



PECAN VALLEY CENTERS
FOR BEHAVIORAL & DEVELOPMENTAL HEALTHCARE

Request for Proposals (RFP)

RFP – 01-2022

Community Psychiatric Hospital Beds

August 16, 2021

Pecan Valley Centers
Attn: Dottie Moore
2101 W Pearl St.
Granbury, TX 76049

dmoore@pecanvalley.org

Issue Date: August 16, 2021

Due Date: September 13, 2021

INVITATION

Pecan Valley Centers is accepting proposals from providers experienced in providing community psychiatric hospital beds from one or more locations throughout the North Texas area.

Pecan Valley Centers invites your organization to submit a proposal. If you are interested in submitting a proposal, please adhere to the instructions and requirements as outlined throughout the enclosed Request for Proposal.

A copy of the Request for Proposal (RFP) may be obtained from Pecan Valley Centers website at <https://www.pecanvalley.org/> or by contacting the Contract Manager, Dottie Moore, at dmoore@pecanvalley.org.

Vendors wishing to submit proposals are requested to submit a written letter of intent by August 23, 2021 – 5:00 p.m. CDT. An email attachment sent to dmoore@pecanvalley.org will be accepted. Letters being faxed should be sent Attn: Dottie Moore at (817)579-4410. The letter must identify the name, address, phone, fax number and email address of the person who will serve as the key contact for all correspondence regarding this RFP. Subject line for an email or fax should be “Letter of Intent for – RFP 01-2022.” Vendors may submit questions to Dottie Moore, Contract Manager at dmoore@pecanvalley.org. Ongoing questions and answers will be maintained on the RFP 01-2022 Q & A document also maintained on the Pecan Valley Centers website at <https://www.pecanvalley.org/>

Vendors shall pay attention to all **INSTRUCTIONS, REQUIREMENTS, ATTACHMENTS AND DEADLINES** indicated in the attached proposal and should govern themselves accordingly.

In accepting proposals, Pecan Valley Centers reserves the right to reject any and all proposals, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action, which it deems to be in the best interest of Pecan Valley Centers and is not obligated to accept the lowest proposal. This RFP does not obligate Pecan Valley Centers to pay for any costs incurred by respondents in the preparation and submission of a proposal. Furthermore, the RFP does not obligate Pecan Valley Centers to accept or contract for any expressed or implied services. Contract funding and length is contingent on HHSC funding.

Pecan Valley Centers will only release names of the vendors that have responded to this solicitation after Pecan Valley Centers’ evaluation team has evaluated the proposals and an award has been made and approved by the Pecan Valley Centers’ Board of Trustees.

We greatly appreciate your efforts and look forward to reviewing your submission.

Dottie Moore, Contract Manager, Pecan Valley Centers.

TABLE OF CONTENTS

I.	Invitation.....	2
II.	Table of Contents.....	3
III.	Introduction.....	4
IV.	Schedule	5
V.	Proposal Specification	6
VI.	Scope of Services.....	7-9
VII.	HHSC Contract Requirements	10-12
VIII.	Required Documentation and Procedures for Submitting Proposal	13-14
IX.	Application	15-19
X.	Attachment B: Signature Page	20
XI.	Attachment C: Resident/Non-Resident Certification	21
XII.	Attachment D: Assurance Document	22-23
XIII.	Key Person List.....	24
XIV.	Attachment E: Conflict of Interest Questionnaire.....	25
XV.	Attachment F: Disclosure of Kinship	26
XVI.	Attachment G: Notice of Felony Conviction.....	27
XVII.	Attachment H: Lobbying Certification Form	28
XVIII.	Attachment I: W-9.....	29
XIX.	Attachment J: Deviation Form.....	30
XX.	Notice Not to Participate.....	31

INTRODUCTION

Pecan Valley MHMR Region (dba Pecan Valley Centers) is the Health and Human Services Commission (HHSC) designated Local Mental Health Authority. The Local Mental Health Authority is established to plan, coordinate, develop policy, develop, and allocate resources, supervise, and ensure the provision of community based mental health and intellectual and developmental disabilities (IDD) services for the residents of Erath, Hood, Johnson, Palo Pinto, Parker, and Somervell Counties, Texas.

Pecan Valley Centers' Mission is:

Our mission is to provide help and hope to all who strive to overcome challenges associated with mental illness, alcohol and chemical dependency, intellectual and developmental disabilities within our community.

Pecan Valley Centers invites qualified providers to submit proposals for adult and child/adolescent psychiatric inpatient beds. Vendors must provide the following services 24 hours a day, 365 days a year. Inpatient bed day cost will include food, psychiatric medications, appropriate labs, psychiatric physician and nursing follow-up, therapeutic interventions, and coordination of services. Services will be procured for an initial contracted period of eleven (11) months beginning October 1, 2021 and ending August 31, 2022, with additional contract renewal annually at the sole option of Pecan Valley Centers.

Services Sought:

1. Adult and Child/Adolescent Psychiatric Inpatient Beds

SCHEDULE

RFP Distribution/Opening	August 16, 2021
Deadline for Letter of Intent	August 23, 2021
Deadline for Questions	September 06, 2021
Sealed Proposal Date	September 13, 2021

PROPOSAL SPECIFICATIONS

Pecan Valley Centers, a community center and a governmental unit of the State of Texas under the provisions of Vernon's Texas Codes Annotated, Health and Safety Code, Section 534 et seq., is seeking to contract with experienced providers for the purpose of providing community psychiatric hospital beds to eligible residents in our six (6) supported counties, in an effective, cost-efficient, and quality manner in accordance with state requirements and community standards.

Notice is hereby given that Pecan Valley Centers will receive proposals from providers interested in offering community psychiatric hospital beds. All proposals must be submitted **with one (1) original and four (4) copies** to Pecan Valley Centers, Attn: Dottie Moore, 2101 W Pearl St, Granbury, TX 76048, no later than **September 16, 2021, at 12:00 p.m.**

All proposals must be submitted in a sealed envelope marked:

REQUEST FOR PROPOSAL
RFP #01-2022
Community Psychiatric Hospital Beds
DO NOT OPEN IN MAILROOM

Proposals will not be opened until after the deadline.

LATE PROPOSALS OR MODIFICATIONS:

Proposal and modifications received after the time set for submission will not be considered.

SCOPE OF SERVICES

Community Psychiatric Hospital Beds

1. Hospital must be a licensed psychiatric hospital.
2. Hospital shall advise Pecan Valley Centers of availability of beds under this contract daily or within two (2) hours of initial request.
3. Hospital shall be staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis.
4. Hospital shall serve patients who present either voluntarily, or through the civil commitment process.
5. Hospital shall work with HHSC on the capacity management program for State Mental Health Facilities (SMHF). As part of the capacity management program, HHSC may request access to beds purchased under this Scope of Work to assist with SMHF diversion activities.
6. Hospital shall initiate triage and screening of all psychiatric emergencies brought in by local law enforcement within 30 minutes of arrival. Local law enforcement must be dismissed immediately after the initiation of the triage and screening. If unable to initiate the triage and screening within 30 minutes of arrival, hospital will provide its own security personnel/law enforcement to assume responsibility for the emergency detention and release local law enforcement to return to duty.
7. Hospital shall obtain written prior authorization from Pecan Valley Centers for services. A patient is not eligible for admission to the hospital if the patient is adjudicated incompetent to stand trial pursuant to Texas Code of Criminal Procedure, Article 46B.073 (d), Article 46B.080, or Article 46B.102, or is pending charges that make the patient eligible for maximum security admission pursuant to Texas Code of Criminal Procedure, Article 46B.073(c) or Article 46B.104.
8. Hospital shall provide all demographic information (name, social security number, date of birth, etc.) about admission to Pecan Valley Centers Continuity of Care (COC) Specialist within 24 hours of admission including all diagnosis ICD-10 with 5 Axis so beds can be reported to HHSC daily. HHSC allows list of only certain ICD-10 codes that can be found at: <http://www.dshs.texas.gov/mhcontracts/contractdocuments.shtm>.
9. Hospital shall cover the cost of all medical care and treatment including the cost of psychiatric and physician services and all non-prescription medications incurred by or on behalf of patients admitted. This includes all on-site medical care and treatment, as well as all outside medical care and treatment, emergency room and hospitalization cost, as well as any and all charges by specialist, consultants, and laboratories, incurred by or on behalf of patients admitted. No additional funds will be made available for this purpose.

10. Hospital agrees to a standard initial authorization of three (3) days. Any exception or extension to the three (3) days standard must be authorized in writing by Pecan Valley Centers.
11. Only individuals assessed and authorized for admission by Pecan Valley Centers will be reimbursed under this contract.
12. Hospital shall submit written reauthorization requests during normal business hours (not after hours, holidays, or weekends) to Pecan Valley Centers Utilization Management (UM) Department within twenty-four (24) hours of prior authorization's expiration. Documentation will be required demonstrating why the reauthorization is clinically required.
13. Hospital shall provide services in accordance with community standard, Pecan Valley Centers Utilization Management/Quality Management (UM/QM) guidelines, and Statement of Work.
14. Hospital shall submit incident reports of deaths and AMAs (Against Medical Advice) to Pecan Valley Centers UM Specialist within twenty-four (24) hours of the incident.
15. Hospital shall cooperate and work closely with Pecan Valley Centers' COC Specialist regarding utilization management of beds under this agreement.
16. Hospital shall ensure maximal continuity of care of hospital providers for patients utilizing this contract, especially for readmits within ninety (90) days of discharge.
17. Hospital shall provide prescription for discharge medication of at least two (2) weeks or until physician appointment(s) can be arranged with Pecan Valley Centers outpatient clinic or other provider(s). This prescription must follow the Pecan Valley Centers approved drug formulary (will be provided at the time of award or can be requested by the responder) and be consistent with accepted standards of polypharmacy practices.
18. Hospital shall provide transportation to North Texas State Hospital for patients transferring to a higher level of care and transportation to Pecan Valley Centers sites for patients discharging to a lower level of care.
19. Hospital shall provide discharge summary upon scheduling of discharge appointment with Pecan Valley Centers COC Specialist. All individuals must have a discharge appointment with Pecan Valley Centers or contracted Pecan Valley Centers provider prior to discharge. Discharge planning between the hospital and Pecan Valley Centers; COC staff must occur prior to discharge for any individual.
20. Hospital shall provide Pecan Valley Centers with evidence that it maintains, throughout the term of the contract, a license as a private psychiatric hospital in accordance with Chapter 577 of the Texas Health and Safety Code and the 25 Texas Administrative Code Chapter 134, concerning Private Psychiatric Hospitals and Crisis Stabilization Units, or a General or Special Hospital in accordance with Chapter 241 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 133, concerning Hospital Licensing.

21. Hospital shall provide Pecan Valley Centers with evidence that it maintains its accreditation with The Joint Commission (TJC), or other accrediting body granted deeming authority by the Center for Medicare and Medicaid Services (CMS), as a hospital throughout the term of the contract.
22. Hospital shall notify Pecan Valley Centers of regulatory reviews/audits and make those findings available to Pecan Valley Centers.
23. Hospital shall notify Pecan Valley Centers of Immediate Jeopardy investigations by the next business day, but no later than forty-eight (48) hours from the occurrence or receipt of notification of investigation.
24. Hospital shall provide Disaster Services as specified in the Performance Contract between HHSC and Pecan Valley Centers in the event of an emergency.
25. Hospital shall notify Pecan Valley Centers no later than ninety (90) days prior to discontinuing the provision of inpatient mental health services at the hospital.
26. Invoices must be submitted to accountpayable@pecanvalley.org on a monthly basis by the eighth (8) calendar day following the month of service.

HHSC CONTRACT REQUIREMENTS

COMPLIANCE WITH APPLICABLE LAW:

Pecan Valley Centers shall require the hospital to comply with all applicable state and federal laws and regulations related to:

1. The provision of inpatient mental health services, including but not limited to:
 - a. Emergency Medical Treatment and Labor Act of 1986
 - b. Texas Health and Safety Code Chapters, 241, 571, 575, 576, and 577
 - c. Title 25 Texas Administrative Code:
 - 1) Chapter 133 (relating to Hospital Licensing)
 - 2) Chapter 404, Subchapter E (relating to Rights of Persons Receiving Mental Health Services)
 - 3) Chapter 405, Subchapter E (relating to Electroconvulsive Therapy)
 - 4) Chapter 411, Subchapter J (relating to Standards of Care and Treatment in Psychiatric Hospitals)
 - 5) Chapter 414, Subchapter I (relating to Consent to Treatment with Psychoactive Medication – Mental Health Service)
 - 6) Chapter 415, Subchapter F (relating to Interventions in Mental Health Programs)
 - d. Title 26 Texas Administrative Code:
 - 1) Chapter 510 (relating to Private Psychiatric Hospitals and Crisis Stabilization Units)
2. Medications and medication-related services provided to patients served under this Scope of Work as specified in Title 25 Texas Administrative Code, Chapter 415 C ((relating to Use and Maintenance of the Health and Human Services Commission (HHSC) Drug Formulary))
3. In addition to the reporting requirements outlined in Title 26 Texas Administrative Code Chapter 510 (relating to Private Psychiatric Hospitals and Crisis Stabilization Units), Contractor shall report the investigation disposition of all reports. These reports include death, abuse, neglect, exploitation, or illegal, unethical, or unprofessional conduct using Report of Outcome Investigation of Death, Abuse, Neglect, Exploitation, or Illegal, Unethical or Unprofessional Conduct Form.

OVERSIGHT REQUIREMENTS:

1. Pecan Valley Centers shall develop written oversight policies and procedures, by which Pecan Valley Centers and the Hospital will manage the admission, service delivery, continuity of care and discharge requirements outlined in this Scope of Work, coordinate with other local mental health authorities (LMHA) affected by this Scope of Work, and report to System Agency in accordance with the terms and conditions of this contract.

DATA COLLECTION AND REPORTING:

1. Hospital shall collect data and other information that is sufficient to report on the Performance Indicators identified in the required Scope of Services.

ADMISSION, CONTINUITY OF CARE, AND DISCHARGE REQUIREMENT:

1. Hospital shall provide a full array of services that comply with the following principles for treatment:
 - a. Apply the Appropriate-Use and Medical Clearance criteria outlined below:
 - 1) Individuals under consideration for referral to the hospital must meet criteria in the Texas Health and Safety Code Chapters 571-579 applicable to voluntary admission or the civil commitment process
 - 2) Acute and Chronic Medical Condition Criteria: The presence of any of the following represent acute or chronic medical conditions that the hospital does not have the capability to treat and so, in accordance with the Emergency Medical Treatment & Labor Act of 1986, and state law, the hospital will provide evaluation and treatment within its capability to stabilize the person and will arrange for the person to be transferred to a hospital that has the capability to treat the condition.
 - b. Effective, responsive, individualized, and least restrictive treatment.
 - c. Treatment and care through the development and implementation of a Comprehensive Treatment Plan and corresponding intervention(s) including but not limited to:
 - 1) A reasonable and appropriate discharge plan that is jointly developed by Pecan Valley Centers and Hospital
 - 2) Communication that will facilitate the exchange of information needed to accomplish common UM activities.
 - d. Promotion of recovery, independence, and self-sufficiency
 - e. Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules
 - f. Comprehensive client/patient rights consistent with regulatory requirements
 - g. Interdisciplinary, goal-oriented, and evidence-based treatment
 - h. Behavior management program
 - i. Culturally competent treatment
 - j. Telemedicine provided in accordance with applicable rules and regulations
2. Hospital shall demonstrate efforts to reduce restraint and seclusion by adopting and implementing the following restraint/seclusion reduction tools:
 - a. Using assessment tools to identify with risk factors for violence and seclusion and restraint history
 - b. Using a trauma assessment
 - c. Using tools to identify person with risk factors for death and injury
 - d. Using de-escalating or safety surveys
 - e. Making environmental changes to include comfort and sensory rooms and other meaningful clinical interventions that assist people in emotional self-management
3. Hospital shall comply with the following standards regarding Admission, COC, and Discharge:
 - a. The Hospital must not allow admission without an individual referral to the hospital and the admission must meet the criteria in the Texas Health and Safety Code Chapters 571-579 applicable to voluntary admission or the civil commitment process approval
 - b. When the Hospital admits a patient, a physician must issue and sign a written order admitting the patient
 - c. The Hospital must conduct an intake process as soon as possible, but not later than twenty-four (24) hours after the patient is admitted

- d. When the Hospital admits a patient, the Hospital must promptly notify Pecan Valley Centers of the admission and the admission status
- e. Upon admission of a patient to the Hospital, the Hospital and Pecan Valley Centers must begin discharge planning for the patient
- f. Discharge planning must involve the Hospital treatment team, Pecan Valley Centers liaison staff or other Pecan Valley Centers designated staff, the designated Local Mental Health Authority (LMHA), if appropriate, the patient, the patient's legally authorized representative (LAR), if any, and any other individual authorized by the patient.
- g. Discharge planning must include, at a minimum, the following activities and element:
 - 1) A determination of the following
 - a) The amount of medication that will be provided upon discharge or transfer, and the amount of medication the patient will need after discharge or transfer until the patient is evaluated by a physician.
 - b) The name of the individual or entity responsible for providing and paying for the medication needed after discharge or transfer until the patient is evaluated by a physician
 - 2) Development of a transportation plan
 - 3) The initial evaluation completed by the hospital, to include diagnosis rendered
 - 4) Nursing notes and progress notes
 - 5) If long-acting injections (LAIs) are prescribed, this must be explicated and stated along with a coordinated plan for continuation after discharge

**REQUIRED DOCUMENTATION AND PROCEDURES
REQUIRED FOR SUBMITTING PROPOSAL**

All required documentation must be submitted with the proposal. **The bidder is cautioned to read the entire RFP to determine all requirements.** Pecan Valley Centers RESERVES THE RIGHT TO REJECT A PROPOSAL WHICH DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THE RFP.

1. **Number of Copies** - To achieve a uniform review process and to obtain a maximum degree of comparability, Pecan Valley Centers requires that Proposal be submitted with a **one (1) master** (marked original) and **four (4) copies**. Each must include the following items:
2. **Title Page** - Title page must show the RFP subject; the Vendor's name; the name address, and telephone number of a contact person; and the date of the proposal.
3. **Transmittal Letter** - Submit a signed letter briefly addressing the Vendor's understanding of the work to be done, the commitment to do the work detailed within this RFP and a statement explaining why the Vendor believes itself to be best qualified to do the required work.
4. **Vendor Representative** - Include the name of the designated individual(s), along with respective telephone number(s), email address(es), who will be responsible for answering technical and contractual questions with respect to the proposal.
5. **Vendor Application** - must be filled out in its entirety.

Response format as follows:

State the question or item exactly as appears; then provide your detailed response.

Questions fall under the following sections:

- I. Business Demographics
- II. Staffing Plans
- III. Services
- IV. Facility
- V. Quality Assurance Processes and Monitoring
- VI. Certificate of Insurance
- VII. Financial Information
- VIII. Cost Proposal
- IX. Risk Profile
- X. Implementation Plan
- XI. Client Reference

All application response attachments must be labeled to reference the appropriate section and letter (i.e. "VI. a.")

6. Vendor will submit a copy of their standard contract along with proposal. Label this (Attachment A.)

Assurances, Certifications, Exhibits and Attachments – Vendor must submit the Assurance and Certifications and all Attachments requested, to include:

1. Signature Page (Attachment B)
2. Resident/Non-Resident Certification (Attachment C)
3. Assurances Document (Attachment D)
4. Conflict of Interest Questionnaire (Attachment E)
5. Vendor shall review Texas Administrative Code §412.54(c) and provide a written response signed by Authorized Individual (Attachment F)
6. Vendor shall review Texas Health and Safety Code §250.006 and provide a written response signed by Authorized Individual (Attachment G)
7. Lobbying Certification (Attachment H)
8. Form W-9 (Attachment I)
9. Deviation Form (Attachment J)

APPLICATION

I. Business Demographic

Organization Name:

Organization dba Name:

Federal Tax ID Number:

Business Address:

Contact/Title:

Email Address:

Address:

Phone/Fax:

Executive Director-Owner/Title

Email Address:

Address:

Phone/Fax:

Billing Contact/Title:

Email Address:

Address:

Phone/Fax:

Other Owners/Partners – Name/%Ownership/If corporate, list organization:

1.

2.

3.

4.

Type of Organization (i.e. Non-Profit Corporation, Limited Liability, General Partnership, etc.):

Years in operation:

Hours of operation:

Certification Number if a Historically Underutilized Business:

Qualifications if HUB eligible, but not certified:

List all licenses, credentials, certifications, and/or accreditations currently held by organization:

(Provide copies as applicable):

II. Staffing Plans

- a. For Hospitals with more than 100 employees, the RFP submission must include the Hospital's status regarding equal employment opportunity. Please submit verification of status using the Employer Information Report EEO-1 or the State and Local Government Report EEO-4.

III. Services

Provide a brief description of your materials and/or services for Inpatient Psychiatric Services as defined in this proposal:

- a. Describe how you currently provide services or a similar service model.
- b. Describe how you will maximize the expertise of staff, such as through collaboration with addition services or innovative plans to manage staff time and workload to accommodate high and low census periods?
- c. Describe your staffing pattern including utilization of Peers, Qualified Mental Health Professionals (QMHPs), RNs and Medical Personnel (MD) to provide for 24-hour availability, on a per shift basis.
- d. Describe core staff.
- 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 of Pecan Valley Centers.
- h. Provide your process for performing triage for clients that present to your facility.
- i. Provide your policy and procedures for referring an individual to another healthcare provider for lower level of care.
- j. Provide your policy and procedures concerning restraint and seclusion.
- k. Provide your policy and procedure for ensuring that those who require a more immediate physical health assessment can be seen and assessed within five (5) minutes of initial presentation.

- l. Provide your policy and procedure that specifies your approach to common behavioral health emergencies in the service and is approved by the medical director.
- m. Provide your policy and procedure ensuring continuity of care and successful linkage with the referring provider.
- n. Provide your process for accepting individuals brought in by law enforcement on an emergency detention warrant. Include maximum wait times for enforcement prior to their release by the hospital personnel.

IV. Facility

Provide a brief description of your facility for Inpatient Psychiatric Services as defined in this proposal.

- a. Describe the physical type of facility you plan to operate and its location.
- b. Explain how you will make this facility welcoming to individuals experiencing a mental health crisis?

V. Quality Assurance Processes and Monitoring

Provide information regarding Hospital's capacity for compliance with Pecan Valley Centers' quality assurance processes, to include:

- a. Ability to participate in clinical staffing/case reviews with Pecan Valley Centers' staff.
- b. Describe the Quality Management and Improvement system currently in place in your program.
- c. Submit a copy of the most recent Quality Improvement Plan.
- d. Describe in detail, performance indicators used in measuring and monitoring service performance and goals. Submit copies of all external reviews from all regulatory/accrediting bodies from the previous two years: include any plans of improvement required as a result of the reviews.
- e. Lawsuits – Indicate any lawsuits or litigation involving clinical Services to Mental Health patients to which you have been a party during the past three years. Provide details on any judgments.

VI. Certificate of Insurance

Provide a Certificate of Insurance secured and maintained with an insurance company, or companies, licensed to do business in Texas for the following coverage in the following amounts:

- a. Comprehensive general liability, professional liability, and employee misconduct insurance with limits of at least \$1,000,000 per occurrence, \$3,000,000 aggregate.
 - i. Include directors' and officers' professional liability, errors and omissions, breaches of privacy, and medical malpractice insurance.
- b. Sufficient coverage to meet the requirement of State law for Workers' Compensation on its employees providing services under this Contract.

VII. Financial Information

- a. Provide a copy of a Certified External Audit for the past three (3) 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.
- g. Provide the budget detail for the proposed program.
 - Identify salaries and fringe benefits.
 - Identify all other operating and administrative expenses that will be related to the program.
 - Identify Medicaid/Third Party Revenue Projections.

VIII. Cost Proposal

- a. Describe your proposed fee structure to include daily bed rate and hospital in-kind contribution, if any.
- b. Describe your current capacity under current contracts.
- c. Describe how you will maximize other payor sources to ensure Pecan Valley Centers is the payor of last resort.

IX. Risk Profile

- a. Have you had any validated/confirmed client abuse, client neglect, or rights violations claims in the last three (3) years? If so, explain in detail.
- b. Identify whether Hospital, as an entity, or anyone employed by the Hospital 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.
- c. Identify whether Hospital, as an entity, or anyone employed by the Hospital providing direct care or employed in a management position has had any felony convictions. If “yes”, provide a detailed explanation.
- d. Provide any company policies that outline your procedures in dealing with current or future employees who are convicted felons.
- e. Identify whether Hospital 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 Hospital has been a party during the past five (5) years. Provide details on any judgments.
- g. Provide a list of clinical services contracts for which Hospital has been terminated for cause in the last five (5) years.
- h. Identify whether Hospital, as an entity, or any of Hospital’s employees Medicaid Provider number(s) have ever been suspended or revoked. If “yes”, explain.

X. Implementation Plan

- a. Briefly describe the project management approach you will use to implement and operate the Inpatient Psychiatric Services within the contracted timeframe.

XI. Client References

Provide a minimum of three client references. For each client listed, include the following:

- Agency name and address
- Name or Point of Contact (POC)

- POC email address and telephone number
- Dates of services provided to client
- Type of services provided to client

ATTACHMENT B

SIGNATURE PAGE

The attached proposal application is being submitted in response to the Community Psychiatric Hospital Beds RFP # 01-2022 The proposal is a firm offer and shall remain an open offer, valid for one hundred and twenty (120) days from the date of this document.

Pecan Valley Centers in its sole and absolute discretion shall have the right to award contracts for any or all materials listed in each proposal, shall have the right to reject any and all proposals and shall not be bound to accept the lowest proposal and shall be allowed to accept the total proposal of any one vendor. I understand that this proposal will be reviewed and evaluated according to the procedures indicated in this RFP.

Authorized Signature

Company Name

Typed or Printed Name

Street Address

Title

City, State, Zip Code

Telephone Number

Fax Number

Email Address

ATTACHMENT C

RESIDENT/NON-RESIDENT CERTIFICATION

Contractor must answer the following questions in accordance with the Texas Government Code §2252.002, as amended:

- A. Is the Contractor that is making and submitting this bid a “resident Contractor” or a “non- resident Contractor”?

Answer: _____ Resident Contractor _____ Non-resident Contractor

(1) Texas Resident Contractor - A Contractor whose principal place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.

(2) Nonresident Contractor - A Contractor who is not a Texas Resident Contractor.

- B. If the Contractor is a “Non-resident Contractor”, does the state in which the Nonresident Contractor’s principal place of business is located have a law requiring a Nonresident Contractor of that state to bid a certain amount or percentage under the bid of a Resident Contractor of that state in order for the nonresident Contractor of that state to be awarded a contract on his bid in such state?

Answer: _____ Yes _____ No Which state? _____

- C. If the answer to Question B is “yes”, then what amount or percentage must a Texas Resident Contractor bid under the bid price of a Resident Contractor of that state in order to be awarded a contract on such bid in said state?

Answer: _____

ATTACHMENT D
ASSURANCES DOCUMENT

Proposer assures the following:

1. All addenda and attachments to the RFP as distributed by the Local Authority and designated by the checklist have been received.
2. No attempt has been or will be made by the Proposer to induce any person or firm to submit or not to submit a Proposal, unless so described in its Proposal.
3. The Proposer does not discriminate in its services or employment practices on the basis of race, color, genetic information, 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. Proposer accepts the terms, conditions, criteria, and requirements set forth in the RFP.
6. Proposer accepts the Local Authority's right to cancel the RFP at any time prior to Contract award.
7. Proposer accepts the Local Authority's right to alter the timetables for procurement that are set forth in the RFP.
8. The Proposal submitted by the Proposer 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 Proposer has not been knowingly disclosed by the Proposer to any other Proposer 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. Local Authority has the right to complete background checks and verify information.
12. The individual(s) signing this document and any Contract awarded to Proposer is authorized to legally bind the Proposer.
13. No employee of the Local Authority or HHSC, and no member of the Local Authority's Board will directly or indirectly receive any pecuniary interest from an award of the proposed Contract to Proposer. If the Proposer is unable to make the affirmation, then the Proposer must disclose any knowledge of such interests. See Attachment F.
14. Proposer is not currently held in abeyance or barred from the award of a federal or state contract.
15. Proposer 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.
16. Proposer shall disclose whether any of the directors or personnel of Proposer has either been an employee or a trustee of Local Authority within the past two (2) years preceding the date of submission of the Proposal. 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 F.
17. Proposer shall identify in an attached writing any trustee or employee of Local Authority

who has a financial interest in Proposer 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. See Attachment F.

18. No former employee or officer of HHSC and/or Local Authority directly or indirectly aided or attempted to aid in procurement of Proposer's service.

Proposer shall disclose in an attached writing the name of every Local Authority employee and/or member of Local Authority's board with whom Proposer 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 Proposer that the natural person executing the Proposal has no knowledge of any key persons with whom Proposer is doing business or has done business during the 365 day period prior to the immediate date on which the Proposal is due. See Attachment F.

19. 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 Proposer; contract, bid or application shall mean the Proposal; and "this contract" shall mean any Contract awarded to the Successful Proposer(s).

Signature of Applicant or Applicant's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

**PECAN VALLEY CENTERS
KEY PERSON LIST**

NAME	TITLE	BUSINESS ADDRESS	BUSINESS PHONE#
Coke Beatty	Executive Director	2101 W Pearl Street. Granbury, TX 76048	(817) 579-4401
Ruben DeHoyos	Associate Executive Director / Chief Operating Officer	2101 W Pearl Street Granbury, TX 76048	(817) 579-4439
Carol Nati, MD	Medical Director / Psychiatrist	1715 Santa Fe Drive Weatherford, TX 76086	N/A
Dottie Moore	Contract Manager	2101 W Pearl Street Granbury, TX 76048	(817) 579-4399
Wayne Vaughn	Chief Financial Officer	2101 W Pearl Street Granbury, TX 76048	(817) 579-4414
Diana Thompson	Chief of Behavioral Health Services	2101 W Pearl Street Granbury, TX 76048	(817) 594-4477
Mark Chavez	Chief of IDD Services	1601 N Anglin Cleburne, TX 76031	(817) 579-4392
Arran Spoede	Manager of IT	650 W. Green Street Stephenville, TX 76401	(817) 579-4429
Amanda Simpson	Director of Nursing	2101 W Pearl Street Granbury, TX 76048	(254) 552-2021
Rhea Sullivan	MCOT Program Manager / Law Enforcement Liaison	1715 Santa Fe Drive Weatherford, TX 76086	(817) 594-3087
Aimee Prater	UM/QM Manager	2101 W Pearl Street Granbury, TX 76048	(817) 579-4457
Elizabeth Lawrence	Chair	N/A	N/A
Edwin J. (Ed) Seilheimer	Vice Chair	N/A	N/A
Carolyn Myres	Secretary	N/A	N/A
Judge Alphonso Campos	Board Member	N/A	N/A
Christy Massey	Board Member	N/A	N/A
Jerry Blaisdell	Board Member	N/A	N/A
Dr. Reginald Hall	Board Member	N/A	N/A
Jill Power	Board Member	N/A	N/A
Lynn Waddy	Board Member	N/A	N/A
Keith Scarbrough	Board Member	N/A	N/A
Rita Wade	Board Member	N/A	N/A

**ATTACHMENT E
CONFLICT OF INTEREST QUESTIONNAIRE**

Please retrieve CIQ Form from the following website:

<https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>

(Attach completed CIQ Form as part of your proposal)

A signature is required in Box 7 regardless of any other entry on the form.

**ATTACHMENT F
DISCLOSURE OF KINSHIP**

Pursuant to the [Texas Administrative Code §412.54\(c\)](#):

[https://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=54](https://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=54)

ATTACHMENT G
NOTICE OF FELONY CONVICTION

Pursuant to the [Texas Health and Safety Code §250.006](#)

**ATTACHMENT H
LOBBYING CERTIFICATION**

The undersigned certifies, to the best of his or her knowledge and belief that:

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress an officer or employee of Congress or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature

Date

Print Name of Authorized Individual

Title of Authorized Individual

Organization Name

**ATTACHMENT I
FORM W-9
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

Vendors are to complete a W-9 Form and submit with Proposal Documents.

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

**ATTACHMENT J
DEVIATION FORM**

All deviations to this RFP must be noted on this sheet. In the absence of any entry on this Deviation Form, the prospective Vendor assures Pecan Valley Centers of their full agreement and compliance with the Specifications and Terms and Conditions.

Each response to this RFP shall contain a Deviation Form, which states the prospective Vendor's commitment to the provisions of the RFP. An individual authorized to execute contracts must sign the Deviation Form. Any exceptions taken to the terms and conditions identified in this Proposal must be expressly stated in the Deviation Form. Use an additional copy or page if needed.

THIS DEVIATION FORM MUST BE SIGNED AND SUBMITTED WITH THE RFP BY EACH PROSPECTIVE VENDOR/CONTRACTOR WHETHER THERE ARE DEVIATIONS LISTED OR NOT. IF NO DEVIATIONS, NOTE: NONE

Reference Specifications, Terms and Conditions and Page Number	Deviation

Company Name

Authorized Signature

Date

NOTICE "NOT TO PARTICIPATE" FORM

Dear Vendor:

Please check the appropriate box below, complete the remainder of this form and return it PRIOR to the scheduled due date and time on the Proposal.

- Our Company cannot provide the products, supplies and/or services listed in this request. Please MOVE our name and address to the following services so that we may submit bids/proposal at a later date:

Services: _____

- Our Company has chosen NOT to submit a Proposal at this time, but would like to remain on your list for this Proposal category. We did not submit a Proposal because:

Reason: _____

- Please REMOVE our Company name from all Pecan Valley Centers MHMR lists until further notice.

Reason: _____

Company Name: _____

Representative (printed): _____

Title: _____

Address: _____

Phone: _____

Email: _____

Fax _____

Other: _____

***** Authorized Signature: _____

Title: _____

Date: _____

VENDORS WHO RESPOND TO THIS INVITATION WITH A COMPLETED PROPOSAL FORM WILL REMAIN ON OUR MAILING LIST. VENDORS MAKING NO RESPONSE MAY BE REMOVED FROM THE MAILING LIST.

PLEASE RETURN THIS FORM ONLY TO:

Pecan Valley Centers
Attn: Dottie Moore
2101 W. Pearl St.
Granbury, TX 76048

Notice "Not to Participate" RFP 01-2021 Community Psychiatric Hospital Beds