Coastal Plains
Community MHMR Center

REQUEST FOR APPLICATIONS (RFA 2011-001)

This RFA is issued by COASTAL PLAINS COMMUNITY MHMR CENTER (CPMHMR), an agency, authorized by Article 5547-203 of the Texas Revised Civil Statues Annotated (1965), as amended, establishes the duties and authority of the community centers of mental health and mental retardation services. This RFA contains the requirement that all applications must meet to be considered by CPMHMR for selection. Failure to conform to requirements of the RFA will result in rejection of the application without any further consideration. The offerer is solely responsible for the preparation and submission of an application in accordance with instructions contained in this RFA.

Counseling Services to be Purchased:

- **Cognitive Behavioral Therapy**
- **For eligible children, adolescents, and adults with mental illness, who are residents of Kleberg, Kenedy, Jim Wells, Duval, Brooks, Bee, Live Oak, Aransas, and San Patricio Counties**
- **At a rate of $45 per hour**
- **CBT therapy may be provided at the Center's clinic (space permitting) or in their private office.**

Credentials Required: **Licensed Professional Counselor (LPC) with one year post license counseling experience, Licensed Clinical Social Worker, Licensed Marriage and Family Therapist or Licensed Psychologist.**

Training Required: **Completion of an approved course of Cognitive Behavioral Therapy is required prior to providing services. This training will be provided by CPMHMR if needed.**

- **Satisfactory completion of a 28 hour State approved CBT training curriculum, which includes 20 hrs of essential Elements Training in CBT and 8 hours of experiential training (i.e. structured discussion and feedback from audio, video taped sessions and or therapy sessions).**
- **Training includes documentation requirements.**
- **Training will be reimbursed at a rate of $20.00 per hour upon successful completion of all 28 hours of training and the participants agreement to provide CBT therapy to patients of Coastal Plains MHMR for a period of one year.**

Contact Person: All inquiries about this RFA should be directed to:

Dan Donnelly, Director of Mental Health Services
200 Marriott
Portland TX 78374
(361) 777-3991

Submission of Completed Application:
All applications must to be addressed to:

Theresa Guerra, Director of Authority Functions
200 Marriott
Portland TX 78374
CONFIDENTIAL: RFA 2011-001

First round of applications will be reviewed on **September 27, 2010**. We will continue to accept applications after that date.

Incomplete applications will not be considered. Electronically submitted applications will not be considered.

COVERED SERVICES – Cognitive Behavioral Thereapy
The hourly rate of $45 shall include but is not limited to the following requirements and covered services:

1) Review of Assessment material, including diagnosis, GAF, and identified concerns.
2) Therapist and consumer collaborate and concentrate on key areas of personal or interpersonal concern.
3) Therapist uses approved curriculum throughout counseling sessions.
4) Therapist takes an active role in prompting consumer in treatment engagement and functioning.
5) Therapist works within a time-limited context, emphasizing the need for change.
6) Tasks are given for the consumer to work on outside the session.

Other requirements

7) Treatment plan submitted to Case Manager
8) Progress notes contain elements required by State Authority and indicate progress toward goals.
9) Written discharge summary is provided to the Center 15 calendar days after discharge or discontinuation of service.
10) All counseling services are provided by a Licensed Practitioner of the Healing Arts as defined by State of Texas Medicaid Authority.
11) Consumers are provided timely access to services - within seven working days of referral.

SPECIFIC APPLICATION REQUIREMENTS
Each must include the following:

1) Transmittal Letter - Submit a signed letter briefly addressing the offeror's understanding of the work to be done, the commitment to do the work detailed within this RFA and a statement explaining why the offeror believes itself to be qualified to do the required work.
2) Detailed Application – for each Counselor applicant
3) References - Provide at least 2 professional references with phone numbers
4) Proof of Texas Licensure - Attach a copy of current license(s) of all applicants. If an organization is applying, attach copies of licenses for all individuals who will provide services.
5) Proof of Professional Liability Insurance with a minimum amount of $100,000
6) Signed Assurances and Certifications form (attachment #3)

AWARD CRITERIA
The following qualifications are required in order to complete a contract for Counseling/CBT.

Cultural Competence
Proven ability to provide high quality services, evidenced by description of work experience, references
Valid professional license to practice in the state of Texas (+ one year post-license experience for LPC's)
Current Professional Liability Insurance
No history of felony conviction
No history of confirmed client abuse, or neglect
No history of sanctions by Medicaid or Medicare

ATTACHMENT 1

APPLICATION

(one form per Counselor applicant)

Applicant: _____

Title of Service: _____ SSN#/TIN: _____

Address: _____ City: _____ Zip: _____

Business Phone: _____ Fax: _____

Hours of Operation: _____

Billing Manager: _____ Phone: _____ Fax: _____

Other Business Locations in this Market Area:

1. _____
2. _____
3. _____
4. _____

Other Owners/Partners:

	Name	% Ownership	If Corporate, List Organization
1.	_____	_____	_____
2.	_____	_____	_____

Languages spoken: _____

Counseling License Number/State: _____

Number of years experience before licensure, and after _____

Please, describe your experience in working with various cultures

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_____
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Please, describe in detail experience in counseling Adult clients

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Please, describe in detail experience in counseling Child/Adolescent clients

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Please, describe in detail any specialty areas of practice

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Description of plan to provide the requested services, including location of service delivery

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Please describe your past experience with Cognitive Behavioral Therapy.

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Risk Profile

1) Do you or anyone working in your organization, who are providing services, have any felony convictions? ☐ Yes ☐ No
2) Have you or any of your employee's (or subcontracted employees) had any validated client abuse, client neglect, or client rights violation claims in the past five years. ☐ Yes ☐ No
3) Have you or any of your employee's had a professional license suspended or revoked? ☐Yes ☐No
4) Have you or any of your employee's had Medicaid or Medicare sanctions? ☐Yes ☐No
5) For any "yes" answers to questions 1 through 4, please, attach a detailed explanation.
6) Are you mentally and physically able to perform the covered services? ☐Yes ☐No
7) If "no" for question 6, please explain _____

_____

8) Attach copy of Counseling, Social Work, Psychology license.
9) Attach proof of Professional Liability Insurance.
10) Attach consent to release information from past and present insurance carriers.
11) List any lawsuits or litigation involving your organization during the past five years. Provide details.

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Note to applicant: Coastal Plains MHMR completes a credentialing process and will verify your degree and license information prior to completing a contract. You have the right to review this information. You also have the right to correct any erroneous information that the Center receives for the purposes of credentialing.

_____ _____

Applicant Signature Date

For MHMR office use only

Credentialing Committee approval

_____ _____ _____

_____

Date

Provider is privileged to perform duties as described in contract

_____ _____

Date

ATTACHMENT 2

ASSURANCES AND CERTIFICATIONS

I understand that I, or my organization, known collectively as "Offeror", must comply with each of the assurances listed below if awarded a contract in response to this solicitation. I am legally authorized to bind my organization to the following assurances, as signified by my signature at the end of this section. I understand that my failure to sign this section and certify all of these assurances may result in disqualification of this application.

1) Offeror has made no attempt nor will make any attempt to induce any person or firm to submit or not submit an application.
2) Offeror will comply with the requirements of the Immigration Reform and Control Act of 1986 and Immigration Act of 1990 regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986, described in this application who will perform any labor or services.
3) Offeror will comply with all federal statutes relating to nondiscrimination. These include but are not limited to Title VI of the Civil Rights Act of 1964 (Public Law 88-352) which prohibits discrimination on the basis of race, color or national origin; Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112), which prohibits discrimination on the basis of handicaps; the American with Disabilities Act of 1990 (Public Law 101-336); and all amendment to each, and all requirements imposed by the regulations issues pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age).
4) Offeror certifies that neither it nor its officers or employees is involved in other activities or relationships with other persons that cause Offeror to be unable or potentially unable to render impartial assistance or advice to CPMHMR, or that impair or might impair the Offeror's objectivity in performing work under the contract or that cause Offeror to have an unfair competitive advantage.
5) Offeror accepts the terms, conditions, criteria and requirements set forth in the RFA.
6) Offeror accepts CPMHMR's sole right to cancel the RFA at any time CPMHMR so desires.
7) Offeror accepts CPMHMR's sole right to alter the timetables for procurement as set forth in the RFA.
8) Offeror agrees that no claim will be made for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
9) Offeror owes no funds to CPMHMR or the State of Texas for unresolved audit exceptions. An unresolved audit exception is an exception for which the Offeror has exhausted all administrative and/or judicial remedies and has failed to comply with any resulting demand for payment.
10) Offeror agrees that all processes and products resulting from this contract award will be the property of the State of Texas.
11) Offeror agrees to ensure that information about individuals served by CPMHMR will be kept confidential according to federal and state laws and regulations.
12) Offeror certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal or state Agency or agency.
13) Offeror, if it is a corporation, is either not delinquent in its franchise tax payments to the State of Texas, or is not otherwise subject to payment of franchise taxes to the State of Texas.
14) Neither Offeror nor any member of Offeror's staff or governing authority has participated in the development of specific evaluation criteria for award of this contract, nor will participate in the selection of the successful Offeror awarded this contract.
15) No principal of Offeror's has worked as an employee for CPMHMR in the past year.
16) Offeror has not retained or promised to retain an entity or used or promised to use a consultant that has participated in the development of the specific criteria for the award of this contract or that will participate in the selection of the successful Offeror awarded this contract.
17) Offeror agrees to provide CPMHMR with information necessary to validate any statements made in this application, as requested by CPMHMR, including but not limited to, allowing access for on-site

observation, granting permission for CPMHMR to verify information with third parties, and allowing inspection of Offeror's records. Offeror understands that failure to substantiate any statements made in the application as requested by CPMHMR may result in disqualification of the offer.

18) As provided by Texas Family Code, Section 231.006, a child support obligor who is more than 30-days delinquent in paying child support and a business entity in which the obligor is a sole proprietor, partner, shareholder, or owner with an ownership interest of at least 25% is not eligible to receive payments from state funds under a contract to provide property, materials, or services or receive a state-funded grant or loan. Offeror certifies that it is not ineligible to receive the payments under this contract and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.
19) Offeror certifies that any Health and Human Services agency or Public Safety and Criminal Justice agency has not revoked its license, permit, or certificate.
20) Neither Offeror nor its officers and employees have given, offered to give, or intend to give any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public employee in connection with the submitted offer.
21) Offeror certifies that none of the funds paid by CPMHMR pursuant to any contract resulting from this RFA will be used to pay any person for influencing or attempting to influence an officer or employee of any agency, a member, officer or employee of Congress or the state legislature or for obtaining any federal or state contract.
22) Offeror certifies that it has not filed for protection under any state or federal bankruptcy law.
23) Offeror certifies that none of Offeror's property, plant or equipment has been subject to foreclosure or repossession within the preceding 10-year period.
24) Offeror certifies that it has not had any debt declared in default and accelerated to maturity within the preceding 10-year period.

Offeror: _____

Address:_____
_____
_____

Person to contact regarding inquiries:

Name_____Title_____Phone_____

_____ _____
Signature of Offeror Date