



# MISSISSIPPI STATE HOSPITAL

P.O. Box 157-A, Whitfield, MS 39193

(601) 351-8000

WWW.MSH.STATE.MS.US

JAMES G. CHASTAIN, DIRECTOR

To: Mr. Dale Griffin/Business Development Manager

From: Sandy Jordan/Procurement Team Leader

Date: May 27, 2025

RE: **NOTICE OF INTENT TO AWARD**

Please consider this notice that the Mississippi State Hospital, after careful review, intends to award a contract to provide professional rehabilitation management and treatment services, as required by Invitation for Bid 05.06.2025.491 (RFX 3160007310), to **Trinity Rehabilitation, Inc.** based on Trinity Rehabilitation submitting the lowest bid. Please be aware under Mississippi Public Procurement Review Board Office of Personal Services Contract Review Procurement Rules and Regulations, unsuccessful bidders may request reconsideration of MSH's intent to award a contract in accordance with Section 5.6.3 in the Office of Personal Service Contract Review Rules and Regulations.

Any Offeror may also submit a written request for debriefing to [sandy.jordan@msh.ms.gov](mailto:sandy.jordan@msh.ms.gov) at any time prior to 3:00 p.m. CST, June 3, 2025. Any request shall list the names and titles of all individuals who will attend the debriefing on behalf of the offeror and all questions or issues the offeror wishes to discuss at the debriefing.

Upon completion of the reconsideration period or resolution of any requests for reconsiderations filed, a contract will be issued to **Trinity Rehabilitation, Inc.**, contingent upon completion of successful negotiation of terms and conditions of the solicitation referenced above.

Bidders shall also note that a copy of the complete procurement file is available for viewing on the MSH web-site at [msh.ms.gov](http://msh.ms.gov).

If you have any questions, you may contact me at (601) 351-8056 or by e-mail at [sandy.jordan@msh.ms.gov](mailto:sandy.jordan@msh.ms.gov).

A FACILITY OF THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS



# MISSISSIPPI STATE HOSPITAL

P.O. Box 157-A, Whitfield, MS 39193

(601) 351-8000

WWW.MSH.STATE.MS.US

JAMES G. CHASTAIN, DIRECTOR

To: Mrs. Natasha Hamlin/Executive Assistant

From: Sandy Jordan/Procurement Team Leader

Date: May 27, 2025

RE: **NOTICE OF INTENT TO AWARD**

Please consider this notice that the Mississippi State Hospital (MSH), after careful review, intends to award a contract to provide professional rehabilitation management and treatment services, as required by Invitation for Bid 05.06.2025.491/RFX 3160007310, to **Trinity Rehabilitation, Inc.**, based on Trinity Rehabilitation having the lowest bid. Please be aware under Mississippi Office of Personal Services Contract Review Procurement Rules and Regulations, unsuccessful bidders may request reconsideration of MSH's intent to award a contract in accordance with Section 5.6.3. Failure to file a request for reconsideration within the time frame stated in section 5.6.3 shall constitute a waiver of all reconsideration rights.

Any Offeror may also submit a written request for debriefing to [sandy.jordan@msh.ms.gov](mailto:sandy.jordan@msh.ms.gov) at any time prior to 3:00 p.m. CST, June 3, 2025. Any request shall list the names and titles of all individuals who will attend the debriefing on behalf of the offeror and all questions or issues the offeror wishes to discuss at the debriefing.

Upon completion of the reconsideration period or resolution of any requests for reconsiderations filed, a contract will be issued to **Trinity Rehabilitation, Inc.**, contingent upon completion of successful negotiation of terms and conditions of the solicitation referenced above.

Mississippi State Hospital appreciates your organization's interest and encourages your organization to continue to participate in our procurement processes.

If you have any questions, you may contact me at (601) 351-8057 or by e-mail at [sandy.jordan@msh.state.ms.us](mailto:sandy.jordan@msh.state.ms.us).

A FACILITY OF THE MISSISSIPPI DEPARTMENT OF MENTAL HEALTH

ACCREDITED BY THE JOINT COMMISSION ON ACCREDITATION OF HEALTHCARE ORGANIZATIONS

Section - IV  
Procurement Schedule - MSH Bid File: 05.06.2025.491  
Rehabilitation Management and Treatment Services

Physical Therapist (PT) Unit Rate: \$ 9.75 Per Quarter Hour (Projection - 70,170 Qtr Hrs)  
Occupational Therapist (OT) Unit Rate: \$ 9.75 Per Quarter Hour (Projection - 75,060 Qtr Hrs)  
Speech Therapist (ST) Unit Rate: \$ 9.75 Per Quarter Hour (Projection - 22,080 Qtr Hrs)  
Audiologist Unit Rate: \$ 9.75 Per Quarter Hour (Projection - 1 Qtr Hrs)\*  
Licensed Physical Therapist Assistant Unit Rate: \$ 9.75 Per Quarter Hour (Projection - 1 Qtr Hrs)\*  
Certified Occupational Therapy Assistant Unit Rate: \$ 9.75 Per Quarter Hour (Projection - 1 Qtr Hrs)\*  
Rehab Technician Unit Rate: \$ 4.00 Per Quarter Hour (Projection - 1 Qtr Hrs)\*  
Administrative Charge: \$ 40.00 Per Hour (Projection 10,000 Hrs)

\*Work volume included in occupations on lines 1 through 3 above.

BIDS WILL BE OPENED: 3:00 P.M., May 6, 2025 at Building 93, Mississippi State Hospital.

I certify that I am authorized to enter into a binding contract, if this bid is accepted. By signing below, the undersigned agrees to all terms and conditions of the Invitation For Bid, including attachments and exhibits, in whole and with exception of those amendments as acknowledged in writing to bidder and signed by a duly authorized agent of MSH.

ACKNOWLEDGEMENT OF AMENDMENTS:

Bidders shall acknowledge the receipt of amendments by placing an "X" by each amendment number received:

Amendment No. 1 ( ) Amendment No. 2 ( ) Amendment No. 3 ( ) Amendment No. 4 ( )

Vendor's Quotation No. \_\_\_\_\_ Date 5/6/2025

Name Of Company Trinity Rehabilitation Telephone 601-206-9195

Fax 601-957-8391 E-Mail trinityrehabms@aol.com

Address 13 Northtown Drive Suite 110

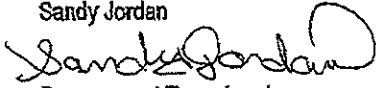
City/State/Zip Code Jackson / ms / 39211

By [Signature] Title Business Development  
(Signature)

We submit the above prices and agree to provide services within \_\_\_\_\_ days from receipt of order or notice to

proceed. Unless notified to the contrary, this offer is good for 90 days from the date of the bid opening. In submitting the above bid, it is expressly agreed that upon proper acceptance of any or all items by the Mississippi State Hospital, a contract shall hereby be created only after a written purchase order or contract award notice is mailed or otherwise furnished to the successful bidder within the time of acceptance specified above without further action by either party. The contract shall not be assignable by the vendor in whole or in part without the written consent of Mississippi State Hospital.

Sandy Jordan



Procurement Team Lead

**Section – IV**  
**Procurement Schedule – MSH Bid File: 05.06.2025.491**  
**Rehabilitation Management and Treatment Services**

Physical Therapist (PT) Unit Rate: \$ 16.00 Per Quarter Hour (Projection – 70,170 Qtr Hrs)  
Occupational Therapist (OT) Unit Rate: \$ 16.00 Per Quarter Hour (Projection – 75,060 Qtr Hrs)  
Speech Therapist (ST) Unit Rate: \$ 16.00 Per Quarter Hour (Projection – 22,080 Qtr Hrs)  
Audiologist Unit Rate: \$ 15.00 Per Quarter Hour (Projection – 1 Qtr Hrs)\*  
Licensed Physical Therapist Assistant Unit Rate: \$ 13.00 Per Quarter Hour (Projection – 1 Qtr Hrs)\*  
Certified Occupational Therapy Assistant Unit Rate: \$ 13.00 Per Quarter Hour (Projection – 1 Qtr Hrs)\*  
Rehab Technician Unit Rate: \$ 0 Per Quarter Hour (Projection – 1 Qtr Hrs)\*  
Administrative Charge: \$ 30.00 Per Hour (Projection 10,000 Hrs)

\*Work volume included in occupations on lines 1 through 3 above.

BIDS WILL BE OPENED: 3:00 P.M., 05/06/2025 at Building 93, Mississippi State Hospital.

I certify that I am authorized to enter into a binding contract, if this bid is accepted. By signing below, the undersigned agrees to all terms and conditions of the Invitation For Bid, including attachments and exhibits, in whole and with exception of those amendments as acknowledged in writing to bidder and signed by a duly authorized agent of MSH.

**ACKNOWLEDGEMENT OF AMENDMENTS:**

Bidders shall acknowledge the receipt of amendments by placing an "X" by each amendment number received:

Amendment No. 1 ( ) Amendment No. 2 ( ) Amendment No. 3 ( ) Amendment No. 4 ( )

Vendor's Quotation No. \_\_\_\_\_ Date 5/6/2025

Name Of Company Mid South Rehab Outpatient Clinic, LLC Telephone 601-605-6777

Fax 601-607-1397 E-Mail nhamlin@midsouthrehab.com

Address 599C Steed Road

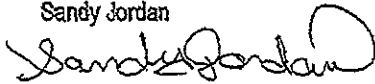
City/State/Zip Code Ridgeland, MS 39157

By  Title CEO/President  
(Signature)

We submit the above prices and agree to provide services within 1 days from receipt of order or notice to

proceed. Unless notified to the contrary, this offer is good for 90 days from the date of the bid opening. In submitting the above bid, it is expressly agreed that upon proper acceptance of any or all items by the Mississippi State Hospital, a contract shall hereby be created only after a written purchase order or contract award notice is mailed or otherwise furnished to the successful bidder within the time of acceptance specified above without further action by either party. The contract shall not be assignable by the vendor in whole or in part without the written consent of Mississippi State Hospital.

Sandy Jordan

A handwritten signature in black ink, appearing to read "Sandy Jordan", with a stylized flourish at the end.

Procurement Team Lead