## 5.1 PSYCHIATRIC SERVICES

## REQUEST FOR QUALIFICATIONS

## APPLICATION

**INSTRUCTIONS**

* + 1. Application must be completed and signed in Section 6 (Certification) for it to be accepted by DFPS.
		2. Applicant will submit Application and all required documents in the format and order described in Appendix A to the Point of Contact in Request for Qualifications (RFQ) Section 1.2.
		3. If DFPS has difficulty accessing the Applicant’s documents, the Applicant will be required to re-submit documents as directed by DFPS.

1. **APPLICANT INFORMATION**

|  |  |
| --- | --- |
| Legal Name of Applicant/Entity |       |
| Office Address |       |
| City, State, Zip |       |
| Mailing Address |       |
| City, State, Zip |       |
| Phone |       |

|  |  |
| --- | --- |
| Vendor ID Number:       | Federal ID Number – If different from Vendor ID:Applicant:       Parent Organization:       |

|  |
| --- |
| Doing Business As Name (DBA) or Parent Organization – If different from Legal Name above:      Attach a copy of Assumed Name Certificate   If an Applicant has a Parent Organization, attach a copy of the agreement between the Applicant and the Parent Organization |

|  |
| --- |
| Type of Applicant – Check appropriate box(es) and attach documentation as indicated      |
| [ ]  Sole Proprietorship  |
| [ ]  Private Corporation [ ]  For Profit [ ]  Non-Profit | State of Incorporation:      Charter Number:      Attach a copy of Certificate of Incorporation |
| [ ]  Limited Liability Company (LLC)  | Attach a copy of the Articles of Formation |
| [ ]  Partnership [ ]  Limited [ ]  General | Attach a list of names, addresses for each partner and provide a copy of the Partnership Agreement. |
| [ ]  Governmental Entity Do you have taxing authority? [ ]  Yes [ ]  No |
| Are you a certified Texas HUB? [ ]  Yes – Attach a copy of HUB certification form. [ ]  No – Select all that apply if you fall into one or both of the categories  below: [ ]  Minority Owned Business [ ]  Woman Owned Business |

|  |
| --- |
| Person Authorized to Sign Contract:  |
| Name |       | Title |       |
| E-mail |       | Phone |       |
| Contact for Service Delivery:  |
| Name |       | Title |       |
| E-mail |       | Phone |       |
| Contact for Invoicing:  |
| Name |       | Title |       |
| E-mail |       | Phone |       |

1. **ELIGIBILITY REQUIRMENTS**

(See **Section 2.13** Service Provider Minimum Qualifications of the Contract)

* 1. Does the Service Provider(s) hold a Texas Medical Board license, that is unencumbered at the time this Application is submitted?

[ ]  Yes

[ ]  No If no, STOP – Applicant does not qualify.

* 1. Does the Service Provider(s) hold a Specialty Board Certification in Psychiatry?

[ ]  Yes If yes, attach copy of License.

[ ]  No If no, STOP – Applicant does not qualify.

1. **CONTRACTOR BACKGROUND**
	1. Does the Applicant have contracts with DFPS or other State Agencies?

[ ]  Yes [ ]  No

If yes,

Is the Applicant's organization currently under any corrective action plan for any of the contracts with DFPS or State Agencies?

[ ]  Yes [ ]  No

* 1. Have any contracts been terminated for cause in the last five (5) years?

[ ]  No [ ]  Yes (*Provide copies of termination notice*)

1. **FEE SCHEDULE: In proposing a rate, the maximum rate per hour must not exceed $300.00.**

**Note: There is no minimum amount requirement.**

|  |  |  |
| --- | --- | --- |
| **SERVICE TYPE** | **Unit of Service** | **UNIT RATE** |
| PSYCHIATRIC EVALUATION | A completed psychiatric evaluation which includes face-to-face with client; preparation of documents; testing and write-up.  | **Current Medicaid Rate** [ ]  *(check if willing to accept the Medicaid rate)* | **Proposed Rate $** ***(enter proposed rate above)*** |
| DIAGNOSTIC CONSULTATION  | \*per hour | **$** |
| COURT RELATED SERVICES | \*per hour | **$** |

1. **INSURANCE**

Review the minimum requirements in RFQ **Section 2.16** Contractor Insurance Requirements. Applicants must meet all requirements as outlined. Indicate in the table below if requirement is met:

|  |  |
| --- | --- |
| Commercial General Liability[ ] Yes [ ] No | Applicant does not have required Commercial General Liability insurance, but will obtain within the RFQ defined timeframe:[ ] Yes [ ] No |
| Professional Liability Insurance[ ] Yes [ ] No | Applicant does not have required Professional Liability Insurance, but will obtain within the RFQ defined timeframe:[ ] Yes [ ] No |

Unless the contractor is self-insured, the DFPS certificate of insurance is the only acceptable proof of insurance.

1. **SERVICE DELIVERY LOCATIONS**
2. You must determine which counties will be served and mark them in Attachment A-4 Service Delivery Areas. Contractor must provide services within each county selected.
3. Will you, your staff, or other subcontractors be delivering telehealth services in addition to in-person services? ***Note: If you elect to provide telehealth services, you must also provide in-person services in the same region(s) and counties in which you are electing to provide telehealth services.***

[ ]  Yes [ ]  No

1. **CERTIFICATION**

|  |
| --- |
| I certify that the information provided in this application is, to the best of my knowledge, complete and accurate; that the named legal entity has authorized me, as its representative, to submit this application; and that the legal entity complies with all terms of this Request for Qualifications.    |
| Signature of Authorized Representative      | Date      |
| Name of Authorized Representative (Printed)      | Title of Authorized Representative (Printed)        |



 **Attachment A-4 Service Delivery Area**

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 1** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Armstrong |  | [ ]  Hockley |
| [ ]  Bailey |  | [ ]  Hutchinson |
| [ ]  Briscoe |  | [ ]  King |
| [ ]  Carson |  | [ ]  Lamb |
| [ ]  Castro |  | [ ]  Lipscomb |
| [ ]  Childress |  | [ ] Lubbock |
| [ ]  Cochran |  | [ ]  Lynn |
| [ ]  Collingsworth |  | [ ]  Moore |
| [ ]  Crosby |  | [ ]  Motley |
| [ ]  Dallam |  | [ ]  Ochiltree |
| [ ]  Deaf Smith |  | [ ]  Oldham |
| [ ]  Dickens |  | [ ]  Parmer |
| [ ]  Donley |  | [ ]  Potter |
| [ ]  Floyd |  | [ ]  Randall |
| [ ]  Garza |  | [ ]  Roberts |
| [ ]  Gray |  | [ ]  Sherman |
| [ ]  Hale |  | [ ]  Swisher |
| [ ]  Hall |  | [ ]  Terry |
| [ ]  Hansford |  | [ ]  Wheeler |
| [ ]  Hartley |  | [ ]  Yoakum |
| [ ]  Hemphill  |  |  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 2** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Archer |  | [ ]  Kent |
| [ ]  Baylor |  | [ ]  Knox |
| [ ]  Brown |  | [ ]  Mitchell |
| [ ]  Callahan |  | [ ]  Montague |
| [ ]  Clay |  | [ ]  Nolan |
| [ ]  Coleman |  | [ ]  Runnels |
| [ ]  Comanche |  | [ ]  Scurry |
| [ ]  Cottle |  | [ ]  Shackelford |
| [ ]  Eastland |  | [ ]  Stephens |
| [ ]  Fisher |  | [ ]  Stonewall |
| [ ]  Foard |  | [ ]  Taylor |
| [ ]  Hardeman |  | [ ]  Throckmorton |
| [ ]  Haskell |  | [ ]  Wichita |
| [ ]  Jack |  | [ ]  Wilbarger |
| [ ]  Jones |  | [ ]  Young  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 3** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Collin |  | [ ]  Johnson |
| [ ]  Cooke |  | [ ]  Kaufman |
| [ ]  Dallas |  | [ ]  Navarro |
| [ ]  Denton |  | [ ]  Palo Pinto |
| [ ]  Ellis |  | [ ]  Parker |
| [ ]  Erath |  | [ ]  Rockwall |
| [ ]  Fannin |  | [ ]  Somervell |
| [ ]  Grayson |  | [ ]  Tarrant |
| [ ]  Hood |  | [ ]  Wise |
| [ ]  Hunt  |  |  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 4** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Anderson |  | [ ]  Marion |
| [ ]  Bowie |  | [ ]  Morris |
| [ ]  Camp |  | [ ]  Panola |
| [ ]  Cass |  | [ ]  Rains |
| [ ]  Cherokee |  | [ ]  Red River |
| [ ]  Delta |  | [ ]  Rusk |
| [ ]  Franklin |  | [ ]  Smith |
| [ ]  Gregg |  | [ ]  Titus |
| [ ]  Harrison |  | [ ]  Upshur |
| [ ]  Henderson |  | [ ]  Van Zandt |
| [ ]  Hopkins |  | [ ]  Wood |
| [ ]  Lamar   |  |  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 5** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Angelina |  | [ ]  Polk |
| [ ]  Hardin |  | [ ]  Sabine |
| [ ]  Houston |  | [ ]  San Augustine |
| [ ]  Jasper |  | [ ]  San Jacinto |
| [ ]  Jefferson |  | [ ]  Shelby |
| [ ]  Nacogdoches |  | [ ]  Trinity |
| [ ]  Newton |  | [ ]  Tyler |
| [ ]  Orange  |  |  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 6** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Austin |  | [ ]  Liberty |
| [ ]  Brazoria |  | [ ]  Matagorda |
| [ ]  Chambers |  | [ ]  Montgomery |
| [ ]  Colorado |  | [ ]  Walker |
| [ ]  Fort Bend |  | [ ]  Waller |
| [ ]  Galveston |  | [ ]  Wharton |
| [ ]  Harris  |  |  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 7** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Bastrop |  | [ ]  Hill |
| [ ]  Bell |  | [ ]  Lampasas |
| [ ]  Blanco |  | [ ]  Lee |
| [ ]  Bosque |  | [ ]  Leon |
| [ ]  Brazos |  | [ ]  Limestone |
| [ ]  Burleson |  | [ ]  Llano |
| [ ]  Burnet |  | [ ]  Madison |
| [ ]  Caldwell |  | [ ]  McLennan |
| [ ]  Coryell |  | [ ]  Milam |
| [ ]  Falls |  | [ ]  Mills |
| [ ]  Fayette |  | [ ]  Robertson |
| [ ]  Freestone |  | [ ]  San Saba |
| [ ]  Grimes |  | [ ]  Travis |
| [ ]  Hamilton |  | [ ]  Washington |
| [ ]  Hays |  | [ ]  Williamson  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 8** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Atascosa |  | [ ]  Karnes |
| [ ]  Bandera |  | [ ]  Kendall |
| [ ]  Bexar |  | [ ]  Kerr |
| [ ]  Calhoun |  | [ ]  Kinney |
| [ ]  Comal |  | [ ]  La Salle |
| [ ]  De Witt |  | [ ]  Lavaca |
| [ ]  Dimmit |  | [ ]  Maverick |
| [ ]  Edwards |  | [ ]  Medina |
| [ ]  Frio |  | [ ]  Real |
| [ ]  Gillespie |  | [ ]  Uvalde |
| [ ]  Goliad |  | [ ]  Val Verde |
| [ ]  Gonzales |  | [ ]  Victoria |
| [ ]  Guadalupe |  | [ ]  Wilson |
| [ ]  Jackson |  | [ ]  Zavala  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 9** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Andrews |  | [ ]  Mason |
| [ ]  Borden |  | [ ]  McCulloch |
| [ ]  Coke |  | [ ]  Menard |
| [ ]  Concho |  | [ ]  Midland |
| [ ]  Crane |  | [ ]  Pecos |
| [ ]  Crockett |  | [ ]  Reagan |
| [ ]  Dawson |  | [ ]  Reeves |
| [ ]  Ector |  | [ ]  Schleicher |
| [ ]  Gaines |  | [ ]  Sterling |
| [ ]  Glasscock |  | [ ]  Sutton |
| [ ]  Howard |  | [ ]  Terrell |
| [ ]  Irion |  | [ ]  Tom Green |
| [ ]  Kimble |  | [ ]  Upton |
| [ ]  Loving |  | [ ]  Ward |
| [ ]  Martin |  | [ ]  Winkler  |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 10** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties. |
| **Regional Counties** |
| [ ]  Brewster |  | [ ]  Hudspeth |
| [ ]  Culberson |  | [ ]  Jeff Davis |
| [ ]  El Paso |  | [ ]  Presidio   |

|  |
| --- |
| **Service Delivery Area****Counties To Be Served – Region 11** |
| Choose the counties within the Region where services will be provided. Check the box in front of the county name. Choose a single county or any combination of counties.   |
| **Regional Counties** |
| [ ]  Aransas |  | [ ]  Live Oak |
| [ ]  Bee |  | [ ]  McMullen |
| [ ]  Brooks |  | [ ]  Nueces |
| [ ]  Cameron |  | [ ]  Refugio |
| [ ]  Duval |  | [ ]  San Patricio |
| [ ]  Hidalgo |  | [ ]  Starr |
| [ ]  Jim Hogg |  | [ ]  Webb |
| [ ]  Jim Wells |  | [ ]  Willacy |
| [ ]  Kenedy |  | [ ]  Zapata |
| [ ]  Kleberg  |  |  |

**Satellite Offices** **and Additional Office Information:**

Please provide a schedule in the table(s) below indicating days and times routinely available to provide services at each service location. These represent only routine days and times. Applicant will be expected to adjust schedule to accommodate the needs of clients and DFPS. Refer to PEN Section 2.5 for additional information. Use additional copies of this section, as necessary, to provide complete information.

|  |  |
| --- | --- |
| Name of Applicant/Contractor |       |

**1.**

|  |  |
| --- | --- |
| Service Delivery Address |       |
| City, State, Zip |       |
| Phone |       | Fax |       |
| Contact Person |       | E-mail |       |

|  | **HOURS** |
| --- | --- |
| **DAY** | **From** | **To** | **From** | **To** |
| **Example** | **7 AM** | **Noon** | **2 PM** | **7 PM** |
| [ ] Monday |       |       |       |       |
| [ ] Tuesday |       |       |       |       |
| [ ] Wednesday |       |       |       |       |
| [ ] Thursday |       |       |       |       |
| [ ] Friday |       |       |       |       |
| [ ] Saturday |       |       |       |       |
| [ ] Sunday |       |       |       |       |

**2.**

|  |  |
| --- | --- |
| Service Delivery Address |       |
| City, State, Zip |       |
| Phone |       | Fax |       |
| Contact Person |       | E-mail |       |

|  | **HOURS** |
| --- | --- |
| **DAY** | **From** | **To** | **From** | **To** |
| [ ] Monday |       |       |       |       |
| [ ] Tuesday |       |       |       |       |
| [ ] Wednesday |       |       |       |       |
| [ ] Thursday |       |       |       |       |
| [ ] Friday |       |       |       |       |
| [ ] Saturday |       |       |       |       |
| [ ] Sunday |       |       |       |       |

**3.**

|  |  |
| --- | --- |
| Service Delivery Address |       |
| City, State, Zip |       |
| Phone |       | Fax |       |
| Contact Person |       | E-mail |       |

|  | **HOURS** |
| --- | --- |
| **DAY** | **From** | **To** | **From** | **To** |
| [ ] Monday |       |       |       |       |
| [ ] Tuesday |       |       |       |       |
| [ ] Wednesday |       |       |       |       |
| [ ] Thursday |       |       |       |       |
| [ ] Friday |       |       |       |       |
| [ ] Saturday |       |       |       |       |
| [ ] Sunday |       |       |       |       |

**Appendix A – Application Instructions**

1. Applicant must submit a completed Application and Required Forms, as applicable, in the order listed below for File Folder 1 and File Folder 2.
2. Access the forms by the link or icon provided below by holding down the "Ctrl" key while clicking on the link.
3. Save forms in an electronic file.
4. For the Application and the forms that require signature, print, sign and scan in an electronic format. Scanned documents must be clear and legible.
5. Attach File Folders 1 and 2 to email and submit the completed Application to the Point of Contact listed in the RFQ Section 1.2.

**Appendix B – Required Forms**

**File Folder 1: Application and Service Delivery Area**

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Description | Required or If Applicable |
| Application | Application for RFQ | Required |
| Insurance | Insurance Documentation  | Required |
| Attachment A-4  | Service Delivery Area Form | Required |
| ***Medical License*** | ***Copy of Current Medical License*** | ***Required*** |
| DBA | Assumed Name Certificate Attachment | If applicable |
| Incorporation | Certificate of Incorporation Attachment | If applicable |
| LLC | LLC Articles of Formation Attachment | If applicable |
| Partnership  | Partnership Agreement Attachment | If applicable |
| Partners | Names and addresses and for each partner | If applicable |
| HUB  | HUB Certification Form | If applicable |

**File Folder 2: Required Forms**

The following forms are located on the DFPS public website, Doing Business with DFPS, Contracting Forms: <https://www.dfps.state.tx.us/Doing_Business/forms.asp>

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Form Number and Name | Purpose |
| AP-152 | AP-152, Application for Texas Identification Number [If you already have a Vendor ID set up for another DFPS contract, print form, note “Already Set Up” at top of page, and provide number | Application for identification number |
| 74-176 | 74-176, Vendor Direct Deposit Form | Direct Deposit Authorization |
| 2970C | Disclosure and Consent to Release of Information | Release of information regarding criminal history or DFPS abuse and neglect history. |
| 2971C | Request for Criminal History and DFPS History Check | Application for requesting criminal history and DFPS abuse or neglect history. |

The following form is located on the DFPS public website, Doing Business with DFPS, Contracting Forms, Regional CPS Contracting Forms, General Documents:

<https://www.dfps.state.tx.us/Doing_Business/Purchased_Client_Services/Regional_CPS_Contracts/forms.asp>

|  |  |  |
| --- | --- | --- |
| Electronic File Name | Form Number and Name | Purpose |
| PCS-102 | PCS-102, Contracting Entity and List of Staff, Subcontractors and Volunteers | Contractors must list the contracting entity, all service providers, and requested provider information on this form and submit it electronically to DFPS. |