



**REQUEST FOR APPLICATION  
("RFA")  
(RFA-2026-005)  
for  
Adult Behavioral Health Physician Services**

**002 - TABLE OF CONTENTS**

002 - TABLE OF CONTENTS ..... 2  
003 - BACKGROUND ..... 3  
004 - SCOPE OF SERVICES ..... 4  
005 - ASSURANCES ..... 5  
006 - APPLICATION REQUIREMENTS ..... 6  
007 - SUBMISSION OF APPLICATION ..... 6  
008 - RESTRICTIONS ON COMMUNICATION ..... 7  
009 - EVALUATION OF CRITERIA ..... 8  
010 - AWARD OF CONTRACT AND RESERVATION OF RIGHTS ..... 8  
011 - INSURANCE REQUIREMENTS ..... 9  
012 - RFA ATTACHMENTS ..... 12

### **003 - BACKGROUND**

The Bexar County Board of Trustees for Mental Health Mental Retardation Services d/b/a The Center for Health Care Services ("CENTER") is a multi-facility community mental health and intellectual disability center created under the authority of Section 534.001 of the Texas Health and Safety Code by its sponsoring agencies, Bexar County and the Bexar County Hospital District d/b/a University Health. The CENTER has been providing services to Bexar County residents experiencing mental health, intellectual developmental disabilities and/or substance use issues for over fifty-five years and is the Texas Health and Human Services Commission-designated Local Mental Health Authority for Bexar County, Texas. The CENTER is considered a quasi-governmental entity, a political subdivision of the state of Texas, but is not a Texas state agency. The CENTER'S administrative offices are located at 6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas 78213.

## 004 - SCOPE OF SERVICES

The Center for Health Care Services (“CHCS”, “CENTER”) is seeking proposals from qualified professionals (“APPLICANT,” “CONTRACTOR,” and “PHYSICIAN”) to provide medication and behavioral health services, to Consumers receiving Adult Behavioral Health Services at 315 N. San Saba, Ste. 1003, San Antonio, Texas 78207. Compensation for services is not to exceed 20 hours per week; this limitation is based on available funding and scope of work.

The PHYSICIAN is responsible for, but not limited to, the following tasks:

1. Provide psychiatric mental health services for Consumers with a mental health condition, to include:
  - a. Diagnostic assessments; and
  - b. Routine, ongoing and follow-up care.
2. Provide person-centered, trauma-informed treatment including:
  - a. Psychopharmacotherapeutic management of medications; and
  - b. Behavioral health therapies.
3. Participate in multi-disciplinary treatment teams.
4. Make appropriate referrals.
5. Collaborate with Continuity of Care (COC), as required.
6. Work with justice outpatient service programs, to include interfacing with the courts and/or parole or probation, as appropriate.
7. Provide supervision to Psychiatric Nurse Practitioners, as needed.

Supervision Expectations:

1. Supervision will occur on an average of once a month per calendar year either in person or through real-time video-conference.
2. The PHYSICIAN will be accessible in between standard supervision for case discussion.
3. The PHYSICIAN will provide chart review to augment their supervision, when needed.
4. The PHYSICIAN will maintain an up-to-date Delegation agreement on the Texas Medical Board Website.

### MINIMUM REQUIREMENTS

1. Must be licensed to practice medicine in the State of Texas to provide medical coverage to Adult Behavioral Health Consumers as a PHYSICIAN, as defined in Health and Safety Code, Chapter 155 – License to Practice Medicine, Subchapter A – License Requirements;
2. Current Texas Physician's permit and U.S. Drug Enforcement Agency Substance Registration Certificate (DEA);
3. Must have graduated from an accredited medical school, and completed an Accreditation Council for Graduate Medical Education (ACGME) Psychiatry Residency program;
4. Be Board Eligible or Board Certified in Psychiatry
5. Proficiency with standard Microsoft Office applications and Electronic Health Records (EHR) systems;
6. Must maintain required credentials and mandatory training requirements to ensure compliance with all State regulations and CHCS policies;
7. Must maintain a valid driver's license and automobile insurance coverage, be able to travel as needed, and be able to meet on a consistent basis the driving record requirements of the Company's auto insurance carrier if you drive your vehicle during company business;
8. Must be able to meet the physical requirements to complete Satori Alternatives to Managing Aggression (SAMA) and Cardiopulmonary Resuscitation (CPR) training including lifting up to 12 lbs. and supporting up to 55 lbs. bending, stooping and getting on and off the floor without assistance; and
9. Must have adequate mobility that requires frequent walking, standing, bending, stooping, kneeling, reaching (vertical and horizontal), using fingers, hands, feet, legs and torso in various care. Must be able to regularly lift and/or move up to 40 pounds and occasionally must lift and/or move up to 50 pounds. Must be able to occasionally transfer a consumer.

### PREFERRED

1. Board certified in Psychiatry.
2. Bilingual (English/Spanish).
3. Experience providing an array of psychiatric/psychological services; working within multi-disciplinary teams; providing care in an integrated system.
4. Experience in community behavioral healthcare.

**005 - ASSURANCES**

The APPLICANT assures the following (original signature required):

1. That all addenda and attachments to the RFA as distributed by CENTER 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 RFA document.
3. The APPLICANT does not discriminate in its services or employment practices on the basis of race, color, religion, sex, sexual orientation, national origin, disability, veteran status, or age.
4. That no employee of CENTER or Health and Human Services Commission ("HHSC") and no member of CENTER'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 application must disclose any knowledge of such interests.
5. APPLICANT accepts the terms, conditions, criteria, and requirements set forth in the RFA.
6. APPLICANT accepts CENTER'S right to cancel the RFA at any time prior to contract award.
7. APPLICANT accepts CENTER'S right to alter the timetables for procurement as set forth in the RFA.
8. The application submitted by the APPLICANT has been arrived at independently without consultation, communication, or agreement with another party for the purpose of restricting competition.
9. 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.
10. No claim will be made to CENTER for payment to cover costs incurred in the preparation of the submission of the application or any other associated costs.
11. CENTER has the right to complete background checks and to verify information submitted by an APPLICANT.
12. The individual signing this document and the contract is authorized to legally bind the APPLICANT.
13. The address submitted by the APPLICANT to be used for all notices sent by CENTER is current and correct.
14. All cost and pricing information is reflected in the application documents or attachments.
15. That the APPLICANT is not currently held in abeyance or barred from the award of a federal or state contract.
16. 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 Tax Code, Title 2, Subchapter F, Chapter 171, and Title 34 of the Texas Administrative Code, Part 1 Chapter 3, Subchapters A, F, O, U and V.
17. APPLICANT shall disclose whether any of the directors or personnel of APPLICANT has either been an employee or a trustee of CENTER within the past two (2) years preceding the date of submission of the application. This requirement applies to all personnel, whether or not identified as key personnel. If such employment has existed, or term of office served as trustee, the APPLICANT shall state in an attached writing the nature and time of the affiliations as defined.
18. APPLICANT shall identify in an attached writing any trustee or employee of CENTER who has a financial interest in APPLICANT or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. Moreover, APPLICANT shall state in an attached writing whether any of its directors or personnel knowingly has had a personal relationship with employees or officers of CENTER within the past two (2) years that may interfere with fair competition.
19. No current or former employee or officer of a federal, state, or local governmental agency, and/or the CENTER directly or indirectly aided or attempted to aid in the procurement of APPLICANT'S services.
20. APPLICANT shall disclose in an attached writing the name of every CENTER key person with whom APPLICANT is doing business or has done business during the 365 day period immediately prior to the date on which the application is due; failure to include such a disclosure will be a binding representation by APPLICANT that the natural person executing the application has no knowledge of any CENTER key persons with whom APPLICANT is doing business or has done business during the 365 day period prior to the immediate date on which the application is due.
21. Under Section 231.006 of the Texas Family Code, the vendor or APPLICANT certifies that the individual or business entity named in this application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated and payment may be withheld if this certification is inaccurate.
22. APPLICANT has no conflict of interest and meets the standards of conduct requirements pursuant to Title 26 Texas Administrative Code, Part 1, Chapter 301, Subchapter A, §301.7.
23. That all information provided in the application is true and correct.

Company Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name of Signing Authority

\_\_\_\_\_  
Date

## 006 - APPLICATION REQUIREMENTS

APPLICANT'S application shall include the following items in the following sequence, noted with the appropriate heading as indicated below. Submitted applications should include information in sufficient detail to address the APPLICANT'S ability to perform the services being requested and provide the CENTER with enough information to properly evaluate applications.

APPLICANTS must submit one (1) original, signed in ink, five (5) hard copies, and one (1) USB containing a copy of the entire application in Microsoft Word or PDF format.

### TABLE OF CONTENTS

EXECUTIVE SUMMARY. The summary shall include a statement of the work to be accomplished, how APPLICANT proposes to accomplish and perform each specific service and unique problems perceived by APPLICANT and their solutions.

ASSURANCES. APPLICANT must complete, sign in ink and submit the Assurances Page found in this RFA under Section 005 – Assurances. **COPIES OF SIGNATURE WILL NOT BE ACCEPTED.**

GENERAL INFORMATION FORM. Use the Form found in this RFA as Attachment A, Part One.

EXPERIENCE, BACKGROUND & QUALIFICATIONS. Use the Form found in this RFA as Attachment A, Part Two.

PROPOSED PLAN. Use the Form found in this RFA as Attachment A, Part Three.

CONFLICTS OF INTEREST STATEMENT. Use the Form found in this RFA as Attachment C.

PROOF OF INSURABILITY. APPLICANT shall submit a copy of their current insurance certificate.

SIGNATURE PAGE. APPLICANT must complete, sign in ink and submit the Signature Page found in this RFA as Attachment D. The Signature Page must be signed by the APPLICANT, or persons, authorized to bind the APPLICANT, submitting the application. Applications signed by a person other than the APPLICANT shall be accompanied by evidence of authority. **COPIES OF SIGNATURE WILL NOT BE ACCEPTED.**

APPLICATION CHECKLIST. Complete and submit the Application Checklist found in this RFA as Attachment E.

APPLICANT is expected to examine this RFA carefully, understand the terms and conditions for providing the services listed herein and respond completely. FAILURE TO COMPLETE AND PROVIDE ANY OF THESE APPLICATION REQUIREMENTS MAY RESULT IN THE APPLICANT'S APPLICATION BEING DEEMED NON-RESPONSIVE AND THEREFORE DISQUALIFIED FROM CONSIDERATION.

APPLICANT must indicate whether or not it will be subcontracting portion(s) of services contained in this RFA's Scope of Services. If so, indicate the name of the subcontractor and the portion of the work, which will be subcontracted. Provide the subcontractor's qualifications that meet the requirements of the Scope of Services. The CENTER reserves the right to refuse the selection of any subcontractor(s) by APPLICANT for reasonable cause.

If selected for Contract award, APPLICANT shall, at its own expense, conduct criminal background checks on all personnel and subcontractors assigned to provide services on CENTER property. The background checks must satisfy the requirements of the CENTER'S licensing and regulatory agencies. Proof that such background checks have been conducted will be provided by to the CENTER by APPLICANT upon request.

## 007 - SUBMISSION OF APPLICATION

Please complete all questions in the order they are presented in this Request for Application ("RFA"). Include all questions and question numbers in your responses. Any additional comments or information may be provided at the end of your answers to all application questions. If a question does not apply to the APPLICANT, simply and clearly document "N/A". Scoring and evaluation is based on completed questions. Unanswered questions will be considered omissions. The CENTER reserves the right to review only completed applications. The CENTER reserves the right to hold subsequent face-to-face or telephone interviews for clarification and/or negotiation purposes. Interviews will not be solicited for the

purpose of completing incomplete applications. Multiple omissions and/or incomplete responses may result in disqualification.

### **Instructions for Submitting Applications**

APPLICANT may submit their questions pertaining to this RFA to Chelsey Turner, Contract Administrator, by email to [CTurner@chcsbc.org](mailto:CTurner@chcsbc.org), with a Carbon Copy (CC) to [Contracts@chcsbc.org](mailto:Contracts@chcsbc.org). Please refrain from contacting the CENTER'S Board of Trustees members during the process and direct all inquiries to the contact person listed above.

APPLICANT shall submit one (1) original, signed in ink, five (5) hard copies and one (1) USB drive which contains the application in Microsoft Word or PDF format in a sealed package clearly marked with the project name, "**Adult Behavioral Health Physician Services, RFA 2026-005**" on the front of the package. Responses may be delivered by regular mail, special carrier, or hand delivery to the CENTER'S administrative offices at 6800 Park Ten Blvd. Suite 200-S, San Antonio, Texas, 78213. Submission of applications by telephone, fax or e-mail will not be accepted. Applications may be withdrawn at any time prior to actual Contract award. The CENTER reserves the right to reject any and all applications, to waive technicalities, and to accept any advantages deemed beneficial to the CENTER and its consumers. It is the CENTER'S intent to evaluate applications, and/or services in order to achieve the best value for CENTER employees and operations. Interviews or site visits may be conducted to further evaluate competitive applications, and to select one or more applications as finalists for consideration for award of a contract. Each RESPONDENT which submits a complete application but is not awarded a Contract will be notified in writing that the application is no longer being considered. Any information contained in the application that is deemed to be proprietary in nature must clearly be so designated in the application. Such information may be subject to disclosure under the Public Information Act on opinions from the Texas Attorney General's office.

Modified Applications. Applications may be modified provided such modifications are submitted with a cover letter with the application, indicating it is a modified application and that the original application is being withdrawn.

#### Correct Legal Name.

APPLICANTS who submit applications to this RFA shall correctly state the true and correct name of the individual, proprietorship, corporation, and/or partnership (clearly identifying the responsible general partner and all other partners who would be associated with the contract, if any). No nicknames, abbreviations (unless part of the legal title), shortened or short-hand, or local "handles" will be accepted in lieu of the full, true and correct legal name of the entity. These names shall comport exactly with the corporate and franchise records of the Texas Secretary of State and Texas Comptroller of Public Accounts. Individuals and proprietorships, if operating under other than an individual name, shall match with exact Assumed Name filings. Corporate APPLICANTS and limited liability company APPLICANTS shall include the 11-digit Comptroller's Taxpayer Number on the General Information form found in this RFA as Attachment A.

If an entity is found to have incorrectly or incompletely stated its name or failed to fully reveal its identity on the General Information form, the Sr. Director of Compliance & Systems Support shall have the discretion, at any point in the contracting process, to suspend consideration of the application.

Confidential or Proprietary Information. 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 or proprietary and submit such information under seal. Such information may still be subject to disclosure under the Public Information Act depending on determinations of the Texas Attorney General's office.

Cost of Application. Any cost or expense incurred by the APPLICANT that is associated with the preparation of the application, the Pre-Submittal conference, if any, or during any phase of the selection process, shall be borne solely by APPLICANT.

### **008 - RESTRICTIONS ON COMMUNICATION**

APPLICANTS are prohibited from communicating with: 1) Center Board of Trustees regarding the RFA or applications from the time the RFA has been released until the contract is posted as an agenda item; and 2) CENTER employees from the time the RFA has been released until the contract is awarded. These restrictions extend to "thank you" letters, phone calls, emails and any contact that results in the direct or indirect discussion of the RFA and/or application submitted by APPLICANT. Violation of this provision by APPLICANT and/or its agent may lead to disqualification of APPLICANT'S application from consideration.

Exceptions to the Restrictions on Communication with CENTER employees include:

APPLICANTS may submit written questions concerning this RFA to the Staff Contact Person listed below. All questions shall be sent by e-mail to:

**Chelsey Turner**  
**Contract Administrator**  
**Center for Health Care Services**  
[CTurner@chcsbc.org](mailto:CTurner@chcsbc.org) (Carbon Copy [Contracts@chcsbc.org](mailto:Contracts@chcsbc.org))

CENTER reserves the right to contact any APPLICANT to negotiate if such is deemed desirable by CENTER. Such negotiations, initiated by CENTER staff persons, shall not be considered a violation by APPLICANT of this section.

### **009 - EVALUATION OF CRITERIA**

The CENTER will conduct a comprehensive, fair and impartial evaluation of all applications received in response to this RFA. The CENTER may appoint a selection committee to perform the evaluation. Each application will be analyzed to determine overall responsiveness and qualifications under the RFA. Criteria to be evaluated may include the items listed below. The CENTER may also request additional information from APPLICANTS at any time prior to final approval of a selected APPLICANT. The CENTER reserves the right to select one, or more, or none of the APPLICANTS to provide services. Final approval of a selected APPLICANT is subject to the action of the CENTER'S Board of Trustees. It should be understood that while the total score is a significant factor, the CENTER reserves the right to consider other factors in making a final selection.

Evaluation criteria:

Experience, Background, Qualifications (45 points)

Proposed Plan (50 points)

Certified Small Business Enterprise, Minority/Women Owned Business Enterprise, Historically Underutilized Business or Veteran Owned Business Enterprise (1 point each; up to 5 points)

### **010 - AWARD OF CONTRACT AND RESERVATION OF RIGHTS**

The CENTER reserves the right to award one, more than one or no contract(s) in response to this RFA.

The Contract, if awarded, will be awarded to the APPLICANT(S) whose application(s) is deemed most advantageous to CENTER, as determined by the selection committee, upon approval of the CENTER'S Board of Trustees.

The CENTER may accept any application in whole or in part. If subsequent negotiations are conducted, they shall not constitute a rejection or alternate RFA on the part of CENTER. However, final selection of a APPLICANT is subject to CENTER'S Board of Trustees approval.

The CENTER reserves the right to accept one or more applications or reject any or all applications received in response to this RFA, and to waive informalities and irregularities in the applications received. CENTER also reserves the right to terminate this RFA, and reissue a subsequent solicitation, and/or remedy technical errors in the RFA process.

The CENTER reserves the right to reject, for any reason and at its sole discretion, in total or in part, any and/or all applications, regardless of comparability of price, terms or any other matter, to waive any formalities, and to negotiate on the basis of the applications received for the most favorable terms and best service for the CENTER. If a firm is selected, the firm will be required to execute a contract. If CENTER funding is materially decreased during the contract term, the contract may be amended and/or terminated.

No work shall commence until CENTER signs the contract document(s) and APPLICANT provides the necessary evidence of insurance as required in this RFA and the Contract. Contract documents are not binding on CENTER until approved by the CENTER'S General Counsel. In the event the parties cannot negotiate and execute a contract within the time specified, CENTER reserves the right to terminate negotiations with the selected APPLICANT and commence negotiations with another APPLICANT.

This RFA does not commit CENTER to enter into a Contract, award any services related to this RFA, nor does it obligate CENTER to pay any costs incurred in preparation or submission of an application or in anticipation of a Contract.

If selected, APPLICANT will be required to comply with the Insurance and Indemnification Requirements established herein.

The successful APPLICANT must be able to formally invoice the CENTER for services rendered.

Independent Contractor. APPLICANT agrees and understands that, if selected, it and all persons designated by it to provide services in connection with a contract, are and shall be deemed to be an independent contractor, responsible for their respective acts or omissions, and that CENTER shall in no way be responsible for APPLICANT'S actions, and that none of the parties hereto will have authority to bind the others or to hold out to third parties, that it has such authority.

### 011 - INSURANCE REQUIREMENTS

If selected to provide the services described in this RFA, APPLICANT shall be required to comply with the insurance requirements set forth below:

#### INSURANCE

Prior to the commencement of any work under this Contract, APPLICANT shall furnish copies of all required endorsements and completed Certificate(s) of Insurance to the CENTER'S Contracting & Procurement Division, which shall be clearly labeled "**Adult Behavioral Health Physician Services**" in the Description of Operations block of the Certificate. The Certificate(s) shall be completed by an agent and signed by a person authorized by that insurer to bind coverage on its behalf. The CENTER will not accept a Memorandum of Insurance or Binder as proof of insurance. The certificate(s) must have the agent's signature and phone number, and be mailed, with copies of all applicable endorsements, directly from the insurer's authorized representative to the CENTER. The CENTER shall have no duty to pay or perform under this Contract until such certificate and endorsements have been received and approved by the CENTER'S Contracting & Procurement Division. No officer or employee, other than the CENTER'S Sr. Director of Compliance & Systems Support, shall have authority to waive this requirement.

The CENTER reserves the right to review the insurance requirements of this Article during the effective period of this Contract and any extension or renewal hereof and to modify insurance coverage and their limits when deemed necessary and prudent by CENTER'S Sr. Director of Compliance & Systems Support based upon changes in statutory law, court decisions, or circumstances surrounding this Contract. In no instance will CENTER allow modification whereby CENTER may incur increased risk.

A APPLICANT'S financial integrity is of interest to the CENTER; therefore, subject to APPLICANT'S right to maintain reasonable deductibles in such amounts as are approved by the CENTER, APPLICANT shall obtain and maintain in full force and effect for the duration of this Contract, and any extension hereof, at APPLICANT'S sole expense, insurance coverage written on an occurrence basis, unless otherwise indicated, by companies authorized to do business in the State of Texas and with an A.M Best's rating of no less than A- (VII), in the following types and for an amount not less than the amount listed below:

TYPE	AMOUNTS
1. Employers' Liability	\$500,000/\$500,000/\$500,000
2. E/O Insurance	\$2,000,000
3. Automobile Insurance	State Statutory Limits

APPLICANT agrees to require, by written contract, that all subcontractors providing goods or services hereunder obtain the same insurance coverage required of APPLICANT herein and provide a Certificate of Insurance and endorsement that names the APPLICANT and the Center of Health Care Services as additional insured. APPLICANT shall provide the CENTER with said certificate and endorsement prior to the commencement of any work by the subcontractor. This provision may be modified by CENTER'S Sr. Director of Compliance & Systems Support, when deemed necessary and prudent, based upon changes in statutory law, court decisions, or circumstances surrounding this Contract. Such modification may be enacted by letter signed by CENTER'S Sr. Director of Compliance & Systems Support, which shall become a part of the contract for all purposes.

As they apply to the limits required by the CENTER, the CENTER shall be entitled, upon request and without expense, to receive copies of the policies, declaration page, and all endorsements thereto and may require the deletion, revision, or modification of particular policy terms, conditions, limitations, or exclusions (except where policy provisions are established by law or regulation binding upon either of the parties hereto or the underwriter of any such policies). APPLICANT shall be required to comply with any such requests and shall submit a copy of the replacement Certificate of Insurance to CENTER at the address provided below within ten (10) days of the requested change. APPLICANT shall pay any costs incurred resulting from said changes.

Center for Health Care Services  
Attn: Contracting & Procurement Division  
6800 Park Ten Blvd.  
Suite 200-S  
San Antonio, Texas 78213

APPLICANT agrees that with respect to the above required insurance, all insurance policies are to contain or be endorsed to contain the following provisions:

- Name the CENTER, its Board of Trustees, employees, and volunteers as additional insured by endorsement, as respects operations and activities of, or on behalf of, the named insured performed under contract with the CENTER, with the exception of the workers' compensation and professional liability policies;
- Provide for an endorsement that the "other insurance" clause shall not apply to the Center for Health Care Services where the CENTER is an additional insured shown on the policy;
- Workers' compensation, employers' liability, general liability and automobile liability policies will provide a waiver of subrogation in favor of the CENTER;
- Provide advance written notice directly to CENTER of any suspension, cancellation, non-renewal or material change in coverage, and not less than ten (10) calendar days' advance notice for nonpayment of premium.

Within five (5) calendar days of a suspension, cancellation or non-renewal of coverage, APPLICANT shall provide a replacement Certificate of Insurance and applicable endorsements to CENTER. CENTER shall have the option to suspend APPLICANT'S performance should there be a lapse in coverage at any time during this contract. Failure to provide and to maintain the required insurance shall constitute a material breach of this Contract.

In addition to any other remedies the CENTER may have upon APPLICANT'S failure to provide and maintain any insurance or policy endorsements to the extent and within the time herein required, the CENTER shall have the right to order APPLICANT to stop work hereunder, and/or withhold any payment(s) which become due to APPLICANT hereunder until APPLICANT demonstrates compliance with the requirements hereof.

Nothing herein contained shall be construed as limiting in any way the extent to which APPLICANT may be held responsible for payments of damages to persons or property resulting from APPLICANT'S or its subcontractors' performance of the work covered under this Contract.

It is agreed that APPLICANT'S insurance shall be deemed primary and non-contributory with respect to any insurance or self-insurance carried by the Center for Health Care Services for liability arising out of operations under this Contract.

It is understood and agreed that the insurance required is in addition to and separate from any other obligation contained in the Contract and that no claim or action by or on behalf of the CENTER shall be limited to insurance coverage provided.

APPLICANT and any Subcontractors are responsible for all damage to their own equipment and/or property.

### **INDEMNIFICATION REQUIREMENTS**

If selected to provide the services described in this RFA, APPLICANT shall be required to comply with the Indemnification requirements set forth below. The Indemnification is non-negotiable and should be adhered to; however, if the APPLICANT proposes modifications to the Indemnification language, the CENTER reserves the right to accept or reject

the revised Indemnification. It is the CENTER'S intent to evaluate applications, in order to achieve the best value for CENTER employees and operations.

## **INDEMNIFICATION**

**APPLICANT covenants and agrees to FULLY INDEMNIFY, DEFEND and HOLD HARMLESS, the CENTER and the employees, officers, trustees, volunteers and representatives of the CENTER, individually and collectively, from and against any and all costs, claims, liens, damages, losses, expenses, fees, fines, penalties, proceedings, actions, demands, causes of action, liability and suits of any kind and nature, including but not limited to, personal or bodily injury, death and property damage, made upon the CENTER directly or indirectly arising out of, resulting from or related to APPLICANT'S activities under this contract, including any acts or omissions of APPLICANT, any agent, officer, trustees, representative, employee, APPLICANT or subcontractor of APPLICANT, and their respective officers, agents employees, directors and representatives while in the exercise of the rights or performance of the duties under this contract. The indemnity provided for in this paragraph shall not apply to any liability resulting from the negligence of CENTER, its officers or employees, in instances where such negligence causes personal injury, death, or property damage. IN THE EVENT APPLICANT AND CENTER ARE FOUND JOINTLY LIABLE BY A COURT OF COMPETENT JURISDICTION, LIABILITY SHALL BE APPORTIONED COMPARATIVELY IN ACCORDANCE WITH THE LAWS FOR THE STATE OF TEXAS, WITHOUT, HOWEVER, WAIVING ANY GOVERNMENTAL IMMUNITY AVAILABLE TO THE CENTER UNDER TEXAS LAW AND WITHOUT WAIVING ANY DEFENSES OF THE PARTIES UNDER TEXAS LAW.**

The provisions of this INDEMNITY are solely for the benefit of the parties hereto and not intended to create or grant any rights, contractual or otherwise, to any other person or entity. APPLICANT shall advise the CENTER in writing within 24 hours of any claim or demand against the CENTER or APPLICANT known to APPLICANT related to or arising out of APPLICANT'S activities under the contract and shall see to the investigation and defense of such claim or demand at APPLICANT'S cost. The CENTER shall have the right, at its option and at its own expense, to participate in such defense without relieving APPLICANT of any of its obligations under this paragraph.

012 - RFA ATTACHMENTS

RFA ATTACHMENT A, PART ONE

GENERAL INFORMATION FORM

1. **APPLICANT Information:** Provide the following information regarding the APPLICANT.  
Please tell us about your Business. If your Business is affiliated with a large firm that includes multiple teams around the country, please tell us about your local team/operation.

APPLICANT Name: \_\_\_\_\_  
(NOTE: Give exact legal name as it will appear on the contract, if awarded.)

Doing Business As: (other business name, if applicable): \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Fax No.: \_\_\_\_\_

Website address: \_\_\_\_\_

Year established: \_\_\_\_\_

Provide the number of years in business under present name: \_\_\_\_\_

Social Security Number or Federal Employer Identification Number: \_\_\_\_\_

Texas Comptroller's Taxpayer Number, if applicable: \_\_\_\_\_  
(NOTE: This 11-digit number is sometimes referred to as the Comptroller's TIN or TID.)

UEI NUMBER: \_\_\_\_\_

Is Business a certified HUB, SBE, M/WBE, or VBE? Yes No (If yes, attach all applicable current certifications.)

Business Structure: Check the box that indicates the business structure of the APPLICANT.

Individual or Sole Proprietorship If checked, list Assumed Name, if any: \_\_\_\_\_

Partnership

Corporation If checked, check one:  For-Profit  Nonprofit

Also, check one:  Domestic  Foreign

Other If checked, list business structure: \_\_\_\_\_

List the name and business address of each person or legal entity, which has a 10% or more ownership or control interest in the Business (attach additional pages as necessary).

\_\_\_\_\_  
\_\_\_\_\_

Printed Name of Contract Signatory: \_\_\_\_\_

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

Provide any other names under which APPLICANT has operated within the last 10 years and length of time under for each:

\_\_\_\_\_  
\_\_\_\_\_

Provide address of office from which this project would be managed:

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No: \_\_\_\_\_

Total Number of Employees: \_\_\_\_\_

Total Number of Current Clients/Customers: \_\_\_\_\_

**2. Contact Information:** List the one person who the CENTER may contact concerning your application or setting dates for meetings.

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

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Fax No: \_\_\_\_\_

Email: \_\_\_\_\_

**3.** Does APPLICANT anticipate any mergers, transfer of organization ownership, management reorganization, or departure of key personnel within the next twelve (12) months?

Yes  No

List the name(s) and business address(es) of each person or legal entity which has a stake of ownership in the Business. (attach additional pages if necessary).

\_\_\_\_\_  
\_\_\_\_\_

**4.** Is APPLICANT authorized and/or licensed to do business in Texas?

Yes  No If "Yes", list authorizations/licenses.

\_\_\_\_\_  
\_\_\_\_\_

**5.** Where is the APPLICANT'S corporate headquarters located?

\_\_\_\_\_

**6. Local/County Operation:** Does the APPLICANT have an office located in San Antonio, Texas?

Yes  No If "Yes", respond to a and b below:

a. How long has the APPLICANT conducted business from its San Antonio office?

Years \_\_\_\_\_ Months \_\_\_\_\_

b. State the number of full-time employees at the San Antonio office.

If "No", indicate if APPLICANT has an office located within Bexar County, Texas:

Yes  No If "Yes", respond to c and d below:

c. How long has the APPLICANT conducted business from its Bexar County office?

Years \_\_\_\_\_ Months \_\_\_\_\_

d. State the number of full-time employees at the Bexar County office. \_\_\_\_\_

**7. Debarment/Suspension Information:** Has the APPLICANT or any of its principals been debarred or suspended from contracting with any public entity?

Yes  No If "Yes", identify the public entity and the name and current phone number of a representative of the public entity familiar with the debarment or suspension, and state the reason for or circumstances surrounding the debarment or suspension, including but not limited to the period of time for such debarment or suspension.

---

---

Are there any proceedings relating to the Business' responsibility, debarment, suspension, voluntary exclusion or qualification to receive a public contract?  Yes  No

If "Yes", state the name of the individual, organization contracted with and reason for proceedings.

---

---

Has the APPLICANT had any validated client abuse, neglect, exploitation or other rights violations claims in the last seven (7) years?  Yes  No

If so, explain in detail, without disclosing client identifying information. Describe or attach any policies and procedures regarding consumer abuse, consumer neglect, or rights violations and the training of staff on these issues. If attaching policies and procedures and description, label as **Exhibit I**

Has APPLICANT been convicted of any criminal offense described in 26 Texas Administrative Code, Part 1, Chapter 301, Subchapter B, Rule 301.57 (g)?  Yes  No (If yes, provide details labeled **Exhibit II**)

Identify any lawsuits or other litigation involving clinical services to which APPLICANT has been a party during the last five (5) years. Provide details on any judgments or settlements obtained against APPLICANT. Label **Exhibit III**

Has APPLICANT been removed, denied, or barred from any Managed Care Provider list or by other insurance payor?  Yes  No If yes, provide details labeled **Exhibit IV**

Has APPLICANT Medicaid Provider number(s) have ever been suspended or revoked.  Yes  No If "yes", explain in **Exhibit V (if applicable)**

Has APPLICANT had a license or accreditation revoked by any state, federal, or CENTER or licensing agency within the last five (5) years.  Yes  No If "yes", provide detailed information labeled **Exhibit VI**

**8. Surety Information:** Has the APPLICANT ever had a bond or surety canceled or forfeited?

Yes  No If "Yes", state the name of the bonding company, date, amount of bond and reason for such cancellation or forfeiture.

---

---

**9. Bankruptcy Information:** Has the APPLICANT ever been declared bankrupt or filed for protection from creditors under state or federal proceedings?

Yes  No If "Yes", state the date, court, jurisdiction, cause number, amount of liabilities and amount of assets (attach additional pages as necessary).

---

---

**10. Disciplinary Action:** Has the APPLICANT ever received any disciplinary action, or any pending disciplinary action, from any regulatory bodies or professional organizations?

Yes  No If "Yes", state the name of the regulatory body or professional organization, date and reason for disciplinary or impending disciplinary action.

---

---

**11. Previous Contracts:**

a. Has the APPLICANT ever failed to complete any contract awarded?

Yes  No If "Yes", state the name of the organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

---

---

b. Has any officer or partner proposed for this assignment ever been an officer or partner of some other organization that failed to complete a contract?

Yes  No If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

---

---

c. Has any officer or partner proposed for this assignment ever failed to complete a contract handled in his or her own name?

Yes  No If "Yes", state the name of the individual, organization contracted with, services contracted, date, contract amount and reason for failing to complete the contract.

---

---

d. Have liquidated damages or penalty provisions been assessed against the Business for failure to complete the work on time or for any other reason?  Yes  No

**12. CENTER Employment.** Is APPLICANT currently employed/contracted by CENTER?

Yes  No

If yes, has APPLICANT been employed/contracted by CENTER in the past two (2) years?  Yes  No

If yes, whom and in what role(s) was the APPLICANT employed/contracted by CENTER (list name, CENTER title, dates of employment and current title):

---

---

---

**13. Background Checks:** Has the APPLICANT completed criminal history background checks on all current employees?

Yes  No  Applying as an Individual and will provide evidence of background check clearance

## REFERENCES

Provide three (3) references, that APPLICANT has provided services related to the RFA Scope of Services within the past three (3) years. The contact person named should be familiar with the day-to-day management of the contract and be willing to respond to questions regarding the type, level, and quality of service provided. **Upon submission, references are considered proprietary and confidential information.**

### Reference No. 1:

Firm/Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date and Type of Service(s) Provided: \_\_\_\_\_

\_\_\_\_\_

### Reference No. 2:

Firm/Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date and Type of Service(s) Provided: \_\_\_\_\_

\_\_\_\_\_

### Reference No. 3:

Firm/Company Name \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone No. \_\_\_\_\_ Email: \_\_\_\_\_

Date and Type of Service(s) Provided: \_\_\_\_\_

\_\_\_\_\_

## **RFA ATTACHMENT A, PART TWO**

### **EXPERIENCE, BACKGROUND, QUALIFICATIONS**

Prepare and submit narrative responses to address the following items. If APPLICANT is proposing as a team or joint venture, provide the same information for each member of the team or joint venture.

1. Describe APPLICANT'S history, evidencing its strengths and stability, including number of years in business, licensing information (if applicable), number of years providing the type of proposed service, existing consumer satisfaction data, number of consumers in Texas and areas covered in Texas.
2. Describe APPLICANT'S experience relevant to the Scope of Services requested by this RFA. List and describe relevant projects of similar size and scope performed over the past four years.
3. Describe APPLICANT'S specific experience with consumers, especially large organizations with multiple locations. If APPLICANT has provided services for the CENTER in the past, identify the name of the contract and service provided.
4. List other resources that will be made available to the CENTER.
5. Please feel free to include any additional skills, experiences, qualifications, and/or other relevant information about the APPLICANT'S qualifications.
6. List all licenses, credentials, certifications, and/or accreditations the APPLICANT currently holds.

## **RFA ATTACHMENT A, PART THREE**

### **PROPOSED PLAN**

Prepare and submit the following items. All questions must be answered.

1. Describe the APPLICANT'S services offered in detail.
2. Describe the APPLICANT'S experience in psychiatric/psychological services, working within multi-disciplinary teams and providing care in an integrated system.
3. Describe the APPLICANT'S experience in working with persons with mental illness and related conditions over the last five years.
4. Describe the APPLICANT'S experience in working with persons with justice-involvement and the court system.
5. Describe the credentials held by APPLICANT and ability to maintain credentials and mandatory training requirements to ensure compliance with all State regulations and CHCS policies.
6. Describe the APPLICANT'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.
7. Describe the APPLICANT'S ability to work with persons with physical impairments and adaptive equipment.
8. Describe APPLICANT'S experience in community behavioral healthcare.

**RFA ATTACHMENT B**

**PRICE SCHEDULE**

NOTE: The CENTER does not pay sales or use tax, and such taxes cannot be passed on to the CENTER in any form.

<b>Service</b>	<b>Hourly Rate</b>
On-Site Physician Services	\$150.00

**RATE AND METHOD OF PAYMENT**

APPLICANT agrees to accept the rate listed as payment in full for services rendered to the CENTER.

The Hourly Rate set forth above for the services to be provided by APPLICANT is inclusive of all services described in the Scope of Services for which the APPLICANT is submitting this response.

**RFA ATTACHMENT C**  
**CONFLICTS OF INTEREST**  
**STATEMENT**

**Select and sign only one scenario below.**

If no actual or potential Conflict(s) of Interest are known:

I, \_\_\_\_\_, on behalf of \_\_\_\_\_,  
Name of Contract Signatory
Applicant Name  
 (hereinafter, "CONTRACTOR"), as the duly authorized representative, hereby declare that to the best of my knowledge, there is no direct, indirect or potential conflict(s) of interest related to the subject matter of this Contract. If any such conflict arises in the performance of this contract, CONTRACTOR will within two (2) business days disclose it to the relevant parties and submit an updated Conflict of Interest Disclosure Statement to the CENTER within those two (2) business days.

\_\_\_\_\_  
 Signature of Owner (Owner, CEO, President  
 Majority Stockholder, or Designated Representative)

\_\_\_\_\_  
 Date

If actual or potential Conflict(s) of Interest are known to exist or are anticipated:

I, \_\_\_\_\_, on behalf of \_\_\_\_\_,  
Name of Contract Signatory
Applicant Name  
 (hereinafter, "CONTRACTOR"), as the duly authorized representative, have identified the following actual or potential Conflict(s) of Interest, known to exist or anticipated, whereby CONTRACTOR, or any other family member of CONTRACTOR within second degree of blood or marriage, may have with any entity or individual affiliated with the CENTER. Conflict(s) of Interest may include, but are not limited to, scenarios of potential financial gain, nepotism, possible hinderance of completion of CENTER-contracted services, etc.

Affiliated Entity or Individual	Services Covered by Agreement	Effective Term of Agreement

If changes occur to the above disclosed list of agreements, CONTRACTOR shall submit an updated Conflict of Interest Disclosure Statement within two (2) business days of becoming aware of such change.

\_\_\_\_\_  
 Signature of Owner (Owner, CEO, President  
 Majority Stockholder, or Designated Representative)

\_\_\_\_\_  
 Date

**RFA ATTACHMENT D**

**SIGNATURE PAGE**

I, individually and on behalf of the business named above, do by my signature below certify that the information provided in this questionnaire is true and correct and I am authorized to bind the APPLICANT contractually. I understand that if the information provided herein contains any false statements or any misrepresentations: 1) The CENTER will have the grounds to terminate any or all contracts which the CENTER has or may have with the business; 2) The CENTER may disqualify the business named above from consideration for contracts and may remove the business from the CENTER'S bidders list; or/and 3) The CENTER may have grounds for initiating legal action under federal, state, or local law. The signatory below is

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature of Owner  
(Owner, CEO, President, Majority Stockholder or Designated Representative)

\_\_\_\_\_  
Date

**RFA ATTACHMENT E**  
**APPLICATION CHECKLIST**

Use this checklist to ensure that all required documents have been included in the application and appear in the correct order.

Document	Initial to Indicate Document is Attached to Application
Table of Contents	
Executive Summary	
*Assurances Page	
General Information and References RFA Attachment A, Part One	
Experience, Background & Qualifications RFA Attachment A, Part Two	
Proposed Plan RFA Attachment A, Part Three	
Conflicts of Interest Statement RFA Attachment C	
Proof of Insurability - Submit Copy of Current Certificate of Insurance	
*Signature Page RFA Attachment D	
Application Checklist RFA Attachment E	
One (1) Original, (5) copies and one (1) USB with entire application in Microsoft Word or PDF format	

***\*Documents marked with an asterisk on this checklist require a signature. Be sure they are signed prior to submitting application.***