

DRAFT

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
29
30
31
32
33
34
35
36
37
38
39
40
41
42

Advertisement Notice For

OPEN ENROLLMENT REQUEST FOR APPLICATION (RFA)

HELEN FARABEE REGIONAL MHMR CENTERS 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.

HELEN FARABEE REGIONAL MHMR CENTERS (“Local Authority”) is seeking applicants for the provision of Cognitive Behavioral Therapy (CBT) counseling services for identified individuals with specific mental illness who seek services at the Local Authority. These services can only be provided by Licensed Practitioners of the Healing Arts (LPHA) who have been trained in the DSHS model for CBT. The services requested shall be performed in the Provider’s office closest to the identified individual’s home. The Network Agreement (contract) shall be for an initial term of 1 year with the option to renew annually based on satisfactory performance.

The open enrollment period shall close on _____ at 3:00 pm (CDT) or upon receipt of enough applications to meet the service capacity described in the RFA whichever comes first.

Copies of the RFA Document may be obtained via internet at www.helenfarabee.org; written request or faxed request (940-696-6164) for a copy to be mailed; or picked up at 1720 4th St, Graham, TX or 1000 Brook Ave, Wichita Falls, TX.

Questions regarding the RFA should be directed to Kim Beck at (940) 696-6106 or at beckk@helenfarabee.org.

Please submit one (1) original (clearly marked) and one (1) copy of your application and attachments to:

Helen Farabee Regional MHMR Centers
Attn: Kim Beck
1720 4th St
Graham, TX 76450
Contact Number: 940-696-6106

APPLICATIONS WILL NOT BE ACCEPTED VIA FAX.

Sanctions and Penalties

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

DRAFT

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

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 mental retardation.

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 has the authority to assemble a network of service providers to provide Cognitive Behavioral Therapy (CBT) counseling 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.
4. To create meaningful collaborations between the Local Authority and the health care providers in the community.
5. To provide quality clinical care and achieve the desired outcomes at the most efficient cost possible.

DRAFT

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

92
93 CBT Counseling definition: Individual therapy focused on the reduction or elimination of a
94 client's symptoms of mental illness and increasing the individual's ability to perform activities
95 of daily living. CBT is the selected treatment model for adult counseling services. Counseling
96 must be provided by a Licensed Practitioner of the Healing Arts (LPHA) who has been trained in
97 the DSHS model for CBT. See Attachment B.

98
99 **Target Population**

100
101 The target population for this RFA consists of individuals with specific mental illness who have
102 been identified by the Local Authority as Priority Population, in accordance with the definitions
103 established by DSHS. See Attachment A. Designation of an individual as a member of the
104 Priority Population must be made by the Local Authority and documented in that individual's
105 record.

106
107 **Eligible Applicants**

108
109 Applicants must be eligible to do business in Texas, and be registered with the Texas Secretary
110 of State to the extent required by Texas law. Professionals must hold valid Texas licenses and/or
111 certifications to the extent required to perform any individual component of the Services. In the
112 situation where a consortium of providers is applying, a single entity responsible for the services
113 delivered must be identified and the financial agent must be an organization with a demonstrated
114 ability to manage funds.

115
116 **Minority Owned Businesses**

117
118 Historically Underutilized Business and/or Minority business enterprises will be afforded full
119 opportunity to submit proposals in response to this invitation and will not be discriminated
120 against on the grounds of race color, creed, sex, or national origin in consideration for an award.

121
122 **Local Authority Responsibilities and Transition Goals**

123
124 The Local Authority will be responsible for service coordination/case management and
125 facilitating an individual's selection of service providers, authorizing services, reviewing claims
126 and paying for appropriate, authorized services rendered by the service providers in its Network.
127 The Local Authority is also responsible for utilization management and quality assurance. The
128 Local Authority ensures that contracted services addressing the needs of the Priority Population
129 are provided as required by DSHS, comply with the rules and standards adopted under Section
130 534.052 of the Texas Health and Safety Code, and Chapter 412, Subchapter G of the Texas
131 Administrative Code. The Local Authority does not guarantee any referral volume to any service
132 provider within its Network of Providers. The Local Authority directs its activities based on its
133 mission and values which can be found on page 1 of this RFA.

134

DRAFT

135 The Local Authority will be responsible for determining if a client meets the Priority Population
136 definition. The Local Authority must complete a Uniform Assessment on each client and
137 identify the services to be provided. Clients determined to need these services will be offered a
138 choice of providers from the Network.
139

140 All services must be authorized by the Local Authority's Utilization Management staff. An
141 Authorization Number will be given specifying the number and type of services approved for
142 each client. This number must be included on any bills for services/claims submissions. The
143 Local Authority's Quality Management staff will perform regular reviews of clinical services
144 and program standards.
145

146 Successful Applicant Responsibilities

147
148 The Successful Applicant(s) shall maintain all records regarding treatment and/or services to
149 Consumers under this Contract for a period of five (5) years, and must allow the Local Authority
150 immediate access during regular business hours to such records upon request. Successful
151 Applicant(s) will be required to comply with all state and federal laws regarding the
152 confidentiality of consumers' records and nondiscrimination. Successful Applicant(s) must
153 comply with all applicable requirements of the Local Authority's then-current contract with
154 DSHS and any subsequent revisions. Successful Applicant(s) must also agree that their names
155 may be used, along with descriptions of the facilities, care, and services in information
156 distributed by the Local Authority in the list of its providers. Successful Applicant(s) will
157 actively assist in the disbursement of Consumer and advocate satisfaction surveys. Successful
158 Applicant(s) must develop a method to resolve disagreements with consumers and stakeholders
159 which will include consumer involvement. The process for Consumer appeals and dispute
160 resolution must be approved by the Local Authority. Successful Applicant(s) will be responsible
161 for peer review and quality assurance. Successful Applicant(s) must agree to mediation or
162 dispute resolution if unable to resolve disputes with the Local Authority. Successful
163 Applicant(s) must conform to all guidelines set forth in the Provider Manual which is available
164 for review upon request. Successful Applicant(s) will cooperate and assist with and will not at
165 any time prevent or hinder a consumer from changing providers.
166

167 The Successful Applicant(s) will have a well developed business model that:
168

- 169 1. Is capable of submitting claim/encounter data by the 6th day of the month following the
170 date of service and is able to meet future changes to DSHS requirements on
171 claim/encounter data or other Protected Health Information (PHI) submissions.
- 172 2. Is capable of reconciling Applicant's invoices to Authority payments within 30 days.
- 173 3. Is capable of submitting DSHS required information to the Local Authority data system
174 via a secure connection and in the future via DSHS sponsored internet data collection
175 sites.
- 176 4. Has business office staff that understands RDM (Resiliency and Disease Management)
177 billing requirements.
178

179
180
181

DRAFT

182 **REQUIRED APPLICATION INFORMATION:**

183

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

188

189

190 **I. Business Demographics**

191

192 Name _____

193 Title of Business _____

194 SS# _____ and/or Tax ID _____

195 Address _____

196 City _____

197 County _____ Zip Code _____

198 Business Phone _____ Fax # _____

199 Website address _____

200

201 Contact Person _____

202 Title _____

203 Phone # _____ Fax # _____

204

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

206 _____

207 _____

208 Billing Manager _____

209 Phone # _____ Fax # _____

210

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

212 1. _____

213 2. _____

214 3. _____

215 4. _____

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

218

219 Other Owners/Partners:

220 Name % Ownership If corporate, list organization

221 1. _____

222 2. _____

223 3. _____

224 4. _____

225

226 Type of organization (i.e., non-profit corporation, Limited Liability Company, general
 227 partnership, etc.):

228

DRAFT

229
230
231
232
233
234
235
236
237
238
239
240
241
242
243
244
245
246
247
248
249
250
251
252
253
254
255
256
257
258
259
260
261
262
263
264
265
266
267
268
269
270
271
272
273
274
275

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

Years in Operation _____
Hours of Operation _____

Certification Number if a Historically Underutilized Business: _____, or qualifications if HUB eligible, but not certified: _____

II. Organizational Structure

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

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

III. Quality Management/Utilization Management

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

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

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

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

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

IV. Services

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

DRAFT

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

279
280 C. Describe the frequency and type of in-service training currently offered by the
281 Applicant or provided to employees including, but not limited to, training related to patient
282 rights and standards of services. Label as **Exhibit IVC**.

283
284 D. Describe the Applicant's experience in working with Medicaid and in providing
285 services for persons with severe and persistent mental illness over the last five years. How have
286 services been made accessible for those who are difficult to reach, either due to geography or
287 dissatisfaction with the service delivery system? Label as **Exhibit IVD**.

288
289 E. Describe the Applicant's history of working with this population on an outpatient
290 basis and experience of working with persons who are not compliant with treatment. Describe
291 the ability to treat persons with disabilities and persons with multiple diagnoses of a
292 developmental disability-mental illness-substance abuse. Detail the specific population the
293 Applicant intends to serve. Include ages and level of severity. Label as **Exhibit IVE**.

294
295 F. Describe the Applicant's ability to work with persons who are hearing impaired,
296 persons who have limited language skills and persons who speak a language other than English.
297 Describe how the Applicant ensures cultural competency on the part of staff with regard to
298 ethnic, racial, religious and sexual orientation differences. Include how you will meet the
299 cultural and linguistic needs of the consumers in the Local Authority's local service area: Archer,
300 Baylor, Childress, Clay, Cottle, Dickens, Foard, Hardeman, Haskell, Jack, King, Knox,
301 Montague, Stonewall, Throckmorton, Wichita, Wilbarger, Wise, and Young Counties, Texas.
302 Label as **Exhibit IVF**.

303
304 G. Describe or attach policies and procedures which describe any process the Applicant
305 presently has to receive communication from clients, family members and advocates, and to
306 receive and resolve complaints and grievances. Label as **Exhibit IVG**.

307
308 H. Describe any process to transition consumers from the Applicant's services as their
309 level of functioning improves. Label as **Exhibit IVH**.

310
311 I. Describe the facility's proximity to public transportation or the Applicant's ability to
312 facilitate access to public transportation. Label as **Exhibit IVI**.

313
314 J. Describe how you will engage and involve consumers, legally authorized
315 representatives, and families at the policy and practice levels within your organization. Label as
316 **Exhibit IVJ**.

317
318 K. Describe the transition plan you intend to utilize for new Consumers referred by the
319 Local Authority to your services. Label as **Exhibit IVK**.

320
321
322

DRAFT

323 **V. Budget/Financial**

324

325 A. Is the organization/provider incorporated as “Profit”, “Not-for-profit”, or “Other”? If
326 “other”, please explain.

327

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

330

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

333

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

336

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

338

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

340

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

343

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

346

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

349

350 **VI. Risk Profile**

351

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

353

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

357

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

363

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

366

367 E. Has either the Applicant or any of its employees had any validated fraud, client abuse,
368 client neglect, or rights violations claims in the last three (3) years? If so, explain in detail.
369 Describe the process, if any, for checking on previous confirmed fraud, client abuse, client

DRAFT

370 neglect, or rights violations of employees or applicants for employment, such as through the
371 Employee Misconduct Registry. Describe or attach any current policies and procedures
372 regarding client abuse, client neglect, or rights violations and the training of staff on these issues
373 -- Label as **Exhibit VIE**.

374

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

377

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

382

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

385

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

387

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

390

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

396

397 L. Attach any policies and procedures regarding medical records security -- Label as
398 **Exhibit VIL**.

399

400

401 **VII. Information Systems**

402

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

408

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

412

413 A. Can Applicant's information system report data by the following categories? How is
414 data transmitted electronically? Describe the frequency with which client data is input into
415 Applicant's system and available for reporting. If the system cannot provide the following,

DRAFT

416 please describe the ability to generate and report this data on a daily basis. Include a sample
417 report as **Exhibit VIIA**.

- 418
- 419 1. Patient name
 - 420 2. Patient date of birth
 - 421 3. Patient Social Security Number
 - 422 4. Patient Ethnicity
 - 423 5. Patient Home address
 - 424 6. Full diagnosis (all 5 axes and/or ICD-9) including GAF score
 - 425 7. Number of days from Local Authority referral to client's first visit
 - 426 8. Encounter Data according to the format and validation rules set forth by DSHS.
 - 427 9. Name of treating professional and credentials of that professional for each service.
428 (A copy of the service provider's current license must be on file with Local
429 Authority)
 - 430 10. Current Treatment Plan date
 - 431 11. Number of no shows, showing total appointments scheduled.
- 432

433 B. Describe the Applicant's Information System. Include dates of last upgrades, current
434 capabilities, service type or programs, and the ability to interface with other information systems.
435 Describe or attach the Applicant's disaster recovery plan and data backup procedures (**Exhibit**
436 **VIIB**).

437

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

443 **VIII. Best Practices Statement**

444

445

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

449

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

455

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

459 **IX. Rate Schedule**

460

461 Applicant agrees to accept the fees listed below as payment in full for approved consumer

462

DRAFT

463 services. The Applicant will not submit a claim or bill or collect compensation from Local
464 Authority for any service which it has not submitted an application, or been approved, or
465 contracted to provide. Applicant agrees that compensation for providing services not covered by
466 its application will be solely between the consumer and the Applicant. The consumer must be
467 informed in writing before any services are provided, that the Local Authority is not responsible
468 for payment for such services. Consumers are responsible for payment for those services only if
469 the consumer consents in writing to the provision of such non-covered services.

470

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

473 A total of 1,152 hours annually will be contracted for Cognitive Behavioral Therapy Services via
474 the network of providers at the full Medicaid rate of \$56.55 per billable unit. A billable unit will
475 be one session consisting of a minimum of 50 minutes. These units will not be pro-rated. The
476 not-to-exceed amount for these contracts will be \$62,000.00 annually.

477

X. Invoices

478

479 In addition to the Client Service Date that must be provided electronically, a monthly invoice
480 must be submitted for payment. The invoice may be on a CMS-1500 form or Applicant's normal
481 invoice. The invoice must contain the following information:
482

483

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

486

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

488

489 3. The total amount due for payment.

490

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

493

XI. Assurances Document

494

495 Applicant assures the following:
496

497

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

500

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

502

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

504

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

506

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

DRAFT

- 507 6. Applicant accepts the Local Authority's right to cancel the RFA at any time prior to
508 Contract award.
- 509 7. Applicant accepts the Local Authority's right to alter the time tables for procurement as
510 set forth in the RFA.
- 511 8. Local Authority has the right to complete background checks and verify information.
- 512 9. The individual signing this document and the Contract is authorized to legally bind the
513 Applicant.
- 514 10. The address submitted by the Applicant to be used for all notices sent by the Local
515 Authority is current and correct.
- 516 11. No employee of the Local Authority or DSHS, and no member of the Local Authority's
517 Board will directly or indirectly receive any pecuniary interest from an award of the
518 proposed Contract. If the Applicant is unable to make the affirmation, then the Applicant
519 must disclose any knowledge of such interests.
- 520 12. That the Respondent is not currently held in abeyance or barred from the award of a
521 federal or state contract.
- 522 13. That the Respondent is not currently delinquent in its payments of any franchise tax or state
523 tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil
524 Statutes, Article 2.45.
- 525 14. Applicant shall disclose whether any of the directors or personnel of Applicant has either
526 been an employee or a trustee of Local Authority within the past two (2) years preceding
527 the date of submission of the Application. This requirement applies to all personnel,
528 whether or not identified as key personnel. If such employment has existed, or term of
529 office served as trustee, the Applicant shall state in an attached writing the nature and time
530 of the affiliations as defined. **Label as Exhibit XI16.**
- 531 15. Applicant shall identify in an attached writing any trustee or employee of Local Authority
532 who has a financial interest in Applicant or who is related within the second degree by
533 consanguinity or affinity to a person having such financial interest. Such disclosure shall
534 include a complete statement of the nature of such financial interest and the relationship, if
535 applicable. Moreover, Applicant shall state in an attached writing whether any of its
536 directors or personnel knowingly has had a personal relationship with employees or
537 officers of Local Authority within the past two (2) years. **Label as Exhibit XI17.**
- 538 16. No former employee or officer of DSHS, DADS, and/or Local Authority directly or
539 indirectly aided or attempted to aid in procurement of Applicant's service.
- 540 17. Applicant shall disclose in an attached writing the name of every Local Authority key
541 person with whom Applicant is doing business or has done business during the 365 day
542 period immediately prior to the date on which the Application is due; failure to include
543 such a disclosure will be a binding representation by Applicant that the natural person
544 executing the Application has no knowledge of any key persons with whom Applicant is
545 doing business or has done business during the 365 day period prior to the immediate date
546 on which the Application is due. **Label as Exhibit XI19.**

DRAFT

547 18. Under Section 231.006, Family Code, the vendor or applicant assures that the individual or
 548 business entity named in this contract, bid, or application is not ineligible to receive the
 549 specified grant, loan, or payment and acknowledges that this contract may be terminated
 550 and payment may be withheld if this certification is inaccurate. For purposes of the
 551 foregoing sentence, "vendor or applicant" shall mean Applicant; contract, bid or
 552 application shall mean the Application; and "this contract" shall mean any Contract
 553 awarded to the Successful Applicant.

554

555

556

557 _____
Signature Authority for the Provider

_____ Title of Organization

_____ Date

558

559 |

DRAFT
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.

CBT 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.

DRAFT

603
604
605
606
607
608
609
610
611
612
613
614
615
616
617
618
619
620
621
622
623
624
625
626
627
628
629
630
631
632
633
634
635
636
637
638
639
640
641
642
643
644
645
646
647
648

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.

Counseling (CBT) Individual and Group:

Individual, family and group therapy focused on the reduction or elimination of a client’s symptoms of mental illness and increasing the individual’s ability to perform activities of daily living. Cognitive-behavioral therapy is the selected treatment model for adult counseling services. Counseling must be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of their own license. This service includes treatment planning to enhance recovery and resiliency.

Purpose of Adult CBT

Services are intended for individuals with residual symptoms of major depressive disorder, with an intake $GAF \leq 50$, who present very little risk of harm, who have supports, and a level of functioning that does not require more intensive levels of care, and who can benefit from psychotherapy. The general focus of services in this package is to improve level of functioning and /or prevent deterioration of the person’s condition. Natural and/or alternative supports are developed to help the person move out of the public mental health system. Services are most often provided in outpatient, office-based settings and include psychotherapy services *in addition to* those offered in Service Package 1.

Purpose of Child & Adolescent CBT

This service is targeted for children and adolescents with internalizing disorders (depressive or anxiety disorders) and a moderate level of functional impairment. The focus of the intervention is on child and family counseling using **Cognitive Behavioral Therapy (CBT)** for ages 9 & above and CBT or other therapy approaches for children ages 3 through 8. This service is generally considered short-term and time-limited. The general goal of services at this level of care is to reduce or stabilize symptoms, decrease functional impairment and build resiliency in the child and family. Services are provided in the office, school, home or other community setting.

Resiliency and Disease Management (RDM) Service Delivery Requirements**Qualified Staff Requirements (requirements must be met before the delivery of services)**

DRAFT

- 649 1. Licensed Practitioner of the Healing Arts (LPHA) – includes Physician, APN LCSW,
 650 LPC, and LMFT
 651 a. Required Training
 652 i. Texas Implementation of Medication Algorithm (TIMA) (prescribers
 653 only)
 654 ii. Co-Occurring Psychiatric and Substance use Disorders (COPSD)
 655 iii. Cognitive Behavioral Therapy (therapists only)
 656 iv. Resiliency and Disease Management Guidelines
 657 v. Medicaid Rules
 658 vi. Uniform Assessment - RDM
 659 vii. Treatment Planning and Documentation
 660 viii. Prevention and Management of Aggressive Behavior
 661 b. Be able meet Credentialing Requirements
 662 c. Be able to pass annual Criminal History Background check that includes State
 663 bars to employment
 664
 665

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

- 666
 667
 668 1. Current diagnosis by a Physician
 669 2. Uniform Assessment – RDM (UA-RDM) completed by a QMHP
 670 3. Symptom Rating Scales completed by a QMHP
 671 4. UA – RDM data entry into DSHS Web Care
 672 5. Treatment Plan completed by a QMHP
 673 6. Determination of Medical Necessity by a LMHA LPHA
 674 7. Service provision by a QMHP or LPHA
 675 8. Document service that meets Medicaid documentation requirements
 676 a. Name of the individual to whom the service was provided
 677 b. Name the type of service
 678 c. A summary of the activities that occurred
 679 d. State the specific skill(s) on which client was trained
 680 e. State the specific methods used to provided training
 681 f. Date, start & end time, and location
 682 g. Correlate the specific treatment plan goal that was the focus of the service
 683 h. State the progress or lack of progress in achieving treatment plan goals
 684 i. Signature of the staff member providing the service & credential
 685 9. Submission of claim/event data in format that meets DSHS Event Data rule requirements
 686 within 10 days of the following the month in which the service was delivered.
 687

RDM Minimum Service Delivery Requirements

- 688
 689
 690 1. Covered individuals must receive the minimum hours of service prescribed in the DSHS
 691 UA-RDM Utilization Guidelines. Failure to deliver the minimum hours of services could
 692 result in DSHS imposed penalties. Delivery of services in excess of the number of units
 693 authorized will result in unpaid claims.
 694

DRAFT

695 2. Failure to provide at least one service in a 180-day period to a covered individual could
 696 result in a DSHS imposed penalty.
 697

698 **The requirements listed above represent only a partial listing of the requirements related**
 699 **to service delivery. Please review the following for additional requirements:**
 700

- 701 • DSHS LMHA Performance Contract at
 702 <http://www.dshs.state.tx.us/mhcontracts/ContractDocuments.shtm>
- 703 • To view the RDM Clinical Guidelines including the service package definitions
 704 and service descriptions for the service package(s) or discrete service specified in
 705 this RFA go to:
 706 <http://www.dshs.state.tx.us/mhprograms/RDMClinGuide.shtm>
- 707 • For more information, see the RDM Program Manual (PDF, 659 KB) at
 708 http://www.dshs.state.tx.us/mhprograms/RDM/documents/RDM_Program_Manual.pdf
 709
- 710 • <http://www.dshs.state.tx.us/mhprograms/TIMA.shtm>
- 711 • Texas Administrative Code Rules:
 - 712 ○ Chapter 404, Subchapter E, *Rights of Persons Receiving Mental Health*
 713 *Services*
 - 714 ○ Chapter 405, Subchapter K, *Deaths of Persons Served by TDMHMR*
 715 *Facilities or Community Mental Health and Mental Retardation Centers*
 716 *(rev.6/95)*
 - 717 ○ Chapter 411, Subchapter G, *Community MHMR Centers*
 - 718 ○ Chapter 412, Subchapter G, *Mental Health Community Services Standards*
 - 719 ○ Chapter 414, Subchapter A, *Client-Identifying Information*
 - 720 ○ Chapter 414, Subchapter K, *Criminal History Clearances*
 - 721 ○ Chapter 414, Subchapter L, *Abuse, Neglect, and Exploitation in Local*
 722 *Authorities and Community Centers*
 - 723 ○ Chapter 419, Subchapter L, *Medicaid Rehabilitative Services*

725 **Sanctions and Penalties**

726
 727 Applicant should be aware that any sanctions, penalties, or recoupment imposed by DSHS,
 728 Medicaid, or any other regulatory entity on the Local Authority that is a result of a contracted
 729 provider's performance will be passed on directly to the provider.