



## **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

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.



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
<b>Emergency Respite – Out of Home</b> Crisis Intervention Respite to persons eligible for services as funded by the Texas Health and Human Services Commission and approved by the Center. <ul style="list-style-type: none"> <li>• Managing challenging behaviors</li> <li>• Person is in immediate danger to self or others due to circumstances</li> <li>• Person mental or physical health is at risk of serious deterioration</li> <li>• Reinforcement of Therapeutic activities</li> <li>• Assistance with ADL activities</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	<b>Individual / Organization</b> Current Certificate of Professional Liability Insurance	<ul style="list-style-type: none"> <li>• \$300 a day up to 14 days per individual</li> </ul>	Open 9/1/24
<b>Respite – ADRC</b> Provide the following services <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 a needed basis</li> <li>• Progress Notes</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	<b>Individual / Organization</b> <ul style="list-style-type: none"> <li>• Current Certificate of Professional Liability insurance</li> </ul>	<ul style="list-style-type: none"> <li>• \$50.89 per day</li> </ul>	Open 9/1/24
<b>In-Home Respite</b> Providing the following services based on IDD CIS respite plan based on the needs of the individual <ul style="list-style-type: none"> <li>• Relief to primary caregiver</li> <li>• Monitor or assist with activity of daily living skills</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	<b>Individual</b> <ul style="list-style-type: none"> <li>• Current homeowner's insurance</li> <li>• Current Driver's License</li> <li>• Current Automobile insurance</li> </ul>	<ul style="list-style-type: none"> <li>• \$17.86 per hour</li> </ul>	
<b>Board Certified Behavioral Analyst</b> Provide the following services: <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	<b>Individual</b> <ul style="list-style-type: none"> <li>• Current Licensed Behavior Analyst / BCBA Certification</li> <li>• Current Certificate of Professional Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• \$85.00 per hour</li> </ul>	Open 9/1/24



<b>Individualized Skills and Socialization (ISS)</b> <ul style="list-style-type: none"> <li>ISS services to persons with intellectual disabilities ("individuals") who are referred to the Contractor by the Center.</li> <li>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).</li> <li>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.</li> <li>Provide <b>daily service logs by 4p.m.</b> each day and <b>weekly progress notes</b> for each Program Participant served using the Center form.</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	<b>Organization</b> <ul style="list-style-type: none"> <li>Must be currently licensed as an Individualized Skills and Socialization Provider by the State of Texas.</li> <li>Current Certificate of Professional Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>The rate of payment Is 100% of the then-current full rate as established by HHSC</li> </ul>	Open 9/1/24
<b>Determination of Intellectual Disabilities</b> <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 the 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 the date of the request or will call Program Contact when unable to schedule within fourteen days.</li> <li>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.</li> </ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	<b>Individual / Organization</b> <ul style="list-style-type: none"> <li>Licensed Psychologist</li> <li>Current Certificate of Professional Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>\$115.00 per hour</li> <li>\$75.00 for a no-show</li> </ul>	Open 9/1/24



<b>Day Habilitation</b> <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><li>• Provide weekly progress notes for each Program Participant served using the Center form.</li></ul>	Bowie, Cass, Gregg, Harrison, Marion, Panola, Red River, Rusk & Upshur	<b>Organization Only</b> <ul style="list-style-type: none"><li>• Current Certificate of Professional Liability Insurance</li></ul>	<ul style="list-style-type: none"><li>• Rate of Payment is 100% of the then-current full rate as established by HHSC.</li></ul>	Open 9/1/24
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<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 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 food safety, and sanitation instruction and training for clients and staff.</li> <li>• Dietitian services requested in other residential facilities will be mutually agreed upon by both parties and reflected in the contract.</li> </ul>	<p>Gregg County</p>	<p><b>Individual / Organization</b></p> <ul style="list-style-type: none"> <li>• Current license to provide service / Registered Dietitian / Registered Dietitian Nutritionist</li> <li>• Current Certificate of Professional Liability Insurance</li> </ul>	<ul style="list-style-type: none"> <li>• Nutrition services \$65 per hour</li> </ul>	<p>Open 9/1/24</p>
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## 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>
	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

SERVICES PROVIDED	LINE OF COVERAGE	LIMIT OF LIABILITY GUIDELINES
<i>Administrative (Company)(1)</i>	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
<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 (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
<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	\$1,000,000/\$3,000,000 \$1,000,000/\$2,000,000  \$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 (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)
<i>General Building Services (Company) (9)</i>	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)
<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)