



Hidalgo County Head Start Program Policy Council Agenda

DATE: March 11, 2009

SUBJECT: Discussion/Approval to advertise and approval of statement of qualifications, requirements and scope of services for the following:

- 1) Medical & Dental Providers
- 2) Mental Health Providers
- 3) Special Services Providers

RATIONALE/NEED: To obtain medical/dental, mental health, and special services for the Head Start children for the next school year.

RECOMMENDATION: Administration recommends approval

COST: As specified on services required

RELATED INFORMATION INCLUDED: Qualifications, Requirements and Scope of Services

INITIATED BY: Ambrosio Tovar, Procurement Director *at*

REVIEWED BY: Mr. Edmundo Garcia, Assistant Director *[Signature]*

PROGRAM DIRECTOR'S APPROVAL: *Jeresa Floer*

MEDICAL & DENTAL REQUIREMENTS

REQUEST FOR QUALIFICATIONS:

The required contents and limitations for the preparation of the RFQ are described in this section. Failure to provide the requested information or adhere to any County limitations will result in disqualification of the submitted RFQ. A total of one (1) original and three (3) copies of the RFQ shall be submitted to the address on the cover letter.

CONTENTS:

The required contents for the RFQ for Medical & Dental Providers are presented below in the order they should be incorporated into the submitted document.

- A. Name of the Medical & Dental Provider and Specialty.
- B. Business Address and Telephone Number.
- C. The name of the Professional who will be the Primary Contact Person and the names and qualifications of any associates in the office who will also be assisting with providing the services required. Curriculum Vitae, résumés or biographies will include detailed qualifications, competence, and proof that they possess the minimum professional requirements, licenses or certifications by the appropriate authority in their respective field. Additional information required:
 1. Number of available staff providing services, résumé to include current place of employment, two reference letters, and updated copies of individual licenses/certificates;
 2. Cultural, linguistic sensitivity, diversity and flexibility to be considered for evaluations and treatment
 3. Office sites and locations: Provide a list of the office sites/locations throughout Hidalgo County. **NOTE:** Head Start does not provide space accommodations at the centers for the provision of services
 4. Include proof that appropriate insurance as required by Federal, State and Local laws will be retained for all professionals providing services to the Hidalgo County Head Start Program as well as those described herein in Exhibit "C."
 5. Include copy of Texas Drivers License photo I.D. and proof of criminal background.
- D. Furnish the following:
 1. Sample copy of a comprehensive Medical & Dental Evaluation for three (3) to five (5) year old children.
- E. Attach "Letters of References" from past and present organizations or programs in either the public or private sector with whom you have worked. Include address and telephone numbers.
- F. Describe other information you would consider pertinent to the Head Start Program in reviewing your Statement of Qualifications.

- G. All Medical & Dental Providers will be responsible to be knowledgeable of all current Medicaid regulations pertaining to reimbursement for services rendered to Head Start children.

Scope of Services: The Hidalgo County Head Start Program, as stated previously herein, is seeking interested and qualified firm(s) or organizations to submit Statement of Qualifications. Engagement for rendering services would include, but not be limited to the following:

- I. Scope of Medical Services (as mandated by State-Medicaid and Federal Guidelines) include, but may not be limited to the following:

- A. Family profile and health
- B. Nutrition
- C. Development according to age and child's health
- D. Allergies
- E. Mental Health
- F. Health Education
- G. Physical Examination – A complete physical examination to check all body systems and regions beginning at the time of enrollment (example: appearance, head, skin/nodes, eyes, ears, nose, mouth/throat, teeth, neck, chest/breast, heart, pulses, abdomen, genitalia/anus, spine, extremities, muscle tone, etc.) will include the following:
 - 1. Height-Weight
 - 2. Blood Pressure
 - 3. Vision Screen (as mandated by Medicaid). A basic eye chart screen. For example, the Tumbling E, HOTV.
 - 4. Hearing Screen (as mandated by Medicaid). A basic screen done by an audiometer.
 - 5. Hemoglobin/ Hematocrit – A procedure to determine iron deficiency anemia.
 - 6. Lead screening – A procedure to determine lead levels in the blood.
 - 7. Immunizations – All or any immunizations required to update the child's health record.
 - 8. Mantoux Tuberculin Skin Test – An intra-dermal test consisting of 0.1cc tuberculin for proof of T.B. with date result and signature of person providing the test.
 - 9. Strabismus Testing – a procedure to determine if child lacks strength, eye coordination.
 - 10. Dental Screen – a visual exam to determine the category of a child's dental exam (Example: Needs Attention Soon, Needs Routine Care).

- H. Final Diagnosis, assessment and/or Plan.

- I. Referral – If an abnormal physical exam arises and the provider is unable to treat condition, a referral should be made at once. Parent will be notified as soon as abnormality is found or detected.

NOTE: The provider may be required to provide copies, in lieu of originals, notarized records/affidavits on each individual record documentation, promptly and at no cost.

Confidentiality: Providers must have a procedure to ensure that no information about a child is disclosed in a form that identifies the person without a signed Consent for Release of Information by the child's parent or legal guardian. All Business Associates must be in Health Insurance Portability and Accountability Act (HIPAA) Compliance.

II. Scope of Dental Health Services (as mandated by Medicaid Guidelines) include, but are not limited to the following:

- A. A complete and comprehensive dental examination – on the initial examination the dentist will provide a complete examination as agreed to by Medicaid every twelve (12) months. The examination will consist of:
 - 1. A visual examination
 - 2. X-Rays
 - 3. Prophylaxis (cleaning)
 - 4. Nutritional counseling
 - 5. Behavior management, if necessary
- B. Periodic Oral Examination- Every six (6) months the child must receive a periodic oral examination as agreed to by Medicaid guidelines.
- C. Referral – If an abnormality arises and provider is not able to treat the condition, the parent will be notified as soon as abnormality is found or detected, and the parent will be given the opportunity to select a specialist (if such an option is available) in the appropriate dental field from a roster of recommended "List of Providers" by the dental provider.

NOTE: The provider may be required to provide copies, in lieu of originals, notarized records/affidavits on each individual record documentation, promptly and at no cost.

Confidentiality: Providers must have a procedure to ensure that no information about a child is disclosed in a form that identifies the person without a signed Consent for Release of Information by the child's parent or legal guardian. All Business Associates must be in HIPAA Compliance.

SUBMITTERS ARE NOT TO PROVIDE A FEE SCHEDULE WITH THIS SUBMITTAL: The fee will be negotiated in accordance with the Professional Services Procurement Act, Tex. Govt. Code Ann 2254.001, et seq.

NUMBER OF COPIES TO BE SUBMITTED: Hidalgo County Head Start Program **requires one (1) original** submittal and **three (3) copies**.

MENTAL HEALTH REQUIREMENTS

REQUEST FOR QUALIFICATIONS:

The required contents and limitations for the preparation of the RFQ are described in this section. Failure to provide the requested information or adhere to any County limitations will result in disqualification of the submitted RFQ. A total of one (1) original and three (3) copies of the RFQ shall be submitted to the address on the cover letter.

CONTENTS:

The required contents for the RFQ for Mental Health Consultants, which include License Professional Counselor (LPC), Psychologist, and Psychiatrist, are presented below in the order they should be incorporated into the submitted document.

- A. Name of the firm for Mental Health Providers.
- B. Business Address and Telephone Number.
- C. The name of the Professional who will be the Primary Contact Person and the names and qualifications of any associates in the office who will also conduct Mental Health evaluations or provide services scheduled with the Hidalgo County Head Start Program. Curriculum Vitae, résumés or biographies will include detailed qualifications, competence, and proof that they possess the minimum professional requirements, licenses or certifications by the appropriate authority in their respective field.
Additional information required:
 1. Number of available staff providing services;
 2. Cultural, linguistic sensitivity, diversity and flexibility;
 3. Office sites and locations;
 4. Include proof that appropriate insurance as required by Federal, State and Local laws will be retained for all professionals providing services to the Hidalgo County Head Start Program as well as those described herein in Exhibit "C."
- D. Furnish the following:
 1. Techniques utilized in completing Mental Health evaluations for three (3) to five (5) year old children;
 2. The list of instruments utilized in completing Mental Health evaluations for three (3) to five (5) year old children;
 3. Sample copy of a comprehensive Mental Health evaluation for three (3) to five (5) year old children.
- E. Attach "Letters of References" from past and present organizations or programs in either the public or private sector with whom you have worked. Include address and telephone numbers.
- F. Describe other information you would consider pertinent to the Head Start Program in reviewing your Statement of Qualifications.

Scope of Services: The Hidalgo County Head Start Program, as stated previously herein, is seeking interested and qualified firm(s) or organizations to submit Statement of Qualifications.

- I. Scope of Mental Health Services would include, but may not be limited to the following:
- A. Classroom observation.
 - B. Individual child observation.
 - C. Psychological Assessment, Screening and Evaluations.
 - D. Parenting Skills Training.
 - E. Staff Mental Health Training.
 - F. Psychological Services.
 - G. Child, Family and Staff Consultation/Counseling/Play Therapy.
 - H. Medication Management (Follow-Up).
 - I. Behavior Modification Plans.
 - J. Required Hidalgo County Head Start Program documentation as required by the Performance Standards.
 - K. Home Visits (As Deemed Necessary).
 - L. Prescribed Medication (As Deemed Necessary).

Confidentiality: Providers must have a procedure to ensure that no information about a child is disclosed in a form that identifies the person without a signed Consent for Release of Information by the child's parent or legal guardian. All Business Associates must be in Health Insurance Portability and Accountability Act (HIPAA) Compliance.

PROPOSERS ARE NOT TO PROVIDE A FEE PROPOSAL WITH THIS SUBMITTAL:
The fee will be negotiated in accordance with the Professional Services Procurement Act, Tex. Govt. Code Ann 2254.001, et seq.

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SPECIAL SERVICES REQUIREMENTS

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Contents:

The required contents for the RFQ for Special Services Providers are presented below in the order they should be incorporated into the submitted document.

- A. Name of the firm for Special Services Providers.
- B. Business Address and Telephone Number.
- C. The name of the professional who will be the primary contact person and the names and qualifications of any associates in the office who will also conduct Special Services evaluations or provide services scheduled with the Hidalgo County Head Start Program. Curriculum Vitae, résumés or biographies will include detailed qualifications, competence, and proof that they possess the minimum professional requirements, licenses or certifications by the appropriate authority in their respective field.
Additional information required:
 1. Number of available staff providing services, résumé to include current place of employment, two reference letters, and updated copies of individual licenses/certificates.
 2. Cultural, linguistic sensitivity, diversity and flexibility to be considered for evaluations and treatment.
 3. Office sites and locations: Provide a list of the office sites /locations throughout Hidalgo County. **NOTE:** Head Start does not provide space accommodations at the centers for the provision of services.
 4. Include proof that appropriate insurance as required by Federal, State and Local laws will be retained for all professionals providing services to the Hidalgo County Head Start Program as well as those described herein in Exhibit "C."
 5. Include copy of Texas Drivers License, Motor Vehicle Report (MVR), photo I.D., First Aid/CPR Certifications, two (2) employment reference letters, résumé to include current place of employment and proof of criminal background investigation of all designated bus/van drivers and monitors (Preferably driver and monitor will consist of a male/female, or female/female team).
 6. Transportation is a must. **No sub-contracting for transportation shall be allowed.** The Provider shall be in full compliance with federal, state, and local laws, rules, and regulations pertaining to transportation of all children (ages 3-5) as per Head Start Performance Standards, 1310. (Refer to Attachment).
- D. Furnish the following:
 1. Techniques utilized in completing Special Services evaluations for three (3) to five (5) year old children;

2. The list of instruments utilized in completing Special Services evaluations for three (3) to five (5) year old children;
 3. Sample copy of a comprehensive Special Service Evaluation for three (3) to five (5) year old children.
- E. Attach "Letters of References" from past and present organizations or programs in either the public or private sector with whom you have worked. Include address and telephone numbers.
 - F. Describe other information you would consider pertinent to the Head Start Program in reviewing your Statement of Qualifications.
 - G. All Special Services Providers will be responsible to be knowledgeable of all current Medicaid regulations pertaining to reimbursement for services rendered to Head Start children.

Scope of Services: The Hidalgo County Head Start Program, as stated previously herein, is seeking interested and qualified firm(s) or organizations to submit Statement of Qualifications. Engagement for rendering services would include, but not be limited to the following:

- I. Scope of Special Services include, but may not be limited to the following:
 - A. Occupational Therapy, Physical Therapy, Speech Language Therapy, Visual Impairment Assessments, Screening and Evaluations to include reports and quarterly progress reports.
 - B. Family and Staff Training.
 - C. Speech-Language Therapy - Individual.
 - D. Physical Therapy - Individual.
 - E. Occupational Therapy - Individual.
 - F. Individual Education Plan (I.E.P.) Meetings.
 - G. Required Hidalgo County Head Start Program documentation /reports as required by the Performance Standards.
 - H. Staff Technical Assistance.
 - I. Direct Supervision of Licensed Assistants in Speech Language Pathology.
 - J. Time frame for children's special services to include transport time should not exceed more than two hours. If children receive more than one discipline separate, appointment times should be scheduled.

Confidentiality: Providers must have a procedure to ensure that no information about a child is disclosed in a manner that identifies the person without a signed Consent for Release of Information by the child's parent or legal guardian. All Business Associates must be in Health Insurance Portability and Accountability Act (HIPAA) Compliance.

SUBMITTERS ARE NOT TO PROVIDE A FEE SCHEDULE WITH THIS SUBMITTAL:

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