Coastal Plains Integrated Health

REQUEST FOR APPLICATIONS (RFA #2026-007)
Psychological Services

This RFA 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 mental retardation services. This RFA contains the requirements 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 is seeking to contract with a service provider to deliver psychological services. Provider selected will not be an employee 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:
Joel Perez, LIDDA Services Director
200 Marriott Drive
Portland TX 78374
(361) 777-3991

Submission of Completed Application:
All original applications must be returned to the following address by:

Micheline Hodge, Systems Support Specialist
200 Marriott Drive
Portland TX 78374
CONFIDENTIAL: RFA#2026-007 -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.

COVERED SERVICES: The process of evaluating an individual's intellectual developmental disabilities and behavioral functioning through the use of standardized tests, observations, and other methods.

- Conducting a clinical interview
- Choosing a battery of tests
- Administering, scoring, and interpreting tests
- Integrating and conceptualizing information gathered from test results, the clinical interview, behavioral observations, and other sources
- Writing an assessment report/Determination of Intellectual Disabilities or Eligibility Endorsement
- Providing feedback to the individual assessed and/or the referral source

REQUIRED CREDENTIALS

Provider may be

- A licensed psychologist, licensed by the Texas State Board of Examiners of Psychologists

SPECIFIC APPLICATION REQUIREMENTS

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

1) Completed application (attachment 1)
2) Completed Assurances and Certifications form (attachment 2)
3) Proof of required license or certification
4) Proof of professional insurance in the amount of $1,000,000.00 per claim and $2,000,000.00 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 (45 points)
Cost/ price of service

ATTACHMENT 1
PSYCHOLOGICAL SERVICES APPLICATION

Agency: _____

Owner: _____

SSN#/TIN: _____ Date of Birth: _____

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. _____

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

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Other Owners/Partners:

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

Clinicians who would be providing services

Name	Degree / University	Year of Graduation	License Type and Expiration Date

Clinicians who would be providing services (cont)

Name	Degree / University	Year of Graduation	License Type and Expiration Date

Please, attach copies of diplomas/transcripts and license for all clinicians

Describe your organization's experience as a provider of psychological services. Include

1) Your experience working with people with intellectual disabilities, mental health and behavioral health issues
2) Your experience completing psychological assessments. Please, indicate which assessment tools you are most familiar with.
3) Your experience analyzing behavior, developing behavior management plans, and providing training to staff regarding the plan

What languages do you speak fluently?

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Please, indicate which counties you are able to travel to.

Bee	Live Oak	San Patricio	Aransas
Jim Wells	Duval	Kleberg	Kenedy
Brooks			

Do you have any experience with telemedicine? How comfortable are you conducting interviews using telemedicine?

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Describe your 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 provided to individuals. (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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Please, describe any other abilities, training, or factors which would make you the best applicant.

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Please, describe your proposed fees for Psychological Assessments.

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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 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? ☐Yes ☐No
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