

Inpatient Psychiatric Beds

Open Enrollment Number: **#2025-01**



PECAN VALLEY CENTERS
FOR BEHAVIORAL & DEVELOPMENTAL HEALTHCARE

Open Enrollment

Open Enrollment (#2025-01)

Community Psychiatric Hospital Beds

November 1, 2024

Pecan Valley Centers

Attn: Sunny Armstrong
2101 W. Pearl Street
Granbury, TX 76048

sarmstrong@pecanvalley.org

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1. GENERAL INFORMATION

1.1. Scope

Pecan Valley Centers, a community MHMR center and a governmental unit of the State of Texas under the provisions of Vernon's Texas Codes Annotated, Health and Safety Code, Section 534 et seq., is seeking to contract with experienced providers for the purpose of providing Community Psychiatric Hospital Beds to eligible residents, in an effective, cost-efficient, and quality manner in accordance with state requirements and community standards.

Notice is hereby given that Pecan Valley Centers will receive proposals from providers interested in offering Community Psychiatric Hospital Beds.

1.2. Point of Contact

Pecan Valley Centers Point of Contact for inquiries concerning this open enrollment until the completion of the initial Application screening is:

Sunny Armstrong
Contract Manager
2101 W. Pearl Street
Granbury, Texas 76048
contracts@pecanvalley.org

Applicant must direct all open enrollment communications relating to this open enrollment to the Pecan Valley Centers Point of Contact named above unless specifically instructed to an alternate Contact by Pecan Valley Centers Point of Contact. Failure to comply with these requirements may result in application disqualification.

An alternate contact will be provided to applicants by email upon completion of the initial screening conducted by the Pecan Valley Centers Point of Contact.

1.3. Open Enrollment Schedule

All dates are subject to change at Pecan Valley Centers discretion. Applications must be received by the Pecan Valley Centers Point of Contact identified in subsection 1.2 by the enrollment closing period provided in the Procurement Schedule below. Late applications will be deemed non-responsive and will not be considered.

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Open Enrollment Schedule	
Open Enrollment Period Opens	November 1, 2024
Open Enrollment Period Closes	January 15, 2025
Pecan Valley Centers Post Awards to Pecan Valley Centers website.	<i>As contracts are executed</i>
Anticipated Contract Start Date	<i>Approximately Forty-Five Days (45) after completing the enrollment process.</i>

1.4. Background

Background and Project Overview

1.4.1. Overview

Pecan Valley Centers invites qualified Provider(s) to submit proposals for child and adult psychiatric inpatient beds. Vendors must be able to provide the following services: 24 hours a day, 365 days a year, inpatient bed day cost to include food; psychiatric medications; appropriate labs; psychiatric provider and nursing follow-up; therapeutic interventions; and coordination of services. Services will be procured on a case-by-case basis for a contracted period ending on August 31, 2024, with additional contract renewals at the sole option of Pecan Valley Centers.

1.4.2. Project Overview

Community Psychiatric Hospital Beds

1. Child & Adult Psychiatric Inpatient Beds
2. Hospital must be a licensed psychiatric hospital.
3. Hospital shall advise Pecan Valley Centers of availability of beds under this contract within two (2) hours of initial request.
4. Hospital shall be staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis.
5. Hospital shall serve individuals who present through the civil commitment process initiated by Pecan Valley Centers.

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6. Hospital shall initiate triage and screening of all Pecan Valley Centers' civil commitments brought in by local law enforcement within 30 minutes of arrival. Local law enforcement must be dismissed immediately after the initiation of the triage and screening. If unable to initiate the triage and screening within 30 minutes of arrival, Hospital will provide its own security personnel/law enforcement to assume responsibility for the Emergency Detention and release local law enforcement to return to duty.

7. Hospital shall obtain written prior authorization from Pecan Valley Centers for services. An individual is not eligible for admission to the Hospital if the individual is adjudicated incompetent to stand trial pursuant to Texas Code of Criminal Procedure, Article 46B.073(d), Article 46B.080, or Article 46B.102, or if pending charges make the individual eligible for maximum security admission pursuant to Texas Code of Criminal Procedure, Article 46B.073(c) or Article 46B.104.

8. Hospital shall provide all demographic information (name/social security number/date of birth/etc.) about admission to Pecan Valley Centers Continuity of Care (COC) Specialist within 24 hours of admission including all diagnosis ICD-10 codes so beds can be reported to HHSC daily.

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9. Hospital shall cover the cost of all medical care and treatment including the cost of psychiatric and provider services and all non-prescription and prescription medications incurred by or on behalf of individuals admitted. This includes all on-site medical care and treatment, as well as all outside medical care and treatment, emergency room and hospitalization costs, as well as any and all charges by specialists, consultants, and laboratories, incurred by or on behalf of individuals admitted. No additional funds will be made available for this purpose.
10. Hospital agrees to a standard initial authorization of three (3) days. Any exception or extension to the three (3) day standard must be authorized in writing by Pecan Valley Centers.
- 11. Only individuals assessed and authorized for admission by Pecan Valley Centers will be reimbursed under this contract.**
12. Hospital shall submit written reauthorization requests during normal business hours (not after hours, holidays or weekends) to Pecan Valley Centers Continuity of Care (COC) within twenty-four (24) hours of prior authorization's expiration. Documentation will be required demonstrating why the reauthorization is clinically required.
13. Hospital shall provide services in accordance with community standards, Pecan Valley Centers Utilization Management/Quality Management guidelines, and the Statement of Work. (See Section 3 – Statement of Work)
14. Hospital shall submit incident reports of deaths and AMAs (Against Medical Advice) to Pecan Valley Centers UM Manager within twenty-four (24) hours of the incident.
15. Hospital shall cooperate and work closely with Pecan Valley Centers COC (Continuity of Care) Specialist in regard to utilization management of beds under this agreement.
16. Hospital shall ensure maximal continuity of care of hospital providers for individuals utilizing this contract, especially for readmits within ninety (90) days of discharge.
17. Hospital shall provide a prescription for discharge medications for at least 30 days or until provider appointment(s) can be arranged with Pecan Valley Centers outpatient clinic or other provider(s). This prescription must follow the Pecan Valley Centers approved drug formulary (will be provided at the time of award or can be requested by the responder) and be consistent with accepted standards of polypharmacy practices.
18. Hospital shall provide transportation to North Texas State Hospital for individuals transferring to a higher level of care and transportation to Pecan Valley Centers' sites for individuals discharging to a lower level of care.

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19. Hospital shall provide discharge summary upon scheduling of discharge appointment with Pecan Valley Centers' COC Specialist. All individuals must have a discharge appointment with Pecan Valley Centers' or contracted Pecan Valley Centers' provider prior to discharge. Discharge planning between the Hospital and Pecan Valley Centers' COC staff must occur prior to discharge for any individual.
20. Hospital shall provide Pecan Valley Centers with evidence that it maintains, throughout the term of the Contract, a license as a private psychiatric hospital in accordance with Chapter 577 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 134, concerning Private Psychiatric Hospitals and Crisis Stabilization Units, or a General or Special Hospital in accordance with Chapter 241 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 133, concerning Hospital Licensing.
21. Hospital shall provide Pecan Valley Centers with evidence that it maintains its accreditation with The Joint Commission (TJC), or other accrediting body granted deeming authority by the Centers for Medicare and Medicaid Services (CMS), as a hospital throughout the term of the Contract.
22. Hospital shall notify Pecan Valley Centers of regulatory reviews/audits and make those findings available to Pecan Valley Centers.
23. Hospital shall notify Pecan Valley Centers of any investigations that puts the hospital's license or certification in jeopardy by the next business day, but no later than 48 hours from the occurrence or receipt of notification of investigation.
24. Hospital shall provide Disaster Services as specified in the Performance Contract between HHSC and Pecan Valley Centers in the event of an emergency. (See reference below)

<https://www.hhs.texas.gov/providers/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts>
25. Hospital shall notify Pecan Valley Centers no later than ninety (90) days prior to discontinuing the provision of inpatient mental health services at the Hospital.
26. Invoices must be submitted to accountspayable@pecanvalley.org on a monthly basis by the eighth (8th) calendar day following the month of service.

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2. ELIGIBLE APPLICANTS

To be eligible to apply for a Contract and receive an award through this open enrollment, Applicants shall:

- 2.1.1. Be an Entity free to participate in state contracts and not be debarred by the Texas Comptroller of Public Accounts:
<https://comptroller.texas.gov/purchasing/programs/vendor-performance-tracking/debarred-vendors.php>
- 2.1.2. Be free to participate in federal contracts with the System of Award Management (SAM). Applicant is ineligible to apply for funds under this Open Enrollment (OE) if currently debarred, suspended, or otherwise excluded or ineligible for participation in Federal or State assistance programs. Search the federal excluded list at the following website: <https://www.sam.gov/SAM/>
- 2.1.3. Be free of exclusions with the US Department of Health and Human Services, Office of Inspector General. <https://exclusions.oig.hhs.gov/>
- 2.1.4. Be free from negative reports in the Vendor Performance Tracking System on the Centralized Master Bidders List (CMBL):
<https://mycpa.cpa.state.tx.us/tpasscmbsearch/index.jsp>;
- 2.1.5. Applicant must have a principal place of business in the State of Texas. A post office box may be used when the Open Enrollment application is submitted, but the applicant must conduct business at a physical location in the service area prior to the date that the Contract is awarded; and
- 2.1.6. Have proof of general liability insurance, at the time of application and submit with the application.

2.2. Initial Compliance Screening

Pecan Valley Centers will perform an initial screening of all applications received. Unsigned applications, applications with spelling and/or grammatical errors (e.g., error count greater than ten (10), applications containing white-out, and applications that do not include all required forms and sections are subject to rejection without further evaluation.

If the application passes the initial screening, the contract manager will contact the Applicant for further instructions or actions.

2.3. Unresponsive Applications

Unless Applicant has taken action to withdraw the application for this open enrollment, an application will be considered unresponsive and will not be considered further when any of the following conditions occurs:

- 2.3.1. The Applicant fails to meet major open enrollment specifications, including:

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- 2.3.1.1. The Applicant fails to submit the required application, supporting documentation, or forms.
- 2.3.1.2. Applicant does not accept the payment rate established in this open enrollment.
- 2.3.2. The Application is not signed.
- 2.3.3. The Applicant's response is not clearly legible. Typewritten is preferred.
- 2.3.4. The Application is not received by the closing of the open enrollment period provided in subsection 1.3 of this open enrollment.
- 2.3.5. The Applicant is late or fails to respond and submit requested documents within ten (10) business days.

2.4. Corrections to Application

Applicants have the right to amend their application at any time prior to an unresponsive decision or Contract award decision by submitting a written amendment to the Pecan Valley Centers Point of Contact, as designated in subsection 1.2. Pecan Valley Centers may request modifications to the application at any time.

2.5. Review and Validation of Applications

The Applicant must provide full, accurate, and complete information as required by this open enrollment.

As part of the application review process, Pecan Valley Centers staff may validate any aspect of the application. Validation may consist of a desk review, on-site visit, review of records and any other source of information available to the public.

- 2.5.1. The Desk Review will include, but is not limited to, the review and verification of:
 - 2.5.1.1. Compliance with OE instructions and submission of all applicable documentation outlined on the OE Application Checklist (Form B); and
 - 2.5.1.2. Registration on the Office of the Inspector General's List of Excluded Individuals / Entities available at <http://exclusions.oig.hhs.gov>.
- 2.5.2. The On-Site Review will include, but is not limited to, the review and verification of:
 - 2.5.2.1. Information provided as a part of the OE Application;
 - 2.5.2.2. Policies and Procedures Manuals or Operational Handbooks;
 - 2.5.2.3. Entity licensing, credentialing, and personnel files including review of any subcontractor agreements;

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2.5.2.4. Organizational or facility environment;

2.5.2.5. Client record keeping practices, by reviewing an existing client record;

Applications received, screened, and determined not to meet all of the eligibility requirements may be provided technical assistance if additional information is necessary in order for Pecan Valley Centers to make a final determination on the application.

An applicant is not eligible to apply unless the applicant meets the eligibility requirements as stated above at the time the Open Enrollment application is submitted. An applicant must continue to meet these conditions throughout the selection process and the term of the Contract. Pecan Valley Centers expressly reserves the right to review and analyze the documentation submitted and to request additional documentation to determine the applicant's eligibility for the contract award.

Respondents that are unsuccessful in three attempts to submit a complete and acceptable application will be restricted from reapplying for six months from the date of the last rejected application.

2.6. Strategic Elements

2.6.1. Contract Contingencies

This Contract is contingent upon the availability of funding. If funds become unavailable through lack of appropriations, budget cuts, transfer of funds between programs or Health and Human Services agencies, amendment of the Appropriations Act, Health and Human Services agency consolidation, or any other disruptions of current appropriated funding for this Contract, Pecan Valley Centers may restrict, reduce, or terminate funding under this Contract. Notice of any restriction or reduction shall include instructions and detailed information on how Pecan Valley Centers shall fund the services and/or goods to be procured with the restricted or reduced funds.

2.6.2. Use of Funds

Contracts will be awarded for the purpose specifically defined in this OE and must not be used for any other purposes. Pecan Valley Centers will review applications in the order in which they are received on a first-come, first-served basis.

Pecan Valley Centers does not guarantee a minimum amount to be paid to a contractor pursuant to a Contract awarded through this open enrollment.

2.6.3. Contract Elements

The term "Contract" means the Contract awarded as a result of this enrollment and all exhibits thereto. At a minimum, the following documents will be incorporated into the Contract: this enrollment and all attachments and exhibits; any modifications, addendum or amendments issued in conjunction with this enrollment; HHSC's Uniform Terms and Conditions (UTCs), Version 2.13; the Data Use Agreement for Contractors who access

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agency confidential information and who are not exempt:

<https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/providers/long-term-care/nf/data-use-agreement.pdf>); and the successful applicant's application.

2.6.4. Contracting with Subcontractors is not permitted.

2.7. Amendments and Announcements Regarding this Open Enrollment

Pecan Valley Centers will post all official communication regarding this open enrollment on the Pecan Valley Centers website. Pecan Valley Centers reserves the right to revise the open enrollment at any time and to make unilateral amendments to correct grammar, organization and clerical errors. It is the responsibility of each applicant to comply with any changes, amendments, or clarifications posted to the Pecan Valley Centers website. Applicant must check Pecan Valley Centers website frequently for changes and notices of matters affecting this open enrollment.

Applicant's failure to periodically check Pecan Valley Centers website will in no way release the applicant from "addenda or additional information" resulting in additional costs to meet the requirements of the open enrollment.

All questions and comments regarding this open enrollment should be sent to the Pecan Valley Centers Point of Contact identified in subsection 1.2. Questions must reference the appropriate page and section number. Pecan Valley Centers will post subsequent answers to questions to the Pecan Valley Centers website as appropriate. Pecan Valley Centers reserves the right to amend answers prior to the open enrollment closing date.

Applicants should notify Pecan Valley Centers of any ambiguity, conflict, discrepancy, omission or other error in the open enrollment.

2.8. Delivery of Notices

Any notice required or permitted under this announcement by one party to the other party must be in writing and correspond with the contact information noted in subsection 1.2 of this open enrollment. At all times, applicant will maintain and monitor at least one active email address for the receipt of application-related communications from Pecan Valley Centers. It is the applicant's responsibility to monitor this email address for application-related information.

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3. STATEMENT OF WORK

3.1. Program Purpose

STATEMENT OF WORK:

COMPLIANCE WITH APPLICABLE LAW:

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

1. The provision of inpatient mental health services, including, but not limited to:
 - a. Emergency Medical Treatment and Labor Act of 1986
 - b. Texas Health and Safety Code Chapters 241, 571, 575, 576, and 577
 - c. Title 25 Texas Administrative Code:
 - 1) Chapter 133 (relating to Hospital Licensing)
 - 2) Chapter 134 (relating to Private Psychiatric Hospitals and Crisis Stabilization Units)
 - 3) Chapter 404, Subchapter E (relating to Rights of Persons Receiving Mental Health Services)
 - 4) Chapter 405, Subchapter E (relating to Electroconvulsive Therapy)
 - 5) Chapter 411, Subchapter J (relating to Standards of Care and Treatment in Psychiatric Hospitals)
 - 6) Chapter 414, Subchapter I (relating to Consent to Treatment with Psychoactive Medication – Mental Health Services)
 - 7) Chapter 415, Subchapter F (relating to Interventions in Mental Health Programs).
2. Medications and medication-related services provided to patients served under this Scope of Work as specified in Title 25 Texas Administrative Code, Chapter 415 C (relating to Use and Maintenance of TDMHMR Drug Formulary)
3. In addition to the reporting requirements outlined in Title 25 Texas Administrative Code Chapter 134 (relating to Private Psychiatric Hospitals and Crisis Stabilization Units), Pecan Valley Centers shall report the investigation disposition of all reports of death, abuse, neglect, exploitation, or illegal, unethical or unprofessional conduct using Report of Outcome of Investigation of Death, Abuse, Neglect, Exploitation, or Illegal, Unethical or Unprofessional Conduct Form.

OVERSIGHT REQUIREMENTS:

Pecan Valley Centers shall:

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

DATA COLLECTION AND REPORTING: Hospital shall collect data and other information that is sufficient to report on the indicators identified in Performance Indicators

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in accordance with the schedule outlined in Performance Indicators.

ADMISSION, CONTINUITY OF CARE, AND DISCHARGE REQUIREMENTS:

1. Hospital shall provide a full array of services that comply with the following principles for treatment:
 - a. Apply the Appropriate-Use and Medical Clearance criteria outlined below:
 - 1) Individuals under consideration for referral to the Hospital must meet the criteria in the Texas Health and Safety Code Chapters 571-576 applicable to voluntary admission or the civil commitment process.
 - 2) Acute and Chronic Medical Condition Criteria: The presence of any of the following represent acute or chronic medical conditions that the Hospital does not have the capability to treat and so, in accordance with the Emergency Medical Treatment & Labor Act (EMTALA) and state law, the Hospital will provide evaluation and treatment within its capability to stabilize the person and will arrange for the person to be transferred to a hospital that has the capability to treat the condition:
 - a) Medical Emergency Indicators, including:
 - i. Overdose
 - ii. Chest pain
 - iii. Fluctuating consciousness
 - iv. Stab wound, bleeding, or serious injury
 - v. Seizure activity
 - vi. Complications from Diabetes
 - vii. Injured in assault or fight
 - viii. Victim of a sexual assault
 - ix. Resident of a nursing home or assisted living facility
 - b) Acute Medical Conditions, including:
 - i. Acute overdose resulting in any vital sign instability in the prior 24 hours
 - ii. Acute drug intoxication (blood alcohol level over 0.1)
 - iii. Unconscious or fluctuating consciousness
 - iv. Delirium, including substance induced syndromes
 - v. Uncontrolled seizure activity
 - vi. Recent trauma that has not received medical evaluation, including fractures, lacerations, burns, head trauma, and bleeding
 - vii. Recent assault or fight that has not received medical evaluation
 - viii. Recent sexual assault that has not received medical evaluation
 - ix. Blood pressure greater than 160/110
 - x. Pulse less than 50, or any symptomatic bradycardia, in the prior 24 hours
 - xi. Pulse greater than 120 in the prior 24 hours
 - xii. Temperature above 101° F
 - xiii. White blood count (WBC) greater than 15,000
 - xiv. Hemoglobin (HGB) less than 10

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- xv. Hematocrit (HCT) less than 30
 - xvi. Any abnormal electrolytes
 - xvii. Creatinine phosphokinase (CPK) greater than 1500 or CPK greater than 1000 with elevated temperature and muscular rigidity
 - xviii. Serum glucose below 70 or over 400 during the prior 48 hours
 - xix. Acute O2 saturation below 90%
 - xx. Chest pain
 - xxi. Shortness of breath
 - xxii. Unstable arrhythmia
 - xxiii. Pulmonary edema
 - xxiv. Acute congestive heart failure
 - xxv. Acute respiratory distress syndrome
 - xxvi. Acute asthma
 - xxvii. Acute cardiovascular accident
 - xxviii. Acute CNS trauma
 - xxix. Gastrointestinal (GI) bleeding during the prior 48 hours
 - xxx. Requires indwelling tubing (for example, a nasogastric tube)
 - xxxi. Post-op instability, demonstrated as any instability in vital signs or laboratory values in the prior 48 hours
 - xxxii. Open wounds and/or wounds requiring sterile equipment to manage.
- c) Chronic Medical Conditions, including individuals who:
- i. Require specialized cancer care, including radiation or chemotherapy
 - ii. Required medical care from a nursing home prior to admission
 - iii. Require care for decubiti – Stage 3-4
 - iv. Require blood or blood product transfusions
 - v. Require continuous oxygen, oximetry, or support equipment (CPCPs, BiPAPs, O2 concentrators)
 - vi. Are being treated for active tuberculosis (TB)
 - vii. Require isolation for the purpose of infection control
 - viii. Require on-going intravenous (IV) therapy
 - ix. Have a subclavian line, arterial line, or require hyperalimentation or total parenteral nutrition (TPN)
 - x. Require suctioning
 - xi. Require peritoneal or hemodialysis treatments
 - xii. Require complex care or sterile equipment for managing the care of wounds
 - xiii. Require tracheotomy care and have a chronic condition that causes non-ambulation to an extent to preclude the engagement in treatment programming
 - xiv. Are considered a high-risk pregnancy
 - xv. Have a multiparous pregnancy
 - xvi. Are pregnant and at 38 weeks gestation or later
- b. Effective, responsive, individualized, and least restrictive treatment
- c. Treatment and care through the development and implementation of a Comprehensive Treatment Plan and corresponding intervention(s) including but not

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limited to:

- 1) A reasonable and appropriate discharge plan that is jointly developed by Pecan Valley Centers and the Hospital; and
 - 2) Communication that will facilitate the exchange of information needed to accomplish common Utilization Management activities.
- d. Promotion of recovery, independence, and self-sufficiency
 - e. Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules
 - f. Comprehensive client/patient rights consistent with regulatory and TJC requirements
 - g. Interdisciplinary, goal-directed, and evidence-based treatment
 - h. Behavior management program
 - i. Culturally competent treatment
 - j. Telemedicine provided in accordance with applicable rules and regulations
2. Hospital shall demonstrate efforts to reduce restraint and seclusion by adopting and implementing the following restraint/seclusion reduction tools:
 - a. Using assessment tools to identify risk factors for violence and seclusion and restraint history
 - b. Using a trauma assessment
 - c. Using tools to identify persons with risk factors for death and injury
 - d. Using de-escalating or safety surveys
 - e. Making environmental changes to include comfort and sensory rooms and other meaningful clinical interventions that assist people in emotional self-management
3. Hospital shall comply with the following standards regarding Admission, Continuity of Care and Discharge:
 - a. The Hospital must not allow admissions without Pecan Valley Centers prior approval
 - b. When the Hospital admits an individual, a provider must issue and sign a written order admitting the person.
 - c. The Hospital must conduct an intake process as soon as possible, but not later than 24 hours after the individual is admitted
 - d. When the Hospital admits an individual, the Hospital must promptly notify Pecan Valley Centers of the admission and the admission status
 - e. Upon admission of an individual to the Hospital, the Hospital and Pecan Valley Centers must begin discharge planning for the individual
 - f. Discharge planning must involve the Hospital treatment team, Pecan Valley Centers liaison staff or other Pecan Valley Centers designated staff, the designated Local Intellectual and Developmental Authority (LIDDA) liaison staff, if appropriate, the individual, the individual's legally authorized representative (LAR), if any, and any other individual authorized by the person
 - g. Discharge planning must include, at a minimum, the following activities and elements:

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- 1) A determination of the following:
 - a) The amount of medication that will be provided upon discharge or transfer, and the amount of medication the individual will need after discharge or transfer until the individual is evaluated by a provider
 - b) The name of the individual or entity responsible for providing and paying for the medication needed after discharge or transfer until the individual is evaluated by a provider
- 2) Development of a transportation plan
- 3) Initial evaluation completed by the hospital, to include diagnosis rendered
- 4) Nursing notes and progress notes
- 5) If Long Acting Injectables (LAIs) are prescribed, this must be explicated and stated along with a coordinated plan for continuation after discharge

3.1.1. Program Requirements

3.1.1.1. Contract award is contingent on the ability to be a Medicaid provider.

3.1.1.2. Contractor shall have the capacity to bill Medicaid and third party payers for those individuals with insurance coverage. Funds under this open enrollment can only be used as payment of last resort which means that other applicable reimbursement resources such as other 3rd party payers must be billed first.

3.1.1.3. Contractors are required to conduct project activities in accordance with federal and state laws prohibiting discrimination. Guidance for adhering to non-discrimination requirements can be found on the Health and Human Services Commission (HHSC) Civil Rights Office website at:

<https://hhs.texas.gov/about-hhs/your-rights/civil-rights-office>

3.1.1.4. Upon request a Contractor must provide the HHSC Civil Rights Office with copies of all the Contractor's civil rights policies and procedures. Contractors must notify HHSC's Civil Rights Office of any civil rights complaints received relating to performance under the Contract no more than 10 calendar days after receipt of the complaint. Notice must be directed to:

HHSC Civil Rights Office

701 W. 51st Street, Mail Code W206

Austin, Texas 78751

Phone: (888) 388-6332 or (512) 438-4313

TTY toll-free: (877)432-7232

Fax: (512)438-5885

3.1.1.5. Contractors shall ensure that its policies do not have the effect of excluding or limiting the participation of persons in the Contractor's programs,

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benefits or activities on the basis of national origin, and must take reasonable steps to provide services and information, both orally and in writing, in appropriate languages other than English, in order to ensure that persons with limited English proficiency are effectively informed and can have meaningful access to programs, benefits, and activities.

3.1.1.6. Pecan Valley Centers reserves the right to perform a Quality Management review at Pecan Valley Centers' sole discretion.

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4. UTILIZATION AND PAYMENT

4.1. Payment

INPATIENT SERVICES (Adults):

\$720.00 per day (all-inclusive charges to the Center-includes Psychiatric professional and History and Physical, if needed) shall be the contracted rate.

A flat fee of \$50 per transport.

ARRANGEMENT FOR PAYMENT:

Charges for services performed by either the Hospital or the Center, pursuant to this Agreement, shall be collected by the performing institution.

Center agrees to reimburse the Hospital upon receipt of an itemized bill for said services, provided that the Hospital's regular billing process has been completed, including Medicare/Medicaid, Private and Third Party, and that the Center authorized such payment in writing using the Center's In-Patient Admitting form upon admission or within 72 hours of admission.

AUTHORIZATION OF DAYS: CENTER WILL ISSUE TO HOSPITAL, IN WRITING, AN INITIAL AUTHORIZATION FOR SERVICE OF 3 DAYS. SERVICE AUTHORIZATION MUST COME FROM ONE OF THE CENTER REPRESENTATIVES LISTED IN EXHIBIT E. IF ADDITIONAL DAYS ARE DETERMINED MEDICALLY NECESSARY, THESE WILL BE REQUESTED, IN WRITING, BY HOSPITAL.

REPORTING:

Hospital will provide Monthly Activity Reports to the Center.

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5. ADDITIONAL INFORMATION

By submitting an application, the applicant grants Pecan Valley Centers the right to obtain information from any lawful source regarding the applicant's, its directors', officers', and employees:

- 5.1.1. Past business history, practices, and conduct;
- 5.1.2. Ability to supply the goods and services; and
- 5.1.3. Ability to comply with Contract requirements.

By submitting an Application, an Applicant generally releases from liability and waives all claims against any party providing Pecan Valley Centers information about the Applicant. Pecan Valley Centers may take such information into consideration in screening or the validation of information on Applications or supporting documentation.

6. ATTACHMENTS AND FORMS

Applicants must complete and submit the forms in the format and order listed below.

- Form A: Face Page
- Form B: Open Enrollment Application Checklist
- Form C: Contact Person Information Form
- Form D: Applicant Readiness Documents

FORM A
Pecan Valley Centers
OPEN ENROLLMENT FORM

This form requests basic information about the applicant and project, including the signature of the authorized representative.

APPLICANT INFORMATION	
1) LEGAL NAME:	
2) MAILING Address Information (include mailing address, street, city, county, state and 9-digit zip code):	
3) PAYEE Mailing Address, including 9-digit zip code (if different from above):	
4) Federal Tax ID No. (9-digit), State of Texas Comptroller Vendor ID No. (14-digit) or if an individual, Social Security Number (9-digit) : <small>*The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.</small>	
5) TYPE OF ENTITY (check all that apply):	
<input type="checkbox"/> City <input type="checkbox"/> County <input type="checkbox"/> Other Political Subdivision <input type="checkbox"/> State Agency <input type="checkbox"/> Indian Tribe	<input type="checkbox"/> Nonprofit Organization* <input type="checkbox"/> For Profit Organization* <input type="checkbox"/> HUB Certified <input type="checkbox"/> Community-Based Organization <input type="checkbox"/> Minority Organization <input type="checkbox"/> Faith-based Organization
<input type="checkbox"/> Individual <input type="checkbox"/> FQHC <input type="checkbox"/> State Controlled Institution of Higher Learning <input type="checkbox"/> Hospital <input type="checkbox"/> Private <input type="checkbox"/> Other (specify): _____	
<small>*If incorporated, provide 10-digit charter number assigned by Secretary of State:</small>	
6) REGION and COUNTY(IES) TO BE SERVED BY THE AGENCY SITE: Refer to: Appendix A.	
7) PROJECT CONTACT PERSON	
Name: Phone: Fax: E-mail:	
I understand the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. This document has been duly authorized by the governing body of the respondent and I (the person signing below) am authorized to represent the respondent.	
8) AUTHORIZED REPRESENTATIVE	9) SIGNATURE OF AUTHORIZED REPRESENTATIVE
Name: Title: Phone: Fax: E-mail:	10) DATE

FORM A

GENERAL INSTRUCTIONS FOR THE FACE PAGE

This form provides basic information about the applicant and the proposed project with Pecan Valley Centers, including the signature of the authorized representative. It is the cover page of the enrollment application and is required to be completed. Signature affirms that the facts contained in the applicant's response are truthful and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below to complete the face page form and return with the applicant's enrollment application.

- 1) **LEGAL NAME** - Enter the legal name of the applicant.
- 2) **MAILING ADDRESS INFORMATION** - Enter the applicant's complete street and mailing address, city, county, state, and 9-digit zip code.
- 3) **PAYEE MAILING ADDRESS** - Payee – Entity involved in a contractual relationship with applicant to receive payment for services rendered by applicant and to maintain the accounting records for the contract; i.e., fiscal agent. Enter the PAYEE's name and mailing address, including 9-digit zip code, if PAYEE is different from the applicant. The PAYEE is the corporation, entity or vendor who will be receiving payments.
- 4) **FEDERAL TAX ID/STATE OF TEXAS COMPTROLLER VENDOR ID/SOCIAL SECURITY NUMBER**
- Enter the Federal Tax Identification Number (9-digit) or the Vendor Identification Number assigned by the Texas State Comptroller (14-digit). *The vendor acknowledges, understands and agrees that the vendor's choice to use a social security number as the vendor identification number for the contract, may result in the social security number being made public via state open records requests.
- 5) **TYPE OF ENTITY** - The type of entity is defined by the Secretary of State and/or the Texas State Comptroller. Check all appropriate boxes that apply.

HUB is defined as a corporation, sole proprietorship, or joint venture formed for the purpose of making a profit in which at least 51% of all classes of the shares of stock or other equitable securities are owned by one or more persons who have been historically underutilized (economically disadvantaged) because of their identification as members of certain groups: Black American, Hispanic American, Asian Pacific American, Native American, and Women. The HUB must be certified by the Texas Building and Procurement Commission or another entity.

MINORITY ORGANIZATION is defined as an organization in which the Board of Directors is made up of 50% racial or ethnic minority members.

If a Non-Profit Corporation or For-Profit Corporation, provide the 10-digit charter number assigned by the Secretary of State.

- 6) **REGION AND COUNTY(IES) SERVED BY AGENCY SITE** - Enter the region and county(ies) to be served by the agency site. Refer to Appendix A.
- 7) **PROJECT CONTACT PERSON** - Enter the name, phone, fax, and e-mail address of the person responsible for the proposed project.
- 8) **AUTHORIZED REPRESENTATIVE** - Enter the name, title, phone, fax, and e-mail address of the person authorized to represent the applicant. Check the "Check if change" box if the authorized representative is different from previous submission to System Agency.
- 9) **SIGNATURE OF AUTHORIZED REPRESENTATIVE** - The person authorized to represent the applicant must sign in this blank. An original signature is required.
- 10) **DATE** - Enter the date the authorized representative signed this form.

FORM B: Open Enrollment Application Checklist

Each Enrollment Application Must Contain the Following Items.

Each application must contain the Complete Items contained on this Checklist. List the page number of each document in your application. Beginning with the Pecan Valley Centers Open Enrollment Form (Form A), number every page of the application consecutively, in the lower right corner, indicating the total number of pages; (e.g., page 1 of 36, page 2 of 36).

Page #	Submission Requirements for All Providers
	1. Pecan Valley Centers (Form A) (Original Signature Required)
	2. Open Enrollment Application Checklist (Form B)
	3. Contact Information Form (Form C)
	4. Applicant Readiness (Form D)
	<ul style="list-style-type: none"> • Medicaid Provider Number
	<ul style="list-style-type: none"> • Proof of Insurance
	<ul style="list-style-type: none"> • Articles of Incorporation and Bylaws, including amendment, if applicable
	<ul style="list-style-type: none"> • Organizational Structure and Chart
	<ul style="list-style-type: none"> • Policies and Procedures
	<ul style="list-style-type: none"> • Audit or financial statements for the last completed fiscal year if the organization has not undergone a financial audit within the last two years.
	<ul style="list-style-type: none"> • Disclosure statements for items a – g
	5. Board Member Information, if applicable (Form E)
	6. Subcontracted Providers (Form G)
	7. Information Security and Privacy Initial Inquiry (SPI) Form, incorporated by reference and posted at: https://www.hhs.texas.gov/laws-regulations/forms/miscellaneous/hhs-information-security-privacy-initial-inquiry-spi

FORM C: CONTACT PERSON INFORMATION FORM

Legal Name of Applicant:	
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This form provides information about the appropriate contacts in the Applicant's organization in addition to those on the FACE PAGE. If any of the following information changes during the term of the contract, please send written notification to the Contract Management Unit.

Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____
Contact: _____ Title: _____ Phone: _____ Ext. _____ Fax: _____ E-mail: _____	Mailing Address (incl. street, city, county, state, & zip): _____ _____ _____

FORM D: APPLICANT READINESS

This section details the respondent's readiness as it relates to project described in this OE. **NOTE: Respondent must submit a separate and complete enrollment application and required documents for each agency site.**

Respondent Organization Name	
Region	
License Number	
Clinic's Physical Address, City, & Zip Code	
County	
System Agency Committed Capacity	
1. Provide organization's Medicaid provider number.	
2. Attach proof of General Liability insurance. General Liability insurance should provide coverage for the organization and staff on acts or omissions that are legally deemed to be negligent and that result in bodily / personal injury or property damage. Licensed professionals should also maintain Professional Liability coverage.	
3. Attach Articles of Incorporation and Bylaws, including amendment, if applicable. Organizations must be established as a legal entity under state statutes and must have the authority to do business in Texas.	
4. Provide the organization's mission or philosophy statement and describe the organizational structure. Include an organizational chart detailing oversight structure (governing body) and staff who will manage clinical services. The organizational overview cannot exceed three (3) single-sided pages, including the organization chart.	
5. Provide organizations Policies and Procedures. Topics must include, but are not limited to: <ul style="list-style-type: none"> a. Confidentiality and retention of client records; b. Provision of services / coordination of care; c. Quality and utilization management; d. Personnel recordkeeping / management; e. Critical incident reporting; f. Personnel and client safety (behavior management, seclusion and restraint); g. Personnel credentialing and training; h. Routine and emergency appointment availability; and i. Medication safety j. Please identify if applicant currently does not have the required internal policies and procedures. This will need to be completed during the review process. System Agency may request additional policies and procedures at any time during the review process. 	

k. Provide job descriptions for each position that will provide YES Waiver Services. Job descriptions must include the required staff qualifications listed in the YES Waiver Policy and Procedure Manual, available online at <https://hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/youth-empowerment-services-waiver-providers> and any other requirements determined by the organization.

6. Provide a complete copy of the most recent external organization audit, any management letter associated with the audit, and any management response. Organizations that have not undergone an audit within the last two years must submit financial statements for the last completed fiscal year to include a current balance sheet, statement of revenues and expenditures, and statement of cash flow.

An applicant may be ineligible for funding if the submitted audit reports demonstrate that the applicant may not have sufficient resources to continue to operate or material non-compliance or material weaknesses that are not satisfactorily addressed, as determined by System Agency. An applicant may be ineligible for funding if financial statements do not demonstrate financial solvency or sufficient cash balances to operate for a minimum of two months.

7. Provider disclosure statements for the following items. If nothing to disclose, submit a statement to that effect for each item a - g. Statements should be a word document and cannot exceed one (1) single-sided page for each statement.

- a. Has the applicant violated federal law in connection with any contract awarded by the federal government for relief, recovery or reconstruction efforts as a result of Hurricanes Katrina or Rita or any other disaster occurring after September 25, 2005?
- b. Has the applicant had a contract suspended or terminated, or has surrendered its license, or has had its license suspended or revoked by any local, state or federal department or agency or non-profit entity? If so, it must disclose by attaching a one page description of the reason(s) for such action that includes the name and contact information of the local, state or federal department or agency, or entity, the date of the contract and/or license action, and a contract, license or case reference number. In the event of such contract or license action, the members of an applicant's governing body, administrators, and management must submit sworn documentation demonstrating, to System Agency's satisfaction, that: (a) they were not directly involved in, aware of, or responsible for the acts or omissions that were the basis of the contract suspension or termination, or license surrender, suspension or revocation; or (b) sufficient time has passed to allow the events that led to the contract suspension or termination, or license surrender, suspension or revocation to no longer serve as the basis of denial of funding eligibility.
- c. Does the applicant have any pending or threatened litigation? This includes, but is not limited to an action, suit or proceeding before any court or governmental body, including environmental and civil rights matters and employee litigation. If so, disclosure must include the names of the parties,

nature of the litigation and remedy sought, including the amount of damages, if any.

- d. Is the applicant in good standing with the IRS and in compliance with all state and federal tax laws?
- e. Does the applicant have any indebtedness to the IRS? If so, applicant must explain the tax debt and attach proof that the applicant is currently in good standing with the IRS.
- f. Does the applicant have any related party transactions involving parties that may perform part of the work under the Contract? If so, applicant must identify the party(ies) on the organizational chart. Applicant must submit to System Agency the name, address, telephone number and email address of the related party, how the party is related to the applicant and the work the related party will perform under the Contract. A related party is a person or entity related to the applicant by blood or marriage, common ownership or any association that permits either to significantly influence or direct the actions or policies of the other. For purposes of reporting related party transactions, the applicant includes the entity applying for funding as well as the chief executive officer, chief financial officer and program director of the applicant.
- g. Has the applicant or any person who has an ownership, controlling interest in the organization, employee, or volunteer of the organization been placed on community supervision (probation or parole), received deferred adjudication or convicted of a criminal offense? This includes any felony or misdemeanor offense other than traffic fines. If so, the applicant must specify the charge, date charged, term of deferred adjudication or sentence, and disposition of charge.