



Notice of Request for Proposal

In compliance with Texas Health and Safety Code §533.035 and timelines approved by the Department of State Health Services in Tri-County Mental Health Mental Retardation Services' Provider Network Development Plan, Tri-County, the Local Authority for Liberty, Montgomery and Walker Counties, is issuing a Request for Proposals (RFP) for Adult and Child Mental Health Services.

The RFP is currently in a DRAFT format and is being issued for a 14 day comment period which will begin on June 1, 2009 and end on June 15, 2009.

In accordance with Texas Health and Safety Code, the draft will be published on the Tri-County Website (www.tcmhmrs.org), the Department of State Health Services (DSHS) Website (www.dshs.state.tx.us), the Electronic State Business Daily (ESBD) Website (www.esbd.cpa.state.tx.us), and will be provided to local advocacy organizations and to providers who have expressed interest in providing mental health services in the Tri-County service area.

Interested stakeholders or providers are encouraged to review the Draft RFP and comment on specific sections of the RFP in the format similar to the one below:

Line Number in RFP:	Comment:
e.g. Line: 973	Please define the word 'Quality'
e.g. Section I	Is it required to have a business address in Texas?

Tri-County Planning Network Advisory Committee members and Staff will review each comment and consider modifications to the Final RFP which will be posted on July 15, 2009.

In addition to specific RFP comments, Tri-County also invites potential providers to describe the challenges in providing services in Tri-County's local service area.

Information can be provided to Evan Roberson at Tri-County MHMR Services in the ways listed below:

Via Fax	936-760-2898
Via Email	PNDQuestions@tcmhmrs.org
Via U.S. Mail	Tri-County MHMR Services ATTN: Evan Roberson P.O. Box 3067 Conroe, Texas 77305

All comments must be received by 5:00 p.m. on June 15, 2009 to be considered for the revision of the Final RFP.



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**Advertisement Notice For
REQUEST FOR PROPOSAL**

Tri-County Mental Health Mental Retardation Services is the Department of State Health Services (DSHS) designated Local Mental Health Authority (LMHA) 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 Liberty, Montgomery and Walker Counties, Texas.

Tri-County Mental Health Mental Retardation Services (Local Authority) is seeking proposals for the provision of mental health services in compliance with the Department of State Health Services (DSHS) criteria for identified individuals with mental illness who seek services at the Local Authority. The services requested shall be performed within 10 miles of current service locations in Cleveland, Conroe, Huntsville, and Liberty, Texas and must provide equivalent or better access to services than the LMHA. Space may be available for rent at Local Authority service locations for interested contractors.

Proposals will only be accepted from organizations which are willing to provide services in full Resiliency and Disease Management (RDM) Service Packages. Organizations must also be willing to serve individuals by service package in all four service areas as a part of their proposal.

The initial contract period shall commence approximately 30 days after the contract award and continue through August 31, 2010 with an option to renew for an additional one year period based on satisfactory performance.

Copies of the **RFP Document** may be obtained:

Via Internet	At: www.tcmhmrs.org
Via Faxed Request	To: 936-760-2898
Via U.S. Mail Request	To: Tri-County MHMR Services ATTN: Evan Roberson PO Box 3067 Conroe, Texas 77305
Picked Up in Person	At: 1506 FM 2854 Conroe, Texas 77304

Questions regarding the **RFP 0001** should be directed to Evan Roberson at 936-521-6100 or via email at PNDQuestions@tcmhmrs.org.

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32 Please submit sealed (all are required): one (1) complete original, five (5) copies of the
33 proposal and three (3) signed signature pages to:

34 US Mail

35 Tri-County MHMR Services
36 Provider Network Development
37 Response
38 ATTN: Evan Roberson
39 PO Box 3067
40 Conroe, Texas 77305
41 936-521-6100

Courier

42 Tri-County MHMR Services
43 Provider Network Development
44 Response
45 ATTN: Evan Roberson
46 1506 FM 2854
47 Conroe, Texas 77304
48 936-521-6100

49

50

51 **INTERESTED PARTIES MUST RESPOND TO THE RFP BY 10:00 a.m., September**
52 **15, 2009 IN ACCORDANCE WITH THE INSTRUCTIONS WITHIN THE RFP**
53 **DOCUMENT.**

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

59

DRAFT RFP –Adult and Child Mental Health Services

**Tri-County Mental Health Mental Retardation Services
as the Local Mental Health and Mental Retardation Authority**

Request for Proposals

**Adult and Child Mental Health Services in compliance
with Department of State Health Services' service requirements**

Tri-County Mental Health Mental Retardation Services (Local Authority) is the Department of State Health Services (DSHS) designated Local 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 Liberty, Montgomery and Walker Counties, Texas.

The Local Authority's Mission is:

The mission of Tri-County Mental Health Mental Retardation Services is to ensure the provision of quality services for individuals with mental illness and mental retardation and enhance the quality of life in our community.

The Local Authority's CORE Values are:

Commitment We are committed to Honesty and Integrity

Optimism We are optimistic about the future for those we serve and for Tri-County.

Respect Everyone deserves to be treated with dignity and respect.

Excellence We will strive for excellence in all that we do.

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 Proposal (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 Liberty, Montgomery and Walker Counties, (Proposals). The individuals to be served under this arrangement must meet the DSHS definition for the Priority Population for Mental Health as determined by the Local Authority, which is included as Attachment A, and must also reside in the three county service area (Consumers).

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

1. To provide needed community mental health services as described in Attachment B.
2. To provide quality clinical care.
3. To achieve the desired outcomes at the most efficient cost possible.
4. To develop a network of providers that allows for more consumer choice.
5. To identify, implement and evaluate successful services based on Consumer outcomes so that these efforts can be replicated.

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6. To create meaningful collaborations between the Local Authority and the health care providers in the community.

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

Target Population:

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

Eligible Proposers:

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

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

Local Authority Responsibilities and Transition Goals:

The Local Authority’s responsibilities will include, but are not limited to, making appropriate referrals for services, reviewing claims and paying clean claims, and authorizing services rendered by the successful Proposer. The Local Authority is also responsible for utilization management and quality management over all services provided by the Proposer. The Local Authority ensures that the services address the needs of the Priority Population as required by the Department of State Health Services, and that those services comply with the rules and standards adopted under Section 534.052 of the Health and Safety Code. The Local Authority directs its activities based on its mission and values which can be found in on page 1 of this RFP.

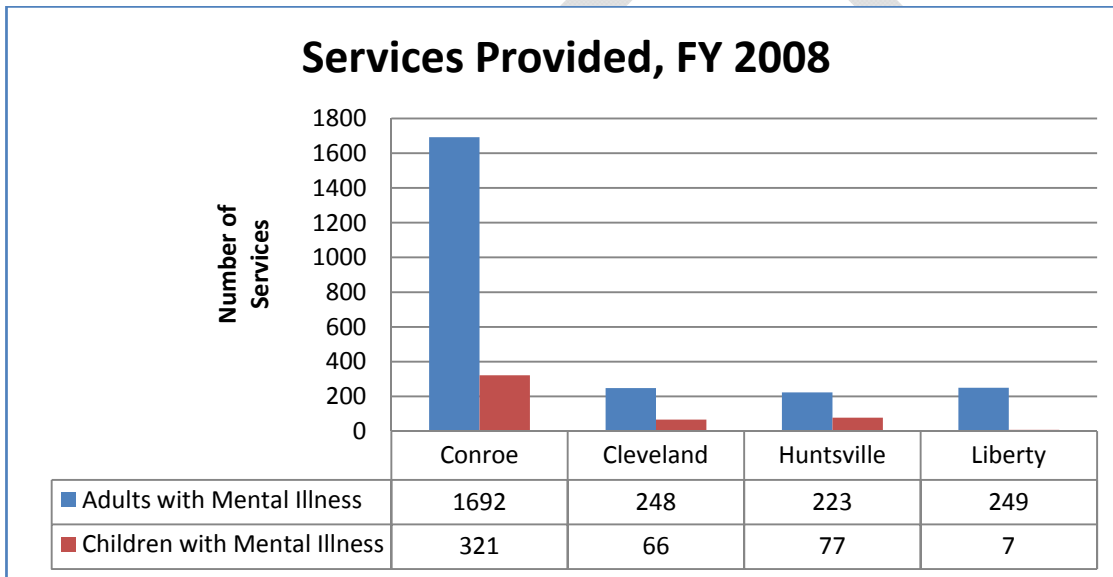
The Local Authority will be responsible for determining whether a client meets the Priority Population definition. The Local Authority must complete the initial Uniform Assessment

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on each client and identify the services to be provided. Clients determined to need these services will be offered a choice of providers from the Network.

All services must be authorized by the Local Authority's Utilization Management (UM) staff. An authorization number will be given specifying the number and type of services approved for each client. This number must be included on any bills for services and claims submissions. Quality Management (QM) staff will perform regular reviews of clinical services and program standards.

The Local Authority provided the following number of services in FY 2008 for persons with a mental illness or Severe Emotional Disturbance. This number represents persons who were seen in Service Packages (SP) which are included in this RFP only. The numbers below represent all consumers who would have been eligible to choose services from the proposer in FY 2008.



Services which will be procured for Adults:

*Service Packages as defined by the Texas Department of State Health Services' Resiliency and Disease Management (RDM) protocol.

- Adult Service Package 1-Psychiatry and Skills Training;
- Adult Service Package 2-Psychiatry, Cognitive Behavior Therapy, and Skills Training;
- Adult Service Package 3-Psychiatry, Psychosocial Rehabilitative Services (including Housing and Employment services)

Case Management for these packages will be provided by the Local Authority.

All crisis services associated with these packages will be provided by the Local Authority.

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Services must be provided as authorized by Local Authority UM staff and must meet RDM Service Definitions.

The current projection for the number of Adult consumers related to this RFP by SP and service location are:

	Service Package 1	Service Package 2**	Service Package 3
Montgomery County	84	10	12
Cleveland Area	23	2	3
Liberty Area	23	2	3
Walker County	23	2	3
Totals	153	16	21

**Sixteen consumers is the total capacity (100%) for Adult Service Package 2. There must be at least two providers of SP2 for the entire Service Package to be procured. If there is only one Successful Proposer, the Authority will have to retain a portion of this package to ensure consumer choice. If there is only one Successful Proposer, consumers will be allowed to choose this service from among Successful RFP Proposers and the Local Authority.

As indicated in the Local Authority's approved Provider Network Development plan, all successful proposals must include service to all three service packages and must serve persons in all four service areas – 55% Montgomery County, 15% Liberty Service Area, 15% Cleveland Service Area, 15% Huntsville Service Area.

Services which will be procured for Children:

*Service Packages as defined by the Texas Department of State Health Services' Resiliency and Disease Management protocol.

- Service Package 1.1-Psychiatry and Skills Training;
- Service Package 1.2-Psychiatry, Cognitive Behavior Therapy
- Service Package 4-Psychiatry

Case Management for these packages will be provided by the Local Authority.

All crisis services associated with these packages will be provided by the Local Authority.

Services must be provided as authorized by Local Authority UM staff and must meet RDM Service Definitions.

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211 **The current projection for the number of child consumers related to this RFP by SP**
212 **and service location are:**

	Service Package 1.1	Service Package 1.2	Service Package 4
Montgomery County	12	2	4
Cleveland Area	4	0	2
Liberty Area	4	0	2
Walker County	4	0	2
Totals	24	2	10

213
214 As indicated in the Local Authority's approved Provider Network Development plan, all
215 successful proposals must include service to all three service packages and must serve
216 persons in all four service areas – 55% Montgomery County, 15% Liberty Service Area,
217 15% Cleveland Service Area, 15% Huntsville Service Area.

218
219 **Successful Proposer Responsibilities:**

220 The Successful Proposer(s) shall maintain all records regarding treatment and/or services
221 to Consumers under this Contract for a period of six (6) years, and must allow the Local
222 Authority, the Department of State Health Services or their designates immediate access
223 during regular business hours to such records upon request. A full copy of all records shall
224 be provided to the Local Authority at the time of contract termination, if requested.
225 Successful Proposer(s) will be required to comply with all state and federal laws regarding
226 the confidentiality of consumers' records and nondiscrimination. Successful Proposer(s)
227 must comply with all applicable requirements of the Local Authority's then-current
228 contract with DSHS and any subsequent revisions. According to the Local Authority's
229 contract with DSHS, the Local Authority "shall ensure that all written agreements with
230 subcontractors incorporate the applicable terms" of their contract. Contracts between
231 DSHS and the Local Authority can change multiple times during the contract term. If there
232 is ever a question about contract requirements, the more restrictive requirement-whether
233 that be the DSHS contract or Local Authority contract with the Proposer-shall be the
234 expectation of the Successful Proposer. Successful Proposer(s) must also agree that their
235 names may be used, along with descriptions of the facilities, care, and services in
236 information distributed by the Local Authority in the list of its providers. Successful
237 Proposer(s) will actively assist in the disbursement of Consumer and advocate satisfaction
238 surveys. Successful Proposer(s) must develop a method to resolve disagreements with
239 consumers and stakeholders which will include consumer involvement. The process for
240 Consumer appeals and dispute resolution must be approved by the Local Authority and a
241 monthly report of all consumer/stakeholder appeals, disagreements and disputes must be
242 provided to the Local Authority for review. Successful Proposer(s) will be responsible for
243 peer review and quality assurance activities. Successful Proposer(s) must agree to
244 mediation or dispute resolution if unable to resolve disputes with the Local Authority.
245 Successful Proposer(s) must conform to all guidelines set forth in the Provider Manual
246 which is available for review upon request. Successful Proposer(s) will cooperate and
247 assist with and will not at any time prevent or hinder a consumer from changing providers.

248
249 The Successful Proposer(s) will have a well developed business model that:

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1. Is capable of electronically submitting all service data by the 5th day of the month following the date of service and is able to meet future changes to DSHS requirements on claim/encounter data or other Protected Health Information (PHI) submissions.
2. Is capable of reconciling billing to accounts receivable within thirty (30) days.
3. Is capable of submitting DSHS required information via the internet to DSHS sponsored data collection sites as needed.
4. Has business office staff that understands Resiliency and Disease Management (RDM) billing requirements.
5. Is capable of being credentialed to bill all Medicaid and Chip HMO's in the local service area (including Star Plus HMO's).
6. Will provide the Local Authority with the documentation necessary to determine benefits eligibility and Prescription Assistance Program (PAP) for consumers.

Additional Successful Proposer Considerations:

All General Revenue pharmacy services will be coordinated through the Local Authority's closed door pharmacy and Local Authority formulary restrictions will apply. Medication costs which exceed Local Authority Averages will be considered unauthorized.

Training, in compliance with the Department of State Health Services and the Texas Administrative Code, may be provided by the Successful Proposer or could be purchased from the Local Authority.

Televideo services, if used, must be in compliance with established service requirement from DSHS.

All Services must be provided in compliance with Texas Administrative Code, §412 G-MH Community Standards and the Department of Health Services Resiliency and Disease Management Evidence Based Practice protocol.

No payment will be made for client no-show or cancelled appointments.

Successful Proposers will be required to provide the Local Authority with a performance bond.

Payment for Services:

All services will be billed through the Local Authority. Clean claims will be paid to the Proposer within thirty (30) days of verification of a clean claim.

Proposal Instructions:

Proposers must follow the attached outline for submissions to facilitate objective review.

Proposals must be received no later than 10:00 a.m., September 15, 2009. Proposals must be sent to Tri-County MHMR Services, Provider Network Development Response, C/O Evan Roberson at PO Box 3067, Conroe, Texas 77305 or via courier at 1506 FM 2854, Conroe, Texas 77304. Proposals may be sent by regular mail or special carrier.

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Proposals may not be faxed. One (1) complete original, five (5) copies of the proposal and three (3) signed signature pages are required. Proposals will be time and date stamped upon receipt by the Local Authority. Proposals must be received sealed. Proposals may be withdrawn at any time prior to the Proposal Submission Date, provided that Local Authority is notified of any such withdrawal in a writing signed by the Proposer certifying authenticity. Alterations may be made before the official opening time provided such alterations are provided in writing and signed by the Proposer certifying authenticity. Local Authority reserves the right to reject any and all Proposals, to waive technicalities and to accept any advantages deemed beneficial to the Local Authority and its clients. It is our intent to evaluate proposals and negotiate costs and/or services in order to achieve the best value for Local Authority consumers. The negotiation process will be done in a confidential manner with no disclosures being made to other Proposers until after the Contract(s) is/are awarded.

Timetable:

<u>Activity</u>	<u>Date/Time</u>	<u>Location</u>
RFP Issuance	July 15, 2009	
Technical Assistance Workshop	August 15, 2009	Local Authority Administration
Proposals Due	September 15, 2009	
Bid Opening	September 15, 2009	
Contract Negotiation and Interview Period	October 23-November 30, 2009	
Site visits	October 23-November 30, 2009	Proposer sites
Final Contract Awards Announced	December 10, 2009	
Begin Transitioning Consumers to Selected Providers	January 1, 2010	
Contract Start Date	No later than February 1, 2010	

Consumers will be allowed to choose from eligible providers at Initial Eligibility Determination and at existing consumers quarterly treatment planning and assessment visit until the Successful Proposer (s) have the number of contracted consumers receiving services from them.

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Proposal Outline

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

- I. Business Demographics
- II. Organizational Structure
- III. Quality Management/Utilization Management
- IV. Services
- V. Budget/Financial
- VI. Risk Profile
- VII. Managed Care Profile
- VIII. Information Technology Capacity
- IX. Statement
- X. Rate Schedule
- XI. Assurances Document

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

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

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

Questions regarding this proposal should be mailed or emailed to Evan Roberson at the addresses listed above or at PNDQuestions@tcmhmr.org. Questions should reference the line number from the RFP. Amendments including questions and answers will be distributed to all those known to have received a copy of the RFP from the Local Authority. Proposers must acknowledge receipt of the amendments and consider these in

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the final Proposal. All answers to questions will be provided in writing and will be provided to all respondents.

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

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

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

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

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I. Business Demographics

Name _____

Title of Business _____

SS# _____ and/or Tax ID _____

Address _____

City _____ State _____

County _____ Zip Code _____

Business Phone _____ Fax # _____

Website address _____

Contact Person _____

Title _____

Phone # _____ Fax # _____

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

Billing Manager _____

Phone # _____ Fax # _____

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

1. _____

2. _____

3. _____

4. _____

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

Other Owners/Partners:

<u>Name</u>	<u>% Ownership</u>	<u>If corporate, list organization</u>
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

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

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

Years in Operation _____

Hours of Operation _____

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

II. Organizational Structure

- A. Attach a copy of the organizational chart, including names, titles and vacant positions, clearly indicating who will be the main point of contact with respect to any Contract -- Label as **Exhibit IIA**.
- B. List the names and business affiliations of board members or other governing body:

III. Quality Assurance/Utilization Review

- A. List all licenses, credentials, certifications, and/or accreditations the Proposer currently holds related to the Services. Provide copies of all licenses, certifications, and/or accreditations. -- Label as **Exhibit IIIA**.
- B. Provide a copy of the key management staff roster and their corresponding education and license credentials. Designate if they are full time, part time, or on call. Also provide any plans to hire additional staff required to serve this proposal. -- Label as **Exhibit IIIB**.
- C. List the level of experience providing services to adults/children with Severe and Persistent Mental Illness/Severe Emotional Disturbance (in years) for all staff which will provide services as a part of this contract. -- Label as **Exhibit IIIC**.
- D. Attach the Proposer's Quality Assurance Plan and Quality Assurance Program Reports for the last six (6) months. -- Label as **Exhibit IIID**.
- E. Describe the Proposer's internal utilization review procedures. Describe methods for ensuring that individuals are receiving services in accordance with internal standards of care. Provide copies of recent reports to payers showing the Proposer's performance relative to their utilization management requirements. -- Label as **Exhibit IIIE**.
- F. Provide a summary of the most recent consumer satisfaction surveys or other ongoing efforts to obtaining and evaluating consumer satisfaction. Describe how this information was obtained. -- Label as **Exhibit IIIF**.

IV. Services

- A. Describe how Proposer will communicate with the Local Authority regarding the Consumer referral process, and specifically describe the parameters around access. -- Label as **Exhibit IVA.**
- B. Identify units of Service, where Services are offered, who would provide Services (education and credentials), and the times of day and days of the week the Services would be available. Describe any value added services that the Proposer would make available for consumers. -- Label as **Exhibit IVB.**
- C. Describe the frequency and type of in-service training currently offered by the Proposer or provided to employees including, but not limited to, training related to patient rights and standards of services. -- Label as **Exhibit IVC.**
- D. Describe the Proposer's experience in working with Resiliency and Disease Management (RDM) and in providing services for persons with severe and persistent mental illness over the last five years. How have services been made accessible for those who are difficult to reach, either due to geography or dissatisfaction with the service delivery system? -- Label as **Exhibit IVD.**
- E. Describe the Proposer's history of working with this population on an outpatient basis and experience of working with persons who are not compliant with treatment. Describe the ability to treat persons with disabilities and persons with multiple diagnoses of a developmental disability/mental illness/substance abuse issue. Detail the specific population the Proposer intends to serve under this Proposal. Include ages and level of severity. -- Label as **Exhibit IVE.**
- F. Describe the Proposer's ability to work with persons who are hearing impaired, persons who have limited language skills and persons who speak a language other than English. Describe how the Proposer ensures cultural competency on the part of staff with regard to ethnic, racial, religious and sexual orientation differences. Include how you will meet the cultural and linguistic needs of the consumers in the Local Authority's local service area. -- Label as **Exhibit IVF.**
- G. Describe or attach policies and procedure which describe any process the Proposer presently has to receive communication from clients, family members and advocates, and to receive and resolve complaints and grievances. -- Label as **Exhibit IVG.**
- H. Describe any process to transition consumers from the Proposer's services as their level of functioning improves. -- Label as **Exhibit IVH.**

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- I. Describe any plans by the Proposer to assist with transporting consumers to scheduled appointments in areas where public transportation is not available. -- Label as **Exhibit IVI**.
- J. Describe how you will engage and involve consumers, legally authorized representatives and families at the policy and practice levels within your organization. -- Label as **Exhibit IVJ**.
- K. Describe any transition goals for Local Authority employees, if applicable. -- Label as **Exhibit IVK**.
- L. Describe the transition plan you intend to utilize for new Consumers referred by Local Authority to your services. -- Label as **Exhibit IVL**.
- M. 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. -- Label as **Exhibit IVM**.

V. Budget/Financial

- A. Indicate the percentage of revenues by source for July 2008 through June 2009 as indicated below. Create the following table:
-- Label as **Exhibit VA1**.

Legend: A = Admission / = Divide
 R = Revenue T = Total

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

<u>Pay source</u>	<u>Total Served</u>	<u>Total Revenue</u>	<u>% Served by Payer</u>	<u>% of Revenue by Payer</u>
Medicaid (Traditional, MQMB and QMB only- Does not include Managed Plans)	A1	R1	A1/TA	R1/TR
Medicare (does not include replacement plans)	A2	R2	A2/TA	R2/TR
Insurance (includes all indemnity, supplemental and replacement plans)	A3	R3	A3/TA	R3/TR
PPO/ HMO (includes all Medicaid and Medicare Managed Care plans)	A4	R4	A4/TA	R4/TR
CHIP	A5	R5	A5/TA	R5/TR
Government Direct	A6	R6	A6/TA	R6/TR
Champus	A7	R7	A7/TA	R7/TR

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Self Pay (Consumers paying 100% of published rates)	A8	R8	A8/TA	R8/TR
Grant	A9	R9	A9/TA	R9/TR
Indigent/Charity (Consumers without any pay source for services provided)	A10	R10	A10/TA	R10/TR
Other (please describe)	A11	R11	A11/TA	R11/TR
Total	TA	TR	100%	100%

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

B. If the respondent is a corporation that is required to report to the Securities and Exchange Commission, they must submit their two most recent SEC Forms 10K, Annual Reports. If any change in ownership is anticipated during the twelve (12) months following the Proposal due date, the respondent must describe the circumstances of such change and indicate when the change is likely to occur. -- Label as **Exhibit VB**.

C. Does Proposer own or lease current business properties? If leasing properties, note the upcoming expiration date of the leases. -- Label as **Exhibit VC**.

D. Describe any arrangements to subcontract all or part of these services. All subcontracts must be approved by the Local Authority, at its sole discretion. Name all proposed subcontractors and provide information on their staff credentials, licenses and certifications. -- Label as **Exhibit VD**.

E. If an individual, are any Child Support Payments delinquent? If so, explain in detail. -- Label as **Exhibit VE**.

VI. Risk Profile

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

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

C. Does anyone working for Proposer providing direct care or in management have any felony convictions? If yes, explain. Describe the process, if any, for checking on previous convictions of employees or applicants for employment. Attach any

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policies and procedures regarding the hiring and retention of persons with criminal histories. -- Label as **Exhibit VIC**.

- D. Has Proposer had any judgments or settlements entered against it in the last ten (10) years? If so, explain in detail. -- Label as **Exhibit VID**.
- E. Describe the process, if any, for checking on previous confirmed fraud, client abuse, client neglect, or rights violations of employees or applicants for employment, such as through CANRS, the Nurse Aide Registry, or the Employee Misconduct Registry. Describe or attach any current policies and procedures regarding client abuse, client neglect, or rights violations and the training of staff on these issues. -- Label as **Exhibit VIE**.
- F. Has Proposer been placed on vendor hold within the past five (5) years by any funding agency or company? If yes, explain. -- Label as **Exhibit VIF**.
- G. Does Proposer have a Letter of Good Standing which verifies that it is not delinquent in payment of Texas State Franchise Tax? Corporations that are non-profit or exempt from Franchise Tax are not required to have this letter, but instead must submit a 501C IRS Exemption form from the Comptroller Office. Attach and label as **Exhibit VIG**.
- H. Is Proposer currently held in abeyance or barred from the award of a federal or state contract? Has this occurred in the last 5 years? If so, explain. -- Label as **Exhibit VIH**.
- I. Has Proposer ever filed bankruptcy? If yes, describe in detail. -- Label as **Exhibit VII**.
- J. Has Proposer ever defaulted on any business lease arrangement? If so, describe in detail. -- Label as **Exhibit VIJ**.
- K. Provide a Certificate of Insurance showing liability insurance coverage (property and vehicles, including riders) and including directors' and officers' professional liability, errors and omissions, general liability, workers compensation and medical malpractice insurance -- Label as **Exhibit VIK**. Provide the name of the workers compensation carrier if Proposer has workers compensation coverage or self-funding documents, if self-funded.
- L. Attach any policies and procedures regarding medical records security -- Label as **Exhibit VIL**.
- M. Attach the Proposer's Corporate Compliance Program and/or Code of Conduct -- Label as **Exhibit VIM**.

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- N. Attach the organizations Compliance Plan which is compliant with the Deficit Reduction Act of 2005. (Include Corporate Compliance Documents as **Exhibit VIN.**)

VII. Managed Care Profile

- A. Describe the background and depth of experience with all of the managed care companies (including Medicaid Managed Care and CHIP) the Proposer currently contracts with or has previously contracted with. Include the duration of any relationships, numbers of clients served and specific services provided to managed care companies. -- Label as **Exhibit VIIA.**
- B. Provide Proposer's Medicaid Provider number(s). Have these ever been suspended or revoked? If so, explain. -- Label as **Exhibit VIIB.**
- C. Provide Proposer's Medicare Provider number(s). Have these ever been suspended or revoked? If so, explain. -- Label as **Exhibit VIIC.**
- D. Has Proposer ever been dropped from a managed care network? If so, explain. -- Label as **Exhibit VIID.**
- E. Submit contact information from at least three (3) entities for which Proposer has provided services similar to the Services requested by this RFP within the past two years. -- Label as **Exhibit VIIE.**
- F. Describe any contracts, Memoranda of Understanding, and/or employment relationships Proposer has with other state, city or county agencies in the Local Authority's local service area. -- Label as **Exhibit VIIF.**
- G. Describe any relationships with Star Plus managed care billing opportunities. -- Label as **Exhibit VIIG.**

VIII. Information Systems

The Local Authority uses the Anasazi Clinical Information System (Anasazi). The Local Authority's Anasazi system must be used by the Successful Proposer for the entry of all data associated with this Proposal. The Anasazi system is web-based and is available 7 days a week, 24 hours a day. Training by the Authority will be required of all Proposer staff which are required to enter their services in the Anasazi system. This training will be provided by the authority and all staff who use the system must attend a face to face training class. All clinical staff must enter their own data into Anasazi; data entry staff for clinical information will not be permitted. Clinicians will have an electronic signature and must sign an affidavit regarding their use of this electronic signature which includes corporate compliance ramifications for the Proposer if the password is shared or otherwise misused.

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Successful Proposers will be required to sign an agreement with Anasazi to protect proprietary information about the software design.

Successful proposers may be required to pay the Local Authority for support requests which are attributable to their errors.

Successful Proposers may be required to pay for a nominal license fee for the use of the Anasazi system; specifically including the E-Prescribing software known as Doctor's Homepage.

- A. The Proposer should describe their standard computer hardware, including the operating system, their internet connection, their mobile technology capabilities, their email system, and plans for ensuring that data is entered in compliance with TAC §412G. -- Label as **Exhibit VIIIA**.

IX. Statement

- A. Provide a statement detailing why Proposer's services best meet the needs of persons with mental illness (Priority Population). Identify any best practices Proposer is currently utilizing in delivering services similar to the Services sought under this RFP. -- Label as **Exhibit IXA**.

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

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

X. Rate Schedule

- A. For each Service identified below, describe Proposer's proposed rates. Services are described in Attachment B. Please indicate whether rates shown are on a fee-for-unit-of-services basis, case rate, or capitated rate. Describe the methodology for setting these rates, including how administrative overhead is allocated. Provide a detailed proposed budget summary for the services. -- Label as **Exhibit XA**.

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Service	DSHS Standard Unit Length
Pharmacological Management (Adult)	25 Minutes
Skills Training (Adult)	15 Minutes
Cognitive Behavioral Therapy (Adult)	60 Minutes
Psychosocial Rehab (Adult)	15 Minutes
Pharmacological Management (Child)	15 Minutes
Skills Training (Child)	15 Minutes
Cognitive Behavioral Therapy (Child)	60 Minutes

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Note to Proposers: any rate over the Medicaid rate for services will result in no points for this portion of the RFP.

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- B. Describe Proposer's process for collecting a Consumer's Monthly Ability to Pay, co-pays, deductibles, etc. -- Label as **Exhibit XB**.

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XI. Assurances Document

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Proposer assures the following:

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

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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.

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

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

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5. Proposer accepts the terms, conditions, criteria, and requirement set forth in the RFP.

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6. Proposer accepts the Local Authority's right to cancel the RFP at any time prior to Contract award.

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7. Proposer accepts the Local Authority's right to alter the time tables for procurement as set forth in the RFP.

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8. The Proposal submitted by the Proposer has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.

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9. Unless otherwise required by law, the information in the Proposal submitted by the Proposer has not been knowingly disclosed by the Proposer to any other Proposer prior to the notice of intent to award.

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- 741 10. No claim will be made for payment to cover costs incurred in the preparation of the
742 submission of the Proposal or any other associated costs.
- 743 11. Local Authority has the right to complete background checks and verify
744 information.
- 745 12. The individual signing this document and the Contract is authorized to legally bind
746 the Proposer.
- 747 13. The address submitted by the Proposer to be used for all notices sent by the Local
748 Authority is current and correct.
- 749 14. No employee of the Local Authority or DSHS, and no member of the Local
750 Authority's Board will directly or indirectly receive any pecuniary interest from an
751 award of the proposed Contract. If the Proposer is unable to make the affirmation,
752 then the Proposer must disclose any knowledge of such interests.
- 753 15. That the Respondent is not currently held in abeyance or barred from the award of a
754 federal or state contract.
- 755 16. That the Respondent is not currently delinquent in its payments of any franchise tax
756 or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act,
757 Texas Civil Statutes, Article 2.45.
- 758 17. Proposer shall disclose whether any of the directors or personnel of Proposer has
759 either been an employee or a trustee of Local Authority within the past two (2)
760 years preceding the date of submission of the Proposal. This requirement applies to
761 all personnel, whether or not identified as key personnel. If such employment has
762 existed, or term of office served as trustee, the Proposal shall state in an attached
763 writing the nature and time of the affiliations as defined. (See Attachment C)
- 764 18. Proposer shall identify in an attached writing any trustee or employee of Local
765 Authority who has a financial interest in Proposer or who is related within the
766 second degree by consanguinity or affinity to a person having such financial
767 interest. Such disclosure shall include a complete statement of the nature of such
768 financial interest and the relationship, if applicable. Moreover, Proposer shall state
769 in an attached writing whether any of its directors or personnel knowingly has had
770 a personal relationship with employees or officers of Local Authority within the
771 past two (2) years.
- 772 19. No former employee or officer of DSHS, DADS, and/or Local Authority directly or
773 indirectly aided or attempted to aid in procurement of Proposer's service.
- 774 20. Proposer shall disclose in an attached writing the name of every Local Authority
775 key person with whom Proposer is doing business or has done business during the
776 365 day period immediately prior to the date on which the Proposal is due; failure
777 to include such a disclosure will be a binding representation by Proposer that the
778 natural person executing the Proposal has no knowledge of any key persons with
779 whom Proposer is doing business or has done business during the 365 day period
780 prior to the immediate date on which the Proposal is due.

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21. Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, “vendor or applicant” shall mean Proposer; “contract, bid or application” shall mean the Proposal; and “this contract” shall mean any Contract awarded to the Successful Proposer.
22. That the Organization will provide the Local Authority with a Performance Bond to ensure contract compliance.

Signature Authority for the Provider

Title of Organization

Date

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Attachment A

Mental Health

Target/Priority Population Definition

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

- * Children and adolescents under the age of eighteen who have a diagnosis of mental illness who exhibit severe emotional or social disabilities which are life-threatening or require prolonged intervention.
- * Adults who have severe and persistent mental illnesses such as:
 - Schizophrenia
 - Major Depression
 - Bipolar Disorder
 - Schizoaffective Disorder

Only the Local Authority may determine 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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(Attachment A cont.)

Guide to Operationalizing the Mental Health Priority Population

Population	If the person is ...	And has a ...	And ...	And ...	Then the person is ...
Children	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.
Adults	18 or older	DSM-IV diagnosis of: * schizophrenia * schizoaffective disorder * bipolar disorder, or * major depression			initially eligible for DSHS state-funded MH services.

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Attachment B

Service Package	Services to be contracted associated with this RFP
Adult Service Package 1	Pharmacological Management*, Skills Training
Adult Service Package 2	Pharmacological Management*, Cognitive Behavioral Therapy, Skill Training
Adult Service Package 3	Pharmacological Management*, Psychosocial Rehabilitation (including Supported Employment and Supported Housing)
Child Service Package 1.1	Pharmacological Management*, Skills Training
Child Service Package 1.2	Pharmacological Management*, Cognitive Behavioral Therapy
Child Service Package 4	Pharmacological Management*

*Pharmacological Management includes the associated Supplemental Nursing Services for one rate.

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

Services associated with this RFP are almost exclusively for persons who have General Revenue as a payer source. Authorized units will be based upon Local Authority services for these consumers.

Resiliency and Disease Management (RDM) Service Delivery Requirements

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

1. Licensed Practitioner of the Healing Arts (LPHA) – includes Physician, APN, LCSW, LPC, and LMFT
 - a. Required Training
 - i. Texas Implementation of Medication Algorithm (TIMA) (prescribers only)
 - ii. Co-Occurring Psychiatric and Substance use Disorders (COPSD)
 - iii. Cognitive Behavioral Therapy (therapists only)

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- iv. Resiliency and Disease Management Guidelines
- v. Medicaid Rules
- vi. Uniform Assessment - RDM
- vii. Treatment Planning and Documentation
- viii. Prevention and Management of Aggressive Behavior
- b. Be able to meet Credentialing Requirements
- c. Be able to pass annual Criminal History Background check that includes State bars to employment
- 2. Qualified Mental Health Professional (QMHP) – Degreed in a social services field
 - a. Required Training
 - i. Co-Occurring Psychiatric and Substance use Disorders (COPSD)
 - ii. Skills Training Techniques
 - iii. Resiliency and Disease Management Guidelines
 - iv. Medicaid Rules
 - v. Uniform Assessment – RDM
 - vi. Treatment Planning & Documentation
 - vii. Prevention and Management of Aggressive Behavior
 - b. Be able to meet Credentialing Requirements including supervision by an LPHA
 - c. Be able to pass an annual Criminal History Background check that includes State bars to employment

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

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

RDM Minimum Service Delivery Requirements

- 1. Covered individuals must receive the minimum hours of service prescribed in the DSHS UA-RDM Utilization Guidelines. Failure to deliver the minimum hours of

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- services could result in DSHS imposed penalties. Delivery of services in excess of the number of units authorized will result in unpaid claims.
2. Failure to provide at least one service in a 180-day period to a covered individual could result in a DSHS imposed penalty.

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

- DSHS LMHA Performance Contract at:
<http://www.dshs.state.tx.us/mhcontracts/ContractDocuments.shtm>
- 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 (PDF, 659 KB) at:
http://www.dshs.state.tx.us/mhprograms/RDM/documents/RDM_Program_Manual.pdf
- <http://www.dshs.state.tx.us/mhprograms/TIMA.shtm>
- Texas Administrative Code Rules:
 - o Chapter 404, Subchapter E, *Rights of Persons Receiving Mental Health Services*
 - o Chapter 405, Subchapter K, *Deaths of Persons Served by TDMHMR Facilities or Community Mental Health and Mental Retardation Centers (rev.6/95)*
 - o Chapter 411, Subchapter G, *Community MHMR Centers*
 - o Chapter 412, Subchapter G, *Mental Health Community Services Standards*
 - o Chapter 414, Subchapter A, *Client-Identifying Information*
 - o Chapter 414, Subchapter K, *Criminal History Clearances*
 - o Chapter 414, Subchapter L, *Abuse, Neglect, and Exploitation in Local Authorities and Community Centers*
 - o Chapter 419, Subchapter L, *Medicaid Rehabilitative Services*

Sanctions and Penalties:

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

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Attachment C

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.

<u>Section</u>	<u>Total Possible Points</u>
I. Business Demographics	*
II. Organizational Structure	5
III. Quality Management/Utilization Management	20
IV. Services	20
V. Budget/Financial	10
VI. Risk Profile	10
VII. Managed Care Profile	5
VIII. Information System	2.5
IX. Statement	5
X. Rate Page	20
XI. Assurances Document	*
TOTAL:	

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

A minimum score of 80 out of 100 must be achieved for a Proposer to be selected.

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 Mental Health Planning and Network Advisory Committee (MHPNAC). The MHPNAC will review the proposals with regard to the following factors:

1. Quality of care for the consumers
2. Consumer access to services
3. Review of proposers staff qualifications-specifically providing RDM Services and/or services to persons with Severe and Persistent Mental Illness or Severe Emotional Disturbances
4. Review of any new or revised service delivery plans
5. Rates

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982 The Local Authority administrators will review the proposals and the scores to ensure fair,
983 complete and impartial review of all Proposals. The MHPNAC and administrators will
984 make recommendations to the Local Authority's Board of Trustees regarding the award of
985 Contract(s). The negotiation process will attempt to elicit bids that provide the best value
986 for the public dollar while ensuring quality services. All negotiated Contracts must be
987 approved by the Local Authority's Board of Trustees prior to award and implementation.

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