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Denton, Texas 76201
76202

PO Box 2346
Denton, Texas

OPEN ENROLLEMENT

[REQUEST FOR APPLICATION \(RFA\)](#)

Medication Assisted Treatment (MAT) – Provider Application

May 2026

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Checklist

- Attach a copy of Certificate of Occupancy
- Attach a copy of General Liability Insurance
- Attach proof of current accreditation by the Joint Commission on Accreditation of Health Care Organizations
- Attach proof of health facility licensure
- Attach Signed Copy of Attestation
- Attach Signed Copy of General Authorization for Release of Information
- Attach Signed Copy of Assurances
- Attach Signed Copy of Certification Regarding Lobbying, Grants, Loans & Cooperative Agreements
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INTRODUCTION

The Denton County MHMR Center (hereinafter referred to as “**Center**”), a Community MHMR Center and an Agency of the State of Texas, under the provisions of Chapter 534 of the Texas Health & Safety Code Ann. (Vernon 1992), as amended, and a Certified Community Behavioral Health Clinic (the “Center” or “CCBHC”), is seeking to contract with eligible providers to expand access to Medication Assisted Treatment (MAT) treatment and behavioral health services in Denton County. This effort supports Denton County MHMR Center’s mission to reduce emergency room visits, overdose deaths, and hospital admissions by promoting recovery through accessible and evidence-based care.

The Center is committed to supporting the health and well-being of adults throughout Denton County. Network providers are key to the overall success of the individuals who depend on our agency for their healthcare needs.

Open enrollment documents are posted on The Center’s website at <https://www.dentonmhmr.org/volunteers/contract-opportunities/>. Notice is hereby given that The Center will receive applications for providers beginning **May 2026. An application and any attachments are due to:**

ATTENTION:

Denton County MHMR Center

[**contractsubmission@dentonmhmr.org**](mailto:contractsubmission@dentonmhmr.org)

Center Background

Denton County MHMR Center or “Local Authority” (Local Mental Health Authority “LMHA and Local Intellectual and Developmental Disability Authority “LIDDA”) is the Texas Health and Human Services “HHS” designated authority established to plan, coordinate, develop policy, develop, and allocate resources, supervise, and ensure the provision of community based for the residents of Denton County, Texas. The Center receives funding from many diverse sources that enable it to provide a variety of services for people who have needs related to behavioral health and/or intellectual/developmental disabilities. A board of Directors appointed by the Denton County Commissioners court governs The Center.

2519 Scripture Street Denton, Texas 76201
1614 Scripture Street Denton, Texas 76201
3835 Morse Street, Denton, Texas 76208
3827 Morse Suite 101, Denton, Texas 76208 and
1001 Cross Timbers Suites 1250 and 1040, Flower Mound, Texas 75028

(The Center is exempt from State and local sales tax and federal excise tax)

Pursuant to 26 Texas Administrative Code Chapter 301 and Chapter 302, the LMHA and LIDDA have the authority to acquire services to address needs of mental health and/or intellectual/developmental disabilities needs by certain procurement methods. This Request for Applications (RFA)/Open Enrollment invites and encourages the submission of applications (each, an “Application” and collectively, the “Applications,” and any party applying, and “Applicant”) from those interested in entering one or more contracts (each a “Contract” and collectively the “Contracts”) with The Center. Each qualified Applicant(s) under this RFA/Open Enrollment (each a “Successful Applicant” and collectively, the “Successful Applicants”) will be eligible to enter a Contract with The Center to provide one or more of the community-based services.

The individual who will be served under this arrangement each, a “Individual” and collectively, “Individuals” must always (a) meet the then current requirements of the funder of the services, and (b) reside in Denton County, Texas. An individual’s designation as an individual may only be made by the Local Authority and must be documented in their record. This RFA/Open Enrollment invites the submission of Applications from those interested in being considered for a Contract with The Center for the purpose of offering services for Individuals.

Mission Statement, Agency Principles, Vision, & Values

Mission Statement

Denton County MHMR Center enhances the quality of the individuals served and their family members.

Our Guiding Principles

Denton County MHMR Center we believe these principles should guide our interactions with our individuals and with interactions between our staff.

- Assumes Good Intentions
- Understanding You is Important
- Share Knowledge and Resources
- Create a Safe Space
- Good Ideas Can Come from Anywhere at Any Time
- Strive for Continual Improvement

The Center's Values are:

We respect each individual's unique and special concerns by providing assistance to best fit their needs, that enhances their ability to live a full and dignified life, and that celebrates the contributions all individuals make to our community. Our core values are:

- Individual Worth
- Integrity
- Community Inclusion
- Opportunity
- Compassion
- Dignity
- Choice

The Center's Vision Statement is:

We envision a DCMHMR Center

- That provides effective, comprehensive, and timely services to any and all people in need.
- Where a qualified, motivated, and caring staff strive to make a difference in the lives of those they serve.
- That offers state-of-the-art, high-quality facilities to assist individuals in living full and productive lives.

General Information

The Center reserves the right to modify the general description and scope of services contained in the RFA/Open Enrollment by notifying potential applicants of any modifications. If any of the provisions of the RFA/Open Enrollment conflict with applicable laws, rules, regulations, and/or other codes of professional ethics, the latter shall prevail over the provisions of the RFA/Open Enrollment.

The Center shall not reimburse potential contractors for any expenses incurred preparing applications in response to this request. Any information that the respondent deems to be proprietary or otherwise confidential in the text of the application should be marked with red brackets or clearly designated as such. However, respondents are advised that the Center may disclose such proprietary information to appropriate parties if required to do so by applicable Texas open meetings and public record statutes. All questions and communications concerning the RFA/Open Enrollment, and process must be made in writing to the Director of Procurement only, at the following email address:

contractsubmission@dentonmhmr.org.

Note: Subject line of the email must read RFA/Open enrollment – Substance Use Disorders Services RFA – Provider Application

Note: It is the Centers intent to respond to all appropriate questions or convers received.

Purpose of the RFA/Open Enrollment

The purpose of this RFA/Open Enrollment is to offer contracts to eligible providers to provide Medication Assisted Treatment (MAT) to provide individuals with medical intervention designed to reduce with drawls symptoms and cravings, helping them reduce opioid use. Treatment will be effective, responsive, and individualized. Treatment and care are delivered through a comprehensive treatment plan including promotion of recovery independence and self-sufficiency, HIPPA rules. individual rights, behavior management plans. And culturally competent treatment. This RFA seeks to increase the availability of comprehensive, community-based services – such as outpatient treatment, medication-assisted treatment (MAT).

By contracting with qualified providers, the Center aims to strengthen the local behavioral health systems, increase treatment capacity, ensure timely service access,

and deliver cost-effective, high-quality care to individuals who otherwise may not have the means or stability to engage in recovery services.

Target Population

The target population for this RFA/Open Enrollment consists of individuals residing in Denton County who have been identified by the Center as eligible for substance use disorder (SUD) services, with a focus on individuals under 200% of the federal poverty level. These individuals must meet Texas Health and Human Services Commission (HHSC) Client Eligibility requirements for SUD services, as determined and documented by the Center.

Priority populations include:

- Individuals at high risk for overdose
- Individuals referred by the Department of Family and Protective Services (DFPS)
- Individuals experiencing housing instability or homelessness
- Individuals who inject drugs
- Pregnant individuals who use substances or inject drugs
- Youth 13-17 with SUD
- Women who are pregnant or responsible for the care of dependent child

The Center also prioritizes individuals with co-occurring psychiatric, and substance use disorders (COPSD), those who are uninsured or underinsured, individuals involved in the justice systems, and those without financial means to access treatment independently. All designations of eligibility and priority will be made by the Center and documented in the individual's record.

Eligible Applicants

Applicants must be registered with the Secretary of State in Texas and have a Tax Identification Number. Individuals providing professional services must hold valid Texas licenses and/or certifications as required by state law. In any situation where a consortium of providers is applying, a single entity responsible for services delivered must be identified and the financial agent must be an organization with a demonstrated ability to manage funds. Applicants may not subcontract responsibilities for these services. All service providers must be eighteen (18) years of age or older. Applicants may not have been convicted of a crime relevant to a person's

duties including any sexual offense, drug-related offense, homicide, theft, assault, battery, or any other crime involving personal injury or threat to another person.

INSTRUCTIONS FOR SUBMISSION FOR APPLICATIONS

To facilitate and ensure an objective review, Applicants must follow these instructions for submission. Denton County MHMR Center (The Center) expressly reserves the right to reject any application that is not submitted according to the instructions below.

Applicants must email (1) original of the completed application and one (1) copy of all applicable attachments to:

Email: contractsubmission@dentonmhm.org

Subject: SUD Services RFA – Provider Application Submission

Applicants must follow the attached outline for submissions to facilitate objective review. **Please be sure to answer every question. If the question does not apply to your or your organization, simply and clearly document “N/A.”**

False statements or false information provided by an Applicant may result in disqualification from or termination of enrollment into the network. In accepting applications, The Center reserves the right to reject any and all Applications, 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 the Local Authority. The Center will not pay for any costs incurred by Applicants in the preparation and submission of a response to this RFA.

Each Applicant is responsible for ensuring that documents for potential enrollment are submitted completely and on time. The Local Authority expressly reserves the right not to evaluate any enrollment documents that are incomplete or late. Any attached form(s) must be completed by each Applicant to be considered for possible enrollment in the network.

Each Applicant shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code, **except for trade secrets and confidential information contained in the Application and clearly identified by the Applicant as such**

with blue ink. Such information may still be subject to disclosure under the Public Information Act and other applicable law.

**Attachment A – SCOPE OF SERVICES
Specialized Services Provided**

The services provided are person-centered, family-centered, trauma-informed, and recovery oriented, being respectful of the needs of each person receiving services, their preferences, and values, and ensuring both individual involvement and self-direction of services received.

Applicants will endeavor to identify any individuals who are in need of mental health or substance use treatment and provide a referral to MHMR. If the individual identified appears to be in an immediate crisis, they will be connected to MHMR's 24/7 Crisis Hotline, 1-800-762-0157.

Type, Frequency, Quantity, and Duration of Services

1. Confidentiality Compliance,
 - a. The Contractor agrees to institute procedures for safeguarding the PHI of individuals.
 - b. The Contractor agrees to maintain individual's records in compliance with Federal/State/Local/Center Guidelines relating to the security and retention of medical/mental health/substance use disorder treatment records, including but not limited to,
 - i. Omnibus Rule,
 - ii. 42 Code of Fed. Reg. (I)(A) § 2,
 - iii. Tex. Health and Safety Code §§ 181, 182, 576, 595, and 611, and
 - iv. Tex. Occ. Code § 159.
- c. **MEDICATION ASSISTED TREATMENT SERVICES FOR THE PURPOSE OF AN EXTENSION OF SUBSTANCE USE SERVICES**

2. Definition of Service.

- a. "Medication Assisted Treatment" provides a patient with medical interventions designed to reduce withdrawal symptoms and cravings to reduce opioid use. Treatment will be effective, responsive, and individualized.
- b. Treatment and care are delivered through a comprehensive treatment plan including promotion of recovery independence and self-sufficiency, HIPAA rules, client rights, behavior management plans, and culturally competent treatment.

3. Specifications of Standard Services.

Contractor shall provide evidence-based **Medication Assisted Treatment (MAT)** to individuals referred by Center, to include, but not limited to:

- a. Twenty-four-hour medical consultation access any issues with prescribed medication arise.
- b. Contractor will work collaboratively with the individual to schedule the intake assessment, with a preference that the intake assessment occur within one (1) business day of the referral. Contractor shall notify the Center of any intake assessment that occurs later than one (1) business day after the referral.
- c. Face-to-face or telehealth diagnostic evaluation by a physician, which includes but is not limited to:
- d. Reason for admission
- e. History of present illness including substance use
- f. Past psychiatric history including substance use treatment

- g. Physical status and past medical history
- h. Family medical and psychiatric history
- i. Social History
- j. Mental status examination
- k. Initial Diagnosis (DSM -IV or most current HHSC authorized version of DSM)
- l. Treatment considerations and treatment plan including MAT and other addiction support services
- m. Medications and intensive monitoring by a physician
- n. Intake Assessment
- o. Routine laboratory services
- p. Appropriate ongoing follow up for assessment and monitoring by physician
- q. Contractor shall have no obligation to admit for services any person with an unstable medical condition that cannot be managed through routine physician services, or any individual referred by the Center who does not otherwise meet Contractor's admission requirements.
- r. Contractor shall accept individual's who are presenting voluntarily.

3. Pre-Admission and Preauthorization and Communications of Contracted Services

- a. Contractor will ensure its staff and physicians providing services to persons under this contract to adhere to the provisions of the Texas Health and Safety Code, Chapter 25, Subchapter 448 which sets forth procedures governing treatment of substance use.
- b. Contractor's physician must perform a preliminary examination of the individual soon as possible, and not more than 24 hours, after the time the person was admitted to the facility, as well as urine and/or blood drug analysis.
- c. Paperwork and reports for admissions and discharge must be provided in a thorough, professional, and timely manner.
- d. Contractor shall not admit persons on medication assisted treatment without written permission from Senior Director of Behavioral Health Services, Chief Operations Officer, Executive Director, or authorized designee. Informed consent must be obtained prior to prescribing medication. Contractor staff shall communicate to and encourage individuals receiving medication-assisted treatment to participate in substance use counseling provided by the Center, as clinically indicated. If an individual chooses not to participate in such counseling, the individual may continue receiving medication-assisted treatment from the Contractor, but those services shall not be funded by the Center. The Center shall notify Contractor when an individual is no longer eligible for Center funding on this basis.
- e. Contractor's staff must promptly notify and keep Center staff informed of any changes in treatment needs beyond those preauthorized, and of any other pertinent information.
- f.

- g. Contractor shall consult with the Center if Contractor determines that it can no longer provide the most appropriate treatment for the patient, or that the preauthorized treatment period is insufficient to stabilize the patient, in order for Contractor and the Center to collaborate on appropriate alternative treatment options.
- h. Contractor shall consult with the Center when the individual has achieved maximum benefit from treatment, and discharge planning is necessary.

4. Admission

The Center may assist with transportation to the Contractor's facility as funding allows.

- a. For any Telemedicine services provided, both the Contractor and Center will use the most current guidelines of the appropriate governing body. The Center will provide access to an iPad for completing the appointment if such use of technology is permissible under current regulations by the appropriate governing body.
- b. Contractor will ensure that needed staff can be accessed for emergency admissions twenty-four (24) hours per day, seven (7) days per week as needed by calling the Contractor's desired phone number.
- c. All other admissions will be emailed to [the](#) Contractor's designated email address and include the following information:
 - d. Individuals' Name
 - e. Individual ID
 - f. Individual Phone Number(s)
 - g. Name of supervisor who approved MAT funding
 - h. If the individual wants telehealth or face to face
 - i. Contractor will notify the Center after the individual completes each appointment with individual name, next appointment information, and where the prescription was sent.

5. Effective, Responsive, and Individualized Treatment

Contractor's treatment team will develop and implement a comprehensive treatment plan when working with individuals and include corresponding interventions including but not limited to:

- a. A reasonable and appropriate discharge plan jointly developed by the Center and the Contractor.
- b. Behavior Management programs
- c. Communication that will facilitate the exchange of information
- d. Promotion of Recovery, Independence, and self-sufficiency
- e. Comprehensive individual rights consistent with TJC requirements
- f. Interdisciplinary goal directed, and evidence-based treatment
- g. Culturally competent treatment
- h. Telemedicine provided in accordance with applicable rules and regulations as needed

6. Medical Emergencies

- a. Contractor shall provide and/or assist patients in obtaining appropriate urgent or emergent medical care in the event of a medical emergency and shall notify Center staff of such emergency within twenty-four (24) hours of its occurrence, or by the Center's next business day, whichever is earlier. The Center shall not incur the cost of emergency medical care rendered to persons treated under this contract.
- b. Contractor must transfer patients experiencing an acute medical condition or medical emergency to a medical facility to receive treatment following the Emergency Medical Treatment and Labor Act of 1986.

7. Evaluation by a Physician

A physician shall examine the admitted person as soon as possible, but no later than 24 hours after time of admission.

8. History and Physical Examination.

A licensed physician (or Advanced Practice Nurse) shall conduct a history and physical examination upon admission for any and all patients admitted to the Contractor's facility within twenty-four (24) hours of admission in accordance with applicable laws, policies, and procedures of the facility, or by licensing or accreditation standards with which contractor's facility must comply. Such an examination will include a declaration of the person's medical stability, or lack thereof, and/or identification of any medical conditions that, in the judgment of the examining physician, cause or contribute to the substance use.

9. Discharging a Patient

- a. Discharge planning will include Contractor staff, Center staff, the patient, and the patients' family, if applicable. The written discharge plan must include a list of medications prescribed and include dosages and times taken.
- b. The following paperwork and reports are due at time of discharge via email to sud@dentonmhm.org:
 - c. Admission Physician evaluation
 - d. Discharge Summary
 - e. Axis I-V diagnosis
 - a. list of medications prescribed including dosages, times taken, and number of days for which the prescription is written upon discharge.
 - f. Result of any lab test done during treatment.
 - g. Contractor will send medication prescriptions to the pharmacies that the Center has authorized.

- h. Contractor may provide the patient upon discharge a prescription for medications, to include authorized refills for up to thirty (30) days after discharge, as medically appropriate and clinically necessary.

i.

11. Inclusive Rate

- a. Contracted services to be reimbursed specified in \$175.00, shall include the following:
- b. Medications prescribed by a physician, if clinically appropriate and accepted by the person being served
- c. Laboratory services as needed
- d. Evaluation documentation by the examining physician to include DSM-IV diagnosis on all five (5) Axes

12. Contractor's Obligations to the Center

- a. Contractor shall provide the Center with a copy of the patient's history and physical examination, completed by Contractor's physician, within forty-eight (48) hours after the patient's discharge from Contractor's facility.
- b. Contractor shall provide the Center, via email to sud@dentonmhm.org, with a copy of the patient's treatment summary and discharge summary at the time of the patient's discharge.
- c. Contractor shall submit to the Center an itemized invoice for all services rendered, including applicable dates of service and any other documentation required by the Center.

13. Communications with Center

- a. Contractor's staff must promptly notify and keep Center staff informed of any changes in treatment needs beyond those preauthorized, and of any other pertinent information.
- b. Contractor shall consult with the Center if Contractor determines that it can no longer provide the most appropriate treatment for the patient, or that the preauthorized treatment period is insufficient to stabilize the patient, in order for Contractor and the Center to collaborate on appropriate alternative treatment options. C) Contractor shall consult with Center when the individual has achieved maximum benefit from treatment and discharge planning is necessary.
- c. D) Contractor shall notify the Center within one (1) hour of any major safety incident involving the individual, including the individual's death.

Attachment B
Denton County MHMR Center Rates

A contract provider must invoice the Center only one time per calendar month and each invoice must be accompanied by supporting documentation as required by the Center. The Center reserves the right to withhold any payments to contractor until services are completed to the satisfaction of the Center.

Inclusive Rate

- a. Contracted services to be reimbursed specified in \$175.00 shall include the following:
 - a. Medications prescribed by a physician, if clinically appropriate and accepted by the person being served
 - b. Laboratory services as needed
 - c. Evaluation documentation by the examining physician to include DSM-IV diagnosis on all five (5) Axes

ATTACHMENT C
Application

Medication Assisted Treatment (MAT) RFA – Provider Application

Application Section

Applicant Instructions:

Please indicate the service or services for which you are applying by checking the appropriate box or boxes below. Applicants may select one or multiple service categories consistent with their licensure and service capacity.

Substance Use Disorder (SUD) Inpatient Services – Open Enrollment

[] MAT – Medication Assisted Treatment

GENERAL INFORMATION:

Organization/Individual Name: _____

DBA: _____ Federal Tax ID # _____

Agency NPI Number: _____ Business Address: _____

Contact/Title: _____ Email Address: _____

Address: _____ Phone: _____ Fax#: _____

Executive Director-Owner/Title: _____ Email Address: _____

Address: _____ Phone: _____ Fax#: _____

Service Contact/Title: _____ Email Address: _____

Address: _____ Phone: _____ Fax#: _____

Billing Contact/Title: _____ Email Address: _____

Address: _____ Phone: _____ Fax#: _____

Business locations in this market area:

Street	City	County	Zip Code
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

Indicate if you provide any of the following:

- 1. TTY/TTD (Hearing Impaired Services/Capabilities) Yes No
- 2. American Sign Language Yes No
- 3. Handicap Accessible Yes No
- 4. Public Transportation Access Yes No
- 5. Bilingual Services (please list below) Yes No

Is the business owner a current or former DCMHMR board member or employee? Yes No

Is the business owner related to a current DCMHMR board member or employee? Yes No

If yes, who: _____

Owners/Partners:

Name	% Ownership	If corporate, list Organization
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____

Type of organization (i.e., non-profit corporation, limited liability company, general partnership, etc.):

Certification Number if a Historically Underutilized Business (i.e., Women Owned Business, Minority Owned Business): _____, or qualifications if HUB eligible, but not certified: _____

FINANCIAL

Is the organization/provider incorporated as "Profit," "Not for Profit," or "Other"?
(If it is a Not for Profit, attach a valid 501C IRS Exemption Form)

Provide name of Workers' Compensation carrier if organization has Workers' Compensation coverage or self-funding documents if self-funded:

Has the organization/provider declared any type of bankruptcy in the prior seven (7) years?

Has the organization/provider received a "qualified" opinion on a financial statement in the past three (3) years? _____ If yes, please explain:

Is the organization/provider currently under investigation, or have a license or accreditation revoked by any state/federal/DCMHMR or licensure agency, within the last five (5) years _____ If yes, please explain:

Has the organization/provider had any judgments or settlements against it within the last ten (10) years? _____ If yes, please explain:

Has the organization/provider been placed on "vendor hold" by any agency or government? _____ If yes, please explain:

SERVICES

Will the Hospital have qualified staff available to administer medications or to supervise individuals in the self-administration of medication?

How many individuals can the hospital serve?

Are there any restrictions on who the hospital will serve?

How long do people currently have to wait to get into the hospital's services?

Describe the frequency and type of in-service training currently offered by the Proposer or provided to employees including, but not limited to, training related to patient rights and standards of services.

Describe the Proposer's ability to work with persons who are hearing impaired, persons who have limited language skills and persons who speak a language other than English. Describe how the Proposer ensures cultural competency on the part of staff with regard to ethnic, racial, religious, and sexual orientation differences. Include how you will meet the cultural and linguistic needs of the consumers in the Center's local service area.

Describe or attach policies and procedure which describe any process the Proposer presently has to receive communication from individual's, family members and advocates, and to receive and resolve complaints and grievances.

Describe the facility(ies) proximity to public transportation or the Proposer's ability to facilitate access to public transportation.

Describe where and when you will provide Services within the Center's local service area, and how persons with disabilities will be able to access those Services.

RISK ASSESSMENT

Describe the process, if any, the organization/provider uses to check on previous convictions of employees. Describe or attach any policies and procedures regarding the hiring of a retention of people with criminal histories:

Has the organization/provider or its employees had any validated client abuse, client neglect, or rights violations claims in the last three (3) years? __If yes, explain in detail:

Describe or attach any current policies and procedures regarding client abuse, client neglect, or rights violations and the training of staff in these issues:

Does the organization/provider currently have any malpractice claims pending or closed during the past five (5) years? _____ If yes, please supply the following information:

1. Letter from your attorney explaining the facts of the case.
2. Copies of the complaint and judgment
3. Name of malpractice carrier that handled the claim and firm representing the carrier.

QUALITY MANAGEMENT/UTILIZATION MANAGEMENT

List all licenses, credentials, certifications, and/or accreditations the Proposer currently holds related to the Services. Provide copies of all licenses, certifications, accreditations.

Describe the Proposer's internal utilization management procedures. Describe methods for ensuring that individuals are receiving services in accordance with internal standards of care. Provide copies of recent reports to payors showing the Proposer's performance relative to its utilization management requirements.

Attachment D ATTESTATION

Are there any reasons you would be unable to perform the essential functions required with or without accommodation?

- Yes, if yes, please explain on a separate sheet
- No

I hereby attest to the following:

- I do not currently use any illegal drug.
- I have reported accurately and completely any reason(s) for any inability to perform the essential functions required with, or without, accommodation.
- I have reported accurately any history of felony convictions or client abuse and neglect.
- I have reported accurately any chronological work history.
- I consent to the inspection of records and documents pertinent to this Application, including the release by any person to Denton County My Health My Resources Center, *dba* Denton MHMR Center (the Center) of all information that may reasonably be relevant to an evaluation and verification of this Application or evaluation of professionals or institutions with which Organization/Individual has been or is currently associated.
- The information submitted in and with the application is complete and correct to the best of my knowledge.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/Program Name (if applicable)

Attachment E
GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned Individual, or authorized representative of Organization (acting on Organization's behalf), hereby authorize Denton County My Health My Resource Center *dba* Denton County MHMR Center (The Center) to obtain any and all information required to complete a review and primary source verification of Organization/Individual's credentials. Information and documents to be reviewed include, but are not limited to, licensure/certification, accreditations, education, and claims made against licensure/certification, malpractice insurance and claims.

I, the undersigned Individual or authorized representative of Organization, hereby release from liability and hold harmless for the consequences of any disclosure, to the fullest extent permitted by law, the named references in this Application and Denton County My Health My Resource *dba* Denton County MHMR Center (The Center) for their written and oral statements, decisions, and actions in connection with evaluating Organization/Individual's Application for network approval including, without limitation, Organization/Individual's experience, competencies and qualifications, health status, emotional stability, professional ethics, and character. Organization/Individual hereby releases from liability any and all individuals and organizations reviewing this Application for their acts performed in good faith and without malice in connection with evaluating this Application and the credentials and qualifications. Organization/Individual also released from any liability any and all individuals and organizations who provide information in good faith and without malice concerning the above release items.

A photostat, electronic or facsimile copy of this original statement constitutes Organization/Individual's written authorization and requests to release any and all documentation relevant to Denton County My Health My Resource Center *dba* Denton County MHMR Center credentialing and/or network approval process. Such photostat, electronic or facsimile copy shall have the same force and effect as the signed original.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/Program Name (if applicable)

Attachment F
ASSURANCES DOCUMENT

Applicant assures the following:

1. That all addenda and attachments to the Application as distributed by MHMR have been received.
2. No attempt will be made by the Applicant to induce any person or firm to submit or not to submit an Application, unless so described in the response document.
3. The Applicant does not discriminate in its services or employment practices based on race, color, religion, sex, national origin, ethnicity, disability, veteran status, or age.
4. That no employee of Denton County MHMR and/or no member of Denton County MHMR's Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract. If the applicant is unable to make the affirmation, then the applicant must disclose any knowledge of such interests.
5. All cost and pricing information is reflected in the Application response document or attachments.
6. Applicants accept the terms, conditions, criteria, and requirements set forth in the Application.
7. Applicants accept Denton County MHMR's right to cancel the Application at any time prior to contract award.
8. Applicant accepts Denton County MHMR's right to alter the timetables for procurement as set forth in the Application.
9. The application submitted by the Applicant has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
10. Unless otherwise required by law, the information in the application submitted by the Applicant has not been knowingly disclosed by the Applicant to any other Applicant(s) prior to the notice of intent to award.
11. No claim will be made for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
12. Denton County MHMR has the right to complete background checks and verify information.
13. The individual signing this document and the contract is authorized to legally bind the Applicant.
14. The address submitted by the Applicant to be used for all notices sent by Denton County MHMR is current and correct.

Signature of Authorized Representative

Title (if applicable)

Date

Attachment G
CERTIFICATION REGARDING LOBBYING, GRANTS, LOANS, &
COOPERATIVE AGREEMENTS

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 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 subcontractors, subgrant, 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 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 of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/Program Name (if applicable)

EXHIBIT H QUALIFICATIONS OF THE CONTRACTOR:

1. The Contractor must submit proof of all certifications, registrations, licenses, permits, and insurances required by federal/state/local codes, constitutions, laws, orders, regulations, rules, and all applicable the Center policies and procedures, prior to the execution of this Agreement.
 - a. The Contractor's failure to maintain as current, valid, and in good standing. all required criteria may delay or preclude payments to the Contractor by the Center.
 - b. All requirements will apply equally to the Contractor and to all of the Contractor's agents, contractors, employees, personnel, and subcontractors who render services to the Center and individuals served by the Center.
2. The Certifications, Registrations, Licenses, Permits, and Insurances required include, but are not limited to,
 - b. Any requirement mandated through the codes, constitutions, laws, orders, regulations, and rules set by the United States of America, the State of Texas, and the City of Denton, Texas, and all applicable the Center policies and procedures including but not limited to,
 - i. any educational qualifications equired to obtain credentialing to provide the services listed in **Exhibit A** that are to be utilized by the Center and by the individuals served by the Center,
 - ii. a licensure from the State of Texas allowing the operation of a Chemical Dependency Treatment Facilities.
 - iii. an accreditation from the Joint Commissions on Accreditation of Healthcare Organizations, which is to be maintained during the entirety of the term of this Agreement.
 - c. the Contractor and, as applicable, the Contractor's agents, contractors, employees, personnel, and subcontractors who render services to the Center, agree to maintain at their own sole cost and expense, or the cost and expense of the Contractor's agents, contractors, employees, personnel, and subcontractors who render services to the Center, policies of insurance in compliance with the specifications listed in **Section VIII** of the **Professional Services Agreement**.
 - A. Contractor must submit proof of such certifications, registrations, licenses, permits, and insurance prior to execution of this contract.
 - B. Contractor's failure to maintain as current and valid all such certifications, registrations, licenses, permits and insurances may delay or preclude payments to the Contractor by Center.
 - C. All such requirements shall apply equally to both the Contractor and all of Contractor's personnel/ agents who render services to the Center's individuals
 - D. Contractor must obtain and maintain as current and in good standing during the term of this contract all certifications, registrations, licenses, and permits listed below or as otherwise required by the State of Texas for the provision of services required of this contract.

- a. Contractor must submit proof of such certifications, registrations, licenses, and permits prior to the execution of this contract.
 - b. Contractor's failure to maintain current and valid certifications, registrations, licenses, and permits may delay or preclude payments to the Contractor by the Center.
 - c. All such requirements shall apply equally to the Contractor and all of Contractor's employees/agents/subcontractors who will render services to Center individuals.
- E. Contactor must possess, keep current, and show proof of the following documentation:
- a. Educational qualifications as required by the State of Texas to obtain credentialing for services to be performed;
 - b. Certifications, registrations, licenses, and permits as required by the State of Texas to lawfully perform the services specified in this agreement;
 - c. Contractor and, as applicable, Contractor's employees/subcontractors agree to maintain at its sole cost and expense, or the cost and expense of its personnel, policies of liability insurance, in compliance with the specifications of Section V. of this contract.
 - d. State of Texas licensure to operate a private psychiatric facility; and
 - e. Accreditation by the Joint Commissions on Accreditation of Healthcare Organizations (JCAHO) during the entire term of this contract.
 - f. In good standing with all state and federal funding and regulatory agencies;
 - g. Not currently debarred, suspended or otherwise excluded from participation in federal grant programs;
 - h. Not delinquent on any repayment agreements;
 - i. Not had a required license or certification revoked;
 - j. Not ineligible under the terms of the Contract; and
 - k. Not had a HHSC contract terminated for cause
- F. Contractor and Contractor's personnel must have no less than one (1) year in-field experience in individual and group counseling, and Cognitive Behavioral Therapy.
- G. Other – W-9 Request for Taxpayer Identification Number and Certification.

Attachment I

Local Authority's Bars to Workforce/Contracting

The names of all Denton County MHMR prospective workforce and contract providers are cleared through a pre-employment/contracting criminal history and registry clearance. The clearance will search data from the Texas Department of Public Safety, the U.S. Department of Health and Human Services Office of the Inspector General (OIG) List of Excluded Individuals, the Texas Department of Human Services Nurse Aide Registry and Employee Misconduct Registry, and the Texas Department of State Health Services Individual Abuse and Neglect Reporting System. Additionally, a Federal Bureau of Investigation (FBI) fingerprint clearance is conducted for those individuals who have resided outside the state of Texas within the past two years of Application. A conviction for any of the offenses listed below is a bar to employment with and/or providing contracted services for Local Authority:

- Kidnapping and unlawful restraint (Penal Code, Chapter 20); Criminal homicide (Penal Code, Chapter 19);
- Indecency with a child (Penal Code, §21.11) or continuous sexual abuse of young child or children (Penal Code, §21.02);
- Sexual assault (Penal Code, §22.011); Aggravated assault (Penal Code, §22.02);
- Injury to a child, elderly individual, or disabled individual (Penal Code, §22.04); Abandoning or endangering a child (Penal Code, §22.041);
- Aiding suicide (Penal Code, §22.08),
- Agreement to abduct from custody (Penal Code, §25.031); Sale or purchase of a child (Penal Code, §25.08);

- Arson (Penal Code, §28.02); Robbery (Penal Code, §29.02);
- Aggravated robbery (Penal Code, §29.03); Indecent exposure (Penal Code, §21.08);
- Improper relationship between educator and student (Penal Code, §21.12); Improper photography or visual recording (Penal Code, §21.15);
- Deadly conduct (Penal Code, §22.05); Aggravated sexual assault (Penal Code, §22.021); Terrorist threat (Penal Code, §22.07);
- Online solicitation of a minor (Penal Code, §33.021); Money laundering (Penal Code, §34.02);
- Medicaid fraud (Penal Code, §35A.02); Cruelty to animals (Penal Code, §42.09); or
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this paragraph; and
- A conviction of any of the following offenses during the five years before proposed employment or contract issuance:
 1. Assault that is punishable as a Class A misdemeanor or as a felony (Penal Code, §22.01);
 2. Burglary (Penal Code, §30.02);
 3. Theft that is punishable as a felony (Penal Code, Chapter 31);
 4. Misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony (Penal Code, §32.45);
 5. Securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony (Penal Code, §32.46),
 6. False identification as a peace officer (Penal Code, §37.12); or

7. Disorderly conduct (Penal Code, §42.01(a)(7), (8), or (9)).

In addition, the following will apply to all Applicants:

1. A conviction of other types of criminal offenses may be considered a bar to employment or contracting with Local Authority, in Local Authority's discretion.
2. Identification of a revoked license in the Nurse Aide Registry; or
3. Identification as "unemployable" in the Employee Misconduct Registry

Attachment J



**Background and Registries Check
Contractor Requirements**

My signature below represents my informed consent and acknowledgment that Denton County MHMR Center is authorized to conduct background and registry checks upon execution of my contractual agreement and at any time during the term of my contract.

Contractor ID:	First Name:	Middle Name:	Last Name:
Date of Birth:	Social Security #:	Driver's License # / State:	Male / Female (circle one)
Contracted Date:	Signature:		Date:

_____ Criminal History

_____ DADS

_____ Texas Health and Human Services (HHS)

_____ Federal OIG / State OIG

_____ CARE

_____ SAM

_____ MVR

_____ NWSOP

Background check searches were completed by _____

Search results DO DO NOT contain items listed as criminal bars to employment (TX Health & Safety Code §250.006);

The applicant WAS WAS NOT listed in the HHS registries or LEIEs searched; and

Search results DO DO NOT contain items indicating the need for secondary administrative review.

Contracts Coordinator

Date

HR Director

Date

Comments:

<u>DATE</u>	<u>Check Ran By</u>	<u>DPS</u>	<u>HHS</u>	<u>CARE</u>	<u>Admin. Review</u>
		<input type="checkbox"/> Do Contain Bar <input type="checkbox"/> Do Not Contain Bar	<input type="checkbox"/> Finding <input type="checkbox"/> No Finding	<input type="checkbox"/> Finding <input type="checkbox"/> No Finding	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials
		<input type="checkbox"/> Do Contain Bar <input type="checkbox"/> Do Not Contain Bar	<input type="checkbox"/> Finding <input type="checkbox"/> No Finding	<input type="checkbox"/> Finding <input type="checkbox"/> No Finding	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials
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		<input type="checkbox"/> Do Contain Bar	<input type="checkbox"/> Finding	<input type="checkbox"/> Finding	<input type="checkbox"/> Yes

		<input type="checkbox"/> Do Not Contain Bar	<input type="checkbox"/> No Finding	<input type="checkbox"/> No Finding	<input type="checkbox"/> No _____ Initials
		<input type="checkbox"/> Do Contain Bar <input type="checkbox"/> Do Not Contain Bar	<input type="checkbox"/> Finding <input type="checkbox"/> No Finding	<input type="checkbox"/> Finding <input type="checkbox"/> No Finding	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials
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		<input type="checkbox"/> Do Contain Bar <input type="checkbox"/> Do Not Contain Bar	<input type="checkbox"/> Finding <input type="checkbox"/> No Finding	<input type="checkbox"/> Finding <input type="checkbox"/> No Finding	<input type="checkbox"/> Yes <input type="checkbox"/> No _____ Initials