

Travis County Commissioners Court Agenda Request

Meeting Date: August 7, 2012

Prepared By/Phone Number: David Walch, 46663; Marvin Brice CPPB

Elected/Appointed Official/Dept. Head: Cyd Grimes

Commissioners Court Sponsor: Judge Biscoe

Agenda Language: Approve Modification No. 3 to Contract No. 4400000768 (H.T.E. PS090266VR), Neuro Institute of Austin LP., to provide inpatient residential treatment services.

➤ Purchasing Recommendation and Comments: Purchasing concurs with department and recommends approval of requested action. This procurement action meets the compliance requirements as outlined by the statutes.

This contract is for the provision of residential treatment services for juveniles residing in Travis County. Travis County maintains an active network of Residential Treatment Service Contracts with different counties and community providers throughout Central Texas, which are used on an as needed basis according to the specific needs of the youths being placed. This contract was requested by the Triad Program administered by Travis County Health and Human Services & Veterans Services.

This Modification No. 3 revises "Attachment G, Fee Schedule" to include additional services and to establish a contract rate for each of the new services.

Modification No. 2 revised "Attachment G, Fee Schedule" to bring this agreement's fee structure current following a review of current rates of equitable service.

Modification No. 1 incorporated the addition of The Achievement Program scope of services and fee structure. This program is an intensive psychiatric services program.

This is a fee for service/As-needed basis contract.

- ➤ Purchasing Recommendation and Comments: Purchasing concurs with department and recommends approval of requested action. This procurement action meets the compliance requirements as outlined by the statutes.
- ➤ Contract Expenditures: Within the last 12 months \$137,570.00 has been spent against this contract/requirement.

Contract-Related Information:

Award Amount: As needed agreement Contract Type: Professional Services

Contract Period: 07/21/09—09/30/09 (auto renewal)

Contract Modification Information:

Modification Amount: As needed agreement unchanged

Modification Type: Bilateral

Modification Period: 08/07/12 – until terminated

> Funding Information:

	Purchase Requisition in H.T.E.: N/A – as needed agreement
\boxtimes	Funding Account(s): 001-5869-611-6205
	Comments:



Travis County Health and Human Services & Veterans Service Office of Children Services

Healthy Families ◆CPS/Social Services Program ◆ Children's Partnership ◆TRIAD ◆ Youth & Family Assessment Center

> Palm Square Building, 100 North IH 35, Suite 3000, Austin, TX 78701 Phone: (512) 854-9004 Fax: (512) 854-5879

DATE: June 26, 2012

TO: Cyd Grimes

Purchasing Agent

FROM:

Gloria Petersen

Social Services Supervisor/ Triad Program Adm.

RE: Texas NeuroRehab Center (TNC) Contract #PS090266VR

Travis County Health and Human Services and Veterans Services /Office of Children's Services is requesting a modification to the above contract Texas NeuroRehab Center (TNC) Contract #PS090266VR (The Ranch Achievement Program) to include the addition of an assessment element presently only available on an inpatient basis. We are proposing that the assessments now available in the Lariat Assessment Program be made available in the outpatient Partial Hospitalization Program. We would like to list the assessments individually and be able to select which assessments would be appropriate for each child at the time of the admission with the capability to add additional assessments if needed while the child is enrolled in the Partial Hospitalization Program.

The assessments, codes and costs are as listed:

Code 96118: Neuropsych assessment (complete assessment) \$1500.00

Code 90801 0r 90802: Diagnostic Interview: \$135.00

Code 97003: Occupational Therapy Evaluation \$148.00 per hour

Code 97001: Physical Therapy Evaluation \$140.00 per hour

Code 92506 Speech Therapy Evaluation \$291.00 per hour

This modification is requested to better serve the children in our program who are in need of evaluations and to accomplish it without the disruption in their life of an inpatient stay, as well as providing a better treatment modality to include the younger children in our program. We have found that due to their mental illness, we are not always able to obtain the testing and treatment recommendations that are needed through regular outpatient testing, therefore we would like to expand our options to include obtaining the assessments and treatment recommendations through Partial Hospitalization Program.

The assessment cost would be in addition to the Partial Hospitalization fee of \$264.50 per day as well as the Psychiatric/Physician fees. This addition will provide another layer of information to increase our ability to serve the Travis County children with the highest needs and their families.

If there are any questions or additional information regarding this request, 1 am available by email gloria.petersen@co.travis.tx.us or by telephone at 854-3720.

		RESIDE	.T.E. <u>PS090266VR) – INPATIENT</u> NTIAL TREATMENT SERVICES
1001			PAGE 1 OF 2
ISSUED BY: TRAVIS COUNTY PURCHASING OFFICE 700 Lavaca Street, Suite 800 AUSTIN, TX 78701	PURCHASING AGENT ASST: TEL. NO: (512) 854-9700 FAX NO: (512) 854-9185	David Walch	DATE PREPARED: July 13, 2012
ISSUED TO: Neuro Institute of Austin, L.P. dba Texas Neuro Rehab Center 1106 West Dittmar Road Austin, TX 78745 Attn.: Beth Cathcart	MODIFICATION NO.:	3	EXECUTED DATE OF ORIGINAL CONTRACT: July 27, 2009
ORIGINAL CONTRACT TERM DATES: _07/21/0	9 - 09/30/09	CURRENT CONTRACT TE	RM DATES: Until Terminated by either party
FOR TRAVIS COUNTY INTERNAL USE ONL	γ:		THE PARTY OF THE PARTY
Original Contract Amount: \$_As Needed Basis	Current Modified Ar	nount \$_As Needed Basis	
DESCRIPTION OF CHANGES: The abbelow:			
lote to Vendor:			retofore modified, remain unchanged and in full
Except as provided herein, all terms, conditions force and effect. Note to Vendor: X Complete and execute (sign) your portion of the position of the posit	he slousture block section below		
Note to Vendor: X Complete and execute (sign) your portion of to DO NOT execute and return to Travis County EGAL BUSINESS NAME: Neuro Institute BY: SIGNATURE BY: FRINT NAME ITLE: ITS DULY AUTHORIZED AGENT RAVIS COUNTY, TEXAS	he signature block section below f . Retain for your records.	or all copies and return all	
Note to Vendor: X Complete and execute (sign) your portion of to DO NOT execute and return to Travis County EGAL BUSINESS NAME: Neuro Institute BY: SIGNATURE BY: FRINT NAME ITLE: ITS DULY AUTHORIZED AGENT RAVIS COUNTY, TEXAS Y: CYD V. GRIMES, C.P.M., CPPO, TRAVIS COUNTY	he signature block section below f . Retain for your records. of Austin, L.P. dba Texas	or all copies and return all	DBA CORPORATION DATE: 1. 17. 12
Note to Vendor: X Complete and execute (sign) your portion of to DO NOT execute and return to Travis County EGAL BUSINESS NAME: Neuro Institute BY: SIGNATURE BY: FOR THE COUNTY NAME ITS DULY AUTHORIZED AGENT RAVIS COUNTY, TEXAS CYD V. GRIMES, C.P.M., CPPO, TRAVIS COUNTY, TEXAS	he signature block section below f . Retain for your records. of Austin, L.P. dba Texas	or all copies and return all	DBA CORPORATION DATE: 1. 17. 12
RAVIS COUNTY, TEXAS Y. Complete and execute (sign) your portion of to provide and execute (sign) your portion of to provide and return to Travis County RAVIS COUNTY, TEXAS Y. CYD V. GREMES, C.P.M., CPPO, TRAVIS COUNTY	he signature block section below f . Retain for your records. of Austin, L.P. dba Texas VIY PURCHASING AGENT	or all copies and return all	eligned copies to Travis County. DBA CORPORATION OTHER DATE: 1. 17. 12 DATE:

Attachment G July 13, 2012

Fee Schedule: The Ranch Achievement Program

Program	Rate	NTE – if applies
1- Residential	\$250 per day	N/A
2- Intensive RTC	\$325 per day	N/A
3- Partial Hospitalization	\$264.50 per day	N/A
4- Intensive Outpatient Program	\$172.50 per day	N/A
5-Psychiatric/Physician Initial Psychiatric Evaluation	\$100 p/hour	Not to exceed 2 ½ hours or \$250.00 for New Admits This is a one-time fee per child
5.a Psychiatric/Physician Initial Psychiatric Evaluation	\$100 p/hour	Not to exceed 2 hours or \$200.00 for Transitional Admits This is a one-time fee per child
5.b Psychiatric/Physician Weekly Medication Management	\$100 p/hour	N/A
Code 96118: Neuropsych Assessment	\$1,500.00 EA	N/A
Code 90801 Or 90802: Diagnostic Interview	\$135.00 ea	N/A
Code 97003: Occupational Therapy Evaluation	\$148.00 p/hour	N/A
Code 97001: Physical Therapy Evaluation	\$140.00 p/hour	N/A
Code 92506: Speech Therapy Evaluation	\$291.00 p/hour	N/A