

**HELEN FARABEE REGIONAL MHMR CENTERS**  
**As the Local Mental Health Authority**

**Request for Applications**  
**Psychosocial Rehabilitative Services**

HELEN FARABEE REGIONAL MHMR CENTERS (Local Authority) is the Department of State Health Services (DSHS) designated mental health Authority established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health services for the residents of Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise and Young Counties, Texas.

The mission of Helen Farabee Regional MHMR Centers is to provide hope to the people of North Central Texas who strive to overcome the problems and disabilities of mental illness and intellectual/developmental disabilities.

We affirm that the individuals we serve share with us common human needs, rights, desires and strengths. We celebrate our individual and cultural diversity. We commit ourselves to the pursuit of excellence in everything we do. We believe that our personal and professional integrity is the basis of public trust. We take pride in our commitment to public service and to take care of the people we are privileged to serve. We are committed to developing an environment that inspires innovation, fosters dynamic leadership, and rewards creativity among our staff, volunteers and the people we serve.

Pursuant to Texas Administrative Code §412.55 and §412.754, the Local Mental Health Authority (LMHA) has the authority to assemble a network of service providers to provide Psychosocial Rehabilitative Services to the Priority Population of persons with mental illness who reside in Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise and Young Counties, Texas. The funds allocated by DSHS are referred to as General Revenue funds.

The individuals to be served under this arrangement must meet the DSHS definition for the Priority Population for Mental Health, which is included as Attachment A, and must also reside in Archer, Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox, Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise or Young Counties, Texas (Consumers).

The goals of this network are:

1. To provide needed community mental health services as described in Attachment B.
2. To develop a network of providers that allows for more consumer choice.
3. To identify, implement and evaluate successful Services based on Consumer outcomes so that these efforts can be replicated.

- 44 4. To create meaningful collaborations between the Local Authority and the health care  
45 providers in the community.
- 46 5. To provide quality clinical care and achieve the desired outcomes at the most efficient  
47 cost possible.

48 Successful Applicants will provide Services that build upon and augment existing community  
49 resources and that provide for or enhance an existing continuum of care for Consumers. Any  
50 qualified applicant can submit an application to provide the specified Services.

51  
52 Psychosocial Rehabilitation Definition: Social, educational, vocational, behavioral, and cognitive  
53 interventions provided by members of a client's therapeutic team that address deficits in the  
54 individual's ability to develop and maintain social relationships, occupational or educational  
55 achievement, independent living skills, and housing, that are a result of a severe and persistent  
56 mental illness. This service includes treatment planning to facilitate recovery.

### 57 58 **Target Population**

59  
60 The target population for this RFA consists of individuals with specific mental illness who have  
61 been identified by the Local Authority as Priority Population, in accordance with the definitions  
62 established by DSHS. See Attachment A. Designation of an individual as a member of the  
63 Priority Population must be made by the Local Authority and documented in that individual's  
64 record.

### 65 66 **Eligible Applicants**

67  
68 Applicants must be eligible to do business in Texas, and be registered with the Texas Secretary  
69 of State to the extent required by Texas law. Professionals must hold valid Texas licenses and/or  
70 certifications to the extent required to perform any individual component of the Services. In the  
71 situation where a consortium of providers is applying, a single entity responsible for the services  
72 delivered must be identified and the financial agent must be an organization with a demonstrated  
73 ability to manage funds.

### 74 75 **Minority Owned Businesses**

76  
77 Historically Underutilized Business and/or Minority business enterprises will be afforded full  
78 opportunity to submit proposals in response to this invitation and will not be discriminated  
79 against on the grounds of race, color, creed, sex, or national origin in consideration for an award.

### 80 81 **Local Authority Responsibilities and Transition Goals**

82  
83 The Local Authority will be responsible for service coordination/case management and  
84 facilitating an individual's selection of service providers, authorizing services, reviewing claims  
85 and paying for appropriate, authorized services rendered by the service providers in its Network.  
86 The Local Authority is also responsible for utilization management and quality assurance. The

87 Local Authority ensures that contracted services addressing the needs of the Priority Population  
88 are provided as required by DSHS, comply with the rules and standards adopted under Section  
89 534.052 of the Texas Health and Safety Code, and Chapter 412, Subchapter G of the Texas  
90 Administrative Code. The Local Authority does not guarantee any referral volume to any service  
91 provider within its Network of Providers. The Local Authority directs its activities based on its  
92 mission and values which can be found on page 1 of this RFA.

93

94 The Local Authority will be responsible for determining if a client meets the Priority Population  
95 definition. The Local Authority must complete a Uniform Assessment on each client and  
96 identify the services to be provided. Clients determined to need these services will be offered a  
97 choice of providers from the Network.

98

99 All services must be authorized by the Local Authority's Utilization Management staff. An  
100 Authorization Number will be given specifying the number and type of services approved for  
101 each client. This number must be included on any bills for services/claims submissions. The  
102 Local Authority's Quality Management staff will perform regular reviews of clinical services and  
103 program standards.

104

#### 105 **Successful Applicant Responsibilities**

106

107 The Successful Applicant(s) shall maintain all records regarding treatment and/or services to  
108 Consumers under this Contract for a period of six (6) years, and must allow the Local Authority  
109 immediate access during regular business hours to such records upon request. Successful  
110 Applicant(s) will be required to comply with all state and federal laws regarding the  
111 confidentiality of consumers' records and nondiscrimination. Successful Applicant(s) must  
112 comply with all applicable requirements of the Local Authority's then-current contract with  
113 DSHS and any subsequent revisions. Successful Applicant(s) must also agree that their names  
114 may be used, along with descriptions of the facilities, care, and services in information  
115 distributed by the Local Authority in the list of its providers. Successful Applicant(s) will  
116 actively assist in the disbursement of Consumer and advocate satisfaction surveys. Successful  
117 Applicant(s) must develop a method to resolve disagreements with consumers and stakeholders  
118 which will include consumer involvement. The process for Consumer appeals and dispute  
119 resolution must be approved by the Local Authority. Successful Applicant(s) will be responsible  
120 for peer review and quality assurance. Successful Applicant(s) must agree to mediation or  
121 dispute resolution if unable to resolve disputes with the Local Authority. Successful Applicant(s)  
122 will cooperate and assist with and will not at any time prevent or hinder a consumer from  
123 changing providers.

124

125 The Successful Applicant(s) will have a well developed business model that:

126

- 127 1. Is capable of submitting claim/encounter data by the 6<sup>th</sup> day following the date of service  
128 and is able to meet future changes to DSHS requirements on claim/encounter data or  
129 other Protected Health Information (PHI) submissions.

- 130 2. Is capable of reconciling Applicant’s invoices to Local Authority payments within 30
- 131 days.
- 132 3. Is capable of submitting DSHS required information to the Local Authority data system
- 133 via a secure connection and in the future via DSHS sponsored internet data collection
- 134 sites.
- 135 4. Has business office staff that understands RDM (Resiliency and Disease Management)
- 136 billing requirements.

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**REQUIRED APPLICATION INFORMATION:**

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Please be sure to answer every question included in sections I - VIII on separate sheet(s) of paper/or provide the necessary information. If the question/necessary information does not apply, simply and clearly document "N/A". Interviews or site visits may be conducted to further evaluate applications.

**I. Business Demographics**

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Name \_\_\_\_\_

Title of Business \_\_\_\_\_

SS# \_\_\_\_\_ and/or Tax ID \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

County \_\_\_\_\_ Zip Code \_\_\_\_\_

Business Phone \_\_\_\_\_ Fax # \_\_\_\_\_

Website address \_\_\_\_\_

160  
161  
162  
163

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

164  
165  
166

Payment Address if Different From Above (include Street, City, State, and Zip Code)

\_\_\_\_\_

\_\_\_\_\_

167  
168

Billing Manager \_\_\_\_\_

Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

169  
170  
171  
172

Other Business Locations in this Market Area: (include Street, City, County, and Zip)

1. \_\_\_\_\_

2. \_\_\_\_\_

173 3. \_\_\_\_\_

174 4. \_\_\_\_\_

175 Provide a map of locations which specifies the Services provided, capacity and languages spoken  
176 (by Service) at each location - Label as **Exhibit IA**.

177

178 Other Owners/Partners:

Name	% Ownership	If corporate, list organization
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179 1. \_\_\_\_\_

180 2. \_\_\_\_\_

181 3. \_\_\_\_\_

182 4. \_\_\_\_\_

183

184 Type of organization (i.e., non-profit corporation, Limited Liability Company, general  
185 partnership, etc.):  
186 \_\_\_\_\_  
187

188

189 Provide a copy of Provider’s Articles of Incorporation and 501(c) (3) certificate, or other  
190 bylaws/governing documents as appropriate – Label as **Exhibit IB**.

191

192 Years in Operation \_\_\_\_\_

193 Hours of Operation \_\_\_\_\_

194

195 Certification Number if a Historically Underutilized Business: \_\_\_\_\_, or  
196 qualifications if HUB eligible, but not certified: \_\_\_\_\_

197

198 **II. Organizational Structure**

199

200 A. Attach a copy of the organizational chart, including names, titles and vacant positions,  
201 clearly indicating who will be the main point of contact with respect to any Contract -- Label as  
202 **Exhibit IIA**.

203

204 B. List the names and business affiliations of board members or other governing body:  
205  
206

207

208 **III. Quality Management/Utilization Management**

209

210 A. List all licenses, credentials, certifications, and/or accreditations the Applicant  
211 currently holds related to the Services. Provide copies of all licenses, certifications,  
212 accreditations -- Label as **Exhibit IIIA**.

213

214 B. Provide a copy of the staff roster and their corresponding education and license  
215 credentials. Designate if they are full time, part time, or on call. Label as **Exhibit IIIB**.

215

216 C. Attach the Applicant’s Quality Assurance/Management Plan and Quality Management  
217 Program Reports for the last six (6) months -- Label as **Exhibit IIIC**.

218

219 D. Describe the Applicant’s internal utilization management procedures. Describe  
220 methods for ensuring that individuals are receiving services in accordance with internal standards  
221 of care. Provide copies of recent reports to payors showing the Applicant’s performance relative  
222 to its utilization management requirements -- Label as **Exhibit IIID**.

223

224 E. Provide a summary of the most recent consumer satisfaction surveys or other ongoing  
225 efforts to obtain and evaluate consumer satisfaction -- Label as **Exhibit IIIE**. Describe how this  
226 information was obtained.

227

228

229

230

#### 231 **IV. Services**

232

233 A. Describe how Applicant will communicate with the Local Authority regarding the  
234 Consumer referral process, specifically what are the parameters around access. Label as **Exhibit  
235 IVA**.

236

237 B. Describe in detail where Services are offered, who would provide Services (education  
238 and credentials), and the times of day and days of the week the Services would be available.  
239 Indicate the capacity of services. Label as **Exhibit IVB**.

240

241 C. Describe the frequency and type of in-service training currently offered by the  
242 Applicant or provided to employees including, but not limited to, training related to patient rights  
243 and standards of services. Label as **Exhibit IVC**.

244

245 D. Describe the Applicant’s experience in working with Medicaid and in providing  
246 services for persons with severe and persistent mental illness over the last five years. How have  
247 services been made accessible for those who are difficult to reach, either due to geography or  
248 dissatisfaction with the service delivery system? Label as **Exhibit IVD**.

249

250 E. Describe the Applicant’s history of working with this population on an outpatient  
251 basis and experience of working with persons who are not compliant with treatment. Describe  
252 the ability to treat persons with disabilities and persons with multiple diagnoses of a  
253 developmental disability-mental illness-substance abuse. Detail the specific population the  
254 Applicant intends to serve. Include ages and level of severity. Label as **Exhibit IVE**.

255

256 F. Describe the Applicant’s ability to work with persons who are hearing impaired,  
257 persons who have limited language skills and persons who speak a language other than English.  
258 Describe how the Applicant ensures cultural competency on the part of staff with regard to

259 ethnic, racial, religious and sexual orientation differences. Include how you will meet the  
260 cultural and linguistic needs of the consumers in the Local Authority's local service area: Archer,  
261 Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox,  
262 Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, and Young Counties, Texas.  
263 Label as **Exhibit IVF**.

264

265 G. Describe or attach policies and procedures which describe any process the Applicant  
266 presently has to receive communication from clients, family members and advocates, and to  
267 receive and resolve complaints and grievances. Label as **Exhibit IVG**.

268

269 H. Describe any process to transition consumers from the Applicant's services as their  
270 level of functioning improves. Label as **Exhibit IVH**.

271

272 I. Describe the facility's proximity to public transportation or the Applicant's ability to  
273 facilitate access to public transportation. Label as **Exhibit IVI**.

274

275 J. Describe how you will engage and involve consumers, legally authorized  
276 representatives, and families at the policy and practice levels within your organization. Label as  
277 **Exhibit IVJ**.

278

279 K. Describe the transition plan you intend to utilize for new Consumers referred by the  
280 Local Authority to your services. Label as **Exhibit IVK**.

281

282

283

## 284 **V. Budget/Financial**

285

286 A. Is the organization/provider incorporated as "Profit", "Not-for-profit", or "Other"? If  
287 "other", please explain.

288

289 B. Describe any arrangements to subcontract part or all of these services. Name all  
290 subcontractors and provide information on their staff credentials, licenses and certifications.

291

292 C. Provide a copy of each Certified External Audit for the past three years. Label as  
293 **Exhibit VC**

294

295 D. Provide a copy of the most recent Tax Statement (IRS Form 1120, Form 990 as  
296 applicable). Label as **Exhibit VD**

297

298 E. Provide a current Financial Statement including Cash Flow. Label as **Exhibit VE**

299

300 F. Submit the most current Annual Report available. Label as **Exhibit VF**

301

302 G. Provide evidence of continued financial viability to ensure your capabilities to support  
303 this service. Label as **Exhibit VG**

304  
305 H. Does Applicant own or lease current business properties? If leasing properties, note  
306 the upcoming expiration date of the leases. Label as **Exhibit VH**

307  
308 I. If applicant is an individual, are any Child Support Payments delinquent? If so,  
309 explain in detail. Label as **Exhibit VI**

310  
311 **VI. Risk Profile**

312  
313 A. Attach a copy of your Risk Management Plan - Label as **Exhibit VIA**.

314  
315 B. Is Applicant currently under investigation, or had a license or accreditation revoked,  
316 by any state/federal/local authority or licensure agency, within the last five (5) years? If yes,  
317 explain in detail.

318  
319 C. Does anyone working for Applicant providing direct care or in management have any  
320 felony convictions? If yes, explain. Describe the process, if any, for checking on previous  
321 convictions of employees or applicants for employment. Attach any policies and procedures  
322 regarding the hiring and retention of persons with criminal histories -- Label as **Exhibit VIC**.  
323 Are criminal history checks done on all Applicant staff annually?

324  
325 D. Has Applicant had any judgments or settlements entered against it in the last ten (10)  
326 years? If so, explain in detail. Label as **Exhibit VID**

327  
328 E. Has either the Applicant or any of its employees had any validated fraud, client abuse,  
329 client neglect, or rights violations claims in the last three (3) years? If so, explain in detail.  
330 Describe the process, if any, for checking on previous confirmed fraud, client abuse, client  
331 neglect, or rights violations of employees or applicants for employment, such as through the  
332 Employee Misconduct Registry. Describe or attach any current policies and procedures  
333 regarding client abuse, client neglect, or rights violations and the training of staff on these issues  
334 -- Label as **Exhibit VIE**.

335  
336 F. Has Applicant been placed on vendor hold within the past five (5) years by any  
337 funding agency or company? If yes, explain. Label as **Exhibit VIF**.

338  
339 G. Does Applicant have a Letter of Good Standing which verifies that it is not delinquent  
340 in payment of Texas State Franchise Tax? Corporations that are non-profit or exempt from  
341 Franchise Tax are not required to have this letter, but instead must submit a 501C3 IRS  
342 Exemption form from the Comptroller Office. Attach and label as **Exhibit VIG**.

343

344 H. Is Applicant currently held in abeyance or barred from the award of a federal or state  
345 contract? Has this occurred in the last 5 years? If so, explain.

346

347 I. Has Applicant ever filed bankruptcy? If yes, describe in detail.

348

349 J. Has Applicant ever defaulted on any business lease arrangement? If so, describe in  
350 detail.

351

352 K. Provide a Certificate of Insurance showing liability insurance coverage (property and  
353 vehicles, including riders) and including directors' and officers' professional liability, errors and  
354 omissions, general liability, workers compensation and medical malpractice insurance -- Label as  
355 **Exhibit VIK**. Provide the name of Workers' Comp carrier if Applicant has Workers' Comp  
356 coverage or self funding documents if self funded.

357

358 L. Attach any policies and procedures regarding medical records security – Label as  
359 **Exhibit VII**.

360

361

## 362 **VII. Information Systems**

363

364 The Local Authority uses Windows and UNIX computer systems, in conjunction with a TCP/IP  
365 network for access. Additionally, the Local Authority provides access to our local network and  
366 applications via a Cisco VPN Appliance and currently conducts Electronic Data Interchange  
367 (EDI) via Secure File Transfer Protocol "SFTP" (SSH v2). Data will only be accepted via locally  
368 hosted applications or through SFTP. Data containing PHI will NOT be accepted via email.

369

370 Applicants have the option of buying access to the Local Authority's system for direct data  
371 entry. Rates will be discussed with interested Applicants on an individual basis and will depend  
372 on the Applicant's need for connectivity to the Local Authority's host system.

373

374 A. Can Applicant's information system report data by the following categories? How is  
375 data transmitted electronically? Describe the frequency with which client data is input into  
376 Applicant's system and available for reporting. If the system cannot provide the following, please  
377 describe the ability to generate and report this data on a daily basis. Include a sample report as

378 **Exhibit VIIA**.

379

380 1. Patient name

381 2. Patient date of birth

382 3. Patient Social Security Number

383 4. Patient Ethnicity

384 5. Patient Home address

385 6. Full diagnosis (all 5 axes and/or ICD-9) including GAF score

386 7. Number of days from Local Authority referral to client's first visit

- 387 8. Encounter Data according to the format and validation rules set forth by DSHS.  
388 9. Name of treating professional and credentials of that professional for each service.  
389 (A copy of the service provider's current license must be on file with Local  
390 Authority)  
391 10. Current Treatment Plan date  
392 11. Number of no shows, showing total appointments scheduled.  
393

394 B. Describe the Applicant's Information System. Include dates of last upgrades, current  
395 capabilities, service type or programs, and the ability to interface with other information systems.  
396 Describe or attach the Applicant's disaster recovery plan and data backup procedures (**Exhibit**  
397 **VIIIB**).  
398

399 C. Describe the platform, host system, data base and file format specifications. Describe  
400 the system's flexibility to create unique file layouts. Can the system create flat ASCII files --  
401 fixed field or comma delimited? Does Applicant own its own software? Does Applicant intend  
402 to purchase new software? Describe the preferred format for error correction reports. Does  
403 Applicant have fax, modem, Internet access and E-mail capabilities?  
404

#### 405 **VIII. Best Practices Statement**

406

407 Provide a statement detailing why Applicant's services best meet the needs of persons with  
408 mental illness (Priority Population). Identify any best practices Applicant is currently utilizing in  
409 delivering services similar to the Services sought under this RFA.  
410

411 List any workload measures or data collected and used that pertains to positive outcomes for this  
412 population. Describe training provided to the family members of persons who meet the definition  
413 for the Priority Population. Describe how Applicant links services or provides continuity of care  
414 with other providers. Describe how Applicant collaborates and shares data with other providers  
415 and any limits on this sharing.  
416

417 State the current organizational mission, values and ethics. Cite any contradictions that may  
418 exist between the Applicant's mission and that of the Local Authority. Attach a copy of the  
419 mission, values and ethics -- Label as **Exhibit VIII**.  
420

#### 421 **IX. Rate Schedule**

422

423 Applicant agrees to accept the fees listed below as payment in full for approved consumer  
424 services. The Applicant will not submit a claim or bill or collect compensation from Local  
425 Authority for any service which it has not submitted an application, or been approved, or  
426 contracted to provide. Applicant agrees that compensation for providing services not covered by  
427 its application will be solely between the consumer and the Applicant. The consumer must be  
428 informed in writing before any services are provided, that the Local Authority is not responsible  
429 for payment for such services. Consumers are responsible for payment for those services only if

430 the consumer consents in writing to the provision of such non-covered services.

431  
432 If the Applicant becomes a Service Provider in the Local Authority's network, said Service  
433 Provider shall be reimbursed for services described below.

434 A total of 1,050 hours annually will be contracted for Psychosocial Rehabilitative Services via  
435 the network of providers at the individual rate of \$29.60 per billable unit and the group rate of  
436 \$3.30 per billable unit. A billable unit will be one session consisting of a minimum of 15  
437 minutes. These units will not be pro-rated. The not-to-exceed amount for this contract will be  
438 \$124,320 annually.

439

#### 440 **X. Invoices**

441

442 In addition to the Client Service Date that must be provided electronically, a monthly invoice  
443 must be submitted for payment. The invoice may be on a CMS-1500 form or Applicant's normal  
444 invoice. The invoice must contain the following information:

445

446 1. A list of Local Authority's patients seen for the month with the date and duration of  
447 each billable event.

448

449 2. The total number of billable events each patient received during the month.

450

451 3. The total amount due for payment.

452

453 4. Unless Progress Notes have already been transmitted electronically, a copy of the  
454 Progress Notes must be enclosed with the invoice.

455

#### 456 **XI. Assurances Document**

457

458 Applicant assures the following:

459

460 1. That all addenda and attachments to the RFA as distributed by the Local Authority and  
461 designated by the checklist have been received.

462 2. The Applicant does not discriminate in its services or employment practices on the basis  
463 of race, color, religion, sex, national origin, disability, veteran status, or age.

464 3. No attempt will be made by the Applicant to induce any person or firm to submit or not to  
465 submit an application, unless so described in the application document.

466 4. The Application submitted by the Applicant has been arrived at independently without  
467 consultation, communication, or agreement for the purpose of restricting competition.

468 5. Applicant accepts the terms, conditions, criteria, and requirements set forth in the RFA.

469 6. Applicant accepts the Local Authority's right to cancel the RFA at any time prior to  
470 Contract award.

- 471 7. Applicant accepts the Local Authority's right to alter the time tables for procurement as  
472 set forth in the RFA.
- 473 8. Local Authority has the right to complete background checks and verify information.
- 474 9. The individual signing this document and the Contract is authorized to legally bind the  
475 Applicant.
- 476 10. The address submitted by the Applicant to be used for all notices sent by the Local  
477 Authority is current and correct.
- 478 11. No employee of the Local Authority or DSHS, and no member of the Local Authority's  
479 Board will directly or indirectly receive any pecuniary interest from an award of the  
480 proposed Contract. If the Applicant is unable to make the affirmation, then the Applicant  
481 must disclose any knowledge of such interests.
- 482 12. That the Respondent is not currently held in abeyance or barred from the award of a  
483 federal or state contract.
- 484 13. That the Respondent is not currently delinquent in its payments of any franchise tax or state  
485 tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil  
486 Statutes, Article 2.45.
- 487 14. Applicant shall disclose whether any of the directors or personnel of Applicant has either  
488 been an employee or a trustee of Local Authority within the past two (2) years preceding  
489 the date of submission of the Application. This requirement applies to all personnel,  
490 whether or not identified as key personnel. If such employment has existed, or term of  
491 office served as trustee, the Applicant shall state in an attached writing the nature and time  
492 of the affiliations as defined. **Label as Exhibit XIA**
- 493 15. Applicant shall identify in an attached writing any trustee or employee of Local Authority  
494 who has a financial interest in Applicant or who is related within the second degree by  
495 consanguinity or affinity to a person having such financial interest. Such disclosure shall  
496 include a complete statement of the nature of such financial interest and the relationship, if  
497 applicable. Moreover, Applicant shall state in an attached writing whether any of its  
498 directors or personnel knowingly has had a personal relationship with employees or officers  
499 of Local Authority within the past two (2) years. Label as **Exhibit XIB**.
- 500 16. No former employee or officer of DSHS, DADS, and/or Local Authority directly or  
501 indirectly aided or attempted to aid in procurement of Applicant's service.
- 502 17. Applicant shall disclose in an attached writing the name of every Local Authority key  
503 person with whom Applicant is doing business or has done business during the 365 day  
504 period immediately prior to the date on which the Application is due; failure to include  
505 such a disclosure will be a binding representation by Applicant that the natural person  
506 executing the Application has no knowledge of any key persons with whom Applicant is  
507 doing business or has done business during the 365 day period prior to the immediate date  
508 on which the Application is due. Label as **Exhibit XIC**.

509 18. Under Section 231.006, Family Code, the vendor or applicant assures that the individual or  
 510 business entity named in this contract, bid, or application is not ineligible to receive the  
 511 specified grant, loan, or payment and acknowledges that this contract may be terminated  
 512 and payment may be withheld if this certification is inaccurate. For purposes of the  
 513 foregoing sentence, “vendor or applicant” shall mean Applicant; contract, bid or application  
 514 shall mean the Application; and “this contract” shall mean any Contract awarded to the  
 515 Successful Applicant.

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519 \_\_\_\_\_  
Signature Authority for the Provider

\_\_\_\_\_ Title of Organization

\_\_\_\_\_ Date

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## **Attachment A**

### **Mental Health**

#### **Target/Priority Population Definition**

The general Target/Priority Population for mental health services as defined by DSHS consists of:

\* Children and adolescents under the age of eighteen who have a diagnosis of mental illness who exhibit severe emotional or social disabilities which are life-threatening or require prolonged intervention.

\* Adults who have severe and persistent mental illnesses such as:

- Schizophrenia
- Major Depression
- Bipolar Disorder
- Or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

PSR services will only be available to individuals within the priority population that also meet the requirements in Attachment B.

The following information must be used to operationalize these definitions to determine if an individual meets this definition. Only the Local Authority may determine if an individual is a member of the Priority Population.

#### **Service Determination**

In targeting services to the Priority Population, the choice of and admission to services is determined jointly by the person seeking services and the Local Authority. Criteria used to make these determinations are the diagnosis, the level of functioning of the individual (GAF Score), as well as Uniform Assessment results, the needs of the individual, and the availability of resources.

#### **DSHS Funding**

Funds appropriated by the Legislature for mental health services may be spent only to provide services to the Priority Population. Successful Applicants who wish to offer services to people other than those in the Priority Population may do so using non-departmental funds.

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## **Attachment B**

### **RDM Service Package Definitions and Service Descriptions for Adult Service Packages**

Most public mental health services in Texas are delivered as part of a “service package”. The Resiliency and Disease Management (RDM) Guidelines are used to assign each applicant (consumer) for services to a service package based on their clinically assessed level of need. This assessment has several parts: the Uniform Assessment (UA) including Texas Recommended Assessment Guidelines (TRAG) results; a determination of medical necessity for treatment; and authorization for services by the LMHA. Each service package requires a minimum number of various types of units of service to be delivered by the provider.

#### **Psychosocial Rehabilitative Services:**

Social, educational, vocational, behavioral, and cognitive interventions provided by members of a client’s therapeutic team that address deficits in the individual’s ability to develop and maintain social relationships, occupational or educational achievement, independent living skills, and housing, that are a result of a severe and persistent mental illness. This service includes treatment planning to facilitate recovery.

### **Resiliency and Disease Management (RDM) Service Delivery Requirements**

#### **Qualified Staff Requirements (requirements must be met before the delivery of services)**

1. Qualified Mental Health Professionals (QMHP):
  - a. Required Training
    - i. Co-Occurring Psychiatric and Substance use Disorders (COPSD)
    - ii. Psychosocial Rehab model
    - iii. Resiliency and Disease Management Guidelines
    - iv. Medicaid Rules
    - v. Uniform Assessment - RDM
    - vi. Treatment Planning and Documentation
    - vii. Identifying Client Abuse and Neglect
    - viii. Protected Health Information - HIPPA
  - b. Be able to meet Credentialing Requirements
  - c. Be able to pass annual Criminal History Background check that includes State bars to employment

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#### Billable Service Requirements (omission of any element could result in claim denial)

1. Current diagnosis by a Physician
2. Uniform Assessment – RDM (UA-RDM) completed by a QMHP
3. Symptom Rating Scales completed by a QMHP
4. UA – RDM data entry into DSHS Web Care
5. Treatment Plan completed by a QMHP
6. Determination of Medical Necessity by a LMHA LPHA
7. Service provision by a QMHP or LPHA
8. Document service that meets Medicaid documentation requirements
  - a. Name of the individual to whom the service was provided
  - b. Name the type of service
  - c. A summary of the activities that occurred
  - d. State the specific skill(s) on which client was trained
  - e. State the specific methods used to provided training
  - f. Date, start & end time, and location
  - g. Correlate the specific treatment plan goal that was the focus of the service
  - h. State the progress or lack of progress in achieving treatment plan goals
  - i. Signature of the staff member providing the service & credential
9. Submission of claim/event data in format that meets DSHS Event Data rule requirements within 10 days following the month in which the service was delivered.

#### *RDM Minimum Service Delivery Requirements*

1. Covered individuals must receive the minimum hours of service prescribed in the DSHS UA-RDM Utilization Guidelines. Failure to deliver the minimum hours of services could result in DSHS imposed penalties. Delivery of services in excess of the number of units authorized will result in unpaid claims.
2. Failure to provide at least one service in a 180-day period to a covered individual could result in a DSHS imposed penalty.

#### **The requirements listed above represent only a partial listing of the requirements related to service delivery. Please review the following for additional requirements:**

- DSHS LMHA Performance Contract at <http://www.dshs.state.tx.us/mhcontracts/ContractDocuments.shtm>

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- To view the RDM Clinical Guidelines including the service package definitions and service descriptions for the service package(s) or discrete service specified in this RFA go to:  
<http://www.dshs.state.tx.us/mhprograms/RDMClinGuide.shtm>
  - For more information, see the [RDM Program Manual](http://www.dshs.state.tx.us/mhprograms/RDM/documents/RDM_Program_Manual.pdf) (PDF, 659 KB) at [http://www.dshs.state.tx.us/mhprograms/RDM/documents/RDM\\_Program\\_Manual.pdf](http://www.dshs.state.tx.us/mhprograms/RDM/documents/RDM_Program_Manual.pdf)
  - <http://www.dshs.state.tx.us/mhprograms/TIMA.shtm>
  - Texas Administrative Code Rules:
    - Chapter 404, Subchapter E, *Rights of Persons Receiving Mental Health Services*
    - Chapter 405, Subchapter K, *Deaths of Persons Served by TDMHMR Facilities or Community Mental Health and Mental Retardation Centers (rev.6/95)*
    - Chapter 411, Subchapter G, *Community MHMR Centers*
    - Chapter 412, Subchapter G, *Mental Health Community Services Standards*
    - Chapter 414, Subchapter A, *Client-Identifying Information*
    - Chapter 414, Subchapter K, *Criminal History Clearances*
    - Chapter 414, Subchapter L, *Abuse, Neglect, and Exploitation in Local Authorities and Community Centers*
    - Chapter 419, Subchapter L, *Medicaid Rehabilitative Services*

671 **Sanctions and Penalties**

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673 Applicant should be aware that any sanctions, penalties, or recoupment imposed by DSHS,  
674 Medicaid, or any other regulatory entity on the Local Authority that is a result of a contracted  
675 provider's performance will be passed on directly to the provider.