

COASTAL PLAINS INTEGRATED HEALTH

REQUEST FOR APPLICATION (RFA #2026-001)

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 disorder (IDD) 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 Nursing 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).

Services to be Purchased:

- **Nursing services for eligible consumers with developmental disabilities, who are residents of Kleberg, Kenedy, Jim Wells, Duval, Brooks, Bee, Live Oak, Aransas, and San Patricio counties**
- **At a rate of \$21 per hour for direct service hours, not including transportation to and from consumer's homes**
- **Provided at the consumer's home/community**

Credentials Required:

- **Be at least age 18**
- **Must have a VALID and current Texas Nursing LVN License**
- **Must have a VALID and current Texas Driver's License**
- **Must have a favorable driving record**
- **Two (2) years of nursing experience**

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

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

Submission of Completed Application:

All applications must be returned to the following address:

Micheline Hodge, Authority Functions Dept.
200 Marriott
Portland TX 78374

CONFIDENTIAL: RFA#2026-001 -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 opening.

COVERED SERVICES

Covered/billable activities

- 1) Face-to-face telephone contact with a consumer to provide nursing care, health condition monitoring/assessment, and/or medication administration and monitoring
- 2) Participating in interdisciplinary team meetings
- 3) Directly supervising the performance of delegated health care treatments by an unlicensed service provider
- 4) Training conducted by a Registered Nurse for non-licensed personnel responsible for the performance, monitoring, reporting, and documentation of prescribed health/medical care treatments for a specific individual delegated by a Registered Nurse to the non-licensed personnel
- 5) Training conducted by a licensed nurse (RN or LVN) of other personnel in the performance, monitoring, reporting, and documentation of prescribed health/medical care treatments for a specific individual
- 6) Face-to-face or telephone contact with family members, other health care providers or service providers (not including licensed/professional staff or contracted consultants to the HCS providers) regarding the health/medical condition of a specific consumer

Covered/non-billable activities

- 7) Participate in staff trainings as required
- 8) Preparing medication records
- 9) In Group Homes – providing treatment and medication/health monitoring as required by Registered Nurse

NON-COVERED SERVICES – These services are not requested by CPIH. Provider will not be reimbursed for these activities.

- 1) Developing and monitoring individual health care plans
- 2) Delivery of or supervision of services or tasks not requiring the credential of a licensed nurse; for example, supervision of a consumer or providing personal care assistance normally provided as a part of residential assistance; arranging for medical appointments; providing transportation for a consumer; providing training for other service providers related to general procedures for reporting and monitoring the health/medical status of consumers, e.g., training in the signs and symptoms of illness.

AMOUNT OF SERVICES REQUIRED

Counties	Approximate Hours
Bee - Live Oak Counties	7 hours per month
San Patricio - Aransas Counties	14 hours per month
Kenedy - Kleberg Counties	14 hours per month
Duval - Jim Wells Counties	5.5 hours per month
Brooks County	3 hours per month

SPECIFIC APPLICATION REQUIREMENTS

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

- 1) A completed application to provide nursing services
- 2) Copy of drivers license
- 3) Copy of LVN License
- 4) Three professional references from persons not related by blood (please use attached forms)
- 5) Signed "Assurances and Certifications" form (attachment 1)

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 nursing services:

- 1) No history of felony conviction
- 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) Current Nursing License valid in the state of Texas
- 7) Minimum of two (2) years nursing experience

The following criteria will be weighed to determine the best value

- 20% - Nursing Experience
- 20% - Interview results
- 15% - Experience in providing mental retardation services
- 15% - Writing skills
- 10% - References
- 10% - Fluency in Spanish
- 10% - Ability to provide a backup/relief nurse, if needed

ATTACHMENT 1

APPLICATION

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ SSN#/TIN: _____

Drivers license number: _____ State: _____

Date of Birth: _____

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

Please, list all DWI's: _____

Do you have reliable transportation? _____

In which counties are you interested in providing services? _____

Education:

Do you have a valid nursing license? Yes _____ No _____
Nursing License # _____ Please, attach copy.

Experience:

What experience do you have providing nursing assessments to individuals who are non-verbal?

What experience do you have working with people with disabilities?

Languages spoken, please, describe fluency

Work Schedule

Please, circle days you are willing to work:

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Please, circle the hours you willing to work? Mornings Afternoons Evenings

Please, describe your capability to provide a "backup" nurse, if needed.

Risk Profile

- 1) Do you have any felony convictions? 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) Have you had any Medicaid/Medicare sanctions?
- 4) For any "yes" answers to the questions above, please, attach a detailed explanation.
- 5) Are you mentally and physically able to perform the covered services? Yes No

If No – please, explain

Note to applicant: Coastal Plains Integrated Health completes a credentialing process and will verify your nursing license 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, drivers license check and a review of any confirmed abuse or neglect allegations, as well as a search on the employee misconduct database. Your signature below indicates consent to these investigations.

Applicant Signature

Date

For MHMR office use only
Credentialing Committee approval

ATTACHMENT 1

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 issued 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) 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 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.
- 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.

Person to contact regarding inquiries:

Name _____ Title _____ Phone _____

Signature of Applicant

Date