[](http://intranet.dfps.txnet.state.tx.us/Chief_of_Staff/Communications/Logos/images/cps/CPS_MD.png)

**Jaime Masters, DFPS Commissioner**

**Open Enrollment**

**For**

**Out of State Courtesy Supervision**

**For children placed in Residential Treatment Centers (RTCs) located outside of Texas**

**Enrollment Number: HHS0011802**

**Enrollment Period Opens: May 1, 2022**

**Enrollment Period Closes: August 31, 2027**

**CPA Class/Item Code:**

***952-85***

1. **GENERAL INFORMATION**
   1. **Introduction.** The Health and Human Services Commission (HHSC) on behalf of the Department of Family and Protective Services (DFPS) Child Protective Services (CPS) is issuing this Open Enrollment to enter into contracts with qualified Applicants for Out of State Courtesy Supervision Services.
   2. **Point of Contact.** The sole point of contact for questions and communications for this Open Enrollment is Delayne Williams at [delayne.williams@dfps.texas.gov](mailto:delayne.williams@dfps.texas.gov).
   3. **Open Enrollment HHS and ESBD Enrollment Posting, Amendments and Announcements.** HHSC Procurement and Contracting Services (PCS) will post all official communication on behalf of DFPS for this Open Enrollment on the HHS Enrollment and Electronic State Business Daily (ESBD) site at:

[HHS Enrollment](file:///C:\Users\willial6\AppData\Local\Microsoft\Windows\INetCache\Content.Outlook\BHVFUC3W\HHS%20Enrollment) (<https://apps.hhs.texas.gov/pcs/openenrollment.cfm>); and

[ESBD](https://apps.hhs.texas.gov/PCS/HHS0000071/ESBD) (<http://www.txsmartbuy.com/sp>).

* + 1. DFPS reserves the right to revise this Open Enrollment at any time, including the closing date of this Open Enrollment. Applicants must comply with any changes, amendments, or clarifications posted to the HHS Enrollment and ESBD site by HHSC PCS.
    2. It is the responsibility of the potential Applicant to check the HHS Enrollment and ESBD site periodically for any updates to this Open Enrollment and to comply with these requirements. The Applicant’s failure to periodically check the HHS Enrollment and ESBD site will in no way release them from any responsibility or additional costs to meet the requirements of complying with the Open Enrollment and resulting Contract.
  1. **Open Enrollment Schedule**

| **Table 1 - Procurement Schedule** | |
| --- | --- |
| Open Enrollment Period Opens | ***March 1, 2022*** |
| Open Enrollment Period Closes | ***August 31, 2027*** |
| Anticipated Contract Start Date | ***No earlier than September 1, 2022*** |

* + 1. DFPS may adjust the closing date for this Open Enrollment for a specific Region to meet DFPS’ and its clients’ needs. Furthermore, DFPS may re-open this Open Enrollment and the enrollment period, to add a specific Region to meet DFPS’ needs.
    2. All Adjustments to this Open Enrollment will be posted on the HHS Enrollment and ESBD site (See Section 1.3).
  1. **Open Enrollment Background** 
     1. **DFPS Mission.** The mission of DFPS is to promote safe and healthy families and protect children and vulnerable adults from abuse, neglect, and exploitation.
     2. **CPS Purpose.** The purpose of the Child Protective Services (CPS) Program is to keep children safe while partnering with parents and other family members, the community, and our providers to achieve permanency and improve child well-being.
  2. **Eligible Applicants.** To be eligible to receive a Contract award through this Open Enrollment, Applicants must comply with the following:
     1. Submit an Out of State Courtesy Supervision Services Application and Required Forms (Application) (see Section 5).
     2. Not be debarred from receiving any federal or state funds at the time of the Contract award.
     3. Be legally authorized to do business in the State in which services are being provided.
     4. Accept the requirements of this Open Enrollment by executing the Application in Section 5.
  3. **Open Enrollment Contract Documents**

The Applicant, if awarded a Contract for this Open Enrollment, will be referred to as a “Contractor,” and agrees to comply with this Open Enrollment, the Out of State Courtesy Supervision Services Contract (Contract) executed between the Parties, DFPS Vendor Uniform Terms and Conditions, and DFPS Vendor Supplemental and Special Conditions for Regional Contracts.

The DFPS Vendor Uniform Terms and Conditions and Supplemental and Special Conditions for Regional Contracts are located on the DFPS public website at Doing Business With DFPS, Contracting Forms at <https://www.dfps.state.tx.us/Doing_Business/forms.asp>.

* + 1. If awarded a Contract, the Applicant will execute a Contract prepared by DFPS.
    2. The Contract term will begin no sooner than September 1, 2022, and will end on August 31, 2027.
  1. **Delegation of DFPS Authority.** State and federal laws generally limit DFPS’ ability to delegate certain decisions and functions to a Contractor, including but not limited to policy-making and final decision-making authorities on the acceptance or rejection of services provided under a Contract.
  2. **Texas Public Information Act.** Any information submitted to DFPS in response to this Open Enrollment is subject to public disclosure in accordance with the Texas Public Information Act (the Act), and [Government Code Chapter 552](http://www.statutes.legis.state.tx.us/Docs/GV/htm/GV.552.htm). DFPS will process any request for information comprising all or part of any information submitted to DFPS by the Applicant in accordance with the Act.

If an Applicant claims that information contained in any materials submitted to DFPS is exempt from required public disclosure under the Act, the Applicant must clearly identify such information and the applicable exemptions in the Act and explain in detail why such exemption is applicable.

For information concerning the application of the Act’s provisions to Applicant's Application and proprietary information, Applicants may consult the following:

Attorney General’s website: <http://www.oag.state.tx.us>, <http://www.oag.state.tx.us/open/index.shtml>

Public Information Handbook: <https://www.texasattorneygeneral.gov/files/og/publicinfo_hb.pdf>

* 1. **Use of Ideas by the State of Texas.** DFPS reserves the right to use any and all ideas presented in an Application unless the Applicant presents a valid legal case that such ideas are a trade secret or confidential information and identifies the information as such in its Application.

An applicant may not object to the use of ideas that are not the Applicant’s intellectual property and so designated in the Application that are known to DFPS before the submission of the Application, are in the public domain through no fault of DFPS or become properly known to DFPS after Application submission through other sources or through acceptance of the Application.

* 1. **Copyright Restrictions.** DFPS will not consider any Application that bears a copyright.

1. **STATEMENT OF WORK**
   1. **Need for Service**

Under this Open Enrollment, DFPS is seeking Out of State Courtesy Supervision services in order to meet requirements for having monthly face-to-face visits with child(ren) placed by DFPS in the Residential Treatment Center (RTC or Facility) located in a state outside of Texas. Identified in Section 5. Service Delivery Location of the Contract Application.

More frequent than monthly, face-to-face, or other contact, including by phone or video, ) may be required on a case-by-case basis to ensure the safety, permanency, and well-being of the child and to promote achievement of their goals.

* 1. **Objectives and Content of a Face-to-Face Visit**

When a child in DFPS managing conservatorship is in substitute care, DFPS must ensure that:

* + 1. There is a face-to-face visit with each child at least once a month; and
    2. The visits must be held in the child's residence.
  1. **Child Safety and Permanency Goals**

To best ensure these goals, monthly visits must:

* + 1. Reflect that the Contractor conducting the visit is knowledgeable about the child’s case, prepared to ask relevant questions, provide information to the child and caregivers, and follow up with the Texas DFPS caseworker on issues or concerns.
    2. Be conducted at the Residential Treatment Center or Facility, with the child alone, in private (away from the caregiver) and in a location that is conducive to open and honest conversation between the Contractor and the child. The Residential Treatment Center or Facility’s staff must be in a separate room. The Contractor is not allowed to take the child off-site.
    3. Be focused on issues pertinent to the child receiving all services according to the residential treatment center or facility's treatment plan and the Child's Plan of Service; and
    4. Result in the Contractor identifying follow-up steps necessary to meet the child's identified needs for safety, permanency, and well-being and to ensure notice to the Texas DFPS caseworker regarding required follow-up, as requested.
  1. **Eligible Population**

Children under the conservatorship of DFPS that are placed in the Residential Treatment Center (RTC or Facility) identified in Section **5. Service Delivery Location** of the Contract Application , as determined by DFPS.

* 1. **Client Characteristics**

Contractor must be prepared to handle individuals with characteristics including, but not limited to, the following:

* + 1. Children in open conservatorship CPS cases; and
    2. Children with moderate, specialized, and intense service level needs resulting from abuse or neglect.
  1. **Service Area**

Face-to-face visits will be provided to children that are placed in the identified in this contract as specifically authorized by DFPS.

* 1. **Service Authorization and Referral Process**

These services (face-to-face contact visits) must be provided to any child referred by DFPS to the Contractor as authorized by DFPS on the Service Authorization Form (Form 2054). The Contractor must document the date Form 2054 is received by the Contractor by either date stamp on the Form or by attaching the dated fax sheet or email to the Contractor’s file copy of this Form.

* 1. **Preparing for the Visit**

Contractor will take actions as required and appropriate to prepare to facilitate each face-to-face visit, including but not limited to review of:

* + 1. The child’s and family’s service plan provided by DFPS to determine what services should be in place for the child;
    2. Child's information and history provided by DFPS;
    3. Any other notes or materials provided by DFPS; and
    4. Any information and documentation from the Residential Treatment Center or Facility's client file, as needed.
  1. **Service Deliverables**

The Contractor will provide services for children are referred by DFPS on a Form 2054, the following services:

* + 1. Minimum monthly face-to-face contact with CPS client;
    2. Consultation with DFPS caseworker, Residential Treatment Center or Facility's staff, and other professionals involved in the case as appropriate;
    3. Completion of Child Visitation Contact Sheet (Exhibit A);
    4. Quarterly photos emailed to the Texas DFPS caseworker; and
    5. Court Related Services, if requested.
  1. **Schedule the Visit**

Contractor must call the Facility of the child's residence to schedule the visit, and:

* + 1. Make initial contact with the Facility within two (2) business days of receipt of referral from DFPS;
    2. Make required face-to-face contact with child within ten (10)business days of receipt of the referral;
    3. Ask the Admissions Director or designee about any issues or concerns that may need to be addressed with the child;
    4. If multiple Texas children are placed at the same facility and the Contractor has received service authorizations for each child from DFPS, the Contractor will conduct separate face-to-face visits with each child; and
    5. Contractor cannot transport children.
  1. **Conduct Visit on a Monthly Basis** (unless more frequent visits are authorized by DFPS)

The monthly visits must be face-to-face, and the Contractor must take quarterly photos of the child. The Contractor must follow the procedures below:

* + 1. If a child is verbal, the Contractor must:

1. Include quality time with the child separate from facility staff;
2. Interact with the child; and
3. Observe the Staff’s interaction with the child.
   * 1. If a child is nonverbal, the Contractor must:
4. Interact with the child; and
5. Observe the caregiver’s interaction with the child.
   * 1. If the visit is with a sibling group that is placed together, the Contractor must:
6. Spend time with each child, individually (separate from the child's siblings); and
7. Spend time with the child and his or her siblings together.
   * 1. During each visit, the Contractor must ask and discuss with the child:
8. Does the child feel safe;
9. What has happened since the last visit;
10. Any contacts with parents, siblings, and others (e.g. relatives, caring adults, or guardian ad litems), if contact is approved in the child’s Plan of Service;
11. Thoughts and feelings about:
    1. Living at the Residential Treatment Center or Facility;
    2. Being away from home;
    3. Understanding of why they is in care and remains in DFPS care;
    4. Interactions with other children in the Residential Treatment Center or Facility;
    5. Progress in school and educational services received or needed;
    6. Health, growth, and development;
    7. Medical appointments, follow-up care and medications;
    8. Racial and ethnic identity development;
    9. Services that have been provided;
    10. Opinion of their Plan of Service;
    11. Opinion of their transition plan, if the youth is 14 years of age or older;
    12. Likes and dislikes about the Residential Treatment Center or Facility and their staff;
    13. Any injuries; and
    14. Any restraints.
        1. The Contractor must do a physical walk-through of the child's Facility during the visit to observe the environment in which the child is living and interaction between staff and child.
    15. **Document the Visit**

After each visit with the child, the Contractor must document the visit by completing the Child Visitation Contact Sheet (see Exhibit A in Section 6). Documentation must include the following:

* + 1. Observations and discussions with the child and Residential Treatment Center or Facility staff;
    2. Any follow-up tasks that are needed;
    3. Any other information the Contractor considers important for DFPS; and
    4. Transmit by secure email the completed Child Visitation Contact Sheet (Exhibit A in Section 6), quarterly photos of the child, and any other relevant information to the child's DFPS caseworker within two business days of the visit.
  1. **Required Actions Related to Identified Issues and Reporting Allegation of Abuse and Neglect**

In compliance with and in addition to Section II(V), the Contractor will report suspected child abuse or neglect as provided below:

* + 1. As required by the State Law in which the Residential Treatment Center or Facility;
    2. Will notify the Texas DFPS caseworker within 24 hours of the report;
    3. Will report by using one of the following to Statewide Intake by calling 1-800-252-5400 or reporting online at <https://www.txabusehotline.org>; and
    4. Will report by email to DFPS Interstate Compact for Placement of Children (ICPC) to [ICPCHS@dfps.texas.gov](mailto:ICPCHS@dfps.texas.gov).
  1. **Maintain Open Communication**

The Contractor must maintain open communication with DFPS to support successful face-to-face visits. As requested by DFPS, maintenance of open communication includes, but is not limited to, participation in:

* + 1. DFPS meetings and conferences by phone or video; and
    2. Oral reports to provide information on visits.
  1. **Provide Court Related Services**

In limited situations when specifically authorized by DFPS, court testimony may be required.

* 1. **Contractor Minimum Qualifications**
     1. Contractor conducting the visit and delivering services under this contract must meet the following minimum qualifications:

1. Must not have criminal or child abuse record in compliance with Section VII(C) of the DFPS Vendor Uniform Terms and Conditions.
2. Must have two (2) years of professional service in the child welfare system.
   * 1. Documentation to support qualifications must be provided to DFPS by Contractor:
3. Curriculum Vitae or resume; and
4. Copy of social work license; and
5. Passage of all applicable criminal and child abuse checks from their State of Residence.
   1. **Contractor Insurance Requirements**
      1. In order to mitigate risk under this Open Enrollment and resulting Contract, DFPS will require the Contractor to submit all required insurance/bond coverage that meets or exceeds current minimum DFPS insurance requirements and provide the Certificate of Insurance with the signed contract to include in the Contract file before this Contract is fully executed. Contractor will provide any required documents under this Subsection without expense or delay to DFPS.
      2. If the coverage will be provided through an insurance policy or other similar insurance document, then the issuing insurance company has to be authorized to do business in the state where services are to be provided and have "B" or higher rating. Contractor must attach the A.M. Best rating for all insurance companies issuing insurance policies for the contract insurance requirements.
      3. All required insurance policies will include an endorsement stating that the DFPS will be given 30 calendar days' written notice of policy or bond cancellation or a material change in the policy or bond. If a Contractor is unable to obtain applicable coverage after completing good faith efforts that have been documented in the contract file, the Contractor will bear the cost of any losses during the entire term of the Contract.
      4. If the coverage will be provided through a Self-Insurance Plan, then the plan submitted has to demonstrate that it meets or exceeds these requirements.
      5. If the coverage will be provided through a bond or other financial instrument; then the issuer must be authorized to do business in the state where services are to be provided.
      6. The following current DFPS minimum insurance coverage and limits must be maintained throughout the resulting Contract term:
6. Professional Liability Insurance or equivalent insurance coverage to cover losses from errors and omissions during professional services with a minimum limit of $300,000 per occurrence, and $600,000 aggregate.
7. Commercial Crime Insurance or equivalent insurance coverage to cover losses from fraudulent and dishonest acts with a minimum limit of $25,000. The Commercial Crime Insurance or equivalent insurance coverage must include a third-party endorsement and an employee dishonesty endorsement or equivalent endorsements. Sole Proprietors with no employees or other individuals with access to fiscal resources such as unpaid volunteers or independent contractors, are exempt from this insurance requirement.
   * 1. Contractor must immediately provide written notice to DFPS of any material changes to any document submitted under this Subsection; such notification also includes cancellation of coverage before the expiration date (i.e., end of policy period) of the applicable document.
     2. Contractor must ensure that any document submitted under this Subsection is current and in full force and effect. If the document has a period of coverage, then the Contractor will ensure that after each renewal, they immediately provide the new coverage document. In the event that the Contractor obtains coverage from a new issuer or insurer, then the Contractor will immediately provide this document to DFPS.
     3. Contractor will provide any required documents under this Subsection without expense or delay to DFPS.
     4. Unless otherwise noted in this Contract, and to the extent that Contractor does not have or maintain insurance or does not have or maintain sufficient insurance, Contractor acknowledges and agrees that Contractor will be solely responsible for any losses or damages related to or caused by the Contractor's performing its duties and obligations under this Contract. DFPS will have no obligation to reimburse or otherwise pay Contractor for any costs incurred related to any such losses or damages.
   1. **Performance Measures**

## Pursuant to Texas Human Resources Code §40.058, all contracts for client services must include clearly defined goals and outcomes that can be measured to determine whether the objectives of the program are being achieved.

## DFPS reserves the right to revise performance measures at any time deemed necessary by the DFPS. Contractors will receive notice prior to any changes to performance measures. Upon notice of changes to the performance measures, Contractors may agree to the changes or opt to cancel the contract in accordance with contract requirements.

## Performance Measures

|  |
| --- |
| **CRITICAL TASK #1** |
| **PERFORMANCE PERIOD:** Contractor performance for this measure is determined for one or more of the following Performance Periods, wholly or partially, depending on the contract start and end dates: September 1 through February 28/29 (Performance Period 1); March 1 through August 31 (Performance Period 2). |
| **INDICATOR:** Percent of required face-to-face contact(s) made with child(ren) within ten (10) business days of receipt of referral(s). |
| **TARGET:** 95% |
| **DATA SOURCE:** Self-reported by Contractor. |
| **METHODOLOGY:**  Numerator:  The total number of required face-to-face contact(s) made with child(ren) within ten (10) business days of receipt of required referral documents during the Performance Period.  Denominator:  The total number of required face-to-face contact(s) made with child(ren) after receipt of required referral documents during the Performance Period. |

|  |  |
| --- | --- |
| **CRITICAL TASK #2** | |
| **PERFORMANCE PERIOD:** Contractor performance for this measure is determined for one or more of the following Performance Periods, wholly or partially, depending on the contract start and end dates: September 1 through February 28/29 (Performance Period 1); March 1 through August 31 (Performance Period 2). | |
| **INDICATOR:** Percent of completed Child Visitation Contact Sheets (Exhibit A) transmitted to DFPS Caseworker(s) within two (2) business days of a visit with a child. | |
| **TARGET:** 95% | |
| **DATA SOURCE:** Self-reported by Contractor. | |
| **METHODOLOGY:**  Numerator:  The total number of completed Child Visitation Contact Sheets (Exhibit A)transmitted (via secure email) to DFPS Caseworker(s) within two (2) business days of a visit with a child during the Performance Period.  Denominator:  The total number of completed Child Visitation Contact Sheets (Exhibit A)transmitted (via secure email) to DFPS Caseworker(s) after a visit with a child during the Performance Period. |

## Performance Measure Requirements

The Contractor will be responsible for supporting the collection of performance measure data for Critical Task #1 & Critical Task #2 as well as other required metrics. The Contractor must:

1. Enter the total number of required face-to-face contact(s) made with child(ren) within ten (10) business days of receipt of required referral documents during the Performance Period.
2. Enter the total number of required face-to-face contact(s) made with child(ren) after receipt of required referral documents during the Performance Period.
3. Enter the total number of completed Child Visitation Contact Sheets (Exhibit A) transmitted (via secure email) to DFPS Caseworker(s) within two (2) business days of a visit with a child during the Performance Period.
4. Enter the total number of completed Child Visitation Contact Sheets (Exhibit A) transmitted (via secure email) to DFPS Caseworker(s) after a visit with a child during the Performance Period.
5. Maintain all records of:
6. Clients;
7. Client referral documentation including Form2054, authorized services and services provided, Child Visitation Contact Sheets (Exhibit A in Section 6);
8. and all other data associated with the verification of Performance Measure data, and all other contractually required or associated data, as well as verification of submission on file.
9. The records in Subsection E must be maintained as provided for in Section II of the DFPS Vendor Uniform Terms and Conditions for each Performance Period in a manner to allow for ease in testing of the validity of the results being reported. These records must contain documentation of submission of these performance results to DFPS Contract Performance.
10. Required documentation must be maintained for each Performance Period, including a copy of the performance results which were reported to DFPS Contract Performance.  
    Report the Performance Measure data for each Performance Period using the web-basedPMET. An account must be registered in the PMET system following the provision of the first service provided under this contract. The Contractor TIN (Taxpayer Identification Number) and the Contract Number are needed to register. Instructions can be found at [www.dfps.state.tx.us/application/PCSPMET](http://www.dfps.state.tx.us/application/PCSPMET). Select Help > PMET User Guide.
11. Comply with report date timeframes. Performance Measure reporting is to be entered into PMET within 30 days of the end of the Performance Period in accordance with the table below.

|  |  |  |
| --- | --- | --- |
| **Performance Period** | **Time Included** | **Report due between dates shown but no later than the last day indicated** |
| Performance Period 1 (PP1) | Sept, Oct, Nov, Dec, Jan, Feb | March 1 - 31 |
| Performance Period 2 (PP2) | Mar, Apr, May, Jun, Jul, Aug | Sept 1 - 30 |

1. **UTILIZATION AND COMPENSATION**
   1. **Utilization**

#### Actual level of utilization or specific number of clients referred will vary.

#### DFPS does not guarantee utilization or any level of utilization to any specific Contractor.

* 1. **Compensation**
     1. **Availability of Funds**

Funding is not guaranteed at any level. Payment is based on utilization and will fluctuate throughout the term of the contract.

The Contractor is prohibited from using funds received from DFPS to replace any other federal, state, or local source of funds awarded under any other contract. Additionally, DFPS funds may not be used as match (in-kind or cash match) for any other funding opportunity (grant application) in which the selected Contractor may be participating.

* + 1. **Method of Payment**

The contract resulting from this Open Enrollment will be paid on a unit rate basis. Contractor will be paid for one unit of service per authorized visit for each child. The units will cover:

1. The time to prepare for the visit;
2. The face-to-face visit; and
3. Completing and filing of the required report.
   * 1. **Acceptance of Billing Policies**

Contractor accepts and agrees to adhere to the fiscal and billing policies and procedures of DFPS. DFPS is not obligated to pay more than the contracted rates and Contractor will not receive any payment, unless services are provided, documented, and accepted by a DFPS contract manager.

* + 1. **Fee Schedule**

Contractor will be paid the following rates for authorized, delivered, and accepted services:

1. $300.00 per child for each visit; and
2. $75.00 for each hour of court testimony provided over the phone.
   * 1. **Travel**

Travel time and expense in addition to the contracted unit rate is not reimbursable. The unit rate captures any and all costs and time required for travel.

* 1. **Invoicing Process**

The Contractor will submit to DFPS a total bill each month in the format prescribed by the DFPS and will accept the contracted unit rate as payment in full.

* + 1. No payment whatsoever shall be made under this Contract without the prior submission of detailed, correct invoices. Payment will be made after receipt of a complete and correct invoice. The Contractor will utilize a DFPS pre-bill to indicate the services authorized and delivered.
    2. Invoice billing statements submitted to DFPS must include:
       1. DFPS pre-bill, signed and dated, reflecting services authorized and delivered;
       2. Signed State of Texas Purchase Voucher, Form 4116X;
       3. Out of State Courtesy Supervision - Contractor Visitation Log (Exhibit B);
       4. Supplemental Invoice, Form 2016, for anyone served but not listed on pre-bill. A separate Form 2016 is required for each month of service when a resubmitted or supplemental claim is being made;
       5. Any other supporting documentation requested by the DFPS.
    3. Contractor will not be paid for services provided:

1. Without a DFPS approved/signed Form 2054; or
2. Outside the date range authorized on the Form, 2054; or
3. Without the required supporting documentation, if applicable.

**3.3.4 Due Date**

1. The Contractor must submit a signed and dated DFPS pre-bill reflecting services authorized and delivered by the 30th of the month following the month of service delivery. Invoices must be received by the designated DFPS Contract Office.
2. Failure to submit invoices timely may be considered a contract compliance issue when evaluating contract renewal or termination.
   1. **Sufficient Resources**

The Contractor should expect a two-month delay between the time the Contractor begins providing services and the time that DFPS makes payment for those services. The Contactor must maintain a minimum of two months reserve during the entire term of the contract.

1. **APPLICATION SUBMISSION & SCREENING**

## Open Enrollment Cancellation/Partial Award/Non-Award

At its sole discretion, DFPS may cancel this open enrollment, make partial award, or no awards.

## Right to Reject Applications or Portions of Applications

At its sole discretion, DFPS may reject any and all Applications or portions thereof.

## Joint Applications

DFPS will not consider joint or collaborative Applications that require it to contract with more than one Applicant in a single contract.

## Withdrawal of Applications

Applicants have the right to withdraw their Application from consideration at any time prior to Contract award, by submitting a written request for withdrawal to the DFPS Point of Contact (see Section 1.2).

## Application Submission Instructions

Applicant will submit the Out of State Courtesy Supervision Services Open Enrollment Application and Required Forms (see Section 5.1) to the DFPS Point of Contact (see Section 1.2).

## Organization of Electronic Submission of Application

Applicant must organize the signed and scanned Application as provided for in Appendix A and B (See Section 5.1, Package 2). The electronic copy of the Application packet must include all folders with the documents in the order listed in Appendix B.

## Costs Incurred

Applicants understand that issuance of this Open Enrollment in no way constitutes a commitment by DFPS to award a Contract or to pay any costs incurred by an Applicant in the preparation of an application to this Open Enrollment. DFPS is not liable for any costs incurred by an Applicant prior to issuance of, or entering into a formal agreement, Contract, or purchase order. Costs of developing applications, preparing for, or participating in oral presentations and site visits, or any other similar expenses incurred by an Applicant are entirely the responsibility of the Applicant, and will not be reimbursed in any manner by the State of Texas.

## Screening

DFPS will perform an initial screening of all Applications received to ensure that they meet minimum requirements. If minimum requirements are met, the Application will be assigned a contract manager to begin the contract process.

## Additional Information

By submitting an Application, the Applicant grants DFPS the right to obtain information from any lawful source regarding the Applicant, its directors, officers, and employees:

#### Past business history, practices, and conduct;

#### Ability to provide the services to meet the needs of the clients for whom the services are being purchased; and

#### Indicators of probable Contractor performance under the contract such as past Contractor performance, the Contractor's financial resources ability to perform, and the Contractor's experience and responsibility.

## Debriefing

Any Applicant who is not awarded a Contract may request a debriefing by submitting a written request to the DFPS Point of Contact in Section 1.2. The debriefing provides information to the Applicant on the strengths and weaknesses of their Application.

1. **APPLICATION**

## Out of State Courtesy Supervision Services Open Enrollment Application and Required Forms

Appendix A: Applicant Instructions

Appendix B: Required Forms

1. **EXHIBITS**

**Exhibit A**

**CHILD VISITATION CONTACT SHEET**

**(Courtesy Supervision of Out-of-State Children in Residential Treatment Centers)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Child’s Name:** |  | | **Date of Contact:** |  |
| **Person Conducting Visit with Child:** | | |  | |
| **Placement Name:** | |  | | |

The questions on this form do not represent an all-inclusive list. The child's responses may prompt additional questions.

**Adjustment/Well-being**

* How do you feel about staff?
* Appearance/Demeanor?
* Does the child appear over-medicated?
* What is your understanding of why you are in care?
* How do you feel about being away from home?
* Do you have any unmet needs?
* Are there any other concerns identified?
* What are the child’s strengths?
* Are the child's cultural needs being met?

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**Social/Emotional Needs**

* What activities do you participate in?
* Do you attend religious services? If not, would you like to?
* What outings do you go on?
* What do you do for fun?
* What school/church /community activities are you involved in?
* What additional activities would you like to participate in? Hobbies or interests?
* Tell me about your friends.
* Do you feel like you have opportunities to interact with your peers?

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**Discipline**

* How are you disciplined?
* When was the last time you were disciplined?
* Have you ever been restrained?
* Have you received any injuries while being restrained?

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**Medical/Dental Needs**

* Do you take medication? What kind? How often? Why?
* When was the last time you saw the doctor?
* Have you been sick? Did you see a doctor?
* Have you been to the dentist? What happened?

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**Therapeutic Needs/Services**

* Do you attend therapy? How often? When was the last visit?
* What is your therapist's name?
* Tell me how you think therapy is going.
* Does your caregiver support your therapeutic effort at home? How so?
* What are your current therapy goals?

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**Educational Needs**

* What school do you attend? What grade are you in?
* How are you doing in school? What kind of grades do you make?
* Do you receive or need tutoring?
* What is your attendance?
* What is your teacher's name?
* What are you studying in school right now?
* What is your favorite/least favorite activity?
* What activities (e.g. extracurricular activities) do you participate in?
* Do you have any concerns about school?
* Are you receiving or need other services (e.g. speech therapy, special education)?

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**Family Contact/Visitation**

* Who do you have contact with?
* What type of contact do you have (visits, phone calls, Facebook, Instagram, Skype, letters)?
* When was the last contact?
* How do you feel about this?
* When was the last time you visited with your parents/siblings?
* What do you like most about visiting with your family?
* Is there anything you don't like about the visits?
* Is there anything you would like to change about the visits?
* How do the visits make you feel before/during/after?
* How often do you see your siblings?
* How does it make you feel when you don't get to see your siblings?
* Is there anyone such as an aunt, grandparent, or other relative you would like to visit?

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**Placement/Safety**

* How do you feel about your placement? Other children in the placement?
* Do you feel safe here? Explore why or why not.
* Appearance of facility?
* Are there any safety concerns/issues?
* What do you like and dislike about this placement?
* Are there any safety issues that need to be addressed?
* What happens when you get into trouble? What causes you to get in trouble?
* From discussion with the child; does the home continue to meet the needs of the child?
* Observe the child's room and belongings: Are they appropriate and adequate?
* For non-verbal/ pre-verbal children: Must spend enough time with the child and caregiver to observe and determine if the child's needs are being met with this caregiver.

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**Permanency Goal/Case Status**

* What is your understanding of your family's circumstances?
* How do you feel about that?
* What would you like to see happen?
* Discuss plan of service and services being provided.
* Are there any additional services needed?
* Discuss status of case and permanency attainment.

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**Transitional Planning, if Child is 14+**

* Are you participating in any Preparation for Adult Living (PAL) services?
* Have you had a Transition Plan or Circle of Support (COS) meeting? If so, any progress since last meeting?
* Who do you consider as a support during your transition to adulthood?
* What are your strengths? Weaknesses?
* What are your plans after high school? How can we help?
* Any skills you need assistance in obtaining to achieve your future goals?
* Does child have copies of birth certificate, social security card, and medical history (including immunization record)?
* Driver's License? College Application? Military Recruiter, etc.? What is needed?

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**Exhibit B**

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| **Out of State Courtesy Supervision - Contractor Visitation Log** |
| **Child Protective Services - Purchased Client Services** |

**Purpose:** To document activities and billable hours in support of monthly invoice submitted to DFPS.

**Instructions:** Complete on a monthly basis and submit to DFPS with invoice.

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| **Provider:** |  |

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| **Month of Service:** |  |

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| --- | --- | --- | --- | --- | --- |
| Date | Time & Duration of Visit | | Child's Name | Location/Address of Visit | Family Name |
| **From** | **To** |
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| **By signing below, I certify that the visitation log is true and correct.** |
| |  |  | | --- | --- | | **Signature of Service Provider:** |  | | **Date:** |  | |  |  | |