

**YES WAIVER PROVIDER SERVICES**  
**OPEN ENROLLMENT REQUEST FOR APPLICATION**

**Betty Hardwick Center (BHC)** is the Health and Human Services designated mental health Authority established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and developmental disability services for the residents of *Taylor, Jones, Callahan, Shackelford and Stephens* Counties, Texas.

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## **I. SERVICES SOUGHT**

This Request for Application seeks providers for the purpose of delivering the Medicaid 1915 (c) YES Waiver services represented in Table 1 and Section II in the counties of *Taylor, Jones, Callahan, Shackelford and Stephens* for individuals matching the target population.

**Background of the YES Waiver** - The Health and Human Services Commission (HHSC) and the Department of State Health Services (DSHS) received approval from the federal government to implement a 1915(c) Medicaid Waiver in February 2009. The YES Waiver allows more flexibility in the funding of intensive community-based services and support for children and adolescents with serious emotional disturbances (SED) and their families. HHSC and DSHS worked collaboratively to develop the YES Waiver and sought input throughout the process from a broad array of stakeholders.

Texas strives to provide a continuum of appropriate services and supports for families with children and adolescents who have severe mental illness. There are some instances in which parents have turned to state custody for care when they feel they have reached or exceeded their financial, emotional or health care support resources and are unable to cover the costs of their child's or adolescent's mental health treatment. The 78th and 79th Texas Legislatures directed HHSC to "develop and implement a plan to prevent custody relinquishment of children and adolescents with serious emotional disturbances," and authorized the request of any necessary waivers from the federal government.

HHSC and DSHS developed a draft program model and analyzed data to determine that the approved YES Waiver meets federal cost neutrality requirements and can be implemented and operated within the current state Medicaid budget. The YES Waiver is designed to reduce Medicaid psychiatric hospital expenses for children with SED by providing community-based services.

The goals of the YES Waiver include:

- Reducing out-of-home placements and inpatient psychiatric treatment by all child-serving agencies,
- Providing a more complete continuum of community-based services and supports for children and adolescents with SED and their families,
- Ensuring families have access to parent partners and other flexible non-traditional support services as identified in a family-centered planning process,
- Preventing entry and recidivism into the foster care system and relinquishment of parental custody, and
- Improving the clinical and functional outcomes of children and adolescents.

The objective of the YES Waiver is to provide community-based services in lieu of institutionalization.

Children and adolescents will be determined financially eligible for the YES Waiver using standards used to determine eligibility for Medicaid institutions. Under these standards, parental income is not counted, which will eliminate the current incentive for parents to relinquish custody to obtain access to Medicaid coverage for mental health treatment.

- A. The specific services being sought, the unit of service, and then the standard rate of payment to be offered are presented in the following Table 1. Detailed service descriptions, provider qualifications, and documentation standards are provided in Section II. In Table 1, Applicants must check the box to the left of each service for all services that the applicant is interested in contracting for. The Applicant agrees to accept the fees listed to the right of each service in Table 1 as payment in full for all services delivered. The Applicant will not submit a claim, bill or collect compensation from BHC for any service for which it has not submitted an application, been approved, or contracted to provide. Applicant agrees that compensation for providing services not covered by its application will be solely between the consumer and the Applicant. The consumer must be informed in writing before any services are provided that BHC is not responsible for payment for such services.

Consumers are responsible for payment for those services only if the consumer consents in writing to the provision of such non-covered services.

- Table 1

Check all that Apply	Service Name	Designated Service Unit	Rate of Pay
	• <b>Respite:</b>		
<input type="checkbox"/>	◦ <b>In-Home Respite (subject to Center contract limitation)</b>	15 min	\$5.22
<input type="checkbox"/>	◦ <b>Camp</b>	Hour	\$9.84
	◦ <b>DFPS Residential Child Care</b>		
<input type="checkbox"/>	▪ Family	Day	\$88.62
<input type="checkbox"/>	▪ Child Placing Agency	Day	\$67.98
<input type="checkbox"/>	▪ General Residential Operation (GRO)	Day	\$115.44
	◦ <b>Licensed Child Care Center (LCCC)</b>		
<input type="checkbox"/>	▪ Preschool	Hour	\$5.32
<input type="checkbox"/>	▪ School Age	Hour	\$5.17
	◦ <b>Licensed Child Care Center (LCCC) – TRSP Certified</b>		
<input type="checkbox"/>	▪ Preschool	Hour	\$5.61
<input type="checkbox"/>	▪ School Age	Hour	\$5.54
	◦ <b>Licensed Child Care Home (LCCH)</b>		
<input type="checkbox"/>	▪ Preschool	Hour	\$4.90
<input type="checkbox"/>	▪ School Age	Hour	\$4.86
	◦ <b>Licensed Child Care Home (LCCH) – TRSP Certified</b>		
<input type="checkbox"/>	▪ Preschool	Hour	\$5.17
<input type="checkbox"/>	▪ School Age	Hour	\$5.62
	◦ <b>Registered Child Care Home (RCCH)</b>		
<input type="checkbox"/>	▪ <b>Preschool</b>	Hour	\$4.75
<input type="checkbox"/>	▪ <b>School Age</b>	Hour	\$3.83
	◦ <b>Registered Child Care Home (RCCH) – TRSP Certified</b>		
<input type="checkbox"/>	▪ Preschool	Hour	\$4.99
<input type="checkbox"/>	▪ School Age	Hour	\$4.08
<input type="checkbox"/>	• <b>Community Living Supports (CLS)</b>	15 Min	\$21.26
<input type="checkbox"/>	• <b>Paraprofessional Services</b>	15 Min	\$5.23
<input type="checkbox"/>	• <b>Non-Medical Transportation</b>	Per Mile	\$0.525
<input type="checkbox"/>	• <b>Supported Employment</b>	Hour	\$22.16

<input type="checkbox"/>	• <b>Employment Assistance</b>	Hour	\$22.16
	• <b>Specialized Therapies:</b>		
<input type="checkbox"/>	◦ Animal Assisted Therapy	15 Min	\$19.36
<input type="checkbox"/>	◦ Art Therapy	15 Min	\$19.36
<input type="checkbox"/>	◦ Nutritional Counseling	15 Min	\$13.82
<input type="checkbox"/>	◦ Music Therapy	15 Min	\$19.36
<input type="checkbox"/>	◦ Recreational Therapy	15 Min	\$19.36

- B. The services requested shall be performed at a time and place specified at the time of arrangement of the appointment.
- C. Providers need also review the following for additional requirements, Code of Federal Regulations (C.F.R.) Title 42, Parts 440, 441, 455, and 456; 25 Texas Administrative Code (TAC) Chapter 414, and all applicable subchapters of 1 Texas Administrative Code Chapter 355; 45 C.F.R. Parts 46, 80, 84, 90 and 91; the laws, and rules and regulations cited in the various sections of the YES Waiver Policy and Procedure Manual located at <https://www.hhs.texas.gov/providers/behavioral-health-services-providers/youth-empowerment-services-waiver-providers>.

#### D. Targeted Population

To participate in the YES Waiver, the child or adolescent (Individual) must meet the following eligibility criteria:

1. Be within the age range of three (3) through eighteen (18) years old.
2. Reside in *Taylor, Jones, Callahan, Shackelford and Stephens* county.
3. Reside in a non-institutional setting with the Individual's legally authorized representative (LAR); or in the Individual's own home or apartment, if legally emancipated.
4. Meet level of care standards that demonstrate having a serious functional impairment or acute severe psychiatric symptomatology. This is assessed by BHC using HHS clinical guidelines on domains that include risk of self-harm, severe disruptive or aggressive behavior, family resources, school behavior, current diagnosis, and a reasonable expectation that the Individual would qualify for inpatient care under Texas Medicaid Inpatient Psychiatric Admission Guidelines in the absence of waiver services.
5. Be eligible for Medicaid, under a Medicaid Eligibility Group included in the approved waiver. HHSC and DSHS will determine financial eligibility for services under the YES Waiver from standards used to determine eligibility for Medicaid in institutions. Under these standards, parental income is not counted.
6. Choose, or have BHC choose, YES Waiver services as an alternative to care in an inpatient psychiatric facility, in accordance with the provisions of the approved waiver.

## II. INDIVIDUAL SERVICE DESCRIPTION AND REQUIREMENTS-

### A.) RESPITE -

- 1) **Service Description** - Respite is provided on a short-term basis because of the absence or need for relief of those persons who normally provide care for the Waiver participant. All settings must be located within the State of Texas. Respite care providers must be at least eighteen (18) years of age. BHC must approve and provide ongoing oversight of respite settings to ensure the safety and appropriateness of the setting. Payment may not be made for respite provided at the same time as other services that include care and supervision. Up to 720 consecutive or cumulative hours (30 days) of respite may be provided per individual service plan year with exceptions approved on a temporary basis by the HHSC Director of Waiver services.
- 2) **Respite Types / Locations / Provider Qualifications-**
  - a. **In-Home Respite** – Service provided in the participant's home or place of residence, in private residence of the respite care provider if that provider is a relative of the participant other than a parent, spouse, legal guardian, or Legally Authorized Representative (LAR). Provider must be at least 18

years of age, have a current Texas driver's license, and pass criminal history and abuse registry checks. Note that In-home Respite Provider must complete Electronic Visit Verification (EVV) training at <https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification/training-materials-resources> prior to providing service.

- b. **Camp** – Service provided in a day or overnight camp accredited by the following:
    - i. American Camping Association
    - ii. Licensed by DSHS – 25 TAC §§265.11-265.24
  - c. **DFPS Residential Child Care** – Service provided in a foster home or General Residential Operation (GRO) meeting the following:
    - i. Foster home verified by DFPS license Child Placing Agency – 26 TAC Ch. 749.
    - ii. GRO licensed by DFPS that provides emergency care services – 26 TAC §748.4261.
    - iii. Child-Placing Agency licensed by DFPS – 26 TAC, Part 1, Ch. 749, Sub C.
  - d. **Licensed Child Care Center (LCCC)** – Service provided in a child care center meeting the following:
    - i. LCCC licensed by DFPS – 26 TAC Ch. 746.
    - ii. Texas Rising Star Provider (TRSP) Certified.
  - e. **Licensed Child Care Home** – Service is provided child care home meeting the following:
    - i. Licensed by DFPS – 26 TAC Ch. 747
    - ii. Texas Rising Star Provider (TRSP) Certified.
  - f. **Registered Child Care Home** – Service is provided child care home meeting the following:
    - i. Registered by DFPS – 426 TAC Ch. 747
    - ii. Texas Rising Star Provider (TRSP) Certified.
- 3) **Required Documentation** –
- a. In order to properly bill for the provision of respite services, a provider shall document:
    - i. Date of Contact
    - ii. Start and Stop Time
    - iii. Progress towards goals set forth in the individual plan of care (IPC)
    - iv. Summary of activities, meals, and behaviors (Camp, LCCC, LCCH, RCCH only)
    - v. Information about the service provider, including:
      - 1. Printed name
      - 2. Signature (electronic signature is acceptable)
      - 3. Credentials

B.) **Community Living Supports (CLS)** -

- 1) **Service Description** – CLS services are provided to the participant and family/LAR to facilitate the participant's achievement of his/her goals of community inclusion and remaining in their home. CLS provide assistance to the family caregiver in the disability-related care of the participant, while facilitating the participant's independence and integration into the community. The training in skills related to activities of daily living, such as personal hygiene, household chores, and socialization may be included, if these skills are affected by the participants disability. CLS may also promote communication, relationship-building skills, and integration into community activities. These supports must be targeted at enabling the waiver participant to attain or maintain his/her maximum potential. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings. Training may be provided to both the caregiver and the participant, dependent upon the youth's age, on the nature of the emotional disorder, the role of medications, and self-administration of medications. Training can also be provided to the participant's caregivers to assist the caregivers in coping with and managing the participant's emotional disturbance. This includes instruction on basic parenting skills and other forms of guidance.
- 2) **Locations / Provider Qualifications** – The supports may be provided in the participant's residence or in community settings. Providers need to have the following qualifications:
  - a. Be a credentialed Qualified Mental Health Professional – Community Services or equivalent, which is an individual who:
    - i. Has a bachelor's degree from an accredited college or university with a minimum number of hours that is equivalent to a major, in accordance with 26 TAC §301.331, in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology,

- early childhood education, or early childhood intervention; or
- ii. Is a registered nurse (RN); or
- iii. Has completed an alternative credentialing process identified by the HHSC; or
- iv. Has a master's degree from an accredited college or university with a minimum number of hours that is equivalent to a major in psychology, social work, medicine, nursing, rehabilitation, counseling, sociology, human growth and development, physician assistant, gerontology, special education, educational psychology, early childhood education, or early childhood intervention;

3) **Required Documentation** –

- i. Date of Contact
- ii. Start and Stop Time
- iii. Progress towards goals set forth in the individual plan of care (IPC)
- iv. Information about the service provider, including:
  - 1. Printed name
  - 2. Signature (electronic signature is acceptable)
  - 3. Credentials

C.) **Paraprofessional Services** –

1) **Service Description** – Services related to addressing the participant's needs that arise as a result of their severe emotional disturbance. These services contribute to the community functioning of participants and thereby assist the participants to avoid institutionalization. The services are essential to promote community inclusion in typical child/youth activities and exceed what would normally be available for children/adolescents in the community. Services include:

- a. Skilled mentoring and coaching provided by an individual who has additional training / experience working with children / adolescents with mental health problems.
- b. Paraprofessional Aide services delivered in a setting where provision of such support is not already required or included as a matter of practice, assisting the participant in preventing and managing behaviors stemming from severe emotional disturbance that create barriers to inclusion in integrated community activities such as after-school care or day care.
- c. Job placement to provide assistance finding employment.

2) **Locations / Provider Qualifications** – The supports may be provided in the participant's residence or in community settings. Providers need to have the following qualifications:

- a. Be a paraprofessional provider (or community services specialist) by having;
  - i. Be at least 18 years of age;
  - ii. A high school diploma or a high school equivalency certificate issued in accordance with the law of the issuing state;
  - iii. Have a minimum of one year of documented full-time experience working with the SED population. Experience may be considered if the documented experience includes activities that are comparable to services specified under the service description;
  - iv. Demonstrate competency in the provision and documentation of the specified or comparable service. Competency is assessed and documented by the Waiver Provider agency and reviewed by HHSC;

3) **Required Documentation** –

- i. Date of Contact
- ii. Start and Stop Time
- iii. Progress towards goals set forth in the individual plan of care (IPC)
- iv. Information about the service provider, including:
  - 1. Printed name
  - 2. Signature (electronic signature is acceptable)
  - 3. Credentials

D.) **Non Medical Transportation** –

1) **Service Description** – Enables the participants to gain access to YES Waiver and other community services, activities and resources, as specified by the Individual Plan of Care. This service does not replace already existing services under the Medicaid state plan.

2) **Locations / Provider Qualifications** – The services are provided in the community based on the following provider qualifications:

- i. Be over the age of 18;

- ii. Have a valid Texas driver's license and insurance appropriate to the vehicle used to provide transportation;
- iii. Be a member of the Waiver Provider agency staff; or
- iv. Direct service provider subcontracted with the Waiver Provider agency; and
- v. Pass a criminal history and background check

3) **Required Documentation** –

- i. Date of Contact
- ii. Mileage, including Start and Stop Time
- iii. Information about the service provider, including:
  - 1. Printed name
  - 2. Signature (electronic signature is acceptable)
  - 3. Credentials

E.) **Supported Employment and Employment Assistance** -

- 1) **Service Description** – Intensive services designed to result in employment stability and to provide individualized assistance to clients in choosing and obtaining employment in integrated work sites in regular community jobs. Includes activities such as assisting the individual in finding a job, helping the individual complete job applications, job development\*, and assisting with learning job-specific skills. This service includes treatment planning to facilitate recovery. Concurrent rehabilitative training should be identified as a separate encounter with the appropriate rehabilitative service code.

\*Job development is an activity essential to providing evidence-based supported employment. It is a systematic approach by the employment specialist that focuses on developing relationships with potential employers in an effort to find job matches for clients. It includes advocating with employers, employer negotiations and other networking activities. Job development may count as a collateral contact only when:

- 2) **Locations / Provider Qualifications** – The supports are provided in community settings. Providers need to have the following qualifications:
- i. A bachelor's degree in rehabilitation, business, marketing, or a related human services field and six months of paid or unpaid experience providing services to people with disabilities; or
  - ii. An associate's degree in rehabilitation, business, marketing, or a related human services field and one year of paid or unpaid experience providing services to people with disabilities; or
  - iii. A high school diploma or certificate of high school equivalency (GED credentials) and two years of paid or unpaid experience providing services to people with disabilities.

3) **Required Documentation** –

- 1. Date of Contact
- 2. Start and Stop Time
- 3. Progress towards goals set forth in the individual plan of care (IPC)
- 4. Information about the service provider, including:
  - a. Printed name
  - b. Signature (electronic signature is acceptable)
  - c. Credentials

F.) **Animal Assisted Therapy** -

- 1) **Service Description** – Services to participants to assist them in meeting recovery goals. The intent of these services is to maintain or improve health, welfare, and/or effective functioning in the community. In Animal-Assisted Therapy, animals are utilized in goal directed treatment sessions, as a modality, to facilitate optimal physical, cognitive, social and emotional outcomes of an individual such as increasing self-esteem and motivation, and reducing stress. Animal-Assisted Therapy is delivered in a variety of settings by specifically trained individuals in association with animals that meet specific criteria and in accordance with guidelines established by the American Veterinary Medical Association.

- 2) **Locations / Provider Qualifications** – The supports are provided in community settings. Providers need to have the following qualifications:

- i. Be a licensed professional, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
- ii. Be appropriately trained and obtain certification through a YES Waiver- endorsed certification program specific to the type of program and animal(s) involved.
- iii. All animals working with an animal-assisted therapy provider must meet specific criteria for the program they are associated with and be trained in accordance with guidelines established by the American Veterinary Medical Association.

- 3) **Required Documentation** –
  - i. Date of Contact
  - ii. Start and Stop Time
  - iii. Progress towards goals set forth in the individual plan of care (IPC)
  - iv. Information about the service provider, including:
    1. Printed name
    2. Signature (electronic signature is acceptable)
    3. Credentials

G.) **Art Therapy** -

- 1) **Service Description** – Art Therapy is a human service profession in which clients, facilitated by the art therapist use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.
- 2) **Locations / Provider Qualifications** – The supports are provided in community settings. Providers need to have the following qualifications:
  - i. Licensed professionals, with documented training and experience relative to the specific service provided. These may include: licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurses, physical therapists, occupational therapists or licensed dietitians or;
  - ii. Art Therapist certified by the Art Therapy Credentials Board (AT-BC) .
- 3) **Required Documentation** –
  - i. Date of Contact
  - ii. Start and Stop Time
  - iii. Progress towards goals set forth in the individual plan of care (IPC)
  - iv. Information about the service provider, including:
    1. Printed name
    2. Signature (electronic signature is acceptable)
    3. Credentials

H.) **Nutritional Counseling** -

- 1) **Service Description** – Nutritional Counseling assists individuals in meeting their basic and/or special therapeutic nutritional needs. This includes, but is not limited to counseling waiver participants in nutrition principles, dietary plans, and food selection and economics.
- 2) **Locations / Provider Qualifications** – The supports are provided in community settings. Providers need to have the following qualifications:
  1. A nutritional counseling provider must be provided by a person who is a registered, licensed, or provisionally licensed dietitian by the Texas Board of Examiners of Dietitians.
- 3) **Required Documentation** –
  - i. Date of Contact
  - ii. Start and Stop Time
  - iii. Progress towards goals set forth in the individual plan of care (IPC)
  - iv. Information about the service provider, including:
    1. Printed name
    2. Signature (electronic signature is acceptable)
    3. Credentials

I.) **Music Therapy** -

- 1) **Service Description** – Music Therapy utilizes musical or rhythmic interventions specifically selected by a registered music therapist to accomplish the restoration, maintenance, or improvement of social or emotional maintenance or improvement of social or emotional functioning, mental processing, or physical health. Music Therapy is a prescribed use of music to therapeutically address physical, psychological, cognitive, or social functioning to optimize the individual's quality of life, improve functioning on all levels, enhance well being and foster independence. Music Therapy provides an opportunity to move from isolation into active participation through an increase in verbal and nonverbal communication, social expression, behavioral and social functioning, and self-awareness. Reductions are noted in maladaptive behaviors, anxiety, and stress

among disabled individuals participating in music therapy. The reduction of maladaptive behaviors and improved social functioning assists an individual to integrate into the community and to be less dependent upon others to monitor and intervene in social and community settings. It also encourages the improvement of communication skills for the individual.

- 2) **Locations / Provider Qualifications** – The supports are provided in community settings. Providers need to have the following qualifications:
  1. A licensed professional, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
  2. Certified by the Certification Board for Music Therapists (CBMT) with documented training and experience relative to the specialized therapy being provided
- 3) **Required Documentation** –
  - i. Date of Contact
  - ii. Start and Stop Time
  - iii. Progress towards goals set forth in the individual plan of care (IPC)
  - iv. Information about the service provider, including:
    1. Printed name
    2. Signature (electronic signature is acceptable)
    3. Credentials

J.) **Recreational Therapy** -

- 1) **Service Description** – Recreational therapy helps to develop leisure time in ways that enhance health, independence, and well-being. Recreational Therapy is a prescribed use of recreational and other activities as a treatment intervention to improve the functional living competence of persons with physical, mental, emotional, and/or social disadvantages. Treatment is designed to restore, remediate, or habilitate improvement in functioning and independence while reducing or eliminating the effects of an illness or a disability.
- 2) **Locations / Provider Qualifications** – The supports are provided in community settings. Providers need to have the following qualifications:
  - i. A licensed professional, with documented training and experience relative to the specific service provided. These may include: licensed clinical social worker, licensed professional counselor, licensed marriage and family therapist, registered nurse, licensed vocational nurses, physical therapists, occupational therapists, or licensed dietitians; or
  - ii. Certified by the National Council of Therapeutic Recreation Certification (NCTRS); or
  - iii. Certified as a Therapeutic Recreation Specialist Texas (TRS/TXC) by consortium for Therapeutic Recreation/Activities Certification, Inc. (CTRAC).
- 3) **Required Documentation** –
  - i. Date of Contact
  - ii. Start and Stop Time
  - iii. Progress towards goals set forth in the individual plan of care (IPC)
  - iv. Information about the service provider, including:
    1. Printed name
    2. Signature (electronic signature is acceptable)
    3. Credentials

Notwithstanding the above, Applicants must be eligible or registered to do business in Texas.

### III. RESPONSIBILITIES

#### A. BHC Responsibilities

- BHC will establish and maintain an inquiry list of individuals interested in YES Waiver program services in the service area and provide those individuals a listing of enrolled providers of each of the services contained in Table 1.
- BHC will be responsible for determining a client meets the criteria to qualify for the targeted population.
- BHC will be responsible for wraparound facilitation, oversight of the consumer's eligibility determinations (CEDs),



development and maintenance of individual plans of care (IPCs), authorization of services, claims review, and claims payment. BHC is also responsible for utilization management and quality assurance. BHC ensures that contracted services addressing the needs of the targeted population are provided in compliance with the rules and standards adopted under the YES Waiver as administered under the Social Security Act §1915(c).

- All services must be approved and authorized by BHC. BHC will give written communication to the provider of service authorization for the consumer specifying the number and type of services approved. The consumer name and BHC consumer identification number must be included on any bills for services/claims submissions. Quality Management staff will perform regular reviews of clinical services and program standards.

#### **B. Service Provider Responsibilities**

- Service provider will be responsible for submitting all original documentation reflecting service provision and will maintain additional secondary records regarding treatment and/or services rendered to BHC's consumers and allow BHC access to such records upon request.
- Service provider is required to comply with all state and federal laws regarding the confidentiality of consumers' records and nondiscrimination.
- Service provider will actively assist in the disbursement of consumer and advocate satisfaction surveys.
- Service provider will obtain prior authorization, provide acceptable levels of care, and maintain acceptable levels of liability insurance, and appropriate licenses and accreditations.
- Service provider also agrees that its name may be used, along with a description of its facilities, care, and services in any information distributed by BHC.
- Service provider must comply with the rules and standards adopted under Section 534.052 of the Texas Health and Safety Code and applicable local, state, and federal laws, rules and regulations.
- Service provider must submit documentation of services provided to BHC within forty-eight hours from the time of service delivery.
- Service provider must participate in the Quality Management and Utilization Management process as directed by BHC.

#### **IV. INSTRUCTIONS FOR SUBMISSION OF APPLICATIONS**

Copies of the **RFA** may be obtained via written request, faxed request, or picked up at:

**Betty Hardwick Center**  
2616 S. Clack Street, Abilene, Texas 79606  
**Contact: Dean Pye at [dpye@bettyhardwick.org](mailto:dpye@bettyhardwick.org)**  
Phone: 325-690-5299

Or via the internet at:

**Betty Hardwick Center Website**  
**[www.bettyhardwick.org](http://www.bettyhardwick.org)** -

Questions regarding the **RFA** should be directed to Dean Pye at [dpye@bettyhardwick.org](mailto:dpye@bettyhardwick.org) or by phone 325-690-5299

**Applicants must send one copy of the completed application to:**

**Betty Hardwick Center**  
**Attention: Dean Pye**  
**2616 S. Clack St**  
**Abilene, Texas 79606**  
**(325)690-5299**

Applications may be sent by regular mail or special carrier no later than February 15, 2024 by 5:00 p.m.

Applications will be processed upon receipt.

False statements or information provided by an applicant may result in disqualification from enrollment into the BHC provider

network. BHC reserves the right to reject any and all applications, to waive technicalities, and to accept any advantages deemed beneficial to BHC and the individuals served.

Each prospective service provider is responsible for ensuring that documents for potential enrollment are submitted completely and on time. BHC expressly reserves the right not to evaluate any enrollment documents that are incomplete or late. Any attached forms must be completed by each applicant to be considered for possible enrollment in the BHC Provider Network.

The entire response to this Request for Application shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code. If the applicant believes information contained therein is legally excepted from disclosure under the Texas Public Information Act, the applicant should conspicuously (via bolding, highlighting and/or enlarged font) mark those portions of its response as confidential and submit such information under seal. Such information may still be subject to disclosure under the Public Information Act depending on opinions from the Attorney General's office.

**V. REQUIRED APPLICATION INFORMATION:**

- A. The application should include an attachment addressing all areas enumerated below. Any item, section, or questions left unanswered may result in respondent disqualification at the discretion of BHC:
  - 1. **Appendix A** – Applicant Assurances
  - 2. **Appendix B** - Bidder's Affidavit
  - 3. **Appendix C** – Conflict of Interest Questionnaire

**APPENDIX A: ASSURANCES**

<b>Applicant Name</b>	
<b>Address</b>	
<b>Contact Person</b>	
<b>Phone Number</b>	
<b>E-mail Address</b>	

Applicant must assure the following:

1. This response will become the property of BHC and may be evaluated by any employee, consultant, or agent of BHC.
2. That the applicant 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.
3. 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 application document.
4. Applicant will comply with all federal statutes relating to nondiscrimination. These include but are not limited to Title VI of the Civil Rights Act of 1964 (Public Law 88-352) which prohibits discrimination on the basis on race, color or national origin; Title IX of the Education Amendments of 1972, as amended (20 U.S.C. Sections 1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; Section 504 of the Rehabilitation Act of 1973 (Public Law 93-112); which prohibits discrimination on the basis of handicaps; the Americans with Disabilities Act of 1990 (Public Law 101-33); and all amendment to each, and all requirements imposed by the regulations issues pursuant to these acts, especially 45 CFR Part 80 (relating to race, color and national origin), 45 CFR Part 84 (relating to handicap), 45 CFR Part 86 (relating to sex), and 45 CFR Part 91 (relating to age).
5. That no employee of BHC, and no member of the BHC Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed contract.
6. Applicant accepts the terms, conditions, criteria, and requirements set forth in the Application.
7. Applicant accepts BHC's right to cancel the Application at any time prior to contract award.
8. Applicant accepts BHC'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 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. BHC has the right to complete background checks and verify information.
13. BHC has the right to request full Texas Standardized Credentialing Application or equivalent completion prior to issuance of any contract if applicable to verify stated credentials.
14. The individual signing this document and the contract is authorized to legally bind the Applicant.
15. All proprietary information provided in this response will be treated as confidential to the extent permitted under the Texas Public Information Act. Non-proprietary information in this response will be subject to public disclosure once the award is made and the contract signed with the selected Contractor. The Applicant shall designate which portions of the Response it considers to be proprietary.
16. Applicant will comply with the requirements of the Immigration Reform and Control Act of 1986 and Immigration Act of 1990 regarding employment verification and retention of verification forms for any individual(s) hired on or after November 6, 1986.
17. Applicant certifies that neither it nor its officers or employees is involved in other activities or relationships with other persons that cause the Applicant to be unable or potentially unable to render impartial assistance or advice to BHC or that impair or might impair the Applicant's objectivity in performing work under the contract or that cause the Applicant to have

an unfair competitive advantage.

18. Applicant accepts that implementation and continuation of contract are contingent upon availability of continued funding.
19. Applicant agrees that all processes and products resulting from this contract award will be the property of BHC.
20. Applicant agrees to ensure that information about individuals served by BHC will be kept confidential according to federal and state laws and regulations.
21. Applicant certifies that neither it nor its principals are presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this contract by any federal or state agency or agency.
22. Neither the Applicant nor any member of Applicant's staff or governing authority has participated in the development of specific evaluation criteria for award of this contract, nor will participate in the selection of the successful Applicant awarded this contract.
23. Applicant agrees to provide BHC with information necessary to validate any statements made in this application, as requested by BHC, including but not limited to, allowing access for on-site observation and granting permission for BHC to verify information with third parties. The Applicant understands that failure to substantiate any statements made in the application as requested by BHC may result in disqualification of the offer.
24. The Applicant certifies that any Health and Human Services agency or Public Safety and Criminal Justice agency has not revoked its license, permit, or certificate.
25. Neither Applicant nor its officers and employees have given, offered to give, or intend to give any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public employee in connection with the submitted offer.
26. The Applicant certifies that they will not use BHC in statements made to the media that would conflict with BHC's philosophy or policies. Statements made to any other families being served should omit BHC in the event controversy could result from the statement.
27. No employee of BHC and no member of BHC's Board of Trustees can directly or indirectly receive any pecuniary interest from an award of the proposed contract. If such a situation exists, please explain in detail.
28. Applicant assures that they will be available to deliver services at the times most convenient to the schedules for the consumers authorized for services by BHC which may include some weekend or evening service delivery if required.
29. Applicant assures that they have had no abuse, neglect, exploitation or other rights violations claims in the last seven years. If so, explain in detail on a separate page and attach to the RFA response.
30. Applicant has not knowingly failed to pay a single substantial debt or a number of outstanding debts to a Federal or State agency and is not subject to an outstanding judgment in a suit against applicant for collection of the balance of a debt.
31. Applicant is in good standing with all State and Federal agencies that have a contracting or regulatory relationship with the applicant.
32. That no person who has an ownership or controlling interest in the applicant or who is an agent or managing employee of the applicant has been convicted of a criminal offense related to involvement in any program established under Medicare, Medicaid, Title XX Social Services block grants, Substance Abuse Prevention and Treatment block grants or other Federal block grants.

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Printed Name of the Applicant Representative

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Signature of the Applicant Representative

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Date

**Vendor Affidavit**

STATE OF TEXAS  
COUNTY OF TAYLOR COUNTY

BEFORE ME the undersigned authority, on this day personally appeared \_\_\_\_\_ known to me to be the person whose name is subscribed to the following, who upon oath, says:

I am the Manager, Secretary, or other agent or officer or the principal of the Proposer in the matter of the Responses to which this affidavit is attached, and I have full knowledge of the relations of the Proposer with the other firms in this same line of business, and the Proposer is not a member of any trust, pool or combination to control the price of Responses, or to influence any person to propose or not propose thereon.

I further affirm that the Proposer has not given, offered to give, or intends to give at any time hereafter any economic opportunity, future employment, gift, loan, gratuity, special discount, trip, favor, or service to a public servant in connection with the submitted proposal.

\_\_\_\_\_  
Affiant

SWORN TO AND SUBSCRIBED BEFORE ME by the above Affiant, who, on oath states that the facts contained in the above are true and correct, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for \_\_\_\_\_ County,  
Texas

Name of Proposer \_\_\_\_\_

Signed by \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

# CONFLICT OF INTEREST QUESTIONNAIRE

## FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.

This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).

By law this questionnaire must be filed with the records administrator of the local governmental entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

### OFFICE USE ONLY

Date Received

**1** Name of person who has a business relationship with local governmental entity.

**2**  Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3** Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_  
Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire?

Yes       No

B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not received from the local governmental entity?

Yes       No

C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes       No

D. Describe each employment or business relationship with the local government officer named in this section.

**4**

\_\_\_\_\_  
Signature of person doing business with the governmental entity

\_\_\_\_\_  
Date