

Texas Workforce Commission (TWC)

Procurement # 3202300176

Procurement Name: Open Enrollment for Durable Medical Equipment

Note: To open the links within this posting it may be necessary to hold the Control Key when “clicking” on the link.

I. GENERAL INFORMATION

A. Contract Subject: Durable Medical Equipment

B. Posting

This is an Open Enrollment notice for Durable Medical Equipment to be provided to Vocational Rehabilitation (VR) Customers served by the Texas Workforce Commission (TWC) VR Division on behalf of TWC.

Opportunities are available to provide Durable Medical Equipment for customers in TWC VR Workforce Solutions offices in all areas of the state. Applicants must meet **all** requirements and specifications outlined herein to be eligible to receive a contract to provide Durable Medical Equipment.

C. TWC Point of Contacts

- For procurement questions related to:
 - Solicitation:
 - Section I [GENERAL INFORMATION](#),
 - Section III [PROVIDER ENROLLMENT PACKET SUBMITTAL](#), or
 - Other purchasing related inquires.

Contact one of the following:

- a. Rebecca Stone, CTCD rebecca.stone@twc.texas.gov
- b. consumer.procurement@TWC.texas.gov
- Contact the VR Standards mailbox at: vr.standards@twc.texas.gov for questions related to:
 - Solicitation:
 - Section II [SCOPE OF WORK](#),
 - Section III [PROVIDER ENROLLMENT PACKET](#), or
 - [VR-SFP Manual](#), such as:
 - requirements outlined in [Chapter 8: Durable Medical Equipment \(DME\)](#), or
 - requirements outlined in the [VR-SFP Chapter 3: Basic Standards](#).

Note: If you prefer to speak with someone, a phone meeting can be scheduled when requested via vr.standards@twc.texas.gov.

D. Definitions

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| Applicant: | An entity or individual who submits an Enrollment Packet in response to this solicitation. |
| Confidential Information: | <p>Any communication or record (whether oral, written, electronically stored or transmitted, or in any other form) provided to or made available to Contractor or that Contractor may create, receive, maintain, use, disclose or have access to on behalf of TWC that consists of or includes any or all of the following:</p> <ul style="list-style-type: none"> a. Customer Information; b. Protected Health Information (PHI), in any form including without limitation, Electronic Protected Health Information or Unsecured Protected Health Information; c. Sensitive Personal Information, as defined by Texas Business and Commerce Code, § 521.002(a)(2); d. Federal Tax Information; e. Personally Identifiable Information (PII) as defined by Texas Business and Commerce Code § 521.002(a)(1); f. Social Security Administration Data, including, without limitation, Medicaid information; g. All privileged work product; all information designated as confidential under the constitution and laws of the State of Texas and of the United States, including the Texas Health and Safety Code and the Texas Public Information Act, Texas Government Code, Chapter 552; h. Personally Identifiable Information defined by 2 CFR 200.1; i. Information deemed confidential under The Rehabilitation Act of 1973, 29 U.S.C. Chapter 16, as amended, and implementing regulations 34 C.F.R. Parts 361 through 396. |
| Conflict of Interest: | <p>A conflict of interest is a situation that creates a risk that professional judgment or actions will be unduly influenced by a personal interest or relationship and creates substantial conflicts with the proper discharge of duties required by a contract and the public interest. Each Applicant must comply with the content on conflict of interest located in the VR-SFP Chapter 3: Basic Standards</p> |

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| Contractor (or Provider): | A legal entity or individual who TWC is contracted with to provide goods and/or services for TWC Customers. Contractor can be used interchangeably with Provider, Service Provider, or Vendor. |
| Contractor Provided Specifications: | A written detailed description of the exact product to be provided. Including the cost of the product and the date by which the product will be delivered. |
| Customer: | An individual that has met the TWC eligibility criteria and has been approved to receive TWC services. |
| Customer Co-pay: | Amount specified by VR TWC representative to be the Customer's share of the cost of service. |
| Durable Medical Equipment: | Durable Medical Equipment included in the contract is described in the TWC VR Standards for Providers (VR-SFP) Manual Chapter 8: Durable Medical Equipment (DME) when the contractor has a valid Service Authorization to do so. |
| Fair Billing: | The standard, usual and customary rate charged by the Contractor, which should be consistent with the amounts charged to any other party for similar services. |
| Fabricated Good: | A device constructed to meet a specific need. |
| Functional Unit: | The fully constructed or fabricated durable medical good unit that can be immediately put into operational use by the VR customer for who it was specified. For example, a wheelchair would include the: frame, seating system, controls, batteries, or other parts necessary to make it immediately usable by the customer. |
| Manufacturer's Suggested Retail Price (MSRP): | The manufacture's published suggested retail price. |
| Medical Records: | Medical records may include an history and physical narrative; operative reports; progress notes; or summaries. |
| Parent Company: | The business that is requesting or has been granted a bilateral contract with TWC to provide services on behalf of VR customers. |

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| Third Party Payment: | Payment by a financial agent, including but not limited to self-insured plans, commercial/private insurance plans, Medicare, Medicaid, or other parties that are, by statute, contract, or agreement, legally responsible for payment of a claim for a health care item or service |
| Vocational Rehabilitation Division (VRD): | The TWC Vocational Rehabilitation Division (VRD) administers the Vocational Rehabilitation Services Program, which is a joint state and federally funded program to assess, plan, develop, and provide VR services for eligible individuals with disabilities, consistent with their unique strengths, resources, priorities, concerns, abilities, capabilities, interests, and informed choice so that these individuals can prepare for and engage in competitive integrated employment and achieve economic self-sufficiency. In accordance with the Rehabilitation Act of 1973, as amended, VRD is the single designated state unit for the VR program. |
| Vocational Rehabilitation (VR) Standards for Providers Manual (SFP) (or Standards): | The VR Standards for Providers (VR-SFP) Manual focuses on the business practices, processes, and policies that must be followed for TWC and the contracted Provider to comply with federal and state laws and TWC rules and requirements. The VR-SFP Manual ensures TWC-VR Customers receive quality services. Each Provider should review the VR-SFP Manual and forms for changes every thirty (30) calendar days. Each Provider is expected to be familiar with and comply with the most recently published VR-SFP Manual and use the most recently published forms applicable to their contract. |

E. Open Enrollment Period

a. **Start Date:** Month XX, 2023

b. **End Date:** December 29, 2023

F. Certifications

By signing and submitting the [Execution of Offer](#) form with the Provider Enrollment Packet, Applicant attests to its compliance with the Certifications provided in Section 3 of the [TWC-VR Standard Terms & Conditions](#).

G. Contract Award

TWC intends to award contracts to qualified Applicants throughout the enrollment period and may award multiple contracts within individual counties or groups of counties.

Entities, Applicants and/or individuals that are debarred or excluded by the federal government are excluded from receiving Federal contracts or certain subcontracts, and certain types of financial and nonfinancial assistance and benefits. Entities, Applicants and/or individuals that are debarred or excluded by the State of Texas are excluded from doing business with the state.

TWC may consider past performance when determining whether to award a contract to an Applicant, or any other factor it deems to be in the best interest of TWC or the State of Texas.

Participation in a post-award orientation will be required before any services related to the awarded contract can be performed.

H. Compensation

Contractors must comply with [Chapter 8: Durable Medical Equipment \(DME\) VR-SFP](#).

Payments made to Contractors based on [VR-SFP Chapter 8, section 8.6 DME Methodology for Payment](#) when all requirements have been achieved.

The contractor must not hold the TWC-VR customer liable for any fees and charges related to the DME.

Contractors must also be in compliance with [VR-SFP Manual Chapter 3: Basic Standards](#).

Contractors must comply with requirements provided in their executed contract, including sections discussing Payment Rates and Terms as well as Contractor Obligations.

I. TWC Standard Terms and Conditions

Contracts resulting from this solicitation will include the TWC-VR Standard Terms & Conditions in effect at the time of execution. The current TWC-VR Standard Terms & Conditions are embedded below for your review. The current TWC-VR Standard Terms & Conditions may be different from the TWC-VR Standard Terms & Conditions in effect at the time of execution.



TWC-VR Standard
T&Cs 12-1-22.pdf

II. SCOPE OF WORK

A. Provider Requirements, Responsibilities, and TWC Policies

Providers must be knowledgeable about their responsibilities, the service requirements and TWC policies applicable to them.

B. Standards for Providers

Providers under contract with TWC must adhere to current published [VR-SFP Manual](#) for the dates of services during which any services or goods are provided to a Customer.

Notice of upcoming changes to the [VR-SFP Manual](#) are published on the [Vocational Rehabilitation Providers' Resources page](#) at least thirty (30) days in advance of the effective date of the changes. Each Provider is contractually responsible for maintaining compliance with the most recent [VR-SFP Manual](#).

A revision list that summarizes any formal changes to the VR-SFP Manual can be found on the [Vocational Rehabilitation Standards for Providers Revision Log](#).

TWC GovDelivery list notifies Contractors and Providers every time revisions are posted to the [VR-SFP Manual](#) and other important information. All Contractors should subscribe to TWC GovDelivery to gain these notifications. Visit the [TWC GovDelivery website](#), enter an email address, and select the topic 'Vocational Rehabilitation Contractors and Providers News' to subscribe.

Questions related to the content found in the VR-SFP Manual can be sent to vr.standards@twc.texas.gov.

C. Required Insurance

Insurance can provide protection to contractors from claims of negligence made by Customers.

Contractors must maintain any insurance prescribed in [Chapter 3: Basic Standards](#) and [Chapter 8: Durable Medical Equipment \(DME\)](#). These requirements are subject to change after proposed changes have been posted at least 30 days on the [Vocational Rehabilitation Providers' Resources page](#).

D. Warranty and Maintenance

Warranty information below can be found in [Chapter 8: Durable Medical Equipment \(DME\)](#). Requirements are subject to change after proposed changes have been posted at least 30 days on the [Vocational Rehabilitation Providers' Resources page](#).

E. Durable Medical Equipment Scope of Work

Durable Medical Equipment includes:

- Manual Wheelchairs,
- Power Wheelchairs,
- Seating and Positioning Systems,
- Scooters,
- Rehabilitation or Hospital Beds,
- Bathroom Assistive Devices,
- Manual Patient Lifts,
- Powered Patient Lifts,
- Continuous Positive Airway Pressure (CPAP) machines, and
- Bilevel Positive Airway Pressure (BiPAP) machines.

Guidelines for the Scope of Work for Durable Medical Equipment Contractors are outlined and can be found in [Chapter 8: Durable Medical Equipment \(DME\)](#).

All applicants must include:

- The business' policy related scheduling service of equipment within 3 calendar days of being notified by the TWC-VR or customer; and
- MSRP documentation on offered equipment.

An Applicant applying for a contract must comply with the following [VR-SFP Manual](#) chapters as well.

- [Chapter 1: Introduction to Vocational Rehabilitation](#)
- [Chapter 2: Obtaining a Contract for Goods and Services](#)
- [Chapter 3: Basic Standards](#)

All Applicants must have at least one (1) person that meets the Director qualification as defined in the [VR-SFP Manual, Chapter 3 Basic Standards](#).

All applicants must designate a point of contact who is the primary contact after a contract is awarded. For information of their responsibilities refer to [VR-SFP Manual, Chapter 3 Basic Standards](#), section 3.5.3 Point of Contact.

F. Service Areas

This is a statewide open enrollment solicitation. All Texas counties are included in this solicitation.

III. PROVIDER ENROLLMENT PACKET SUBMITTAL

A. Completed Enrollment Packets

Completed enrollment packets may be submitted at any time during the enrollment period. All forms must be completed in their entirety. For qualified Applicants that submit complete applications, contracts will be developed as they are approved. The volume of applications may vary during the enrollment period, and contracts may take three months or more to be finalized, depending upon volume and workload.

Submittal of Enrollment Packets must be made via email transmission to:
consumer.procurement@twc.texas.gov.

TWC is not responsible for applications sent to an address other than that stated above, an application submitted after the closing date, illegible, incomplete, corrupted, or otherwise considered disqualified due to failure of electronic equipment or operator error.

Disqualification of an application can occur when an applicant fails to:

- submit an application in accordance with the requirements of the solicitation; or
- submit requested corrections or additional documentation within 14 days or other specified timeframe.

B. Encrypted Format

1. Important:

All emailed submissions **must be received by TWC in an encrypted format** to protect the content from being read by entities other than the intended recipients.

No mailed or hand delivered application will be accepted.

If you do not have encryption software, email the procurement TWC Point of Contact listed in [Section I. C. 1. TWC Point of Contact](#) and request that an email be sent to you. Submitting your application to the TWC Point of Contact by return email will cause your submission to be received by TWC in an encrypted format when all required steps are followed.

2. Email Subject Line shall read:
Durable Medical Equipment OE Application, Procurement # 3202300176

3. Enrollment Packet Contents and Organization (Attachments):

Attached documentation shall include all required information delineated in [Section III. C Provider Enrollment Packet Submittal](#) below. Submit each document/form as a **separate document** in the email as an attachment.

Application will be rejected if the Applicant does not submit documents separately as described below.

Organize the application **following the defined order and use the naming conventions** for each attachment as described in [Section III. C Provider Enrollment Packet Submittal](#).

ALL emailed attachments **MUST BE SCANNED IN PDF FORMAT FOLLOWING THE DIRECTIONS** in [Section III. C Provider Enrollment Packet Submittal](#).

C. Provider Enrollment Packet Submittal (Contents and Organization)

TAB 1: Execution of Offer



T1 EXECUTION OF
OFFER.docx

Complete the Execution of Offer form.

Naming Convention for submission:

T1_Applicant's Legal Name_Execution of Offer

TAB 2: W-9 and Direct Deposit Form (VR1020)

Alternative W-9 forms will not be accepted.

Complete the [VR1020, W-9 and Direct Deposit Form](#).

- Refer to the [VR1020 instructions](#) and to [TWC Substitute W-9 and Direct Deposit Form video](#) for guidance.
- If the TWC1020 shows a "Business Name" (DBA) designation in Box 2, include a copy of County DBA registry letter.
- If the TWC1020 uses an "EIN" in box 6, include a copy of IRS letter assigning Employer Identification Number.

Naming Convention for submission:

T2_Applicant's Legal Name_W-9

TAB 3: Child Support Certification

Complete the [VR1305, Child Support Certification](#) form.

Refer to the [VR1305 instructions](#) for additional guidance.

Provide the name and social security number (SSN) of the individual or sole proprietor, or if not a sole proprietorship, of each partner, shareholder, or owner with an ownership interest of at least twenty-five (25) percent of the business entity.

If no one person owns twenty-five (25) percent or more of the business, state Not Applicable (N/A) in the Name/SSN field and complete the remaining sections.

Must be signed by the entity's legal authorized representative.

Naming Convention for submission:

T3_ Applicant's Legal Name_VR1305

TAB 4: Form VR3443, TWC VR Standards for Provider Certification

Complete [VR3443, TWC VR Standards for Provider Certification](#) form.

Must be signed by the entity's legal authorized representative.

Naming Convention for submission:

T4_ Applicant's Legal Name_VR3443

TAB 5: Form VR3444, Conflict of Interest Certification

Complete the [VR3444, Conflict of Interest Certification](#) form.

Must be signed by the entity's legal authorized representative.

Naming Convention for email submittals:

T5_ Applicant's Legal Name_VR3444

TAB 6: Form VR3445, Provider Insurance Certification

Complete the form [VR3445, Provider Insurance Certification](#).

A certificate of insurance (ACORD) or other equivalent form containing the same information detailing coverage as described above and signed by the agent shall serve as proof of coverage and shall be submitted with the VR3445 to TWC. The certificate shall include a statement that products and completed operations liability coverage is included in the policy. Addendums, changes, and updates of renewal date on these insurance policies shall be sent to TWC as soon as possible after implementation.

Must be signed by the Parent Company's legal authorized representative.

Refer to [Section II C. Required Insurance](#) for additional information.

Naming Convention for email submittals:

T6_Applicant's Legal Name_VR3445

TAB 7: VR3440A Goods and Equipment Part A- Parent Company Information

Complete the form [VR3440A, Goods and Equipment Part A- Parent Company Information](#).

Parent company is the business that is requesting or has been granted the bilateral contract with TWC to provide services on behalf of VR customers

Must be signed by the Parent Company's legal authorized representative.

Naming Convention for submission:

T7_ Applicant's Legal Name_VR3440A

TAB 8: Form VR3440B, Good and Equipment Part B-Local Business Location Information

Complete the form [VR3440B, Good and Equipment Part B-Local Business Location Information](#).

Local Business provides goods and equipment to TWC-VR customers as:

- a business that is part of the Parent Company or
- a Parent Company that only operates one location which provides goods and equipment to TWC-VR customers

Make sure to attach supporting documentation including copies of staff licenses, certifications and resumes with description of experience.

Naming Convention for submission:

T8_ Applicant's Legal Name_VR3440B

TAB 9: Form VR3439, Durable Medical Equipment Certification

Complete the form [VR3439, Durable Medical Equipment Certification](#).

Must be signed by the Parent Company's legal authorized representative.

Naming Convention for submission:

T9_ Applicant's Legal Name_VR3439

TAB 10: Supporting Documents- Business' Policy

Attach a copy of the business' policy related scheduling service of equipment.

Naming Convention for submission:

T10_ Applicant's Legal Name - Business' Policy

TAB 11: Supporting Documents- MSRP documentation

Attach a copy of the business MSRP documentation on offered equipment.

Naming Convention for submission:

T11_ Applicant's Legal Name_ MSRP documentation

TAB 12: Supporting Documents- Staff Documentation

Attach a copy of each staff licenses, certifications, and resumes as applicable.

Naming Convention for submission:

T12_ Applicant's Legal Name_ Staff documentation_ Staff Last Name