



**RFP # MHPM06-09**

**RFP Description: Adult and Child/Adolescent Pharmacological Management (Physician Services)**

**Issued: March 2, 2010**

**Deadline for Submissions: April 2, 2010 at 2:00pm (CST)**

**[LindaB@gcmhmr.com](mailto:LindaB@gcmhmr.com)**

**The Gulf Coast Center  
Attn: Linda Bell  
4444 W. Main  
League City, Texas 77573**

**THE GULF COAST CENTER  
REQUEST FOR PROPOSAL # MHPM06-09**

**The Gulf Coast Center** is the Department of State Health Services (DSHS) and the Department of Aging and Disability Services (DADS) designated mental health and mental retardation Authority established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and mental retardation services for the residents of Galveston and Brazoria Counties, Texas.

**The Gulf Coast Center** (“Center”) is seeking proposals for the provision of services consisting of Adult and Child Pharmacological Management and Psychiatric Evaluation Services for identified individuals with mental illness who seek services at the Center. In order to qualify, a respondent must be licensed to practice medicine in the State of Texas. The services sought via this RFP shall be performed at the following **Brazoria County Center facility(s)**:

Adult Pharmacological Management and Psychiatric Evaluation Services  
(CPT codes 90801, 90862, M0064)

101 Tigner, Bldg 2                      or              101 Brennen  
Angleton, TX 77515                                      Alvin, TX 77511

Child/Adolescent Pharmacological Management and Psychiatric Diagnostic Interview Examination  
(CPT codes 90801, 90802, 90862, M0064)

2532 Mulberry  
Angleton, TX 77515

The initial contract period shall commence approximately 90 days after the contract award and continue through August 31, 2011 with an option to renew for an additional one year period based on satisfactory performance.

Please submit sealed: one (1) original (clearly marked) and two (2) copies of your proposal to:

**The Gulf Coast Center  
Attn: Linda Bell  
4444 W. Main  
League City, Texas 77573  
Contact Number: 409-944-4314**

NO LATER than:              2:00 P.M. (CST), Thursday, April 2, 2010

Mark Envelope              RFP# **MHPM06-09**  
RFP Response for Pharmacological Management & Psychiatric Services

**The Center appreciates your time and effort in preparing this proposal. All proposals must be received at the specified location before opening date and time. The official time shall be determined by the time/date stamp when received at location. Faxed responses shall not be accepted. Proposals received after above date and time shall be returned unopened.**

Any questions regarding the **RFP** should be directed in writing to Linda Bell at lindab@gcmhmr.com or the address indicated above no later than March 18, 2010. Responses shall be returned no later than March 24, 2010.

## **SECTION A INSTRUCTIONS AND CONDITIONS**

- 1. LATE PROPOSALS:** Proposals received at the specified location after submission deadline shall be returned unopened and shall be considered void and unacceptable. The official time shall be determined by the time/date stamp when received by the front desk receptionist at the Center's specified location. Center is not responsible for lateness of mail, carrier, etc.
- 2. FUNDING:** This contract shall be funded by State of Texas General Revenue, Medicaid and/or Third Party Insurance. This RFP is contingent upon the availability of funding. The Center reserves the right to alter, amend or withdraw this RFP at any time prior to the execution of a resulting Agreement if funds become unavailable for any reason including lack of appropriations by the Texas Legislature being made available to the Center, budget cuts, or any other disruption of current funding allocations. Further, the obligations of the Center under the terms of any resulting Agreement shall remain subject to and contingent upon continued funding by the State of Texas during the term of the resulting Agreement or any extension thereof. In the event of discontinuation of funding for the Center, the resulting Agreement shall be terminable by the Center, in accordance with the laws of the State of Texas.
- 3. ETHICS:** Respondents shall not offer or accept any gifts or anything of value nor enter into any business arrangement with any employee, Trustee, official or agent of Center.
- 4. IT IS UNDERSTOOD** that Center reserves the right to accept or reject any and/or all proposals for any or all services covered in this solicitation and to waive informalities or defects in proposals or to accept such proposals as it shall deem to be in the best interest of The Center.
- 5. MODIFICATIONS and ADDENDAS:** Center reserves the right to modify the general description and scope of services, by issuing written addenda of any such modifications. Any interpretations, corrections or changes to the Request for Proposal (RFP) and specifications shall be made by written addenda. Sole issuing authority of addenda shall be vested in the Center's Director of Legal Affairs. Addenda shall be mailed to all who are known to have received a copy of the Request for Proposal. All such addenda become, upon issuance, an inseparable part of the specifications which must be met for the offer to be considered. All responding Respondents shall acknowledge receipt of all addenda.
- 6. ALTERING PROPOSALS:** Any corrections, deletions, or additions to offers may be made prior to closing date and time of the solicitation. No oral, telephone, telegraphic, fax, E-mail, or other electronically transmitted corrections, deletions, or additions shall be accepted. The Respondent shall submit substitute pages in the appropriate number of copies with a letter documenting the changes and the specific pages for substitution. The signatures on the form and letter must be original and of equal authority as the signatures on the offer.

**7. WITHDRAWAL OF PROPOSALS:** A proposal shall not be withdrawn or canceled by the Respondent unless the Respondent submits a letter prior to the closing date. The signature on the withdrawal letter must be original and must be of equal authority as the signature of the offer.

**8. PROPOSALS SHALL BE** received and publicly acknowledged at the location, date and time stated within this document. Respondents, their representatives and interested persons may be present. The proposal shall be received and acknowledged only so as to avoid disclosure of the contents to competing Respondents and kept confidential during negotiations.

However, all proposals shall be open for public inspection after the contract is awarded and written notification is sent to both successful and unsuccessful Respondents, except for trade secrets and confidential information contained in the proposal and identified by the Respondents as such. Such information may still be subject to disclosure under the Public Information Act based on the Texas Attorney General opinions and on steps taken by the Respondent to protect the information outside the scope of the RFP process.

**9. SALES TAX:** Center is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the proposal shall not include taxes.

**10. PROPOSALS MUST COMPLY** with all federal, state, county and local laws. All services must be in compliance with federal, state, county and local rules, codes, regulations, laws, and executive orders.

**11. RESPONDENTS SHALL PROVIDE** with this proposal response, all documentation required by this RFP. Failure to provide this information may result in rejection of proposal. There is no expressed or implied obligation for The Center to reimburse responding firms for any expenses incurred in preparing proposals in response to this Request for Proposals and the Center will not reimburse responders for these expenses, nor will the Center pay any subsequent costs associated with the provision of any additional information or presentation, or to procure a contract for these services.

1. Title page. Title page should include the RFP # and subject. The Respondent's name, the name, address, and telephone number of a contact person; and the date of the proposal transmitted.
2. Submission Letter. A letter of understanding by the person or officer of the Respondent entity that is authorized to enter into a contractual agreement on behalf of Respondent indicating acceptance and commitment to the work to be done as well as a succinct statement as to why the Respondent believes itself is the best qualified.
3. Detail Proposal. Response to Proposal Guidelines as specified in this document.
4. References. Submit as specified in Section A.16 of this document.

5. Respondent's contact. 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

**12. EXCEPTIONS/SUBSTITUTIONS:** All proposals meeting the intent of this Request for Proposal shall be considered for award. Respondents taking exception to the specifications, terms and conditions or offering substitutions, shall state these exceptions in the section provided or by attachment as part of the proposal. The absence of such a list shall indicate that the Respondent has not taken exceptions and Center shall hold the resultant Contractor responsible to perform in strict accordance with the specifications, terms, and conditions of the contract. Center reserves the right to accept any and/or none of the exception(s) /substitution(s) as deemed to be in the best interest of Center.

**13. MINORITY OWNED BUSINESSES:** Historically Underutilized Business and/or Minority business enterprises will be afforded full opportunity to submit proposals in response to this invitation and will not be discriminated against on the grounds of race color, creed, sex, or national origin in consideration for an award.

**14. SILENCE OF SPECIFICATIONS:** The apparent silence of these specifications as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only best practices of quality services and facilities will prevail. All interpretations of these specifications shall be made on the basis of this statement.

**15. REFERENCES:** Center requests Respondent to supply, with this RFP, a list of at least three (3) references where same or similar services have been provided by their organization. Include name, contact name, address, telephone number and description of services provided for each reference.

**16. INSURANCE:** Successful contractor must provide proof of minimum insurance coverage prior to start of contract and annually thereafter of liability insurance (including general liability, and workers compensation coverage) as follows:

SCHEDULE:	Professional Liability	\$1,000,000
	General Liability	\$1,000,000/3,000,000
	Worker's Compensation	In accordance with Texas Statutory Requirements

A Certificate of Insurance naming as an additional insured The Gulf Coast Center shall be provided prior to start of work.

**17. MINIMUM STANDARDS FOR RESPONSIBLE PROSPECTIVE RESPONDENTS:** A prospective Respondent must affirmatively demonstrate Respondent's responsibility. A prospective Respondent must meet the following minimum requirements:

1. have adequate financial resources, or the ability to obtain such resources as required;
2. be able to comply with the required or proposed performance schedule;
3. have a satisfactory record of performance;

4. have a satisfactory record of integrity and ethics; and
5. be otherwise qualified and eligible to receive an award

Center may request representation and other information sufficient to determine Respondent's ability to meet these minimum standards listed above and any other required documentation.

**18. LIMITATIONS:** Any Respondent currently held in abeyance from or barred from the award of a Federal or State contract may not contract with Center.

**19. CONSIDERATION:** For an offer to be considered, the Respondent must meet Center's requirements, demonstrate the ability to perform successfully and responsibly under the terms of the prospective contract, and submit the completed offer according to the time frames, procedures, and forms stipulated by Center.

**20. CONTRACT:** In the event Respondent and Center are satisfied with the proposal submission and its conditions in its entirety and no modification or negotiations are warranted, the submitted proposal shall serve as a legal and binding agreement. In the event modification is necessary, a sample contract containing the major provisions of Respondent's anticipated agreement subject to refinement and negotiation can be obtained upon request to Linda Bell, 4444 W. Main, League City, TX 77573 or [lindab@gcmhmr.com](mailto:lindab@gcmhmr.com).

**21. TERMINATION OF CONTRACT:** Center reserves the right to terminate any resulting contract with thirty (30) days written notice.

**22. CONFLICT OF INTEREST:** No public official shall have interest in this contract, in accordance with Vernon's Texas Codes Annotated, Local Government code Title 5, Subtitled C., Chapter 171.

**23. SUCCESSFUL RESPONDENT SHALL** defend, indemnify and save harmless Center or its designee and its officers, directors and employees from any and all suits, claims, actions, losses, damages, liability and expenses, including attorney's fees arising from any negligent or willful act, error, omission or misrepresentation of Contractor or his employees, agents (including subagents) or servants. The provisions of the subparagraph shall continue and be ongoing in any contract resulting from this RFP.

**24. NOTICE:** Any notice provided by this proposal (or required by Law) to be given to the successful Respondent by Center shall be deemed to have been given and received on the next day after such written notice has been deposited in the mail in League City, Texas by Registered or Certified Mail with sufficient postage affixed thereto, addressed to the successful Respondent at the address so provided; provided this shall not prevent the giving of actual notice in any other manner.

**25. CONTRACT MONITOR:** The Center shall appoint a contract monitor with designated responsibility to ensure compliance with contract requirements. The contract monitor will serve as liaison between the Center and the successful Respondent.

**26. INVOICES** shall show all information as required and shall be mailed directly to **the Center** location and staff person as set out in the contract entered into by Center and Provider.

**27. PAYMENT** shall be made upon receipt of valid invoice and approval by Center of all completed and authorized services as set out in the contract entered into by Center and successful respondent.

**28. ASSIGNMENT:** The successful Respondent shall not sell, assign, transfer or convey any contract resulting from this RFP, in whole or in part, without the prior written consent of Center.

**29. ORDER OF PRECEDENCE:** Any inconsistency in this solicitation or contract shall be resolved by giving precedence in the following order.

- A. Request for Proposal Instructions and Conditions
- B. Proposal Guidelines, if any.
- C. Other documents, exhibits and attachments

**30. SUBMISSION OF PROPOSAL:** Submit sealed one (1) original, clearly marked, and **two** (2) copies of the proposal describing your organization and services in detail following the sequence as outlined, and requirements of the Request for Proposal Instructions and Conditions.

There is no expressed or implied obligation for the Center to reimburse Respondents for any expense incurred in preparing Proposal in response to this request, and the Center will not reimburse anyone for those expenses. The Center will consider Proposals from all responsible Respondents.

## **SECTION B DESCRIPTION AND SCOPE OF SERVICES**

The Center is requesting proposals for the provision of Pharmacological Management and Psychiatric Evaluations.

- I. Program Description: The Center operates two Brazoria County **Adult outpatient psychiatric** clinics one in Angleton, Texas that services 425 person in an average month as well as a clinic in Alvin, Texas which services 475 persons in an average month who are enrolled in ongoing RDM Services. Pharmacological management is a service provided to a client by a physician or other prescribing professional, in accordance with TIMA when applicable to the client to determine symptom remission and the medication regimen needed. Pharmacological services include supervision of administration of medication, monitoring of effects and side effects of medication, assessment of symptoms. Includes one psychiatric evaluation per year.

The Center also operates a Brazoria County **Children's outpatient clinic** located in Angleton, Texas that serves 85 persons in an average month (including the 10-12 new evaluations a month). Psychiatric Diagnostic Interview Examinations are completed as face-to-face interviews with the individual and family to evaluate the individual's

psychiatric diagnoses and treatment needs. The Pharmacological Management component is also provided by a physician or other prescribing professional to determine symptom remission and the medication regimen needed and to assess target symptoms, side effects and adverse effects, potential toxicity, and the impact of psychoactive medication for the client and family.

- II. Program Goals: Goals of each program includes assisting individuals to achieve recovery and resiliency by use of medication therapies. The qualifying provider will be required to follow DSHS TIMA guidelines and the Center's formulary for medication.
- III. Transition Goals: Due to the fact that the services requested in this RFP are to be performed at a Center facility, the provider shall have the ability to provide requested/referred services to those individuals assigned/scheduled to the case load on the days Provider has agreed to provide services.
- IV. Target Population – Persons served must meet the priority population definition as defined by the Department of State Health Services. Persons served must meet the priority population definition as defined by the Department of State Health Services (DSHS). The target population for this RFP consists of individuals with mental illness who have been identified by the Center as Priority Population, in accordance with the definitions established by DSHS. Designation of an individual as a member of the Priority Population must be made by the Center/Local Authority and documented in that individual's record.

DSHS priority population for adult mental health services consists of adults who have severe and persistent mental illnesses such as schizophrenia, major depression, bipolar disorder, or other severely disabling mental disorders which require crisis resolution or ongoing and long-term support and treatment.

DSHS Child and Adolescent Mental Health (MH) Priority Population consists of children ages 3 through 17 with a diagnosis of mental illness (excluding a single diagnosis of substance abuse, mental retardation, autism or pervasive development disorder) who exhibit serious emotional, behavioral or mental disorders and who:

- a) Have a serious functional impairment; or
- b) Are at risk of disruption of a preferred living or child care environment due to psychiatric symptoms; or
- c) Are enrolled in a school system's special education program because of serious emotional disturbance.

In targeting services to the priority population, the choice of and admission to services is determined jointly by the person seeking service and the Center. Factors used to make these determinations are the level of functioning of the individual, the needs of the individual and the availability of resources.

- V. Capacity of Services to be Procured

- a. The Center is seeking to procure at a minimum 25% of its pharmacological management service at Adult clinics located in Angleton, TX and Alvin, TX. The clinics average roughly 20-25 individuals per day (including no shows/cancellations).
- b. The Center's Child/Adolescent clinic located in Angleton, Texas is seeking to procure 100% of its physician/psychiatrist services.

VI. Minimum Requirements. At a minimum, applicants must be qualified providers. Thus they must:

- a. Meet the minimum qualifications of the DSHS performance contract, local plan, and all applicable Texas Administrative Code.
- b. Demonstrate their ability to provide services in compliance with DSHS contract requirements, submitting documentation within 48 hours of service provision and in a clean claim.
- c. Comply with RDM (Resiliency and Disease Management).
- d. Psychiatrist(s) must comply with the Texas Implementation of Medication Algorithms (TIMA).
- e. Be able to provide services in the language and English proficiency as dictated by the person receiving services.
- f. Psychiatrist must provide documentation as needed to maintain patient eligibility for Patient Assistance Program (PAP) medication.
- g. All applicants must be able to do business in the State of Texas and be licensed to practice in the State.
- h. Psychiatrist must be a medical doctor (MD) with a specialization in psychiatry. Psychiatrist must be Board Certified in Psychiatry or Board Eligible.

VII. Financing and Reimbursement of Adult and Child/Adolescent Pharmacological Management and Psychiatric Evaluation Services

- a. In the event that the Center and your organization enter into a Medicaid Under Arrangement contract the requirements of each would include:
  - i. The Center would provide Medicaid billing, accounts receivable and accounts payable services, with documentation of same, for all under arrangement rehabilitation services.
  - ii. The contractor would provide on a timely basis all clinical documentation to support billing, billing units and type of service on per consumer on forms provided by the Center.
- b. Successful Respondent must be able to meet all provisions of Pharmacological Management and Psychiatric Evaluations services as defined by DSHS including staffing, reporting requirements, and service provisions.
- c. DSHS general revenue funds are used as a payor of last resort. It is expected that patient mix will include indigent as well as Medicaid eligible consumers and Medicaid Rehabilitation will be a major revenue source to support overall services and maximize general revenue allocated. A minimum of 50% of the persons served

should be Medicaid Eligible – Medicaid applications and eligibility will be pursued for all potential eligible persons. The Center will be assessing the potential for eligibility and assisting consumers in completing a Medicaid application during the intake process. The successful Respondent must be able to assist with applications for all consumers already in the service system, those that become eligible or those who require clinical information and support from the service provider for a pending application or appeal once in service.

### **SECTION C EVALUATION AND SELECTION CRITERIA AND PROCESS**

Any award made based upon this Request for Proposal will be based upon Best Value to the Center, which is the optimum combination of economy and quality resulting from fair, efficient, and practical procurement decision-making and which consider the following relevant factors:

1. the delivery terms;
2. the quality and reliability of the respondent's services;
3. the extent to which the services meet the Center's needs;
4. indicators of probable respondent performance under the contract, such as the respondent's past performance, the respondent's financial resources and ability to perform, and the respondent's experience and responsibility;
5. the impact on the ability of the Center to comply with laws and rules relating to historically underutilized businesses or relating to the procurement of services from persons with disabilities;
6. the total long term cost to the Center of contracting for the respondent's services;
7. the cost of any staff training associated with the contract;
8. the contract price;
9. the ability of the respondent to perform the contract and to provide the required services within the contract term, without delay or interference;
10. the respondent's history of compliance with the laws relating to its business operations and the affected service(s) and whether it is currently in compliance;
11. whether the respondent's financial resources are sufficient to perform the contract and to provide the service(s);
12. whether necessary or desirable support and ancillary services are available to the respondent;
13. the character, responsibility, integrity, reputation, and experience of the respondent;
14. the quality of the facilities and equipment available to or proposed by the respondent;
15. the ability of the respondent to provide continuity of services;
16. the ability of the respondent to meet all applicable written policies, principles, regulations, and standards of care; and

17. any other factor relevant to determining the best value for the Center in the context of a particular contract.

The evaluation process is as follows:

1. All proposals received by the established deadline will be evaluated and ranked by Planning and Network Advisory Committee (or the Center's RFP Evaluation Committee) according to the factors above.
2. Respondents meeting the requirements and criteria may be invited to interview with Center to further clarify the evaluations of proposals, if deemed necessary by the committee.
3. Additional information, such as copies of the Respondent's Organizational Policies, Procedures and Quality Assurance documents, may be requested during contract negotiations.
4. Visits may be conducted to potential service contractors.
5. Based on resulting ranking of the proposals one or more Respondents may be asked to participate in negotiation with Center.
6. **APPEALS and/or PROTEST.** Any Respondent's wishing to protest or appeal the selection process must do so within 7 days of the proposal award. Protest or appeals must clearly state with specificity the grounds upon which the award selection is being challenged. Send via certified mail to:

**The Gulf Coast Center  
Attn: Linda Bell  
4444 W. Main  
League City, Texas 77573**

7. Proposals submitted become the property of Center and will not be returned to the Respondent's.

## **SECTION D PROPOSAL GUIDELINES**

Each Respondent must answer each of the following items completely. You may attach additional materials as necessary to provide support information and details. Failure to disclose or provide complete and accurate responses, or to utilize format described below, may be considered a basis for eliminating the proposal from further consideration. Each Respondent must use the proposal response format as follows: State the question or item exactly as appears; then provide your detailed response. If you feel a particular question or item does not apply to you or the service being requested, then mark as n/a.

- I. **Proven ability to provide high quality services.**
  - a. Describe your operation:
    - i. Identify Ownership
    - ii. Organization Structure (attach organization chart)
    - iii. Indicate years of experience providing the requested type of service.
    - iv. Identify any award or special recognition from regulatory, licensing bodies or professional associations.

- b. Describe background and experience of the entity or individual as a provider of pharmacological management and psychiatric evaluation services or substantially similar services showing ability to provide these services.
- c. Provide three references who are familiar with your background in providing pharmacological management and psychiatric evaluation services (provide name, title, address, telephone).
- d. Provide detailed information on all contracts which have been terminated in pharmacological management and psychiatric evaluation services or in a substantially similar service in the past 5 years.

**II. Knowledge of Programmatic issues.**

- a. Describe your experience in providing services and supports to individuals with mental illness and their family members.
- b. Describe your activities/participation with NAMI, MHA, and similar organizations in serving the needs of the mentally ill and their families.
- c. Describe how you will engage and involve consumers, legally authorized representatives, and families at the policy and practice levels within your organization.

**III. Description of Services**

- a. Describe how you currently provide pharmacological management and psychiatric evaluation services or a similar service model.
- b. Describe when you will be available to provide services as well as the specific clinic location requested, Angleton (Adult and/or Child) or Alvin which services will be provided.
- c. Describe core staff.
- d. Describe the transition plan you intend to utilize for consumers.
- e. Describe what value added services you will provide, through methods such as enhanced staffing, expanding service array, additional service capacity, etc.
- f. Describe the activities you will provide to ensure coordination of services as well as continuity.
- g. Describe how you will meet the cultural and linguistic needs of the consumers in the Center's local service area.

**IV. Quality Management – Quality management and improvement systems provide ongoing self assessment of critical performance indicators developed to aid in improving the quality of services delivered. Internal and external reviews and surveys are part of this system.**

- a. Describe the Quality Management and Improvement system currently in place in your program.
- b. Describe in detail, performance indicators used in measuring and monitoring service performance and goals.
- c. Submit a copy of the most recent Quality Improvement Plan.
- d. Submit a copy of your Quality Management Program activities for the past 12 month period.

- e. Submit copies of all external reviews from all regulatory/accrediting bodies: include any plans of improvement required as a result of the reviews.
- f. Submit information and examples of any ongoing outcome measurement program activities, which have been operational for a minimum of 12 months.

**V. Financial Information**

- a. Provide a copy of a Certified External Audit for the past three years.
- b. Provide a copy of the most recent Tax Statement (IRS Form 1120, Form 990 as applicable).
- c. Provide a current Financial Statement including Cash Flow.
- d. Submit the most current Annual Report available.
- e. Provide evidence of continued financial viability to ensure your capabilities to support this project.
- f. Insurance – Indicate current coverage amounts for professional and general liability insurance, term of coverage, and name of carrier.
- g. Provide the budget detail for the proposed program or service(s).
  - i. Identify salaries and fringe benefits.
  - ii. Identify all other operating and administrative expenses that will be related to the program.
  - iii. Identify Medicaid/Third Party Revenue Projections if applicable.

**VI. Cost Proposal**

- a. Describe your proposal fee structure. What is your rate of reimbursement?
- b. Describe how you will maximize other payor sources to ensure the Center is the payor of last resort.
- c. Maximum Allowable Rate - the maximum allowable rate for the services is Medicaid rate minus 10%. The Center shall reject any proposal with a rate that exceeds that amount.

**VII. Risk Assessment**

- a. Has the Respondent had any validated/confirmed client abuse, client neglect, or rights violations claims in the last three (3) years? If so, explain in detail.
- b. Provide a copy of Professional Liability Insurance showing liability insurance coverage. Include directors' and officers' professional liability, errors and omissions, general liability, breaches of privacy, and medical malpractice insurance -- Label as **Exhibit VII B**.
- c. Identify whether Respondent, as an entity, or anyone employed by the Respondent is currently under investigation, or has had a license or accreditation revoked by any state, federal, or local authority or licensing agency within the last five (5) years. If "yes", provide a detailed explanation.
- d. Identify whether Respondent, as an entity, or anyone employed by the Respondent providing direct care or employed in a management position has had any felony convictions. If "yes", provide a detailed explanation. Provide any company policies that outline your procedures in dealing with current or future employees who are convicted felons.

- e. Identify whether Respondent has ever been placed on vendor hold by an agency or company. If “yes”, provide a detailed explanation.
- f. Identify any lawsuits or litigation involving clinical services to which you have been a party during the past five (5) years. Provide details on any judgments.
- g. Provide a list of clinical services contracts for which Respondent has been terminated for cause in the last five (5) years.
- h. Identify whether Respondent, as an entity, or any of Respondent’s employees Medicaid Provider number(s) have ever been suspended or revoked. If “yes”, explain.

**SECTION E**  
**SUBMISSION OF PROPOSAL**

**ASSURANCES**

The undersigned does make the following assurances that:

Respondent assures the following:

1. That all addenda and attachments to the RFP as distributed by the Center and designated by the checklist have been received.
2. No attempt will be made by the Respondent to induce any person or firm to submit or not to submit a proposal, unless so described in your response document.
3. The Respondent does not discriminate in its services or employment practices on the basis or race color, religion, sex, national origin, disability, veteran status, or age.
4. All cost and pricing information is reflected in the RFP response documents or attachments.
5. Respondent accepts the terms, conditions, criteria, and requirement set forth in the RFP.
6. Respondent accepts the Center's right to cancel the RFP at any time prior to Contract award.
7. Respondent accepts the Center's right to alter the time tables for procurement as set forth in the RFP.
8. The Proposal submitted by the Respondent has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the Proposal submitted by the Respondent has not been knowingly disclosed by the Respondent to any other Respondent prior to the notice of intent to award.
10. 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.
11. The Center has the right to complete background checks and verify information.
12. The individual signing this document and the Contract is authorized to legally bind the Respondent.
13. The address submitted by the Respondent to be used for all notices sent by the Center is current and correct.
14. No employee of the Center or DSHS, and no member of the Center's Board will directly or indirectly receive any pecuniary interest from an award of the proposed Contract. If the Respondent is unable to make the affirmation, then the Respondent must disclose any knowledge of such interests.
15. That the Respondent is not currently held in abeyance or barred from the award of a federal or state contract.
16. That the Respondent is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.
17. Respondent shall disclose whether any of the directors or personnel of Respondent has either been an employee or a trustee of Center within the past two (2) years preceding the date of submission of the Proposal. This requirement applies to all personnel, whether or not identified

as key personnel. If such employment has existed, or at term of office served, the Proposal shall state in an attached writing the nature and time of the affiliations as defined. *See Attachment C.*

18. Respondent shall identify in an attached writing any trustee or employee of Center who has a financial interest in Respondent or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. Moreover, Respondent shall state in an attached writing whether any of its directors or personnel knowingly has had a personal relationship with employees or officers of Center within the past two (2) years.
19. No former employee or officer of DSHS, DADS, and/or Center directly or indirectly aided or attempted to aid in procurement of Respondent's service.
20. Respondent shall disclose in an attached writing the name of every Center key person with whom Respondent is doing business or has done business during the 365 day period immediately prior to the date on which the Proposal is due; failure to include such a disclosure will be a binding representation by Respondent that the natural person executing the Proposal has no knowledge of any key persons with whom Respondent is doing business or has done business during the 365 day period prior to the immediate date on which the Proposal is due.
21. Under Section 231.006, Family Code, the vendor or applicant certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, "vendor or applicant" shall mean Respondent; contract, bid or application shall mean the Proposal; and "this contract" shall mean any Contract awarded to the Successful Respondent.

The Organization or Individual named below offers and agrees to furnish all labor, materials, and services offered within the designated time frame for the amount to be agreed upon and upon conclusion of a successful contract.

**Name of Respondent Firm or Individual:** \_\_\_\_\_

**Type of Legal Entity:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Phone No.:** \_\_\_\_\_  
\_\_\_\_\_ **FAX No.:** \_\_\_\_\_

**Auth. Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Printed Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

## DESIGNATION OF SERVICES

Please indicate with a “√” which services you are submitting this RFP.

<b>Adult Services Sought for Brazoria County</b>	<b>Brazoria County Location</b>	<b>Indicate (√) services you are submitting this application</b>
Adult Pharmacological Management and Psychiatric Evaluation Services	101 Tigner, Bldg 2 Angleton, TX 77515	
Adult Pharmacological Management and Psychiatric Evaluation Services	101 Brennen Alvin, TX 77511	

<b>Children/Adolescent Services Sought for Brazoria County</b>	<b>Brazoria County Location</b>	<b>Indicate (√) services you are submitting this application</b>
Child/Adolescent Pharmacological Management and Psychiatric Diagnostic Interview Examination	2532 Mulberry Angleton, TX 77515	

The undersigned hereby certifies that he/she has the authority over all of the proposal/ documents and agrees to abide by the terms, certifications and conditions including indicated within the RFP:

Authorized Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_