



(909) 793-1078



(909) 335-7330



WWW.CCS-CARES.ORG



101 E. REDLANDS BLVD. SUITE 215, REDLANDS, CA 92373



PSYCHOLOGIST PROFESSIONAL SERVICES REQUEST FOR QUOTATIONS

Citrus Counseling Services (CCS) is seeking proposals from Board Certified Psychologists to provide THERAPY, ASSESSMENT, and/or CLINICAL SUPERVISION services. The following information is provided to guide organizations who desire to submit quotations. CCS reserves the right to select any, or none of the responses. While we intend to use the RFQ process to select a service vendor(s), CCS reserves the right to close this RFQ without notice, and procure goods or services outside the RFQ process. Information provided is accurate, to the best of our knowledge, as of the date of creation of this RFQ document.

About Citrus Counseling Services

CCS is a non-profit 501(c)(3) organization headquartered in Redlands, California that provides therapy and counseling services to various organizations and the general public. CCS is directed by a volunteer Board of Directors.

Number of Staff:

- 30 full-time employees
- 3 part-time employees
- 10 contract staff
- 3 unpaid practicum students
- 11 volunteer board members

Annual Budget: \$4.1 million

Timeline of RFQ and Selection Process

RFQ released: July 29, 2022

Quotations due: Open and on-going

Quotations should be submitted by email to RUminski@ccs-cares.org

Awarded contracts will not be publicly announced.

Start Date: As soon as August 1, 2022

RFQ Release, Questions, and Submission

The RFQ will be emailed to all potential vendors who have previously expressed interest in providing these services to CCS. Interested vendors should send their contact information to

RUminski@ccs.care.org. Notice of RFQ will also be published through CCS's social media outlet(s) and posted in the RFP section on our web site.

Length of Agreement

CCS desires to enter into mutually agreed upon service terms up to three years with options for renewal.

Scope of Work/Equipment

Services by a skilled, trained, and experienced Psychologist competent to render and provide services below, and licensed to practice in the State of California.

1. Psychological assessments
2. Individual therapy
3. Clinical supervision, both individual and group

CCS will provide the following:

- 1) Therapy space and/or online therapy capabilities for contractor's use.
- 2) An electronic health record system.
- 3) Clerical and administrative support (i.e. intake staff for scheduling clients, front desk staff for checking in clients, IT support limited to initial set-up of CCS's tech based systems, billing of funders for services).

Contract Terms and Conditions

Please see attached contract template for contract terms and conditions.

Background

CCS is a community-based, non-profit whose mission is to provide comprehensive mental health services and bridge clients to community services. We provide mental health therapeutic services that focus on the relational well-being of clients of all ages. All services are based on best practice standards and employ evidence-based models.

CCS holds contracts and agreements with multiple publicly funded agencies, health plans, community partners, and private entities.

Our reimbursement rates for individual therapy provided by a Psychologist range as follows:

90791	\$65.00-150.00
90834	\$45.00-150.00
90837	\$70.00-150.00
90847	\$70.00-105.41

We have a CAPTS contract that pays up to \$1,200.00 per psychological assessment with an 8 hour cap. The contract requires “An assessment and results of psychological test/evaluation or bonding/attachment assessment would recognize family strengths, match children and family needs with available resources, and consider likely barriers. The assessment should identify the client’s needs in detail, provide a diagnosis (if appropriate), and recommend service and/or treatment plan.” These assessments are required to be performed in-person.

Primary RFQ Contacts

For information needed in the preparation of your quotation, you may speak with the following company official(s):

- Erin Mancha, Chief Clinical Director, EMancha@ccs-cares.org, 909-793-1078 x223
- Roger Uminski II, CEO, RUminski@ccs-cares.org, 909-793-1078 x101

Form of Quotation

Complete the attached rate sheet. Provide quotes for services you would like to provide. Write “N/A” for services you do not want to provide.

Selection Process/Selection Criteria

CCS may enter into agreements with any qualified service provider. Our decision will be based on a combination of factors, including; cost, provider’s reputation, experience and specialize training, and previous professional experience with the provider. Work will be assigned to providers based on cost, provider availability, whether provider is credentialed by funder (if applicable) and professional judgment on best match with client needs.

Rate Sheet

Provider:

Date:

Provider guarantees rates through:

Please provide your hourly rate for the services you wish to provide. Write "N/A" for services you do not want to provide.

Service	Hourly Rate
Psychological Assessment	
Individual Therapy – CPT 90791	
Individual Therapy – CPT 90834	
Individual Therapy – CPT 90837	
Group Therapy – CPT 90847	
Clinical Supervision	

Please provide information related to specialized training, certification, and experience below.

Professional Services Contract Template

Contract between **(CONTRACT NAME)** and **Citrus Counseling Services, Inc.**

This is a contract entered into by **(CONTRACTOR NAME)** (hereinafter referred to as "**(LAST NAME)**") located at **(CONTRACTOR'S ADDRESS)**, and **Citrus Counseling Services, Inc.** (hereinafter referred to as "**CCS**") located **101 East Redlands, Suite 215, Redlands, CA 92373**, on this date, **(DATE)**.

RECITALS

WHEREAS, **(CONTRACTOR)**, is skilled, trained, experienced, and competent to render and provide the services and advice described in Attachment A, Scope of Service of this agreement;

NOW, THEREFORE, **CCS** and the **(CONTRACTOR)** mutually agree as follows:

1. Contract Term

- a. The term of this Agreement shall be from **(DATE)** or upon execution of contract **until (DATE)**.
- b. **(CONTRACTOR)** will commence work under this agreement on or about **(DATE)** and will diligently prosecute work thereafter. **(CONTRACTOR)** will complete the work by the date above unless this contract has been renewed or extended under section 1.c. of this agreement. Upon a showing of good and sufficient cause by **(CONTRACTOR)**, **CCS** may, in its discretion, grant such extensions of time as it may deem advisable; provided however, **CCS** shall not be obligated to pay **(CONTRACTOR)** any additional consideration if such an extension of time has been granted, unless **(CONTRACTOR)** undertakes additional services in which instance the consideration shall be increased as **CCS** and **(CONTRACTOR)** shall agree.
- c. Services provided under this contract may continue under the terms of this agreement until a new contract is executed, or notice of cancellation is provided.

2. Services to be provided by (CONTRACTOR)

- a. **(CONTRACTOR)** shall perform the service(s) specified in Attachment A, Scope of Service.
- b. **(CONTRACTOR)** will perform said services as an independent contractor under the limited direction of **CCS** in the pursuit of his or her independent calling and not as an employee of **CCS**.
- c. **(CONTRACTOR)** will annually provide evidence of annual training in HIPAA Compliance and Sexual Harassment, and other annual required program certification.

3. Services to be provided by CCS

- a. **CCS** will prepare and furnish to **(CONTRACTOR)** upon request such information as is reasonably necessary to the performance of **(CONTRACTOR)** work under this agreement.
- b. **CCS** will furnish therapy space and/or online therapy capabilities for **(CONTRACTOR)** use with clients.
- c. **CCS** will provide and maintain Electronic Health Record system of its choosing.
- d. **CCS** will provide clerical and administrative support (i.e. intake staff for scheduling clients, front desk staff for checking in clients, IT support limited to initial set-up of **CCS's** tech based systems, billing of funders for services by **(CONTRACTOR)**).

4. **Independent Contractor Status**

- a. **(CONTRACTOR)** is an independent contractor, and neither **(CONTRACTOR)** nor **(CONTRACTOR)** employees or contract personnel are, or shall be deemed **CCS's** employees. In its capacity as an independent contractor, **(CONTRACTOR)** agrees and represents, and **CCS** agrees, as follows:
 - i. **(CONTRACTOR)** has the right to perform services for others during the term of this Agreement.
 - ii. **(CONTRACTOR)** has the sole right to control and direct the means, manner, and method by which the services required by this Agreement will be performed. **(CONTRACTOR)** shall select starting and quitting times, days of work, scheduling and order the work is performed.
 - iii. The services required by this Agreement shall be performed by **(CONTRACTOR)**, **(CONTRACTOR)** employees, or contract personnel, and **CCS** shall not hire, supervise, or pay any assistants to help **(CONTRACTOR)**.
 - iv. Neither **(CONTRACTOR)**, nor **(CONTRACTOR)** employees, or contract personnel shall be required by **CCS** to devote full time to the performance of the services required by this Agreement.

5. **Payment Provisions**

- a. **CCS** will pay **(CONTRACTOR)** for services per Attachment B, Fee Schedule.
- b. **CCS** will pay no amount of travel, training or other expenses of **(CONTRACTOR)** under this agreement, unless otherwise mutually agreed upon.
- c. **(CONTRACTOR)** shall submit an invoice to **CCS** on a monthly basis, no later than the 10th of the following month.
 - i. The invoice must include **(CONTRACTOR)** signature and social security number or tax ID number.
 - ii. The invoice must include dates services were rendered.
 - iii. The invoice must be sent to:
 - 1. **(CCS Contract Manager and email address)** for review and approval.
 - 2. A copy shall be sent to Fiscal@ccs-cares.org.
- d. Invoice terms are Net 30 with payment conditional on verification of services being rendered and satisfactory completion of required documentation by

(CONTRACTOR).

6. Completion of State and Federal Tax Information Forms

- a. All independent contractors doing business with **CCS** must complete applicable state and federal tax forms to determine federal and state reporting status. Form W-9 must be completed and returned to issue any payments applicable to this agreement.
- b. California nonresidents must complete and submit a Form W-9 and Form 590, if applicable.
 - i. Form 590: This form is required to determine California Residency. Payments made to California nonresidents, including corporations, limited liability companies and partnerships that do not have a permanent place of business in California, may be subject to 7% state income tax withholding (California Revenue and Taxation Code §18662). Types of income subject to withholding include payments for services performed in California and payments of leases, rents, and royalties for property located in California.
 - ii. Partial or Complete Exemption from California Withholding taxes.
- c. Form 588 Nonresident Withholding Waiver Request; if you meet the criteria for California withholding, you may apply for a waiver (Form 588) from the State of California through the California Franchise Tax Board. A copy of the approved waiver must be received by **CCS** prior to the first payment of this contract in order to apply the exemption from the required 7% withholding.
- d. Form 587 Nonresident Withholding Waiver Request; if you do not qualify for the waiver from California Withholding (an approved Form 588) and do not have a permanent place of business in the State of California, complete and submit Form 587 to determine if withholding is required on the scope of work for this Agreement.
- e. As appropriate **CCS** will provide **(CONTRACTOR)**, state and/or federal agencies with a statement of earnings at the conclusion of each year.

7. Fringe Benefits

- a. **(CONTRACTOR)** understands that neither **(CONTRACTOR)** nor **(CONTRACTOR)** employees, or contract personnel are eligible to participate in any employee pension, health, vacation pay, sick pay, or other fringe benefit plan of **CCS**.

8. Unemployment Compensation

- a. **CCS** shall make no state or federal unemployment compensation payments on behalf of **(CONTRACTOR)** or **(CONTRACTOR)**'s employees, or contract personnel. **(CONTRACTOR)** will not be entitled to these benefits in connection with work performed under this Agreement.

9. Workers' Compensation

- a. **CCS** shall not obtain workers' compensation insurance on behalf of **(CONTRACTOR)** or **(CONTRACTOR)**'s employees. If **(CONTRACTOR)** hires employees to perform any work

under this Agreement, **(CONTRACTOR)** will cover them with workers' compensation insurance to the extent required by law and provide **CCS** with a certificate of workers' compensation insurance before the employees begin the work.

10. Liability Insurance

- a. **CCS** shall not provide insurance coverage of any kind for **(CONTRACTOR)** or **(CONTRACTOR)** employees, or contract personnel. **(CONTRACTOR)** shall obtain the following insurance coverage and maintain it during the entire term of this Agreement:
 - i. Comprehensive or commercial general liability insurance coverage in the minimum amount of \$1,000,000 single occurrence or \$3,000,000 aggregate, including coverage for bodily injury, personal injury, broad form property damage, contractual liability, and cross-liability.
- b. Before commencing any work, **(CONTRACTOR)** shall provide **CCS** with proof of this insurance and with proof that **CCS** has been made an additional insured under the policies.

11. Cancellation of Agreement

- a. If at any time prior to the end of this Agreement **CCS** determines, at **CCS's** sole discretion, that **(CONTRACTOR)** services are or have become unsatisfactory, or if at any time during the performance of this agreement **CCS** determines, at its sole discretion, to suspend indefinitely or abandon the work under this agreement, **CCS** shall have the right to cancel this agreement and terminate the performance of **(CONTRACTOR)** services hereunder. In the event of such cancellation, **CCS** shall give written notice to **(CONTRACTOR)** of its intention to cancel.
- b. Unless otherwise agreed to by **CCS** and **(CONTRACTOR)**, if the cancellation is the result of **CCS's** decision to suspend indefinitely or abandon the work under this agreement, **CCS** shall be obligated to pay **(CONTRACTOR)** any expenses incurred in the performance of this Agreement up to the terms of Section 5.

12. Successors and Assigns

- a. This agreement shall not be assignable except with written consent of parties hereto.

13. Special Provisions

- a. **(CONTRACTOR)** shall comply with all federal, state, and local laws and ordinances to such work and provide copies of business license, certifications or other documentation demonstrating compliance.
- b. All written materials and information utilized for this contract belong to **CCS**. All intellectual, production and information rights to any materials utilized or produced belong to **CCS**.
- c. Confidentiality must be maintained regarding business practices, procedures and budgets, and a business agreement must remain in place annually. In addition, all applicable PII will be reported, and all HIPAA and privacy laws will be maintained.
- d. This agreement may be amended by the mutual written consent of the parties hereto.

14. **Hold Harmless**

- a. **(CONTRACTOR)** agrees, at its own expense, cost and risk, to indemnify, defend, save and hold harmless **CCS**, its agents, employees and officers against any and all personal injuries, damages, liabilities, costs, suits or expenses, including reasonable attorney's fees, arising out of any act or omission or the condition of any property owned or controlled by **(CONTRACTOR)** in the performance of this contract.
- b. It is understood that employees and any subcontractor of **(CONTRACTOR)** in its performance under this contract are not agents or employees of **CCS**.
- c. This contract shall be governed by the laws of San Bernardino County in the State of California and any applicable Federal law.

In witness of their agreement to the terms above, the parties or their authorized agents hereby affix their signatures:

Roger Uminski II, Chief Executive Officer

(CONTRACTOR)

(Signature of CCS)

(Signature of CONTRACTOR)

(Date)

(Date)