



## **Request for Application**

### **Section I. General Information about Community Healthcore**

Sabine Valley Regional MHMR Center d/b/a Community Healthcore is a Community Mental Health and Intellectual Disability Center established under Section 534.001 of the Texas Health and Safety Code. By definition in Section 534.001, a community center is: (1) an agency of the state, a governmental unit, and a unit of local government, as defined and specified by Chapters 101 and 102, Civil Practice and Remedies Code; and (2) a local government, as defined by Section 791.003, Government Code.

Community Healthcore has been determined to be exempt from federal income tax under Section 501(a) of the Internal Revenue Code as an organization described in Section 501(c)(3).

Furthermore as a unit of local government it is not allowed to indemnify other entities.

#### **Community Healthcore's Mission**

Helping people achieve dignity, independence and their dreams.

#### **Authority to Build a Network of Providers**

Pursuant to Texas Administrative Code Title 25, Part 1, Chapter 412, Subchapter B, Rule §412.60 and Texas Administrative Code Title 40, Part 1, Chapter 2, Subchapter B, Rule §2.60, the Local Mental Health Authority and Local Intellectual and Developmental Disability Authority have the authority to acquire community services for individuals with behavioral health needs and/or intellectual/developmental disabilities by certain procurement methods. This Request for Applications (RFA) invites and encourages the submission of applications (each, an "Application" and collectively, the "Applications", and any party submitting an Application, an "Applicant") from those interested in entering into one or more contracts (each a "Contract" and collectively the "Contracts") with Community Healthcore. Each qualified Applicant(s) under this RFA (each a "Successful Applicant" and collectively, the "Successful Applicants") will be eligible to enter into a Contract with Community Healthcore to provide one or more of the community-based services more specifically described herein in Section V. Services Currently Posted for Request for Application.

This RFA invites the submission of Applications from those interested in being considered for a Contract with Community Healthcore for the purpose of offering Services for (as applicable) to Individuals of the Center.



## **Section II. Service Provider Eligibility Requirements**

To be eligible to receive a Contract with the Local Authority, an Applicant must:

- 1) Demonstrate the ability to provide Services in compliance with Local Authority's Contract requirements; and
- 2) Meet minimum educational, licensing and credentialing requirements for Services delivered under this RFA, as described in this RFA.
- 3) Provide official documentation indicating Applicant and, as applicable, each employee of Applicant who will provide Services, has undergone screening for tuberculosis within the prior year and thereafter complete such screening on an annual basis. Furthermore, Applicant shall follow Local Authority's policies and procedures for further requirements if screening results in a positive reading.
- 4) Notwithstanding the above, Applicants must be eligible or registered to do business in Texas. In any situation where a consortium of providers plans to submit a single Application in response to this RFA, a single entity responsible for Services must be identified to be the party to the Contract, and must demonstrate, to the Local Authority's reasonable satisfaction, the ability to manage funds.

## **Section III. Responsibilities**

### Local Authority Responsibilities

Community Healthcore as the Local Authority will ensure provision of service coordination/case management and facilitate an Individual's selection of Service providers, authorize Services, review claims and pay for appropriate, authorized Services rendered by the Service providers in its network. The Local Authority is also responsible for utilization management and quality assurance. The Local Authority ensures that contracted Services addressing Individual needs are provided as required by Texas Health and Human Services Commission (HHSC), and other funders. The Local Authority does not guarantee that any referrals will be made to any service provider within its network of providers.

### Service Provider Responsibilities

Each Successful Applicant must submit all original documentation reflecting Service provision and will maintain additional secondary records regarding treatment and/or Services rendered to Individuals, and allow the Local Authority access to such records upon request. Each Successful Applicant is required to comply with all state and federal laws regarding the confidentiality of Individuals' records and nondiscrimination. Successful Applicants providing Services will actively assist in the disbursement of Individual and advocate satisfaction surveys, and will obtain prior authorization, provide acceptable levels of care, and maintain acceptable levels of liability insurance (see Attachment C), and appropriate licenses and accreditations. Each Successful Applicant also agrees that its name, contact information and certain other pertinent information may be used, along with a description of its facilities, care, and



services, in any information distributed by the Local Authority listing its Service providers. Successful Applicants must comply with the rules and standards adopted under Section 534 of the Texas Health and Safety Code, applicable local, state, and federal laws, rules and regulations, and the applicable contract between the Local Authority and HHSC and/or any other funding entity, as applicable.

Each Successful Applicant must comply with the Local Authority's Policies and Procedures, and training through Relias Learning.

Community Healthcore will make available Relias, SAMA, and CPR/First Aid at no cost for successful applicants. Training is the responsibility of the applicant and will not be reimburse for training unless specified in "Rate of Payment" in Section V.

## **Section IV. Instructions for Submission of Applications**

To facilitate and ensure an objective review, Applicants must follow the instructions below Application submission. Community Healthcore expressly reserves the right not to evaluate any Application that is not submitted according to the instructions below.

The following information is provided at the end of this document to assist in the application process:

- Key Persons List
- Acronyms Glossary
- Liability Insurance Requirements

Applicants must submit the completed Application located on the following link:

<https://communityhealthcore.com/about-us/contractors/request-for-application/>

(e.g. Application for Individuals or Application for Organizations) with all required attachments to email or address below.

RequestRFA@communityhealthcore.com

or

Community Healthcore  
ATTN: RequestRFA  
PO BOX 6800  
Longview, TX 75608

Applications must be submitted on or before the end date as posted in Section V. Services Currently Posted for Request for Application. In the future, other open enrollment periods for various services may be announced to ensure availability of adequate numbers of Service providers to meet the volume of demand for those services.



False statements or information provided by an Applicant may result in disqualification from or termination of enrollment into the network. The Local Authority reserves the right to reject any and all Applications, to waive technicalities, and to accept any advantages deemed beneficial to the Local Authority and the Individuals.

Each Applicant is responsible for ensuring that documents for potential enrollment are submitted completely and on time. The Local Authority expressly reserves the right not to evaluate any enrollment documents that are incomplete or late. Any attached form(s) must be completed by each Applicant to be considered for possible enrollment in the network.

Each Application shall be subject to disclosure as provided by the Texas Public Information Act, Chapter 552 of the Texas Government Code, and any other applicable laws, rules and/or regulations. Applicants must clearly identify any claimed trade secrets and confidential information contained in the Application.

Applicant agrees that, if eligible to receive a Contract, will accept Community Healthcore Contract as printed and the fees listed below as payment in full for approved Services contained within the Contract. A sample copy of Community Healthcore Contract can be obtain by emailing [RequestRFA@communityhealthcore.com](mailto:RequestRFA@communityhealthcore.com).

Successful Applicants shall ONLY submit a claim or bill or collect compensation from Local Authority for any Service for which it has submitted an Application, been approved, given a Contract to provide. Applicant agrees that compensation for providing services not covered by its approved Application and Contract will be solely between the Individual and the Applicant. The Client must be informed in writing of his/her obligation to pay for services not included in Applicant's approved Application and Contract before they are provided, and that the Local Authority is not responsible for payment for such services.



## Section V. Services Currently Posted for Request for Application

*All Persons receiving services must reside within the area to be eligible.*

MENTAL HEALTH SERVICES				
Persons eligible for the MH program must: 1. Be age 3 to 17 for Children Mental Health Services and, 18 and over for Adult Mental Health Services. 2. Meet clinical eligibility criteria: a) <b>Adult Mental Health (MH) Priority Population</b> -Adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, post-traumatic stress disorder, delusional disorder or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment. b) <b>Child and Youth Mental Health (MH) Priority Population</b> – The children’s mental health priority population are children ages 3 – 17 with serious emotional disturbance (excluding a single diagnosis of substance abuse, intellectual or developmental disability, or autism spectrum disorder) who have a serious functional impairment or who: (1) Are at risk of disruption of a preferred living or children care environment due to psychiatric symptoms, or (2) Are enrolled in special education because of a serious emotional disturbance.				
Detailed Service Description	Area to be Served	Service Providers Eligibility Requirements	Rate of Payment and Method used	Open / Close Date
<b>Psychiatrist</b> Provide Tele Medicine services for children, adolescents and adults <ul style="list-style-type: none"> <li>• Psychiatric Evaluations</li> <li>• Psychiatric Follow-ups</li> <li>• Quarterly face to face meetings with families of persons served, and/or virtual.</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual <ul style="list-style-type: none"> <li>• Current licensed from the Texas Medical Board</li> <li>• Completion of a residency or fellowship in psychiatry</li> <li>• Current Certificate of Professional Liability Insurance</li> </ul> Revised 110/3/2022	<ul style="list-style-type: none"> <li>• \$120.00 per hour</li> </ul>	
<b>Registered Nurse</b>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual <ul style="list-style-type: none"> <li>• Licensed in the State of Texas Registered Nurses or compact licensure</li> <li>• Working 12 hour shifts 7a to 7p or 7p to 7a.</li> </ul>	<ul style="list-style-type: none"> <li>• \$55 an hour for 7a to 7p</li> <li>• Pay \$58 an hour for 7p to 7a (includes a \$3 per hour shift differential)</li> </ul>	
<b>Mental Health First Aid</b> Provide and 8-hour Youth Mental Health First Aid training to teachers and school personnel, either on site at a school campus or at the Region 7 Education Service Center	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual <ul style="list-style-type: none"> <li>• Completion of a 32 training course on Youth Mental Health First Aid</li> <li>• Certified Mental Health First Aid Instructor by the National Council for Behavioral Health</li> <li>• Current certificate</li> <li>• Current Certificate of Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Flat fee of \$550.00 per class - travel expenses included</li> </ul>	



<p><b>LPC Clinical Supervision</b> Provide Supervision of LPC services:</p> <ul style="list-style-type: none"> <li>• Interns supervision for LPC-1 and University Visits</li> <li>• Supervision of Mid-Level Provider</li> </ul>	<p>Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk &amp; Upshur</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• License through the State of Texas</li> </ul>	<ul style="list-style-type: none"> <li>• LPC-1 Supervision - \$65 per hour</li> <li>• University Visit - \$100.00 per visit</li> </ul>	
<p><b>Inpatient Psychiatric Services</b></p> <ul style="list-style-type: none"> <li>• Provide services for Center catchment area</li> <li>• 3-day Initial Authorization</li> </ul> <p>Follow Utilization Guidelines as included in the contract</p>	<p>Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk &amp; Upshur</p>	<p>Organization State of Texas Licensed for Psychiatric Inpatient Treatment Facility</p>	<ul style="list-style-type: none"> <li>• \$600 a day</li> </ul>	
<p><b>Dietitian</b> Make quarterly visits to Pegues Place to complete a Food Safety and Sanitation inspection; and Complete nutrition assessments of clients at the request of the program manager.</p> <ul style="list-style-type: none"> <li>• Dietitian services requested in other residential facilities will be mutually agreed upon by both parties and reflected in contract.</li> </ul>	<p>Gregg</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Current license to provide service</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition services \$65 per hour</li> <li>• Training \$20 per hour</li> </ul>	



INTELLECTUAL / DEVELOPMENTAL DISABILITY SERVICES				
<p>Persons eligible for the IDD program must:</p> <ul style="list-style-type: none"> <li>• must have a diagnosis of IDD.</li> <li>• must have a pervasive developmental disorder, such as autism, as defined in the current edition of the Diagnostic and Statistical Manual.</li> <li>• must have a related condition and be eligible for, and enroll in, an HHSC program that serves people with IDD.</li> <li>• must be a nursing home resident with a diagnosis of IDD or a related condition.</li> <li>• must be eligible for Early Childhood Intervention services.</li> </ul> <p>An intellectual or developmental disability, also called IDD, includes many severe, chronic conditions that are due to mental and/or physical impairments. IDD can begin at any time, up to 22 years of age. It usually lasts throughout a person's lifetime. People who have IDD have problems with major life activities such as:</p> <ul style="list-style-type: none"> <li>•Language</li> <li>•Self-help</li> <li>•Mobility</li> <li>•Independent living</li> <li>•Learning</li> </ul>				
Detailed Service Description	Area to be Served	Service Providers Eligibility Requirements	Rate of Payment and Method used	Open / Close Date
<p><b>Respite</b> Provide the following services</p> <ul style="list-style-type: none"> <li>• Serving ages 12 and older</li> <li>• Furnishes a clean, safe living establishment and environment for one to three persons.</li> <li>• Provided on needed basis</li> <li>• Progress Notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Organization	\$50.89 per day	
<p><b>Board Certified Behavioral Analyst</b> Provide the following services:</p> <ul style="list-style-type: none"> <li>• Diagnostic Interview (face to face with individuals)</li> <li>• Writing behavioral plans and drills (Including schedule, picture communication system and additional tools.)</li> <li>• Monitor and revise as needed.</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, & Upshur	Individual <ul style="list-style-type: none"> <li>• Current Licensed Current Professional Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• \$85.00 per hour</li> </ul>	



<p><b>Day Habilitation</b></p> <ul style="list-style-type: none"> <li>• Habilitation services to persons with intellectual disability ("Individuals") who are referred to Contractor by Center.</li> <li>• Services will consist up to five (5) days per week for up to six (6) hours per day per Individual and be based upon each Individual's Plan of Care (POC).</li> <li>• Must ensure that the habilitation services will consist of activities that will meet Day Habilitation as described in the most current copy of Service Definitions and Billing Guidelines for Day Habilitation for persons referred by the Center.</li> </ul> <p>Provide weekly progress notes for each Program Participant served using the Center form.</p>	<p>Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk &amp; Upshur</p>	<p>Organization Only Must be a currently licensed or certified provider of Independent Living Skills by HHSC.</p>	<ul style="list-style-type: none"> <li>• Rate of Payment is 100% of the then-current full rate as established by HHSC.</li> </ul>	
<p><b>Determination of Intellectual Disabilities</b></p> <ul style="list-style-type: none"> <li>• Perform the Determination of Intellectual Disabilities (DID)</li> <li>• Provide psychological evaluations, testing reports and other client documentation to designated Center staff within thirty (30) days from date of testing.</li> <li>• Provide interpretations of the evaluation findings to clients, families, Center staff and/or contracting agencies as required.</li> <li>• Accept referrals made by the Center and schedule within fourteen days from date of request or will call Program Contact when unable to schedule within fourteen days.</li> </ul> <p>Assessment should include all the required components per Health and Human Services Commission (HHSC) guidelines and Texas Administrative Code: Title 40, Part 1, Chapter 5, Subchapter D and all amendments thereto.</p>	<p>Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk &amp; Upshur</p>	<p>Individual / Organization</p>	<ul style="list-style-type: none"> <li>• \$115.00 per hour</li> <li>• \$75.00 for no show</li> </ul>	





<p><b>Dietitian</b></p> <ul style="list-style-type: none"> <li>• Deliver services to the needs of persons enrolled in the HCS program and to do so in compliance with the HCS Consumer Principles for evidentiary certification</li> <li>• Participating as a member of the individual's Interdisciplinary Team at the request of the Case Manager to assess, consult and/or deliver nutrition services</li> <li>• Providing education and consultation services to individuals, their families and service providers regarding nutrition principles, nutritional menus, the preparation of appropriate foods, and monitoring adherence to a prescribed diet plan at the request of the Interdisciplinary Team or Case Manager</li> <li>• Develop and deliver nutrition training for the individual, their family and/or service providers in accordance with the individual service plan</li> <li>• Work with the nursing service providers to monitor an individual's weight gain or loss and to recommend interventions as requested by the Interdisciplinary Team or Case Manager</li> <li>• <b>ICF-IDD Residential Services</b> - Attend staffing per request of QIDP; provide a four-week cycle of menus, with updates as needed; provide annual face to face evaluations and Provide quarterly reviews. At the request of the program manager, provide nutrition and food safety and sanitation instruction and training for clients and staff.</li> </ul> <p>Dietitian services requested in other residential facilities will be mutually agreed upon by both parties and reflected in contract.</p>	<p>Gregg County</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Current license to provide service</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition services \$65 per hour</li> </ul>	
---	---------------------	---	--	--



<b>Early Childhood Intervention (ECI)</b>				
<p>Persons eligible for the ECI program must:</p> <p>1. Meet demographic criteria – under 36 months of age and meet initial eligibility to receive early childhood intervention services. Initial eligibility is established by:</p> <p>(1) documentation of a medically diagnosed condition that has a high probability of resulting in developmental delay;</p> <p>(2) an auditory or visual impairment as defined by the Texas Education Agency rule at 19 TAC §89.1040 (relating to Eligibility Criteria); or</p> <p>(3) a developmental delay. Each developmental area must be evaluated as defined in 34 CFR §303.321. Developmental delay is determined based on:</p> <p>(A) an evaluation using a standardized tool designated by HHSC that indicates a delay of at least 25 percent in one or more of the following developmental areas: communication; cognitive; gross motor; fine motor; social emotional; or adaptive; or</p> <p>(B) an evaluation using a standardized tool designated by HHSC that indicates a delay of at least 33 percent if the child's only delay is in expressive language; or</p> <p>(C) a qualitative determination of delay, as indicated by responses or patterns that are disordered or qualitatively different from what is expected for the child's age, and significantly interfere with the child's ability to function in the environment.</p> <p>When the interdisciplinary team determines there is evidence that the results of the standardized tool do not accurately reflect the child's development, eligibility must be established using a supplemental protocol designated by HHSC ECI. A child must meet the same eligibility standards in subparagraph (A) or (B) of this paragraph on the designated tool to qualify for a qualitative determination of delay unless the child has an adjusted age or chronological age of under 3 months.</p>				
<b>Detailed Service Description</b>	<b>Area to be Served</b>	<b>Service Providers Eligibility Requirements</b>	<b>Rate of Payment and Method used</b>	<b>Submit Application by</b>
<p><b>Speech Therapist (ST)</b> To provide the following Speech Therapy services:</p> <ul style="list-style-type: none"> <li>• Speech Therapy Visits</li> <li>• Speech Therapy Evaluations</li> <li>• Comprehensive Assessment with IFSP</li> </ul>	<p>Gregg, Harrison, Marion, Panola, Rusk, and Upshur Counties</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Pediatric experience</li> <li>• Current license to provide therapy</li> <li>• Current Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• ST \$65 per visit</li> <li>• ST Assistant \$55 per visit</li> <li>• ST evaluations \$65 per event</li> <li>• ST Assistant supervision \$500 per month per STA</li> <li>• Training \$20 per hour</li> <li>• Comprehensive Assessments with BDIs completed and initial/annual IFSPs \$100</li> <li>• IFSP reviews \$50 per meeting</li> <li>• Mileage Reimbursement - \$0.585 a mile</li> </ul>	



<p><b>Occupational Therapist</b> Provide the following Occupational Therapy services:</p> <ul style="list-style-type: none"> <li>• Occupational Therapy Visits</li> <li>• Occupational Therapy Evaluations</li> <li>• IFSP Development / Review</li> <li>• Comprehensive assessments</li> </ul>	<p>Anderson, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt and Wood Counties</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Pediatric experience</li> <li>• Current license to provide therapy</li> <li>• Current Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• OT \$65 per visit</li> <li>• OT Assistant \$55 per visit</li> <li>• OT evaluations \$65 per event</li> <li>• COTA supervision \$500 per month</li> <li>• Training \$20 per hour</li> <li>• Comprehensive Assessments with BDIs completed and initial/annual IFSPs \$100</li> <li>• IFSP reviews \$50 per meeting</li> <li>• Mileage Reimbursement - \$0.585 a mile</li> </ul>	
<p><b>Physical Therapist</b> Provide the following Physical Therapy services:</p> <ul style="list-style-type: none"> <li>• Physical Therapy Visits</li> <li>• Physical Therapy Evaluations</li> <li>• IFSP Meetings for service planning</li> </ul>	<p>Anderson, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt and Wood Counties</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Pediatric experience</li> <li>• Current license to provide therapy</li> <li>• Current Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• PT \$80 per visit</li> <li>• PT Assistant \$65 per visit</li> <li>• PT evaluations \$80 per event</li> <li>• Training \$20 per hour</li> <li>• Comprehensive Assessments with BDIs completed and initial/annual IFSPs \$100</li> <li>• IFSP reviews \$50 per meeting</li> <li>• Mileage Reimbursement - \$0.585 a mile</li> </ul>	
<p><b>Registered Dietitian</b> Provide the following services:</p> <ul style="list-style-type: none"> <li>• Education and Consultations to individuals, their families and other service providers</li> <li>• Develop and monitor nutritional training for individuals (IFSP)</li> <li>• Maintain documentation of diet history</li> <li>• Work closely with nursing service</li> </ul>	<p>Anderson, Cherokee, Gregg, Harrison, Henderson, Marion, Panola, Rains, Rusk, Smith, Upshur, Van Zandt and Wood Counties</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Pediatric experience</li> <li>• Current license to provide service</li> <li>• Current Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• \$70 per hour for services</li> <li>• Mileage Reimbursement - \$0.585 a mile</li> </ul>	



**YOUTH EMPOWERMENT SERVICES (YES)**

Persons eligible for the YES program must:

1. Meet demographic criteria – 3 through 18 years old, eligible to receive Medicaid, and live in a non-institutional setting;
2. Meet clinical eligibility criteria – s serious functional impairment or acute psychiatric symptomatology
3. A reasonable expectation must exist that, without Waiver services, the individual would qualify for inpatient care under the Texas Medicaid Inpatient Psychiatric Admission Guidelines;
4. Choose, or have the LAR choose, the Waiver as an alternative to care in an inpatient psychiatric facility; and
5. If enrolled, active participation of the individual and LAR regarding:
  - a. specified clinical assessments,
  - b. person-centered planning for community-based services and supports; and
  - c. therapeutic activities for improved clinical outcomes.

An LMHA/LBHA first assesses eligibility, in conjunction with maintenance of an Inquiry List. Once determined eligible, the LMHA/LBHA completes client enrollment and connects the client with services.

Detailed Service Description	Area to be Served	Service Providers Eligibility Requirements	Rate of Payment and Method used	Open / Close Date
<b>In-Home Respite</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Current Texas Driver's License</li> <li>• Must be at least 18 years of age</li> <li>• Program training</li> </ul>	\$14.62 per hour	
<b>Out-of-Home Respite - Camp</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Day or Overnight Camps - Licensed by the State of Texas or accredited by the American Camp Association</li> </ul>	\$6.90 per hour	
<b>Out-of-Home Respite – DFPS Residential Child Care</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Child Care Home Licensed by the DFPS</li> </ul>	<ul style="list-style-type: none"> <li>• Mandated Family - \$62.00 per day</li> <li>• Child Placing Agency - \$47.00 per day</li> <li>• Residential Care Facility - \$80.50</li> </ul>	
<b>Out-of-Home Respite Licensed Child Care Center</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Child Care Center Licensed by the DFPS</li> </ul>	<ul style="list-style-type: none"> <li>• Preschool (ages 3 – 5) \$3.75 per hour</li> <li>• School Age (ages 6 and older) \$3.62 per hour</li> </ul>	
<b>Out-of-Home Respite Licensed Child Care Center – Texas Rising Star Provider</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Child Care Center Licensed by the DFPS</li> <li>• Certified as a TRS Provider by the Texas Workforce Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Preschool (ages 3 – 5) \$3.93 per hour</li> <li>• School Age (ages 6 and older) \$3.88 per hour</li> </ul>	



<b>Out-of-Home Respite Licensed Child Care Home</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Child Care Home Licensed by the DFPS</li> </ul>	<ul style="list-style-type: none"> <li>• Preschool (ages 3 – 5) \$3.43 per hour</li> <li>• School Age (ages 6 and older) \$3.40 per hour</li> </ul>	
<b>Out-of-Home Respite Licensed Child Care Home TRSP Certified</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Child Care Home Licensed by the DFPS</li> <li>• Certified as a TRS Provider by the Texas Workforce Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Preschool (ages 3 – 5) \$3.62 per hour</li> <li>• School Age (ages 6 and older) \$3.93 per hour</li> </ul>	
<b>Out-of-Home Respite Registered Child Care Home</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Child Care Home Registered with the DFPS</li> </ul>	<ul style="list-style-type: none"> <li>• Preschool (ages 3 – 5) \$3.55 per hour</li> <li>• School Age (ages 6 and older) \$2.68 per hour</li> </ul>	
<b>Out-of-Home Respite Registered Child Care Home TRSP Certified</b> Provide the following services: <ul style="list-style-type: none"> <li>• Short term</li> <li>• Progress notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization <ul style="list-style-type: none"> <li>• Child Care Home Licensed by the DFPS</li> <li>• Certified as a TRS Provider by the Texas Workforce Commission</li> </ul>	<ul style="list-style-type: none"> <li>• Preschool (ages 3 – 5) \$3.50 per hour</li> <li>• School Age (ages 6 and older) \$2.86 per hour</li> </ul>	
<b>Paraprofessional Services</b> Provide the following services: <ul style="list-style-type: none"> <li>• Face to Face</li> </ul> Progress Notes	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual	<ul style="list-style-type: none"> <li>• \$4.30 per 15 minutes</li> </ul>	
<b>Family Partners Supports</b> Provide the following services: <ul style="list-style-type: none"> <li>• Face to Face</li> <li>• Progress Notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual Certified Family Partner or a Family Partner waiting to complete approved training for certification. In addition to their training, they must have first-hand experience as primary caregiver of children with a mental health diagnosis who has successfully navigated through the mental health system.	<ul style="list-style-type: none"> <li>• \$4.40 per 15 minutes</li> </ul>	
<b>Community Living Supports Bachelor's / Master's Degree</b> Provide the following services: <ul style="list-style-type: none"> <li>• Face to Face</li> </ul> Progress Notes	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual	<ul style="list-style-type: none"> <li>• \$17.50 per 15 minutes</li> </ul>	
<b>Licensed Nutritional Counseling</b> Provide the following services: Basic and/or special therapeutic nutritional needs – principles, plans and food selection and economics.	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	Individual / Organization Must be registered, licensed or provisionally licensed dietitian.	<ul style="list-style-type: none"> <li>• \$13.82 per one 15-minute unit of service</li> </ul>	



<p><b>Art-Therapy</b> Provide the following services:</p> <ul style="list-style-type: none"> <li>• Art Therapy to Youth and adolescents in the YES program</li> <li>• Service will be located at the home of the family.</li> </ul>	<p>Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk &amp; Upshur</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Licensed with documented training and experience – may include a: clinical social worker; professional counselor; marriage and family therapist; occupational therapist; or dietitian</li> </ul> <p>Certified by the Art Therapy Credentials Board (ATR-BC).</p>	<p>\$19.36 per one 15-minute unit of service</p>	
<p><b>Recreational Therapy</b> Provide the following services:</p> <ul style="list-style-type: none"> <li>• Recreational and other activities as a treatment intervention to restore, remediate or habilitate improvement</li> </ul>	<p>Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk &amp; Upshur</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Licensed professional with documented training and experience. May include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist or dietitian.</li> <li>• Certified by the National Council of Therapeutic Recreation Certification (CTRS)</li> </ul> <p>Certified as a Texas Certified Therapeutic recreation Specialist (TRS/TXC).</p>	<p>\$19.36 per one 15-minute unit of service</p>	
<p><b>Music Therapy</b> Provide the following services:</p> <ul style="list-style-type: none"> <li>• Music Therapy to Youth and adolescents in the YES program</li> <li>• Service will be located at the home of the family.</li> </ul>	<p>Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk &amp; Upshur</p>	<p>Individual / Organization</p> <ul style="list-style-type: none"> <li>• Licensed professional, which may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist or dietitian</li> </ul> <p>Certified by the Certification Board for Music Therapists (MT-BC) with documented training and experience.</p>	<p>\$19.36 per one 15-minute unit of service</p>	



<p><b>Animal-Assisted Therapy</b>  Animals are utilized in goal-directed treatment sessions as a modality to facilitate optimal physical, cognitive, social, and emotional outcomes of a participant, such as increasing self-esteem, increasing motivation, and reducing stress.</p> <p>And provide services within the <u>Youth Empowerment Services Waiver Policy and Procedure Manual</u>, December 2017 or later.</p>	<p>Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk &amp; Upshur</p>	<p>Organization only</p> <ul style="list-style-type: none"> <li>An animal-assisted therapy provider must utilize animals that meet guidelines established by the American Veterinary Medical Association and either: <ol style="list-style-type: none"> <li>Be a licensed professional, which may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; and</li> <li>Have documented training and experience relative to the specialized therapy being provided, or obtain certification specific to the type of program and animal(s) involved.</li> </ol> </li> </ul> <p>YES Waiver-endorsed certification programs are:</p> <ol style="list-style-type: none"> <li>Equine Assisted Growth and Learning Association (EAGALA);</li> <li>Professional Association of Therapeutic Horsemanship (PATH) International; and</li> <li>Trauma Focused Equine Assisted Psychotherapy (TF-EAP)</li> </ol> <p>Provider must also meet all requirements as defined in the Texas Farm Animal Liability Act.</p>	<ul style="list-style-type: none"> <li>\$19.36 per one 15-minute unit of service</li> </ul>	
--	---	--	---	--



## Attachment A: Key Personnel

Should you have any questions regarding this Request for Application please contact:

Name	Title	Business Address	Business Phone #	Email Address
Lee Brown	Director, Contracts Management	Community Healthcore Attn: Lee Brown P.O. Box 6800 Longview, TX 75608	903.237.2341	<a href="mailto:RequestRFA@CommunityHealthcore.com">RequestRFA@CommunityHealthcore.com</a>
Peggy Bagley	Contracts Administrator	Community Healthcore Attn: Peggy Bagley P.O. Box 6800 Longview, TX 75608	903.234-7008	<a href="mailto:RequestRFA@CommunityHealthcore.com">RequestRFA@CommunityHealthcore.com</a>
Teresa Dixon	System Support Specialist	Community Healthcore Attn: Cindy Goodson P.O. Box 6800 Longview, TX 75608	903.234.4224	<a href="mailto:RequestRFA@CommunityHealthcore.com">RequestRFA@CommunityHealthcore.com</a>

## Attachment B: Acronyms

CANRS	Client Abuse and Neglect Reporting System
ECI	Early Childhood Intervention
HCS	Home and Community Services
HHSC	Health and Human Services
ICF-IDD	Intermediate Care Facility for Persons with IDD
IDD	Intellectual and Developmental Disabilities
IFSP	Individualized Family Service Plan
LAR	Legally Authorized Representative
LMHA/LBHA	Local Mental Health Authority / Local Behavioral Health Authority
LPC	Licensed Professional Counselor
PASRR	Pre-Admission Screening and Resident Review
POC	Plan of Care
RFA	Request for Application
YES	Youth Empowerment Services





## Attachment C: Liability Insurance Requirements

<b>SERVICES PROVIDED</b>	<b>LINE OF COVERAGE</b>	<b>LIMIT OF LIABILITY GUIDELINES</b>
<i>Administrative (Company)(1)</i>	General Liability (Premises/Operations) Workers' Compensation  Automobile Liability (include Hired & Non-owned Autos)	\$1,000,000/\$2,000,000  WC – Statutory Employers' Liability - \$500,000 \$1,000,000 Combined Single Limit
<i>Administrative (Individual) (2)</i>	General Liability (Premises/Operations) Automobile Liability	\$500,000/\$1,000,000  \$500,000 Combined Single Limit
<i>Consumer Services (Company) (3)</i>	Professional Liability General Liability (Premises/Operations) Workers' Compensation  Automobile Liability (include Hired & Non-owned Autos)	\$1,000,000/\$3,000,000 \$1,000,000/\$2,000,000  WC – Statutory Employers' Liability - \$500,000 \$1,000,000 Combined Single Limit
<i>Professional, Consumer Services (Individual) – Physicians (4)</i>	Professional Liability General Liability (Premises/ Operations) (5) Automobile Liability	\$1,000,000/\$3,000,000 \$1,000,000/\$2,000,000  \$500,000 Combined Single Limit
<i>Professional, Consumer Services (Individual) – Non-Physician (6)</i>	Professional Liability General Liability (Premises/ Operations)(5) Automobile Liability	\$500,000/\$1,000,000 \$500,000/\$1,000,000  \$500,000 Combined Single Limit
<i>Professional (Individual) – With Family Contact (7)</i>	No insurance requirements. Signed hold harmless agreement in lieu of insurance.	
<i>Building Construction (Company) (8)</i>	General Liability (Premises/ Operations and Completed Operations) Workers' Compensation  Automobile Liability (include hired and non-owned autos)	\$2,000,000/\$4,000,000 (minimum)  WC – Statutory Employers' Liability - \$500,000 \$2,000,000 Combined Single Limit (minimum)
<i>General Building Services (Company) (9)</i>	General Liability (Premises/ Operations and Completed Operations) Workers' Compensation  Automobile Liability (include hired and non-owned autos)	\$1,000,000 (minimum)  WC – Statutory Employers' Liability - \$500,000 \$1,000,000 Combined Single Limit (minimum)
<i>General Building Services (Individual) (10)</i>	General Liability (Premises/ Operations and Completed Operations) Automobile Liability	\$500,000 (Minimum)  \$250,000 Combined Single Limit (Minimum)