

REQUEST FOR PROPOSAL

RFP #1101-11

Sabine Valley Regional MHMR Center dba Community Healthcore, 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 and mental retardation services for the residents of Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, and Upshur Counties, Texas.

As per the Planning Network Development Rule (Texas Administrative Code, Title 25, Part 1, Chapter 412, Subchapter P 412.751-412.766) **Community Healthcore** (“Local Authority”) is seeking proposals for the provision of Service Package 1 and Service Package 3 services for adults including all add-on services as identified by DSHS. This includes Psychiatric Diagnostic Interview, Pharmacological Management, Brief Office Visit, Medication Training and Support, Engagement Activities, Medication Administration Fee, Skills Training and Development, and Supported Employment for identified individuals with mental illness up to the total number of services authorized by the Local Authority. The services requested shall be performed in the same community in which they are currently receiving services at a location independent of the Local Authority’s facility.

Please note: RFP #1101-11 is specific to Adult services provided in Gregg, Rusk, and Upshur Counties. Planned procurement for **Region 3 is for 299 Adults in SP1 and 41 Adults in SP3** to be transitioned into qualified, comprehensive providers such that Consumers continue to receive services in their current service community and that all services are provided in one location in that community.

The initial contract period shall commence June 1, 2011, (approximately 90 days after the contract award) and continue through August 31, 2012 with an option to renew for an additional one year period based on satisfactory performance and meets best value as determined by considering all relevant factors.

Questions regarding the RFP #1101-11 should be directed to Lee Brown at (903) 237-2341 or at lee.brown@communityhealthcore.com.

Please submit sealed: one (1) original (clearly marked) and four (4) copies of your proposal to:

Community Healthcore
ATTN: Lee Brown
107 Woodbine Pl,
Longview, TX 75601
Contact Number: 903.237.2341

INTERESTED PARTIES MUST RESPOND TO THE RFP BY 10.00a.m., January 25, 2011 IN ACCORDANCE WITH THE INSTRUCTIONS WITHIN THE RFP DOCUMENT.

43 **The Local Authority appreciates your time and effort in preparing this proposal. All**
44 **proposals must be received at the specified location before opening date and time. The**
45 **official time shall be determined by the time/date stamp when received at location. Faxed**
46 **responses shall not be accepted. Proposals received after above date and time shall be**
47 **returned unopened.**

48

49 **Community Healthcore**
50 **as the Local Mental Health and Mental Retardation Authority**

51
52 **Request for Proposals**
53 **SP1 Adult & SP3 Adults in Gregg, Rusk, and Upshur Counties**
54

55 Sabine Valley Regional MHMR Center dba Community Healthcore (Local Authority) is
56 the Department of State Health Services (DSHS) designated mental health Authority
57 established to plan, coordinate, develop policy, develop and allocate resources, supervise,
58 and ensure the provision of community based mental health and mental retardation
59 services for the residents of Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River,
60 Rusk, and Upshur Counties, Texas. These nine counties define the Community Healthcore
61 catchment area for DSHS mental health services.

62
63 The Local Authority's Mission is:

64 *The Mission of Community Healthcore is to help people achieve*
65 *Dignity, Independence and Their Dreams*
66

67 The Local Authority's Values are:

- 68 • *We value cooperation and teamwork within the agency and between agencies.*
- 69 • *We value diversity.*
- 70 • *We value the pursuit of excellence by every employee.*
- 71 • *We value the judicious and effective use of access to, available resources.*
- 72 • *We value community concerns, ideas, and opinions.*
- 73 • *We value creativity, innovation and empowerment of consumers and employees.*
- 74 • *We value the abilities of our consumers.*
- 75 • *We value the successes of our consumers and employees.*
- 76 • *We respect the value of change.*
- 77 • *We value continuous quality and performance improvement.*
- 78 • *We value respect and confidentiality of our consumers and employees.*
79

80 Pursuant to Texas Administrative Code §412.55 and 412.754, the Local Mental Health
81 Authority has the authority to acquire community services for individuals with mental
82 illness by certain procurement methods. This Request for Proposals (RFP) requests
83 proposals from interested persons and organizations (Proposers) for the purpose of
84 entering into one or more contracts (Contracts) to provide services (Services) to persons
85 with severe and persistent mental illness in Gregg, Rusk, and Upshur Counties (Proposals).
86 The individuals to be served under this arrangement must meet the DSHS definition for the
87 Priority Population for Mental Health, which is included as Attachment A, and must also
88 reside in the Community Healthcore Catchment Area (Consumers).
89

90 **The goals of any/each Contract awarded under the RFP are:**

- 91 1. To provide needed community mental health services as described in Attachment
92 B.
- 93 2. To develop a network of providers that allows for more consumer choice.

- 94 3. To identify, implement and evaluate successful Services based on Consumer
95 outcomes so that these efforts can be replicated.
96 4. To create meaningful collaborations between the Local Authority and the health
97 care providers in the community.
98 5. To provide quality clinical care and achieve the desired outcomes at the most
99 efficient cost possible.

100

101 Successful Proposers will provide Services that build upon and augment existing
102 community resources and that provide for or enhance an existing continuum of care for
103 Consumers. The Local Authority will use a pre-defined process to review all proposals at
104 “arms-length”, to insure that there is no conflict of interest. Preference will be given to
105 Proposers that are able to provide Services that address the issues of consumer choice,
106 quality, clinical decision making, price and ultimate cost-benefit while assuring adherence
107 to existing standards of care and service definitions.

108

109 **Target Population**

110

111 The target population for this RFP consists of individuals with mental illness who
112 have been identified by the Local Authority as Priority Population, in accordance with the
113 definitions established by DSHS. (See Attachment A) Designation of an individual as a
114 member of the Priority Population must be made by the Local Authority and documented
115 in that individual’s record.

116

117 **Eligible Proposers**

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119 Proposers must be eligible to do business in Texas, and be registered with the
120 Texas Secretary of State to the extent required by Texas law. Professionals must hold
121 valid Texas licenses and/or certifications to the extent required to perform any individual
122 component of the Services. In the situation where a consortium of providers is applying, a
123 single entity responsible for the services delivered must be identified and the financial
124 agent must be an organization with a demonstrated ability to manage funds.

125

126 *Minority Owned Businesses:* Historically Underutilized Business and/or Minority
127 business enterprises will be afforded full opportunity to submit proposals in response to
128 this invitation and will not be discriminated against on the grounds of race color, creed,
129 sex, or national origin in consideration for an award.

130

131 **Local Authority Responsibilities and Transition Goals**

132

133 The Local Authority ‘s responsibilities will include, but are not limited to, making
134 appropriate referrals for services, reviewing claims and paying for appropriate, authorizing
135 services rendered by the Successful Proposer. The Local Authority is also responsible for
136 utilization management and quality assurance. The Local Authority ensures that the
137 services address the needs of the Priority Population as required by the State Authority,
138 and that those services comply with the rules and standards adopted under Section 534.052

139 of the Health and Safety Code. The Local Authority directs its activities based on its
140 mission and values which can be found in on page 3 of this RFP.

141

142 Consumer Selection of Providers and Transitioning to successful Proposers is planned as
143 follows:

- 144 • Develop internal procedures and forms for consumer selection of providers
145 3/1/2011
- 146 • Develop a provider list. 3/1/2011
- 147 • Verify provider information. 3/1/2011
- 148 • Develop consumer information materials relating to selection of providers
149 3/15/2009
- 150 • Post Provider list to website. 3/15/2011
- 151 • Provide training to external providers re RDM, procedures, protocols, data entry
152 system, and other necessary activities for an external provider to provide services
153 under this RFP. 3/1/2011 – 4/15/2011
- 154 • Ensure external providers are trained on consumer selection requirements and
155 procedures. 4/1/2011
- 156 • Conduct provider forums to allow providers to share information with consumers,
157 LARs, and other stakeholders. 4/15/2011 – 4/30/2011
- 158 • Implement provider selection procedures for new intakes. 5/1/2011
- 159 • Implement provider selection procedures for current clients (in conjunction with
160 treatment plan reviews) 5/1/2010
- 161 • Develop and implement continuity of care plans for transitioning individual clients
162 to new providers 6/1/2011 – 9/1/2011
- 163 • Consumer transition complete. 9/1/2011

164

165 Note: The above bulleted information comes directly from the State Approved
166 Community Healthcore Local Plan. A copy of the Local Plan is posted on the LPND web
167 page of the Community Healthcore website: www.communityhealthcore.com.

168

169 The Local Authority will be responsible for determining a client meets the Priority
170 Population definition. The Local Authority must complete a Uniform Assessment on each
171 client and identify the services to be provided. Clients determined to need these services
172 will be offered a choice of providers from the Network until the planned procurement is
173 reached. **Planned procurement is 299 Adults in SP 1 and 41 Adults in SP 3.**

174

175 All services must be authorized by the Utilization Management staff. An
176 Authorization will be given specifying the number and type of services approved for each
177 client. This Authorization must be included on any bills for services/claims submissions.
178 Quality Management staff will perform regular reviews of clinical services and program
179 standards.

180

181 In Region 3: Gregg, Rusk, & Upshur

182

183 **Service Package 1 Adult Services**, contracted services are provided in the following
184 communities

- 185 • Longview 218 monthly average
- 186 • Henderson 42 monthly average
- 187 • Gilmer 39 monthly average

188

189 **Service Package 3 Adult Services**, contracted services are provided in the following
190 communities

- 191 • Longview 36 monthly average
- 192 • Henderson 3 monthly average
- 193 • Gilmer 2 monthly average

194

195 All figures are based upon the time period of June 2011 – August 2011.

196

197 Planned procurement for **Region 3 is for 299 Adults in SP1 and 41 Adults in SP3** to be
198 transitioned into qualified, comprehensive providers such that Consumers continue to
199 receive services in their current service community and that all services are provided in
200 one location in that community.

201

202 **Successful Proposer Responsibilities**

203

204 The Successful Proposer(s) shall maintain all records regarding treatment and/or
205 services to Consumers under this Contract for a period of six (6) years, and must allow the
206 Local Authority immediate access during regular business hours to such records upon
207 request. Successful Proposer(s) will be required to comply with all state and federal laws
208 regarding the confidentiality of consumers' records and nondiscrimination. Successful
209 Proposer(s) must comply with all applicable requirements of the Local Authority's then-
210 current contract with DSHS. Successful Proposer(s) must also agree that their names may
211 be used, along with descriptions of the facilities, care, and services in information
212 distributed by the Local Authority in the list of its providers. Successful Proposer(s) will
213 actively assist in the disbursement of Consumer and advocate satisfaction surveys.
214 Successful Proposer(s) must develop a method to resolve disagreements with consumers
215 and stakeholders which will include consumer involvement. The process for Consumer
216 appeals and dispute resolution must be approved by the Local Authority. Successful
217 Proposer(s) will be responsible for peer review and quality management. Successful
218 Proposer(s) must agree to mediation or dispute resolution if unable to resolve disputes with
219 the Local Authority. Successful Proposer(s) must conform to all guidelines set forth in the
220 Provider Manual which is available for review upon request. Successful Proposer(s) will
221 cooperate and assist with and will not at any time prevent or hinder a consumer from
222 changing providers. Successful Proposer(s) will be required to post a Performance Bond.

223

224 **Proposal Instructions**

225

226 Proposers must follow the attached outline for submissions to facilitate objective
227 review. **Proposals must be received no later than 10:00 a.m., January 25, 2011**

228 (Proposal Submission Date). Proposals must be sent to **Community Healthcore,**
229 **Attention: Lee Brown, Network Development at 107 Woodbine Pl, Longview TX**
230 **75601**. Proposals may be sent by regular mail or special carrier. **Proposals may not be**
231 **faxed**. Five (5) copies of the proposal and three (3) signed signature pages are required.
232 Proposals will be time and date stamped upon receipt by the Local Authority. Proposals
233 must be received sealed. Proposals may be withdrawn at any time prior to the Proposal
234 Submission Date, provided that Local Authority is notified of any such withdrawal in a
235 writing signed by the Proposer certifying authenticity. Alterations may be made before the
236 official opening time provided such alterations are provided in writing and signed by the
237 Proposer certifying authenticity. Local Authority reserves the right to reject any and all
238 Proposals, to waive technicalities, and to accept any advantages deemed beneficial to the
239 Local Authority and its clients. It is our intent to evaluate proposals, and negotiate costs
240 and/or services in order to achieve the best value for Local Authority consumers. The
241 negotiation process will be done in a confidential manner with no disclosures being made
242 to other Proposers until after the Contract(s) is awarded.
243
244
245

246 **Timetable:**

247	<u>Activity</u>	<u>Date/Time</u>	<u>Location</u>
248			
249			
250	RFP Issuance	12/17/10	
251			
252	Technical Assistance Workshop	1/05/11 @ 10-noon	107 Woodbine Pl
253			Longview TX 75601
254			
255	Proposals Due	1/25/11 @ 10 AM	107 Woodbine Pl
256			Longview TX 75601
257			
258	Bid Opening	1/25/11 @ 10:30 AM	107 Woodbine Pl
259			Longview TX 75601
260	Awards Announced	2/25/11	
261			
262	Contract Start Date	6/1/2011	Successful Proposer' sites
263			

264 **Proposal Outline**

265
266 Throughout this Proposal Outline, provide detailed information regarding the scope of the
267 Proposer's business. Questions fall under the following sections:
268

- 269 I. Business Demographics
- 270 II. Organizational Structure
- 271 III. Services
- 272 IV. Quality Management/Utilization Management
- 273 V. Budget/Financial

- 274 VI. Risk Profile
- 275 VII. Managed Care Profile
- 276 VIII. Information System
- 277 IX. Billing
- 278 X. Rate Schedule
- 279 XI. Value Added Statement
- 280 XII. Assurances Document

281

282 Three Attachments are provided as information regarding the Local Authority which may
283 assist in developing the Proposal.

- 284 Attachment A -- Priority Population Definitions
- 285 Attachment B -- Service Descriptions and Information
- 286 Attachment C -- Criteria for Scoring

287

288 Please be sure to answer every question. If the question does not apply to the Proposer,
289 simply and clearly document “N/A”. Scoring and evaluation is based on completed
290 questions. ALL unanswered questions will be considered omissions. Please limit
291 responses to each question to one double spaced page if possible. Answer all questions in
292 the order of this proposal outline. Use the forms attached or prepare responses in the same
293 format. Clearly designate each item in the document as it appears in this outline (by
294 number, letter, and question). Place tab dividers at the beginning of each section (Roman
295 Numerals) to match those shown above in this Proposal Outline section. The document
296 should be double spaced, type size at least 10 pitch. The Local Authority reserves the right
297 to review only completed Proposals. The Local Authority reserves the right to hold
298 subsequent face to face or telephone interviews for clarification and/or negotiation
299 purposes. Interviews will not be solicited for the purpose of completing incomplete
300 proposals. Multiple omissions and/or incomplete responses may result in disqualification.
301 All supporting documentation should be attached to the appropriate section of the Proposal
302 and in the order described in this Proposal Outline section.

303

304 Questions regarding this proposal should be mailed or faxed to Lee Brown at 107
305 Woodbine Pl, Longview TX 75601, Fax to (903)753-7785. Questions should reference the
306 line number from the RFP. Amendments including questions and answers will be
307 distributed to all those known to have received a copy of the RFP from the Local
308 Authority. Proposers must acknowledge receipt of the amendments and consider these in
309 the final proposal.

310

311 False statements by any Proposer may disqualify the Proposal. The Local Authority
312 reserves the right to reject any or all Proposals and reopen the RFP process in total.

313

314 Interviews or site visits may be conducted to further evaluate competitive proposals, to
315 negotiate rates, and to select one or more Proposals for award. In this situation, no
316 Proposer will be given information, support, or resources that will give the Proposer a
317 competitive advantage over the other Proposers.

318

319 Each Proposer who submits a complete Proposal but is not awarded a Contract will be
320 notified in writing that the proposal is no longer being considered.

321

322 **Following Contract award, the contents of all proposals may be made available upon**
323 **written request. Therefore, any information contained in the proposal that is deemed**
324 **to be proprietary in nature must clearly be so designated in the proposal. Such**
325 **information may still be subject to disclosure under the Public Information Act**
326 **depending on opinions from the Attorney General’s office.**

327 **I. Business Demographics**

328

329 Name _____

330 Title of Business _____

331 SS# _____ and/or Tax ID _____

332 Address _____

333 City _____

334 County _____ Zip Code _____

335 Business Phone _____ Fax # _____

336 Website address _____

337

338 Contact Person _____

339 Title _____

340 Phone # _____ Fax # _____

341

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

343 _____

344 _____

345 Billing Manager _____

346 Phone # _____ Fax # _____

347

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

349 1. _____

350 2. _____

351 3. _____

352 4. _____

353 Provide a map of locations which specifies the Services provided, capacity and languages

354 spoken (by Service) at each location - Label as **Exhibit IA**.

355

356 Other Owners/Partners:

357 Name % Ownership If corporate, list organization

358 1. _____

359 2. _____

360 3. _____

361 4. _____

362

363 Provide a copy of Provider's Articles of Incorporation and 501(c)(3) certificate, or other

364 bylaws/governing documents as appropriate – Label as **Exhibit IB**.

365

366 Years in Operation _____

367 Hours of Operation _____

368

369 Certification Number if a Historically Underutilized Business: _____,

370 or qualifications if HUB eligible, but not certified: _____

371

372 **II. Organizational Structure**

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A. Type of organization (i.e., non-profit corporation, Limited Liability Company, general partnership, etc.) and attach supporting documentation – Label as **Exhibit IIA**.

B. 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 IIB**.

C. Please specify where the Corporate and nearest Regional offices will be located in regards to the proposed service areas under this proposal.

III. Services

A. Describe how services will be provided in the same communities as currently provided. Services currently provided in the following communities: Henderson, Rusk County; Gilmer, Upshur County; and Longview, Gregg County.

B. Describe how services will be provided at the same (one) location in the community so consumers do not need to travel to multiple location within a community to obtain their services.

C. Describe how services will be offered in terms of times of day and days of the week for service delivery to the consumers.

D. Describe the facility’s proximity to public transportation or the Proposer’s ability to facilitate access to public transportation.

E. Describe the Proposer’s history of working with this population on an outpatient basis and experience of working with persons who are not compliant with treatment.

F. Describe the ability to treat persons with disabilities and persons with multiple diagnoses of a developmental disability-mental illness-substance abuse. Detail the specific population the Proposer intends to serve under this Proposal. Include ages and level of severity.

G. Describe how Proposer will provide engagement activities to develop treatment alliance and rapport as defined by DSHS.

H. Describe the Proposer’s ability to work with persons who are hearing impaired, persons who have limited language skills and persons who speak a language other than English.

419 I. Describe how the Proposer will meet all physical accommodations and other
420 needs for individuals with physical disabilities.

421
422 J. Describe how the Proposer ensures cultural competency on the part of staff with
423 regard to ethnic, racial, religious and sexual orientation differences. Include how Proposer
424 will meet the cultural and linguistic needs of the consumers in the Local Authority's local
425 service area for Gregg, Rusk, and Upshur counties.

426
427 K. Describe or attach policies and procedure which describe any process the
428 Proposer presently has to receive communication from clients, family members, and
429 advocates, ant to receive and to receive and resolve complaints and grievances.

430
431 L. Describe the Proposer's transition plan for new Consumers referred by the
432 Local Authority for your services and when a Consumer either needs a higher level of
433 services or chooses a new provider.

434
435 M. Describe how you will engage and involve consumers, legally authorized
436 representatives, and families at the policy and practice levels within your organization.
437 Describe any use of Video Conferencing or Tele-Medicine in the Proposer's service
438 delivery plan.

439
440 **IV. Quality Management/Utilization Management**

441
442 A. Attach the Proposer's Quality Assurance/Management Plan and Quality
443 Management Program Reports for the last six (6) months -- Label as **Exhibit IVA**.

444
445 B. Provide a summary of the most recent consumer satisfaction surveys or other
446 ongoing efforts to obtaining and evaluate consumer satisfaction -- Label as **Exhibit IVB**.

447
448 C. Describe how this information was obtained.

449
450 D. Provide a copy of the staff roster and their corresponding education and license
451 credentials for personnel providing services for Region 3: Gregg, Rusk, and Upshur area.
452 Designate if they are full time, part time, or on call. Label as **Exhibit IVC**.

453
454 E. List all licenses, credentials, certifications, and/or accreditations the Proposer
455 currently holds related to the Services. Provide copies of all licenses, certifications,
456 accreditations -- Label as **Exhibit IVD**.

457
458 F. Describe the Proposer's internal utilization management procedures. Describe
459 methods for ensuring that individuals are receiving services in accordance with internal
460 standards of care. Provide copies of recent reports to payors showing the Proposer's
461 performance relative to its utilization management requirements -- Label as **Exhibit IVE**.

462
463 **V. Budget/Financial**

464

465 A. If the respondent is a corporation that is required to report to the Securities and
466 Exchange Commission, it must submit its two most recent SEC Forms 10K, Annual
467 Reports. If any change in ownership is anticipated during the twelve (12) months following
468 the proposal due date, the respondent must describe the circumstances of such change and
469 indicate when the change is likely to occur.

470

471 B. Does Proposer own or lease current business properties? If leasing properties,
472 note the upcoming expiration date of the leases.

473

474 C. Describe any arrangements to subcontract part or all of these services. All
475 subcontracts must be approved by the Local Authority, at its sole discretion. Name all
476 proposed subcontractors and provide information on their staff credentials, licenses and
477 certifications.

478

479 D. Attach copies of the Proposer's last three years audited financial reports --
480 Label as **Exhibit VD**.

481

482 **VI. Risk Profile**

483

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

485

486 B. Has Proposer currently under investigation, or had a license or accreditation
487 revoked, by any state/federal/local authority or licensure agency, within the last five (5)
488 years? If yes, explain in detail.

489

490 C. Does anyone working for Proposer providing direct care or in management
491 have any felony convictions or crimes of moral turpitude? If yes, explain. Describe the
492 process, if any, for checking on previous convictions of employees or applicants for
493 employment. Attach any policies and procedures regarding the hiring and retention of
494 persons with criminal histories -- Label as **Exhibit VIC**. Are criminal history checks done
495 on all Proposer staff annually?

496

497 D. Has Proposer had any judgments or settlements entered against it in the last ten
498 (10) years? If so, explain in detail.

499

500 E. Has either the Proposer or any of its employees had any validated fraud, client
501 abuse, client neglect, or rights violations claims in the last three (3) years? If so, explain in
502 detail. Describe the process, if any, for checking on previous confirmed fraud, client
503 abuse, client, neglect, or rights violations of employees or applicants for employment, such
504 as through CANRS, the Nurse Aide Registry, and the Employee Misconduct Registry.
505 Describe or attach any current policies and procedures regarding client abuse, client
506 neglect, or rights violations and the training of staff on these issues -- Label as **Exhibit**
507 **VIE**.

508

509 F. Has Proposer been placed on vendor hold within the past five (5) years by any
510 funding agency or company? If yes, explain.

511

512 G. Does Proposer have a Letter of Good Standing which verifies that it is not
513 delinquent in payment of Texas State Franchise Tax? Corporations that are non-profit or
514 exempt from Franchise Tax are not required to have this letter, but instead must submit a
515 501C IRS Exemption form from the Comptroller Office. Attach and label as **Exhibit VIG**.

516

517 H. Is Proposer currently held in abeyance or barred from the award of a federal or
518 state contract?

519

520 I. Has this occurred in the last 5 years? If so, explain.

521

522 J. Has Proposer ever filed bankruptcy? If yes, describe in detail.

523

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

529

530 **VII. Managed Care Profile**

531

532 A. Describe your background and depth of experience with all of the managed care
533 companies (including Medicaid Managed Care and CHIP) with which Proposer currently
534 contracts or has previously contracted. Include the duration of any relationships, numbers
535 of clients served and specific services provided to managed care companies.

536

537 B. Provide Proposer's Medicaid Provider number(s). Have these ever been
538 suspended or revoked? If so, explain.

539

540 C. Has Proposer ever been dropped from a managed care network? If so, explain.

541

542 D. Submit contact information from at least three (3) entities for which Proposer
543 has provided services similar to the Services requested by this RFP within the past two
544 years -- Label as **Exhibit VIID**.

545

546 E. Describe any contracts, Memoranda of Understanding, or employment
547 relationships Proposer has with other state, city or county agencies in the Gregg, Rusk, and
548 Upshur Counties health care community.

549

550

551 **VIII. Information Systems**

552

553 The Local Authority utilizes Anasazi as a Clinical Management System. Modules include
554 Scheduler, Demographics, Progress Notes, Treatment Plan, Diagnostic, All Proposers are
555 expected to utilize this system and will directly input into this system on a daily basis.
556 Proposers must be able to connect to the system using a Virtual Private Network (VPN)

557 via an internet connection. Local Authority will provide a license for each location at no
558 charge and \$75 a month for each additional license. Proposer can only use Clinical
559 Management System for consumers of the Local Authority for services provided under
560 contract.

561

562 Requirements for providers are:

- 563 1. Use of the Anasazi Scheduler for all appointments
- 564 2. Data entry within the Local Authority's standards.
- 565 3. All clinical information and full use of the modules.

566

567 Minimum computer requirements to access the Clinical Management System are:

- 568 1. System Requirements:
- 569 2. Intel or AMD 1.6 GHz Processor or better
- 570 3. 512 MB RAM or Greater
- 571 4. 100 MB Free Hard Drive Free
- 572 5. Monitor capable of 1024x768 Resolution
- 573 6. Mouse
- 574 7. Keyboard
- 575 8. Operating System
- 576 9. Windows XP SP3 or higher with the required security options enabled
- 577 10. Windows Vista SP1 or Higher
- 578 11. Virus Protection:
- 579 12. Antivirus Software must be current and able to look for updates weekly
580 at a minimum.
- 581 13. Printer Recommendation:
- 582 14. HP LaserJet Printer
- 583 15. Internet Connection:
- 584 16. Must be some type of Broadband connection.
585 Example: Cable modem, DSL, T1
- 586 17. Dial up or Satellite not recommended at all

587

588 Based upon the above information please respond to the following questions.

589

590 A. Describe the Proposer's Information System. Include dates of last upgrades,
591 current capabilities, service type or programs, and the ability to interface with other
592 information systems.

593

594 B. Describe Internet access and E-mail capabilities (type of connection and speed;
595 no dial-ups).

596 C. Describe your Internet Provider (who), history of down time (length and
597 frequency), and what processes utilized when connection is down.

598

599 D. Describe how you would handle confidential electronic information in all
600 communications with the Local Authority.

601

602 E. Describe any prior experience with the Anasazi Clinical Management System.

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F. Describe the preferred format for error correction reports.

IX. Billing

Billing for Services provided will be conducted on a fee-for-service basis using the most appropriate of the 3 methods.

- For Consumers who have Medicaid or other insurance coverage and the service is a Medicaid covered card service, the Proposer will directly bill and receive payment from that payer with no further payment/obligation from Community Healthcore for that claim. Proposer will be responsible to enter the service note into the Anasazi Clinical Software System for service monitoring purposes.
- For Consumers who have Medicaid and it is a Medicaid covered Mental Health Rehabilitation Service, the Proposer will enter into the Anasazi Clinical Software the service note and monthly submit an invoice (claim) for services rendered. Once Community Healthcore is paid for service by the State Payer, the Contracted Fee-for-Service will be paid to the Proposer.
- For Consumers who do not have Medicaid or other insurance coverage, Community Healthcore will pay 100% of the agreed upon Fee-for-Service within 30 calendar days once the invoice is verified against the clinical record in Anasazi Clinical Software.

All services will need to meet appropriate billing guidelines and verification that the service was authorized by the Local Authority.

Based upon the above information please respond to the following questions.

A. Describe your proposal for the above billing services.

B. Proposer will be collecting Consumer’s Maximum Monthly Fee (MMF). Describe Proposer’s process for collecting a Consumer’s MMF, co-pays, deductibles, etc.

C. Describe how you will direct bill services for Consumers who have Medicaid or other insurance coverage and they are not Rehabilitation Services billed through Community Healthcore.

X. Rate Schedule

A. For each Service identified below, describe proposed rates. Services are described in Attachment B. Community Healthcore is only seeking proposals for fee-for service. Describe the methodology for setting these rates, including how administrative overhead is allocated. Provide a detailed proposed budget summary for the services. Proposed rates cannot exceed the Maximum Allowable Fee. Scoring for this section is based upon proposed fees that are less than 85% of the Medicaid Rate (the Maximum Allowable Fee).

ADULT SERVICES for SP1 & SP3

Service	Grid Code	Unit Billing Type	Maximum Allowable Fee	Proposed Fee for Service
Core Services				
Psychiatric Diagnostic Interview*	121	Procedure	\$97.78	
Pharmacological Management*	1102	Procedure	\$37.60	
Brief Office Visit	1102	Procedure	\$27.00	
Medication Training and Support (Individual)	1105	15 minutes	\$9.65	
Medication Training and Support (Group)	1106	15 minutes	\$1.62	
Medication Admin Fee	1103	Procedure	\$13.54	
Specialty Services (Add Ons)				
Skills Training and Development (Individual)	1506	15 minutes	\$19.39	
Skills Training and Development (Group)	1507	15 minutes	\$2.00	
Supported Employment	1504	15 minutes	\$7.25	

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650 Note: For Services with a * this rate includes any supplemental nursing which is
651 associated with the delivery of the service.

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653 **XI. Value Added Statement**

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655 A. Provide a statement detailing why Proposer’s services best meet the needs of
656 persons with mental illness (Priority Population). Identify any best practices Proposer is
657 currently utilizing in delivering services similar to the Services sought under this RFP.

658

659 B. List any workload measures or data collected and used that pertains to positive
660 outcomes for this population. Describe training provided to the family members of persons
661 who meet the definition for the Priority Population. Describe how Proposer links services
662 or provides continuity of care with other providers. Describe how Proposer collaborates
663 and shares data with other providers and any limits on this sharing.

664

665 C. State the current organizational mission, values and ethics. Cite any
666 contradictions that may exist between the Proposer’s mission and that of the Local
667 Authority. Attach a copy of the mission, values and ethics -- Label as **Exhibit XIC**.

668

669 **XII. Assurances Document**

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671 Proposer assures the following:

672 1. That all addenda and attachments to the RFP as distributed by the Local Authority
673 and designated by the checklist have been received.

674

675 2. No attempt will be made by the Proposer to induce any person or firm to submit or
676 not to submit a proposal, unless so described in your response document.

- 677 3. The Proposer does not discriminate in its services or employment practices on the
678 basis or race color, religion, sex, national origin, disability, veteran status, or age.
679
- 680 4. All cost and pricing information is reflected in the RFP response documents or
681 attachments.
682
- 683 5. Proposer accepts the terms, conditions, criteria, and requirement set forth in the
684 RFP.
685
- 686 6. Proposer accepts the Local Authority’s right to cancel the RFP at any time prior to
687 Contract award.
688
- 689 7. Proposer accepts the Local Authority’s right to alter the time tables for
690 procurement as set forth in the RFP.
691
- 692 8. The Proposal submitted by the Proposer has been arrived at independently without
693 consultation, communication, or agreement for the purpose of restricting
694 competition.
695
- 696 9. Unless otherwise required by law, the information in the Proposal submitted by the
697 Proposer has not been knowingly disclosed by the Proposer to any other Proposer
698 prior to the notice of intent to award.
699
- 700 10. No claim will be made for payment to cover costs incurred in the preparation of the
701 submission of the Proposal or any other associated costs.
702
- 703 11. Local Authority has the right to complete background checks and verify
704 information.
705
- 706 12. The individual signing this document and the Contract is authorized to legally bind
707 the Proposer.
708
- 709 13. The address submitted by the Proposer to be used for all notices sent by the Local
710 Authority is current and correct.
711
- 712 14. No employee of the Local Authority or DSHS, and no member of the Local
713 Authority’s Board will directly or indirectly receive any pecuniary interest from an
714 award of the proposed Contract. If the Proposer is unable to make the affirmation,
715 then the Proposer must disclose any knowledge of such interests.
716
- 717 15. That the Respondent is not currently held in abeyance or barred from the award of
718 a federal or state contract.
719
- 720 16. That the Respondent is not currently delinquent in its payments of any franchise tax
721 or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act,
722 Texas Civil Statutes, Article 2.45.

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17. Proposer shall disclose whether any of the directors or personnel of Proposer has either been an employee or a trustee of Local Authority within the past two (2) years preceding the date of submission of the Proposal. This requirement applies to all personnel, whether or not identified as key personnel. If such employment has existed, or at term of office served, the Proposal shall state in an attached writing the nature and time of the affiliations as defined. *See Attachment C.*
18. Proposer shall identify in an attached writing any trustee or employee of Local Authority who has a financial interest in Proposer or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. Moreover, Proposer shall state in an attached writing whether any of its directors or personnel knowingly has had a personal relationship with employees or officers of Local Authority within the past two (2) years.
19. No former employee or officer of DSHS, DADS, and/or Local Authority directly or indirectly aided or attempted to aid in procurement of Proposer’s service.
20. Proposer shall disclose in an attached writing the name of every Local Authority key person with whom Proposer is doing business or has done business during the 365 day period immediately prior to the date on which the Proposal is due; failure to include such a disclosure will be a binding representation by Proposer that the natural person executing the Proposal has no knowledge of any key persons with whom Proposer is doing business or has done business during the 365 day period prior to the immediate date on which the Proposal is due.
21. Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, “vendor or applicant” shall mean Proposer; contract, bid or application shall mean the Proposal; and “this contract” shall mean any Contract awarded to the Successful Proposer.

Signature Authority for the Provider	Title of Organization	Date
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Attachment A

Mental Health

Priority Population Definition

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

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

ADULTS

1. * Adult Mental Health (MH) Priority Population - 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.
2. Adult MH Target Population - Adults who have a diagnosis of schizophrenia, bipolar disorder, and severe major depression.
3. Initial Eligibility:
 - a) An individual age 18 or older who has a diagnosis of:
 - (1) schizophrenia as defined in the following Diagnostic and Statistical Manual, Fourth Edition - Text Revision (DSM-IV TR) diagnostic codes: 295.10, 295.20, 295.30, 295.40, 295.60, 295.70, 295.90
 - (2) bi-polar disorder as defined in the following DSM-IV TR diagnostic codes: 296.00, 296.01, 296.02, 296.03, 296.04, 296.05, 296.06, 296.40, 296.41, 296.42, 296.43, 296.44, 296.45, 296.46, 296.50, 296.51, 296.52, 296.53, 296.54, 296.55, 296.56, 296.60, 296.61, 296.62, 296.63, 296.64, 296.65, 296.66, 296.7, 296.80, 296.89,
 - (3) major depression as defined in the following DSM-IV TR diagnostic codes : 296.20, 296.21, 296.22, 296.23, 296.24, 296.25, 296.26, 296.30, 296.31, 296.32, 296.33, 296.34, 296.35, and 296.36; with a Global Assessment of Functioning (GAF) of 50 or below at intake.
 - b) An individual age 18 or older who has a diagnosis other than those listed in I.B.3.a. and whose current Global Assessment of Functioning (GAF) is 50 or less and needs on-going MH services; or
 - c) An individual age 18 or older who was served in children's MH services and meets the children's MH priority population definition prior to turning 18 is considered eligible for one year.
4. Individuals with only following diagnoses are excluded from this provision:
 - a) Substance Abuse as defined in the following DSM-IV TR diagnostic codes: 291.0, 291.1, 291.2, 291.3, 291.5, 291.81, 291.89, 291.9, 292.0, 292.11, 292.12, 292.81, 292.82, 292.83, 292.84, 292.89, 292.9, 303.00, 303.90, 304.00, 304.10, 304.20, 304.30, 304.40, 304.50, 304.60, 304.80, 305.00, 305.1, 305.20, 305.30, 305.40, 305.50, 305.60, 305.70, 305.90.

- 812 b) Mental Retardation as defined in the following DSM-IV TR diagnostic codes:
813 317, 318.0, 318.1, 318.2, 319.
- 814 c) Pervasive Developmental Disorder as defined in the following DSM-IV TR
815 diagnostic codes: 299.00, 299.10, 299.80.

816

817 **Service Determination**

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

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825 **DSHS Funding**

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827 Funds appropriated by the Legislature for mental health services may be spent only
828 to provide services to the Priority Population. Successful Proposers who wish to offer
829 services to people other than those in the Priority Population may do so using non-
830 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.

- 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 RFP 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/TIMA.shtm>

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Attachment C

Criteria for Scoring the RFP

All proposals containing the required elements will be evaluated using the criteria specified in the Texas Health and Safety Code Chapter 534.055(f) (1)-(10) and Title 25 Texas Administrative Code Chapter 412 Rule 412.53, 412.55, and 412.58 and the proposals that provide best value will be selected unless Community Healthcore in its sole discretion decides to reject any or all bids.

On-site visits may be conducted of selected facilities associated with this RFP. The Local Authority may interview selected Proposers who submit complete proposals. Points will be awarded to each section of the RFP up to the total shown below.

Section	Total Possible Points
I. Business Demographics	*
II. Organizational Structure	20
III. Services	380
IV. Quality Management/Utilization Management	240
V. Budget/Financial	160
VI. Risk Profile	260
VII. Managed Care Profile	190
VIII. Information System	180
IX. Billing	280
X. Rate Schedule	120
XI. Value Added Statement	170
XII. Assurances Document	*
TOTAL:	<u>2,000</u>

* These sections must be submitted and complete. While no specific points are awarded, failure to include these may result in the proposal being rejected as incomplete. The content of these sections will be considered in light of the effect on the functioning of the Proposer's organization with regard to Quality Management/Utilization Management, Services, Risk, and Rates.

To merit selection a Proposer must score at least 1,600 points.

Scoring will be based on defined procedures for reviews. The scoring for each section will reflect the reviewers' judgments of the adequacy of the Proposer's response as it relates to services to be provided to the Priority Population. The scores of all the reviewers will be combined and reviewed by the Planning and Network Development Advisory Committee (PNAC). The PNAC will review the proposals with regard to the following factors:

- access for the consumers
- choice for the consumers
- quality for the consumers

903 costs

904

905 The Local Authority will review the process. The Committee makes recommendations to
906 the Local Authority's Board of Trustees regarding the award of Contract(s). The
907 negotiation process will attempt to elicit bids that provide the best value for the public
908 dollar. All negotiated Contracts must be approved by the Board of Trustees prior to award
909 and implementation.