**Austin**



**Independent School District**

**Contract and Procurement Services**

**Attachment**

**B**

**21RFP062 Request for Proposals**

**FINANCIAL PROPOSAL**

**School Mental Health Centers at Elementary, Middle**

**and High Schools**

Proposer will provide a detailed financial pro forma, presenting financial projections for the first 12 months of the contract period. This will include a complete fee and cost detail supporting all elements of its Proposal, including a detailed budget that financially supports a fee-for-service model across a designated number of campuses.

**Important factors:**

1. **ONLY** fee-for-service model proposals will be considered.
2. A hybrid of telehealth and face-to-face services is required.
3. Therapists will need to serve across multiple campuses as standard practice.
4. The Contractor is required to provide required insurance coverages on employees assigned to serve Austin ISD students as specified in the RFP, Section VI, Scope of Service and Performance Requirements.
5. The district will provide a private space, access to WiFi, utilities, phone, furniture that is available in the AISD Warehouse (sofa, locking file cabinets, desk chairs, bookcases, etc.) at each campus at no cost to the contractor. The District will not provide additional furniture; however, the contractor(s) may bring in additional/alternative furniture that will be the property and responsibility of the contractor(s). The School Mental Health Coordinator(s) will keep an inventory of all District property used by contractor(s) on each campus.
6. Therapist technology, including a computer, will be provided by Contractor(s).
7. The district will not cover costs associated with denied insurance claims and/or deductibles.
8. AISD reserves the right to determine how many therapists are assigned to each Center, based on the demands/needs of the campus(es). This will be managed in collaboration between the Contractor(s) and the School Mental Health Coordinator(s). Full transparency and disclosure is expected at all times, regarding assignments of therapists, therapists’ caseloads, and staffing headcount, including full-time or part-time employment status. Each therapist must also have the ability and flexibility to travel from one clinic to another to accommodate varying caseloads. Transportation for therapists is the responsibility of the contractor(s). Caseloads will be reviewed by the Districts School Mental Health Coordinator(s) on a monthly basis, and meetings between the Contractor(s) and School Mental Health Coordinator(s) will be scheduled by the District to discuss any needed adjustments in regards to therapist campus assignments or overall staffing.

Please submit the following required information in a Microsoft Excel (xls) spreadsheet, with notes either in the xls spreadsheet or in a word document. The xls spreadsheet should be included as an attachment to the response. AISD requires this be submitted as an .xls not a .pdf. The detailed budget should include at a minimum:

**Revenue projections:**

1. Monthly revenue projections by month for the first 12 months of the project for third-party billing by payer source
2. Monthly revenue projections by month for the first 12 months of the project for AISD billing by type of service (uninsured, child advocacy, copay hardship, other)
3. Monthly revenue projections by month for the first 12 months of the project for other revenue sources
4. Other, please specify
5. Detailed explanation on the total number of children to be seen in 38-52 minute therapy sessions per month
6. Detailed explanation of the total number of children to be seen in 53+ minute therapy sessions per month
7. Detailed explanation on the percentage of insured clients and uninsured clients to be served per month
8. Detailed explanation on the average reimbursement rate per type of therapy session for insured clients and uninsured clients
9. Detailed explanation of the total number of child advocacy hours and total revenue for those hours per month
10. Explanation of any seasonal or monthly variance projected in services and revenue by month

**Expenses:**

1. List of each position and the salary costs along with percentage of FTE
2. Total cost for all salaries
3. List of each position and fringe costs by position
4. Total cost for fringe benefits
5. Detailed accounting for office and administrative expenses not related to salary/fringe that will be allocated to this program, to include, but not limited to:
   1. Staff mileage reimbursement
   2. Staff training costs
   3. Telephone costs
   4. Tele video equipment costs
   5. Electronic health record costs
   6. General office supplies
   7. Data Reporting (itemized quarterly and annually)
   8. Administrative overhead (please list by specific category)
   9. Other, please specify

**Other explanations required:**

1. For each campus included in this program, please include:
   1. The number of FTEs for each campus that will be on-campus
   2. The number of FTEs for each campus that will be telehealth
2. If you anticipate significant changes in financial performance after the first 12 months, please include a detailed explanation of months 13-24 of the program and include an additional pro forma to illustrate the changes.

**In addition to the pro forma, please respond to the following questions:**

1. List of all current insurance contracts for therapy services, please clearly show if the health plan contract covers commercial, Medicaid and/or Medicare.
2. For calendar year 2019, report your company’s adjusted collection rate by insurance contract defined as: percentage of total potential reimbursement collected out of the total allowed amount.
3. Please describe how you will determine insurance eligibility for AISD students and teachers, including any required paperwork from AISD families or teachers, the sources used for verification and the average length of time required to verify insurance. Samples of existing documents utilized for insurance eligibility should be included to demonstrate clear process.

|  |  |  |
| --- | --- | --- |
| **Additional Financial Criteria** | **Y/N** | **Detailed Response** |
| 1. Contractor is set up on all major insurance panels including Medicaid? |  |  |
| 2. Contractor has systems in place to determine insurance eligibility. Include in your response, how you verify and determine insurance eligibility? |  |  |
| 3. Contractor’s accounting system has the ability to identify the receipt and expenditures of program funds separately for each fund source? Victim vs. non-victim? |  |  |
| 1. Contractor’s financial proposal followed the required Microsoft Excel (.xls) format and included revenue projections, expenses, and explanations following required Excel format? |  |  |
| 1. Contractor has a viable and sustainable fee-for-service payment model following third party billing sources for a minimum of 80% of encounters? |  |  |
| 1. Contractor clearly describes how they will determine insurance eligibility for AISD students and teachers, including any required paperwork from AISD families or teachers, the sources used for verification and the average length of time required to verify insurance? |  |  |
| 1. Contractor reported their calendar year 2019, company’s adjusted collection rate by insurance contract defined as: percentage of total potential reimbursement collected out of the total allowed amount? |  |  |
| 1. Contractor listed all current insurance contracts for therapy services and clearly showed if the health plan contract covers commercial, Medicaid and/or Medicare? |  |  |