

INVITATION

The Mental Health Mental Retardation Authority of Harris County (MHMRA) is accepting Proposals from Independent Provider(s) and/or Provider Firm(s) experienced in providing **Consumer Related Services for MHMRA ECI (Early Childhood Intervention) Program** for one or more locations throughout Harris County. Services are provided to children in their natural environment, which is where children live, learn, play and spend time on a daily basis.

Mental Health Mental Retardation Authority of Harris County invites you or your firm to submit a Proposal. If you are interested in submitting a Proposal, please adhere to the ***General Instructions and Requirements*** as outlined in the enclosed Request for Proposal.

Independent Provider(s) and/or Provider Firm(s) shall pay particular attention to all ***INSTRUCTIONS, REQUIREMENTS and DEADLINES*** indicated in the attached documents and should govern themselves accordingly.

In accepting Proposals, MHMRA reserves the right to reject any and all Proposals, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action, which it deems to be in the best interest of MHMRA, and is not obligated to accept the lowest proposal.

At the time and place established for receipt of the Proposal, MHMRA of Harris County will only release the names of the Independent Provider(s) and/or Provider Firm(s). No other information will be released until after MHMRA's Evaluation Team has evaluated the Proposals, and an award has been made and approved by Executive Staff and MHMRA's Board of Trustees.

We greatly appreciate your efforts and look forward to reviewing your submission.

Nina M. Cook, MBA, CPPB
Purchasing Manager
MHMRA of Harris County

Request for Proposal



Consumer Related Services for MHMRA ECI (Early Childhood Intervention) Program

MAY 2010

Project #: 10/0004

**MHMRA of Harris County
Purchasing Department
7011 Southwest Freeway
Houston, Texas 77074**

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Cover Sheet

Invitation

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SECTION I – OVERVIEW

BACKGROUND AND OBJECTIVES

The Mental Health Mental Retardation Authority of Harris County (MHMRA) is a Community Center in Houston, Harris County, Texas providing Behavioral Health Services to approximately (25) twenty-five to (30) thirty thousand Harris County residents each year.

MHMRA is the largest community based provider of clinical services to mental health and mental retardation consumers in the United States. It maintains operations at over 25 facilities throughout all parts of Harris County and operates on an annual budget in excess of \$177 million. The Agency has fixed pricing budgets and all pricing quoted should remain fixed for the duration of the contract. Our goal is to employ best practices and cost effectiveness.

The Mental Health Mental Retardation Authority of Harris County (MHMRA) invites qualified Independent Provider(s) and/or Provider Firm(s) herein after referred to as “contractor”, “vendor” or “provider” to submit Proposals for **Consumer Related Services for MHMRA ECI (Early Childhood Intervention) Program**. The ECI Program services which may be provided by Independent Provider(s) and/or Provider Firm(s) to ECI Program children include: **Speech/Language Therapy, Occupational Therapy and Physical Therapy**.

ECI Program

The Texas Early Childhood Intervention (ECI) Program is a statewide program for families with children, birth to three, with disabilities and developmental delays. ECI supports families to help their children reach their potential through developmental services. Services are provided by a variety of local agencies and organizations across Texas.

Research shows that growth and development are most rapid in the early years of life. The earlier problems are identified, the greater the chance of eliminating them. Early intervention responds to the critical needs of children and families by:

- promoting development and learning,
- providing support to families,
- coordinating services, and
- decreasing the need for costly special programs.

State and federally funded through the Individuals with Disabilities Education Act (IDEA, PL 105-17), ECI provides evaluations, at no cost to families, to determine eligibility and need for services. Once evaluations are complete and eligibility has been established, an Individual Family Service Plan is developed that lists the outcomes and strategies as well as the services to be provided to the child and family. Families and professionals work as a team to plan appropriate services based on the unique needs of the child and family.

ECI providers travel to families and focus on working with the child and family in their natural environment, such as at home, grandma's, or a child care center. Essentially, services are provided where children live, learn, play and spend time on a daily basis.

MHMRA ECI Program

MHMRA of Harris County is a contracted provider for the state ECI program. The MHMRA ECI program provides services to approximately **1600** children between birth and age three (3) in Harris County. The program employs professionals of all required disciplines to provide the required services. In addition, community professional providers serve as vendors to provide services which may not be available from the program.

The ECI employed staff conduct evaluations, determine ECI eligibility, develop the IFSP, and set the frequency and intensity of service, and delivers these services, except when the program requests that service from the vendor. The contractor delivers services at the rate in the IFSP. If the amount of service, frequency or intensity of services is questioned, the vendor is expected to direct those questions to program staff, rather than to the child's family.

The contract period is anticipated to begin on September 1, 2010 for a one (1) year base period with two (2) one-year renewal options at the discretion of MHMRA, provided the contractor has satisfactory performance and service.

SECTION II - PROPOSAL (RFP) TIME LINE OF EVENTS

Deadline for Questions:	Thursday, June 3, 2010 by 4:00 p.m.
Deadline for Final Response to Questions:	Thursday, June 10, 2010 by 4:00 p.m.
Sealed Proposal Due:	Tuesday, June 15, 2010 by 10:00 a.m.
Proposal Opening: (Vendor Names on the Proposal Reply forms will be disclosed)	Tuesday, June 15, 2010. A public Proposal opening will be held at 10:15 a.m., 7011 Southwest Freeway, Houston, Texas 77074
Anticipated Award Date:	After July Board Approval
Anticipated Contract Effective Date:	September 1, 2010

SECTION III - GENERAL INSTRUCTIONS

A. Questions

Deadline for questions from Providers: Thursday, June 3, 2010 by 4:00 p.m.

Deadline for Response to Questions: Thursday, June 10, 2010 by 4:30 p.m.

All questions concerning the **PROPOSAL** specifications must be submitted in writing and faxed to the following team members or emailed to Marguarette Washington, Senior Buyer:

Marguarette Washington, Senior Buyer, Purchasing

Ofc: (713) 970 – 7304

Fax: (713) 970 – 7682

Email: Marguarette.washington@mhmraharris.org

CC:

Sharon Brauner, CPM, APP, Senior Purchasing Coordinator

Ofc: (713) 970 – 7279

Fax: (713) 970 – 7682

Email: Sharon.brauner@mhmraharris.org

B. Submittal Procedure

The Proposal, subject to all conditions and specifications attached hereto, must be signed in INK by the Independent Provider or a person or officer of the Provider Firm submitting the Proposal that is authorized to enter into contractual agreements on behalf of the Provider. ***Proposals received unsigned will not be accepted.***

Deadline to submit “***Final Proposal***” is **Tuesday, June 15, 2010 @ 10:00 a.m.** The original Proposal, signed in ink, plus five (5) additional photocopies should be submitted in a SEALED ENVELOPE and delivered to the attention of:

MHMRA of Harris County

Purchasing Department

Attn: Marguarette C. Washington, Senior Buyer

7011 Southwest Freeway, Houston, Texas 77074

**“CONSUMER RELATED SERVICES FOR MHMRA ECI
(EARLY CHILDHOOD INTERVENTION) PROGRAM”
DO NOT OPEN UNTIL TUESDAY, JUNE 15, 2010 @ 10:00 A.M.**

No Proposal will be accepted after the stated deadline.

Respondents may mail or personally deliver their Proposals to the Purchasing Office of MHMRA at the above address. MHMRA will not be responsible for any Proposal(s) that is (are) lost in the mail or not delivered to the Purchasing Department by the stated deadline for any reason.

Proposals shall include all documentation as requested in the Request for Proposal.

C. Proposal Opening

A **Public Proposal Opening** will be held immediately following receipt of Proposals on **Tuesday, June 15, 2010**, at 7011 Southwest Freeway, Houston, Texas 77074.

D. Non-Discrimination Policy Statement

The Mental Health Mental Retardation Authority of Harris County does not discriminate against any individual or vendor with respect to his/her compensation, terms, conditions, or award of contract because of race, color, religion, sex, national origin, age, disability, political affiliation, or limit, segregate, or classify candidates for award of contract in any way which would deprive or tend to deprive any individual or company of business opportunities or otherwise adversely affect status as a vendor because of race, color, religion, sex, national origin, age, disability, or political affiliation.

E. Immigration Reform and Control Act

The Vendor shall provide appropriate identification and employment eligibility documents and complete a W-9 form to meet requirements of the Immigration Reform and Control Act of 1986.

F. References and Experience

All interested parties will be required to submit with their Proposal a minimum of three (3) local references where interested party has provided services that pertain to this type of project/service. References shall include company name (if applicable), address, telephone number, fax number, contact person and email address. The interested parties must agree to authorize clients to furnish any information required by MHMRA to verify references provided, and for determining the quality and timeliness of previous work performed.

Independent Provider(s) and/or Provider Firm(s) shall submit with their Proposal, documentation of past performance in projects of similar magnitude and resulting customer satisfaction particularly in the areas of professionalism, contract performance, quality of the personnel, responsiveness and flexibility, etc.

G. Proposal Guarantee/Award Procedure

It is anticipated that a recommendation for award for this Proposal will be made no more than thirty (30) days after the PROPOSAL DUE DATE. All interested parties are required to guarantee their Proposals as an **irrevocable offer valid for One hundred and Twenty (120) days after the Proposal due date**. Mental Health Mental Retardation Authority of Harris County in its sole and absolute discretion shall have the right to award Proposal for any or all items/services listed in each Proposal, shall have the right to reject any and all Proposals as it deems to be in its best interests, to waive formalities and reasonable irregularities in submitted documents, shall not be bound to accept the lowest Proposal and shall be allowed to accept the total Proposal of any one vendor.

H. Permits

Any and all permits as required by authorities having jurisdiction; local, state, county, and/or federal, are the total responsibility of the interested parties/vendor.

I. Financial Information

MHMRA may require financial information to review financial solvency of Independent Providers and Provider Firms.

J. Payments

Vendor is to submit properly completed invoice(s) to the address specified on the purchase order. To insure prompt payment, each invoice should indicate purchase order number, description of purchased item, unit and total price, discount terms and include vendor's name and return remittance address.

K. Price Adjustments

Vendor will be required to honor their proposed prices for the term of the contract period. In the event of a price increase Mental Health Mental Retardation Authority of Harris County reserves the right to terminate the Contract completely, request Proposals from other vendors and/or re-solicit the entire package. Final decision and appropriate action taken will be made in the best interest to MHMRA.

L. Historically Underutilized Business (HUB)

This Agency shall make a good faith effort to utilize Historically Underutilized Businesses (HUB'S) in contracts for constructions, services, (including professional and consulting services), and commodities. Please submit proof of Historically Underutilized Business "HUB" state certificate and/or City of Houston M/W/DBE Certificate. (If your firm is not certified, please submit *Attachment E*, if you intend to subcontract services. If not, write "none" on *Attachment E*, and submit it.)

M. Minority / Women and /or Disadvantaged Business

This Agency shall make a good faith effort to utilize Minority/Women and/or Disadvantaged Businesses (M/W/DBE's) in contracts for construction, services, (including professional and consulting services), and commodities. Please submit proof of City of Houston M/W/DBE certificate.

If your firm is not certified, please submit *Attachment E*, if you intend to subcontract services. If not, write "none" on *Attachment F* and submit it.

N. Direct or Indirect Assignment

The successful vendor will not be permitted to directly or indirectly assign rights and duties under the contract without express written approval by MHMRA.

O. Professional Certifications and/or Licensures

The successful Independent Provider(s) and/or Provider Firm(s) must provide documentation of current professional credentials for the professional services delivered as required by authorities having jurisdiction; local, state, county, and/or federal, and are the total responsibility of the interested parties/vendor.

P. Form W-9

Vendors are to complete Form W-9 and Submit with their Proposal documents. <http://www.irs.gov/pub/irs-pdf/fw9.pdf> (Attachment D)

SECTION IV - PROPOSAL STIPULATIONS AND REQUIREMENTS

A. Modification or Withdrawal of Proposals

Any Proposal may be modified or withdrawn prior to the deadline, provided such modification or withdrawal is submitted prior to the deadline. Any modification received after the deadline shall be deemed late and will not be considered.

B. Offer and Acceptance Period

All Proposals must be an irrevocable offer valid for one hundred and twenty (120) days after the Proposal opening.

C. Late Proposals

Proposal received after the stated deadline shall be deemed late and will not be considered.

D. Irregularities in Proposals

Except as otherwise stated in this Request for Proposal, evaluation of all Proposals will be based solely upon information contained in the vendor's response to this Proposal. MHMRA shall not be held responsible for errors, omissions or oversights in any vendor's response to this Proposal. MHMRA may waive technical irregularities, which do not alter the price or quality of the services.

MHMRA shall have the right to reject Proposals containing a statement, representation, warranty or certification which is determined by MHMRA and its counsel to be materially false, incorrect, misleading or incomplete. Additionally, any errors, omissions, or oversights of a material nature may constitute grounds for rejection of any Proposal.

The inability of a vendor to provide one or more of the required components or specified features or capabilities required by this Proposal does not, in and of itself, preclude acceptance by MHMRA of the Proposal. All Proposals will be evaluated as a whole in the best interest of MHMRA.

E. Oral Presentations

Any vendor that submits a Proposal in response to this request may be required to make an oral presentation for further clarification upon MHMRA's request.

F. Amendments to the Proposal

If it becomes necessary to revise any part of this Proposal package or if additional information is necessary to clarify any provision, the revision and/or additional information will be provided to each vendor via faxed amendment or e-mail.

G. Availability of the Proposal

After opening, each Proposal, except those portions for which a vendor has included a written request for confidentially (e.g., proprietary information), shall be open to public inspection.

H. Retention of Proposals

All Proposals considered by MHMRA shall become the property of MHMRA and shall not be returned.

I. Notice “Not to Participate” Form

Vendors must respond to the Proposal request whether they can or cannot provide the products, supplies and/or services listed in the Proposal request. *(See Attachment B – Notice “Not to Participate” Form)*

J. Incurred Expenses

MHMRA shall not be responsible for expenses incurred by a vendor in the preparation and submission of a Proposal. This provision also includes any costs involved in providing an oral presentation of the Proposal.

K. Local Office

The successful Independent Provider(s) and/or Provider Firm(s) will be required to demonstrate their capability to provide services within Harris County.

L. Locations

MHMRA provides services to children living in various locations throughout Harris County. Vendors are required to shade in the areas on the enclosed map to indicate their desired service area(s). Un-shaded areas will be considered as UN-Available service areas. *(See Attachment C – Service Area Map)*

M. Deviation Form

Each Proposal shall contain a Deviation Form, which states the prospective vendor’s commitment to the provision of this Request for Proposal. An individual authorized to execute contracts shall sign the Deviation Form. Any exception taken to the terms and conditions identified in this Proposal Package including the sample contract must be expressly stated in the Deviation Form. *(See Attachment A – Deviation Form)*

N. Subcontractors

All provisions and/or stipulations within this Request for Proposal also apply to any authorized subcontractors. The successful Independent Provider(s) and/or Provider Firm(s) will not be permitted to directly or indirectly subcontract any rights and duties under the contract without the express written approval and consent of MHMRA.

O. Term of Contract

The intent of the RFP is to award a one (1) year initial period of performance with two (2) one-year renewal options at the sole discretion of MHMRA based upon satisfactory performance, which will be reviewed on an annual basis. The contract shall commence with a tentative commencement date of September 1, 2010, and shall remain in effect unless terminated, canceled or extended, as otherwise provided herein through August 31, 2013.

P. Pricing

Each vendor shall provide responses to “Proposal Reply” page(s) with total pricing in the requested format.

Q. Licensure

The vendor shall submit, with their proposal, a copy of any license(s), certification(s), registration(s), permit(s), etc. as required by authorities having jurisdiction: local, state, county, and/or federal.

SECTION V - INSURANCE REQUIREMENTS

A. Policies, Coverages, and Endorsements.

Vendor agrees to maintain, or to cause its personnel providing services under this Agreement to maintain, at its sole cost and expense or the cost and expense of his personnel, the following insurance policies, with the specified coverages and limits, to protect and insure the Agency and Vendor against any claim for damages arising in connection with Contractor’s responsibilities or the responsibilities of Vendor's personnel under this Agreement and all extensions and amendments thereto.

1- Commercial General Liability

General Aggregate	\$1,000,000
Each Occurrence	\$500,000

Note: Limits shown above shall apply to Abuse and Molestation claims without sub-limits or exclusions.

2 - Professional Liability

General Aggregate	\$2,000,000
Each Occurrence	\$1,000,000

3 - Business Automobile if transporting our consumers

Combined Single Limit Bodily Injury & Property Damage	\$500,000
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4 - Workers’ Compensation & Employers’ Liability if applicable

Medical & Indemnity	Statutory Requirements
Bodily Injury by Accident	\$500,000 Each Accident
Bodily Injury by Disease	\$500,000 Each Employee
Bodily Injury by Disease	\$500,000 Policy Limit

**A CURRENT “CERTIFICATE OF INSURANCE”
MUST ACCOMPANY ALL PROPOSALS**

B. Insured Parties.

All policies shall contain a provision naming the Agency (and its officers, agents and employees) as Additional Insured parties on the original policy and all renewals or replacements during the term of this Agreement.

C. Subrogation.

All policies must contain a Waiver of Subrogation endorsement to the effect that the issuer waives any claim or right in the nature of subrogation to recover against the Agency, its officers, agents or employees.

D. Proof of Insurance.

The policies, coverages and endorsements required by this provision shall be shown on a Certificate of Insurance on which the Agency must be listed as the Certificate Holder and which should be furnished to the Agency prior to the commencement of this Agreement. All such insurance shall be secured and maintained with an insurance company, or companies, licensed to do business in the State of Texas. The Agency may withhold payments under the terms of this Agreement until the Vendor furnishes the Agency copies of all Certificates of Insurance from the insurance carrier, or carriers, showing that such insurance is in full force and effect.

E. Cancellation.

New Certificates of Insurance shall be furnished to the Agency at the renewal date of all policies named on these Certificates. Vendor shall give the Agency thirty (30) days prior written notice of any proposed cancellation of any of the above described insurance policies.

F. Indemnification

To the extent permitted under the laws of the State of Texas, Contractor hereby agrees to hold harmless the Agency and all of its directors, officers, employees, and agents from all suits, actions, claims, or cost of any character, type, or description brought or made on account of any injuries, death, or damage received or sustained by any person or persons or property, including but not limited to clients, arising out of or occasioned by any negligent acts of Vendor or Vendor's personnel, if any, or its agents or employees whether occurring during the performance of the services hereunder or in the execution of the performance of any of its duties under this Agreement.

SECTION VI - PROPOSAL REPLY CONTENTS

Title Page:

- Name of vendor, local address, telephone number, fax number, e-mail address and contact name.

Table of Contents:

All Proposals must include the following information:

- Clear identification of information by section and page.
- List of at least three (3) references, including contact person, telephone number, fax number and email address.
- Identification of all services provided.
- Proposed Pricing for one (1) year initial period of performance with two (2) one-year renewal options at the sole discretion of MHMRA based upon satisfactory performance, which will be reviewed on an annual basis.

Proposal:

- As Applicable, Independent Provider(s) and/or Provider Firm(s) must provide a brief history of company and ownership, date started business, current total number of employees, employee turnover rate and include any special accommodations/services that could be provided
- Must be typed or printed in INK.
- Must make provision to meet and comply with all applicable laws and regulatory criteria.
- Interested parties are encouraged to submit along with their Proposal any additional descriptive information about their services, which they believe, might be helpful.
- All Proposals must be submitted with one original and five (5) additional photocopies and mailed or delivered in a sealed envelope to MHMRA of Harris County.

Additional documents to be submitted:

- Proposal Signature Page. Must bear the **original signature in INK** of the Independent Provider or a person or officer of the Provider Firm submitting the Proposal that is authorized to enter into contractual agreements on behalf of the Provider. ***Proposals received unsigned will not be accepted.***
- Proposal Reply Pages
- Deviation Form (Attachment A)
- Notice "Not to Participate" Form (Attachment B)
- Completed Service Area Map (Attachment C)
- Completed Form W-9 (Attachment D)
- Submit proof of Historically Underutilized Business "HUB" State Certificate and/or City of Houston M/W/DBE Certificate. (Attachment E)
- Completed Acknowledgement of Training in ECI Confidentiality Policy and Procedures. (Supplement 4)
- Completed Acknowledgement of Training in Universal Precautions and Childhood Illnesses. (Supplement 5)
- Reference list
- Documentation of experience addressing professionalism, contract performance, quality of personnel, responsiveness and flexibility, etc. to achieve overall customer satisfaction.
- Proof of Insurance
- Policy & Procedure for criminal background checks of personnel or subcontractor that would gain entrance to MHMRA properties and/or written consent to authorize MHMRA to conduct criminal background checks as applicable.
- Documentation of Contractor's professional and educational qualifications for services to be delivered including copies of certifications, licenses, and/or registrations.
- Copy of Current First Aid Certification including emergency care of seizures
- Copy of Current Certification in CPR for Infants and Children

Additional "PROPRIETARY", Confidential documents to be submitted:

Vendor is to submit the following documents with all other Proposal documents in a **separate** envelope marked **"PROPRIETARY, Confidential and Protected Information"**. **This information is not for public inspection.**

- Copy of valid State of Texas Drivers License
- Copy of Social Security Card
- Copy of TB Test

SECTION VII - SPECIALIZED SERVICES TO BE PROVIDED FOR CONSUMER RELATED SERVICES FOR MHMRA ECI (EARLY CHILDHOOD INTERVENTION) PROGRAM

The Mental Health Mental Retardation Authority of Harris County (MHMRA) invites qualified Independent Provider(s) and/or Provider Firm(s) herein after referred to as “provider”, “vendor” or “contractor” to submit Proposals for **CONSUMER RELATED SERVICES FOR MHMRA ECI (EARLY CHILDHOOD INTERVENTION) PROGRAM**. Independent Provider(s) and/or Provider Firm(s) shall provide these services on an as-needed basis as determined by MHMRA ECI program staff.

A. SCOPE OF SERVICE

Professional Services which may be provided by Independent Providers(s) to ECI Program children include:

1. Speech / Language Therapy Services
2. Occupational Therapy Services
3. Physical Therapy Services

Service Description (reference ECI Policy Manual, Glossary): SPEECH / LANGUAGE THERAPY SERVICES

Service Descriptions (reference ECI Policy Manual, Glossary):

1. **SPEECH / LANGUAGE THERAPY SERVICES** include: provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills. Must be provided by a fully qualified Speech Language Pathologist. Services frequency can be as infrequent as once a month but average once every other week. Service intensity can be as short as 30 minutes and as long as 60 minutes.
2. **OCCUPATIONAL THERAPY SERVICES:** include services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor and postural development. These services are designed to improve the child’s functional ability to perform tasks in home, school, and community settings. Must be provided by a fully qualified Occupational Therapist. Services frequency can be as infrequent as once a month but average once every other week. Service intensity can be as short as 30 minutes and as long as 60 minutes.
3. **PHYSICAL THERAPY SERVICES:** Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services must be provided by a fully qualified Physical Therapist. Services frequency can be as infrequent as once a month but average once every other week. Service intensity can be as short as 30 minutes and as long as 60 minutes.

B. SPECIFICATIONS

1.1 Responsibilities of the MHMRA ECI Program:

1. Decide if child needs services and at what frequency.
2. Reassess child’s frequency of services whenever necessary, preferably, annually.
3. Provide the vendor with the referral form which lists basic information about child and family, a copy of the child’s IFSP, and the doctor’s prescription for therapy (only for OT/PT services)
4. Provide assistive technology services if they cannot be provided by the contract therapist.
5. Provide all other early intervention services including service coordination.

1.2 Vendor (Contractor) Responsibilities:

1. Arrange schedule for child’s services. Contact family of the referred child to schedule an appointment no longer than 24 hours after referral is received.
2. Be aware of total array of services being provided to the child. Contracted service is unlikely to be the child’s only intervention. Coordinate with other service providers on the child’s plan.
3. Deliver services at the frequency set on the IFSP. Provide make-up services for those which are cancelled by the vendor or by family.

4. Communicate with service coordinator at least monthly and at any times when there are problems such as with attendance or frequency.
5. Write progress notes about each session held. These progress notes must include service data and be signed by the parent/guardian or caretaker.
6. Write a sufficient number of progress notes to show that services were delivered at the frequency set on the IFSP. If services were not delivered at the frequency set, other progress notes should document cancelled sessions or No Shows or attempts to schedule and re-schedule service delivery.
7. Write progress notes for sessions cancelled and for No Show appointments. Progress notes for sessions not held must have reasons session cancelled. Notes must also support vendors regular contact with ECI Service Coordinator to inform Coordinator of attendance problems.
8. Notify the child's Service Coordinator within 24 hours of any No Show appointment.
9. Send progress notes to ECI Programs within 24 hours of service provision. Progress notes may be faxed. If progress notes are received after 24 hours, but less than 7 days following the service, a late fee of 10% will be deducted from the charges. Progress notes received 7 days or longer from the date of service will incur a penalty rate of 50% of full rate.
10. Once a child has been accepted for service, a 30 day notice will be required prior to discontinuing services for that child.
11. Be available to give input on child's progress for ECI six (6) month review and annual Individual Family Service Plan (IFSP) meeting.
12. If a vendor has any recommendations for change in frequency, duration or service goals, those recommendations will need to be made directly to the service coordinator. The service coordinator will then be responsible for meeting with the family and IFSP team to discuss service concerns.
13. Allow ECI Program staff who provide developmental services and other services to observe sessions as needed.
14. Involve parent/guardian in the session. Use Routines Based Intervention. This methodology calls for embedding interventions into the existing routines of the family and child. Vendor's role is to teach family members or caregivers how to embed interventions throughout the child's day in order to continuously support the child's learning and development
15. Billing:
 - a. Submit billing for services by the 5th of the following month.
 - 1) Services:
 - a) Progress notes must be faxed within 24 hours of providing service.
 - b) Any service listed on the billing for which progress notes have not been received will be deducted from the billing and held until the progress note has been received. The charges will then be added to the current bill being paid. Payment will reflect applicable late or penalty fee.
 - c) For billings where progress notes were received after 24 hours, but less than 7 days following the service will incur a late fee of 10% of the full rate. This 10% will be deducted from the charges.
 - d) For billings where progress notes were received 7 days or longer from the date of service will incur a penalty rate of 50% of the full rate. This 50% will be deducted from the charges.
 - e) No payments will be made for services until all paperwork has been received by MHMRA ECI Program.
 - b. Billing is not processed for payment until receipt of original copies of all progress notes for services delivered, services attempted, and due-services which were not delivered has been met.
 - c. Rates are charged for the actual time spent delivering services in face to face contact. Time spent driving to and from provision of service or between services is not billable.
 - d. The last date of service to a child can be no later than the day before the child's third (3rd) birthday. Later services will not be reimbursed.
 - e. Services may not be delivered to a child after the child's discharge from the ECI Program. Such services will not be reimbursed. The vendor is responsible for communicating with the child's service coordinator and being fully aware of the child's enrollment status.
 - f. Invoices or claim forms for services must be received no later than 45 calendar days after the end of the month in which services were rendered. Invoices or claim forms for services received later than 45 days after the end of the month in which the services were rendered will not be paid.
 - g. Payment shall be made 45 days after receipt of goods, services, or invoice, whichever is latest. Payment may be delayed, adjusted or withheld, where a deficiency is noted in goods, services, or invoices received. MHMRA retains the right to offset payments for prior invoices paid where a deficiency is noted after payment has been processed.
 - h. Invoices shall be submitted in duplicate as follows:

- 1) Original sent to Agency staff member authorized to approve billing,
 - 2) Duplicate to be marked "DUPLICATE" and sent to Accounts Payable as follows:
Mental Health and Mental Retardation Authority of Harris County
Attn: Accounts Payable
P O Box 25381
Houston, Texas 77265
Or Fax to: 713-970-7744
16. Each person delivering services to ECI children under this contract must have the following:
- a. Training:
 - 1) Initial and Annual training regarding the ECI procedural safeguards requirements for confidentiality,
 - 2) Initial and Annual Training in the Recognition of common childhood illnesses,
 - 3) Initial and Annual training in Universal Precautions. Training modules are available to meet this requirement.
 - b. Current Certification in CPR for Infants and children,
 - c. Current Certification in First Aid including emergency care of seizures,
 - d. Current professional credentials for the professional services delivered. Contractors must meet the highest standards of their profession and abide by their license, registration, or certification requirements.
 - e. Medicaid Provider Number
17. Vendor must provide documentation of required training and certifications and it must be received by the ECI Program prior to vendor or vendor's employee delivering service to any ECI program child. Documentation of annually required training is due by September 1 of each fiscal year. All training requirements have been established by the Texas Early Childhood Intervention Program.
18. Contractors are encouraged to become certified as a Texas Historically Underutilized Business (HUB) if vendor qualifies for HUB status.

Q. PERFORMANCE TARGETS

Perform duties in a timely, accurate, courteous and informative manner.

1. **Response Time** – Arrange Schedule for child's services. Vendor is to contact family of the referred child to schedule an appointment no longer than twenty-four (24) hours after referral is received from MHMRA ECI staff. Notify the child's Service Coordinator within 24 hours of any No Show Appointment.
2. **Procedural Safeguards, Safety and Security** – Vendor shall be responsible for maintaining: Annual Training regarding the ECI procedural safeguards requirements for confidentiality, Annual Training in Universal Precautions, Annual Training in the Recognition of common childhood illnesses, current Certifications in CPR for Infants and Children, and First Aid including emergency care of seizures.
3. **Timeliness / Reliability** – Contractor will deliver services at the frequency set on the IFSP. Vendor to provide make-up appointments for those which are cancelled by the vendor or family. Once a child has been accepted for service, a sixty (60) day notice will be required prior to discontinuing services for that child. Send progress notes to ECI Programs within 24 hours of service provision.
4. **Communication** – Vendor is to be aware of total array of services being provided to the child. Contractor must coordinate with other service providers on the child's plan. Communicate with service coordinator at least monthly and at any times when there are problems such as with attendance or frequency. Notify the child's Service Coordinator within 24 hours of any No Show appointment. If a vendor has any recommendations for change in frequency, duration or service goals, those recommendations will need to be made directly to the service coordinator. Allow ECI Program staff who provide developmental services and other services to observe sessions as needed. Vendor is to involve parent/guardian in the session and to show family members and caretakers how to embed interventions into their daily routines. Services may not be delivered to a child after the child's discharge from the ECI Program or later than the day before the child's third birthday. The vendor is responsible for communicating with the child's service coordinator and being fully aware of the child's enrollment status.

5. **Progress Notes** – Write progress notes about each session held. Write a sufficient number of progress notes to show that services were delivered at the frequency set on the IFSP. If services were not delivered at the frequency set, other progress notes should document cancelled sessions or No Shows or attempts to schedule and re-schedule service delivery. Write progress notes for sessions cancelled and for No Show appointments. Progress notes for sessions not held must have reasons session was cancelled and must support the contractor's efforts to communicate attendance problems to the Service Coordinator. Send progress notes to ECI Programs within 24 hours of service provision. Progress notes may be faxed.
6. **Experience and Professionalism** – All services are to be provided by Professionals that are Certified and Licensed to practice their specialized discipline as required by the State of Texas and as stipulated in this Request for Proposal. It is the responsibility of all vendors to maintain and keep current all required certifications and licensures and training and to provide documentation of all to ECI Program. Vendors must meet the highest standards of their profession and abide by their license, registration, or certification requirements.
7. **Support and Follow-Up** – Vendor is to be available to give input on child's progress for ECI periodic reviews and annual Individual Family Service Plan (IFSP) meeting. If a contractor has any recommendations for change in frequency, duration or service goals, those recommendations will need to be made directly to the service coordinator. Allow ECI Program staff who provide developmental services and other services to observe sessions as needed.
8. **Invoicing** – Vendor will submit billing for services at the contracted price by the 5th of the following month for payment at the end of that month. Billings received after the 5th of the month will be paid during the following month. Rates are charged for the actual time spent delivering services in face to face contact. Time spent driving to and from provision of service or between services is not billable. All invoices must be submitted in accordance with the terms and conditions stipulated in this Request for Proposal and must be accompanied by all requested information and documentation. Any services listed on the billing for which progress notes have not been received will be deducted from the billing and held until the progress note has been received. The charges will then be added to the current bill being paid. Payment will reflect a penalty fee.

SECTION VIII –PROPOSAL REPLY PAGE

**CONSUMER RELATED SERVICES FOR MHMRA ECI
(EARLY CHILDHOOD INTERVENTION) PROGRAM**

Proposal Opening: 10:00 a.m., Tuesday, June 15, 2010

Submitted by: _____

The contract period is anticipated to begin on September 1, 2010 for a one (1) year initial period of performance with two (1) one-year renewal options at the sole discretion of MHMRA based upon satisfactory performance and service, which will be reviewed on an annual basis.

**Initial Contract Period of Performance
September 01, 2010 through August 31, 2011**

**First One-Year Renewal Option
September 01, 2011 through August 31, 2012**

**Second One-Year Renewal Option
September 01, 2012 through August 31, 2013**

SECTION VIII –PROPOSAL REPLY PAGE. Cont’d

PRICING MATRIX – Provide your pricing in the following Format.

SERVICE CHARGES

Services are billable in fifteen (15) minute increments. Average session length/duration is forty-five (45) minutes. The average session duration of forty-five (45) minutes is used as the base for bidding purposes of this Request for Proposal, unless otherwise indicated in Pricing Matrix. MHMRA does not guarantee: quantity of children assigned to Vendor, quantity of sessions per child, nor length of duration of sessions. All service orders are based on individual child’s assessed need and will be specified by MHMRA ECI Program staff accordingly.

Rates are charged for the actual time spent delivering services in face to face contact. Time spent driving to and from provision of service or between services is not billable.

All services are provided in the English language, unless otherwise specified. All services are provided to child in their natural environment such as at home, grandma’s, or a child care center. Essentially, services are provided where children live, learn, play, and spend time on a daily basis.

Rates for sessions less than or in excess of forty-five (45) minutes will be prorated (in 15-minute increments) using the base Rate Quoted for a forty-five (45) minute session.

Example of Pro-Rated Rates:

Quoted Rate per One (1) Each:

45-minute session \$50.00

Prorated rate in 15-minute increments would be calculated as follows:

15-min session Prorated \$16.67

30-min session Prorated \$33.33

45-min session QUOTED \$50.00

60-min session Prorated \$66.67

75-min session Prorated \$83.33

90-min session Prorated \$100.00

Etc>>

No additional charges will be accepted.

SECTION VIII –PROPOSAL REPLY PAGE. Cont’d

1. SPEECH / LANGUAGE THERAPY SERVICES include: provision of services for the habilitation, rehabilitation or prevention of communicative or oropharyngeal disorders and delays in development of communication skills. Must be provided by a fully qualified Speech Language Pathologist. Services frequency can be as infrequent as once a month but average once every other week. Service intensity can be as short as 30 minutes and as long as 120 minutes.

Description of Service	UoM	Unit Price	Unit Price	Unit Price
		Initial Contract Period 9-1-10 to 8-31-11	First One-Year Renewal Period 9-1-11 to 8-31-12	Second One-Year Renewal Period 9-1-12 to 8-31-13
Speech / Language Therapy Services – English	Per Each 45-Minute Session			
Speech / Language Therapy Services – Spanish	Per Each 45-Minute Session			

Optional Services: All vendors are encouraged to include details of other services they provide that would compliment this specific service. For example: Evaluations, other fluently spoken and written languages, services available in Office setting; Please include full address of office location, etc. Note: Office visits other than Doctor evaluations would be considered for special circumstances only. (Contractor: For each additional service you provide and as applicable, please attach your information sheet to this reply page. Information sheet should include a summary description of the service offered.)

Description of Optional Service(s)	UoM	Unit Price	Unit Price	Unit Price
		Initial Contract Period 9-1-10 to 8-31-11	First One-Year Renewal Period 9-1-11 to 8-31-12	Second One-Year Renewal Period 9-1-12 to 8-31-13

SECTION VIII –PROPOSAL REPLY PAGE. Cont’d

2. OCCUPATIONAL THERAPY SERVICES: include services to address the functional needs of a child related to adaptive development, adaptive behavior and play, and sensory, motor and postural development. These services are designed to improve the child’s functional ability to perform tasks in home, school, and community settings. Must be provided by a fully qualified Occupational Therapist. Services frequency can be as infrequent as once a month but average once every other week. Service intensity can be as short as 30 minutes and as long as 60 minutes.

Description of Service	UoM	Unit Price	Unit Price	Unit Price
		Initial Contract Period 9-1-10 to 8-31-11	First One-Year Renewal Period 9-1-11 to 8-31-12	Second One-Year Renewal Period 9-1-12 to 8-31-13
Occupational Therapy Services – English	Per Each 45-Minute Session			
Occupational Therapy Services – Spanish	Per Each 45-Minute Session			

Optional Services: All vendors are encouraged to include details of other services they provide that would compliment this specific service. For example: Evaluations, other fluently spoken and written languages, services available in Office setting; Please include full address of office location, etc. Note: Office visits other than OT evaluations would be considered for special circumstances only. (Vendor: For each additional service you provide and as applicable, please attach your information sheet to this reply page. Information sheet should include a summary description of the service offered.)

Description of Optional Service(s)	UoM	Unit Price	Unit Price	Unit Price
		Initial Contract Period 9-1-10 to 8-31-11	First One-Year Renewal Period 9-1-11 to 8-31-12	Second One-Year Renewal Period 9-1-12 to 8-31-13

SECTION VIII –PROPOSAL REPLY PAGE. Cont’d

3. PHYSICAL THERAPY SERVICES: Services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services must be provided by a fully qualified Physical Therapist. Services frequency can be as infrequent as once a month but average once every other week. Service intensity can be as short as 30 minutes and as long as 60 minutes.

Description of Service	UoM	Unit Price	Unit Price	Unit Price
		Initial Contract Period 9-1-10 to 8-31-11	First One-Year Renewal Period 9-1-11 to 8-31-12	Second One-Year Renewal Period 9-1-12 to 8-31-13
Physical Therapy Services – English	Per Each 45-Minute Session			
Physical Therapy Services – Spanish	Per Each 45-Minute Session			

Optional Services: All vendors are encouraged to include details of other services they provide that would compliment this specific service. For example: Evaluations, other fluently spoken and written languages, services available in Office setting; Please include full address of office location, etc. Note: Office visits other than PT evaluations would be considered for special circumstances only. (Contractor: For each additional service you provide and as applicable, please attach your information sheet to this reply page. Information sheet should include a summary description of the service offered.)

Description of Optional Service(s)	UoM	Unit Price	Unit Price	Unit Price
		Initial Contract Period 9-1-10 to 8-31-11	First One-Year Renewal Period 9-1-11 to 8-31-12	Second One-Year Renewal Period 9-1-12 to 8-31-13

SECTION IX –PROPOSAL SIGNATURE PAGE

**CONSUMER RELATED SERVICES FOR MHMRA ECI
(EARLY CHILDHOOD INTERVENTION) PROGRAM**

Proposal Due Date: 10:00 a.m., Tuesday, June 15, 2010

(Proposals received later than the date and time above will not be considered.)

OFFERORS NOTE!!

Carefully read all instructions, requirements and specifications. Fill out all forms properly and completely. Submit your proposal with all appropriate supplements and/or samples.

Please return proposal in a SEALED envelope. Envelope must be marked:

SEALED PROPOSAL- CONSUMER RELATED SERVICES FOR MHMRA ECI (EARLY CHILDHOOD INTERVENTION) PROGRAM, DUE: 10:00 A.M., TUESDAY, JUNE 15, 2010

MENTAL HEALTH MENTAL RETARDATION AUTHORITY OF HARRIS COUNTY IN ITS SOLE AND ABSOLUTE DISCRETION SHALL HAVE THE RIGHT TO AWARD CONTRACTS FOR ANY OR ALL MATERIALS LISTED IN EACH PROPOSAL, SHALL HAVE THE RIGHT TO REJECT ANY AND ALL PROPOSALS, AND SHALL NOT BE BOUND TO ACCEPT THE LOWEST PROPOSAL AND SHALL BE ALLOWED TO ACCEPT THE TOTAL PROPOSAL OF ANY ONE OR MORE CONTRACTORS.

**** Authorized Representative MUST sign below in INK; failure to sign WILL disqualify this offer.**

Independent Provider and/or Provider Firm Name: _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Telephone No: _____ **FAX No.** _____

Email Address: _____

Type or Print Name: _____

****Authorized Signature in INK:** _____ **Date:** _____

Title: _____

SECTION X - ATTACHMENTS

A - DEVIATION FORM

B - NOTICE “NOT TO PARTICIPATE” FORM

C – SERVICE AREA MAP

D – Form W-9, Rev. October 2007, Request for Taxpayer Identification Number and Certification <http://www.irs.gov/pub/irs-pdf/fw9.pdf>

E - HUB Subcontracting Plan (Historically Underutilized Business)

ATTACHMENT A

DEVIATION FORM

All deviations to this Solicitation (Proposal and Sample Contract) must be noted on this sheet. In the absence of any entry on this Deviation Form, the prospective vendor assures MHMRA of their full agreement and compliance with the Specifications, Terms and Conditions.

Each response to this Solicitation shall contain a Deviation Form, which states the prospective vendor's commitment to the provisions of this Solicitation. An individual authorized to execute contracts must sign the Deviation Form. Any exceptions taken to the terms and conditions identified in this Solicitation Package must be expressly stated in the Deviation Form. (*ATTACHMENT A*)

THIS DEVIATION FORM MUST BE SIGNED BY EACH PROSPECTIVE VENDOR WHETHER THERE ARE DEVIATIONS LISTED OR NOT, AND SUBMITTED WITH THIS SOLICITATION

SPEC # Section # Or Page #	DEVIATION(S)

Independent Contractor and / or Firm

Authorized Signature

Date

ATTACHMENT B

NOTICE “NOT TO PARTICIPATE” FORM

Dear Vendor

Please check the appropriate box below, complete the remainder of this form and return it PRIOR to the scheduled Date and Time:

- I/Our Company cannot provide the products, supplies and/or services listed in this request. Please MOVE my/our name and address to the following category(ies) so that we may bid at a later date:

Category(ies): _____

- I/We have chosen NOT to submit a bid/proposal at this time, but would like to remain on your list for this bid/proposal category. We did not submit a bid/proposal because:

Reason(s): _____

- Please REMOVE my/our name from all MHMRA Harris County lists until further notice.

Reason(s): _____

Independent Provider and/or Provider Firm Name: _____

Representative: _____

Address: _____ Please Print _____ Phone () _____

E-mail: _____ Fax () _____

PLEASE RETURN THIS FORM ONLY TO:

**MHMRA Harris County
Purchasing Department
*Notice “Not to Participate” – CONSUMER RELATED SERVICES FOR MHMRA ECI
(EARLY CHILDHOOD INTERVENTION) PROGRAMS*
7011 Southwest Freeway
Houston, Texas 77074**

Authorized Signature: _____

Title: _____ **Date:** _____

VENDORS WHO RESPOND TO THIS INVITATION WITH A COMPLETED BID FORM WILL REMAIN ON OUR MAILING LIST. VENDORS MAKING NO RESPONSE MAY BE REMOVED FROM THAT LISTING.

Thank you for your time and assistance.

ATTACHMENT C – SERVICE AREA MAP

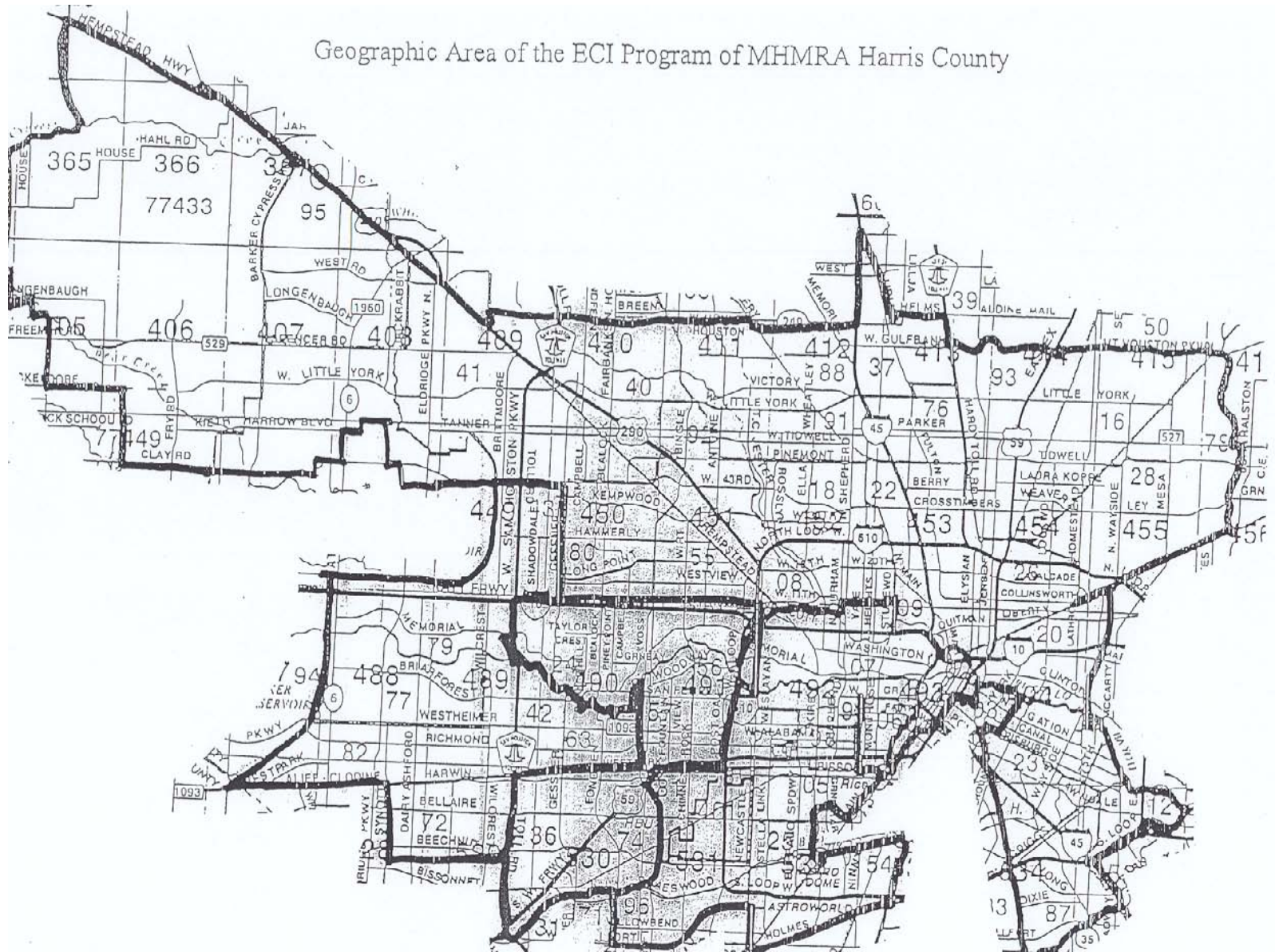
SERVICE AREA MAP Attached

Independent Provider(s) and/or Provider Firm(s) are to completely shade in the area(s) on the enclosed map to indicate their desired areas of availability.

Un-shaded areas will be considered as undesired service areas.

Independent Provider(s) and/or Provider Firm(s) are to SUBMIT the map shaded with their service availability with their proposal documents.

Geographic Area of the ECI Program of MHMRA Harris County



**ATTACHMENT D – FORM W-9, Rev. October 2007, REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION**

Form W-9, Pages 1 – 4

Attached

Vendors are to complete this form and submit with their response to this Request for Proposal documents. Go to attached link for W-9, if an invitation to this Request for Proposal was emailed.

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

ATTACHMENT E

**HUB SUBCONTRACTING PLAN
HISTORICALLY UNDERUTILIZED BUSINESS**

(HUB-LOI IS USED BY POTENTIAL VENDOR/VENDOR TO IDENTIFY SUB-VENDORS
SELECTED FOR WORK ON THE CONTRACT)

Vendor _____ Vendor Identification Number: _____

Address: _____

Phone: ____ - ____ - ____ Bid/Proposal Number: _____ Contract Amount: _____

Description of commodities/specifications: _____

Duration of Contract: _____

Name of Subcontractor/Supplier: _____

Address: _____

Phone: ____ - ____ - ____ Is the subcontractor a certified HUB? ____ Yes ____ No

If yes, enter the GSC Certificate (VID) number: _____

Dollar amount of contract with subcontractor /supplier: \$ _____

Percentage amount of contract with subcontractor /supplier:% _____

Description of materials/services performed under agreement with the subcontractor
for amount indicated above:

PLEASE SUBMIT A SEPARATE FORM FOR EACH SUBVENDOR/SUPPLIER

SECTION XI – SUPPLEMENTAL ATTACHMENTS

Supplement 1: Sample Forms and Instructions

- Early Childhood Intervention “Individual Service Entry” Form, rev. 8-26-2003
- “Consultant Claim Form”, MHMRA #76.017, rev. 11/91:rde (Blank)
- Sample “Consultant Claim Form”, MHMRA #76.017, rev. 11/91:rde (completed with sample data)

Supplement 2: Provider Application for ECI Program

- **In the event you and/or your firm are selected as the Independent Provider and/or Provider Firm, Completed Applications must be on file with MHMRA prior to contract execution.**

Supplement 3: Medicaid Provider and Insurance Provider Application

- Texas Medicaid Provider Instruction Sheet
- Texas Medicaid Provider Enrollment Application
- Texas Standardized Credentialing Application and Instructions
- National Provider Identifier Application/Update Form and Instructions
- TRICARE Provider File Application and Instructions
- MWARA of Harris County #1456 Pre-Employment Disclosure and Release Form

Supplement 4: ECI CONFIDENTIALITY POLICIES, PROCEDURES AND PRACTICES

- Self-Study Package Designed for ECI Staff and Vendors
 - Acknowledgement of Training in ECI Confidentiality Policy and Procedures.
 - ECI Confidentiality Test
- Vendor to: *COMPLETE and RETURN with Proposal Reply***

Supplement 5: ECI UNIVERSAL PRECAUTIONS AND CHILDHOOD ILLNESSES

- Self-Study Package Designed for ECI Staff and Vendors
 - Acknowledgement of Training in ECI Confidentiality Policy and Procedures
 - ECI Confidentiality Test
- Vendor to: *COMPLETE and RETURN with Proposal Reply***

In the event you and/or your firm are selected as the Independent Provider and/or Provider Firm, Completed Applications must be on file with MHMRA prior to contract execution. Please check back before completing the applications to ensure that there is not a newer version of the application.

SUPPLEMENT 1: Sample Forms and Instructions

Sample Forms and Instructions Attached

- **Early Childhood Intervention “Individual Service Entry” Form, rev. 8-26-2003**
- **“Consultant Claim Form”, MHMRA #76.017, rev. 11/91:rde (Blank)**
- **Sample “Consultant Claim Form”, MHMRA #76.017, rev. 11/91:rde (completed with sample data)**

SUPPLEMENT 2: Provider Application for ECI Program

**Provider Application for ECI Program
Attached**

In the event you and/or your firm are selected as the Independent Provider and/or Provider Firm, Completed Applications must be on file with MHMRA prior to contract execution.

SUPPLEMENT 3: Medicaid Provider and Insurance Provider Application

**Texas Medicaid Provider Instruction Sheet
And
Texas Medicaid Provider Enrollment Application
Attached**

**Texas Standardized Credentialing Application and Instructions
Attached**

**National Provider Identifier (NPI) Application/Update Form and Instructions
Attached**

**TRICARE Provider File Application and Instructions
Attached**

**MWARA of Harris County #1456 Pre-Employment Disclosure and Release Form
Attached**

**In the event you and/or your firm are selected as the Independent Provider and/or
Provider Firm, Completed Applications must be on file with MHMRA prior to contract
execution.**

SUPPLEMENT 4: ECI CONFIDENTIALITY POLICIES, PROCEDURES AND PRACTICES

**Self-Study Package
And
Acknowledgement of Training in ECI Confidentiality Policy and Procedures
And
ECI Confidentiality Test
Attached**

Independent Provider(s) and/or Provider Firm(s) are to complete this Acknowledgement of Training form and SUBMIT with their proposal documents.

SUPPLEMENT 5: ECI UNIVERSAL PRECAUTIONS AND CHILDHOOD ILLNESSES

**Self-Study Package
And
Acknowledgement of Training in Universal Precautions and Childhood Illnesses
And
ECI Universal Precautions and Recognition of Common Childhood Illnesses Test
Attached**

Independent Provider(s) and/or Provider Firm(s) are to complete this Acknowledgement of Training form and SUBMIT with their proposal documents.