COASTAL PLAINS INTEGRATED HEALTH

REQUEST FOR APPLICATIONS (RFA #2027-001)

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 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 MH psychosocial skills training and individual skills training. 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 Purchased:

Contract staff provides psychosocial rehabilitation skills or individual skills training to an adult or child for services that are authorized by the client's level of care. Contracted staff may also assist with crisis services for the Beeville clinic. Contracted staff will also assist with some nonbillable services such as updating assessments and recovery plans. Prior to services being provided a recovery plan must be in place and signed by the client and/or LAR. Billable services provided include daily living, coping strategies for diagnosed illness, supported housing, etc.. Contracted staff may also promote communication, relationship-building skills, and integration into community activities. These services must be targeted at helping the client move toward recovery. These services may serve to reinforce skills or lessons taught in school, therapy, work environment or other settings.

Contracted staff may also provide skills training to the family caregiver, depending upon the child's age, on the nature of the SED, the role of medications, and the self-administration of medications, if applicable. Instructions on basic parenting skills and other forms of guidance can be provided to the child's primary caregivers to assist in coping with and managing the child's SED. Contract staff will document contacts in an approved progress note format in the Center's electronic medical record within 24 hours of service delivery.

There will be a two tier reimbursement rate for a contractor who provides Psychosocial or Skills training and development for clients.

- **$40 an hour payment ($10.00 per unit) for billable services for an individual with one year experience with CPIH providing psychosocial rehabilitative and individual skills training. $20 an hour payment ($5.00 per unit) for nonbillable services (i.e., updating assessments and recovery plans)**

- **$30 an hour payment ($7.50 per unit) for individual with entry level experience with CPIH providing psychosocial rehabilitative and individual skills training. $20 an hour payment ($5.00 per unit) for nonbillable services (i.e., updating assessments and recovery plans)**

- **$18.00 / hour for required training**

Hours are flexible, according to the client's needs, and may include evening or weekend work.

Requirements:

Must have a VALID and current Texas Driver's License and
Must have a favorable driving record and

Must have a bachelor's degree or master's degree from an accredited college or university with a minimum number of hours (24) that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; or be a registered nurse (RN).

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
200 Marriott, Portland TX 78374
CONFIDENTIAL: RFA#2027-001
DO NOT OPEN IN MAILROOM!

Applications will be accepted throughout the year. However, there may not be a need in all areas at all times.

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.

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

1) A completed application to provide MH Skills Services (attachment 1)
2) Copy of driver's license
3) Copy of proof of automobile insurance
4) Proof of bachelor's degree or master's degree from an accredited college or university with a minimum number of hours (24) that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention; or proof of Texas RN license
5) References - Provide at least 2 professional references with phone numbers
6) Signed "Assurances and Certifications" form (attachment 2)

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

AWARD CRITERIA

In addition to the above elements, the following qualifications are required.

1) Have no history of felony conviction
2) Have no history of confirmed client abuse or neglect
3) Have no history of sanctions by Medicaid or Medicare
4) Have a favorable driving record

The follow criteria will be weighed to determine the best value

20% - Experience in providing skills training
20% - Experience working with people with mental illness
20% - Experience working with youth / adolescents
10% - References
10% - Languages spoken
20% - Writing skills

ATTACHMENT 1

Name of staff person responsible for this application:

APPLICATION

Name: _____

Address: _____ City: _____ Zip: _____

Phone: _____ SSN#/TIN: _____

Driver's License Number: _____ State: _____

Date of Birth: _____

Please, attach copy of driver's license

Please, attach copy of motor vehicle insurance

Please, attach copy of Social Security card

Please, attach copy of diploma or transcript

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

_____

_____

Please, list all DWI's: _____

Are you at least 18 years of age? _____

Do you have access to a motor vehicle to provide this service? ☐ Yes ☐ No

Experience:

Please, describe your experience providing daily living skills, coping strategies, socialization skills, communication skills, and/or relationship-building skills training.

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_____

Describe your experience working with people with a serious mental illness.

What experience do you have with documentation?

Languages spoken, please, describe fluency

Work Schedule

Please, indicate the days and hours that you are willing to work:

☐ Sunday _____
☐ Monday _____
☐ Tuesday _____
☐ Wednesday _____
☐ Thursday _____
☐ Friday _____
☐ Saturday _____

Please, indicate the counties in which you are willing to work:

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

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) Have you or any of your employee's had Medicaid or Medicare sanctions? ☐Yes ☐No
4) Have you or any of your employees appeared on the Texas or U.S. Office of the Inspector General's exclusion lists?
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
   If No – please, explain_____
   _____
   _____
   _____
7) List any lawsuits or litigation involving you or your organization during the past five years. Provide details.

CPIH 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 below 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 an 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. Offeror agrees that all processes and products resulting from this contract award will be the property of the State of Texas.
10) Offeror agrees to ensure that information about individuals served by CPIHwill be kept confidential according to federal and state laws and regulations.
11) 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.
12) 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.
13) 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.
14) No principal of Offeror's has worked as an employee for CPIH in the past year.
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.

_____ _____

Signature of Applicant Date

Address: _____

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