

# Coastal Plains Integrated Health

## REQUEST FOR APPLICATIONS

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 intellectual developmental disabilities 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.

### Contracted Services:

**Coastal Plains Integrated Health seeks to contract with service providers to deliver Covered Intellectual Developmental Disabilities services. 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).**

### Covered Services to be Provided:

- **PAS/HAB, Community Supports, Transportation services for eligible consumers with Developmental Disabilities, who are residents of Bee county**
- **At a rate of \$8.25 per hour.**

### Credentials Required:

- 1) **At least 18 years of age**
- 2) **Must have a valid, current Texas Driver's License**
- 3) **High School Diploma OR GED**

**\*\*\* A COPY OF THE DRIVER'S LICENSE, SOCIAL SECURITY CARD, HIGH SCHOOL DIPLOMA or GED IS REQUIRED WITH APPLICATION\*\*\***

Contact Person: All inquiries about this RFA should be directed to:

Micheline Hodge, Authority Functions Department  
200 Marriott  
Portland TX 78374  
(361) 777-3991

### Submission of Completed Application:

**All applications must to returned to:**  
**Micheline Hodge, Authority Functions Department**  
**200 Marriott**  
**Portland TX 78374**  
**CONFIDENTIAL: RFA MR MULTI SERVICES**  
**DO NOT OPEN IN MAILROOM!**

Incomplete applications will not be considered. An incomplete application is one that is received without the required documentation (requested copies) and incomplete or no attached reference pages. 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 opening.

## **COVERED SERVICES**

### **Supported Home Living/Community Supports**

1. Direct personal assistance with activities of daily living (grooming, eating, bathing, dressing, and personal hygiene);
2. Assistance with meal planning and preparation;
3. Securing and providing transportation;
4. Light housekeeping;
5. Assistance with ambulation and mobility;
6. Assistance with medications and the performance of tasks delegated by a registered nurse;
7. Supervision of individuals' safety and security;
8. Facilitating inclusion in community activities, use of natural supports, social interaction, participation in leisure activities, and development of socially valued behaviors; and
9. Habilitation, exclusive of day habilitation

### **Personal Assistance Services / Habilitation Services**

10. Direct personal assistance with activities of daily living (grooming, eating, bathing, dressing, and personal hygiene);
11. Assistance with meal planning and preparation;
12. Securing and providing transportation;
13. Light housekeeping;
14. Assistance with ambulation and mobility;
15. Assistance with medications and the performance of tasks delegated by a registered nurse;
16. Supervision of individuals' safety and security;
17. Facilitating inclusion in community activities, use of natural supports, social interaction, participation in leisure activities, and development of socially valued behaviors; and
18. Habilitation, exclusive of day habilitation

### **Other requirements**

1. Participate in interdisciplinary team meetings
2. Write daily progress notes
3. Participate in staff trainings as needed

## **SPECIFIC APPLICATION REQUIREMENTS**

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

- 1) **A completed application to provide services**
- 2) **Copy of driver's license and social security card**
- 3) **A copy of High School Diploma/GED. A reading/writing competency test may be completed if provider has no diploma.**
- 4) **Three personal references from persons not related by blood (please use attached forms)**
- 5) **Signed "assurances and Certifications" form (attachment 3)**

There will also be an interview and a short writing test.

## **AWARD CRITERIA**

In addition to the above 5 elements, the following qualifications are required to complete a contract for supported home living services:

- 1) No history of felony conviction or misdemeanors or offences that would be considered a bar to employment
- 2) No history of confirmed client abuse or neglect
- 3) No history of sanctions by Medicaid or Medicare
- 4) Favorable driving record
- 5) Effective communication in the Consumer's primary language
- 6) Applicant must be available to work during the hours required by the Consumer
- 7) If providing Respite at our Respite House, applicant must live within the community or live within a 30-minute commute.

**Name of staff person responsible for this application.**

ATTACHMENT 1

## APPLICATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ SSN#/TIN: \_\_\_\_\_

Drivers license number: \_\_\_\_\_ State: \_\_\_\_\_ **Please, attach copy**

Date of Birth: \_\_\_\_\_ **Service You Are Applying for:** \_\_\_\_\_

List any driving offenses in the past five (5) years: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please, list all DWI's: \_\_\_\_\_

Are you at least 18 years of age? \_\_\_\_\_

**Education:** Please check whichever is applicable.

- ☐ High School Diploma - **Please, attach copy**
- ☐ GED - **Please, attach copy**
- ☐ None of the above (will need to take Equivalency Test)

**Experience:**

What experience do you have providing direct personal assistance with activities of daily living (grooming, bathing, meal preparation, dressing, personal hygiene)?

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What experience do you have working with people with disabilities?

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Languages spoken, please, describe fluency

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Work Schedule

Please, circle days you are willing to work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

What hours are you willing to work?

Mornings Afternoons Evenings

Risk Profile

- 1) Have you ever been convicted of a felony, misdemeanor or received deferred adjudication?  
☐ Yes ☐ No
- 2) Have you had any validated client abuse, client neglect, or client rights violation claims in the past five years? ☐ Yes ☐ No
- 3) **For any “yes” answers to questions 1 or 2, please, attach a detailed explanation.**
- 4) Are you mentally and physically able to perform the covered services? ☐ Yes ☐ No

If No – please, explain \_\_\_\_\_

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Note to applicant: Coastal Plains Integrated Health completes a credentialing process and will verify your high school diploma or GED 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.

Coastal Plains Integrated Health completes a criminal history check, driver's license check and a review of any confirmed abuse or neglect allegations, as well as a search on the employee misconduct database. Your signature indicates consent to these investigations.

\_\_\_\_\_  
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 RFP.
- 6) Offeror accepts CPIH's sole right to cancel the RFP at any time CPIH so desires.
- 7) Offeror accepts CPIH's sole right to alter the timetables for procurement as set forth in the RFP.
- 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) No principal of Offeror's has worked as an employee for CPIH in the past year.
- 16) 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.
- 17) 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.

- 18) 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.
- 19) Offeror certifies that any Health and Human Services agency or Public Safety and Criminal Justice agency has not revoked its license, permit, or certificate.
- 20) 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.
- 21) Offeror certifies that none of the funds paid by CPIH pursuant to any contract resulting from this RFP 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.
- 22) Offeror certifies that it has not filed for protection under any state or federal bankruptcy law.
- 23) Offeror certifies that none of Offeror's property, plant or equipment has been subject to foreclosure or repossession within the preceding 10-year period.
- 24) Offeror certifies that it has not had any debt declared in default and accelerated to maturity within the preceding 10-year period.

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Signature of Applicant

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Date

Reference Form – (reference person cannot be a blood relation)

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

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Reference's Name: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your relationship to the applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

The applicant is seeking a position providing personal assistance to a person with Intellectual Developmental Disabilities. This may include assistance with bathing, dressing, meal planning, housekeeping, medications, etc. It will also include assisting the person to live in a safe and healthy environment.

How would you rate the applicant's ability to maintain a clean and safe home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you needed to select a person to provide personal care to one of your family members, how comfortable would you feel about selecting the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you think the applicant gets frustrated easily? YES \_\_\_\_\_ NO \_\_\_\_\_

Please Explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever observed the applicant interacting with people with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

Please, describe any behaviors or attitudes you observed. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate the applicant's trustworthiness? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How would you rate the applicant's driving abilities? \_\_\_\_\_

\_\_\_\_\_

**TO APPLICANT: PLEASE RETURN ALL COMPLETED REFERENCES WITH YOUR APPLICATION.**

Reference Form – (reference person cannot be a blood relation)

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

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Reference's Name: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

What is your relationship to the applicant: \_\_\_\_\_

How long have you known the applicant: \_\_\_\_\_

The applicant is seeking a position providing personal assistance to a person with Intellectual Developmental Disabilities. This may include assistance with bathing, dressing, meal planning, housekeeping, medications, etc. It will also include assisting the person to live in a safe and healthy environment.

How would you rate the applicant's ability to maintain a clean and safe home? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you needed to select a person to provide personal care to one of your family members, how comfortable would you feel about selecting the applicant? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you think the applicant gets frustrated easily? YES \_\_\_\_\_ NO \_\_\_\_\_

Please Explain: \_\_\_\_\_

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Have you ever observed the applicant interacting with people with disabilities? Yes \_\_\_\_\_ No \_\_\_\_\_

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Reference Form – (reference person cannot be a blood relation)

Applicant's Name \_\_\_\_\_

Applicant's Address \_\_\_\_\_

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Reference's Name: \_\_\_\_\_

Reference's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

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How would you rate the applicant's driving abilities? \_\_\_\_\_

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