Coastal Plains Integrated Health

REQUEST FOR PROPOSAL

#2026 - 006

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

Introduction

1. Purpose

Coastal Plains Integrated Health is seeking proposals from qualified Speech-Language Pathology (SLP) providers to deliver comprehensive assessment, treatment, consultation, caregiver education, and communication support services to individuals diagnosed with Intellectual and Developmental Disabilities (IDD). 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).

The selected provider(s) shall deliver evidence-based, person-centered speech-language pathology services designed to improve communication, swallowing safety (when applicable), functional independence, social participation, and overall quality of life while supporting each individual's goals, preferences, and individualized service plan.

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2. Background

The organization serves children and/or adults diagnosed with Intellectual and Developmental Disabilities who experience communication disorders, speech impairments, language delays, cognitive-communication deficits, social communication challenges, feeding and swallowing disorders, or require augmentative and alternative communication (AAC).

Services are provided in accordance with applicable federal and state regulations, professional standards, and organizational policies emphasizing person-centered planning and community inclusion.

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3. Scope of Services

The selected provider shall provide speech-language pathology services that include, but are not limited to:

Comprehensive Evaluations

- Conduct initial speech-language evaluations.
- Complete annual and as-needed reassessments.
- Assess:
    - Receptive language
    - Expressive language
    - Pragmatic/social communication
    - Speech sound production
    - Voice

    - Fluency
    - Cognitive-communication
    - Oral motor functioning
    - Need for Augmentative and Alternative Communication (AAC)

Individualized Treatment

Develop and implement individualized treatment plans that address functional communication needs, including:

- Speech production
- Language development
- Functional communication
- Social communication
- Self-advocacy
- Community participation
- Feeding and swallowing interventions
- Cognitive communication
- Communication for employment and vocational settings
- Communication for activities of daily living

Treatment shall be individualized using evidence-based practices.

Augmentative and Alternative Communication (AAC)

When appropriate, providers shall:

- Complete AAC evaluations.
- Recommend appropriate communication systems.
- Assist with device selection.
- Program communication devices.
- Train individuals, families, caregivers, and staff.
- Monitor effectiveness and revise communication systems as needed.

Caregiver and Staff Training

Provide education and consultation regarding the above referenced areas.

Consultation

Collaborate with:

- Interdisciplinary teams and families

Participate in interdisciplinary meetings as requested.

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4. Documentation Requirements

The provider shall maintain documentation including:

- Initial evaluations
- Progress notes
- Treatment plans
- Goal updates
- Annual reassessments

Documentation shall be completed within organizational timelines and comply with all applicable payer requirements.

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5. Service Delivery

Services may be provided in:

- Residential settings
- Day activity programs
- Community settings
- Clinics
- Schools (if applicable)
- Telepractice, when clinically appropriate and permitted

Scheduling shall be flexible to meet participant needs.

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6. Provider Qualifications

The provider shall ensure all Speech-Language Pathologists:

- Hold current state of Texas licensure.
- Possess a Certificate of Clinical Competence in Speech-Language Pathology (CCC-SLP).
- Maintain current professional liability insurance.
- Have experience serving individuals with Intellectual and Developmental Disabilities.
- Demonstrate knowledge of AAC systems.
- Have experience with behavioral supports and trauma-informed care.
- Maintain CPR certification if required by organizational policy.

- Successfully complete required background screenings.

Speech-Language Pathology Assistants, if utilized, shall work under appropriate supervision in accordance with applicable laws and regulations.

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7. Quality Expectations

The provider shall:

- Utilize evidence-based interventions.
- Promote person-centered practices.
- Respect cultural and linguistic diversity.
- Support informed choice and self-determination.
- Maintain confidentiality.
- Participate in quality improvement initiatives.
- Cooperate with audits and monitoring activities.

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8. Performance Measures

Performance indicators may include:

- Timeliness of evaluations
- Timeliness of documentation
- Attendance and service completion rates
- Progress toward individualized communication goals
- Client satisfaction
- Caregiver satisfaction
- Reduction in communication barriers
- Increased use of functional communication
- Successful AAC implementation
- Compliance with regulatory standards

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9. Proposal Requirements

Interested vendors shall submit:

Organizational Information

- Business history
- Organizational structure
- Years in operation

- Areas served

Qualifications

- Licensure
- Certifications
- Staff résumés
- Experience with IDD populations

Service Approach

Describe:

- Clinical philosophy
- Evaluation process
- Treatment methodology
- Family engagement
- AAC experience
- Interdisciplinary collaboration
- Quality assurance processes

Cost Proposal

Include:

- Evaluation rates
- Treatment rates
- Travel costs (if applicable)
- Consultation fees
- AAC evaluation fees
- Telehealth rates
- Billing methodology

References

Provide at least three professional references from organizations receiving similar services.

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10. Evaluation Criteria

Proposals will be evaluated based upon:

Evaluation Category	Weight
Experience serving individuals with IDD	30%

Evaluation Category	Weight
Qualifications of clinical staff	20%
Quality of service delivery model	20%
Cost effectiveness	15%
Organizational capacity	10%
References	5%

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11. Contract Requirements

The selected provider shall:

- Maintain all required licenses and certifications.
- Maintain professional liability insurance.
- Comply with applicable federal, state, and local laws.
- Protect confidential health information.
- Maintain documentation for audit purposes.
- Participate in quality improvement reviews.
- Report incidents in accordance with organizational policy.

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12. Desired Outcomes

The organization seeks a provider that demonstrates excellence in improving:

- Functional communication
- Social participation
- Independence
- Community integration
- Self-advocacy
- Safety during feeding and swallowing
- Communication access through AAC when appropriate
- Overall quality of life for individuals receiving services

The successful provider will provide compassionate, evidence-based, and person-centered speech-language pathology services that promote dignity, independence, and meaningful participation in everyday life.

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

Amy Stanford, IDD Provider Services Director

200 Marriott Drive

Portland TX 78374

(361) 777-3991

Submission of Completed Application:

All original proposals/applications must be returned to the following address:

Micheline Hodge, Systems Support Specialist

200 Marriott Drive

Portland TX 78374

CONFIDENTIAL: RFP 2026-006 -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.

ATTACHMENT 1
IDD SPEECH THEREAPY 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 organization's experience as a provider of speech therapy services. Include

1) Your experience providing/supervising speech therapy services to people with serious and persistent Intellectual and Developmental Disabilities

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Describe your organization's experience working with various ethnic groups.

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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).

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

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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 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) 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 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.
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