

**The HARRIS CENTER for Mental Health and IDD
Network Management**

Facility Checklist

- Complete, date and sign the enclosed Facility Application and Application Process
- Attach the completed copy of the enclosed “Additional Services” spreadsheet
- Attach a copy of Certificate of Occupancy
- Attach a copy of General Liability Insurance
- Attach proof of current accreditation by the Joint Commission on Accreditation of Health Care Organizations
- Attach proof of health facility licensure

Send all requested materials to:
The HARRIS CENTER for Mental Health and IDD
The Jail Diversion Center
Attention: Priscilla Ramirez
Email: Priscilla.Ramirez@theharriscenter.org
Telephone: 713.970.3088
Budget Analyst II
9401 Southwest Freeway
Houston, TX 77074

The HARRIS CENTER for Mental HEALTH and IDD Network Management

Facility Application

A. General Information:

Facility Legal Name			Does the facility have another Name? If yes, please list name	
Preferred Mailing Address Line 1			Preferred Mailing Address Line 2	
City	State	Zip	County	Contact Person
Physical Address			Physical City, State & Zip	
Telephone	Email Address		Fax	
<input type="checkbox"/> Apartment Complex <input type="checkbox"/> Residential Facility		<input type="checkbox"/> SRO <input type="checkbox"/> Other		Indicate who is your corporate owner (if applicable)
Please check which is the most appropriate description:				
Is this facility handicapped accessible? Yes ___ No ___		Is this facility accessible to public transportation? Yes ___ No ___		

B. Demographic Data: The following information is requested for demographic purposes only. This data will not be part of the credentialing process. The information will only be used to supply aggregate data to the state government as part of a government contract. This information will not be used for any other purposes.

1. Could your business be classified as a business owned by women, as defined by the Department of Minority Enterprises? Yes No
Women Owned Business is defined as a business enterprise of which women own at least 50% or, in the case of a publicly owned business, where women own at least 51% of stock.
2. Could your business be classified as a minority owned business, as defined by the Department of Minority Enterprises? Yes No
Minority Owned Business is defined as a business enterprise that is owned and controlled by one or more socially and/or economically disadvantaged persons. Such disadvantages may arise from cultural, racial, chronic economic circumstances or background, or other similar cause.
3. If you answered yes to question 2 about minority owned businesses, which of the following categories would it fall under?

<input type="checkbox"/> Caucasian	<input type="checkbox"/> Native American or Alaskan Native	<input type="checkbox"/> Asian or Pacific Islander
<input type="checkbox"/> Black (African, Jamaican, West Indian descent)	<input type="checkbox"/> Hispanic (Mexican, Puerto Rican, South American)	<input type="checkbox"/> Other (specify)

C. Payee Information

Make checks payable to (must match tax ID owner name on file with IRS for the TIN listed below)		Type of Corporation
Billing Address Line 1		Billing Address Line 2
City	State	Zip
Your Medicare/UPIN Number	Your Medicaid Number	Tax Identification Number (TIN)

The HARRIS CENTER for Mental HEALTH and IDD

Open Enrollment Application Process

To Provide: “Inpatient psychiatric care”

The HARRIS CENTER for Mental Health and IDD (The HARRIS CENTER), through its Jail Diversion Center (Diversion Center) is offering to contract with a pool of private/public inpatient psychiatric facilities to provide inpatient psychiatric care (i.e psychiatric assessment and diagnostic services, physician services, professional nursing services, and monitoring for safety in a restrictive environment) to clients of the Diversion Center Program with a mental illness, serious mental illness (SMI) and/or substance use disorder. The goal is to stabilize clients/patients so they may safely return to community treatment services. Program services will begin effective September 4th, 2018.

Overview of Program:

The Jail Diversion Center (Diversion Center) is a pre arrest alternative to incarceration for individuals with mental illness who have committed non-violent, low level offenses, with INITIAL focus on trespassers. Care Coordinators as well as licensed clinicians will provide assessments, integrated care plans and treatment to assist in an individual’s stabilization. Clients will engage in psychosocial programming, peer support and daily activities. Care Coordinators or licensed clinicians will provide extensive discharge planning to coordinate access to housing, social services and treatment post discharge, utilizing case managers and peer support. The program includes a short term transitional/temporary housing aspect where clients will reside 24/7 for up to 14 days.

Vendor’s Role:

In addition to the care coordination services described above, if a client is assessed by the HARRIS CENTER staff to require more significant stabilization than what is being offered through our service provision then the client will need to be admitted for a more intensive level of care/appropriate treatment setting. We are seeking a pool of Vendors to provide inpatient mental health treatment, including medical services, nursing services, and social services as well as therapeutic activities, and psychological services ordered by the treating physician. Please refer to the Vendor Criteria and Requirement lists noted below:

Vendor Criteria: Each Applicant must provide the following:

- Certificate of Occupancy
- Proof of General Liability Insurance
- Proof of current accreditation by the Joint Commission on Accreditation of Health Care Organizations
- Proof of health facility licensure

Vendor Requirements:

- Facility must meet all codes per the city, state and federal regulations
- Facility must be ADA accessible
- Staff must be able to release information to the HARRIS CENTER staff with clients’ consent per HIPPA regulations
- Facility must be able to document and account for all billing services per accounting standards or payment may be rejected and/or delayed.
- Facility must be approved to bill for insurance and should do so before billing to the HARRIS CENTER (including Medicaid, Medicare, State-financed health insurance, private insure or military insurance)

Not a Requirement, but Requested of Vendor:

- Notify Program Manager, Rhonda Herndon Rhonda.herndon@theharriscenter.org (713) 970-3419, (IF THEY BECOME AWARE) of disruptive or unacceptable behavior of the client
- Notify Program Manager, Rhonda Herndon Rhonda.herndon@theharriscenter.org (713) 970-3419, (IF THEY BECOME AWARE) if the client is being discharged from the facility.

Page 5 of this document includes a survey of “Additional Services” offered by your facility. It is NOT required that your facility provide these services to be selected as a Vendor, it is strictly for information gathering purposes only. Please complete and submit as part of your application packet.

The HARRIS CENTER’s Role:

The HARRIS CENTER will pay the cost of client care at the rate of Six Hundred and Twenty-Five Dollars (\$625.00) per bed day unless there are documented expenses beyond the average and is supported with proper justification as approved by The HARRIS CENTER prior to services being rendered. Payment will be made after services have been rendered and after medical billing has been pursued and is not applicable or cannot be recouped.

Applications will be reviewed upon receipt and if approved your application will be forwarded to contract services for placement in the inpatient psychiatric care pool. All needs are immediate. The open enrollment application will remain open for two years.

Please indicate which, if any of these Additional Services are available at your Facility

Collection of this data is for Information Purposes Only;
 Acceptance as a Vendor is **NOT** contingent upon having these

Facility Name:

Additional Services	INCLUDED SERVICES		ADDITIONAL COST
	Yes	No	
Meals			
* Meals Provided			
* Community Kitchen			
Security			
* Fencing			
* Cameras on site			
* Front Desk Sign In/Out			
* Curfew			
* 24 Hour on site Staff			
Transportation			
* Provided by Facility			
* Easily Accessible			
Classes & Groups			
* GED Classes			
* Job Skills Training			
* Groups			
Furnishings			
Other			
*			
*			
*			

PARTICIPATION STATEMENT

I fully understand that if any matter stated in this application is or becomes false, The HARRIS CENTER will be entitled to terminate any or all Provider agreement(s) for breach of contract
All information submitted by me in this application is warranted to be true, correct and complete.

Signature of Applicant

Date (mm/dd/yy): ____ / ____ / ____

Name (Please Print)

**RETURN COMPLETED APPLICATION TO:
(MUST BE ORIGINAL)**

The HARRIS CENTER for Mental Health and IDD
The Jail Diversion Center
Attention: Priscilla Ramirez
Budget Analyst II
Email: Priscilla.Ramirez@theharriscenter.org
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Houston, TX 77074

**IF YOU HAVE ANY QUESTIONS, PLEASE CALL:
713-970-3419**

Public Notice

The HARRIS CENTER for Mental Health and IDD is the Human Services Department of State Health Services (DSHS) designated Local Mental Health Authority (LMHA) established to plan, coordinate, develop policy, develop and allocate resources, supervise and ensure the provision of community based mental health services for the residents of Harris County. The HARRIS CENTER is conducting Open Enrollment to establish a network of providers to provide the following service: **Inpatient Psychiatric Care**. The Provider enrollment period will be from August 15, 2018 through August 14, 2020.

Copies of the Contract and Application Packet will be available beginning August 15, 2018 and may be obtained by:

- ◆ Via internet at the Agency Website, www.theharriscenter.org
- ◆ Written request to:

The HARRIS CENTER for Mental Health and IDD
The Jail Diversion Center
Attention: Priscilla Ramirez
Budget Analyst II
9401 Southwest Freeway
Houston, TX 77074

Picked up on or after August 15, 2018 at the above location (2nd floor; see the lobby receptionist)

Questions regarding the Open Enrollment Process should be directed to the above address or:

Email: Thomas.Mitchell@TheHarrisCenter.org

Phone: 713- 970- 7626