds Requirements</th>
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</thead>
<tbody>
<tr>
<td><strong>GENERAL REQUIREMENTS</strong></td>
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<tr>
<td>Past Project Performance</td>
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<td><strong>STAFF QUALIFICATIONS – 33%</strong></td>
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<td>Principal Investigator/ Co- Principal Investigators</td>
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<td><strong>METHODOLOGY – 42%</strong></td>
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<td>Use of survey research methods in provider survey</td>
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<td>9</td>
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<tr>
<td>Use of survey research methods in wait-time survey</td>
<td>90</td>
<td>0</td>
<td>5</td>
<td>7</td>
<td>9</td>
</tr>
<tr>
<td>Use of qualitative research methods in key informant interviews and focus groups</td>
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<td>0</td>
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<td>5</td>
<td>7</td>
<td>9</td>
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</tbody>
</table>

The maximum score that a proposal can receive is 5,850 points. A proposal must achieve a score of at least 3,800 points to be considered. The selected proposal will have the highest score.

**Interviews, Demonstrations, and Presentations.** The Proposal evaluation committee may require some Bidders to interview with the committee, make a presentation about their Proposal, and/or demonstrate their products or services. Such presentations, demonstrations, and interviews provide a Bidder with an opportunity to clarify its Proposals and to ensure a mutual understanding of the Proposal’s content. The presentations, demonstrations, and interviews will be scheduled at the convenience and discretion of the evaluation committee.

The evaluation committee may record any presentations, demonstrations, and interviews.

**Contract Award.** OSU intends to award the Contract for the work no later than September 19, 2011, if OSU decides the work is in its best interests and has not changed the award date. OSU expects the Contractor to have its key and support staff available to “start work” within five business days after OSU issues a purchase order under the Contract.
**OSU reserves the right to modify, by scope-of-work reduction or elimination, any elements of the WORK covered by this RFA and its OSU amendments, for any reason.**

**Contract.** If this RFA results in a Contract award, the Contract will consist of this RFA, written amendments to this RFA, the Contractor’s Proposal, written authorized amendments to the Contractor’s Proposal, OSU Terms and conditions, and the agreement between OSU and the project’s prime funding sponsor (ODJFS). It will also include any materials incorporated by reference in the above documents and any purchase orders and change orders issued under the Contract. The form of the Contract is attached as a one-page attachment to this RFA, but it incorporates all the documents identified above. The general terms and conditions for the Contract are contained in another attachment to this RFA. If there are conflicting provisions between the documents that make up the Contract, the order of precedence for the documents is as follows:

1. Prime Sponsor Agreement (Attachment G);
2. OSU Terms and Conditions (Attachment F);
3. This RFA, as amended by OSU;
4. The documents and materials incorporated by reference in the RFA or OSU amendments;
5. The Contractor’s Proposal, as amended by the Contractor; and
6. The documents and materials incorporated by reference in the Contractor’s Proposal.

Notwithstanding the order listed above, purchase orders, change orders, and amendments issued after the Contract is executed may expressly change the provisions of the Contract. If they do so expressly, then the most recent of them will take precedence over anything else that is part of the Contract.

**IV. RFA Terms and Conditions**

The Ohio State University reserves the right to:

- Reject any or all Proposals received in response to this RFA;
- Request clarification from any Bidder on any or all aspects of its proposal;
- Cancel and/or reissue this RFA at any time;
- Retain all Proposals submitted in response to this RFA; and,
- Invite some, all, or none of the Bidders for interviews and further discussion.

**Provisions:** If any provisions in a resultant agreement are held to be invalid, void, or unenforceable, the remaining provisions shall continue in full force and effect without being impaired or invalidated in any way. Funding will be adjusted to reflect any changes in the deliverables. Contractor will submit any changes in deliverables to the Government Resource Center.

**Ethical Conduct:** Apart from a contact required for any on-going business at the University, vendors are specifically prohibited from contacting any individual at, or associated with the University regarding this RFA. Vendor communication shall be limited to the contact named on the cover page of this document. A vendor’s failure to adhere to this prohibition may, at the University’s sole discretion, disqualify the vendor’s Proposal.

**Cancellation for Lack of Funding:** A resultant agreement may be canceled without any further obligation on the part of The Ohio State University in the event that sufficient appropriated funding is unavailable to assure full performance of its terms. The vendor shall be notified in writing of such non-appropriation at the earliest opportunity.
Quote: Response must be valid for 120 days.

Contract Term: The contract term will commence on the date of award and continue through June 30, 2012. Pricing will remain firm for the initial period. At the end of the initial period, the contract may be renewed for an additional three 1-year periods (at the same terms and conditions, and with a revised scope of work and pricing), upon the signed mutual agreement between the University and the awarded vendor. The University will review requests for price increases for each renewal period.

Requirements For Advance Approval

a. Prior to out-of-state travel or conference attendance by the contractor, the contractor will consult with OSU concerning the nature of, and cost of, each out-of-state travel plan and conference registration for an amount exceeding $1,000.

b. For equipment purchases by the contractor which are expected to exceed $2,000 the contractor will obtain approval from OSU prior to the purchase. All equipment over $2,000 purchased for use under this Agreement remains the property of ODJFS. The contractor shall provide equipment inventories to account for the equipment purchased under this Agreement.

Presentation, Publications and Dissemination.

a. Contractor shall obtain OSU, ODJFS, and ODMH prior approval for release of any results including preliminary and/or final results related to funded projects or funded data under this Agreement.

b. Time Sensitivity – Any data or publication release may be pending or delayed due to ODJFS policy/program change.

c. Contractor shall obtain OSU and ODJFS prior review and permission to release any products resulting from activities, funded data or projects under this Agreement.

d. When issuing press releases, requests for proposals, bid solicitations, and other documents or statements describing projects or programs funded in whole or in part with Federal money, all grantees receiving Federal funds, including but not limited to State and local governments shall clearly state:

   (1) the percentage of total costs of the program or project which will be financed with Federal money,

   (2) the dollar amount of Federal funds for the program or project, and

   (3) the percentage and dollar amount of the total costs or the program or project that will be financed by nongovernment sources.
### MEDTAPP Project Progress Report

**Project Title:**

**Project Information**

<table>
<thead>
<tr>
<th>Submission Date:</th>
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<tr>
<th>Description of Accomplishments:</th>
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</table>

**Emerging/Pending Issues** (that could impact schedule, scope or resources):

#### Action Steps for Scope of Work/ Deliverables

<table>
<thead>
<tr>
<th>Status and Description (C = completed, P = progress, NP = no progress)</th>
<th>Target Date</th>
<th>Completion Date</th>
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<tbody>
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- **Documents Attached (describe):**
  - Check box

#### Recommended Changes to Project Plan:

- **Schedule**
- **Deliverables**
- **Resource Allocation**
- **Other**

**Description:**

<table>
<thead>
<tr>
<th>Approved by:</th>
<th>Date:</th>
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Appendix B.
PAST PROJECT PERFORMANCE

**REFERENCE/CONTACT**

The Bidder must list up to three organizations that have received services of similar size, nature or scope to the Work from the Bidder in the past five years. Include the company or organization, contact name, address, current phone number and beginning and ending dates of work on the project for each.

<table>
<thead>
<tr>
<th>Company/Organization:</th>
<th>Contact:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Project Name:</td>
<td>Beginning Date of Project Month/Year:</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>Company/Organization:</th>
<th>Contact:</th>
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</thead>
<tbody>
<tr>
<td>Address:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Project Name:</td>
<td>Beginning Date of Project Month/Year:</td>
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<tr>
<th>Company/Organization:</th>
<th>Contact:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Phone Number:</td>
</tr>
<tr>
<td>Project Name:</td>
<td>Beginning Date of Project Month/Year:</td>
</tr>
</tbody>
</table>
Appendix C.

PERSONAL EDUCATION AND TRAINING SUMMARY

For
Principal Investigator/Co-Investigator

Candidate’s Name:_________________________________

(Note: Please attach a copy of your resume to this document)

The candidate’s name and education and training information must be provided below:

<table>
<thead>
<tr>
<th>Type of Education or Training</th>
<th>Months/Years of Education or Training</th>
<th>Location of Education or Training</th>
<th>Degree/Major/Year Earned</th>
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</table>
Appendix C.

**PERSONAL EDUCATION AND TRAINING SUMMARY**

*For*

Project Manager

Candidate’s Name: ____________________________

(Note: Please attach a copy of your resume to this document)

The candidate’s name and education and training information must be provided below:

<table>
<thead>
<tr>
<th>Type of Education or Training</th>
<th>Months/Years of Education or Training</th>
<th>Location of Education or Training</th>
<th>Degree/Major/Year Earned</th>
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</table>
Appendix D

TECHNICAL EXPERIENCE SUMMARY

Candidate’s Name:_________________________________

Position/Role (Position Title) :__________________________

Bidders may reproduce this page as many times as necessary to complete their information.

PROJECT 1

<table>
<thead>
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<tr>
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<tr>
<td>Project name</td>
<td>Beginning and Ending Date of Work (MM/YY)</td>
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Description of project and role, services provided, and how experience meets or exceeds the minimum requirements.

PROJECT 2

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<tbody>
<tr>
<td>Address</td>
<td>Phone Number</td>
</tr>
<tr>
<td>Project name</td>
<td>Beginning and Ending Date of Work (MM/YY)</td>
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</table>

Description of project and role, services provided, and how experience meets or exceeds the minimum requirements.
### Appendix E.

**MAIN PROPOSAL BUDGET FORM**

**COVERS ALL DIRECT AND INDIRECT COSTS ASSOCIATED WITH THE RFA’S SCOPE-OF-WORK**

<table>
<thead>
<tr>
<th>PERSONNEL</th>
<th>NAME</th>
<th>FTE’s Based on 2080 ry/yr</th>
<th>Base Salary</th>
<th>Project Wages</th>
<th>% Fringe</th>
<th>Project Fringe</th>
<th>Project totals</th>
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<tbody>
<tr>
<td>Principal Investigator/Co Investigators</td>
<td></td>
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<td>$</td>
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<tr>
<td>Project Manager</td>
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<tr>
<td>Other Staff Role</td>
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</tbody>
</table>

**Other Direct Costs**
- Telephone
- Supplies
- Miscellaneous
- Copying
- Travel
- Sub-Contractors
- Other project Costs
- Overhead (please provide list of what is included in these costs)

**TOTAL COSTS**

$
REQUIRED WRITTEN JUSTIFICATIONS

PERSONNEL: Describe on a page attached to this budget form, any information that will help justify any specific or ALL personnel and their costs, which might be questioned by Proposal reviewers.

FRINGE BENEFITS: Describe on a page attached to this budget form, how this rate is calculated (its elements and formulae).

OVERHEAD RATE: Describe on a page attached to this budget form, how this rate is calculated (its elements and formulae). May include elements such as fraction of building costs, Bidder staff and contractors for corporate/building/offices services, insurances and such. May not cover costs of “advertising”, proposal development. Overhead rate is limited to 10%.

ALL OTHER COSTS: Describe on a page attached to this budget form, any information that will help justify other costs (e.g., telephone, supplies, etc., which might be questioned by Proposal reviewers.)
Appendix F:

<table>
<thead>
<tr>
<th>Number</th>
<th>Deliverable</th>
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<th>Start Date</th>
<th>Proposed End Date</th>
<th>Status - Indicate Date when Complete</th>
<th>Actual End date</th>
<th>Owner (Contact Person)</th>
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<td>25% 50% 75%</td>
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Appendix G:

THE OHIO STATE UNIVERSITY
STANDARD TERMS AND CONDITIONS

1. AUDIT OF BOOKS: This subcontract is subject to the provisions of the Single Audit Act of 1984, P.L.98-502, as implemented by OMB Circular A-133, “Audits of Institutions of Higher Education and Other Non-profit Institutions.”

By signature to this agreement, SUBRECIPIENT certifies that it has met the audit requirements of OMB Circular A-133 or equivalent Federal Financial Compliance Audit, if applicable, and shall furnish a copy of such audit report to the PRIME RECIPIENT within thirty (30) days of completion of said audit. The SUBRECIPIENT further certifies that, in instances of non-compliance with Federal Laws and regulations, appropriate corrective action will be taken. SUBRECIPIENT agrees to notify the PRIME RECIPIENT of the corrective actions within six (6) months of furnishing the audit report to the PRIME RECIPIENT. Audit reports should be submitted to The Ohio State University, Fiscal Services, 1960 Kenny Road, 4th Floor, Columbus, Ohio 43210-1063.

Notwithstanding any other conditions of this Agreement, the books and records of the SUBRECIPIENT hereunder will be made available for inspection by the PRIME RECIPIENT, the Federal sponsoring agency; U.S. Comptroller General, the PRIME RECIPIENT’s Federal Cognizant Audit Agency, or any of their duly authorized representatives during SUBRECIPIENT’s normal business hours.

2. COST PRINCIPLES & ALLOWABLE COSTS: The cost principles of Office of Management & Budget2 CFR220 (OMB Circular A-21) are applicable to this Agreement. In the event any payments to the SUBRECIPIENT are subsequently disallowed by the prime sponsor as items of cost, the SUBRECIPIENT shall repay the PRIME RECIPIENT on demand the amount of any such disallowed items or, at the discretion of the PRIME RECIPIENT, the PRIME RECIPIENT may deduct such amount from subsequent payments. However, without prejudice, the SUBRECIPIENT has the right to establish the allowable of any such item of cost previously disallowed.

3. EQUIPMENT TITLE: Title to any budgeted and approved equipment purchased by SUBRECIPIENT shall vest in SUBRECIPIENT subject to any subsequent disposition instructions by the prime sponsor. Unbudgeted equipment requires prior written approval by the PRIME RECIPIENT.

4. PATENTS & COPYRIGHTS; SUBRECIPIENT agrees that if, during the period of this Agreement, any of its employees shall make an invention or work of authorship in performance of this project, SUBRECIPIENT shall promptly make such invention or work known to PRIME RECIPIENT. All patents and copyrights shall be in accordance with Public Law 98-620 and implementing regulations under 37 CFR 401, “Rights To Inventions Made By Nonprofit Organizations and Small Business Firms Under Government Grants, Contracts, and Cooperative Agreements,” and any implementing regulations issued by the awarding agency.

Each party grants to the other party a non-exclusive, royalty-free license to use the results and data developed solely by each other provided that each party uses such results and data only for its own internal research and educational purposes. The parties agree to negotiate in good faith in the event that either requests a license for commercial purposes.

5. STANDARDS OF WORK: In performing services under this agreement, the SUBRECIPIENT is an independent contractor and nothing herein is to be construed as establishing an employer-employee relationship. The SUBRECIPIENT agrees that all work will be performed in accordance with the highest professional standards, Subrecipient shall also comply with all federal and state laws and prime sponsor requirements governing conduct of research.

6. DATA RIGHTS: The SUBRECIPIENT grants to the PRIME RECIPIENT the right to use data created in the performance of the subcontract solely for the purpose of and only to the extent required to meet the PRIME RECIPIENT’s obligations to the PRIME SPONSOR.

7. HIPAA: The SUBRECIPIENT WILL COMPLY WITH ALL Health Insurance Portability and Accountability Act (HIPAA) Regulation as applicable.

8. USE OF NAMES: The SUBRECIPIENT shall not use either directly or indirectly, The Ohio State University, or the name of any members of the staffs thereof, or any unpublished information or data relating to this program in any publicity or advertising unless copy is submitted and written approval of the Executive Director of the PRIME RECIPIENT is obtained in advance.

9. BREACH OF CONTRACT: In the event of violation or breach of contract terms, both parties will make a good faith effort to take necessary remedial actions to correct said breach. However, nothing in this agreement shall constitute a waiver by the PRIME RECIPIENT of any rights to pursue any necessary administrative, contractual, or legal remedies in instances in which the SUBRECIPIENT violates or breaches contract terms.

10. EQUAL OPPORTUNITY: This Agreement is subject to the conditions of Executive Order No. 11246 entitled, “Equal Employment Opportunity,” dated September 24, 1965, as amended by Executive Order 11375, and as supplemented in Department of Labor regulations (41 CFR Part 60), Any Certificate of Non-Segregated Facilities is deemed given here under by the signature to this Agreement.

11. TERMINATION: Either party may terminate this Agreement for any reason, including circumstances beyond the control of either Party, upon thirty (30) days' advance written notice. Upon such termination, PRIME RECIPIENT agrees to pay all costs incurred (including non-cancelable commitments incurred by SUBRECIPIENT) at the time of termination. Notwithstanding the above, PRIME RECIPIENT may terminate the Agreement immediately upon default by Subrecipient.

12. PROVISIONS IN CORPORATION BY REFERENCE: The Federal Acquisition Regulations (FAR) reference in the prime contract are incorporated by reference. This agreement constitutes the entire agreement between the parties hereto with respect to the subject matter hereof. However, any additional provisions of the prime agreement identified in the header and preamble of this SUBCONTRACT, which are required to be included under this subcontract agreement, are hereby incorporated by reference.

13. ORDER OF PRECEDENCE:
   a) Terms and Conditions of the Prime Award
   b) Subcontract including any Special Terms and Conditions and modifications
   c) Standard Terms and Conditions
   d) Proposal or Statement Of Work, and approved budget incorporated into the Subcontract

14. EXPORT CONTROL: The SUBRECIPIENT by signing this SUBCONTRACT agrees to comply with any and all applicable export control laws and regulations.
Appendix H:

SUBGRANT/SUBRECIPIENT AGREEMENT

THE OHIO DEPARTMENT OF JOBAND FAMILY SERVICES

THE OHIO DEPARTMENT OF HEALTH

THE CHANCELLOR OF THE OHIO BOARD OF REGENTS

AND

THE OHIO STATE UNIVERSITY, OFFICE OF SPONSORED PROGRAMS

G-1213-07-0343

(see website at: http://grc.osu.edu/projects/beacon/medtapp/index.cfm)

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ii Jeffery N. Epstein; David Rabiner; Diane E. Johnson; David P. FitzGerald; Allan Chrisman; Alaattin Erkanli; Kevin K. Sullivan; John S. March; Peter Margolis; Edward C. Norton; C. Keith Conners, *Improving Attention-Deficit/Hyperactivity Disorder Treatment Outcomes Through Use of a Collaborative Consultation Treatment Service by Community-Based Pediatricians*, *Arch Pediatr Adolesc Med.* 2007;161(9):835-840.

