



## **Open Enrollment**

### **Request for Applications (RFA)**

**#0126**

Crisis Respite Services

**October 26, 2023**

LifePath Systems  
Attn: IDD Contracts Dept.  
1515 Heritage Drive  
McKinney, TX 75069

[IDDQA@lifepathsystems.org](mailto:IDDQA@lifepathsystems.org)

Issue Date: November 5, 2021

Due Date: November 30, 2024

**REQUEST FOR APPLICATION – CRISIS RESPITE SERVICES #CRS-202111**

TABLE OF CONTENTS

I. Notice of Open Enrollment.....3

II. Purpose.....4

III. Vendor Eligibility Requirements.....5

IV. LIDDA and Service Provider Responsibilities.....6

V. Application Submission Instructions.....9

VI. Application for Organizational Providers.....10

VII. Attestation.....14

VIII. General Authorization for Release of Information.....15

IX. Assurances Document.....16

X. Organizational Application Checklist.....18

XI. Additional Documents.....19

    Exhibit A – Key Person’s List

    Exhibit B – Local Authority’s Provider Manual

    Exhibit C – Local Authority’s Bars to Workplace/Contracting

    Exhibit D – Information for Background Checks/Bars for Provider Enrollment

XII. Attachments.....24

    Attachment A – Certification Regarding Lobbying, Grants, Loans, and Cooperative Agreements

    Attachment B – Form W-9

    Attachment C – Conflict of Interest Questionnaire

    Attachment D – Disclosure of Kinship

    Attachment E – Notice of Felony Convictions

    Attachment F – Notice Not to Participate

## NOTICE OF OPEN ENROLLMENT

Collin County Mental Health Mental Retardation Center dba LifePath Systems (“LifePath” or “Local Authority”), a community MHMR center and a governmental unit of the State of Texas under the Health and Safety Code, Section 534 et seq., is seeking to contract with local providers for the purpose of providing Crisis Respite services to eligible residents of Collin County.

Open enrollment documents are posted on LifePath Systems’ website at <https://www.lifepathsystems.org/connect-with-us/contracting-opportunities/>. Notice is hereby given that LifePath will receive applications from providers beginning November 5, 2021. **One (1) original is due in a sealed envelope to:**

**ATTENTION:**

LifePath Systems  
IDD Contracts Dept.  
1515 Heritage Drive  
McKinney, TX 75069.

Or submitted electronically to [IDDQA@lifepathsystems.org](mailto:IDDQA@lifepathsystems.org)

LifePath is the Texas Health and Human Services Commission (HHSC Local Intellectual and Developmental Disabilities Authority (LIDDA. The LIDDA is established to plan, coordinate, develop policy, develop, and allocate resources, supervise, and ensure the provision of community based mental health and intellectual and developmental disabilities services for the residents of Collin County, Texas.

**LifePath’s Mission is:**

To serve individuals and families impacted by behavioral health, intellectual or developmental challenges, resulting in stronger communities.

**LifePath’s Values are:**

**Service Excellence:** We will provide timely, professional, effective, and efficient service to all individuals receiving services.

**Stewardship of Resources:** We will utilize all Center resources efficiently, appropriately, and with transparency and ethical and fiscal accountability.

**Integrity:** We will act with honesty and honor without compromising the truth.

**Employee Development:** We understand that the professionalism and drive of our people are the most important factors in the quality of the services LifePath Systems provides. We will hire talented people, increase their skills through training and experience, and provide opportunities for personal and professional growth within the Center.

**Credibility:** We will strive to earn enduring credibility with our stakeholders, which we believe is essential to maximize our potential as a health care provider.

**Community:** We will continue to help meet the needs of an underserved segment of our population thus contributing to society and demonstrating social responsibility.

**Continuous Improvement in Measurable Ways:** We will identify the key needs of individuals receiving services, assess how well we meet those needs, continuously improve our services and measure our progress.

## **Purpose**

Pursuant to Texas Administrative Code §412.60 *Open Enrollment* and §412.754 *Local Network Development*, the Local Intellectual and Developmental Disabilities Authority has the authority to create a network of community services by certain procurement methods. This Request for Applications (RFA) requests applications (each, an “Application” and collectively, the “Applications”) from interested persons and organizations (each, an “Applicant” and collectively, the “Applicants”) for the purpose of entering into one or more contracts (each a “Contract” and collectively the “Contracts”) with Applicant(s) who meet the requirements of this RFA (each a “Successful Applicant” and collectively, the “Successful Applicants”) to provide services, more specifically described in the Statements of Work, to eligible individuals living in Collin County. Designation of an individual as eligible for services may only be made by the LIDDA, and must be documented in that individual’s record.

The goals of this network are:

1. Provide, at a minimum, all of the Core Services.
2. Develop a network of providers that allows for client choice of Crisis Respite Services in Collin County.
3. Develop a service array of Crisis Respite Services as mutually defined by the Health and Human Services Commission and the LIDDA based on current funding.
4. Identify, implement, and evaluate successful services based on client outcomes so that these efforts can be replicated.
5. Create meaningful collaborations between the LIDDA and Crisis Respite Services

## **SERVICES SOUGHT**

This RFA seeks participation from Successful Applicants for the purpose of offering:

### **Crisis Respite Services**

emergency short term relief services provided to the individual’s unpaid caregiver when the caregiver is temporarily unavailable to provide supports due to non-routine circumstances.

## **VENDOR ELIGIBILITY REQUIREMENTS**

To be eligible to receive a contract with the Local Authority, an Applicant must:

1. Have non-profit or governmental status in order to apply as a provider under this RFA.
2. Provide services in Collin County to ensure local access to the level(s) of care.
3. Have provided the service(s) they are proposing to provide for at least two (2) years prior and be capable of providing services that address the issues of:
  - a. client choice,
  - b. quality,
  - c. clinical decision making, and
  - d. ultimate cost-benefit,
  - e. while assuring adherence to existing standards of care, service definitions, staff training, and credentialing requirements.
4. Retain professionals that hold valid Texas licenses and/or certifications to the extent required to perform any individual component of the services. See individual Statements of Work for more details.
5. Maintain, at Applicant's own expense, professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate. Such professional liability insurance shall insure Applicant for all eligible claims for damages that arise in connection with the performance of covered services.
6. Meet minimum training, educational, licensing, and credentialing requirements for services delivered under this RFA, as described in the applicable Statements of Work.
7. Notwithstanding the above, be registered to do business in Texas. In any situation in which a consortium of providers intends to submit a single Application in response to this RFA, a single entity responsible for Services must be identified to be the party to the Contract, and must demonstrate, to the LIDDA's reasonable satisfaction, the ability to manage funds.
8. Demonstrate the ability to provide services as described in the attached applicable Statement of Work.

## LIDDA AND VENDOR RESPONSIBILITIES

### LIDDA Responsibilities:

#### Payment for Services

In consideration of the obligations undertaken by Contractor, LifePath agrees to pay Contractor, in accordance with the fee schedule and process as follows:

1. Out of home crisis respite - \$475.00 per day

2. In home crisis respite - \$20.00 per hour

Payment will be made based upon a completed claim.

#### Recoupment of Payments

If LifePath pays Contractor for activities that are later found not to be within the terms of this Agreement, LifePath shall be entitled to repayment from Contractor for the amount paid for such activities. If LifePath pays Contractor for services whose documentation does not meet billing guidelines and is recouped from LifePath as an unverified claim in a billing and payment review conducted by a funding agency or its representative, LifePath may recoup such payment by withholding future payments to Contractor until the total repayment has been made or by demand letter if the recoupment exceeds \$1,000.00.

### Service Provider Responsibilities:

1. Services will be provided in accordance with the treatment plans of persons served.

2. Professional and educational qualifications of Contractor are set forth as follows:

#### **To be a qualified service provider, one must:**

- i. Be an adult (must have proof of age - i.e., driver's license or birth certificate);
- ii. Be a staff member or contractor of the program provider;
- iii. Be paid by the program provider to provide the particular service component or subcomponent being claimed;
- iv. Not be disqualified by this section to provide the particular service component or subcomponent being claimed;
- v. May not have the same residence as the individual (must have proof of residence).

#### Approvals Required for Contractor

1. Contractor agrees not to subcontract or assign any services until such subcontractors are approved by LifePath. Any subcontractors are the direct responsibility of Contractor. All services shall be provided in compliance with the professional and ethical standards of Contractor's profession. Contractor agrees to maintain certifications, registrations, or licenses, as required by law and to remain in good standing in his/her profession during the term of this contract. Additionally, Contractor shall inform LifePath immediately of any changes to such certifications, registrations, or licenses.

2. Contractor represents and warrants that its employees are not currently employees of LifePath. Contractor represents and warrants that it, or its sole proprietor, partner(s), shareholder(s), or owner(s) with an ownership interest of at least 25%, is not more than thirty (30) days delinquent in child support payments and is eligible to receive payments from state funds as required by Texas Family Code §231.006.
3. Contractor is not held in abeyance or barred from the award of a federal or state contract at the time of executing the contract and agrees to disclose to LifePath immediately if such occurs anytime during the term of this Agreement. Contractor agrees to comply with the standards of conduct established in LifePath's Code of Conduct.
4. Contractor agrees to provide criminal history record information pursuant to Texas Health and Safety Code §533.007, 250 Texas Government Code §411.115, 25 Texas Administrative Code (TAC) §414 and 40 TAC §4, regarding Criminal History and Registry Clearances. Exhibit C describes the review process and identifies individuals who may not be employed or utilized as a part of this contract.
5. Contractor agrees to maintain appropriate identification and employment eligibility documents to meet requirements of the Immigration Reform and Control Act of 1986. Reports of Abuse and Neglect Contractor agrees that it shall report any allegations of abuse and neglect in accordance with applicable law, including state agency rules. Any alleged abuse or neglect by LifePath employees or contractors shall be reported to the Department of Family and Protective Services at 1- 800-647-7418.
6. Contractor agrees that AIDS/HIV workplace guidelines and AIDS/HIV confidentiality guidelines consistent with state and federal law will be adopted and implemented. Contractor agrees to keep all individual receiving services information confidential in accordance with all applicable state and federal laws, statutes and regulations protecting the confidentiality of such information, including 42 CFR §2, 45 CFR §160 and 45 CFR §164.
7. Contractor agrees to institute appropriate procedures for safeguarding individual receiving services information, especially individual receiving services identifying information. The term "individual receiving services identifying information" includes, but is not limited to, an individual receiving services' records, graphs, or charts; statements made by the individual receiving services, either orally or in writing, while receiving services; photographs, videotapes, etc., electronic transmissions; and any acknowledgement that a person is or has been an individual receiving services of the facility, LifePath, or other designated provider.
8. No individual receiving services identifying material shall be removed from any LifePath premises, nor shall there be any publication of any material resulting from this contract without the expressed written authorization by a LifePath Authorized Representative, such as Program Administrator, Director, CFO, or CEO.
9. Pursuant to Health and Safety Code §534.060, Contractor shall allow LifePath, its representatives, including financial auditors, or other governmental agencies unrestricted access to all facilities, records, data, and other information under the control of Contractor, as necessary, to enable

LifePath to audit and monitor, all financial or programmatic activities and services associated with this Agreement.

10. Contractor agrees to retain all billing, service, and treatment records pertinent to this Agreement for a period of seven (7) years. Behavioral health records for children shall be retained to the later of the child's 21st birthday or the 7th year from the date of the last service.
11. Contractor agrees: To participate in quality management activities, including organizational self-assessments and measures of individual receiving services satisfaction as specified by LifePath. To comply with LifePath Systems' monitoring procedures to include submission of incident reports regarding injury of an individual receiving services, medication error, or physical restraint; usage of LifePath codes to report provision of services, and on-site monitoring by Contract Manager and/or Utilization Management/Quality Management Department.
12. Contractor hereby agrees to the extent permitted under the laws of the State of Texas to indemnify and hold harmless LifePath, its trustees, officers, employees, and agents from and against all liabilities, claims, actions, expenses (including attorneys' fees and costs related to the investigation of any such claim, action, or proceeding), obligations, losses, fines, penalties, and assessments resulting from or arising out of the non-performance or the negligent performance of Contractor's obligations under this Agreement , whether by Contractor, its directors, officers, employees, or agents.
13. Contractor is prohibited from: Offering any gift with a value in excess to \$10.00 to potential individual receiving services. Soliciting potential individual receiving services through direct-mail or by telephone.

**Payments/Rates:**

Successful Crisis Respite Applicants will be paid on a fee for service rate, based on HHSC rates

1. Out of Home daily rate \$475.00 per day
2. In home hourly rate \$20.00 per hour



## INSTRUCTIONS FOR SUBMISSION OF APPLICATIONS

To facilitate and ensure an objective review, applicants must follow these instructions for submission. LifePath expressly reserves the right to reject any application that is not submitted according with the instructions below.

Applicants must either mail or email to Bridget Merrill at [bmerrill@lifepathsystems.org](mailto:bmerrill@lifepathsystems.org) one (1) original copy of each completed Application and one (1) copy of all applicable attachments to:

**ATTENTION:**

LifePath Systems  
IDD Contracts Dept.  
1515 Heritage Drive  
McKinney, TX 75069

Applications will be processed upon receipt. In the future, additional open enrollment periods for services may be announced or contract periods may be staggered to ensure availability of adequate numbers of service providers to meet the volume of demand for services.

False statements or false information provided by an Applicant may result in disqualification from or termination of enrollment into the network. In accepting applications, LifePath reserves the right to reject any and all Applications, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action which it deems to be in the best interest of the Local Authority. Further, LifePath is not obligated to accept applications it deems are incomplete, inaccurate, or fail to meet minimum standards as determined solely at the discretion of LifePath. LifePath will not pay for any costs incurred by Applicants in the preparation and submission of a response to this RFA.

Each Applicant is responsible for ensuring that documents for potential enrollment are submitted completely and on time. The Local Authority expressly reserves the right not to evaluate any enrollment documents that are incomplete or late. Any attached form(s) must be completed by each Applicant to be considered for possible enrollment in the network.

Each Application shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code, **except for trade secrets and confidential information contained in the Application and clearly identified by the Applicant as such with red ink**. Such information may still be subject to disclosure under the Public Information Act and other applicable law.

**COLLIN COUNTY MENTAL HEALTH MENTAL RETARDATION CENTER,  
dba LIFEPAATH SYSTEMS**

**OPEN ENROLLMENT FOR BEHAVIORAL HEALTH SERVICES  
APPLICATION FOR ORGANIZATIONAL PROVIDERS ("APPLICATION")**

**REQUIRED APPLICATION INFORMATION:**

An organization applicant (an entity or individual with one, other than owner, or more providers, performing services under the Contract), MUST answer every question IN THE ORDER SHOWN. If the question/necessary information does not apply, simply and clearly document "N/A". Add additional pages as required to answer questions. Interviews or site visits may be conducted on a case-by-case basis to further evaluate Applications.

**A. BUSINESS DEMOGRAPHICS**

1. Organization Name: \_\_\_\_\_
2. Organization dba Name: \_\_\_\_\_
3. Federal Tax ID Number: \_\_\_\_\_
4. Agency NPI Number: \_\_\_\_\_
5. Business Address: \_\_\_\_\_
6. Contact/Title: \_\_\_\_\_  
email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_
7. Executive Director-Owner/Title: \_\_\_\_\_  
email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_
8. Services Contact/Title: \_\_\_\_\_  
email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_
9. Billing Contact/Title: \_\_\_\_\_  
email Address: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone/Fax: \_\_\_\_\_
10. Number of years in operation as a business: \_\_\_\_\_
11. Languages organization provides services in: \_\_\_\_\_
12. Is organization certified as or eligible to be a Historically Underutilized Business:    Yes   No  
*(If certified, provide Certification Number):* \_\_\_\_\_
13. Is organization a Medicaid and/or Medicare Provider:    Yes   No  
*(If yes, provide applicable numbers):* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

14. List all licenses, credentials, certifications, and/or accreditations currently held by organization:  
*(Provide copies as applicable):* \_\_\_\_\_  
 \_\_\_\_\_

**B. SERVICES**

1. Place a check mark in the box beside the services your organization is applying to provide. Statements of Work (SOW) for each service and the rates paid can be found on our website at <http://www.lifepathsystems.org/contracting-opportunities>.

Crisis Respite Services

Service	Indicate (v) if applying to provide this
Out of Home Crisis Respite	
In Home Crisis Respite	

2. Will all services contracted for under this RFA be provided by employees of the organization: Yes No  
 Please provide a full explanation for any "No" response: *(Attach additional pages as necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**C. SERVICE LOCATION:**

1. If services are to be provided in a facility owned/rented by the organization:  
 (a) Attach a Certificate of Insurance with effective and expiration dates showing current General Liability insurance coverage limit;  
 (b) Attach a Fire Inspection (current within 1 year) by applicable local fire authority;  
 (c) Attach a Certificate of Occupancy;  
 (d) Is the building accessible for individuals with disabilities: Yes No  
 (e) How close is the organization's facility to public transportation: \_\_\_\_\_

**D. PROFESSIONAL LIABILITY INSURANCE**

1. Organization must have professional liability insurance with limits of at least one million each occurrence and three million aggregate. **Please attach policy certificate showing effective date and expiration date of coverage, per occurrence amount and aggregate amount.**

**E. EXPERIENCE**

1. Describe your organization's experience over the last 5 years providing services to the population of individuals the organization is applying to serve: *(Attach additional pages as necessary)*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2. Describe your organization's abilities/experience working with persons who are hearing impaired, persons who have limited language skills, persons with physical impairments, and/or persons who

use adaptive equipment: *(Attach additional pages as necessary)*

---

---

---

3. Describe your organization's experience/abilities working with diverse groups of individuals with regard to ethnic, racial, religious, and sexual orientation: *(Attach additional pages as necessary)*

---

---

---

4. Describe any limitations on your organization's capacity to serve the population (age ranges, total number of clients, etc.): *(Attach additional pages as necessary)*

---

---

---

5. Are all staff and contractors of organization current on all training required by the credentialing/licensing agency and/or the Texas Administrative Code as described in LifePath Systems' Provider Manual: Yes No

If no, what is the organization's plan for ensuring all staff and contractors receive training before service initiation: *(Attach additional pages as necessary)*

---

---

---

6. Describe the organization's approach to working with individuals who are non-compliant with treatment: *(Attach additional pages as necessary)*

---

---

---

**F. OPERATIONS INFORMATION**

1. If organization answers "no" to any of the questions below, organization is not eligible to receive a contract to provide services under this RFA. Does the organization have:

(a) A client appeals process	Yes	No
(b) An incident report process	Yes	No
(c) A confidentiality/client rights process	Yes	No
(d) An internal quality improvement process	Yes	No
(e) An internal utilization management process	Yes	No
(f) A customer/client satisfaction measure	Yes	No
(g) A service outcome measure	Yes	No
(h) A file on each individual receiving services	Yes	No
(i) Have a current operation plan and budget	Yes	No

**G. RISK MANAGEMENT**

1. Describe how organization identifies, controls, avoids, minimizes and/or eliminates unacceptable

risks to individuals receiving services and liability to the organization. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

---

---

---

2. Describe how organization protects the security of individuals receiving services and their protected information. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

---

---

---

3. Describe how organization prevents, identifies, and reports abuse, neglect, exploitation, and rights violations pertaining to individuals receiving services, including the training of staff on these issues. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

---

---

---

4. Is organization a non-profit or otherwise exempt from payment of State Franchise Tax: Yes No *(If yes, attach a valid 501C IRS Exemption Form)*

5. Provide name of Workers' Compensation carrier if organization has Workers' Compensation coverage or self-funding documents if self-funded: \_\_\_\_\_

**I. ADVERSE ACTIONS**

1. Are criminal history checks done on all organization's staff annually: Yes No

2. Describe organization's policies and procedures regarding the hiring and retention of persons with criminal histories: *(Attach additional pages as necessary)*

---

---

---

3. Do any of organization's employees have criminal convictions? Yes No  
If yes, explain: *(Attach additional pages as necessary)*

---

---

---

4. Describe organization's process, if any, for checking on confirmed fraud, abuse, neglect, exploitation or rights violations of employees or applicants for employment, such as through the Nurse Aide Registry and the Employee Misconduct Registry: *(Attach additional pages as necessary)*

---

- 
- 
5. Do any of organization's current employees have validated/confirmed fraud, abuse, neglect, exploitation, or rights violation claims: Yes No

If yes, describe in detail: *(Attach additional pages as necessary)*

---



---



---

6. Does organization meet standard federal guidelines for Medicaid and Medicare: Yes No

7. Is organization currently under investigation, or has organization had a license or accreditation revoked by any state/federal/local authority or licensure agency within the last 5 years: Yes No

8. Has organization had any judgments or settlements entered against it in the last 10 years: Yes No

**J. REFERENCES**

1. List three references who are able to attest to the quality of the organization's work performance and have knowledge of the organization's previous experience and ability to provide a healthy, safe, and therapeutic environment to Consumers served under this RFA:

Reference	e-mail Address	Phone

**K. E-VERIFY**

E-verify is an internet-based system that allows businesses to determine the eligibility of individuals to work in the United States. LifePath Systems requires proof of U.S. citizenship and/or other authorization required by law to legally work in the United States. Organizational applicants are required to submit I-9 verification information through the E-verify system on each organizational group member applying for credentialing under the organization's contract with LifePath Systems. For more information or to sign-up with E-verify go to: [www.uscis.gov/e-verify](http://www.uscis.gov/e-verify).

1. Has organization determined that all employees of the organization who will be providing services under the Contract with LifePath Systems are eligible to work in the United States as verified through the E-verify system: Yes No

If no, describe in detail: *(Attach additional pages as necessary)*

---



---



---

**ATTESTATION**

I hereby attest to the following:

1. I consent to the inspection of records and documents pertinent to this Application, including the release by any person to Collin County Mental Health Mental Retardation, *dba* LifePath Systems of all information that may reasonably be relevant to an evaluation and verification of this Application or evaluation of professional competence, including, but not limited to, consultation with any other health professionals or institutions with which Organization has been or is currently associated.
  
2. I understand that LifePath Systems requires proof of U.S. citizenship and/or other authorization required by law to work in the United States. I understand that Organizational applicants are required to submit I-9 verification information through the E-verify system on each Organizational group member applying for credentialing under the Organization’s contract with LifePath Systems.
  
3. All information contained in the Application is true, correct, and complete including, without limitation, any history of loss of license and/or convictions, loss or limitation of privileges or disciplinary activity, and chronological work history, to the best of Organization’s knowledge. Organization understands that LifePath Systems will check conviction record of Organization. Organization understands and agrees that any information contained in this Application which subsequently is found to be false could result in a denial of the Application or termination from network participation.

\_\_\_\_\_  
Signature of Organization or Organization’s Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Organization/ Program Name (if applicable)

**GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned Organization or authorized representative of Organization (acting on Organization's behalf), hereby authorize Collin County Mental Health Mental Retardation Center *dba* LifePath Systems to obtain any and all information required to complete a review and primary source verification of Organization's credentials. Information and documents to be reviewed include, but are not limited to, licensure/certification, accreditations, education, and claims made against licensure/certification, malpractice insurance and claims.

I, the undersigned Organization or authorized representative of Organization, hereby release from liability and hold harmless for the consequences of any disclosure, to the fullest extent permitted by law, the named references in this Application and Collin County Mental Health Mental Retardation *dba* LifePath Systems for their written and oral statements, decisions, and actions in connection with evaluating Organization's Application for network approval including, without limitation, Organization's experience, competencies and qualifications, health status, emotional stability, professional ethics, and character. Organization hereby releases from liability any and all individuals and organizations reviewing this Application for their acts performed in good faith and without malice in connection with evaluating this Application and the credentials and qualifications. Organization also releases from any liability any and all individuals and organizations who provide information in good faith and without malice concerning the above release items.

A photostat, electronic or facsimile copy of this original statement constitutes Organization's written authorization and request to release any and all documentation relevant to Collin County Mental Health Mental Retardation Center *dba* LifePath Systems credentialing and/or network approval process. Such photostat, electronic or facsimile copy shall have the same force and effect as the signed original.

\_\_\_\_\_  
Signature of Organization or Organization's Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title (if applicable)

\_\_\_\_\_  
Organization/ Program Name (if applicable)



## ASSURANCES DOCUMENT

Applicant Name: \_\_\_\_\_

*This document is required of all Applicants and must be signed and attached to the Application.*

### Applicant Assures the Following:

1. All addenda and attachments to the RFA as distributed by the Local Authority have been received.
2. No attempt has been or will be made by the Applicant to induce any person to submit or not submit an application.
3. Applicant does not discriminate in its service or employment on the bases of race, color, religion, sex, national origin, disability, veteran status, sexual orientation, political affiliation, or age.
4. Applicant accepts the terms, conditions, criteria, and requirements set forth in the RFA.
5. Applicant accepts Local Authority's right to cancel the RFA at any time.
6. No claim will be made for payment to cover costs incurred in the preparation or the submission of the Application or any other associated cost.
7. The individual signing these assurances is authorized to legally bind the Applicant.
8. The address submitted by the Applicant to be used for all notices sent by LifePath Systems is current and correct and any changes shall be immediately provided to LifePath Systems.
9. Applicant agrees to follow all applicable federal, state, county, local, HHSC laws, regulations, codes, standards, and LifePath Systems' policies and procedures.
10. No employee of LifePath Systems, HHSC, and no member of the LifePath Systems Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed Contract(s) to Applicant. *If the Applicant is unable to make the affirmation, the Applicant must disclose any knowledge of such interests. (See Attachment A - Key Persons List.)*
11. No director or personnel of the Applicant has been either an employee, officer, or member of the Board of Trustees of Local Authority within the past two (2) years preceding the date of submission of the Application. This requirement applies to all LifePath Systems personnel. *If such employment has existed, or a term of office served, Applicant must state the nature and time of the affiliations as defined on a separate sheet.*
12. No officer, employee or member of the Board of Trustees of Local Authority has financial interest in the Applicant or is related within the second degree by consanguinity or affinity to a person having such financial interest. *If such financial interest exists, Applicant must fully and completely disclose the nature of such financial interest and the relationship on a separate sheet.*
13. Applicant is not doing business and has not done business with any Local Authority key person *(See Attachment A- Key Persons List)* during the 365-day period immediately prior to the date on which the Application was submitted. *If Applicant has done or is currently doing business with*

*such a key person, Applicant must disclose the name of any such key person on a separate sheet.*

14. Under Section 231.006, Family Code, the vendor, or Applicant certifies that the individual or business entity named in this contract, bid, or Application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, "the specified grant, loan or payment" shall mean any Contract between Applicant and LifePath Systems pursuant to this RFA.
15. Applicant is not currently held in abeyance or barred from the award of a federal or state contract.
16. Applicant is currently in good standing for state tax, pursuant to the Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.

---

Signature of Applicant or Applicant's Authorized Representative

---

Date

---

Printed Name

---

Title (if applicable)

---

Organization/ Program Name (if applicable)

## ORGANIZATIONAL APPLICATION CHECKLIST

Submittal Date: \_\_\_\_\_

Name of Organization: _____			
LIST	YES	NO	N/A
<b>REQUIRED FOR ALL ORGANIZATION APPLICANTS:</b>			
Organizational Application Checklist ( <i>this page</i> )			
Application – 1 Original & 4 Copies ( <i>pages 8-13</i> )			
Attestation ( <i>page 14</i> )			
General Authorization for Release of Information ( <i>page 15</i> )			
Assurances Document ( <i>pages 16-17</i> )			
Substance Abuse Facility License			
General Liability Insurance Coverage			
Auto Liability Coverage (Organization owned vehicles, if transporting clients)			
Fire Inspection(s) (current within 1 year)			
Certificate(s) of Occupancy			
Professional Liability			
Policies and Procedures			
Risk Management Plan			
Security Procedures			
IRS Tax Exemption Form or proof of Status as Governmental Entity			
Workers' Compensation Coverage			
Adverse Actions explanation (if applicable)			
Affiliations Information ( <i>if indicated on Assurances</i> )			
Financial Interest Information ( <i>if indicated on Assurances</i> )			
Key Persons Disclosure ( <i>if indicated on Assurances</i> )			
Certification Regarding Lobbying, Grants, Loans, & Cooperative Agreements (Attachment A)			
Form W-9 (Attachment B)			
Conflict of Interest Questionnaire (Attachment C)			
Disclosure of Kinship (Attachment D)			
Notice of Felony Conviction (Attachment E)			
Notice Not to Participate (Attachment F)			
Data Use Agreement (DUA) – page 13			
Federal Assurances and Certifications			

## ADDITIONAL DOCUMENTS

The following eleven (11) documents are provided to assist in the Application process.

Exhibit A:	Key Persons List
Exhibit B:	Local Authority's Provider Manual
Exhibit C:	Local Authority's Bars to Workforce/Contracting
Exhibit D:	Information for Background Checks/Bars for Provider Enrollment
Exhibit E:	Acronyms Glossary
Attachment A:	Certification Regarding Lobbying, Grants, Loans, & Cooperative Agreements
Attachment B:	Form W-9
Attachment C:	Conflict of Interest Questionnaire
Attachment D:	Disclosure of Kinship
Attachment E:	Notice of Felony Conviction
Attachment F:	Notice Not to Participate

**EXHIBIT A**  
**Key Persons List**

November 2021

<b>NAME</b>	<b>TITLE</b>	<b>BUSINESS ADDRESS</b>	<b>BUSINESS PHONE#</b>
Tammy Mahan, MA LPC-S	Chief Executive Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Dr. Stuart Crane	Interim Medical Director	7308 Alma Drive Plano, TX 75025	972-422-5939
Humera Bhaidani	Director of Intellectual and Developmental Disability Services	7300 Alma Dr. Plano, Tx. 75025	972-727-9133
Jennifer Morgan	Chief Financial Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Maria Putman	Director of Human Resources	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Brent Phillips-Broadrick	Chief Administrative Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Colby McClatchy	MIS Director	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Pete Kabira	Chief Operating Officer	7308 Alma Drive Plano, TX 75025	972-422-5939
Bridget Merrill	Quality Assurance Program Administrator	7300 Alma Dr. Plano Tx 75025	972-727-9133
Jordan Planchon	Director of Quality Assurance/ Rights Protection Officer	1515 Heritage Dr. McKinney 75069	972-562-0190
Sandra Nalley	Program Administrator IDD Authority Services	7300 Alma Dr. Plano, Tx. 75025	972-727-9133
Rachael Campbell	IDD Provider Services	7300 Alma Dr. Plano, Tx. 75025	972-727-9133
Peggy Schmidt	Program Administrator Supported Employment	7300 Alma Dr. Plano, Tx. 75025	972-727-9133
Savannah Ehman	Contracts Manager	7300 Alma Dr. Plano, Tx. 75026	972-727-9133
Ernest Meyers, Ph.D.	Board Member		
Matt Duncan	Board Member		
Ann Bramlett	Board Secretary		
Rick Crawford, Ed. D.	Board Chair		
John Donovan	Board Member		
Melvin Thathiah, Esq.	Board Member		
Doug Kowalski	Chair Board Trustee		
Arthur Cotten	Board Trustee		
Dona Watson Lt. Danny Stasik	Board Vice-Chair Board Trustee		

**EXHIBIT B**  
**Local Authority's Provider Manual**

To access the most up to date version of the Provider Manual, please access the following link:  
<http://www.lifepathsystems.org/contracting-opportunities>

**EXHIBIT C**  
**Local Authority's Bars to Workforce/Contracting**

The names of all LifePath prospective workforce and contract providers are cleared through a pre-employment/contracting criminal history and registry clearance. The clearance will search data from the Texas Department of Public Safety, the U.S. Department of Health and Human Services Office of the Inspector General (OIG) List of Excluded Individuals, the Texas Department of Human Services Nurse Aide Registry and Employee Misconduct Registry, and the Texas Department of State Health Services Client Abuse and Neglect Reporting System. Additionally, a Federal Bureau of Investigation (FBI) fingerprint clearance is conducted for those individuals who have resided outside the state of Texas within the past two years of Application. A conviction for any of the offenses listed below is a bar to employment with and/or providing contracted services for Local Authority:

1. Kidnapping and unlawful restraint (Penal Code, Chapter 20);
2. Criminal homicide (Penal Code, Chapter 19);
3. Indecency with a child (Penal Code, §21.11) or continuous sexual abuse of young child or children (Penal Code, §21.02);
4. Sexual assault (Penal Code, §22.011);
5. Aggravated assault (Penal Code, §22.02);
6. Injury to a child, elderly individual, or disabled individual (Penal Code, §22.04);
7. Abandoning or endangering a child (Penal Code, §22.041);
8. Aiding suicide (Penal Code, §22.08),
9. Agreement to abduct from custody (Penal Code, §25.031);
10. Sale or purchase of a child (Penal Code, §25.08);
11. Arson (Penal Code, §28.02);
12. Robbery (Penal Code, §29.02);
13. Aggravated robbery (Penal Code, §29.03);
14. Indecent exposure (Penal Code, §21.08);
15. Improper relationship between educator and student (Penal Code, §21.12);
16. Improper photography or visual recording (Penal Code, §21.15);
17. Deadly conduct (Penal Code, §22.05);
18. Aggravated sexual assault (Penal Code, §22.021);
19. Terrorist threat (Penal Code, §22.07);
20. Online solicitation of a minor (Penal Code, §33.021);
21. Money laundering (Penal Code, §34.02);
22. Medicaid fraud (Penal Code, §35A.02);
23. Cruelty to animals (Penal Code, §42.09); or
24. A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this paragraph; and

A conviction of any of the following offenses during the five years before proposed employment or contract issuance:

1. Assault that is punishable as a Class A misdemeanor or as a felony (Penal Code, §22.01);
2. Burglary (Penal Code, §30.02);
3. Theft that is punishable as a felony (Penal Code, Chapter 31);
4. Misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony (Penal Code, §32.45);
5. Securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony (Penal Code, §32.46),
6. False identification as a peace officer (Penal Code, §37.12); or
7. Disorderly conduct (Penal Code, §42.01(a)(7), (8), or (9)).

In addition, the following will apply to all Applicants:

1. A conviction of other types of criminal offenses may be considered a bar to employment or contracting with Local Authority, in Local Authority's discretion.
2. Identification of a revoked license in the Nurse Aide Registry; or
3. Identification as "unemployable" in the Employee Misconduct Registry.

**EXHIBIT D**  
**INFORMATION FOR BACKGROUND CHECKS / BARS FOR PROVIDER ENROLLMENT**

**Providers who have a Bar to Employment cannot perform services for the Local Authority. LifePath must be notified of the provider.**

**A provider will be barred from contracting with LifePath if the contract is found to:**

Have any offense as listed in the Texas Health and Safety Code, §250.006, [pre-employment clearance](#) specifications.

Is listed as revoked in the Nurse Aide Registry or unemployable in the Employee Misconduct Registry (See #5 below).

**RESOURCES:**

1. [Texas Dept. of Public Safety Crime Records Service Criminal History Check](#)  
To setup an account with DPS for criminal history checks go to this website and select “New Users Start Here” [https://records.txdps.state.tx.us/dps\\_web/Portal/index.aspx](https://records.txdps.state.tx.us/dps_web/Portal/index.aspx)
  
- Texas Health and Safety Code, §250.006, Convictions Barring Employment**  
[Click here](#) to view the on-line pre-employment specifications. (See RFA or LifePath website under Local Authority’s Bars to Workforce/Contracting, pre-employment clearance, “Convictions Barring Employment” at [www.lifepathsystems.org](http://www.lifepathsystems.org))
  
2. [Health and Human Services Office of Inspector General List of Excluded Individuals/Entities Search \(OIG\)](#) <http://exclusions.oig.hhs.gov/search.aspx>
  
3. **Texas Office of Inspector General List of Excluded Individuals / Entities Search (TxOIG)**  
<https://oig.hhsc.state.tx.us/Exclusions/Search.aspx>
  
4. **General Service Administration Excluded Parties List System (EPLS)**  
<https://www.epls.gov/> (Select Search type at left in Search box)
  
5. [Texas Dept. of Aging and Disability Services Employee Misconduct/Nurse's Aide Registry](#)  
<http://www.dads.state.tx.us/providers/NF/credentialing/sanctions/index.cfm>  
When on website, for “Registry type”, select “All.”



**ATTACHMENT A  
CERTIFICATION REGARDING LOBBYING, GRANTS, LOANS, AND COOPERATIVE AGREEMENTS**

The undersigned certifies, to the best of his or her knowledge and belief that:

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress an officer or employee of Congress or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

**This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Authorized Individual

\_\_\_\_\_  
Title of Authorized Individual

\_\_\_\_\_  
Organization Name

**ATTACHMENT B  
FORM W-9**

**Request for Taxpayer Identification Number and Certification**

<http://www.irs.gov/pub/irs-pdf/fw9.pdf>

(Attached completed W-9 Form as part of your proposal)

**ATTACHMENT C  
CONFLICT OF INTEREST QUESTIONNAIRE (CIQ)**

**Please retrieve CIQ Form from the following website:**

<http://www.ethics.state.tx.us/forms/CIQ.pdf>

(Attach completed CIQ Form as part of your proposal)

***A signature is required in Box 7 of CIQ form regardless of any other entry on the form.***

**ATTACHMENT D  
DISCLOSURE OF KINSHIP**

**Please review the Texas Administrative Code §412.54(c)**

[http://texreg.sos.state.tx.us/public/readtac\\$ext.TacPage?sl=R&app=9&p\\_dir=&p\\_rloc=&p\\_tloc=&p\\_ploc=&pg=1&p\\_tac=&ti=25&pt=1&ch=412&rl=54](http://texreg.sos.state.tx.us/public/readtac$ext.TacPage?sl=R&app=9&p_dir=&p_rloc=&p_tloc=&p_ploc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=54)

(Attach written response signed by Authorized Individual)

**ATTACHMENT E  
NOTICE OF FELONY CONVICTION**

**Please review the Texas Health and Safety Code §250.006**

<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.250.htm#250.006>

(Attach written response signed by Authorized Individual)

**ATTACHMENT F**  
**NOTICE "NOT TO PARTICIPATE" FORM**

Dear Vendor:

Please check the appropriate box below, complete the remainder of this form and return it PRIOR to the scheduled due date and time on the Proposal.

- Our Company cannot provide the services listed in this request. Please keep our name and address so that we may submit bids/proposal at a later date for the following:

Services: \_\_\_\_\_

- Our Company has chosen NOT to submit a Proposal at this time but would like to remain on your list for this Proposal category. We did not submit a Proposal because:

Reason: \_\_\_\_\_

- Please REMOVE our Company name from all LifePath Systems lists until further notice.

Reason: \_\_\_\_\_

Company Name: \_\_\_\_\_

Representative (printed): \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax \_\_\_\_\_ Other: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_

**VENDORS WHO RESPOND TO THIS INVITATION WITH A COMPLETED PROPOSAL FORM WILL REMAIN ON OUR MAILING LIST. VENDORS MAKING NO RESPONSE MAY BE REMOVED FROM THE MAILING LIST.**

Thank you for your time and assistance.

**PLEASE RETURN THIS FORM ONLY TO:**

LifePath Systems  
Bridget Merrill  
1515 Heritage Drive  
McKinney, TX 75069

**Notice "Not to Participate" RFA #CRS202111**