



## **DENTON COUNTY MHMR CENTER**

PO BOX 2346  
2519 Scripture  
Denton, Texas 76202

### **REQUEST FOR APPLICATION (RFA) RFA #229**

**Physical Therapy Services  
for Individuals with Intellectual and Developmental Disabilities (IDD)**

**June 2021**

## I. INTRODUCTION

The Denton County MHMR Center (hereinafter referred to as **Center**) is seeking applications for the provision of **Physical Therapy** services to work with individuals with intellectual and developmental disabilities in Denton County.

The Center is a unit of local government designated by the Texas Department of State Health Services and the Texas Health and Human Services Commission to provide residents of Denton County with mental health and IDD services. The Center's administrative headquarters is at 2519 Scripture Street, Denton, Texas, 76202 and it operates satellite facilities at:

2509 Scripture Street, Suite 100, 101, and 104, Denton, Texas 76201

3835 Morse Street, Denton, Texas 76208

3827 Morse Street, Suite 101, Denton, Texas 76208

1001 Cross Timbers Road, Suite 1250, Flower Mound, Texas 75028

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

The Center's Mission Is:

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

The Center's Values are:

We respect each individual's unique and special concerns by providing assistance to best fit their needs.

The Center's Vision Statement is:

We envision a Denton County MHMR Center:

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

The execution or continuation of any contract entered into as a result of this RFA is contingent upon the availability of Federal or State funds to cover the full term and cost of any such contract. In the event of the curtailment or unavailability of such funds, the Center, upon thirty (30) days written notice to contractor, may terminate such contract.

If selected as contractor, applicant agrees to the extent permitted under the laws of the State of Texas to indemnify and hold harmless the Center, its trustees, officers, employees, and agents from and against all liabilities, claims, actions, expenses (including attorneys' fees and costs related to the investigation of any such claim, action, or proceeding), obligations, losses, fines, penalties, and assessments resulting from or arising out of the nonperformance or the negligent performance of applicant's obligations under any contract between applicant and the Center, whether by the applicant, its directors, officers, employees, or agents.

## II. ELIGIBILITY REQUIREMENTS

The following are general eligibility requirements that any applicant must meet in order to be considered as a potential provider of the products or services requested through this RFA:

- 2.1 Insured – Professional Liability Insurance (Enclose Certificates of Insurance); Satisfactory to the Authority and shall **name the Authority as an additional insured.**
- 2.2 Federal Tax ID Number (Enclose W-9 Request for Taxpayer Identification Number and Certification);
- 2.3 Minimum Qualification. **Texas issued Physical Therapist license;**
- 2.4 Applicant must have a current Texas issued **Physical Therapist** license that will not expire within thirty-five days of the due date of this proposal. Enclose copies of all other requested or required licenses, permits, and certifications; contractor must obtain and maintain as current and in good standing during the term of this agreement those certifications, registrations, licenses, and permits required by law to provide services under any agreement that entered into as a result of this RFA.
- 2.5 Capacity to deliver requested services in a professional and timely manner at a location in Denton County.
- 2.6 No Conflict of Interest. Applicant, its officers and employees, aspiring to enter into a contractual agreement with the Center by developing and responding to an RFA may not be related within the second degree of consanguinity or affinity to a Center employee or officer participating in the contract management for the contract for which the applicant is submitting a response.
- 2.7 The applicant is not currently held in abeyance or barred from the award of federal or state contract.
- 2.8 The applicant is not delinquent in a tax owed to the State under Chapter 171, Tax Code, pursuant to the Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.
- 2.9 Adhere to all applicable Texas Department of State Health Services and Health and Human Services Commission Community Standards for Community Mental Health and Mental Retardation Centers and Community Service Programs.

- 2.10 Services Requested: If applicant is invited to enter into an agreement with the Center, the applicant is expected to provide and comply with the following:
- a. Screen referred individuals, relative to physical therapy needs within five (5) working days of the referral.
  - b. Conduct comprehensive PT evaluations, within five (5) working days of the screening, for individuals who are determined to have the need for physical therapy.
  - c. Based on results and conclusions of the evaluation, and within ten (10) working days of the evaluation, prepare and forward a written report to the Center. This report will include:
    1. A clear and detailed description of the individual's need for physical therapy;
    2. A description of the therapy processes needed;
    3. Goals and measurable objectives designed specifically for determining improvement in the individual's abilities;
    4. Training procedures for the Center's staff and individual's family members to follow to assist the individual in achieving measurable outcomes towards improvements.
  - d. Develop program and training activities for the individual as needed to achieve goals and objectives as evidenced by measurable outcome/improvements.
  - e. Participate in the Annual Planning Conference (APC) for each individual being served to collaborate the need for continued physical therapy services.
  - f. Comply with Home and Community-based Services (HCS) Principles and Guidelines, General Revenue (GR) Guidelines, Texas Health and Human Services Commission requirements and the requirements of the Center for all services rendered to referred individuals.
  - g. Keep accurate records of preauthorized billable services and individual's progress on the Center's D-SAL form.
  - h. Attend/provide in-service training as requested and required.

Applicant shall not provide gifts or anything of value nor have any business arrangement with any employee, official, or agent of the Center that might constitute a conflict of interest according to the State and Local Government Codes, as well as Center policies and procedures.

The applicant agrees that any individual or entity selected to provide designated services, including any and all employees, is subject to approval by the Center. The services of any individual to whom applicant delegates the delivery of requested services is the direct responsibility of the applicant and applicant agrees to indemnify and hold harmless the Center, its employees, agent and officers. The applicant selected will also agree to hold the Center harmless from any claim or liability arising from the neglectful acts or any other acts of the selected contracts and/or individuals the applicant delegates or assigns service provision.

If selected as contractor, applicant agrees to provide services in accordance with all federal, State, local and Center laws, standards and procedures. Applicant agrees to obtain at its own expense and prior to the commencement of services such permits and/or licenses that is required by local or State laws and regulations. Applicant agrees to perform services in a manner that is consistent with or exceeds industry standards. Applicant further agrees to perform services with decorum and in a manner designed to assist the Center in the efficient management of its resources. Applicant agrees to interact with Center staff in a cooperative manner.

### **III. PROCEDURES FOR THE DISSEMINATION OF RFA's**

Copies of the **RFA** may be obtained via internet at [www.dentonmhmr.org](http://www.dentonmhmr.org), or email request to:  
Randi Silar - [randis@dentonmhmr.org](mailto:randis@dentonmhmr.org).

#### **Additional Information**

- 3.1 A Legal Notice stating the issuance of this RFA will be posted in local newspapers in an effort to reach all **Licensed Physical Therapists** and invite them to have a copy of the RFA mailed to them.
- 3.2 The Center reserves the right to modify the general description and scope of services contained in the RFA by describing in writing any such modifications and disseminating same to potential providers.
- 3.3 The Center reserves the right to waive application irregularities and exceptions and to enter into a contract or other agreement pursuant to this RFA which, based upon costs and other considerations, maximizes the Center's service delivery functions and, otherwise, obtains the best value for the Center.
- 3.4 Questions and communications concerning the RFA, specifications and award process shall be made in writing and addressed to below **by email only to:**

Randi Silar, Purchasing & Contracts Manager  
[randis@dentonmhmr.org](mailto:randis@dentonmhmr.org)

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

- 4.1 The Center shall not reimburse applicants for any expenses in preparing applications in response to this request.

- 4.2 **DEADLINE.** To be considered, a copy of the proposal must be received by The Center at the email address below by 5:00pm on July 9, 2021.

Denton County MHMR  
Attention: Randi Silar, Purchasing & Contracts Manager  
[randis@dentonmhmr.org](mailto:randis@dentonmhmr.org)

by any agent or representative designated by the person or entity submitting the Proposal (“Proposer”)

- 4.3 Unless otherwise specified, neither telegraphic, facsimile, nor telephone applications will be accepted.
- 4.4 The Center will not be responsible for any application that is lost in the mail or not delivered to the Center by the stated deadline for any reason. No application will be accepted after the stated deadline.
- 4.5 Such person or officer of the company submitting the application who is authorized to submit the application on behalf of the applicant must sign applications.
- 4.6 Applications will be opened in a manner that precludes the disclosure of their contents to competing applicants and their contents will be kept confidential during the process of negotiation. Except for information that qualifies as confidential information under the Texas Open Records Act, all applications will be available for public inspection after the resulting contract(s) are awarded. Should any conflict arise between applicant confidentiality requirements and those of the Texas Open Records Act, the Act shall govern.
- 4.7 Unless otherwise specified by the Center, all applications shall be considered effective for ninety (90) days from the date of receipt by the Center. Upon reception by the Center, all applications become the property of the Center.
- 4.8 The Center reserves the right to reject all applications.
- 4.9 Applicants who alleged that the Center has failed to follow applicable statutes and rules in the procurement process may file a written protest.
- 4.10 A protest is limited to the following matters:
- a. Alleged conflict of interest.
  - b. Alleged failure of the Center to comply with statute or rule; and
  - c. Alleged failure of the local authority to comply with its procurement procedures (TAC – Title 25, Part 1, Chapter 412, Subchapter B, Rule- 412.56
- 4.11 A written protest must be received by the Center within (10) working days of receipt of written notification to protestor from The Center of the pending award to another applicant. If the protest is not timely, it will not be considered.

- 4.12 A formal protest must contain:
- a. A specific identification of the statutory or regulatory provision or procurement procedure that the protested action is alleged to have violated.
  - b. A specific description of each act alleged to have violated the statutory, regulatory or procurement provisions(s):
  - c. A precise statement of the relevant fact necessary for The Center to evaluate the validity of the protest.
  - d. An identification of the issues to be resolved.
  - e. The protestor's arguments in favor of setting aside the award: and
  - f. Any relevant supporting documentation.
- 4.13 The email containing all of the information which supports and explains the protest **MUST BE SUBJECT LINE "PROTEST" and identify in its body. The protested RFA by its official title to:**

Pam Gutierrez, ED @ [pam@dentonmhm.org](mailto:pam@dentonmhm.org)

## V.

### REQUIRED CONTENT AND FORMAT OF APPLICATIONS

Applications must comply with all applicable Federal, State, County and local laws.

The following documentation must be submitted with the application. All requirements may not be included in this paragraph. **The applicant is cautioned to read the RFA in its entirety to determine all requirements.** The Center reserves the right to reject an application that does not contain all information required by this RFA.

To achieve a uniform application submission process that maximizes comparability between applications, the Center requires that applications be submitted with the following components:

- 5.1 **Cover Page.** This page must state the RFA subject – Physical Therapy Services for Individuals with IDD (**RFA #229**), the applicant's name, address, telephone number, fax number, the date of the application submission.
- 5.2 **Letter.** Submit a signed letter briefly addressing the applicant's understanding of the work to be done, the commitment to do the work requested in the RFA, and a statement explaining why the applicant believes it is best qualified to provide the requested service.
- 5.3 **Detailed Application.** The detailed application included in the RFA packet must be completed in its entirety. (Attachment A)
- 5.4 **Professional Resume.**

- 5.5 **Background Check Consent form.** Applicant must complete and submit (with application) the Criminal History and Registries Check Consent form included with this packet. Applicant will not be eligible to contract with the Center if a disqualifying bar is revealed through these checks. (Attachment B)
- 5.6 **Insurance.** Applicant must submit proof of Professional Liability. Do not include policies.
- 5.7 **Taxpayer Identification Number.** Applicant must submit with its application proof of a federal tax ID number in the form of a Request for Taxpayer Identification Number and Certification (W-9).

**NOTE: Failure to provide all information requested might result in disqualification of your application.**

## **VI. SELECTION/AWARD**

The Center is wholly committed to equal opportunity for all potential applicants and does not discriminate in its award selection based on race, color, religion, national origin, handicap status, age, or gender.

All applications received are evaluated by Center management based on the applicant's qualifications, experience, references and if the criteria cited for submitting an application was followed.

- 6.1 All applications received by the RFA submission deadline will be evaluated and ranked by an RFA committee according to criteria cited above.
- 6.2 Applications that best meet RFA requirements and scoring criteria may be invited to interview with the RFA committee for further evaluation.
- 6.3 Based on resulting ranking of the applications and interviews, one or more applicants may be asked to participate in negotiations as finalists.
- 6.4 Each member of the RFA Committee present will score the finalists according to the scoring criteria cited above to determine their individual selection(s) as successful applicant(s). Members will then vote in accordance with how they scored each application to determine which applicant(s) will be awarded contract(s).
- 6.5 Each applicant that is not selected will be given such written notice within thirty (30) days.
- 6.6 All applications become the property of the Center and will not be returned to the applicant.



- 6.7 Any information that the applicant deems to be proprietary or otherwise confidential in the text of the application should be marked with red brackets or otherwise clearly designated as such. However, applicants are advised that the Center may disclose such proprietary information to appropriate parties if required to do so by applicable Texas open meetings and public record statutes.
- 6.8 If any of the provisions in the RFA conflict with applicable laws, rules, regulations, and/or other codes of professional ethics, the latter shall prevail over the provisions of the RFA.

## **VII. RATE OF PAY**

- 7.1 The hourly compensation rate paid by the Center is negotiable, but will be within the range of **\$75.00 per hour; \$56.25 three-quarters hour; \$37.50 one-half hour, and \$18.75 per one-quarter hour.**
- 7.2 The amount of hours to be worked will vary depending upon individual referrals and needs.

## **VIII. HOURS OF OPERATION**

Work performed under this application will take place between 8:00am and 5:00pm, Monday through Friday, with the possible exception of an after hours appointment scheduled by mutual consent.

## **IX. TERM**

Unless otherwise specified, the term of any contract executed as a result of this RFA shall be for one (1) year concurrent with Center fiscal year.

## **X. QUALITY OF WORK**

All work and materials pursuant to this RFA must be performed in a professional manner consistent with or exceeding the standards set forth in this RFA and the attached sample copy of Center's Community Based Services contract. Such standards shall apply to the dress, language, and behavior of applicant's jobsite personnel. The Center reserves the right to inspect the progress and quality of the **Physical Therapy** services and associated performance standards to identify any defects in performance. Such defects, when brought to the attention of applicant, shall be corrected by applicant to the Center's satisfaction.

Denton County MHMR Center

PROFESSIONAL APPLICATION

(Please type or print)

Section I. Individual Information					
LAST NAME		FIRST NAME		MIDDLE NAME	
HOME OR BUSINESS ADDRESS			CITY	STATE	ZIP
MAILING/BILLING ADDRESS (IF DIFFERENT)			CITY	STATE	ZIP
SOCIAL SECURITY NUMBER	DRIVER'S LICENSE NUMBER	U.S. CITIZEN? YES <input type="checkbox"/> NO <input type="checkbox"/>	OTHER CONTACT NUMBER (DESCRIBE)		E-MAIL
Section II. Education					
COLLEGE ATTENDED	CITY/STATE	MAJOR	MINOR	DEGREE	
COLLEGE ATTENDED	CITY/STATE	MAJOR	MINOR	DEGREE	
HAVE YOU HAD ANY OTHER SCHOOLING? YES <input type="checkbox"/> NO <input type="checkbox"/>	TYPE OF SCHOOL AND LOCATION			MAJOR COURSE(S)	
HAVE YOU PARTICIPATED IN ANY OF THE FOLLOWING PROGRAMS?					
<input type="checkbox"/> INTERNSHIP	DESCRIBE. GIVE AGENCY NAME AND LOCATION				
<input type="checkbox"/> RESIDENCY	DESCRIBE. GIVE AGENCY NAME AND LOCATION				
<input type="checkbox"/> FELLOWSHIP	DESCRIBE. GIVE AGENCY NAME AND LOCATION				
Section III. Professional/Specialty Information					
PRIMARY SPECIALTY	LICENSE TYPE	LICENSE NUMBER	STATE OF REGISTRATION	BOARD CERTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
INITIAL CERTIFICATION DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	ARE YOU A PARTICIPATING MEDICAID PROVIDER? YES <input type="checkbox"/> NO <input type="checkbox"/> TPI :	ARE YOU A PARTICIPATING MEDICARE PROVIDER? YES <input type="checkbox"/> NO <input type="checkbox"/> Provider Number:		
SECONDARY SPECIALTY	LICENSE TYPE	LICENSE NUMBER	STATE OF REGISTRATION	BOARD CERTIFIED? YES <input type="checkbox"/> NO <input type="checkbox"/>	
INITIAL CERTIFICATION DATE (MM/DD/YYYY)	EXPIRATION DATE (MM/DD/YYYY)	ANY OTHER AREAS OF PROFESSIONAL PRACTICE/INTEREST/FOCUS?			
Section IV. Work History					
Please provide a chronological work history for the past 10 years, if applicable. In addition to the brief information below, you must include with this packet a professional resume specifying your duties and responsibilities for each position held. Please provide an explanation for any gaps in work history greater than 6 months in the space provided in this section.					
CURRENT PRACTICE/EMPLOYER NAME	CITY AND STATE	FROM: \ \ TO:	SUPERVISOR	PHONE NUMBER	
MAY WE CONTACT THIS EMPLOYER FOR A REFERENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	REASON APPLYING FOR POSITION WITH DENTON CO. MHMR CENTER				
PREVIOUS PRACTICE/EMPLOYER NAME	CITY AND STATE	FROM: \ \ TO:	SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING:					
PREVIOUS PRACTICE/EMPLOYER NAME	CITY AND STATE	FROM: \ \ TO:	SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING:					
PREVIOUS PRACTICE/EMPLOYER NAME	CITY AND STATE	FROM: \ \ TO:	SUPERVISOR	PHONE NUMBER	
REASON FOR LEAVING:					
Section V. Liability Insurance					
DO YOU CURRENTLY HAVE PROFESSIONAL LIABILITY INSURANCE? YES <input type="checkbox"/> NO <input type="checkbox"/>	EXPIRATION DATE	Due to State requirements, DCMHMR Center cannot contract with professional providers unless the company/individual has professional liability insurance. If you are chosen as a provider, you will be required to obtain and show proof of this coverage.			
Section VI. References					
Please list three (3) PROFESSIONAL references with valid phone numbers.					
Reference #1	NAME	PROFESSIONAL RELATIONSHIP	PHONE NUMBER	# OF YRS KNOWN	
Reference #2	NAME	PROFESSIONAL RELATIONSHIP	PHONE NUMBER	# OF YRS KNOWN	
Reference #3	NAME	PROFESSIONAL RELATIONSHIP	PHONE NUMBER	# OF YRS KNOWN	
Section VII. Applicant's Certification					
I CERTIFY THAT THE STATEMENTS I HAVE MADE ON THIS APPLICATION, AS WELL AS ON ALL ATTACHMENTS TO THIS APPLICATION, ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. FURTHER, I AUTHORIZE DENTON COUNTY MHMR CENTER TO CONTACT PREVIOUS EMPLOYERS IN SECTION IV. AND THE LISTED REFERENCES IN SECTION VI. WITH THE UNDERSTANDING INFORMATION PROVIDED BY PARTIES IN EITHER SECTION MAY BE USED IN CONSIDERATION OF THE ACCEPTANCE OF THIS APPLICATION.			APPLICANT'S SIGNATURE		DATE



**Background and Registries Check  
Contractors**

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

- \_\_\_\_\_ Criminal History
- \_\_\_\_\_ DADS
- \_\_\_\_\_ Federal OIG / State OIG
- \_\_\_\_\_ CARE
- \_\_\_\_\_ SAM
- \_\_\_\_\_ MVR

\_\_\_\_\_  
Contractor Signature \_\_\_\_\_  
Date

Background check searches were completed by \_\_\_\_\_ Date \_\_\_\_\_

Search results  DO  DO NOT contain items listed as criminal bars to employment (TX Health & Safety Code §250.006);  
 The applicant  WAS  WAS NOT listed in the DADS registries or LEIEs searched; and  
 Search results  DO  DO NOT contain items indicating the need for secondary administrative review.

\_\_\_\_\_  
HR Representative \_\_\_\_\_  
Date

\_\_\_\_\_  
Administrator of HR \_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
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 \_\_\_\_\_  
 \_\_\_\_\_