



**REQUEST FOR APPLICATIONS (RFA 2024-002)
PSYCHIATRIC SERVICES**

This RFA is issued by COASTAL PLAINS INTEGRATED HEALTH (CPIH), an agency, authorized by Article 5547-203 of the Texas Revised Civil Statutes Annotated (1965), as amended, establishes the duties and authority of the community centers of mental health and mental retardation services. This RFA contains the requirement that all applications must meet to be considered by CPIH for selection. Failure to conform to requirements of the RFA will result in rejection of the application without any further consideration. The applicant is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFA.

Coastal Plains Integrated Health is seeking to contract with a single service provider (agency/organization) to provide Psychiatric Services at all of the Coastal Plains Integrated Health locations.

Providers selected will not be employees of CPIH. CPIH will not withhold any income tax, unemployment insurance, social security or any other withholdings or make available to the provider any benefits (sick leave, vacation).

Contact Person: All inquiries about this RFA should be directed to:
Leo Trejo, Jr., Chief Executive Officer
200 Marriott Drive
Portland TX 78374
(361) 777-3991

Submission of Completed Application:
All original applications must be returned to the following address by Friday 11/29/2024 at 4:00 p.m. CST.

Theresa Guerra, Director of Authority Functions
200 Marriott Drive
Portland TX 78374

CONFIDENTIAL: RFA 2024-02 - DO NOT OPEN IN MAILROOM!

Incomplete applications will not be considered.

Electronically submitted applications will not be considered; however, applications may be modified by electronically submitted notice, provided such notice is received prior to the time and date set for the application closing.

- 1 **Covered Services:** Covered Services, if authorized by Coastal Plains under the terms of this agreement, are those services identified below. Covered services may be routine or may be crisis related.
 - a) 90792 Initial Psychiatric Diagnostic Evaluation with Medical Services:
 - i. Chief complaint
 - ii. History of present illness
 - iii. Review of systems
 - iv. Family and psychosocial history
 - v. Complete mental status examination,
 - vi. The ordering and medical interpretation of laboratory or other diagnostic studies.
 - vii. Diagnostic formulation including G.A.F. score.

- viii. Communication with families or other collaterals.
- ix. Complete documentation of service
- b) 99211 Office visit for the evaluation and management (E&M) of an established patient; usually, the presenting problem(s) are minimal.
 - i. Typically, 5 minutes are spent performing or supervising these services.
 - ii. Include prescription of medications
 - iii. Review for medication effectiveness
 - iv. Medication education
 - v. Complete documentation of service
- c) 99212 Office visit for the evaluation and management (E&M) of an established patient.
 - i. Include prescription of medications
 - ii. Review for medication effectiveness
 - iii. Medication education
 - iv. Complete documentation of service
 Requires at least 2 of these 3 key components:
 - v. A problem focused history
 - vi. A problem focused examination
 - vii. Straightforward medical decision making
- d) 99213 Office visit for the evaluation and management (E&M) of an established patient
 - i. Include prescription of medications
 - ii. Review for medication effectiveness
 - iii. Medication education
 - iv. Complete documentation of service
 Requires at least 2 of these 3 key components:
 - v. An expanded problem focused history
 - vi. An expanded problem focused examination
 - vii. Medical decision making of low complexity
- e) 99214 Office visit for the evaluation and management (E&M) of an established patient
 - i. Include prescription of medications
 - ii. Review for medication effectiveness
 - iii. Medication education
 - iv. Complete documentation of service
 Requires at least 2 of these 3 key components:
 - v. A detailed history
 - vi. A detailed examination
 - vii. Medical decision making of moderate complexity
- f) 99215 Office visit for the evaluation and management (E&M) of an established patient
 - i. Include prescription of medications
 - ii. Review for medication effectiveness
 - iii. Medication education
 - iv. Complete documentation of service
 - v. Review of Diagnosis and GAF
 Requires at least 2 of these 3 key components:
 - vi. A comprehensive history
 - vii. A comprehensive examination
 - viii. Medical decision making of high complexity

1. **Expected Performance Measures:**

Provider will render services to all Covered Individuals in the same manner, subject to the same standards, and within the same time availability as offered to Provider's other patients or clients. Provider will not discriminate on the basis of payment source in matters involving the provision of Covered Services to Covered Individuals. Provider will not refuse to accept or continue to serve any Covered Individual except as authorized by Coastal Plains.

2. **Covered Individual:** Any Child, Adolescent, or Adult who:
 - a. meets the Health and Human Services Commission (HHSC) Priority Population Criteria, which is defined in HHSC Mental Health Community Services Standards and Community Service Programs
 - b. is a resident of Kleberg, Kenedy, Jim Wells, Duval, Brooks, Bee, Live Oak, Aransas, and San Patricio counties;
 - c. has been authorized by Coastal Plains' designee to receive Psychiatric Services
3. **Clinically Appropriate Services:** Clinically appropriate services which are:
 - a. adequate and essential for evaluation or treatment consistent with the symptoms, proper diagnosis and treatment appropriate for the Covered Individual's specific illness, disease or condition as defined by standard diagnostic nomenclatures:
 - b. reasonably expected to improve the illness, condition, or level of functioning:
 - c. safe and effective according to nationally accepted standard clinical evidence generally recognized by mental health care professionals or publications; and
 - d. the appropriate and cost-effective level of care that can safely be provided for the specific diagnosed condition in accordance with the professional and technical standards adopted by the Utilization management and Quality Management Department of CPIH.
4. **Location of Services:**
Coastal Plains Integrated Health will provide office space at all clinic locations
5. **Begin Date:**
Begin date is anticipated to be: July 1, 2024
6. **Bill for Service:** A complete claim shall consist of documentation containing all of the following information:
 - a. the name of facility and # of clinic hours provided.
 - b. the date(s) that services were provided
 - c. Description of whether clinic was virtual or in-person
7. **Reports:** Invoice for Psychiatric Services will be submitted monthly to the Center's CEO for approval.
8. **Referrals:** Provider shall not directly refer Covered Individuals to other providers for any Local Authority services, but will refer Covered Individuals back to Local Authority to request such services. Provider shall not engage in case finding or otherwise locating individuals to participate in these Covered Services, except as authorized by HHSC contract requirements.
9. **Continuity of Care:** Provider agrees to coordinate treatment/recovery planning and discharge planning with Local Authority staff to assure continuity of services during treatment.
10. **Training:** Provider agrees to complete all trainings that may be required by the local Authority.
11. **Payment:** In consideration of the obligations undertaken by Provider, Coastal Plains agrees to pay Provider for services based on the Schedule described and defined below.
 - Full Day 10 hour Virtual Clinic (\$210/hr)- \$2100; Face to Face Clinic (\$235/hr) -\$2350
 - Half Day 5 hour Virtual Clinic (\$210/hr) - \$1050; Face to Face Clinic (\$235/hr)-\$1175
 - Prorated Clinic - \$210 per hour (virtual); \$235 per hour (Face to Face)
 - Clinic Oversight Services - \$235 per hour
 - Ancillary services - no charge

SPECIFIC APPLICATION REQUIREMENTS

To achieve a uniform review process CPIH requires that applicants submit the following:

- 1) Completed application (attachment 1) including plan to provide services
- 2) Completed Assurances and Certifications form (attachment 2)
- 3) Proof of professional insurance in the amount of \$500,000.00 per claim and \$1,000,000.00 annual aggregate.

CONTRACT PREREQUISITES

- 1) Provider has no history of criminal convictions that would contraindicate contractual relationship as evidenced by criminal history check
- 2) Neither Provider nor administrators have a history of confirmed client abuse, neglect or client rights violations
- 3) Provider has no history of Medicaid/Medicare sanctions
- 4) Provider has no history of exclusion from Medicaid services by the Texas or U.S. Office of the Inspector General

AWARD CRITERIA

The following criteria will be weighed to determine the best value:

- Risk Profile (15 Points)
- Quality Management (15 Points)
- Background and experience as provider (30 points)
- Cost effectiveness and best value of the proposed services (30 Points)
- Value added services (10 points)

ATTACHMENT 1

PSYCHIATRIC SERVICES APPLICATION

Service Provider: _____

SSN#/TIN: _____

Years of operation: _____

Address: _____ City: _____ Zip: _____

Phone: _____ Fax: _____

Certification # if a Historically Underutilized Business: _____

Billing Manager: _____

Phone Number: _____ Fax Number: _____

Other Business Locations in this Market Area:

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

Organization Structure: Name of Director/President/CEO, include a list of the names and titles of the organizations key personnel (attach a copy of organizational chart if necessary).

Other Owners/Partners:

	Name	% Ownership	If Corporate, List Organization
1.	_____	_____	_____
2.	_____	_____	_____

Describe your experience as a provider of Psychiatric Services. Include

- 1) Your experience providing/supervising Psychiatric Services to people with serious and persistent mental illness.
- 2) Your experience providing/supervising Psychiatric Services to people with substance abuse issues.
- 3) Your experience providing/supervising Psychiatric Services to people with developmental disability issues.

Describe your experience working with various ethnic groups.

Description of your Quality Management and Quality Assurance efforts to insure continuous improvement in the quality of services. (Any process you have to discover and track errors, to receive communication from clients with respect to satisfaction with service and resolution of complaints, documentation of any accreditation/licensing evaluations completed in the past 24 months).

Describe the financial stability of your company, including the resources necessary to guarantee your ability to deliver the proposed services at the proposed fees.

CPIH has the following work schedule: Monday – Friday, 8am -7pm. Are you willing to work this schedule? Yes or No

If your answer is No, please give a brief explanation and a suggested work schedule: _____

Attach a plan to deliver the Psychiatric Services to Coastal Plains' Integrated Health including:

- A description how services will be provided in the clinics and proposed fee
- any ancillary or additional services that you will provide at no cost, if any

Risk Profile

- 1) Do you or anyone working in your organization that is providing services have any felony convictions or any offences that may bar you or them from a contractual agreement?
 Yes No
 - 2) Have you or any of your employees had any validated client abuse, client neglect, or client rights violation claims in the past five years. Yes No
 - 3) Have you or any of your employees had a professional license suspended or revoked? Yes No
 - 4) Have you or any of your employees had Medicaid or Medicare sanctions? Yes No
 - 5) Have you or any of your employees appeared on the Texas or U.S. Office of the Inspector General's exclusion lists?
 - 6) Has the organization/partnership/business been placed on vender hold within the past five (5) years by any funding agency Yes
 - 7) For any answers "yes" to questions 1 through 6, please, attach a detailed explanation.
 - 8) Attach proof of liability insurance, minimum \$1,000,000 per claim and \$3,000,000 annual aggregate.
 - 9) List any lawsuits or litigation involving your organization during the past five years. Provide details.
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Note to applicant: Coastal Plains Integrated Health completes a credentialing process and will verify any certifications and /or accreditations prior to completing a contract. You have the right to review this information. You also have the right to correct any erroneous information that the Center receives for the purposes of Credentialing.

Applicant Signature

Date

ATTACHMENT 2 ASSURANCES AND CERTIFICATIONS

I understand that I, or my organization, known collectively as "Offeror", must comply with each of the assurances listed below if awarded a contract in response to this solicitation. I am legally authorized to bind my organization to the following assurances, as signified by my signature at the end of this section. I understand that my failure to sign this section and certify all of these assurances may result in disqualification of this proposal.

- 1) Offeror has made no attempt nor will make any attempt to induce any person or firm to submit or not submit a proposal.
- 2) Offeror will comply with the requirements of the Immigration Reform and Control Act of 1986 and Immigration Act of 1990 regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, described in this proposal who will perform any labor or services.
- 3) Offeror will comply with all federal statutes relating to nondiscrimination. These include but are not limited to Title VI of the Civil Rights Act of 1964 (Public Law 88-352) which prohibits discrimination on the basis of race, color or national origin; Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), which prohibits discrimination on the basis of handicaps; the American with Disabilities Act of 1990 (Public Law 101-336); and all amendment to each, and all requirements imposed by the regulations issues pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age).
- 4) Offeror certifies that neither it nor its officers or employees is involved in other activities or relationships with other persons that cause Offeror to be unable or potentially unable to render impartial assistance or advice to CPIH, or that impair or might impair the Offeror's objectivity in performing work under the contract or that cause Offeror to have an unfair competitive advantage.
- 5) Offeror accepts the terms, conditions, criteria and requirements set forth in the RFA.
- 6) Offeror accepts CPIH's sole right to cancel the RFA at any time CPIH so desires.
- 7) Offeror accepts CPIH's sole right to alter the timetables for procurement as set forth in the RFA.
- 8) Offeror agrees that no claim will be made for payment to cover costs incurred in the preparation of the submission of the proposal or any other associated costs.
- 9) Offeror owes no funds to CPIH or the State of Texas for unresolved audit exceptions. An unresolved audit exception is an exception for which the Offeror has exhausted all administrative and/or judicial remedies and has failed to comply with any resulting demand for payment.
- 10) Offeror agrees that all processes and products resulting from this contract award will be the property of the State of Texas.
- 11) Offeror agrees to ensure that information about individuals served by CPIH will be kept confidential according to federal and state laws and regulations.
- 12) Offeror certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal or state Agency or agency.
- 13) Offeror, if it is a corporation, is either not delinquent in its franchise tax payments to the State of Texas, or is not otherwise subject to payment of franchise taxes to the State of Texas.
- 14) Neither Offeror nor any member of Offeror's staff or governing authority has participated in the development of specific evaluation criteria for award of this contract, nor will participate in the selection of the successful Offeror awarded this contract.
- 15) Offeror has not retained or promised to retain an entity or used or promised to use a consultant that has participated in the development of the specific criteria for the award of this contract or that will participate in the selection of the successful Offeror awarded this contract.
- 16) Offeror agrees to provide CPIH with information necessary to validate any statements made in this proposal, as requested by CPIH, including but not limited to, allowing access for on-site observation, granting permission for CPIH to verify information with third parties, and allowing inspection of Offeror's records. Offeror understands that failure to substantiate any statements made in the proposal as requested by CPIH may result in disqualification of the offer.

- 17) As provided by Texas Family Code, Section 231.006, a child support obligor who is more than 30-days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive payments from state funds under a contract to provide property, materials, or services or receive a state-funded grant or loan. Offeror certifies that it is not ineligible to receive the payments under this contract and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.
- 18) Offeror certifies that any Health and Human Services agency or Public Safety and Criminal Justice agency has not revoked its license, permit, or certificate.
- 19) Neither Offeror nor its officers and employees have given, offered to give, or intend to give any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public employee in connection with the submitted offer.
- 20) Offeror certifies that none of the funds paid by CPIH pursuant to any contract resulting from this RFA will be used to pay any person for influencing or attempting to influence an officer or employee of any agency, a member, officer or employee of Congress or the state legislature or for obtaining any federal or state contract.
- 21) Offeror certifies that it has not filed for protection under any state or federal bankruptcy law.
- 22) Offeror certifies that none of Offeror's property, plant or equipment has been subject to foreclosure or repossession within the preceding 10-year period.
- 23) Offeror certifies that it has not had any debt declared in default and accelerated to maturity within the preceding 10-year period.

Person to contact regarding inquiries:

Name _____ Title _____ Phone _____

Signature of Applicant

Date