

Open Enrollment for Intellectual and Developmental Disabilities Services Array



Alamo Area Council of Governments (AACOG) Intellectual and Developmental Disability
Services Array OPEN ENROLLMENT APPLICATION

INTRODUCTION

To ensure an effective, efficient, and equitable **Intellectual and Developmental Disabilities (IDD)** service delivery system, the **Alamo Area Council of Governments (AACOG)** serves as the **Local Intellectual and Developmental Disability Authority (LIDDA)** for **Bexar County**. In this role, AACOG works with a network of qualified public and private provider organizations to deliver services included in the **Intellectual and Developmental Disabilities Service Array**.

This provider network forms a collaborative partnership that helps implement the IDD service system described in this application.

The alliance’s mission is to:

- Coordinate the delivery of authorized services to eligible individuals
- Integrate a network of public and private providers
- Ensure services are distributed equitably across the community
- Provide accessible, barrier-free access to services

AACOG staff, in collaboration with public and private stakeholders, the **Intellectual and Developmental Disabilities Services Advisory Committee (IDDSAC)**, and the **AACOG Board of Directors**, adopted the service approach known as “**Open Enrollment**.” This approach allows AACOG to build and maintain a network of qualified providers to support the Network Service Delivery System.

As the LIDDA, AACOG is responsible for developing and managing a coordinated service system for **Bexar County’s priority population**. The goal of this system is to ensure the **best value for public funds**, meaning services are delivered in a **cost-effective, equitable, and high-quality manner**. AACOG accepts responsibility for managing these public resources and ensuring services are delivered in accordance with state requirements.

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AACOG'S MISSION

AACOG's mission is to enhance the quality of life for residents of the Alamo Region by working in partnership with local governments, the business community, and the public to address regional challenges and build regional strengths.

LIDDA'S MISSION

To ensure people with intellectual and developmental disabilities who live in Bexar County receive necessary quality services. Our core values include individual worth, quality, integrity, dedication, innovation, teamwork, education, and family.

AACOG is About Choices

The Alamo Area Council of Governments continually strives to offer access and choice to adults and children with intellectual and developmental disabilities and their families:

- Choice of services and support
- Choice of providers

PRINCIPLES

Personal Choice

The development of a provider network ensures that individuals have meaningful choice and access to services. AACOG works to maintain a provider network that promotes choice, access, and best value in service delivery.

Personal Input

AACOG values input from individuals receiving services, their families, and other community stakeholders. This feedback helps guide the continued development and improvement of the provider network.

Personal Access

AACOG strives to ensure individuals have convenient and timely access to services through a coordinated network of qualified providers.

Person-Driven

Individuals are encouraged to be active partners with AACOG in treatment planning, policy development, and local service planning.

AACOG Demographics

As the Local Intellectual and Developmental Disability Authority (LIDDA) for the Bexar County service area, AACOG is responsible for coordinating community-based IDD services and assisting individuals and families in accessing certain Medicaid-funded services under the Texas State Medicaid Plan.

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Request for Application

As a result of the passage of **House Bill 2377 by the 74th Texas Legislature**, the **Texas Health and Human Services Commission (HHSC)** requires Local Intellectual and Developmental Disability Authorities (LIDDAs) to establish and maintain a network of service providers to support individuals with intellectual and developmental disabilities.

The **AACOG Board of Directors** has directed the Executive Director to develop a network of qualified providers willing to deliver the following **safety-net services** to individuals with intellectual and developmental disabilities and/or related conditions in the **least restrictive and most integrated**

Safety Net Services

1. **Applied Behavior Analysis (ABA):**

Specialized behavioral interventions designed to help a participant increase helpful behaviors and decrease harmful behaviors, as well as modify maladaptive or socially unacceptable behaviors that interfere with the participant's inclusion in home, family, or community life. ABA emphasizes environmental factors and uses structured interventions to support behavior change. The individual must have a diagnosis within the autism spectrum disorders (e.g., Pervasive Developmental Disorder, Asperger's Syndrome, etc.).

2. **Behavioral Support:**

Specialized interventions that assist a participant in increasing adaptive behaviors and replacing or modifying maladaptive or socially unacceptable behaviors that interfere with participation in home, family, or community life.

3. **Community Support:**

Habilitation or support activities that promote, improve, or facilitate an individual's ability and opportunity to participate in typical community activities.

4. **Day Habilitation, Site-Based:**

Services that assist individuals with acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and participate in home and community life.

5. **Day Habilitation / Head Start Course, Site-Based:**

A structured, site-based training course lasting six (6) weeks. The course includes twelve topics designed to promote independence. A maximum of six (6) individuals may participate in each course. Training sessions are one and one-half (1.5) hours in length and occur twice per week over the six-week period.

6. **Day Habilitation Summer Camp:**

Services designed to assist individuals in acquiring, retaining, or improving self-help,

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socialization, and adaptive skills necessary for successful participation in home and community life. Services must include a community outing.

7. Respite Hourly Out-of-Home Services:

Supports provided for the planned or emergency short-term relief of an unpaid caregiver when the caregiver is temporarily unavailable due to non-routine circumstances. Services are provided in a setting other than the participant's home.

8. Respite Daily Out-of-Home Services:

Supports provided for the planned or emergency short-term relief of an unpaid caregiver when the caregiver is temporarily unavailable due to non-routine circumstances. Services occur outside the participant's home and must last **six (6) hours or more in a single day**.

9. Respite Hourly In-Home Services:

Supports provided in the participant's home for the planned or emergency short-term relief of an unpaid caregiver when the caregiver is temporarily unavailable due to non-routine circumstances.

10. Respite Daily In-Home Services:

Supports provided in the participant's home for the planned or emergency short-term relief of an unpaid caregiver when the caregiver is temporarily unavailable due to non-routine circumstances. Services must last **six (6) hours or more in a single day**.

11. Speech/Language Therapy Services:

Services provided to assist an individual in participating in age-appropriate community activities and educational settings. This includes assessment and treatment provided by licensed or certified speech-language professionals.

12. Transportation Services:

Transportation services that support individuals traveling from their home to community activity sites, day habilitation locations, employment opportunities, or other community-based activities.

Eligibility Determination

Psychological Evaluation and Testing:

A diagnostic interview and clinical assessment conducted by a **Licensed Psychologist (PhD)** or **Physician (MD)** to determine whether an individual has an intellectual disability, developmental disability, or related condition. The evaluation must result in a written report that includes:

- A standardized measure of the individual's intellectual functioning
- A standardized measure of the individual's adaptive behavior level
- A review of evidence supporting onset during the individual's developmental period

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This service must be conducted in accordance with **Texas Health and Safety Code §593.005** and **40 TAC Chapter 5, Subchapter D**.

Pre-Admission Screening and Resident Review (PASRR) Specialized Services

1. PASRR Behavioral Support:

The Behavioral Support service component provides specialized interventions delivered by a qualified service provider to assist an individual in increasing adaptive behaviors and replacing or modifying maladaptive or socially unacceptable behaviors that interfere with participation in home, family, or community life.

2. PASRR Independent Living Skills Training:

Individualized activities that provide assistance, training, and support to help an individual complete personal care, health maintenance, and independent living tasks. Services also support participation in community activities and the development, retention, and improvement of community living skills.

3. PASRR Supported Employment:

The Supported Employment service component provides ongoing individualized supports needed for an individual to obtain and maintain paid employment in an integrated work setting.

4. PASRR Employment Assistance:

The Employment Assistance service component helps an individual locate and obtain paid employment in the community.

5. PASRR Day Habilitation:

The Day Habilitation service component assists an individual in acquiring, retaining, or improving self-help, socialization, and adaptive skills necessary to live successfully in the community and participate in home and community life. These services do not include services found under **110 of the Rehabilitation Act of 1973** or **§602(16) and (17) of the Individuals with Disabilities Education Act (IDEA)**.

Crisis Services

1. In-Home Crisis Respite:

In-Home Crisis Respite provides therapeutic support to an individual experiencing a crisis in the individual's residence when it is clinically appropriate for the individual to remain in their natural environment and when the crisis is expected to be stabilized within a **72-hour period**.

For the purposes of this service, a **“crisis”** is defined as a situation in which:

- The individual presents an immediate danger to themselves or others; or
- The individual's mental or physical health is at risk of serious deterioration; or

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- The individual believes they present an immediate danger to themselves or others, or that their mental or physical health is at risk of serious deterioration.

Service Activities include:

- The **72-Hour Response Team** shall consist of at least one (1) **Board Certified Behavior Analyst (BCBA)** and multiple **Registered Behavior Technicians (RBTs)**.
 - The **72-Hour Response Team** shall provide up to **72 hours of 1:1 crisis respite care**, including the development and implementation of a crisis intervention plan (Preliminary Behavior Support Plan) and coordination of follow-up care.
 - If the **72-Hour Response Team** has begun the process of 1:1 crisis intervention and services are terminated for any reason, including discharge, the Contractor may bill for hours provided up to the point of cancellation.
-

Target Population

The target population includes **adults, adolescents, and children who have been identified as individuals with Intellectual and Developmental Disabilities**.

Provider Responsibilities

All services must be delivered in accordance with the **AACOG Provider Handbook**. The Provider must comply with all applicable **state and federal laws regarding confidentiality of records (HIPAA) and nondiscrimination requirements**.

The Provider must obtain **prior authorization for all services**.

The Provider must maintain **general liability insurance** with minimum coverage of **\$500,000 per occurrence and \$1,000,000 aggregate**, naming AACOG as an additional insured. Coverage must include premises liability, employee misconduct, and/or errors and omissions liability insurance related to privacy breaches.

The Provider must maintain **automobile liability insurance** with minimum coverage of **\$100,000 per occurrence and \$300,000 aggregate**.

The Provider must provide evidence of coverage and ensure the insurance carrier notifies AACOG of any changes, cancellation, or termination of coverage.

The Provider agrees to maintain all **required licenses and accreditations** and to be **credentialed by AACOG**.

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The Provider agrees to:

- Participate in **site visits** conducted by AACOG staff and advisory committee members
- Participate in **on-site and administrative audits** conducted by AACOG staff
- Allow AACOG to reference the Provider's name, facilities, and services in informational materials listing network providers

The Provider must comply with the rules and standards adopted under **Section 534.052 (Subchapter B) of the Texas Health and Safety Code**, the **HHSC Community Standards of Community Mental Health Centers and Community Service Programs**, the **Texas Administrative Code**, and all applicable **local, state, and federal laws and regulations**.

Expected Outcomes

Providers are expected to consistently meet the following outcome measures.

Safety Net Services

1. Make contact with all referrals within **three (3) days of referral**.
2. Achieve **85% of training goals and objectives** identified by the individual and their family within **one (1) year of referral**.

Eligibility Determination

1. Complete the **DID** within **10 calendar days of referral**.
2. Receive the completed **DID** within **20 calendar days of referral**.

PASRR Services

1. Make contact with all referrals within **three (3) days of referral**.
2. Achieve **85% of training goals and objectives** identified by the individual and their family within **one (1) year of referral**.

Crisis Services

1. The **72-Hour Response Team** shall respond within **two (2) hours of notification** and provide confirmation of intent to serve.
2. Achieve **95% of training goals and objectives** identified by the individual and their family within the authorized service period.

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Rate Schedule for Safety Net services

The following rate schedule will be followed in consideration of the obligations undertaken by Provider, AACOG agrees to pay Provider for Safety Net services rendered according to prices reflected below:

SERVICE	UNIT DESCRIPTION	SFY26 MINIMUM RATES	SFY26 MAXIMUM RATES
Applied Behavioral Analysis	1 Hour	\$102.00	\$120.00
Behavior Support	1 Hour	\$76.52	\$90.00
Community Support	1 Hour	\$17.96	\$25.00
Day Habilitation, Site Based	1 Hour (up to 6 hours daily)	\$4.76	\$6.00
Day Hab Head Start Course, Site Based	1 Hour (up to 1.5 hours 2 times per week for 6 weeks)	\$29.20	\$40.00
Day Habilitation Summer Camp	1 Day (up to 6 hours daily)	\$5.96	\$7.00
Respite Hourly	1 Hour	\$15.00	\$15.00
Respite Daily	1 Day (for 10 hours or more in a 24-hour period)	\$150.00	\$150.00
Speech/Language Therapy	1 Hour	\$120.00	\$120.00
Transportation	1 Hour	\$17.96	\$25.00

Rate Schedule for Eligibility Determination (Psychological Evaluation and Testing services)

The following rate schedule will be followed in consideration of the obligations undertaken by Provider, AACOG agrees to pay Provider for Psychological Evaluation and Testing rendered according to prices reflected below.

SERVICE	UNIT DESCRIPTION	MINIMUM RATE	MAXIMUM RATE
Psychological Evaluation and Testing	1 Hour (up to 7 hours)	\$120.00	\$120.00

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Rate Schedule for PASRR services

The following rate schedule will be followed in consideration of the obligations undertaken by Provider, AACOG agrees to pay Provider for PASRR specialized services rendered according to prices reflected below.

SERVICE	UNIT DESCRIPTION	SFY 26 MINIMUM RATES	SFY 26 MAXIMUM RATES
Behavioral Support	1 Hour	\$69.20	\$79.53
Day Habilitation	1- 2.9 Hours	\$19.48	\$22.38
Day Habilitation	3 + Hours	\$38.95	\$44.76
Independent Living Skills Training	1 Hour	\$17.73	\$22.41
Employment Assistance	1 Hour	\$28.80	\$33.10
Supported Employment	1 Hour	\$28.80	\$33.10

Rate Schedule for In-Home Crisis Respite services

The following rate schedule will be followed in consideration of the obligations undertaken by Provider, AACOG agrees to pay Provider for Crisis Respite services rendered according to prices reflected below.

SERVICE	UNIT DESCRIPTION	MINIMUM RATE	MAXIMUM RATE
In-Home Crisis Respite	1 Hour (max of 72 Hours)	\$62.50	\$62.50 (max of \$4,500.00)

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Additional Provisions

- AACOG does not reimburse services provided through Sheltered Workshops at this time.
- AACOG does not reimburse for no-shows or cancellations.
- AACOG does not guarantee referrals.
- Local Intellectual and Developmental Disability Authority (LIDDA) Responsibilities
- The LIDDA is responsible for making appropriate referrals to Providers based on the individual's choice and access to services.
- The LIDDA is responsible for utilization management and quality assurance oversight.
- The LIDDA ensures that contracted services addressing the needs of the Priority Population are provided in accordance with requirements established by the Texas Health and Human Services Commission (HHSC).
- The LIDDA does not guarantee any referral volume to any Network Provider.

Application Submission Instructions

Applications are processed **quarterly**. To be considered, applications must be **submitted electronically during the open submission period**. AACOG is not responsible for applications that are lost, misdirected, or otherwise not successfully received. **Faxed, mailed, or hand-delivered applications will not be accepted.**

Applicants are responsible for ensuring that **all required documents are complete and submitted before the deadline**. Incomplete applications may not be considered. AACOG reserves the right to **reject any or all applications, waive minor technicalities, and accept any application deemed to be in the best interest of AACOG and the individuals we serve**. False or misleading statements may result in **disqualification from enrollment**.

When preparing narrative responses, applicants must use **Person-First Language**, which places the individual before the disability (for example: *“a person with...,” “a person who has...,” or “a person who...”*).

Additional guidance on Person-First Language can be found here:

<https://www.hhs.texas.gov/hhs-brand-guide/grammar/person-first-language>

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Submission Method

One (1) **complete electronic copy** of the application must be submitted via email to: ijones@aacog.gov and procurement@aacog.gov Applicants must also **copy (cc):** dugarte@aacog.gov

Email submissions must include the following subject line:

Subject Line: RFA Submission: RFA-26-53-IDDS-PROVIDER

File Format Requirements

File Type	Required File Name Format
Main Proposal (preferred as a single PDF)	[Company Name] – RFA-26-53-IDDS-PROVIDER Proposal.pdf
AACOG Vendor Packet (separate PDF required)	[Company Name] – AACOG Vendor Packet.pdf
Multiple Application Files (if needed due to file size limits)	[Company Name] – RFA-26-53-IDDS-PROVIDER Proposal (Part X of Y).pdf

Authorized Points of Contact

Primary Point of Contact

All communications regarding this **RFA** must be directed to the Primary Point of Contact listed below.

Isaac Jones III

Senior Procurement Analyst

Email: ijones@aacog.gov

Secondary Point of Contact

Debbie Ugarte

Contracts and Procurement Director

Email: dugarte@aacog.gov

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AACOG IDD Services Request for Applications (RFA) Submission Schedule

Activity	Cycle 1	Cycle 2	Cycle 3
RFA posted on AACOG website / submission period opens	March 1	June 1	September 1
RFA submission period closes**	April 30	July 31	October 31
IDDs Advisory Sub-Committee evaluates RFAs	Mid-May	Mid-August	Mid-November
IDDs Advisory Committee makes final recommendations on RFAs	June	September	December
AACOG Board of Directors considers and acts upon the recommendation from the IDDS Advisory Committee (Consent Agenda)	July	October	January
If vendor RFA is approved, AACOG Contracts for IDDS Safety Net Services	August	November	February

Please note: If the last day of the month falls on a weekend, the RFA due date will be the last business day of the month.

AACOG IDDS reserves the right to modify this schedule as program needs dictate.

Application Requirements

The attached Forms A–M must be completed by each Applicant.

Following contract award, the contents of all Applications may be made available upon written request. Any information contained in the Application that the Applicant considers proprietary or confidential must be clearly identified in the Application. Such information may still be subject to disclosure under the Texas Public Information Act, depending on determinations made by the Texas Attorney General’s Office.

Applicants should ensure that all questions are fully answered. If a question does not apply, clearly indicate “N/A.”

AACOG may conduct interviews or site visits as part of the evaluation process.

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ATTACHMENT A

Application Title page
 (Must be the first page of Application)

Legal Name of Proposing Entity	
Name of Owner / Director of Entity	
Title	
Mailing Address	
Physical Address (if different from mailing)	
Telephone Number	
E-mail Address	
Contract Signatory Authority & Title	
Federal Tax Identification Number	
Historically Under-Utilized Business (HUB)	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>(If yes, attach a copy of current certification.)</i>	
Legal / Tax Status of Organization	<input type="checkbox"/> Corporation <input type="checkbox"/> Sole Proprietor <input type="checkbox"/> Partnership <input type="checkbox"/> Other: _____

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ATTACHMENT B

BUSINESS DEMOGRAPHICS

Please select the type of business entity that applies to your organization from the following options and provide the required information: Sole Proprietorship, Partnership, Corporation, Limited Liability Company (LLC), or 501(c)(3) Nonprofit Organization.

1. Sole Proprietorship

If the Applicant is a Sole Proprietorship, provide the following:

- a) The Applicant's name
 - b) Tax Identification Number
 - c) Residence address
 - d) Address where services will be provided
 - e) Telephone number and facsimile number
 - f) The number of years the Applicant has provided the proposed service(s)
-

2. Partnership (General or Limited)

If the Applicant is a Partnership, provide the following:

- a) Names and residence addresses of each partner
 - b) Address where services will be provided
 - c) Telephone number and facsimile number
 - d) A copy of the Partnership Agreement
 - e) The Tax Identification Number of the partnership or the Tax Identification Numbers of the individual partners
 - f) The number of years each partner, and the partnership as a whole, has provided the proposed service(s)
 - g) Certificate of Formation (Secretary of State)
 - h) Any Certificates of Amendment (if applicable)
 - i) If a foreign entity, a Certificate of Registration issued by the Secretary of State
-

3. Corporation

If the Applicant is a corporation, provide the following:

- a) Names, addresses, and telephone numbers of the officers of the corporation
 - b) A copy of the Articles of Incorporation
 - c) A copy of the current Bylaws of the corporation
 - d) The Tax Identification Number
 - e) A current Certificate of Good Standing issued by the Texas State Comptroller
 - f) Names, addresses, and telephone numbers of the majority shareholders
 - g) Name, address, telephone number, and facsimile number of the corporate contact for this Application
-

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- h) The number of years each officer, the corporation as a whole, and the majority shareholders (if applicable) have provided the proposed service(s)
 - i) Certificate of Formation (Secretary of State)
 - j) If a foreign entity, a Certificate of Registration issued by the Secretary of State
-

4. Limited Liability Company (LLC)

If the Applicant is a Limited Liability Company (LLC), provide the following:

- a) Certificate of Formation (Secretary of State)
 - b) Articles of Organization or
 - c) Regulations of Organization
 - d) Any Certificates of Amendment (if applicable)
 - e) If a foreign entity, a Certificate of Registration issued by the Secretary of State
-

5. 501(c)(3) Nonprofit Organization

If the Applicant is a 501(c)(3) nonprofit organization, provide the following:

- a) Names, addresses, and telephone numbers of the Board of Directors
- b) A copy of the Articles of Incorporation or Certificate of Formation
- c) A copy of the current Bylaws of the organization
- d) The Tax Identification Number
- e) Name, address, telephone number, and facsimile number of the organizational contact for this Application

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ATTACHMENT C

ORGANIZATIONAL STRUCTURE

1. **Describe the organizational structure of the Applicant**, including key leadership positions and reporting relationships.

2. **If applicable, attach an organizational chart** that clearly illustrates the Applicant's management and operational structure.

3. **Provide a brief description of your organization**, including the type of services provided, years in operation, and experience delivering the proposed services.

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ATTACHMENT D

SERVICES

1. **Describe the Applicant’s service capacity**, including any limitations on the number or type of individuals who can be served. Identify where services will be provided, as well as the **days of the week and hours of operation** during which services will be available. Please also describe how your organization ensures services are **multilingual, multicultural, and accessible in compliance with the Americans with Disabilities Act (ADA)**.
2. **Describe the Applicant’s experience over the past five (5) years** in working with and providing services to individuals with intellectual and developmental disabilities.
3. **Describe how the Applicant plans to serve individuals with disabilities who have co-occurring diagnoses**, including intellectual and developmental disabilities with mental health conditions and/or substance use disorders.
4. **Describe how the Applicant plans to provide services to individuals who are hearing impaired, have limited language proficiency, or speak a language other than English.**
5. **Describe the service site’s proximity to public transportation**, including available routes or accessibility options.
6. **Describe the specific services your organization proposes to provide.**
7. **Please indicate the services the Applicant proposes to offer by placing an “X” in the box next to each applicable service.**

Safety Net Program

Services	Select
Applied Behavioral Analysis	
Behavior Support	
Community Support	
Day Habilitation, Site Based	

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Day Habilitation Head Start Course, Site Based	
Day Habilitation Summer Camp	
Respite Hourly – Out of Home	
Respite Daily – Out of Home	
Respite Hourly – In Home	
Respite Daily – In Home	
Speech/Language Therapy	
Transportation	

Eligibility Determination

Services	Select
Psychological Evaluation and Testing services	

PASRR Program

Services	Select
Behavior Support	
Day Habilitation 1-2.9 hours	
Day Habilitation 3-6 hours	
Independent Living Skills Training	
Employment Assistance	
Supported Employment	

Crisis Respite

Services	Select
Crisis Respite In Home Hourly	

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1. Please describe in detail how the Applicant intends to provide each selected service, including the service delivery model, staffing structure, and any tools or practices used to ensure quality and effective service delivery.

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ATTACHMENT E

MANAGED CARE PROFILE

1. Please list all managed care organizations (MCOs) with which the Applicant currently has active contracts

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ATTACHMENT F

FINANCIAL

1. **Provide copies of any certified external audits** conducted within the past three (3) years.
2. **Provide copies of the Applicant’s tax filings for the past three (3) years**, as applicable. This may include:
 - IRS Form 1040 and all schedules
 - IRS Form 990 and all schedules
 - IRS Form 1120 and all schedules
 - IRS Form 1065 and all schedules
3. **Provide a current financial statement**, including a statement of cash flow.
4. **Indicate whether the Applicant has ever filed for bankruptcy**. If yes, please provide a detailed explanation.
5. **Indicate whether the Applicant has ever defaulted on a business lease agreement**. If yes, please provide a detailed explanation.
6. **Indicate whether the Applicant owns or leases its current business property(ies)** and identify the geographic areas where the Applicant intends to provide services. Provide the **street address(es)** from which program services will operate.
7. **Provide a statement confirming that all Applicant facilities comply with the accessibility requirements of the Americans with Disabilities Act (ADA)**.
8. **Provide a financial plan demonstrating the availability of funds**, including emergency reserves, to support ongoing business operations and expenses.

ATTACHMENT G

RISK PROFILE

1. **If applicable, provide a copy of the Applicant’s IRS determination letter confirming 501(c)(3) tax-exempt status.**
2. **Provide copies of current insurance coverage, including the following, if applicable:**
 - Professional Liability
 - Directors and Officers (D&O) Liability
 - Errors and Omissions (E&O)
 - General Liability
 - Medical Malpractice
 - Breach of Privacy / Cyber Liability
 - Workers’ Compensation
 - Premises Liability
 - Umbrella Liability

Label this submission as **Exhibit F2**.

3. **Indicate whether the Applicant, as an entity, or any employee of the Applicant is currently under investigation or has had a license or accreditation revoked by any state, federal, or licensing agency within the past five (5) years.**

If yes, provide a detailed explanation.
4. **Indicate whether the Applicant, as an entity, or any employee providing direct care or serving in a management position has been convicted of a felony.**

If yes, provide a detailed explanation and include any company policies outlining procedures for addressing current or future employees with felony convictions.
5. **Indicate whether the Applicant has had any confirmed abuse, neglect, or rights violations within the past three (3) years.**

If yes, provide a detailed explanation.

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6. **Indicate whether the Applicant has ever been placed on vendor hold by any agency or organization.**

If yes, provide a detailed explanation.

7. **Identify any lawsuits or litigation involving clinical services in which the Applicant has been a party during the past five (5) years.**

Provide details of the case(s) and any judgments or settlements.

8. **Provide a list of organizations or companies with which the Applicant currently contracts to provide services similar to those outlined in this RFA.**

9. **Indicate whether the Applicant, as an entity, or any employee of the Applicant has ever had a Medicaid Provider Number suspended or revoked.**

If yes, provide a detailed explanation.

10. **Indicate whether the Applicant, as an entity, or any employee of the Applicant has ever had a Medicare Provider Number suspended or revoked.**

If yes, provide a detailed explanation.

11. **Indicate whether the Applicant, as an entity, or any employee of the Applicant has ever been removed, denied, or barred from a Managed Care Provider network or other insurance payer network.**

If yes, provide a detailed explanation.

12. **Indicate whether the Applicant has an established corporate compliance program.**

- If yes, attach a copy of the compliance plan.
- If no, provide an explanation or describe plans to establish a compliance program.

Label this submission as Exhibit F12.

13. **Provide a copy of the organization's Health Insurance Portability and Accountability Act (HIPAA) policies and procedures, including the following components:**

- Security Management Process
- Assigned Security Responsibility
- Workforce Security

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- Information Awareness and Training
- Security Awareness and Training
- Security Incident Procedures
- Contingency Plan
- Evaluation
- Business Associate Contracts and Other Arrangements
- Facility Access Controls
- Workstation Use and Security
- Device and Media Controls
- Audit Controls and Access Controls
- Integrity
- Person or Entity Authentication
- Transmission Security

Label this submission as **Exhibit F13**.

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ATTACHMENT H

PRIORITY POPULATION DEFINITIONS

LIDDA Priority Population

In accordance with the definition of “LIDDA priority population” found in 40 Tex. Admin. Code, Chapter 5, Subchapter D, §5.5153(17) (Diagnostic Assessment), the LIDDA priority population consists of individuals who meet one or more of the following criteria:

- a) A person with an intellectual disability, as defined by Texas Health and Safety Code §591.003(15-a);
- b) A person with autism spectrum disorder, as defined in the *Diagnostic and Statistical Manual of Mental Disorders (DSM)*;
- c) A person with a related condition, as identified in the HHSC list of approved diagnostic codes, who is eligible for and enrolling in services through one of the following programs:
 - Intermediate Care Facilities for Individuals with an Intellectual Disability (ICF/IID)
 - Home and Community-based Services (HCS)
 - Texas Home Living (TxHmL)

Reference:

<https://www.hhs.texas.gov/handbooks/home-community-based-services-handbook/appendix-x-approved-diagnostic-codes-persons-related-conditions-list>

- d) A nursing facility resident who is eligible for specialized services for intellectual disability or a related condition pursuant to Section 1919(e)(7) of the Social Security Act;
 - e) A child eligible for Early Childhood Intervention (ECI) services through the System Agency; or
 - f) A person diagnosed by an authorized provider with a pervasive developmental disorder through a diagnostic assessment completed before November 15, 2015.
-

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Eligibility Determination

Eligibility for the LIDDA priority population must be determined through assessments and evaluations conducted by qualified professionals.

Individuals who meet the criteria for the priority population may be eligible to receive IDD services, based on the individual's level of need, eligibility for specific programs or services, and the availability of those services.

Because available resources may not be sufficient to meet the needs of all individuals within the priority population, services are prioritized to address the most urgent and intensive needs first.

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ATTACHMENT I

LETTERS OF SUPPORT

Letters of support provide independent testimonials that demonstrate the Applicant's experience, performance, and ability to successfully deliver services. These letters may be provided by organizations, community partners, individuals who have received services, or advocates familiar with the Applicant's work.

1. **Provide three (3) letters of support.** Letters may be submitted from organizations, service recipients, community partners, or advocates who can speak to the Applicant's experience and quality of services.

All letters should be clearly labeled **Exhibit H1**.

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ATTACHMENT J

Applicant Certifications

By submitting an application, the Applicant certifies and agrees to the following:

1. **All addenda and attachments issued by AACOG** related to this Application have been reviewed and completed, as applicable.
2. **The Applicant has not attempted to influence** any person or firm to submit or refrain from submitting an application, except as disclosed in the application documents.
3. **The Applicant does not discriminate** in its services or employment practices on the basis of race, color, religion, sex (including gender identity, sexual orientation, and pregnancy), genetic information, national origin, disability, veteran status, or age.
4. **No employee of AACOG or HHSC, and no member of the AACOG Board of Directors**, will directly or indirectly receive any financial or personal benefit from the award of the proposed contract.
If the Applicant is unable to make this affirmation, the Applicant must disclose any known potential conflicts of interest.
5. **The Applicant accepts the terms, conditions, criteria, and requirements** set forth in this Application.
6. **The Applicant acknowledges AACOG’s right to cancel or withdraw the Application** at any time prior to contract award.
7. **The Applicant acknowledges AACOG’s right to modify the procurement schedule** and timelines identified in this Application.
8. **The Application has been prepared independently** and without consultation, communication, or agreement with any other Applicant for the purpose of restricting competition.
9. **Unless otherwise required by law**, the information contained in this Application has not been knowingly disclosed by the Applicant to any other Applicant prior to the notice of intent to award.
10. **The Applicant will not seek reimbursement** for any costs incurred in the preparation or submission of the Application, or for any other costs associated with participation in this solicitation.
11. **AACOG reserves the right to verify information and conduct background checks** related to the Applicant and its organization.
12. **The individual signing the Application and any resulting contract** is authorized to legally bind the Applicant.
13. **The contact information and address provided by the Applicant** for receiving notices from the LIDDA are accurate and current.

Authorized Signature for the Applicant/Date

Title of the Organization/Provider

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ATTACHMENT K

CONFLICT OF INTEREST QUESTIONNAIRE

CONFLICT OF INTEREST QUESTIONNAIRE		FORM CIQ
For vendor or other person doing business with local governmental entity		
<p>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</p> <p>This questionnaire is being filed in accordance with chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001 (1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local government entity not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.</p> <p>A person commits an offense if the person violates Section 176.006, Local</p>	OFFICE USE ONLY	
	Date Received	
<p>1. Name of person who has a business relationship with local governmental entity.</p>		
<p>2. <input type="checkbox"/> Check this box if you are filing an update to a previously filed questionnaire. (The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)</p>		
<p>3. Name of local government office with whom filer has employment or business relationship. This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001 (1-a), Local Government Code. Attach additional pages to this Form CIQ as necessary.</p> <p>A. Is the local government officer named in this section receiving or likely to receive taxable income, other than investment income, from the filer of the questionnaire? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>B. Is the filer of the questionnaire receiving or likely to receive taxable income, other than investment income, from or at the direction of the local government officer named in this section AND the taxable income is not from the local government entity? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>C. Is the filer of this questionnaire employed by a corporation or other business entity with respect to which the local government officer serves as an officer or director, or holds an ownership of 10 percent or more? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>D. Describe each employment or business relationship with the local government office named in this section.</p>		
<p>_____ Signature of person doing business with governmental entity</p>		<p>_____ Date</p>

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ATTACHMENT L

DEBARMENT CERTIFICATION

NAME OF INDIVIDUAL, AGENCY, BUSINESS OR ORGANIZATION:	Doing business as (DBA), if applicable:	
ADDRESS:	Applicable Procurement or Solicitation #, if any:	Federal Employer Tax Identification #:

READ CAREFULLY BEFORE SIGNING THIS CERTIFICATION. Federal regulations require contractors, bidders, and sub grantees to sign and abide by the terms of this certification, without modification, in order to participate in certain transactions directly or indirectly involving federal funds.

1. By signing and submitting this certification, the prospective vendor/grantee is attesting/acknowledging the representations set out below.
2. This certification is a material representation of fact upon which the Alamo Area Council of Governments (AACOG) will rely on when this transaction is entered into. If it is later determined that the prospective vendor/grantee knowingly rendered an erroneous certification, in addition to other remedies available to Federal or State departments or funding agency(s), AACOG may pursue on its own available remedies, including contract termination, suspension and debarment.
3. The prospective vendor/grantee shall provide immediate written notice to AACOG, Director of Administrative Services, 2700 NE Loop 410, Suite 100, San Antonio, TX 78217, if at any time it learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms “covered contract”, “debarred”, “suspended”, “ineligible”, “participant”, “person”, “principal”, “application”, and “voluntarily excluded”, as used in this certification, have meanings based upon materials in the Definitions and Coverage sections of federal rules implementing Executive Order 12549. You may contact the person to which this application or contract is submitted for assistance in obtaining a copy of this regulation.
5. The prospective vendor/grantee agrees, by submitting this certification, that should the proposed contract/grant be entered into, it shall not knowingly enter into any lower-tier- covered transaction or sub-contract with a person or entity that is proposed for debarment, debarred, suspended, declared ineligible, or voluntarily excluded from participation in this transaction, unless pre-authorized by the appropriate federal or state department or agency, or by AACOG.

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Do you have or do you anticipate having sub-vendors/sub-grantees under this proposed agreement?

Yes **No**

6. The prospective vendor/grantee further agrees by submitting this certification, that it will include this certification titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion for Contracts and Grants," without modification, in all lower-tier covered transactions and sub-contracts and in all solicitations for lower-tier covered transactions and sub- contracts.
7. A vendor/ grantee may rely upon a certification of a prospective participant that it is not proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from the transaction, unless it knows that the certification is erroneous. Each vendor/grantee is required to check the list of parties excluded from Federal and State Procurement and Non-procurement Programs. **AACOG checks this list for all parties to which it provides funds that are derived directly or indirectly from the Federal Government.**
8. Nothing contained in the foregoing shall be construed to require the establishment of a system of records in order to render in good faith the certification required by this certification document. Participants are not required to have knowledge and information exceeding that which is normally possessed by a prudent person in the ordinary course of business activity.
9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a transaction knowingly enters into a lower-tier transaction or contract with a person who is proposed for debarment, debarred, suspended, ineligible, or voluntarily excluded from participation, in addition to other remedies available to the Federal Government, AACOG or its applicable funding agency(s) may pursue available remedies, including contract termination, suspension and/or debarment.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND
VOLUNTARY EXCLUSION FOR CONTRACTS AND GRANT**

Check the statement that applies to the potential vendor/grantee:

1. The prospective vendor/grantee certifies by submission of this certification, that neither it nor its principals:
- a) Is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded by any Federal or State department or agency; and
 - b) Have, within a three-year period preceding this certification, been convicted of or had a civil judgment rendered against them for fraud; committed a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract; violated Federal or State antitrust statutes; committed embezzlement, theft, forgery, bribery, falsification or inappropriate destruction of records; or received stolen property; and

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- c) Is presently indicted for or otherwise charged by a government entity (Federal, State, or local) with the commission of any of the offenses enumerated in the preceding paragraph (b) of this certification; and
 - d) Have, within a three-year period preceding this certification, had one or more contracts or transactions (Federal, State, or local) terminated for cause or default.
2. The potential vendor/grantee is unable to certify to one or more of the terms in the certification. In this instance, the potential vendor/grantee must attach a signed and dated explanation for each of the above terms, 1(a) through 1(d), to which it cannot certify.

NAME OF POTENTIAL VENDOR/GRANTEE:	
Signature of Authorized Representative:	
Printed/Typed Name & Title of Authorized Representative:	
Date:	

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AACOG Vendor Packet

(submit as a separate PDF file; do not include in the main Application PDF)

AACOG Vendor Packet Requirement

Vendors seeking to be added to the **AACOG Bidder/Vendor List** must complete and submit the **AACOG Vendor Packet** as part of their application submission.

The Vendor Packet is available on the AACOG website at:

<https://aacog.gov/member-government-services/procurement/>

Navigate to:

- **Vendor Materials**
- **Forms & Documents**
- **Vendor Packet**

Direct link to the Vendor Packet:

https://aacog.gov/wp-content/uploads/2025/07/AACOG_Vendor_Setup_Request_Packet.pdf

Submission of a **completed AACOG Vendor Packet is required** for an application to be considered responsive. Applications submitted without the Vendor Packet may be deemed **non-responsive and may not be considered**.

The Vendor Packet must be completed in accordance with the instructions provided and submitted **with the application by the deadline specified in this solicitation**.
