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 (as authorized) to Individuals (persons served) 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 the 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, the Applicant shall follow the 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 the 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 the 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 non-discrimination. 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 reimbursed 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 for 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 Person 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 the email or address below.

[RequestRFA@communityhealthcore.com](mailto: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 the 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 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 the Community Healthcore Contract can be obtained 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 they have submitted an Application, been approved, received a contract, and provided a service to a person served as authorized by the Center. Applicant agrees that compensation for providing services not covered by its approved Application and Contract will be solely between the Person Served and the Applicant. The Person Served must be informed in writing of his/her obligation to pay for services not included in the 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.*

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| **Primary Health Services (CORE Health System)** | |  | | |
| CORE Health Systems offers primary care services for your day-to-day health needs at times that are convenient to you. Core Health Systems welcomes patients from birth and older and offers comprehensive and convenient healthcare for your entire family.  A comprehensive range of services—including preventive care and chronic disease management—are available to help you maintain your health, treat illnesses, and get you healthy again. | | | | |
| **Detailed Service Description** | **Area to be Served** | **Service Providers Eligibility Requirements** | **Rate of Payment and Method Used** | **Open / Close Date** |
| **Family Nurse Practitioner (FNP)**  To provide the following services:   * Functions independently to perform age-appropriate history and physical for complex acute, critical, and chronically ill patients. * Provides health maintenance visits, evaluates for immunizations and provides anticipatory guidance and referrals; performs contract and special physical examinations, Head Start, Texas Health Steps, employment, etc.; performs STD (sexually transmitted disease) and family planning screening and education * Orders and interprets diagnostic and therapeutic tests relative to patient’s   age-specific needs.   * Collaborates with multidisciplinary team members by making appropriate referrals | Gregg and Upshur Counties | **Individual / Organization**   * Graduate of an accredited school of nursing, * Graduate of an accredited Nurse Practitioner Program, * Current Advanced Practice Registered Nurse (APRN) Licensure, * Current Nurse Practitioner certification in specialty area, * Current provider card in Basic Life Support (BLS), and * Current Professional Liability Insurance. | * $65.00 per hour | Open 9/1/24 |
| **Obstetrician/Gynecologist Physician**  To provide the following services:   * Oversight and supervision of Advanced Practice Providers (APP) for the following:  1. Providing medical care to women relating to pregnancy or childbirth; responsible for treating, testing, diagnosing and monitoring diseases and provide general care to women 2. Provide care and treatment to women during prenatal, natal, and postnatal periods. 3. Diagnose, treat, and monitor diseases, disorders, and conditions. 4. Prescribe appropriate medications to treat patients in accordance with standardized procedures and company policy. 5. Perform pap smears, pelvic and breast exams. 6. Conduct mood and emotional well-being assessments during post-partum appointment. 7. Collaborate and consult with other medical and non-medical personnel. 8. Effectively monitor patients progress throughout treatment plan and care and provide continuous improvement on patient outcomes. 9. Educate patients on importance of treatment   plans and communicate side effects and risk of medications prescribed.   1. Educate patients on disease prevention and reproductive health. 2. Demonstrate effective and detailed written documentation skills. 3. Conduct routine check-up appointments and maintain follow up throughout patients’ care. 4. Demonstrate excellent customer service and communication with patients. 5. Able to multitask and manage assigned projects and tasks as directed. 6. Diagnosing and treating conditions that affect women, such as certain types of cancer and conditions like menopause | Gregg, Red River, Bowie, and Upshur Counties | **Individual / Organization**     * Doctor of Medicine or Doctor of Osteopathic Medicine Degree required. * Licensed in the state of Texas as an OB/GYN. * DEA Certification required. * Prior experience as an OB/GYN preferred. | * $60,000 annually | Open 9/1/24 |

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| **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:    1. **Adult Mental Health (MH) Priority Population** -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 that require crisis resolution or ongoing and long-term support and treatment.    2. **Child and Youth Mental Health (MH) Priority Population** – The children’s mental health priority population is 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** |
| **Inpatient Psychiatric Services**   * Provide services for the Center catchment area * 3-day Initial Authorization * Follow Utilization Guidelines as included in the contract | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * State of Texas Licensed for Psychiatric Inpatient Treatment Facility. Licensed as a private psychiatric hospital in accordance with Chapter 577 of the Texas Health and Safety Code and with 26 TAC Chapter 510 et seq, or a General or Special Hospital in accordance with Chapter 241 of the Texas Health and Safety Code and with 25 TAC Chapter 133 et seq. * Provide accreditation with The Joint Commission (TJC), or other accrediting body granted deeming authority by the Centers for Medicare and Medicaid Services (CMS), as a hospital. * Current Certificate of Professional Liability   Insurance | * $720 a day | Open 9/1/24 |

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| **Psychiatrist**  Provide in-person services (Tele- Video services are an option) at the Center facility to see adults   * Psychiatric Evaluations * Psychiatric Follow Ups * Quarterly face-to-face meetings persons served, and * Psychiatric supervision of Mid-Level Prescriber * Prefer 40 hours a week must work a minimum of 24 hours (3 days). | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | Individual / Organization   * Current license as a physician from the Texas Medical Board * Completed a psychiatry residency or fellowship. * Not excluded from Medicare   and Medicaid Services   * Current Certificate of Professional Liability Insurance | * $175.00 per hour | Open 9/1/24 |
| **Psychiatric Nurse Practitioner / Physician Assistant**  Provide in-person services (Tele- Video services are an option) at the Center facility to see adults   * Psychiatric Evaluations * Psychiatric Follow Ups * Quarterly face-to-face meetings persons served * Prefer 40 hours a week must work a minimum of 24 hours (3 days). | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * Current license as a physician assistant from the Texas Medical Board or a Nurse Practitioner from the Texas Board of Nursing. * NP must be Board Certified in Psychiatric Mental Health. * Not excluded from Medicare and Medicaid Services * Current Certificate of Professional Liability Insurance | * $90.00 per hour | Open 9/1/24 |
| **Registered Nurse**   * Discharge Planning * Triage * Medication Administration and Education * Admission Assessments * Every 2-hour documentation * Shift Assessments * Rounds with Psychiatrists | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual**   * Licensed in the State of Texas Registered Nurses or compact licensure * Working 12 hour shifts 7a to 7p or 7p to 7a, alternate weekend * Current Certificate of Professional Liability   Insurance | * $55 an hour for 7a to 7p * $58 an hour for 7p to 7a (includes a   $3 per hour shift differential) | Open 9/1/24 |
| **LPC - RCSU**   * Assessment on Admit * Individual and Group Sessions * Diagnostic Information * Education on Disease Management / Substance Abuse * Coping and Social Skills * Discharge Planning * Behavioral Management | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual**   * Licensed in the State of Texas * Working 12-hour shifts 8a-8p, alternate   Weekend   * Current Certificate of Professional Liability Insurance | * Service - $30 per hour * Training - $20 per hour | Open 9/1/24 |

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| **Clinical Supervision**  Provide Supervision for the following:   * Supervision of Mid-Level Prescribers, LPC Associate, LMFT Associate, or LMSW * Supervision Master-Level students completing practicum and/or internships in counseling, marriage, and family therapy, or social work | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * License through the State of Texas * Current Certificate of Professional Liability Insurance | * Mid-Level Prescriber Supervision – flat rate of $1,500 a Month * Supervision for LPC Associate, LMFT Associate, LMSW, practicum, or intern students   - $65 per hour | Open 9/1/24 |
| **Licensed Therapist**  Provide In-person or Telehealth services for children, adolescents, and/or adults   * Intake Evaluations including psychosocial history, evidence-based assessments, and diagnosis * Counseling services using evidence-based practices such as CBT, EMDR, DBT, CPT, etc. * Collaborative recovery planning with individuals and their families * Case management services to address unmet needs | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * Current License in the State of Texas with licensing board for LPC, LMFT, or LCSW * Current Certificate of Professional Liability Insurance | * $65 per hour for services * $20 per hour for training | Open 9/1/24 |
| **Dietitian**   * Make quarterly visits to Pegues Place to complete a Food Safety and Sanitation inspection * Complete nutrition assessments of clients at the request of the program manager. * Dietitian services requested in other residential facilities will be mutually agreed upon by both   parties and reflected in the contract. | Gregg | **Individual / Organization**   * Current license to provide service * Current Certificate of Professional Liability Insurance | * Nutrition services   - $65 per hour   * Training $20 per hour | Open 9/1/24 |
| **Qualified Mental Health Professional (QMHP)**   * Discharge Planning and Continuity of Care * Treatment and Planning * Skills Training / Psychosocial Rehab / Education | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * Bachelor Degree * Work 12 hour shifts 8a-8p, every other weekend * Current Certificate of Professional Liability Insurance | * Service - $20 per hour * Training - $18 per hour | Open 9/1/24 |
| **Mental Health First Aid**  Provide an 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**   * Completion of a 32-hour training course on Youth Mental Health First Aid * Certified Mental Health First Aid Instructor by the National Council for Behavioral Health * Current Certificate of Professional Liability Insurance | * A flat fee of   $550.00 per class - travel expenses included | Open 9/1/24 |



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| **INTELLECTUAL /** **DEVELOPMENTAL DISABILITY SERVICES** | | |  | | |
| Persons eligible for the IDD program must:   * must have a diagnosis of IDD. * must have a pervasive developmental disorder, such as autism, as defined in the current edition of the Diagnostic and Statistical Manual. * must have a related condition and be eligible for, and enroll in, an HHSC program that serves people with IDD. * must be a nursing home resident with a diagnosis of IDD or a related condition. * must be eligible for Early Childhood Intervention services.   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:  •Language •Self-help   * Mobility •Independent living   •Learning | | | | | |
| **Detailed Service Description** | **Area to be Served** | **Service Providers Eligibility Requirements** | | **Rate of Payment and Method Used** | **Open / Close Date** |
| **Emergency Respite – Out of Home**  Crisis Intervention Respite to persons eligible for services as funded by the Texas Health and Human Services Commission and approved by the Center.   * Managing challenging behaviors * Person is in immediate danger to self or others due to circumstances * Person mental or physical health is at risk of serious deterioration * Reinforcement of Therapeutic activities * Assistance with ADL activities | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**  Current Certificate of Professional Liability Insurance | | * $300 a day up to 14 days per individual | Open 9/1/24 |
| **Respite – ADRC**  Provide the following services   * Serving ages 12 and older * Furnishes a clean, safe living establishment and environment for one to three persons * Provided on a needed basis * Progress Notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * Current Certificate of Professional Liability insurance | | * $50.89 per day | Open 9/1/24 |
| **In-Home Respite**  Providing the following services based on IDD CIS respite plan based on the needs of the individual   * Relief to primary caregiver * Monitor or assist with activity of daily living skills | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual**   * Current homeowner’s insurance * Current Driver’s License * Current Automobile insurance | | * $17.86 per hour |  |
| **Board Certified Behavioral Analyst**  Provide the following services:   * Diagnostic Interview   (face-to-face with individuals)   * Writing behavioral plans and drills (Including schedule, picture communication system, and additional tools.) * Monitor and revise as needed. | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk, & Upshur | **Individual**   * Current Licensed Behavior Analyst / BCBA Certification * Current Certificate of Professional Liability Insurance | | * $85.00 per hour | Open 9/1/24 |

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| **Individualized Skills and Socialization (ISS)**   * ISS services to persons with intellectual disabilities (“individuals”) who are referred to the Contractor by the Center. * Services will consist of 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). * Must ensure that the ISS services will consist of activities that will meet ISS On-Site and Off-Site requirements as described in the most current copy of service Definitions and Billing Guidelines for ISS for persons referred by the Center. * Provide **daily** **service logs by 4p.m**. each day and **weekly progress notes** for each Program Participant served using the Center form. | | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | | **Organization**   * Must be currently licensed as an Individualized Skills and Socialization Provider by the State of Texas. * Current Certificate of Professional Liability Insurance | * The rate of payment Is 100% of the then-current full rate as established by HHSC | | | Open 9/1/24 | |
| **Determination of Intellectual**  **Disabilities**   * Perform the Determination of Intellectual Disabilities (DID) * Provide psychological evaluations, testing reports, and other client documentation to designated Center staff within thirty (30) days from the date of testing. * Provide interpretations of the evaluation findings to clients, families, Center staff, and/or contracting agencies as required. * Accept referrals made by the Center and schedule within fourteen days from the date of the request or will call Program Contact when unable to schedule within fourteen days. * 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. | | Bowie, Cass,  Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | | **Individual / Organization**   * Licensed Psychologist * Current Certificate of Professional Liability Insurance | * $115.00 per hour * $75.00 for a no-show * . | | | Open 9/1/24 | |
| **Day Habilitation**   * Habilitation services to persons with intellectual disability ("Individuals") who are referred to Contractor by Center. * 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).   * 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.   * Provide weekly progress notes for each Program Participant served using the Center form. | Bowie, Cass, Gregg,  Harrison, Marion,  Panola, Red River,  Rusk & Upshur | | **Organization Only**   * Current Certificate of Professional Liability Insurance | | | * Rate of Payment is 100% of the then-current full rate as established by HHSC. | Open 9/1/24 | |
| **Dietitian**   * Deliver services to the needs of persons enrolled in the HCS program and do so in compliance with the HCS Consumer Principles for evidentiary certification * 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 * 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 * Develop and deliver nutrition training for the individual, their family, and/or service providers in accordance with the individual service plan * 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 * **ICF-IDD Residential Services** - 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 food safety, and sanitation instruction and training for clients and staff. * Dietitian services requested in other residential facilities will be mutually agreed upon by both parties and reflected in the   contract. | Gregg County | | **Individual / Organization**   * Current license to provide service / Registered Dietitian / Registered Dietitian Nutritionist * Current Certificate of Professional Liability Insurance | | | * Nutrition services   $65 per hour | Open 9/1/24 | |

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| **Early Childhood Intervention (ECI)** |  | | | |
| Persons eligible for the ECI program must:   1. Meet demographic criteria – under 36 months of age and meet initial eligibility to receive early childhood intervention services. Initial eligibility is established by:    1. documentation of a medically diagnosed condition that has a high probability of resulting in developmental delay;    2. an auditory or visual impairment as defined by the Texas Education Agency rules at 19 TAC §89.1040 (relating to Eligibility Criteria); or    3. a developmental delay. Each developmental area must be evaluated as defined in 34 CFR §303.321. Developmental delay is determined based on:       1. 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       2. 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       3. 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.   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. | | | | |
| **Detailed Service Description** | **Area to be Served** | **Service Providers Eligibility Requirements** | **Rate of Payment and Method Used** | **Submit Application by** |
| **Speech Therapist (ST)**  To provide the following Speech Therapy services:   * Speech Therapy Visits * Speech Therapy Evaluations * Comprehensive Assessment with IFSP | Anderson, Bowie,  Cass, Cherokee, Gregg, Harrison, Henderson, Marion, Panola,  Rains, Red River, Rusk, Smith,  Upshur,  Van Zandt Wood Counties | **Individual / Organization**   * Pediatric experience * Current License in the State of Texas * Current Certificate of Professional Liability Insurance | * ST $65 per visit * ST Assistant   $55 per visit (Organizations only)   * ST evaluations are $65 per event * ST Assistant supervision $500 per month per STA * Training $20 per hour * Comprehensive Assessments with BDIs completed and initial/annual IFSPs $100 * IFSP reviews   $50 per meeting   * Mileage Reimbursement   -$0.585 a mile | Open 9/1/24 |

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| **Occupational Therapist**  Provide the following Occupational Therapy services:   * Occupational Therapy Visits * Occupational Therapy Evaluations * IFSP Development / Review * Comprehensive assessments | Anderson, Bowie,  Cass, Cherokee, Gregg, Harrison, Henderson, Marion, Panola,  Rains, Red River,  Rusk, Smith,  Upshur,  Van Zandt,  Wood Counties | **Individual / Organization**   * Pediatric experience * Current License in the State of Texas * Current Certificate of   Professional Liability Insurance | * OT $65 per visit * OT Assistant   $55 per visit (Organizations only)   * OT evaluations are $65 per event * COTA supervision   $500 per month   * Training $20 per hour * Comprehensive Assessments with BDIs completed and initial/annual IFSPs $100 * IFSP reviews   $50 per meeting   * Mileage Reimbursement   -$0.585 a mile | Open 9/1/24 |
| **Physical Therapist**  Provide the following Physical Therapy services:   * Physical Therapy Visits * Physical Therapy Evaluations * IFSP Meetings for Service Planning | Anderson, Bowie,  Cass, Cherokee, Gregg, Harrison, Henderson, Marion, Panola,  Rains, Red River,  Rusk, Smith,  Upshur,  Van Zandt,  Wood Counties | **Individual / Organization**   * Pediatric experience * Current license in the State of Texas * Current Certificate of Professional Liability Insurance | * PT $80 per visit * PT Assistant   $65 per visit (Organizations only)   * PT evaluations are $80 per event * Training $20 per hour * Comprehensive Assessments with BDIs completed and initial/annual IFSPs $100 * IFSP reviews   $50 per meeting   * Mileage Reimbursement   -$0.585 a mile | Open 9/1/24 |
| **Registered Dietitian**  Provide the following services:   * Education and Consultations with individuals, their families, and other service providers * Develop and monitor nutritional training for individuals (IFSP) * Maintain documentation of diet history * Work closely with nursing service | Anderson, Bowie,  Cass, Cherokee,  Gregg, Harrison, Henderson, Marion, Panola,  Rains, Red River,  Rusk, Smith,  Upshur,  Van Zandt,  Wood Counties | **Individual / Organization**   * Pediatric experience   + Current license   + Current Certificate of Professional Liability Insurance | * $70 per hour for services * Mileage Reimbursement   -$0.585 a mile | Open 9/1/24 |
| **Music Therapy**  Provide the following services:   * Music Therapy can address a myriad of non-musical goals including but not limited to cognitive goals, behavioral goals like self-regulation, attention, and focus, communication goals, vocabulary development, and life skills goals as identified on the Individualized Family Service Plan (IFSP). * Provision of services for the habilitation, rehabilitation, or prevention of developmental delays and skills. | Anderson, Bowie,  Cass, Cherokee,  Gregg, Harrison, Henderson, Marion, Panola,  Rains, Red River,  Rusk, Smith,  Upshur,  Van Zandt,  Wood Counties | **Individual**   * Pediatric experience * Music Certification /   Experience for children   * Current Certificate of Professional Liability Insurance | * Music Therapy $65 per visit * Health Behavioral Assessment / Reassessment initial/annual IFSPs = $100 * IFSP reviews $50 per meeting * Training / Consultation = $20 |  |

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| **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 –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;   1. Choose, or have the LAR choose, the Waiver as an alternative to care in an inpatient psychiatric facility; and 2. If enrolled, active participation of the individual and LAR regarding:    1. specified clinical assessments,    2. person-centered planning for community-based services and supports; and    3. 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** |
| **In-Home Respite**  Provide the following services:   * Short term * Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | | **Organization**   * Current Texas Driver’s License * Must be at least 18 years of age * Program training * Current Certificate of Professional Liability Insurance | * $14.62 per hour | Open 9/1/24 |
| **Out-of-Home Respite - Camp**  Provide the following services:   * Short term * Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | | **Organization**   * Day or Overnight Camps   - Licensed by the State of Texas or accredited by the American Camp Association   * Current Certificate of Professional Liability   Insurance | * $6.90 per hour | Open 9/1/24 |
| **Out-of-Home Respite – DFPS Residential Child Care** Provide the following services:   * Short term * Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | | **Individual / Organization**   * Child Care Home Licensed by the DFPS * Current Certificate of Professional Liability Insurance | * Mandated Family -   $62.00 per day   * Child Placing Agency - $47.00 per day * Residential Care Facility -   $80.50 | Open 9/1/24 |
| **Out-of-Home Respite Licensed Child Care Center**  Provide the following services:   * Short term * Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | | **Individual / Organization**   * Child Care Center Licensed by the DFPS * Current Certificate of Professional Liability Insurance | * Preschool (ages 3 –5) $3.75 per hour * School Age (ages 6 and older)   $3.62 per hour | Open 9/1/24 |

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| **Out-of-Home Respite Licensed Child Care Center – Texas Rising Star Provider**  Provide the following services:   * Short term * Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * Child Care Center Licensed by the DFPS * Certified as a TRS Provider by the Texas Workforce Commission * Current Certificate of   Professional Liability Insurance | * Preschool (ages 3   –5) $3.93 per hour   * School Age (ages 6 and older)   $3.88 per hour | Open 9/1/24 |
| **Out-of-Home Respite Licensed Child Care Home**  Provide the following services:   * Short term Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * Child Care Home Licensed by the DFPS * Current Certificate of Professional Liability Insurance | * Preschool (ages 3   – 5) $3.43 per hour   * School Age (ages 6 and older)   $3.40 per hour | Open 9/1/24 |
| **Out-of-Home Respite Licensed Child Care Home TRSP Certified**  Provide the following services:   * Short term * Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * Child Care Home Licensed by the DFPS * Certified as a TRS Provider by the Texas Workforce Commission * Current Certificate of Professional Liability   Insurance | * Preschool (ages 3   – 5) $3.62 per hour   * School Age (ages 6 and older) $3.93 per hour | Open 9/1/24 |
| **Out-of-Home Respite Registered Child Care Home**  Provide the following services:   * Short term * Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * Child Care Home Registered with the DFPS * Current Certificate of   Professional Liability Insurance | * Preschool (ages 3   – 5) $3.55 per hour   * School Age (ages 6 and older) $2.68 per hour | Open 9/1/24 |
| **Out-of-Home Respite Registered Child Care Home TRSP Certified**  Provide the following services:   * Short term * Progress notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * Child Care Home Licensed by the DFPS * Certified as a TRS Provider by the Texas Workforce Commission | * Preschool (ages 3   – 5) $3.50 per hour   * School Age (ages 6 and older) $2.86 per hour | Open 9/1/24 |
| **Paraprofessional Services**  Provide the following services:   * Face-to-Face * Progress Notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * Current Certificate of Professional Liability Insurance | * $4.30 per * 15 minutes | Open 9/1/24 |
| **Community Living Supports Bachelor’s / Master’s Degree** Provide the following services:   * Face-to-Face * Progress Notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * Current Certificate of Professional Liability Insurance | * $17.50 per 15 minutes | Open 9/1/24 |

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| **Family Partners Supports**  Provide the following services:   * Face to Face * Progress Notes | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * 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 the primary caregiver of children with a mental health diagnosis who has successfully navigated through the mental health   system. | * $4.40 per 15 minutes | Open 9/1/24 |
| **Licensed Nutritional Counseling**  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. * Current Certificate of Professional Liability Insurance | * $13.82 per one 15- minute unit of service | Open 9/1/24 |
| **Art-Therapy**  Provide the following services:   * Art Therapy to Youth and Adolescents in the YES Program * Service will be located at the home of the family. | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * Licensed with documented training and experience – may include a: clinical social worker; professional counselor; marriage and family therapist; occupational therapist; or dietitian * Certified by the Art Therapy Credentials Board (ATR-BC). * Current Certificate of   Professional Liability Insurance | * $19.36 per one 15- minute unit of service | Open 9/1/24 |
| **Music Therapy**  Provide the following services:   * Music Therapy to Youth and adolescents in the YES program * Service will be located at the home of the family or through Telehealth. | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Individual / Organization**   * 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 * Certified by the Certification Board for Music Therapists   (MT-BC) with documented training and experience.   * + Current Certificate of Professional Liability   Insurance | * $19.36 per one 15 - minute unit of service | Open 9/1/24 |

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| **Animal-Assisted Therapy**  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.  And provide services within the Youth Empowerment Services Waiver Policy and Procedure Manual, December 2017 or later. | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * An animal-assisted therapy provider must utilize animals that meet guidelines established by the American Veterinary Medical Association and either:  1. 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 2. 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.   YES Waiver-endorsed certification programs are: | * $19.36 per one 15- minute unit of service | Open 9/1/24 |
| 1. Equine Assisted Growth and Learning Association (EAGALA); 2. Professional Association of Therapeutic Horsemanship (PATH) International; and 3. Trauma Focused Equine Assisted Psychotherapy (TF-EAP)  * The provider must also meet all requirements as defined in the Texas Farm Animal Liability Act. * Current Certificate of Professional Liability Insurance |

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| **Recreational Therapy**  Provide the following services:   * Therapeutic intervention that helps maintain or improve participants physical, social, and emotional well-being. * Develop self-reliance, resiliency, and improve participant’s functioning and independence in the community, while reducing or eliminating the effects of the participants serious mental, emotional and behavioral difficulties. | Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur | **Organization**   * Licensed professional, with documented training and experience relative to the specific serviced provided. May include the following licensed professionals: social worker, professional counselor, marriage and family therapist, registered nurse, vocational nurse, physical therapist, occupational therapist or dietician. * Certified by NCTRS * Certified as a Therapeutic Recreation Specialist (TRS/TXC) by consortium for CTRAC * Current Certificate of Professional Liability Insurance | * $19.36 per one 15 - minute unit of service | Open 9/1/24 |

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| **VETERANS – SSG FOX SPGP** | |  | | | |
| **Persons eligible** for the SSG FOX SPGP program must:   1. Be actively enrolled in the SSG FOX SPGP program and receiving services 2. Must be a Veteran or Active duty member (family members enrolled will not be eligible for these services) 3. A risk or protective factor for suicidal ideation must be tied to the service plan for services to be rendered prior to a referral being placed 4. Participant must agree to participate in services prior to a referral being sent 5. A release form will be signed by the client releasing the Veterans program and Community Healthcore from any liability that may be incurred   from services rendered. This will be documented in case notes and on the service plan.  A VSPOC or Peer first assesses eligibility and then sends referral for services to the provider. These referrals will be approved by Program  Manager. | | | | | |
| **Detailed Service Description** | **Area to be Served** | | **Service Providers Eligibility Requirements** | **Rate of Payment and Method Used** | **Open / Close Date** |
| **Equine assisted therapy**  Provide the following services   * Equine assisted therapy sessions for veterans * Sessions to be provided at established facility * Sessions at least 45 minutes * Safety equipment to be furnished by the service provider. | Lamar, Red River,  Bowie, Franklin,  Titus, Morris, Cass,  Wood, Upshur,  Marion, Smith,  Gregg, Harrison,  Rusk, Panola | | **Individual / Organization**   * Current Certificate of Professional Liability insurance * Current Certificate of equine specialist | * $175 per day, up to 2 occasions | Open 10/1/24 |
| **Yoga**  Provide the following services   * Yoga Session for veteran * Sessions to be provided at a studio or gym * Sessions lasting at least 30 minutes. * Service provider to furnish equipment | Lamar, Red River,  Bowie, Franklin,  Titus, Morris, Cass,  Wood, Upshur,  Marion, Smith,  Gregg, Harrison,  Rusk, Panola | | **Individual / Organization**   * Current Certificate of Professional Liability insurance * Current Certificate of Yoga Instructor or exercise related field. | * $20.00 per session, up to 5 sessions | Open 10/1/24 |

# Attachment A: Key Personnel

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

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| Name | Title | Business Address | Business Phone # | Email Address |
| Lee Brown | Director, Contracts | Community Healthcore | 903.237.2341 | [RequestRFA@CommunityHealthcore.com](mailto:RequestRFA@CommunityHealthcore.com) |
| Management | Attn: Lee Brown |
|  | P.O. Box 6800 |
|  | Longview, TX 75608 |
| Peggy Bagley | Contracts | Community Healthcore | 903.234-7008 | [RequestRFA@CommunityHealthcore.com](mailto:RequestRFA@CommunityHealthcore.com) |
| Administrator | Attn: Peggy Bagley  P.O. Box 6800 |
|  | Longview, TX 75608 |
| Teresa Dixon | System Support Specialist | Community Healthcore Attn: Cindy Goodson | 903.234.4224 | [RequestRFA@CommunityHealthcore.com](mailto:RequestRFA@CommunityHealthcore.com) |
| P.O. Box 6800 |
| Longview, TX 75608 |

# Attachment B: Acronyms

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| 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

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