

RFP – RDM Adult Mental Health Services

REQUEST FOR PROPOSAL

TROPICAL TEXAS BEHAVIORAL HEALTH 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 Cameron, Hidalgo and Willacy Counties, Texas.

TROPICAL TEXAS BEHAVIORAL HEALTH (Local Authority) is seeking proposals for the provision of the following Resiliency and Disease Management (RDM) Adult Mental Health services for identified individuals with mental illness who seek services at the Local Authority:

Service Package 1: Services intended for individuals with major depressive disorder (Global Assessment of Functioning (GAF) \leq 50), bipolar disorder, or schizophrenia and related disorders who present with very little risk of harm and who have supports and a level of functioning that does not require higher levels of care.

The general focus of this array of services is to reduce or stabilize symptoms, improve the 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 are primarily limited to medication, rehabilitative services, and education.

Services available in this package minimally include:

- Psychiatric Diagnostic Evaluation
- Pharmacological Management
- Individual Medication Training & Support
- Group Medication Training & Support
- Engagement Activity
- Provision of approved psychiatric medications from the prescribed formulary

Add-on services in this package, with appropriate authorization, may include:

- Individual Skills Training & Development
- Group Skills Training & Development
- Supported Employment
- Supported Housing Services and Supports

Service Package 2: Services 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.

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43 Services available in this package minimally include:

- 44 • Psychiatric Diagnostic Evaluation
- 45 • Pharmacological Management
- 46 • Individual Cognitive Behavioral Therapy Counseling
- 47 • Group Cognitive Behavioral Therapy Counseling
- 48 • Individual Medication Training & Support
- 49 • Group Medication Training & Support
- 50 • Provision of approved psychiatric medications from the prescribed formulary

51 Add-on services in this package, with appropriate authorization, may include:

- 52 • Individual Skills Training & Development
- 53 • Group Skills Training & Development
- 54 • Supported Employment
- 55 • Supported Housing Services and Supports

56

57 Service Package 3: Services intended for individuals who enter the system of care with
 58 moderate to severe levels of need (or for those whose Level of Care-Recommended (LOC-
 59 R) has increased) who require intensive rehabilitation to increase community tenure,
 60 establish support networks, increase community awareness, and develop coping strategies in
 61 order to function effectively in their social environment (family, peers, school). This may
 62 include maintaining the current level of functioning. A rehabilitative case manager who is a
 63 member of the therapeutic team must provide Supported Housing and Co-Occurring
 64 Psychiatric and Substance Use Disorder (COPSD) services. Supported Employment
 65 services must be provided by both a Supported Employment specialist on the team and the
 66 rehabilitative case manager. Service Package 3 must utilize a team approach to providing
 67 more intensive rehabilitative services for the individual.

68 The general focus of services in this package is, through a team approach, to stabilize
 69 symptoms, improve functioning, develop skills in self-advocacy, and increase natural
 70 supports in the community and / or sustain improvements made in more intensive service
 71 packages. Service focus is on amelioration of functional deficits through skill training
 72 activities focusing on symptom management, independent living, self-reliance, non-job-task
 73 specific employment interventions, impulse control, and effective interaction with peers,
 74 family, and community. Services are provided in outpatient office-based settings and
 75 community settings.

76 Services available in this package minimally include:

- 77 • Psychiatric Diagnostic Evaluation
- 78 • Pharmacological Management
- 79 • Medication Training & Support
- 80 • Individual Psychosocial Rehabilitative Services
- 81 • Group Psychosocial Rehabilitative Services
- 82 • Supported Employment
- 83 • Supported Housing Services and Supports
- 84 • Provision of approved psychiatric medications from the prescribed formulary

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85

86 Proposers should refer to Attachment B of this document for detailed service package
87 definitions and service descriptions for the service package(s) specified in this Request for
88 Proposals (RFP).

89

90 The services requested shall be performed at the Provider's facility (ies) located in
91 Cameron, Hidalgo or Willacy County.

92

93 The initial contract period shall commence approximately 120 days after the contract award
94 and continue through August 31, 2011 with an option to renew for an additional one year
95 period based on satisfactory performance.

96

97 Copies of the **RFP Document** may be obtained via the internet at www.ttbh.org, via faxed
98 request for mailed copy at (956) 289-7128, or picked up at 1901 South 24th Avenue,
99 Edinburg, TX 78539.

100

101 Questions regarding the **RFP # 2009-1** should be faxed to Jim Banks, Planning and
102 Evaluation Specialist at (956) 289-7128 or emailed to jbanks@ttbh.org.

103

104 Please submit sealed: two (2) signed originals (clearly marked) and twenty (20) copies of
105 your proposal to:

106

Tropical Texas Behavioral Health

107

ATTN: W. Terry Crocker, CEO

108

1901 South 24th Avenue

109

Edinburg, TX 78539

110

Contact Number: (956) 289-7258

111

112 **INTERESTED PARTIES MUST RESPOND TO THE RFP BY 10.00a.m., SEPTEMBER**
113 **1, 2009 IN ACCORDANCE WITH THE INSTRUCTIONS WITHIN THE RFP**
114 **DOCUMENT.**

115

116 In addition to responses to the questions in the RFP Proposal Outline, Tropical Texas
117 Behavioral Health invites potential providers to describe the challenges in providing services
118 in our local service area.

119

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

125

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**Tropical Texas Behavioral Health
as the Local Mental Health and Mental Retardation Authority**

**Request for Proposals
RDM Adult Mental Health Service Packages 1, 2 and 3**

TROPICAL TEXAS BEHAVIORAL HEALTH (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 and mental retardation services for the residents of Cameron, Hidalgo and Willacy Counties, Texas.

The Local Authority’s Mission is:

Tropical Texas Behavioral Health provides quality behavioral healthcare with respect, dignity and cultural sensitivity, through the efficient and effective delivery of services

The Local Authority’s Values are:

Ethical Tropical Texas Behavioral Health is committed to abide by all honest, legal and moral principles in its operations.

Competent Tropical Texas Behavioral Health is committed to providing efficient and quality services through qualified, trained and credentialed professional staff.

Trustworthy Tropical Texas Behavioral Health is committed to responsibly provide an organized system of care through the careful and planned expenditure of all available resources.

Dedicated Tropical Texas Behavioral Health is committed to the caring support of the individuals it is privileged to serve.

Quality Tropical Texas Behavioral Health is committed to the provision of excellent customer service driven by the needs of all people it serves.

Advocate Tropical Texas Behavioral Health is committed to furthering the interests of those served and to help them lead meaningful lives as members of the community. This includes helping them to achieve their right to belong, to be valued, to participate and to make meaningful contributions.

Pursuant to Texas Administrative Code §412.55 and 412.754, the Local Mental Health Authority has the authority to acquire community services for individuals with mental illness by certain procurement methods. This Request for Proposals (RFP) requests proposals from interested persons and organizations (Proposers) for the purpose of entering into one or more contracts (Contracts) to provide services (Services) to persons with severe and

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169 persistent mental illness in Cameron, Hidalgo or Willacy County (Proposals). The
170 individuals to be served under this arrangement must meet the DSHS definition for the
171 Adult Mental Health Priority Population, which is included as Attachment A, and must also
172 reside in Cameron, Hidalgo or Willacy County (Clients).

173
174 **The goals of any/each Contract awarded under the RFP are:**

175 1. To provide needed community mental health services as described in
176 Attachment B.

177 2. To develop a network of providers that allows for more client choice.

178 3. To identify, implement and evaluate successful Services based on client
179 outcomes so that these efforts can be replicated.

180 4. To create meaningful collaborations between the Local Authority and the
181 health care providers in the community.

182 5. To provide quality clinical care and achieve the desired outcomes at the most
183 efficient cost possible.

184
185 Successful Proposers will provide Services that build upon and augment existing community
186 resources and that provide for or enhance an existing continuum of care for clients. The
187 Local Authority will use a pre-defined process to review all proposals at “arms-length”, to
188 insure that there is no conflict of interest. Preference will be given to Proposers that are able
189 to provide Services that address the issues of client choice, quality, clinical decision making,
190 price and ultimate cost-benefit while assuring adherence to existing standards of care and
191 service definitions.

192
193 **Target Population**

194
195 The target population for this RFP consists of individuals with mental illness who have been
196 identified by the Local Authority as Priority Population, in accordance with the definitions
197 established by DSHS. (See Attachment A) Designation of an individual as a member of the
198 Priority Population must be made by the Local Authority and documented in that
199 individual’s record.

200
201 **Eligible Proposers**

202
203 Proposers must be eligible to do business in Texas, and be registered with the Texas
204 Secretary of State to the extent required by Texas law. Professionals must hold valid Texas
205 licenses and/or certifications to the extent required to perform any individual component of
206 the Services. In the situation where a consortium of providers is applying, a single entity
207 responsible for the services delivered must be identified and the financial agent must be an
208 organization with a demonstrated ability to manage funds.

209
210 *Minority Owned Businesses:* Historically Underutilized Business (HUB) and/or Minority
211 business enterprises will be afforded full opportunity to submit proposals in response to this

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212 invitation and will not be discriminated against on the grounds of race color, creed, sex, or
 213 national origin in consideration for an award.

214

215 **Local Authority Responsibilities and Transition Goals**

216

217 The Local Authority's responsibilities will include, but are not limited to, making
 218 appropriate referrals for services, reviewing claims and paying for appropriate, authorized
 219 services rendered by the Successful Proposer. The Local Authority is also responsible for
 220 utilization management and quality assurance. The Local Authority ensures that the services
 221 address the needs of the Priority Population as required by the State Authority, and that
 222 those services comply with the rules and standards adopted under Section 534.052 of the
 223 Health and Safety Code. The Local Authority directs its activities based on its mission and
 224 values which can be found in on page 4 of this RFP.

225

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

230

231 All services must be authorized by the Utilization Management (UM) staff. An
 232 Authorization Number will be given specifying the number and type of services approved
 233 for each client. This number must be included on any bills for services/claims submissions.
 234 Quality Management (QM) staff will perform regular reviews of clinical services and
 235 program standards.

236

237 As per the Local Authority's policy (See Attachment E) and the timeframes in the table that
 238 follows, the Local Authority will facilitate clients' transition to the new provider by (1)
 239 presenting the client with a list of available providers, (2) making the referral to the chosen
 240 provider, (3) authorizing the necessary services and (4) scheduling the initial appointment
 241 for transition to the chosen provider. To support the individual's recovery during the
 242 transition, clients who select services from external providers will be scheduled for the
 243 initial appointment with the chosen provider within 10 calendar days of the date of their
 244 selection.

245

Steps	Time Frames For Completion
Develop a provider list	December 2009
Verify provider information	December 1-15, 2009
Post Provider list to website and distribute to consumer and advocacy groups	December 16, 2009
Conduct provider forums to allow providers to share information with consumers, LARs, and other stakeholders.	December 1, 2009 – January 15, 2010
Develop internal procedures and forms for consumer selection	December 1, 2009 –

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Steps	Time Frames For Completion
of providers	January 31, 2010
Develop consumer information materials relating to selection of providers	December 1, 2009 – January 31, 2010
Train internal staff on consumer selection procedures	December 1, 2009 – January 15, 2010
Ensure external providers are trained on consumer selection requirements and procedures	February 1 – March 2, 2010.
Implement provider selection procedures for new intakes	March 3, 2010
Implement provider selection procedures for current clients (in conjunction with treatment plan reviews)	March 3, 2010
Develop and implement continuity of care plans for transitioning individual clients to new providers	March 3, 2010 – July 31, 2010
Consumer transition complete	August 1, 2010

246

247

Service Capacity and Procurement

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250

251

252

While the table that follows reflects the Local Authority's total planned service capacity procurement for the FY2009-FY2010 local planning cycle, multiple providers may be awarded Contracts through this RFP process.

ADULT SERVICES	Current Capacity	Projected Capacity	Procurement Planned	Capacity to be Procured
RDM SP 1	3,223	3,200	15%	480
RDM SP 2	84	85	20%	17
RDM SP 3	677	700	10%	70

253

254

Successful Proposer Responsibilities

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The Successful Proposer(s) shall maintain all records regarding treatment and/or services to clients under this Contract for a period of seven (7) years, and must allow the Local Authority immediate access during regular business hours to such records upon request. Successful Proposer(s) will be required to comply with all state and federal laws regarding the confidentiality of clients' records and nondiscrimination. Successful Proposer(s) must comply with all applicable requirements of the Local Authority's then-current contract with DSHS including but not limited to the sections of the Statement of Work Performance Measures and Disease Management Outcomes specified in Attachment C. Failure to meet the service expectations associated with these measures may result in sanctions, penalties or non-payment for services. Successful Proposer(s) must also agree that their names may be used, along with descriptions of the facilities, care, and services in information distributed by the Local Authority in the list of its providers. Successful Proposer(s) will actively assist

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268 in the disbursement of client and advocate satisfaction surveys. Successful Proposer(s)
 269 must develop a method to resolve disagreements with clients and stakeholders which will
 270 include client involvement. The process for client appeals and dispute resolution must be
 271 approved by the Local Authority. Successful Proposer(s) will be responsible for peer
 272 review and quality management. Successful Proposer(s) must agree to mediation or dispute
 273 resolution if unable to resolve disputes with the Local Authority. Successful Proposer(s)
 274 must conform to all guidelines set forth in the Provider Manual which is available for review
 275 upon request. Successful Proposer(s) will cooperate and assist with and will not at any time
 276 prevent or hinder a client from changing providers.

277

278 **Proposal Instructions**

279

280 Proposers must follow the attached outline for submissions to facilitate objective review.
 281 **Proposals must be received no later than 10:00 a.m., September 1, 2009.** Proposals
 282 must be sent to **Tropical Texas Behavioral Health, Attention: W. Terry Crocker, CEO,**
 283 **at 1901 South 24th Avenue, Edinburg, TX 78539.** Proposals may be sent by regular mail
 284 or special carrier. Local Authority is not responsible for lateness of mail, carrier, etc.
 285 **Proposals may not be faxed.** Twenty (20) copies of the proposal and two (2) signed
 286 originals are required. Proposals will be time and date stamped upon receipt by the Local
 287 Authority. Proposals must be received sealed. Proposals may be withdrawn at any time
 288 prior to the Proposal Submission Date, provided that Local Authority is notified of any such
 289 withdrawal in a writing signed by the Proposer certifying authenticity. Alterations may be
 290 made before the official opening time provided such alterations are provided in writing and
 291 signed by the Proposer certifying authenticity. Local Authority reserves the right to reject
 292 any and all Proposals, to waive technicalities, and to accept any advantages deemed
 293 beneficial to the Local Authority and its clients. It is our intent to evaluate proposals, and
 294 negotiate costs and/or services in order to achieve the best value for Local Authority clients.
 295 The negotiation process will be done in a confidential manner with no disclosures being
 296 made to other Proposers until after the Contract(s) is awarded.

297

298 **Timetable:**

299

Activity	Date/Time	Location
Advertise RFP:	7/29/2009, 8/5/09	McAllen Monitor Valley Morning Star Brownsville Herald
Technical Assistance Workshop	8/18/2009, 2:00 p.m.	TTBH Board Room
Proposals Due	9/1/2009 by 10:00 a.m.	TTBH 1901 S. 24 th Avenue Edinburg, TX 78539
Bid Opening	9/1/2009	

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Activity	Date/Time	Location
Negotiation and Interview Period	9/21/2009 – 10/9/2009	
Site Visits	9/21/2009 – 10/9/2009	Proposer sites
Awards Announced	11/1/2009	
Contract Start Date	3/1/2010	Successful Proposer sites

300

301

302

Proposal Outline

303 Throughout this Proposal Outline, provide detailed information regarding the scope of the
304 Proposer's business. Questions fall under the following sections:

305

- 306 I. Business Demographics
- 307 II. Organizational Structure
- 308 III. Quality Management/Utilization Management
- 309 IV. Services
- 310 V. Budget/Financial
- 311 VI. Risk Profile
- 312 VII. Managed Care Profile
- 313 VIII. Information System
- 314 IX. Statement
- 315 X. Rate Schedule
- 316 XI. Assurances Document

317

318 Six Attachments are provided as information regarding the Local Authority which may
319 assist in developing the Proposal:

320

- 321 1. Attachment A -- Priority Population Definitions
- 322 2. Attachment B -- Service Descriptions and Information
- 323 3. Attachment C -- DSHS Performance Contract Statement of Work,
324 Performance Measures and Disease Management Outcomes
- 325 4. Attachment D -- Criteria for Scoring Proposals
- 326 5. Attachment E -- TTBH Transition to External Providers Policy
- 327 6. Attachment F -- TTBH Schedule of Insurance Coverages

328

329 Please be sure to answer every question. Scoring and evaluation is based on completed
330 questions. ALL unanswered questions will be considered omissions. Please limit responses
331 to each question to one double spaced page if possible. Answer all questions in the order
332 of this proposal outline. Use the forms attached or prepare responses in the same format.
333 Clearly designate each item in the document as it appears in this outline (by number, letter,
334 and question). Place tab dividers at the beginning of each section (Roman Numerals) to
335 match those shown above in this Proposal Outline section. The document should be double
336 spaced, type size at least 10 pitch. The Local Authority reserves the right to review only

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337 completed Proposals. The Local Authority reserves the right to hold subsequent face to
338 face or telephone interviews for clarification and/or negotiation purposes. Interviews will
339 not be solicited for the purpose of completing incomplete proposals. Multiple omissions
340 and/or incomplete responses may result in disqualification. All supporting documentation
341 should be attached to the appropriate section of the Proposal and in the order described in
342 this Proposal Outline section.

343
344 Questions regarding this proposal should be faxed to Jim Banks, Planning & Evaluation
345 Specialist, at 956-289-7128, or emailed to jbanks@ttbh.org. Questions should reference
346 the line number from the RFP. Amendments including questions and answers will be
347 distributed to all those known to have received a copy of the RFP from the Local Authority.
348 Proposers must acknowledge receipt of the amendments and consider these in the final
349 proposal.

350
351 False statements by any Proposer may disqualify the Proposal. The Local Authority
352 reserves the right to reject any or all Proposals and reopen the RFP process in total.

353
354 Interviews or site visits may be conducted to further evaluate competitive proposals, to
355 negotiate rates, and to select one or more Proposals for award. In this situation, no
356 Proposer will be given information, support, or resources that will give the Proposer a
357 competitive advantage over the other Proposers.

358
359 Each Proposer who submits a complete Proposal but is not awarded a Contract will be
360 notified in writing that the proposal is no longer being considered.

361
362 **Following Contract award, the contents of all proposals may be made available upon**
363 **written request. Therefore, any information contained in the proposal that is deemed**
364 **to be proprietary in nature must clearly be so designated in the proposal. Such**
365 **information may still be subject to disclosure under the Public Information Act**
366 **depending on opinions from the Attorney General's office.**

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367 **I. Business Demographics**

368
369 Name _____

370 Title of Business _____

371 SS# _____ and/or Tax ID _____

372 Address _____

373 City _____

374 County _____ Zip Code _____

375 Business Phone _____ Fax # _____

376 Website address _____

377

378 Contact Person _____

379 Title _____

380 Phone # _____ Fax # _____

381

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

383 _____

384 _____

385 Billing Manager _____

386 Phone # _____ Fax # _____

387

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

389 1. _____

390 2. _____

391 3. _____

392 4. _____

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

395

396 Other Owners/Partners:

397 Name % Ownership If corporate, list organization

398 1. _____

399 2. _____

400 3. _____

401 4. _____

402 Type of organization (i.e., non-profit corporation, limited liability company, general
403 partnership, etc.):

404 _____

405 _____

406

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

409

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410 Years in Operation _____

411 Hours of Operation _____

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

414

415 **II. Organizational Structure**

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

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

421 _____
422 _____
423 _____
424 _____
425 _____
426 _____
427 _____
428 _____
429 _____

430

431 **III. Quality Management/Utilization Management**

432

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

436

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

440

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

443

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

449

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

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453 **IV. Services**

454

455 A. Describe how Proposer will communicate with the Local Authority
456 regarding the client referral process; specifically what are the parameters around access.

457

458 B. Describe in detail the array of Services the Proposer would offer under its
459 Proposal. Identify units of Service, where Services are offered, who would provide
460 Services (education and credentials), and the times of day and days of the week the Services
461 would be available. Indicate the capacity of all services. Include a copy of Services
462 schedules and descriptions -- Label as **Exhibit IV**.

463

464 C. Describe the frequency and type of in-service training currently offered by
465 the Proposer or provided to employees including, but not limited to, training related to
466 patient rights and standards of services.

467

468 D. Describe the Proposer's experience in working with Medicaid and in
469 providing services for persons with severe and persistent mental illness over the last five
470 years. How have services been made accessible for those who are difficult to reach, either
471 due to geography or dissatisfaction with the service delivery system?

472

473 E. Describe the Proposer's history of working with this population on an
474 outpatient basis and experience of working with persons who are not compliant with
475 treatment. Describe the ability to treat persons with disabilities and persons with multiple
476 diagnoses of a developmental disability-mental illness-substance abuse. Detail the specific
477 population the Proposer intends to serve under this Proposal. Include ages and level of
478 severity.

479

480 F. Describe the Proposer's ability to work with persons who are hearing
481 impaired, persons who have limited language skills and persons who speak a language other
482 than English. Describe how the Proposer ensures cultural competency on the part of staff
483 with regard to ethnic, racial, religious and sexual orientation differences.

484

485 G. Describe how you will meet the cultural and linguistic needs of the clients in
486 the Local Authority's local service area of Cameron, Hidalgo and Willacy Counties.

487

488 H. Describe or attach policies and procedure which describe any process the
489 Proposer presently has to receive communication from clients, family members and
490 advocates, and to receive and resolve complaints and grievances.

491

492 I. Describe any process to transition clients from the Proposer's services as
493 their level of functioning improves.

494

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495 J. Describe the facility’s (or facilities’) proximity to public transportation or the
 496 Proposer’s ability to facilitate access to public transportation.
 497

498 K. Describe how you will engage and involve clients, legally authorized
 499 representatives, and families at the policy and practice levels within your organization.
 500

501 L. Describe any transition goals for Local Authority employees, if applicable.
 502

503 M. Describe the transition plan you intend to utilize for new clients referred by
 504 Local Authority to your services. (Refer to **Local Authority Responsibilities and**
 505 **Transition Goals**, lines 215-246 of this document)
 506

507 N. Describe where and when you will provide Services within the Local
 508 Authority's local service area, and how persons with disabilities will be able to access those
 509 Services.
 510

511 O. Describe how you will ensure the provision of psychiatric medications in
 512 accordance with the prescribed formulary and service package, as indicated.
 513

514 **V. Budget/Financial**
 515

516 A. Indicate the percentage of revenues by source for last year (based on either
 517 calendar or fiscal year -- whichever data are more current) as indicated below.
 518

519 Create the following table: Legend: A = Admission/ = Divide
 520 Label as **Exhibit VA1**. R = Revenue T = Total
 521

522 Example: $A1/TA = \% \text{ of Medicaid admissions of total admissions.}$
 523 $R1/TR = \% \text{ of Medicaid revenues of total revenues}$
 524

	Number of Admissions	Total Revenue	% Admitted by Payor	% of Revenue by Payor
Medicaid	A1	R1	A1/TA	R1/TR
Medicare	A2	R2	A2/TA	R2/TR
Insurance	A3	R3	A3/TA	R3/TR
PPO/ HMO	A4	R4	A4/TA	R4/TR
Govt. Direct	A5	R5	A5/TA	R5/TR
Champus	A6	R6	A6/TA	R6/TR
Self Pay	A7	R7	A7/TA	R7/TR
Grant	A8	R8	A8/TA	R8/TR
Indigent/Charity	A9	R9	A9/TA	R9/TR
Other	A10	R10	A10/TA	R10/TR

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	Number of Admissions	Total Revenue	% Admitted by Payor	% of Revenue by Payor
Total	TA	TR	100%	100%

525

526 Attach copies of the Proposer's last three years audited financial reports -- Label as **Exhibit**
527 **VA2**.

528

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

534

535 C. Does Proposer own or lease current business properties? If leasing
536 properties, note the upcoming expiration date of the leases.

537

538 D. Describe any arrangements to subcontract part or all of these services. All
539 subcontracts must be approved by the Local Authority, at its sole discretion. Name all
540 proposed subcontractors and provide information on their staff credentials, licenses and
541 certifications.

542

543 E. If an individual, are any Child Support Payments delinquent? If so, explain
544 in detail.

545

546 **VI. Risk Profile**

547

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

549

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

553

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

559

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

562

563 E. Has either the Proposer or any of its employees had any validated fraud,
564 client abuse, client neglect, or rights violations claims in the last three (3) years? If so,

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565 explain in detail. Describe the process, if any, for checking on previous confirmed fraud,
566 client abuse, client, neglect, or rights violations of employees or applicants for employment,
567 such as through CANRS, the Nurse Aide Registry, and the Employee Misconduct Registry.
568 Describe or attach any current policies and procedures regarding client abuse, client neglect,
569 or rights violations and the training of staff on these issues -- Label as **Exhibit VIE**.

570

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

573

574 G. Does Proposer have a Letter of Good Standing which verifies that it is not
575 delinquent in payment of Texas State Franchise Tax? Corporations that are non-profit or
576 exempt from Franchise Tax are not required to have this letter, but instead must submit a
577 501C IRS Exemption form from the Comptroller Office. Attach and label as **Exhibit VIG**.

578

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

581

582 I. Has Proposer ever filed bankruptcy? If yes, describe in detail.

583

584 J. Has Proposer ever defaulted on any business lease arrangement? If so,
585 describe in detail.

586

587 K. Provide copies of policies currently in effect showing comprehensive general
588 liability (CGL) insurance coverage (property and vehicles, including riders) and workers
589 compensation and medical malpractice insurance -- Label as **Exhibit VIK**. Provide the
590 name of Workers' Comp carrier if Proposer has Workers' Comp coverage or self funding
591 documents if self-funded. A Proposer shall provide evidence of insurance coverage, as
592 shown in the Schedule of Insurance Coverages attached hereto as Attachment F.

593

594 L. Attach any policies and procedures regarding medical records security –
595 Label as **Exhibit VIL**.

596

597 **VII. Managed Care Profile**

598

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

603

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

606

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607 C. Provide Proposer's Medicare Provider number(s). Have these ever been
608 suspended or revoked? If so, explain.

609
610 D. Has Proposer ever been dropped from a managed care network? If so,
611 explain.

612
613 E. Submit contact information from at least three (3) entities for which
614 Proposer has provided services similar to the Services requested by this RFP within the past
615 two years -- Label as **Exhibit VIII**.

616
617 F. Describe any contracts, Memoranda of Understanding, or employment
618 relationships Proposer has with other state, city or county agencies in the Cameron, Hidalgo
619 and Willacy County health care communities.

620

621 **VIII. Information Systems**

622

623 Local Authority uses Anasazi software computer system in conjunction with Novell
624 Netware network for access. Data can only be accepted via direct entry using Cisco Virtual
625 Private Network (VPN). Proposers will be required to purchase this service. For each
626 physician's or prescribing professional's license there will be a one-time fee of \$2,500.00
627 plus a monthly fee of \$50.00. For all other staff requiring access the cost will be \$350.00
628 per user per year.

629

630 The Anasazi system is available 7 days a week, 24 hours a day. Training by the Local
631 Authority will be required of all Proposer staff required to enter their services in the Anasazi
632 system. This training will be provided by the Local Authority and all staff who use the
633 system must attend a face-to-face training class.

634

635 All clinical staff must enter their own data into Anasazi; data entry staff for clinical
636 information will not be permitted. Clinicians will have an electronic signature and must sign
637 an affidavit regarding their use of this electronic signature which includes corporate
638 compliance ramifications for the Proposer if the password is shared or otherwise misused.
639 Successful Proposers will be required to sign an agreement with Anasazi to protect
640 proprietary information about the software design. Successful proposers may be required
641 to pay the Local Authority for support requests which are attributable to their errors.

642

643 The Proposer should describe their standard computer hardware, including their operating
644 system, internet connection, mobile technology capabilities, email system and plans for
645 ensuring that data is entered in compliance with Texas Administrative Code (TAC) Title 25,
646 Part 1, Chapter 412, Subchapter G. -- Label as **Exhibit VIII**.

647

648

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649 **IX. Statement**

650

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

654

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

660

661 State the current organizational mission, values and ethics. Cite any contradictions that
662 may exist between the Proposer's mission and that of the Local Authority. Attach a copy of
663 the mission, values and ethics -- Label as **Exhibit IX**.

664

665 **X. Rate Schedule**

666

667 For each Service identified below, describe Proposer's proposed rates. Services are
668 described in Attachment B. Describe the methodology for setting these rates, including
669 how administrative overhead is allocated. Provide a detailed proposed budget summary for
670 the services.

671

672 TTBH will pay all providers fee-for-service but providers must stay at or below the
673 maximum average monthly case rate for each service package specified in the tables that
674 follow. The tables specify the maximum fee per service and maximum average monthly
675 case rate per service package the Local Authority will consider.

676

677

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678

Adult Service Package 1 and Services	Licensure	Max. Service Fee	Billing Unit	Maximum Average Monthly Case Rate
Service Package 1				\$ 117.74
Psychiatric Diagnostic Evaluation	MD	\$131.25	Event	
	APN	\$120.75	Event	
Pharmacological Management	MD	\$55.00	Event	
	APN	\$52.00	Event	
Individual Medication Training & Support		\$11.58	15 min.	
Group Medication Training & Support		\$1.93	15 min.	
Engagement Activity		\$15.00	Event (limit one per month, 30 minute minimum)	
Provision of Medication (from prescribed formulary)	MD APN			\$69.00
Add-on Services				
Individual Skills Training & Development		\$16.60	15 min.	
Group Skills Training & Development		\$2.37	15 min.	
Supported Employment		\$16.60	15 min.	
Supported Housing Services and Supports		\$16.60	15 min.	

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RFP – RDM Adult Mental Health Services

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Adult Service Package 2 and Services	Licensure	Max. Service Fee	Billing Unit	Maximum Average Monthly Case Rate
Service Package 2				\$ 223.43
Psychiatric Diagnostic Evaluation	MD	\$131.25	Event	
	APN	\$120.75	Event	
Pharmacological Management	MD	\$55.00	Event	
	APN	\$52.00	Event	
Individual Medication Training & Support		\$11.58	15 min.	
Group Medication Training & Support		\$1.93	15 min.	
Individual Cognitive Behavioral Therapy Counseling	LPC	\$35.00	30 min. Event	
Group Cognitive Behavioral Therapy Counseling	LPC	\$8.02	30 min. Event	
Provision of Medication (from prescribed formulary)	MD APN			\$50.00
Add-on Services				
Individual Skills Training & Development		\$16.60	15 min.	
Group Skills Training & Development		\$2.37	15 min.	
Supported Employment		\$16.60	15 min.	
Supported Housing Services and Supports		\$16.60	15 min.	

682

683

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Adult Service Package 3 and Services	Licensure	Max. Service Fee	Billing Unit	Maximum Average Monthly Case Rate
Service Package 3				\$ 414.73
Psychiatric Diagnostic Evaluation	MD	\$131.25	Event	
	APN	\$120.75	Event	
Pharmacological Management	MD	\$55.00	Event	
	APN	\$52.00	Event	
Individual Medication Training & Support		\$11.58	15 min.	
Group Medication Training & Support		\$1.93	15 min.	
Individual Psychosocial Rehabilitative Services		\$22.38	15 min.	
Group Psychosocial Rehabilitative Services		\$3.53	15 min.	
Supported Employment		\$22.38	15 min.	
Supported Housing Services and Supports		\$22.38	15 min.	
Provision of Medication (from prescribed formulary)	MD APN			\$101.00

685

686

Describe Proposer's process for collecting a client's MAP, co-pays, deductibles, etc.

687

688

1. *Insert services here*

689

690

XI. Assurances Document

691

692

Proposer assures the following:

693

694

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

695

696

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

697

698

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

699

700

4. All cost and pricing information is reflected in the RFP response documents or attachments.

RFP – RDM Adult Mental Health Services

- 701 5. Proposer accepts the terms, conditions, criteria, and requirement set forth in the
702 RFP.
- 703 6. Proposer accepts the Local Authority's right to cancel the RFP at any time prior to
704 Contract award.
- 705 7. Proposer accepts the Local Authority's right to alter the time tables for procurement
706 as set forth in the RFP.
- 707 8. The Proposal submitted by the Proposer has been arrived at independently without
708 consultation, communication, or agreement for the purpose of restricting
709 competition.
- 710 9. Unless otherwise required by law, the information in the Proposal submitted by the
711 Proposer has not been knowingly disclosed by the Proposer to any other Proposer
712 prior to the notice of intent to award.
- 713 10. No claim will be made for payment to cover costs incurred in the preparation of the
714 submission of the Proposal or any other associated costs.
- 715 11. Local Authority has the right to complete background checks and verify
716 information.
- 717 12. The individual signing this document and the Contract is authorized to legally bind
718 the Proposer.
- 719 13. The address submitted by the Proposer to be used for all notices sent by the Local
720 Authority is current and correct.
- 721 14. No employee of the Local Authority or DSHS, and no member of the Local
722 Authority's Board will directly or indirectly receive any pecuniary interest from an
723 award of the proposed Contract. If the Proposer is unable to make the affirmation,
724 then the Proposer must disclose any knowledge of such interests.
- 725 15. That the Respondent is not currently held in abeyance or barred from the award of a
726 federal or state contract.
- 727 16. That the Respondent is not currently delinquent in its payments of any franchise tax
728 or state tax owed to the state of Texas under Chapter 171, Tax Code, pursuant to
729 the Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.
- 730 17. Proposer shall disclose whether any of the directors or personnel of Proposer has
731 either been an employee or a trustee of Local Authority within the past two (2)
732 years preceding the date of submission of the Proposal. This requirement applies to
733 all personnel, whether or not identified as key personnel. If such employment has
734 existed, or at term of office served, the Proposal shall state in an attached writing
735 the nature and time of the affiliations as defined. (*See Attachment D*)
- 736 18. Proposer shall identify in an attached writing any trustee or employee of Local
737 Authority who has a financial interest in Proposer or who is related within the
738 second degree by consanguinity or affinity to a person having such financial interest.

RFP – RDM Adult Mental Health Services

739 Such disclosure shall include a complete statement of the nature of such financial
 740 interest and the relationship, if applicable. Moreover, Proposer shall state in an
 741 attached writing whether any of its directors or personnel knowingly has had a
 742 personal relationship with employees or officers of Local Authority within the past
 743 two (2) years.

744 19. No former employee or officer of DSHS, Department of Aging and Disability
 745 Services (DADS) and/or Local Authority directly or indirectly aided or attempted to
 746 aid in procurement of Proposer’s service.

747 20. Proposer shall disclose in an attached writing the name of every Local Authority key
 748 person with whom Proposer is doing business or has done business during the 365
 749 day period immediately prior to the date on which the Proposal is due; failure to
 750 include such a disclosure will be a binding representation by Proposer that the
 751 natural person executing the Proposal has no knowledge of any key persons with
 752 whom Proposer is doing business or has done business during the 365 day period
 753 prior to the immediate date on which the Proposal is due.

754 21. Under Section 231.006, Family Code, the vendor or applicant certifies that the
 755 individual or business entity named in this contract, bid, or application is not
 756 ineligible to receive the specified grant, loan, or payment and acknowledges that this
 757 contract may be terminated and payment may be withheld if this certification is
 758 inaccurate. For purposes of the foregoing sentence, “vendor or applicant” shall
 759 mean Proposer; contract, bid or application shall mean the Proposal; and “this
 760 contract” shall mean any Contract awarded to the Successful Proposer.

761 22. The Proposer has no conflict of interest and meets the standards of conduct
 762 requirements pursuant to 25 Texas Administrative Code §412.54 (relating to
 763 Accountability).

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Signature Authority for the Provider	Title of Organization	Date

RFP – RDM Adult Mental Health Services

Attachment A

**Mental Health
Priority Population Definition**

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

Adults who have severe and persistent mental illnesses such as schizophrenia, major depression, manic depressive disorder, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

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), 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 Proposers who wish to offer services to people other than those in the Priority Population may do so using non-departmental funds.

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801 (Attachment A cont.)

802

803

Guide to Operationalizing the Adult Mental Health Priority Population

804

Population	If the person is ...	And has a ...	And ...	And ...	Then the person is ...
Adults	18 or older	DSM-IV diagnosis of: * schizophrenia * schizoaffective disorder * bipolar disorder, or * major depression			initially eligible for DSHS state-funded MH services.
	18 or older	DSM-IV diagnosis other than those listed above except a sole diagnosis of substance abuse or mental retardation	has a GAF rating of 50 or less -- current	needs on-going MH services	initially eligible for DSHS state-funded MH services.

805

806

RFP – RDM Adult Mental Health Services

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 (client) 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 Local Mental Health Authority (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

RFP – RDM Adult Mental Health Services

Attachment C

**DSHS Performance Contract Statement of Work,
Performance Measures and Disease Management Outcomes**

Service Definitions

Service	Description
Psychiatric Diagnostic Interview Examination	Psychiatric Diagnostic Interview Examination. A licensed professional practicing within the scope of their license must provide this service and document as described in the most current version of Title 25 Texas Administrative Code (TAC), Part 1, Chapter 412, Subchapter G, Section 412.315(a)(5) <i>Mental Health (MH) Community Services Standards</i>
Engagement Activity	Activities with the client or collaterals (in accordance with confidentiality requirements) in order to develop treatment alliance and rapport with the client and includes activities such as motivational interviewing, providing an explanation of services recommended, education on service value, education on adherence to the recommended service package and its importance in recovery, and short term planned activities designed to develop a therapeutic alliance and strengthen rapport. This service shall not be provided in a group.
Counseling	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 shall be provided by a Licensed Practitioner of the Healing Arts (LPHA), practicing within the scope of their own license or by an individual with a master’s degree in a human services field pursuing licensure under the direct supervision of an LPHA, if not billed

RFP – RDM Adult Mental Health Services

Service	Description
	to Medicaid. This service includes treatment planning to enhance recovery and resiliency.
Pharmacological Management	A service provided to a client by a physician or other prescribing professional, in accordance with DSHS guidelines when applicable to the client to determine symptom remission and the medication regimen needed.
Provision of Medication	Ensuring the provision of psychoactive medication to clients registered in the Client Admission and Registration System (CARE), who have no source of funds for such, as determined to be medically necessary and in accordance with the prescribed formulary.
Medication Training and Support	Instruction and guidance based on curricula promulgated by DSHS. The curricula includes the Patient/Family Education Program (PFEP) Guidelines referenced in TAC §419.468(3) (relating to Guidelines), and other materials that have been formally reviewed and approved by DSHS. Shall be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, <i>MH Rehabilitative Services</i> .
Psychosocial Rehabilitative Services	Social, educational, vocational, behavioral, and cognitive interventions provided by members of a client's therapeutic team that address deficits in the individual's ability to develop and maintain social relationships, occupational or educational achievement, independent living skills, and housing, that are a result of a severe and persistent mental illness. This service includes treatment planning to facilitate recovery. Shall be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, <i>MH Rehabilitative Services</i> .
Skills Training and Development Services	Training provided to a client that addresses the severe and persistent mental illness and

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Service	Description
	<p>symptom-related problems that interfere with the individual’s functioning, provides opportunities for the individual to acquire and improve skills needed to function as appropriately and independently as possible in the community, and facilitates the individual’s community integration and increases his or her community tenure. This service may address skill deficits in vocational and housing areas and includes treatment planning to facilitate recovery. Shall be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, <i>MH Rehabilitative Services</i>.</p>
Supported Employment	<p>Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, advocating with potential employers, assisting with learning job-specific skills, and employer negotiations. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.</p>
Supported Housing Services and Supports	<p>Assistance in locating, moving into and maintaining regular integrated housing that is habitable. This service includes treatment planning to facilitate recovery. While activities that fall under “services and supports” cannot be billed as rehabilitative services, concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.</p>

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Service Requirements

RFP – RDM Adult Mental Health Services

840 Provider shall:

- 841 1. Implement Patient Family Education Program (PFEP) in accordance with guidelines
842 approved by DSHS, on a schedule determined by DSHS;
- 843 2. Implement Resiliency and Disease Management (RDM) and apply to all clients
844 whose services are funded with Local Authority funds:
- 845 a. Develop a service delivery system in accordance with the most current
846 version of DSHS' Utilization Management (UM) Guidelines Fidelity
847 Instruments;
- 848 b. Ensure that Cognitive-Behavioral Therapy is provided by an LPHA,
849 practicing within the scope of a license, or, when appropriate and not in
850 conflict with billing requirements, by an individual with a master's degree in
851 a human services field (e.g., psychology, social work, counseling) pursuing
852 licensure under the direct supervision of an LPHA;
- 853 c. Ensure that providers of services and supports within RDM are trained in the
854 DSHS approved evidence-based practices prior to the provision of these
855 services and supports.
- 856 d. Ensure that supervisors of services and supports within RDM are trained as
857 trainers in the DSHS-approved evidence-based practices or have provided
858 the evidence-based practices prior to the supervision of the evidence-based
859 practices;
- 860 2. Enter service data for all services according to the procedures, instructions and
861 schedule established by the Local Authority, including all required data fields and
862 values in the current version of the DSHS Community Mental Health Service Array.
863 The current version of DSHS Community Mental Health Service Array
864 (Info_Mental_Health_Service_Array_Combined) can be found in the Mental
865 Retardation and Behavioral Health Outpatient Warehouse (MBOW), in the General
866 Warehouse Information folder.
- 867 3. Provide services to all clients without regard to the client's history of arrest, charge,
868 fine, indictment, incarceration, sentence, conviction, probation, deferred
869 adjudication or community supervision for a criminal offense; and
- 870 4. Develop and implement written procedures to identify clients with Co-Occurring
871 Psychiatric and Substance Use Disorders (COPSD), identify available resources, and
872 provide referrals and continuity of care for ongoing services as necessary to address
873 the client's unmet substance use treatment needs in accordance with 25 TAC, part 1,
874 chapter 411, Subchapter N. Nothing herein shall prohibit a physician from
875 considering a client's substance use in prescribing medications.
- 876
877

RFP – RDM Adult Mental Health Services

878 **Performance Measures and Disease Management Outcomes**

879

880 The following performance measures and outcomes may change based on changes to the
881 Local Authority's Performance Contract with DSHS. Failure of the Provider to meet the
882 service expectations associated with the performance measures and outcomes of the then-
883 current DSHS Performance Contract may result in sanctions, penalties or non-payment for
884 services:

885

886 1. Minimum Target – Adults receiving at least the minimum number of hours in each
887 service package based on service encounters for adults authorized in Service
888 Packages 1, 2 and 3 shall meet the following service capacity thresholds:

889 Minimum Hours per service package

890 a. Service Package 1 – 0.5 hours minimum per person, with an LOC-R of 2, 3
891 or 4 (underserved by choice), per month;

892 b. Service Package 2 – 2 hours minimum per person per month; and

893 c. Service Package 3 – 3.5 hours minimum per person per month;

894 At least 80% of adults are receiving the minimum number of hours per service
895 package each month.

896 2. Functioning. Target – 35% of all adults served during the fiscal year have acceptable
897 or improving functioning.

898 3. Criminal Justice Involvement. Target – 41% of all adults served during the fiscal
899 year have acceptable or improving criminal justice involvement.

900 4. Employment. Target – 83% of all adults served during the fiscal year have
901 acceptable or improving employment.

902 5. Housing. Target – 69% of all adults served during the fiscal year have acceptable or
903 improving housing.

904 6. Co-Occurring Substance Use. Target – 84% of all adults served during the fiscal
905 year have acceptable or improving co-occurring substance use.

906 7. Crisis Avoidance. Target - Percent of all adults with time in crisis shall not exceed
907 2.3% for those authorized for a LOC during the fiscal year.

908 8. Time between Assessment and First Service Encounter. Target - 77% of all adults
909 served during the fiscal year receive their first service encounter (not including
910 screening/assessment) within 14 days of their intake assessment.

911 9. Re-admissions of adults and children

912 Target - Re-admissions are less than or equal to: 5% in the 1st quarter; 10% in the
913 2nd quarter; 15% in the 3rd quarter; and 20% in the 4th quarter.

914 10. Follow-up with adults and children within 7 days:

915 Target: Face-to-face follow-up contacts within 7 days are greater than or equal to
916 75%.

917

918

RFP – RDM Adult Mental Health Services

Attachment D**Criteria for Scoring the RFP**

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.

Business Domain	Point Value
I. Business Demographics	15
II. Organizational Structure	10
III. QM /UM & Managed Care Profile	10
IV. Scope of Services & Statement	20
V. Budget/Financial	10
VI. Risk Profile	5
VII. Information Systems	5
VIII. Rate/Cost	25
TOTAL POSSIBLE POINTS:	100

All sections must be submitted and complete. The Assurances Document (Section XI., lines 690-767), while not being awarded specific points, must be appropriately signed and dated; failure to do so will 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.

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 clients
- * choice for the clients
- * quality for the clients
- * costs

The Local Authority will review the process as well as the scores to insure fair and impartial review of all Proposals. The Committee makes recommendations to the Local Authority's Board of Trustees regarding the award of Contract(s). The negotiation process will attempt to elicit bids that provide the best value for the public dollar. All negotiated Contracts must be approved by the Board of Trustees prior to award and implementation.

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Attachment E

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Operating Policies:
PCC2-05.24

Effective Date:
5-1-2009

TRANSITION TO EXTERNAL PROVIDERS

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I. PURPOSE:

To outline uniform procedures to ensure that Tropical Texas Behavioral Health (TTBH) staff assists the person(s) served to obtain services that are needed when transitioning to external providers in order to support the individual’s recovery.

II. POLICY:

Tropical Texas Behavioral Health staff will work to ensure coordination of services to the person served when transitioning to external providers.

III. DEFINITIONS:

External Provider An organization that provides mental health services that is not a LMHA, or an individual who provides mental health services who is not an employee of an LMHA.

Legally Authorized Representative A person authorized by law to act on behalf of an individual with regard to a matter described in this subchapter, and who may be a parent, guardian, or managing conservator of a child or adolescent, or a guardian of an adult.

Service Provider Also known as a service provider, an organization or individual who delivers mental health services.

IV. PROCEDURES:

1. Upon Intake and/or at a minimum of every 90 days, clients and legally

RFP – RDM Adult Mental Health Services

- 998 authorized representatives (LARs) will be given the opportunity to choose their
 999 service provider upon completion of the MH Adult or C/A Uniform Assessment
 1000 and Texas Recommended Assessment Guidelines (TRAG).
 1001 2. TTBH staff will review with clients/LARs the services offered within the
 1002 designated Service Package.
 1003 3. TTBH staff will provide clients/LARs with a list of potential Service Providers.
 1004 4. Once a Service Provider is selected, clients and LARs will sign and receive a
 1005 copy of an Acknowledgement of Service Provider Form.
 1006 5. If clients/LARs select an External Provider, TTBH staff will assist client with
 1007 coordinating a referral to the provider in order to initiate services.
 1008 6. TTBH staff will assist clients/LARs with completing an Authorization to Release
 1009 Information.
 1010 7. TTBH staff will complete a referral form and contact the External Provider to
 1011 schedule an initial visit within 10 calendar days.
 1012 8. TTBH staff will complete a Transition Plan and request that Health Information
 1013 Management (HIM) send copies of the following items to the External Service
 1014 Provider:
 1015 a. Demographic Form
 1016 b. Acknowledgement of Service Provider Form
 1017 c. Referral Form
 1018 d. Transition Plan
 1019 9. Clients/LARs may request a change of provider at any time during the course of
 1020 their treatment with approval by TTBH.
 1021 10. TTBH staff will complete an Assignment Form to designate the assignment to
 1022 the External Provider.
 1023 11. Clients who receive services from external providers will continue to receive
 1024 case management from TTBH for ongoing reassessment of eligibility, progress
 1025 and satisfaction with services.
 1026

V. REQUIRED DOCUMENTATION:

- 1027
 1028
 1029 Acknowledgement of Service Provider Form
 1030 Assignment Form
 1031 Authorization to Release Information
 1032 Transition Plan
 1033 Progress Note
 1034 Referral Form
 1035

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1036

1037 **VI. REFERENCES:**

1038

1039 25 Texas Administrative Code (25 TAC) Chapter 412, Subchapter P (related to
1040 Provider Network Development)

1041 User's Manual for the Adult Texas Recommended Assessment Guidelines (TRAG)

1042

1043 **VII. ATTACHMENTS:**

1044

1045 None

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Attachment F

**Tropical Texas Behavioral Health
Schedule of Insurance Coverages**

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(1) Comprehensive General Liability (“CGL”) Insurance written on an occurrence basis which, at a minimum, includes the following types of coverage:

- a) premises/operations liability;
- c) contractual liability;
- e) personal injury liability

Minimum coverage under the above shall be in the following limits of liability:

General Aggregate:	\$1,000,000.00
Personal & Advertising Injury:	\$1,000,000.00
Each Occurrence:	\$1,000,000.00

The CGL Policy shall be written to include the Owner as an additional insured and shall provide for a waiver of subrogation against the Owner.

(2) Worker’s Compensation Insurance and Employer’s Liability with the following limits:

Worker’s Compensation:	Statutory
Employer’s Liability:	\$1,000,000.00 each occurrence
	\$1,000,000.00 disease – policy limits
	\$1,000,000.00 disease – policy limits

The Policy shall provide a waiver of subrogation against the Owner

(3) Business Automobile policy to cover owned, non-owned, and hired vehicles for a limit of \$1,000,000.00 combined single limit.

(4) Errors and Omissions (E&O) insurance policy, written on a claims-made basis from an insurance company which has an A&M Best rating of B++ or better, in the amount of not less than \$1,000,000.00 per claim and \$3,000,000.00 in the aggregate. The Policy shall be maintained during the performance of services under this Agreement and for a period of two (2) years following completion of said services. For each succeeding renewal of the Policy during the term of this Agreement and the applicable four-year period, the Policy shall have a Retroactive Date established under the earlier policy, or provides coverage for claims arising out of prior acts without any specific time limitation. If the contracted party decides to (a) close its business operation at anytime during the four years following the

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1091 completion of the services performed under this Agreement, or (b) operate without an
1092 Errors & Omissions Policy, or its equivalent, during that two-year period, that it shall
1093 purchase an Errors & Omissions policy with a two-year extended reporting period and a
1094 Retroactive Date of not less than two years to provide coverage for those E&O claims that
1095 may arise prior to the end of the extended reporting period but that are made after the
1096 occurrence of either (a) or (b) listed above.

1097
1098 The liability insurance required herein shall be primary. The coverage shall be maintained in
1099 full force and effect during the term of the contract. Failure to provide this continuous
1100 coverage shall be deemed a material breach of the Agreement.