

RFP – RDM Child/Adolescent 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) Child/Adolescent Mental Health services for identified individuals with mental illness who seek services at the Local Authority:

Service Package 1.1: This service package is targeted for children and adolescents with externalizing disorders (e.g., Attention Deficit Disorder/Attention Deficit with Hyperactivity Disorder, Conduct or Oppositional Defiant Disorder) and a moderate level of functional impairment. The focus of the intervention is on psychosocial skill development in the child and the enhancement of parenting skills, especially in child behavior management. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through Medication Training and Support. This Service Package is generally considered short-term and time-limited.

The general goal of services at this level of care is to reduce or stabilize symptoms, decrease functional impairment and build resiliency in the child and family. Family support is facilitated through linkage to natural and community resources. Services are provided in the office, school, home or other community setting.

Services available in this package minimally include:

- Individual Skills Training & Development
- Medication Training and Support
- Parent Support Group
- Provision of approved psychiatric medications from the prescribed formulary

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

- Psychiatric Diagnostic Evaluation
- Pharmacological Management
- Group Skills Training & Development
- Family Training

Service Package 1.2: This service package is targeted for children and adolescents with internalizing disorders (depressive or anxiety disorders) and a moderate level of functional impairment. The focus of the intervention is on child and family counseling using Cognitive Behavioral Therapy (CBT) *for ages 9 & above* and CBT or other therapy approaches for *children ages 3 through 8*. Access to parent support groups is available. Information regarding the diagnosis, medication, monitoring of symptoms and side effects is provided through Medication Training and Support. This service package is generally considered short-term and time-limited.

RFP – RDM Child/Adolescent Mental Health Services

43 The general goal of services at this level of care is to reduce or stabilize symptoms, decrease
44 functional impairment and build resiliency in the child and family. Family support is
45 facilitated through linkage to natural and community resources and parent support groups.
46 Services are provided in the office, school, home or other community setting.

47 Services available in this package minimally include:

- 48 • Cognitive Behavioral Therapy Counseling
- 49 • Medication Training & Support
- 50 • Parent Support Group
- 51 • Provision of approved psychiatric medications from the prescribed formulary

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

- 53 • Psychiatric Diagnostic Evaluation
- 54 • Pharmacological Management
- 55 • Group Cognitive and Behavioral Therapy Counseling
- 56 • Family Counseling

57

58 Service Package 4: This service package is targeted to children and adolescents who have
59 stabilized in terms of problem severity and functioning and require only medication and
60 medication management to maintain their stability.

61 Services available in this package include:

- 62 • Pharmacological Management
- 63 • Medication Training & Support
- 64 • Parent Support Group
- 65 • Engagement Activity
- 66 • Provision of approved psychiatric medications from the prescribed formulary

67

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

71

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

74

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

78

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

82

83 Questions regarding the **RFP # 2009-2** should be faxed to Jim Banks, Planning and
84 Evaluation Specialist at (956) 289-7128 or emailed to jbanks@ttbh.org.

85

RFP – RDM Child/Adolescent Mental Health Services

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

88 Tropical Texas Behavioral Health
89 ATTN: W. Terry Crocker, CEO
90 1901 South 24th Avenue
91 Edinburg, TX 78539
92 Contact Number: (956) 289-7258
93

94 INTERESTED PARTIES MUST RESPOND TO THE RFP BY 10.00a.m., SEPTEMBER
95 1, 2009 IN ACCORDANCE WITH THE INSTRUCTIONS WITHIN THE RFP
96 DOCUMENT.
97

98 In addition to responses to the questions in the RFP Proposal Outline, Tropical Texas
99 Behavioral Health invites potential providers to describe the challenges in providing services
100 in our local service area.
101

102 **The Local Authority appreciates your time and effort in preparing this proposal. All**
103 **proposals must be received at the specified location before opening date and time. The official**
104 **time shall be determined by the time/date stamp when received at location. Faxed responses**
105 **shall not be accepted. Proposals received after above date and time shall be returned**
106 **unopened.**
107

RFP – RDM Child/Adolescent Mental Health Services

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

**Request for Proposals
RDM Child/Adolescent Mental Health Service Packages 1.1, 1.2 and 4**

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 persistent mental illness in Cameron, Hidalgo or Willacy County (Proposals). The

RFP – RDM Child/Adolescent Mental Health Services

152 individuals to be served under this arrangement must meet the DSHS definition for the
153 Child/Adolescent Mental Health Priority Population, which is included as Attachment A,
154 and must also reside in Cameron, Hidalgo or Willacy County (Clients).
155

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

- 157 1. To provide needed community mental health services as described in
158 Attachment B.
- 159 2. To develop a network of providers that allows for more client choice.
- 160 3. To identify, implement and evaluate successful Services based on client
161 outcomes so that these efforts can be replicated.
- 162 4. To create meaningful collaborations between the Local Authority and the
163 health care providers in the community.
- 164 5. To provide quality clinical care and achieve the desired outcomes at the most
165 efficient cost possible.
166

167 Successful Proposers will provide Services that build upon and augment existing community
168 resources and that provide for or enhance an existing continuum of care for clients. The
169 Local Authority will use a pre-defined process to review all proposals at “arms-length”, to
170 insure that there is no conflict of interest. Preference will be given to Proposers that are able
171 to provide Services that address the issues of client choice, quality, clinical decision making,
172 price and ultimate cost-benefit while assuring adherence to existing standards of care and
173 service definitions.
174

175 **Target Population**

176
177 The target population for this RFP consists of individuals with mental illness who have been
178 identified by the Local Authority as Priority Population, in accordance with the definitions
179 established by DSHS. (See Attachment A) Designation of an individual as a member of the
180 Priority Population must be made by the Local Authority and documented in that
181 individual’s record.
182

183 **Eligible Proposers**

184
185 Proposers must be eligible to do business in Texas, and be registered with the Texas
186 Secretary of State to the extent required by Texas law. Professionals must hold valid Texas
187 licenses and/or certifications to the extent required to perform any individual component of
188 the Services. In the situation where a consortium of providers is applying, a single entity
189 responsible for the services delivered must be identified and the financial agent must be an
190 organization with a demonstrated ability to manage funds.
191

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

RFP – RDM Child/Adolescent Mental Health Services

196

197 **Local Authority Responsibilities and Transition Goals**

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

207

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

212

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

218

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

227

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 of providers	December 1, 2009 – January 31, 2010

RFP – RDM Child/Adolescent Mental Health Services

Steps	Time Frames For Completion
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

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Service Capacity and Procurement

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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.

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233

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CHILD/ ADOLESCENT SERVICES	Current Capacity	Projected Capacity	Procurement Planned	Capacity to be Procured
RDM SP 1.1	360	400	20%	80
RDM SP 1.2	131	100	30%	30
RDM SP 4	195	150	50%	75

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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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RFP – RDM Child/Adolescent Mental Health Services

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

259

260 **Proposal Instructions**

261

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

279

280 **Timetable:**

281

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	
Negotiation and Interview	9/21/2009 – 10/9/2009	

RFP – RDM Child/Adolescent Mental Health Services

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

282

283

284

Proposal Outline

285 Throughout this Proposal Outline, provide detailed information regarding the scope of the

286 Proposer's business. Questions fall under the following sections:

287

288 I. Business Demographics

289 II. Organizational Structure

290 III. Quality Management/Utilization Management

291 IV. Services

292 V. Budget/Financial

293 VI. Risk Profile

294 VII. Managed Care Profile

295 VIII. Information System

296 IX. Statement

297 X. Rate Schedule

298 XI. Assurances Document

299

300 Six Attachments are provided as information regarding the Local Authority which may

301 assist in developing the Proposal:

302

303 1. Attachment A -- Priority Population Definitions

304 2. Attachment B -- Service Descriptions and Information

305 3. Attachment C -- DSHS Performance Contract Statement of Work,

306 Performance Measures and Disease Management Outcomes

307 4. Attachment D -- Criteria for Scoring Proposals

308 5. Attachment E -- TTBH Transition to External Providers Policy

309 6. Attachment F -- TTBH Schedule of Insurance Coverages

310

311 Please be sure to answer every question. Scoring and evaluation is based on completed

312 questions. ALL unanswered questions will be considered omissions. Please limit responses

313 to each question to one double spaced page if possible. Answer all questions in the order of

314 this proposal outline. Use the forms attached or prepare responses in the same format.

315 Clearly designate each item in the document as it appears in this outline (by number, letter,

316 and question). Place tab dividers at the beginning of each section (Roman Numerals) to

317 match those shown above in this Proposal Outline section. The document should be double

318 spaced, type size at least 10 pitch. The Local Authority reserves the right to review only

319 completed Proposals. The Local Authority reserves the right to hold subsequent face to

RFP – RDM Child/Adolescent Mental Health Services

320 face or telephone interviews for clarification and/or negotiation purposes. Interviews will
321 not be solicited for the purpose of completing incomplete proposals. Multiple omissions
322 and/or incomplete responses may result in disqualification. All supporting documentation
323 should be attached to the appropriate section of the Proposal and in the order described in
324 this Proposal Outline section.

325

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

332

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

335

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

340

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

343

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

RFP – RDM Child/Adolescent Mental Health Services

349 **I. Business Demographics**

350

351 Name _____

352 Title of Business _____

353 SS# _____ and/or Tax ID _____

354 Address _____

355 City _____

356 County _____ Zip Code _____

357 Business Phone _____ Fax # _____

358 Website address _____

359

360 Contact Person _____

361 Title _____

362 Phone # _____ Fax # _____

363

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

365 _____

366 _____

367 Billing Manager _____

368 Phone # _____ Fax # _____

369

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

371 1. _____

372 2. _____

373 3. _____

374 4. _____

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

377

378 Other Owners/Partners:

379 Name % Ownership If corporate, list organization

380 1. _____

381 2. _____

382 3. _____

383 4. _____

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

386 _____

387 _____

388

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

391

392 Years in Operation _____

RFP – RDM Child/Adolescent Mental Health Services

393 Hours of Operation _____
394 Certification Number if a Historically Underutilized Business: _____,
395 or qualifications if HUB eligible, but not certified: _____
396

397 **II. Organizational Structure**

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

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

403 _____
404 _____
405 _____
406 _____
407 _____
408 _____
409 _____
410 _____
411 _____
412 _____

413 **III. Quality Management/Utilization Management**

414
415 A. List all licenses, credentials, certifications, and/or accreditations the Proposer
416 currently holds related to the Services. Provide copies of all licenses, certifications,
417 accreditations -- Label as **Exhibit III A**.

418
419 B. Provide a copy of the staff roster and their corresponding education and
420 license credentials. Designate if they are full time, part time, or on call. Label as **Exhibit**
421 **III B**.

422
423 C. Attach the Proposer’s Quality Assurance/Management Plan and Quality
424 Management Program Reports for the last six (6) months -- Label as **Exhibit III C**.

425
426 D. Describe the Proposer’s internal utilization management procedures.
427 Describe methods for ensuring that individuals are receiving services in accordance with
428 internal standards of care. Provide copies of recent reports to payors showing the
429 Proposer’s performance relative to its utilization management requirements -- Label as
430 **Exhibit III D**.

431
432 E. Provide a summary of the most recent client satisfaction surveys or other
433 ongoing efforts to obtaining and evaluate client satisfaction -- Label as **Exhibit III E**.
434 Describe how this information was obtained.

RFP – RDM Child/Adolescent Mental Health Services

435 **IV. Services**

436

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

439

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

445

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

449

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

454

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

461

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

466

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

469

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

473

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

476

477 J. Describe the facility's (or facilities') proximity to public transportation or the
478 Proposer's ability to facilitate access to public transportation.

RFP – RDM Child/Adolescent Mental Health Services

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

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

M. Describe the transition plan you intend to utilize for new clients referred by Local Authority to your services. (Refer to **Local Authority Responsibilities and Transition Goals**, lines 197-226 of this document)

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

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

V. Budget/Financial

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

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

Example: A1/TA = % of Medicaid admissions of total admissions.
R1/TR = % of Medicaid revenues of total revenues

	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
Total	TA	TR	100%	100%

507

RFP – RDM Child/Adolescent Mental Health Services

508 Attach copies of the Proposer’s last three years audited financial reports -- Label as **Exhibit**
509 **VA2**.

510

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

516

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

519

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

524

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

527

528 **VI. Risk Profile**

529

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

531

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

535

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

541

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

544

545 E. Has either the Proposer or any of its employees had any validated fraud,
546 client abuse, client neglect, or rights violations claims in the last three (3) years? If so,
547 explain in detail. Describe the process, if any, for checking on previous confirmed fraud,
548 client abuse, client, neglect, or rights violations of employees or applicants for employment,
549 such as through CANRS, the Nurse Aide Registry, and the Employee Misconduct Registry.

RFP – RDM Child/Adolescent Mental Health Services

550 Describe or attach any current policies and procedures regarding client abuse, client neglect,
551 or rights violations and the training of staff on these issues -- Label as **Exhibit VIE**.

552

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

555

556 G. Does Proposer have a Letter of Good Standing which verifies that it is not
557 delinquent in payment of Texas State Franchise Tax? Corporations that are non-profit or
558 exempt from Franchise Tax are not required to have this letter, but instead must submit a
559 501C IRS Exemption form from the Comptroller Office. Attach and label as **Exhibit VIG**.

560

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

563

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

565

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

568

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

575

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

578

579 **VII. Managed Care Profile**

580

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

585

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

588

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

591

592 D. Has Proposer ever been dropped from a managed care network? If so,
593 explain.

RFP – RDM Child/Adolescent Mental Health Services

594

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

598

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

602

VIII. Information Systems

603

604
605 Local Authority uses Anasazi software computer system in conjunction with Novell
606 Netware network for access. Data can only be accepted via direct entry using Cisco Virtual
607 Private Network (VPN). Proposers will be required to purchase this service. For each
608 physician's or prescribing professional's license there will be a one-time fee of \$2,500.00
609 plus a monthly fee of \$50.00. For all other staff requiring access the cost will be \$350.00
610 per user per year.

611

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

616

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

624

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

629

IX. Statement

630

631
632 Provide a statement detailing why Proposer's services best meet the needs of persons with
633 mental illness (Priority Population). Identify any best practices Proposer is currently
634 utilizing in delivering services similar to the Services sought under this RFP.

635

636 List any workload measures or data collected and used that pertains to positive outcomes
637 for this population. Describe training provided to the family members of persons who meet

RFP – RDM Child/Adolescent Mental Health Services

638 the definition for the Priority Population. Describe how Proposer links services or provides
639 continuity of care with other providers. Describe how Proposer collaborates and shares data
640 with other providers and any limits on this sharing.

641
642 State the current organizational mission, values and ethics. Cite any contradictions that
643 may exist between the Proposer’s mission and that of the Local Authority. Attach a copy of
644 the mission, values and ethics -- Label as **Exhibit IX**.

645
646 **X. Rate Schedule**

647
648 For each Service identified below, describe Proposer’s proposed rates. Services are
649 described in Attachment B. Describe the methodology for setting these rates, including
650 how administrative overhead is allocated. Provide a detailed proposed budget summary for
651 the services.

652
653 TTBH will pay all providers fee-for-service but providers must stay at or below the
654 maximum average monthly case rate for each service package specified in the tables that
655 follow. The tables specify the maximum fee per service and maximum average monthly
656 case rate per service package the Local Authority will consider.

657
658

RFP – RDM Child/Adolescent Mental Health Services

659

Child/Adolescent Service Package 1.1 and Services	Licensure	Max. Service Fee	Billing Unit	Maximum Average Monthly Case Rate
Service Package 1.1				\$ 217.17
Individual Skills Training & Development		\$21.16	15 min.	
Medication Training & Support		\$11.58	15 min.	
Parent Support Group		\$25.00	Group Event (45 minute minimum, at least 2 families must participate)	
Provision of Medication (from prescribed formulary)	MD APN			\$85.00
Add-on Services				
Psychiatric Diagnostic Evaluation	MD	\$117.02	Event	
Pharmacological Management	MD	\$45.54	Event	
	APN	\$41.90	Event	
Group Skills Training & Development		\$2.37	15 min.	
Family Training		\$21.16	15 min.	

660

661

RFP – RDM Child/Adolescent Mental Health Services

662

Child/Adolescent Service Package 1.2 and Services	Licensure	Max. Service Fee	Billing Unit	Maximum Average Monthly Case Rate
Service Package 1.2				\$ 215.14
Individual Cognitive Behavioral Therapy Counseling	LPC	\$35.00	30 min. Event	
Medication Training & Support		\$11.58	15 min.	
Parent Support Group		\$25.00	Group Event (45 minute minimum, at least 2 families must participate)	
Provision of Medication (from prescribed formulary)	MD APN			\$85.00
Add-on Services				
Psychiatric Diagnostic Evaluation	MD	\$117.02	Event	
Pharmacological Management	MD	\$45.54	Event	
	APN	\$41.90	Event	
Group Cognitive Behavioral Therapy Counseling	LPC	\$8.02	30 min. Event	
Family Counseling		\$35.00	30 min. Event	

663

664

RFP – RDM Child/Adolescent Mental Health Services

665

Child/Adolescent Service Package 4 and Services	Licensure	Max. Service Fee	Billing Unit	Maximum Average Monthly Case Rate	
Service Package 4				\$ 143.74	
Pharmacological Management	MD	\$45.54	Event		
	APN	\$41.90	Event		
Medication Training & Support		\$11.58	15 min.		
Parent Support Group		\$25.00	Group Event (45 minute minimum, at least 2 families must participate)		
Engagement Activity		\$15.00	Event (limit one per month, 30 minute minimum)		
Provision of Medication (from prescribed formulary)	MD APN				\$85.00

666

667

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

668

669

1. *Insert services here*

670

671

XI Assurances Document

672

673

Proposer assures the following:

674

675

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

676

677

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.

678

679

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.

680

681

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

RFP – RDM Child/Adolescent Mental Health Services

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

RFP – RDM Child/Adolescent Mental Health Services

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

725 19. No former employee or officer of DSHS, DADS, and/or Local Authority directly or
 726 indirectly aided or attempted to aid in procurement of Proposer’s service.

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

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

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

744

745

746 _____
 Signature Authority for the Provider

_____ Title of Organization

_____ Date

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748

RFP – RDM Child/Adolescent Mental Health Services

Attachment A

Mental Health

Priority Population Definition

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

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

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.

RFP – RDM Child/Adolescent Mental Health Services

780 (Attachment A cont.)

781

782

783

Guide to Operationalizing the Child Mental Health Priority Population

Population	If the person is ...	And has a ...	And ...	And ...	Then the person is ...
Children/ Adolescents	less than 18 years old	DSM-IV diagnosis other than or in addition to: * substance abuse * mental retardation * autism or * pervasive developmental disorder	has a functional impairment (GAF of 50 or less either currently or in the past year)		initially eligible for DSHS state-funded MH services.
	less than 18 years old	DSM-IV diagnosis other than or in addition to: * substance abuse * mental retardation * autism or * pervasive developmental disorder	has been determined by the school system to have a serious emotional disturbance		initially eligible for DSHS state-funded MH services.
	less than 18 years old	DSM-IV diagnosis other than or in addition to: * substance abuse * mental retardation * autism or * pervasive developmental disorder	is at risk of disruption of the preferred living situation due to psychiatric symptoms		initially eligible for DSHS state-funded MH services.

784

RFP – RDM Child/Adolescent Mental Health Services

Attachment B**RDM Service Package Definitions and Service Descriptions for
Child/Adolescent 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 Child/Adolescent Mental Health Services

Attachment C

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

Service Definitions

Service	Description
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.
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 which 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> .
Skills Training and Development Services	Training provided to a client and the primary caregiver or legally authorized representative (LAR) that addresses the serious emotional disturbance and 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

RFP – RDM Child/Adolescent Mental Health Services

Service	Description
	service includes treatment planning to facilitate resiliency. Must be provided in accordance with 25 TAC, Part 1, Chapter 419, Subchapter L, <i>MH Rehabilitative Services</i> .
Counseling	Individual, family, and group therapy focused on the reduction or elimination of a client's symptoms of emotional disturbance and increasing the individual's ability to perform activities of daily living. 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 masters degree in a human services field pursuing licensure under the direct supervision of a LPHA. This service includes treatment planning to enhance recovery and resiliency.
Family Training	Training provided to the client's primary caregivers to assist the caregivers in coping and managing with the client's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance that cannot be considered rehabilitative skills training. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.
Parent Support Group	Routinely scheduled support and informational meetings for the client's primary caregivers.
Pharmacological Management	A service provided to a client by a physician or other prescribing professional, in accordance with DSHS guidelines when applicable, to the consumer 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

RFP – RDM Child/Adolescent Mental Health Services

Service	Description
	necessary and in accordance with the prescribed formulary.

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816

Service Requirements

817

818

Provider Shall:

819

1. Implement Patient Family Education Program (PFEP) in accordance with guidelines approved by DSHS, on a schedule determined by DSHS;

820

821

2. Use the Child/Adolescent clinical Record Form in accordance with guidelines approved by DSHS;

822

823

3. Implement Resiliency and Disease Management (RDM) and apply to all clients whose services are funded with Local Authority funds:

824

825

a. Develop a service delivery system in accordance with the most current version of DSHS’s Utilization Management (UM) Guidelines and Fidelity Instruments;

826

827

b. Ensure that counseling services are provided by an LPHA, practicing within the scope of a license, or, when appropriate and not in conflict with billing requirements, by an individual with a masters degree in human services field (e.g., psychology, social work, counseling) pursuing licensure under the direct supervision of an LPHA;

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832

c. Ensure that providers of services and supports within RDM are trained in the DSHS approved evidence-based practices prior to the provision of these services and supports;

833

834

835

d. Ensure that supervisors of services and supports within RDM are trained as trainers in the DSHS-approved evidence-based practices or have provided the evidence-based practices prior to the supervision of the evidence-based practices;

836

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838

839

e. Ensure family support groups are available to the parents of clients with serious emotional disturbances;

840

841

842

4. Enter service data for all services according to the procedures, instructions and schedule established by the Local Authority, including all required data fields and values in the current version of the DSHS Community Mental Health Service Array. The current version of DSHS Community Mental Health Service Array (Info_Mental_Health_Service_Array_Combined) can be found in the Mental Retardation and Behavioral Health Outpatient Warehouse (MBOW), in the General Warehouse Information folder;

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5. Provide services to all clients without regard to the client’s history of arrest, charge, fine, indictment, incarceration, sentence, conviction, probation, deferred adjudication or community supervision for a criminal offense; and

850

851

852

6. Develop and implement written procedures to identify clients with Co-Occurring Psychiatric and Substance Use Disorders (COPSD), identify available resources, and provide referrals and continuity of care for ongoing services as necessary to address

853

854

RFP – RDM Child/Adolescent Mental Health Services

855 the client's unmet substance use treatment needs in accordance with 25 TAC, Part
 856 1, Chapter 411, Subchapter N. Nothing herein shall prohibit a physician from
 857 considering a client's substance use in prescribing medications.
 858

859 **Performance Measures and Disease Management Outcomes**
 860

861 The following performance measures and outcomes may change based on changes to the
 862 Local Authority's Performance Contract with DSHS. Failure of the Provider to meet the
 863 service expectations associated with the performance measures and outcomes of the then-
 864 current DSHS Performance Contract may result in sanctions, penalties or non-payment for
 865 services:
 866

- 867 1. Service Capacity Measures - Minimum hours per person per month (first and second
 868 quarters aggregate, and third and fourth quarters aggregate)
 869 a. Minimum Target – Children and adolescents receiving at least the minimum
 870 number of hours in each service package based on service encounters for
 871 those authorized in Service Package 1.1, 1.2, and 4 must meet the following
 872 service capacity thresholds:
 873 i. Minimum Hours per Service Package:
 874 1. Service Package 1.1 - 2 hours minimum per month;
 875 2. Service Package 1.2 - 2 hours minimum per month; and
 876 3. Service Package 4 - .0.5 hours minimum per month with an
 877 LOC-R of 1.1, 1.2, 2.1, 2.2, 2.3, 2.4 and underserved due to
 878 consumer choice.

879 At least 80% of children and adolescents receive the minimum number of hours per
 880 service package each month. This is a first and second quarters aggregate and a
 881 third and fourth quarters aggregate across Service Packages 1.1, 1.2 and 4.

- 882 2. Functioning. Minimum Target – 35% of all children served during the Fiscal Year
 883 (FY) have clinically acceptable or improving functioning.
 884 3. Problem Severity. Minimum Target – 39% of all children served during the FY have
 885 clinically acceptable or improving problem severity.
 886 4. Juvenile Justice Involvement. Minimum Target – 91% of all children served during
 887 the FY avoid re-arrest.
 888 5. School Behavior. Minimum Target – 68% of all children served during the FY have
 889 clinically acceptable or improving school behavior.
 890 6. Co-Occurring Substance Use. Minimum Target – 84% of all children served during
 891 the FY have acceptable or improving co-occurring substance use.
 892 7. Crisis Avoidance. Minimum Target – Percent of all children with time in crisis will
 893 *not* exceed 1.7% for those recommended and authorized for a LOC during the FY.
 894 8. Time between Assessment and First Service Encounter. Minimum Target – 65% of
 895 all children served during the FY receive their first (not screening/ assessment)
 896 service encounter within 14 days of their intake assessment.
 897

RFP – RDM Child/Adolescent Mental Health Services

Attachment D**Criteria for Scoring the RFP**

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900

901

902

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.

905

906

Business Domain**Point Value**

907

908

I. Business Demographics 15

909

II. Organizational Structure 10

910

III. QM /UM & Managed Care Profile 10

911

IV. Scope of Services & Statement 20

912

V. Budget/Financial 10

913

VI. Risk Profile 5

914

VII. Information Systems 5

915

VIII. Rate/Cost 25

916

917

TOTAL POSSIBLE POINTS: 100

918

919

All sections must be submitted and complete. The Assurances Document (Section XI., lines 671-746 of this document), 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.

925

926

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:

931

* access for the clients

932

* choice for the clients

933

* quality for the clients

934

* costs

935

936

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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RFP – RDM Child/Adolescent Mental Health Services

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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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947

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.

951

952
953

II. POLICY:

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

956

957
958

III. DEFINITIONS:

External Provider

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

963

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.

969

Service Provider

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

973

974
975

IV. PROCEDURES:

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

976

RFP – RDM Child/Adolescent Mental Health Services

- 977 authorized representatives (LARs) will be given the opportunity to choose their
 978 service provider upon completion of the MH Adult or C/A Uniform Assessment
 979 and Texas Recommended Assessment Guidelines (TRAG).
 980 2. TTBH staff will review with clients/LARs the services offered within the
 981 designated Service Package.
 982 3. TTBH staff will provide clients/LARs with a list of potential Service Providers.
 983 4. Once a Service Provider is selected, clients and LARs will sign and receive a
 984 copy of an Acknowledgement of Service Provider Form.
 985 5. If clients/LARs select an External Provider, TTBH staff will assist client with
 986 coordinating a referral to the provider in order to initiate services.
 987 6. TTBH staff will assist clients/LARs with completing an Authorization to Release
 988 Information.
 989 7. TTBH staff will complete a referral form and contact the External Provider to
 990 schedule an initial visit within 10 calendar days.
 991 8. TTBH staff will complete a Transition Plan and request that Health Information
 992 Management (HIM) send copies of the following items to the External Service
 993 Provider:
 994 a. Demographic Form
 995 b. Acknowledgement of Service Provider Form
 996 c. Referral Form
 997 d. Transition Plan
 998 9. Clients/LARs may request a change of provider at any time during the course of
 999 their treatment with approval by TTBH.
 1000 10. TTBH staff will complete an Assignment Form to designate the assignment to
 1001 the External Provider.
 1002 11. Clients who receive services from external providers will continue to receive
 1003 case management from TTBH for ongoing reassessment of eligibility, progress
 1004 and satisfaction with services.
 1005

1006 **V. REQUIRED DOCUMENTATION:**

- 1007
 1008 Acknowledgement of Service Provider Form
 1009 Assignment Form
 1010 Authorization to Release Information
 1011 Transition Plan
 1012 Progress Note
 1013 Referral Form
 1014
 1015

RFP – RDM Child/Adolescent Mental Health Services

- 1016 **VI. REFERENCES:**
- 1017
- 1018 25 Texas Administrative Code (25 TAC) Chapter 412, Subchapter P (related to
- 1019 Provider Network Development)
- 1020 User’s Manual for the Adult Texas Recommended Assessment Guidelines (TRAG)
- 1021
- 1022 **VII. ATTACHMENTS:**
- 1023
- 1024 None
- 1025
- 1026

RFP – RDM Child/Adolescent Mental Health Services

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 completion of the services performed under this Agreement, or (b) operate without an

RFP – RDM Child/Adolescent Mental Health Services

1071 Errors & Omissions Policy, or its equivalent, during that two-year period, that it shall
1072 purchase an Errors & Omissions policy with a two-year extended reporting period and a
1073 Retroactive Date of not less than two years to provide coverage for those E&O claims that
1074 may arise prior to the end of the extended reporting period but that are made after the
1075 occurrence of either (a) or (b) listed above.

1076

1077 The liability insurance required herein shall be primary. The coverage shall be maintained in
1078 full force and effect during the term of the contract. Failure to provide this continuous
1079 coverage shall be deemed a material breach of the Agreement.

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