

REQUEST FOR APPLICATIONS (RFA 2026-002)

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 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 offeror is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFA.

Professional Service to be Purchased:

ART Therapy

Strategies include techniques such as free drawing, collage creation, sculpture and art journaling provide a range of ways for participants to engage with their emotions and explore personal challenges creatively. Services are for children and adolescents with mental illness, admitted into the YES program, who are residents of Kleberg, Kenedy, Jim Wells, Duval, Brooks, Bee, Live Oak, Aransas, and San Patricio Counties

- **At a rate of \$77.44 per hour 19.36 per 15 minute unit**

Credentials Required:

- **A licensed professional or provisional intern under the supervision of a licensed clinician with documented training and experience relative to the specific service provided. These may include a clinical social worker, professional counselor, marriage and family therapist, drama therapist, RN, vocational nurse, physical therapist, occupational therapist, or dietitian, Certified by the Art Therapy Credentials Board (ATCB) or Registered Drama Therapist.**

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

Linda Ramos Perez, Director of Children's Services
1621 East Corral
Kingsville, TX 78363
Portland TX 78374
(361) 592-6481

Submission of Completed Application:

All applications must be addressed to:

Micheline Hodge, Authority Functions Department
200 Marriott, Portland TX 78374
CONFIDENTIAL: RFA 2026-002

Incomplete applications will not be considered. Electronically submitted applications will not be considered.

COVERED SERVICES – ART Therapy

The hourly rate shall include but is not limited to the following:

- 1) Assessment (Review of referral and assessment material, including diagnosis and identified concerns.
- 2) Therapist and consumer collaborate and concentrate on key areas of personal or interpersonal concern.
- 3) Therapist uses Art interventions specifically selected by a registered art therapist to accomplish the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health. Art therapy is a prescribed use of art to therapeutically address physical, psychological, cognitive, or social functioning.

Other requirements

- 4) Consumers are provided with timely access to services - within seven working days of referral.

Wraparound Plan - For our wraparound planning process, we would be required to have identified

- Specific goals for each child
- Specific strategies/ action steps that will be used to assist the child in achieving identified goals
- The type, scope, and duration of the service

Progress notes must include

- Child's name
- Date of contact
- Start and stop time of contact
- Service Name
- Service Location
- Wraparound plan objective that was the focus of the service
- Child's response to the service
- Progress or lack of progress in achieving wraparound plan goals
- Service provider's signature and credentials.

SPECIFIC APPLICATION REQUIREMENTS

Each must include the following:

- 1) Transmittal Letter - Submit a signed letter briefly addressing the offeror's understanding of the work to be done, the commitment to do the work detailed within this RFA and a statement explaining why the offeror believes itself to be qualified to do the required work.
- 2) Detailed Application – for each Counselor applicant
- 3) References - Provide at least 2 professional references with phone numbers
- 4) Proof of Texas Licensure - Attach a copy of current license(s) of all applicants. If an organization is applying, attach copies of licenses for all individuals who will provide services.
- 5) Proof of Professional Liability Insurance with a minimum amount of \$100,000
- 6) Signed Assurances and Certifications form (attachment #3)

AWARD CRITERIA

The following qualifications are required in order to contract with Coastal Plains Integrated Health

Valid professional license to practice in the state of Texas

Current Professional Liability Insurance

No history of felony conviction

No history of confirmed client abuse, or neglect

No history of sanctions by Medicaid or Medicare

Provider cannot appear on the Texas Comptroller of Public Accounts' Debarred Vendor List

ATTACHMENT 1

APPLICATION
(one form per Counselor applicant)

Applicant: _____

Title of Service: _____ SSN#/TIN: _____

Address: _____ City: _____ Zip: _____

Business Phone: _____ Fax: _____

Hours of Operation: _____

Billing Manager: _____ Phone: _____ Fax: _____

Business Locations in this Market Area:

1. _____

2. _____

3. _____

4. _____

Other Owners/Partners:

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

Languages spoken: _____

Counseling License Number/State: _____

Certification: _____

Please, describe your experience in working with various cultures

Please, describe experience in counseling Child/Adolescent consumers

Please, describe, in detail, your training and experience in Art Therapy

Please, describe your training and experience in Cognitive Behavioral Therapy (this is not required to deliver Art therapy)

Description of plan to provide the requested services, including location of service delivery

Risk Profile

- 1) Do you or anyone working in your organization, who are providing services, have any felony convictions? Yes No
- 2) Have you or any of your employee's (or subcontracted 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 employee's had a professional license suspended or revoked? Yes No
- 4) Have you or any of your employee's had Medicaid or Medicare sanctions? Yes No
- 5) For any "yes" answers to questions 1 through 4, please, attach a detailed explanation.
- 6) Are you mentally and physically able to perform the covered services? Yes No
- 7) If "no" for question 6, please explain _____

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- 8) Attach copy of professional license.
 - 9) Attach proof of Professional Liability Insurance.
 - 10) Attach copy of any relevant certifications
 - 11) Attach consent to release information from past and present insurance carriers.
 - 12) List any lawsuits or litigation involving your organization during the past five years. Provide details.

Note to applicant: Coastal Plains Integrated Health completes a credentialing process and background check and will verify your degree and license information 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

For CPIH office use only
Credentialing Committee approval

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 application.

- 1) Offeror has made no attempt nor will make any attempt to induce any person or firm to submit or not submit an application.
- 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 application 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 CPCC, 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 CPCC's sole right to cancel the RFA at any time CPCC so desires.
- 7) Offeror accepts CPCC'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 application or any other associated costs.
- 9) Offeror owes no funds to CPCC 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 CPCC 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 CPCC 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 CPCC with information necessary to validate any statements made in this application, as requested by CPCC, including but not limited to, allowing access for on-site observation, granting permission for CPCC to verify information with third parties, and allowing inspection of Offeror's

records. Offeror understands that failure to substantiate any statements made in the application as requested by CPCC 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 CPCC 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.

Offeror: _____

Address: _____

Person to contact regarding inquiries:

Name _____ Title _____ Phone _____

Signature of Offeror

Date