*Community Behavioral Health Approach, LLC.*

Application to be a Contracted Provider

of

Comprehensive Behavioral Health Assessments

Kids Central, Inc.

c/o Community Behavioral Health Approach, LLC.

901 Industrial Drive

Suite 200

Wildwood, FL 34785

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# 1.0 Overview and Application

## 1.1 Overview

Community Behavioral Health Approach, LLC. (CBHA, LLC.) is a wholly owned subsidiary of Kids Central, Inc. CBHA, LLC. was created to establish a network of qualified subcontractors to provide Comprehensive Behavioral Health Assessments (assessments) for the children placed in Kids Central’s care.

CBHA, LLC. desires to develop and maintain a network of qualified subcontractors to ensure assessments are performed in a manner that meets quality and timeliness standards.

CBHA, LLC. is seeking Master’s level practitioners to conduct comprehensive assessments on children removed from their homes due to abuse, neglect and/or abandonment. Qualified candidates must be able to perform said services in Circuit 5 (Citrus, Hernando, Lake, Marion, and Sumter Counties).

## 1.2 Application

Application Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Medicaid Provider: Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ Medicaid Provider #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Individual National Provider Identifier (NPI): Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ NPI#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child and Adolescent Needs and Strengths (CANS) Certification: Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Master’s Degree in the field of counseling, social work, psychology, rehabilitation, special education, and/or a human services field and have knowledge of the Diagnostic and Statistical Manual of Mental Disorders and Medicaid documentation requirements:

Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_ What type of Master’s\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must have a minimum of two (2) year’s full-time work experience working directly with children and families who are victims of physical abuse, sexual abuse, neglect, or youth who have been adjudicated delinquent and committed and are emotionally disturbed.

Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Describe full-time work experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Must have a minimum of two (2) year’s working experience directly related to Comprehensive Behavioral Health Assessment’s (CBHA) (i.e. writing, reviewing, etc.)

Yes \_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_

Describe working experience \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If no to any questions above, do not apply.**

**Applicant/Provider Contact Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Mailing Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone: Cellular: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CBHA, LLC. will review the application packet for completeness and will not accept a package that is incomplete. All qualified applications will be considered, however, not all qualified applications will be chosen to be a Contracted Provider. A representative of CBHA, LLC will contact you within 90 days of receiving your application.

**Required Documents**: The following documents are required and necessary to complete the Application process. These documents must be submitted along with your Application and prior to your Network Participation being approved. Non- receipt of these documents will delay the approval process. Copies may be submitted via email (preferred method), fax, or US Postal Service. See available submission addresses below.

Copy of License/Certification: You must submit a copy of your license/certification along with your Application prior to your Network Participation being approved.

Tax IRS Form W-9- A copy of the W-9 form for the Tax Identification Number (TIN) you are practicing under must be submitted along with your Application prior to your Network Participation being approved.

Copy of Professional Liability Insurance: A copy of your Professional Liability insurance policy displaying policy dollar limits must be submitted along with your Application prior to your Network Participation being approved. CBHA requires limits of not less than $1,000,000 per claim and $3,000,000 in the aggregate.

National Provider Identifier (NPI) - This is a 10-digit identification number issued by the Centers for Medicare & Medicaid Services (CMS) to health care providers under the Health Insurance Portability & Accountability Act (HIPAA). It is used to identify individuals (Type 1) and organizations (Type 2). An NPI is necessary to file a claim and receive reimbursement from CBHA, Inc. To apply for an NPI, visit the National Plan & Provider Enumeration System (NPPES) website.

**Redacted CBHA Samplings:** Provide an example of a CBHA sampling that you have completed. Please ensure that all personal information is redacted from the sampling.

**Additional Supporting Documents:** A copy of resume describing full-time work experience working directly with children and families who are victims of physical abuse, sexual abuse, neglect, or youth who have been adjudicated delinquent and committed and are emotionally disturbed. Working experience of a minimum of two (2) years directly related to Comprehensive Behavioral Health Assessment’s (i.e. writing, reviewing, etc.)

A copy of required Master’s degree/s in the field of counseling, social work, psychology, rehabilitation, special education, and/or a human services field and have knowledge of the Diagnostic and Statistical Manual of Mental Disorders and Medicaid documentation requirements.

**Application:** A complete packet consists of the following:

1. Completed application
2. Required Documents
3. Redacted CBHA Sampling
4. Additional supporting documents (Resumes and degree)

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# 2.0 DETAILS AND QUALIFICATIONS

2.1 Details

Compliance with all Applicable State Business and Employment Laws: All providers shall comply with all laws governing entities doing business in the State of Florida and must be in good standing. Prior to contracting, owners of all forms of business doing business in the State except sole proprietorships, charitable organizations, unincorporated associations and foreign insurance companies shall register and be in good standing with the Florida Department of Corporations, Business Registration Division. Foreign entities/companies must register with the Florida Department of State, Division of Corporations. More information is available at the Florida Department of Corporations website. Under Florida law a foreign corporation is a for profit corporation incorporated under laws outside of Florida (Fla. Stat. 606.01401(12)). “A foreign corporation may not transact business in this state until it obtains a certificate of authority from the Department of State.” (Fla. Stat. 607.1501(1)).

Compliance with Background Screening requirements: Provider staff and volunteers shall comply with required Level II background screening. CBHA, LLC. requires that all Level II background screenings also include a local law check for every county and/or city the employee has resided in within the past three (3) years, prior to application for employment or provision of volunteer services. Prior to the start date of an employee being hired for service under this agreement, CBHA, LLC. requires that the Provider complete a reference check for the prospective employee through the office of the Inspector General. Exhibit A, “Office of Inspector General Request for Reference Check” must be completed and results received before employment can begin. The Inspector General Reference Check results will be kept in the Provider’s Personnel File and Exhibit B “Inspector General Reference Check Summary” will be submitted monthly with the invoice to the Contracts Manager.

Compliance with Employment Eligibility Laws**:** U.S. law requires companies to employ only individuals who may legally work in the United States, either U.S. citizens, or foreign citizens who have the necessary authorization. All providers shall enroll and utilize the U.S. Department of Homeland Security’s E-Verify system, <https://e-verify.uscis.gov/enroll>, to verify the employment eligibility of all persons employed to perform duties related to this award.

Confidentiality of Information: CBHA, LLC. reserves the right to retain all copies of applicant proposals submitted in response to this Request for Proposals. You are hereby notified that under FS 119.07, (“Florida’s Sunshine Law”) proposals submitted in response to this solicitation cannot be granted immunity from public scrutiny. All information submitted must be made available to the public for examination, if so requested. Applicant requests to hold certain submitted materials in confidence cannot be honored. If it is essential to your organization that certain materials are kept confidential, and they are a required element of this Request for Proposal, it is recommended that you decline to respond to this solicitation.

Conviction of Offense: The award recipient will ensure that employees, agents and independent contractors who provide direct care to Clients comply with the Affidavit of Good Moral Character Form.

Licenses and Permits: Applicants shall obtain and pay for all necessary licenses, permits, and related documents, required; to comply with the proposal. Applicant shall save and hold harmless CBHA, LLC. as a result of any infraction of the aforementioned. Applicant shall provide all applicable licenses as a part of the proposal.

Subcontractors: Applicants must describe in the proposal, all responsibilities that applicant anticipates assigning or subcontracting, identify the subcontractor and also describe how applicant will manage these subcontractors.

Wages and Labor Law Compliance: Prior to contract execution for service contract in excess of $1.00, the provider shall certify, if applicable, that it complies with all state of Florida labor and wage regulations, “Wages, hours, and working conditions of employees of contractors performing services.”

2.2 Qualification Requirements

Failure to have performed any previous contractual or employment obligations with CBHA, LLC., Kids Central Inc. (KCI) or the State of Florida in a manner satisfactory to CBHA, LLC., KCI or DCF may be sufficient cause for disqualification. To be disqualified as a Respondent under this provision, the Respondent must have:

1. Previously failed to satisfactorily perform in a contract or employment with CBHA, LLC., KCI or DCF, been notified by CBHA, LLC., KCI or DCF of unsatisfactory performance, and failed to correct the unsatisfactory performance to the satisfaction of CBHA, LLC., KCI or DCF; or
2. Had a contract or employment terminated by CBHA, LLC., KCI or DCF.

Per DCF requirements, CBHA, LLC. will not intentionally award contracts to any applicants or its Providers and/or sub-providers that:

1. Has been barred, suspended, or otherwise prohibited from doing business with any government entity, or has been barred, suspended, or otherwise prohibited from doing business with any government entity within the last five (5) years
2. Is under investigation or indictment for criminal conduct, or has been convicted of any crime which would adversely reflect on their ability to provide services to vulnerable populations, including, but not limited to, abused or neglected children, or which adversely reflects their ability to properly handle public funds;
3. Is currently involved, or has been involved within the last five (5) years, with any litigation, regardless of whether as a plaintiff or defendant, which might pose a conflict of interest to the Department, the state or its subdivisions, or a federal entity providing funds to the Department;
4. Had a contract or employment terminated by the Department for failure to satisfactorily perform or for cause; or
5. Failed to implement a corrective action plan approved by the Department or any other government entity, after having received due notice.

2.3 Insurance Requirements

* The ability to meet the following insurance coverage as required by Florida Statute 409.1671:
  1. Professional and General Liability Insurance – The Applicant shall maintain professional and comprehensive general liability insurance covering Provider for claims arising from acts or omissions occurring within the scope of the services provided, with a minimum coverage limit of $1,000,000 (per occurrence) and $3,000,000 (aggregate).
  2. Workers’ Compensation – The Applicant will maintain workers’ compensation insurance per Florida statutory limits covering all employees engaged in any work associated with this Contract.
  3. The respondent must be willing to add CBHA, LLC. as an additional insured on the general, professional and sexual abuse liability policies and be willing to add CBHA, LLC. as a certificate holder.

# 3.0 Contact Information, Evaluation, Payment Method

3.1 Application

Proposals may be mailed or emailed to:

|  |  |
| --- | --- |
| EMAILS: | [aimee.gandy@kidscentralinc.org](mailto:aimee.gandy@kidscentralinc.org) |

|  |  |
| --- | --- |
| MAIL-INS or HAND DELIVERIES: | Kids Central, Inc.  c/o Community Behavioral Health Approach, LLC.  Attn: Aimee Gandy  901 Industrial Drive  Suite 200  Wildwood, Florida 34785 |

INQUIRIES & QUESTIONS: Inquiries and questions regarding this Application must be in writing and must be directed to [aimee.gandy@kidscentralinc.org](mailto:aimee.gandy@kidscentralinc.org) which will be your primary contact.

3.2 Evaluation of Application

The evaluation of applications received in response to this request will be conducted comprehensively, fairly and impartially. A designated reviewer shall review and evaluate applications; the review official will be an individual with experience in, knowledge of, and program responsibility for program service and financing.

CBHA, LLC. considers awards based on the following:

1). Information as presented in the application; and

2). Which proposal(s), in the opinion of the Review Committee, will best serve the needs of CBHA, LLC.’s network.

CBHA, LLC. will not be liable for any costs incurred by the applicant relating to these discussions.

3.3 Payment Method

Payment will be made based upon a negotiated rate and terms.