



REQUEST FOR PROPOSALS (RFP #2019-11)

This RFP is issued by COASTAL PLAINS COMMUNITY CENTER (CPCC), an agency, authorized by Article 5547-203 of the Texas Revised Civil Statutes Annotated (1965), as amended, establishes the duties and authority of the Community Centers of Mental Health and Intellectual & Developmental Disorder (IDD) services. This RFP contains the requirement that all proposals must meet to be considered by CPCC for selection. Failure to conform to requirements of the RFP will result in rejection of the proposal without any further consideration. The offerer is solely responsible for the preparation and submission of a proposal in accordance with instructions contained in this RFP.

Covered services. Covered services, if authorized by the local authority under the terms of this agreement are:

Occupational Therapy Services – The practice of occupational therapy as described in Texas Occupations Code, Chapter 454

Physical Therapy Services – The practice of physical therapy as described in Texas Occupations Code, Chapter 453

Services to be Purchased:

- Occasional therapy assessments, direct therapy, staff/family training, home program and required documentation

Credentials Required: Licensed Occupational Therapist or Licensed Physical

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

Alicia Barreto, Provider Services Director, IDD Services
200 Marriott
Portland TX 78374
(361) 777-3991

Submission of Completed Proposal:

All proposals must be addressed to:

Micheline Hodge, Admin. Asst., Authority Functions Dept.
200 Marriott
Portland TX 78374
CONFIDENTIAL: RFP#2019-011
DO NOT OPEN IN MAILROOM!

Deadline for submission: **extended until filled**

Incomplete proposals will not be considered.

Electronically submitted proposals will not be considered; however, proposals may be modified by electronically submitted notice provided such notice is received prior to the time and date set for the proposal opening and specific proposal prices are not exposed by such amendment.

COVERED SERVICES

- 1) Therapy assessments and review of such
- 2) Direct therapy, if needed
- 3) Completion and submission of required documentation including consultation reports, assessments and progress notes reflecting progress
- 4) Written discharge summary to be provided to the Center within 15 days of discharge or discontinuation of services
- 5) All services must be provided by an Occupational Therapist or Physical Therapist licensed to practice in the state of Texas.
- 6) Timely access to services; within 10 working days of referral.

OTHER

- 1) All qualified Offeror's are required to submit all documentation with their billing in order to be reimbursed for services rendered.

SPECIFIC PROPOSAL REQUIREMENTS

To achieve a uniform review process CPCC requires that proposals submitted include the following:

- 1) Title Page - must show the RFP subject; the offeror's name; the name, address, and telephone number of a contact person; and the date of the proposal.
- 2) Transmittal Letter - Submit a signed letter briefly addressing the offeror's understanding of the work to be done, the commitment to do the work detailed within this RFP and a statement explaining why the offeror believes itself to be best qualified to do the required work.
- 3) Detailed Proposal (attached) – for each applicant
- 4) References - Submit two (2) letters of reference from licensed professionals in social or medical services which describing your ability to perform the covered services.
- 5) Proof of Texas Licensure in Occupational Therapy or Physical therapy - Attach a copy of current license(s) of all applicants
- 6) Offeror Representative - Include the name of the designated individual(s), along with respective telephone numbers, who will be responsible for answering technical and contractual questions with respect to the proposal.
- 7) Proof of Professional Liability Insurance with a minimum amount of \$100,000 per claim and \$5,000,000 annual aggregate
- 8) Signed Assurances and Certifications form (attachment #3)

AWARD CRITERIA

The following qualifications are required for occupational therapy services.

- Valid professional license to practice in the state of Texas
- Current Professional Liability Insurance with a minimum amount of \$100,000 per claim and \$5,000,000 annual aggregate
- Ability to successfully enroll as a Texas Medicaid provider

The following criteria will be weighed to determine the best value

- 50% - Proposed cost
- 20% - Experience as a Licensed Therapist
- 15% - Risk factors
- 10% - Professional references and complete application
- 5% - Experience working with various cultures & Languages spoken

ATTACHMENT 1

PROPOSAL
(one form per Occupational Therapist applicant)

Applicant: _____

Title of Service: _____ SSN#/TIN: _____

Drivers license number: _____ State: _____ **Please, attach copy**

Date of Birth: _____

Address: _____ City: _____ Zip: _____

Business Phone: _____ Fax: _____

Hours of Operation: _____

Other Business Locations in this Market Area:

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

Other Owners/Partners:

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

Occupational Therapy License Number/State:

(attach copy of current license)

Number of years experience after licensure _____

1. Languages spoken, please, describe fluency:

2. Please, describe your experience in working with various cultures:

4. Please, describe in detail your experience with individuals with Intellectual & Developmental Disorder (IDD) services:

Please, describe in detail any specialty areas of practice:

Please list college degrees, schools, and date of graduation

Degree	College or University (Address)	Date of Graduation

Description of plan to provide the requested services and proposed fee:

Risk Profile

- 1) Do you or anyone working in your organization that is providing services have any felony convictions or any offences that may bar you or them from a contractual agreement? Yes No
- 2) Have you or any of your employee's (or subcontracted employees) had any validated client abuse, client neglect, or client rights violation claims in the past five years. Yes No
- 3) Have you or any of your employee's had a professional license suspended or revoked? Yes No
- 4) Have you or any of your employee's had Medicaid or Medicare sanctions? Yes No
- 5) Have you or any of your employees appeared on the Texas or U.S. Office of the Inspector General's exclusion lists?
- 6) Has the organization/partnership/business been placed on vender hold within the past five (5) years by any funding agency Yes
- 7) For any "yes" answers to questions 1 through 6, please, attach a detailed explanation.
- 8) Are you mentally and physically able to perform the covered services? Yes No
If No – please, explain _____

- 9) Attach copy of Occupational Therapy license.
- 10) Attach proof of Professional Liability Insurance.
- 11) Attach consent to release information from past and present insurance carriers.
- 12) List any lawsuits or litigation involving your organization during the past five years. Provide details.

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

Applicant Signature

Date

For CPCC office use only
Credentialing Committee approval

Date

Provider is privileged to perform duties as described in contract

Date

ATTACHMENT 2

ASSURANCES AND CERTIFICATIONS

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

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

Offeror's records. Offeror understands that failure to substantiate any statements made in the proposal as requested by CPCC may result in disqualification of the offer.

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

Offeror: _____

Address: _____

Person to contact regarding inquiries:

Name _____ Title _____ Phone _____

Signature of Offeror

Date