The HARRIS CENTER for Mental Health and IDD
Crisis Services/Comprehensive Psychiatric Emergency Program
Network Management

Open Enrollment Application 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 proof of General Liability Insurance

☐ Attach a copy of proof of valid Food Dealers permit

☐ Attach a copy of proof of valid Food Establishment license

☐ Attach a copy of proof of DSHS-approved certified Food Manager

Send all requested materials to:
The HARRIS CENTER for Mental Health and IDD
Judge Ed Emmett Mental Health Diversion Center (EEMHDC)
Attention: Priscilla Ramirez
Email: Priscilla.Ramirez@theharriscenter.org
Telephone: 713.970.3088
Budget Analyst II
9401 Southwest Freeway
Houston, TX 77004
The HARRIS CENTER for Mental HEALTH and IDD
Network Management

Open Enrollment Application

A. General Information:

<table>
<thead>
<tr>
<th>Legal Business Name</th>
<th>Does the business have a DBA Name? If yes, please list name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Preferred Mailing Address Line 1</td>
<td>Preferred Mailing Address Line 2</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Physical Address</th>
<th>Physical City, State &amp; Zip</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telephone</td>
<td>Email Address</td>
</tr>
</tbody>
</table>

☐ Apartment Complex ☐ SRO
☐ Residential Facility ☐ Other

Please check which is the most appropriate description:

Indicate ownership of business entity (if applicable)

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 as requested from time to time. This information will not be used for any other purposes.

1. Is your business owner a U.S. citizen? ☐ Yes ☐ No

2. Is your business a for-profit entity that has not exceeded the size standard prescribed by 34 TAC §20.294 and has its principal place of business in Texas. ☐ Yes ☐ No

3. Could your business be classified as a business owned by women, as defined below?
   ☐ 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.

4. Could your business be classified as a minority owned business, as defined below?
   ☐ Yes ☐ No

   Minority Owned Business is defined as a business enterprise that is (at least 51%) 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.

5. If you answered yes to question 4 about minority owned businesses, which of the following categories would it fall under?

   ☐ Caucasian ☐ Native American or Alaskan Native ☐ Asian or Pacific Islander
   ☐ Black (African, Jamaican, West Indian descent) ☐ Hispanic (Mexican, Puerto Rican, South American) ☐ Other (specify)

   ☐ Service Disabled Veteran (with a Service related disability of 20% or greater)

6. Are you certified by the State as a Historically Underutilized Business (HUB)? ☐ Yes ☐ No

   If Yes, please provide a copy of HUB Certificate with submission of application.
## C. Payee Information

<table>
<thead>
<tr>
<th>Make checks payable to (must match tax ID owner name on file with IRS for the TIN, EIN or Social Security Number listed below)</th>
<th>Type of Corporation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Billing Address Line 1</td>
<td>Billing Address Line 2</td>
</tr>
<tr>
<td>City</td>
<td>State</td>
</tr>
<tr>
<td>Your Medicare/UPIN Number</td>
<td>Your Medicaid Number</td>
</tr>
<tr>
<td>Your EIN Number</td>
<td>Your Social Security Number</td>
</tr>
</tbody>
</table>
The HARRIS CENTER for Mental HEALTH and IDD
Open Enrollment Application Process
To Provide: “Daily Meal Service”

The HARRIS CENTER for Mental Health and IDD (The HARRIS CENTER), through its Judge Ed Emmett Mental Health Diversion Center (EEMHDC) is offering to contract with meal service vendors to provide and deliver up to three (3) meals per day, seven (7) days per week 365 days per year or as requested herunder to transitional housing clients/residents of the Diversion Center and supportive programs located in the Houston Midtown area. The applicant must be flexible and open to a rotation schedule if more than one vendor provides food service.

Overview of Program:

The 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 treatment and care plans. 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 by utilizing case managers and peer support. The program includes short-term transitional/temporary housing 24/7 for up to 14 days.

Vendor’s Role:

We are seeking a pool of Vendors to provide a “daily meal services” as stated hereinafore for up to 29 Consumers temporarily residing in the EEMHDC Please refer to the Vendor Criteria and Requirement lists noted below:

Service Frequency Categories: Each Applicant must provide one or more categories of service frequency. Indicate all that apply on page 6.

Category 1 – Standard Service
Vendor will provide three (3) meals seven days a week 365 days a year.

Category 2 – One (1) meal per day
Vendor will provide one meal per resident per day.

Category 3 – Relief Service
Vendor will provide scheduled meal service in the event the primary vendor is unable to provide full or partial service on any day upon forty-eight 48 hours notice by Agency staff.

Category 4 – Special Events/Occasions
Vendor is available to provide services for special events and occasions upon forty-eight 48 hours notice by Agency staff.

Vendor Criteria: Each Applicant must provide the following:

1. Proof of General Liability Insurance
2. Proof of valid Food Dealers permit
3. Proof of valid Food Establishment license
4. Proof of DSHS-approved certified Food Manager

Vendor Requirements:

1. Must be able to deliver food or provide discount for food pickup
2. Must be willing to alternate months, as applicable
3. Must provide a monthly menu for review and/or approval ten (10) days ahead of the ensuing month’s service.
Notification Requirement:

- In the event that daily food service will be delayed or missed, please Notify Program Analyst, Priscilla Ramirez at Priscilla.Ramirez@TheHarrisCenter.org and/or (713) 970-3088.

Page 6 of this document includes a survey of “Additional Services” and “Categories/Levels of Service” offered by your facility. Please complete and submit as part of your application packet.

Payment:

As a consideration for the provision of “daily food service” Agency will pay a flat rate of Sixteen Dollars ($16.00) per person per day (3 meals per day 7 days a week 365 days per year or as agreed and approved in conformity with service option herein).

Note: Agency reserves the right to cancel daily meal service(s). In the event of such cancellation Agency shall provide forty-eight (48) hours notice of change in meal service plan to vendor.

The HARRIS CENTER’s Role:

The HARRIS CENTER will pay vendor for providing meal services as stated herein under Payment provision.

Applications will be reviewed upon receipt and if approved by Program Director your application will be forwarded to Contract Services for evaluation and initiation of a contract with the Agency. All vendors will be required to meet all contractual requirements at the time of contracting (i.e. insurance, background check, W-9). The open enrollment application will remain open for two years.
Please indicate which, if any of these Service Frequencies and Additional Services are available through your business.
Collection of this data is for Information Purposes Only; Acceptance as a Vendor is *NOT* contingent upon providing these services.

Business Name: ___________________________________________

<table>
<thead>
<tr>
<th>Meal Service Frequency</th>
<th>Yes</th>
<th>No</th>
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<tbody>
<tr>
<td>*Category 1 – Standard</td>
<td></td>
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<tr>
<td>* Category 2 – One (1) meal per day</td>
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<tr>
<td>* Category 3 – Relief</td>
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<tr>
<td>* Category 4 – Special Events/Occasions</td>
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</table>

<table>
<thead>
<tr>
<th>Additional Services</th>
<th>INCLUDED SERVICES</th>
<th>ADDITIONAL COST</th>
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<tbody>
<tr>
<td>Meals</td>
<td></td>
<td></td>
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<tr>
<td>* Meals Provided</td>
<td></td>
<td></td>
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<tr>
<td>* Community Kitchen</td>
<td></td>
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<tr>
<td>Security</td>
<td></td>
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<tr>
<td>* Fencing</td>
<td></td>
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<tr>
<td>* Cameras on site</td>
<td></td>
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<tr>
<td>* Front Desk Sign In/Out</td>
<td></td>
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<tr>
<td>* Curfew</td>
<td></td>
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<tr>
<td>* 24 Hour on site Staff</td>
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<tr>
<td>Transportation</td>
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<tr>
<td>* Provided by Facility</td>
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<tr>
<td>* Easily Accessible</td>
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<tr>
<td><strong>Classes &amp; Groups</strong></td>
<td></td>
<td></td>
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<tr>
<td>* GED Classes</td>
<td></td>
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<tr>
<td>* Job Skills Training</td>
<td></td>
<td></td>
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<tr>
<td>* Groups</td>
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<tr>
<td><strong>Furnishings</strong></td>
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</tbody>
</table>
PARTICIPATION STATEMENT

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

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

Signature of Applicant

__________________________________________

Name (Please Print)

RETURN COMPLETED APPLICATION TO:
(MUST BE ORIGINAL)

The HARRIS CENTER for Mental Health and IDD
Judge Ed Emmett Mental Health Diversion Center (EEMHDC)
Attention: Priscilla Ramirez
Budget Analyst II
Email: Priscilla.Ramirez@theharriscenter.org
Telephone: 713.970.3088
9401 Southwest Freeway
Houston, TX 77004

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 Agency is conducting Open Enrollment to establish a network of providers to provide the following service: **Daily Meal Services**. The Provider enrollment period will be from August 13, 2018 through August 12, 2020.

Copies of the Contract and Application Packet will be available beginning March 20, 2020 and may be obtained:

- Via internet at the Agency Website, [www.theharriscenter.org](http://www.theharriscenter.org)
- By written request to:

  The HARRIS CENTER for Mental Health and IDD
  EEMHDC
  Attention: Priscilla Ramirez
  Budget Analyst II
  9401 Southwest Freeway
  Houston, TX 77004
  Email: Priscilla.Ramirez@theharriscenter.org

Additional packets may be picked up on or after March 20, 2020 at the above noted location (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