



**COLLIN COUNTY MENTAL HEALTH MENTAL RETARDATION
CENTER
dba LIFEPATH SYSTEMS**

ORGANIZATIONAL APPLICATION CHECKLIST

The checklist below is provided to assist in completing the application.

Submission Date: _____

Line Item	Name of Organization/Individual: _____			
LIST		YES	NO	N/A
REQUIRED FOR ALL APPLICANTS:				
1	Organizational Application Checklist (<i>this page</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
2	Application – 1 Original (<i>pages 10-13</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
3	Attestation (<i>page 15</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
4	General Authorization for Release of Information (<i>page 16</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
5	Assurances Document (<i>pages 17-18</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
6	Certification Regarding Lobbying, Grants, Loans, & Cooperative Agreements (<i>page 19</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
7	General Liability Insurance Coverage (<i>if applicable</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
8	Auto Liability Insurance Coverage (Organization owned vehicles if transporting clients)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
9	Fire Inspection(s) - current within 1 year (<i>if applicable</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
10	Certificate(s) of Occupancy (<i>if applicable</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
11	Professional Liability Insurance Coverage (<i>if applicable</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
12	Policies and Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
13	Risk Management Plan	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
14	Security Procedures	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
15	IRS Tax Exemption Form or proof of Status as Governmental Entity (<i>if applicable</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
16	Workers' Compensation Coverage (<i>if applicable</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
17	Adverse Actions explanation (<i>if applicable</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
18	Affiliations Information (<i>if indicated on Assurances</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
19	Financial Interest Information (<i>if indicated on Assurances</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
20	Key Persons Disclosure (<i>if indicated on Assurances</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
21	Form W-9 (Attachment F)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
22	Conflict of Interest Questionnaire (Attachment G)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
23	Notice of Felony Convictions (Attachment H)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
24	Notice Not to Participate (Attachment I)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
25	VOQ Form(s) (<i>For each employee providing services</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
26	ACH Direct Deposit Form (<i>Optional</i>)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>
27	IDD Policy Forms (4)	YES <input type="checkbox"/>	NO <input type="checkbox"/>	N/A <input type="checkbox"/>



**OPEN ENROLLMENT FOR BEHAVIORAL HEALTH SERVICES
APPLICATION FOR ORGANIZATIONAL/INDIVIDUAL
PROVIDERS (“APPLICATION”)**

REQUIRED APPLICATION INFORMATION:

An applicant 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/Individual 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:	
	Phone/Fax:	
9.	Billing Contact/Title:	
	Email Address:	
	Address:	
	Phone/Fax:	

10. Number of years in operation as a business: _____

11. Languages services provided in: _____

12. Is organization/individual certified as or eligible to be a Historically Underutilized Business: Yes No
(If certified, provide Certification Number): _____

13. List all licenses, credentials, certifications, and/or accreditations currently held by organization/individual:
(Provide copies as applicable):

B. SERVICES

- Place a check mark in the box beside the services organization/individual is applying to provide.

Service	Indicate (v) if applying to provide this service
Determination of Intellectual and Developmental Disabilities (DID) Testing	

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

C. SERVICE LOCATION:

If services are to be provided in a facility owned/rented by the organization/individual:

- Attach a Certificate of Insurance with effective and expiration date showing current General Liability insurance coverage limit;
- Attach a Fire Inspection (current within 1 year) by applicable local fire authority;
- Attach a Certificate of Occupancy;
- Is the building accessible for individuals with disabilities: Yes No
- How close is the facility to public transportation: _____

D. PROFESSIONAL LIABILITY INSURANCE

Organization and licensed/certified professionals 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

- Describe experience over the last 5 years providing services to the population of individuals the organization/individual is applying to serve: *(Attach additional pages as necessary)*

- Describe 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)*

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

- Describe any limitations on capacity to serve the population (age ranges, total number of clients, geographical region, etc.): *(Attach additional pages as necessary)*

5. Are all staff and sub-contractors current on all training required by the credentialing/licensing agency and/or the Texas Administrative Code as described in contract exhibit(s)? **Yes** **No** If no, what is the plan for ensuring all staff and sub-contractors receive training before service initiation: *(Attach additional pages as necessary)*

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

F. INFORMATION SYSTEMS

Organization/individual must have and maintain internet access and a current email account in order to be eligible to be a party to a contract.

- a. Does organization/individual have internet access and a valid email address? **Yes** **No**

G. RISK MANAGEMENT

1. Describe how organization/individual identifies, controls, avoids, minimizes and/or eliminates unacceptable risks to individuals receiving services and liability to the organization/individual. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

2. Describe how organization/individual 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/individual 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/individual 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: _____

H. ADVERSE ACTIONS

1. Are criminal history checks done on all 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 the 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 the organization/individual meet standard federal guidelines for Medicaid and Medicare?
 Yes No

7. Is the organization/individual currently under investigation, or has the 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 the organization/individual had any judgments or settlements entered against it in the last 10 years? Yes No

I. REFERENCES

List three references who are able to attest to the quality of the organization/individual’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
Reference	E-mail Address	Phone
Reference	E-mail Address	Phone



ATTESTATION

I hereby attest to the following:

- 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 Center, *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/Individual has been or is currently associated.

- 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/Individual's knowledge. Organization/Individual understands that LifePath Systems will check conviction record of Organization/Individual. Organization/Individual 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 Individual 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 will ensure that no person on the basis of race, color, national origin, religion, sex, age, sexual orientation, gender identity, genetic characteristics, veteran status, disability, or political affiliation, will be excluded from participation in, be denied the benefits of, or be subject to discrimination with respect to any Contract, under any of the policies of HHSC or LifePath. Applicant does not discriminate in its service or employment practices on the basis of race, color, religion, sex, sexual orientation, gender identity, genetic characteristics, national origin, disability, veteran status, age, or political affiliation.
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 – LifePath's 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, whether or not identified on Attachment A. *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 Individual or Organization’s Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)



CERTIFICATION REGARDING LOBBYING, GRANTS, LOANS, & 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 of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

ATTACHMENT A KEY PERSONS LIST			
NAME	TITLE	BUSINESS ADDRESS	BUS. PHONE#
Tammy Mahan, MA LPC-S	Chief Executive Officer (CEO)	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Peter Kabira	Chief Operating Officer (COO)	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Jennifer Morgan	Chief Financial Officer (CFO)	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Brent Phillips-Broadrick	Chief Administrative Officer (CAO)	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Danielle Sneed	Deputy Clinical Officer (DCO)	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Humera Bhaidani	Director of IDD Services	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Angela James	Admin Contracts Manager	1515 Heritage Drive McKinney, TX 75069	972-562-0190

ATTACHMENT B
 LOCAL INTELLECTUAL AND DEVELOPMENTAL DISABILITY AUTHORITY HANDBOOK

To access the most up to date version of the Local Intellectual and Developmental Disability Authority Handbook, please access the following link: <https://www.hhs.texas.gov/handbooks/local-intellectual-developmental-disability-authority-handbook>



Attachment C
Local Authority's Bars to Workforce/Contracting

FY24 CRIMINAL BACKGROUND CHECK FORM

DIVISION: _____ CONTRACT MANAGER: _____ PROGRAM: _____

ORGANIZATION (Business Entity): _____

LEGAL FIRST NAME: _____ LEGAL LAST NAME: _____

SOCIAL SECURITY #/EIN#: _____ GENDER: _____ RACE: _____ DATE OF BIRTH: _____

PHONE#: _____ ALT PHONE #: _____

PREFERRED LANGUAGE: _____ EMAIL ADDRESS: _____

MAILING ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

IF YOU ARE AN INDEPENDENT/INDIVIDUAL CONTRACTOR, PLEASE LIST ALL THE STATES YOU HAVE LIVED IN THE LAST TWO YEARS (INCLUDING TEXAS):

In addition to obtaining criminal history record information from TDPS, local authorities must obtain criminal history information for applicants who have lived outside of the State of Texas at any time during the two years preceding the contract through the FBI using a complete set of fingerprints on the official FBI card. LifePath Systems assumes no liability nor responsibility should the results of this background check, nurse aid registry check, misconduct registry check, or debarred vendor check divulge that the applicant is ineligible for consideration as a provider of services. If the Contractor, its officers, employees, or agents have a conviction as described in the Conviction and Registry Clearance on the following page, the Contractor will be barred from doing business with the Center.

PLEASE FOLLOW THE INFORMATION BELOW REGARDING FINGERPRINTING:

- 1. Access https://uenroll.identogo.com
2. Enter Service Code 11FHT4.
3. Select an available date for your appointment.
4. Enter payment information.
5. Print off the last page that shows your registration number.
6. Take a Photo ID and a copy of the last page with your registration number to your appointment.
7. Inform your assigned Contract Manager when your appointment is completed.

With the below signature, I give LifePath Systems my permission to run the above described background check, I also declare my full understanding that the above test will be performed by LifePath Systems on an annual basis. I also consent to LifePath Systems' requirement that my name/organization be checked against the List of Excluded Individuals and Entities (LEIE) on a monthly basis.

CONTRACTOR SIGNATURE: _____ DATE: _____



CONVICTION AND REGISTRY CLEARANCE

Contracting Organizations

Contractor shall provide evidence of criminal history and registry clearances for Contractor, their employees, and their volunteers pursuant to Texas Health & Safety Code §533.007, 250 Texas Government Code §411.115, and 25 Texas Administrative Code (TAC) §414-K, regarding Criminal History and Registry Clearances. Criminal history for those who have lived outside the State of Texas at any time during the two years prior to participation in this agreement includes submission of fingerprints to the FBI. Contractor is solely responsible for related costs.

- Contractor must forward all signed policies, procedures, and other relevant documents to show compliance with the criminal history and registry clearances as identified in Section 8.9 of this agreement prior to contract execution.
- Contractor acknowledges they and/or their employees, agents or representatives are prohibited from having any contact with individuals receiving services through this agreement until successfully clearing the criminal background check and required registry reviews.
- During the term of the contract, Contractor is responsible for promptly forwarding all applicable request for Office of the Inspector General (OIG) Exclusion List and applicable registry clearance verification upon request of Contract Manager in accordance with Section 8.9 and Section 9.2 of this agreement.
- LifePath Systems is responsible for receiving, storing, and logging all data relevant to this topic.

Individual Contractors

LifePath will conduct criminal history and registry clearances for Contractor pursuant to Texas Health & Safety Code §533.007, 250 Texas Government Code §411.115, and 25 Texas Administrative Code (TAC) §414-K, regarding Criminal History and Registry clearances. For those who have lived outside the State of Texas at any time during the two years prior to participation in this agreement, Contractor must provide a complete set of fingerprints. Fingerprint processing instructions may be obtained from the assigned LifePath Systems' Contract Manager. LifePath is solely responsible for related costs.

- Contractor must complete the LifePath Systems Criminal Background Check Form and submit to the assigned LifePath Systems Contract Manager prior to service delivery.
- Contractor is prohibited from having any contact with individuals receiving services until the results of the criminal background check and required registry reviews are assessed and contractor is notified of results.
- During the term of the contract, the LifePath Systems Contract Manager will ensure monthly Office of the Inspector General (OIG) Exclusion List and applicable registry clearances is completed in accordance with established regulatory guidelines.
- LifePath Systems Contract Manager is responsible for receiving, storing, and logging all data relevant to this topic.

Screening and Clearance Prior to and During Implementation

Screening and maintenance of the documentation that the checks were performed is required prior to contracting and on a routine monthly basis. All relevant state agencies will recoup for services provided by excluded parties.



Provider Exclusion

To combat fraud and abuse, the United States Department of Health and Human Services Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and all federal health care programs. When the HHS-OIG has excluded a provider, federal health care programs are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities.

ATTACHMENT 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 contractor is found to:

Convictions Barring Employment:

1. The person has been convicted of an offense listed in this subsection:
 - a. an offense under Chapter 19, Penal Code (criminal homicide);
 - b. an offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
 - c. an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), or Section 21.11, Penal Code (indecenty with a child);
 - d. an offense under Section 22.011, Penal Code (sexual assault);
 - e. an offense under Section 22.02, Penal Code (aggravated assault);
 - f. an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
 - g. an offense under Section 22.041, Penal Code (abandoning or endangering child);
 - h. an offense under Section 22.08, Penal Code (aiding suicide);
 - i. an offense under Section 25.031, Penal Code (agreement to abduct from custody);
 - j. an offense under Section 25.08, Penal Code (sale or purchase of child);
 - k. an offense under Section 28.02, Penal Code (arson);
 - l. an offense under Section 29.02, Penal Code (robbery);
 - m. an offense under Section 29.03, Penal Code (aggravated robbery);
 - n. an offense under Section 21.08, Penal Code (indecent exposure);
 - o. an offense under Section 21.12, Penal Code (improper relationship between educator and student);
 - p. an offense under Section 21.15, Penal Code (improper photography or visual recording);
 - q. an offense under Section 22.05, Penal Code (deadly conduct);
 - r. an offense under Section 22.021, Penal Code (aggravated sexual assault);
 - s. an offense under Section 22.07, Penal Code (terroristic threat);
 - t. an offense under Section 32.53, Penal Code (exploitation of child, elderly individual, or disabled individual);
 - u. an offense under Section 33.021, Penal Code (online solicitation of a minor);
 - v. an offense under Section 34.02, Penal Code (money laundering);
 - w. an offense under Section 35A.02, Penal Code (Medicaid fraud);
 - x. an offense under Section 36.06, Penal Code (obstruction or retaliation);
 - y. an offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to non-livestock animals); or
 - z. 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 by this subsection.

2. The person may not serve in a position the duties of which involve direct contact with an individual receiving services before the fifth (5th) anniversary of the date the person is convicted of:

- a. an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
 - b. an offense under Section 30.02, Penal Code (burglary);
 - c. an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
 - d. an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of financial institution), that is punishable as a Class A misdemeanor or a felony;
 - e. an offense under Section 32.46, Penal Code (securing execution of document by deception), that is punishable as a Class A misdemeanor or a felony;
 - f. an offense under Section 37.12, Penal Code (false identification as peace officer; misrepresentation of property); or
 - g. an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).
3. For the purposes of the sections above, a person who is placed on deferred adjudication community supervision for an offense listed in the sections above, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Article 42A.111, Code of Criminal Procedures, is not considered convicted of the offense for which the person received deferred adjudication community supervision.
 4. Additional to Bars of Employment for ICF/IDD:
 - a. Bars pursuant to 40 TAC §3.201, THSC 481 – Texas Controlled Substance Act: A conviction that is punishable as a felony (involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer to receipt of chemical laboratory apparatus).
 - b. Texas Penal Code:
 - i. §15.01 – Criminal Attempt of an Offense Listed as a Bar
 - ii. §43.03 – Promotion of Prostitution
 - iii. §43.04 – Aggravated Promotion of Prostitution
 - iv. §43.05 – Compelling Prostitution
 - v. §43.25 – Sexual Performance by a Child
 - vi. §43.26 – Possession or Promotion of Child Pornography
 5. An individual who is listed as revoked in the Nurse Aide Registry or listed as unemployable in the Employee Misconduct Registry.

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RESOURCES:

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 User Sign Up"

<https://securite.dps.texas.gov/DpsWebsite/Login.aspx?returnUrl=/DpsWebsite/Signup/SecureSite/CriminalHistory/>



ATTACHMENT E
LIFEPATH SYSTEMS' CONTRACTOR CODE OF CONDUCT

Introduction

LifePath Systems (the Center) is dedicated to conduct that adheres to the highest ethical standards. Common sense, good business judgment, ethical personal behavior, as well as compliance with applicable laws and regulations are what we expect from all LifePath Systems' contractors, business associates, and others affiliated with or doing business on behalf of the Center.

The LifePath Systems' Code of Conduct details the fundamental principles, values and framework for action and intended to deter wrongdoing and promote:

- Honest and ethical conduct
- Compliance with all applicable federal, State, and local laws and regulations
- Prompt reporting of violations and compliance concerns

Additional information regarding compliance with LifePath Systems' Code of Conduct is provided in the biennial LifePath Systems' Compliance Program, available on the Center's website.

Our Mission

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

Our Values

Service Excellence: We will strive to have a workforce that reflects the diversity of our community. We will hire talented people, increasing their skills through training and experience. We will provide timely, professional, effective, culturally competent, compassionate, and efficient services.

Stewardship of Resources: We will utilize all Center resources efficiently, appropriately, and with transparency and ethical and fiscal accountability. We will work to create long-term sustainable financing strategies for our programs.

Integrity: We will act with honesty and honor without compromising the truth. Earning and maintaining the trust of the individuals served, families, stakeholders, and the community is critical.

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.

Our Service Delivery

LifePath Systems is committed to providing high-quality services in the communities served that incorporates trauma-informed principles and is culturally and linguistically appropriate.

LifePath Systems contractors, business associates and others affiliated with or doing business on behalf of the Center are expected to treat those who receive services with respect and dignity, providing high-quality, compassionate care in a clean, safe environment.



Professional Representation

Licensed professionals are expected to have and maintain all required licenses, adhere to the established code of conduct of their profession, and follow the ethical and professional standards dictated by their respective professional organizations and licensing boards.

Leadership and Oversight

LifePath Systems contractors are expected to establish the controls necessary to maintain the necessary oversight of all employees, volunteers and other associates providing services on their behalf in accordance with the established contractual terms.

Compliance

LifePath Systems is committed to full compliance and expects its contractors to obey all applicable federal, state, and local laws and regulations. Compliance is an important aspect of the Center's contract monitoring and enforcement practices.

Laws and Regulations

LifePath Systems contractors are expected to perform their duties in good faith to the best of their ability and not engage in any illegal, unfair, or deceptive conduct relating to business practices. LifePath Systems expects its contractors, business associates and others affiliated with or doing business on behalf of the Center to fully comply with all applicable laws and regulations including federal, state, and local.

Key healthcare compliance laws include (but not limited to):

- Title XVII of the Social Security Act
- The physician self-referral law, known as the Stark law, which prohibits health care entities from submitting any claim for certain services called designated health services if the referral comes from a physician with who the healthcare entity has a prohibited financial relationship.
- The federal anti-kickback statute and similar Texas statutes, which prohibit payments (direct or indirect), made to induce, or reward the referral or generation of government healthcare program business.
- The Emergency Medical Treatment and Labor Act (EMTALA), which contains requirements for the evaluation and treatment of emergency individuals.
- Laws authorizing the U.S. Department of Health and Human Services (HHS), Office of the Inspector General (OIG), to exclude healthcare providers from participation in federal healthcare program that provide unnecessary or substandard items or services provided to any individual receiving services.
- Privacy and security laws and regulations that protect individual information, including protected health information (PHI) under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009, the Final Omnibus Rule, and the Texas Medical Records Privacy Act as amended by Texas H.B.300.
- Federal and Texas false claims statutes and whistleblower protections that serve a key role in preventing and detecting fraud, waste and abuse in government funded healthcare programs.

Fraud and abuse, the False Claims Act and Whistleblower Protections

All Contractors, Business Associates and others affiliated with or doing business on behalf of the Center will fully comply with the federal False Claims Act (FCA) and Texas laws that fight fraud and abuse in government healthcare programs. The FCA contains a qui tam or whistleblower provision, which permits a private person with knowledge of a false claim for reimbursement by a government to file a lawsuit on behalf of the U.S. government.



In addition, there are Texas laws and regulations that may allow an individual who reports fraud or abuse in the Medicaid Program, to receive a portion of the recovery. Under both the FCA and similar Texas laws, there are protections against retaliation.

Confidentiality

All Contractors, Business Associates and others affiliated with or doing business on behalf of the Center will adhere to related state and federal laws and regulations that protect individual information, including protected health information (PHI):

- Health Insurance Portability and Accountability Act of 1996 (HIPAA)
- Health Information Technology for Economic and Clinical Health (HITECH) act of 2009
- Texas Medical Records Privacy Act as amended by Texas H.B. 300, which went into effect September 2012.

Conflicts of Interest

A conflict of interest exists when:

- Contractor's private interests interfere in any way with the interests of LifePath Systems.
- A contractor takes an action or has interests that may make it difficult to perform their work objectively and efficiently.
- A contractor or their family, receives improper personal benefits as a result of their position at LifePath Systems.

Contractors, business associates and others affiliated with providing services on behalf of the Center are expected to adhere to the following:

- Avoid conflicts of interest and opportunities for personal gain for themselves individually, members of their immediate families and others which may impede their best judgment.
- Disclose any professional or personal affiliations with organizations that receive directly or indirectly any money or other item of value from any such organization. Any exceptions to this requirement must be approved in writing by the LifePath Systems Chief Executive Officer.
- Disclose any personal relationships they have with an individual receiving services with whom they could potentially provide services or view protected health information. This includes having a family member or other personal relation serving a mutual individual.
- Not use their position to influence decisions that result or appear to result in financial, personal, organizational, or professional gain for themselves or anyone with whom they have family, business, or other ties.
- Disclose if they have a conflict of interest in, or in any manner are connected with, any contract or bid for furnishing supplies, materials, services, or equipment to LifePath Systems.
- In the event a potential conflict of interest may exist, the conflict must be disclosed to the assigned contract manager and the Compliance and Quality Assurance Department using the Conflict-of-Interest Disclosure Affidavit Form.

Coding and Billing Integrity

All billing practices, including the preparation and filing of cost reports, must comply with federal and Texas laws and regulations.



LifePath Systems' management will assist applicable contractors, business associates, and others affiliated with doing business on behalf of the Center, in identifying and appropriately resolving any coding or billing issues or concerns. Overpayments made by a federal healthcare program or other payers will be refunded in accordance with applicable law.

Contractors are expected to document accurately in all treatment and related records, timesheets, financial transactions, billing, and report generation.

Relationships with Federal Health Care Beneficiaries

Contractors, business associates and others affiliated with doing business on behalf of the Center will comply with federal fraud and abuse laws which prohibit offering or providing incentives to beneficiaries in government health care programs and authorize the Office of Inspector General (OIG) to impose civil monetary penalties (CMPs) for these violations. Government health care programs include Medicare, Medicaid, Veterans Administration, and other programs.

Contractors, business associates and others affiliated with doing business on behalf of the Center may not offer incentives of any kind to the beneficiaries, employees, or representatives of these programs to attract their business (including but not limited to gifts, gratuities, certain cost-sharing waivers, and other items of value).

Ineligible Persons, Excluded Beneficiaries and Entities

- Contractors, business associates and others affiliated with doing business on behalf of the Center will not do business with hire, or bill for services rendered by excluded or debarred individuals or entities.
- Contractors are required to report to their contract manager or the LifePath Systems Compliance Department immediately if a contractor's staff member becomes excluded, debarred, or ineligible to participate in any government health care program or becomes aware that anyone doing business with or providing services for or on behalf of the contractor has become excluded, debarred or ineligible.

Monitoring and Investigations

Contractors, business associates and others affiliated with doing business on behalf of the Center must be committed to monitoring and investigating compliance concerns relating to laws and regulations. When a violation is substantiated, corrective action will be initiated including, as appropriate, resolving overpayments, making required notifications to government agencies, implementing systemic changes to prevent recurrences, and instituting disciplinary actions.

Medical Records

Contractors, business associates and others affiliated with doing business on behalf of the Center must ensure medical records are accurate and provide information that documents the treatment provided and supports claims submitted. Tampering with or falsifying medical records, financial documents, or other business records must not be tolerated.

The confidentiality of protected health information must be maintained in accordance with privacy and security laws and regulations, including protected health information (PHI) under the Health Information Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health (HITECH) Act, and applicable Texas laws.

Environment and Workplace Safety

Contractors, business associates and others affiliated with doing business on behalf of the Center will obey all state, federal and local environmental and workplace safety laws, and regulations, including those endorsed by the Environmental Protection Agency (EPA) and the Occupational Safety and Health Administration (OSHA).



Reporting Suspected Wrongdoing

Contractors, business associates and others affiliated with doing business on behalf of the Center have a responsibility to report any suspicion or knowledge of wrongdoings promptly using one of the processes described below:

- Report the issue to the assigned contract manager or compliance department; or
- Report the issue via the LifePath Systems Compliance Hotline (972) 330- 4301.
 - Calls to the Hotline may be reported anonymously.
- Retaliation against anyone making the report is prohibited.

Any contractor, business associate and others affiliated with doing business on behalf of the Center who becomes aware of improper conduct but knowingly declines to report the improper conduct may be subject to applicable disciplinary and enforcement action.

Retaliation in any form against anyone who makes a good faith report of actual or suspected wrongdoing or cooperates in an investigation is strictly prohibited. Contractors, business associates and others affiliated with doing business on behalf of the Center who suspect they have been retaliated against should report the retaliation using any of the methods described above.



CONFIDENTIALITY ACKNOWLEDGMENT

I understand that LifePath Systems, (the Center) has a legal and ethical responsibility to safeguard the privacy of all those who receive services and protect confidentiality and security of all protected health information (PHI) and sensitive personal information (SPI). During my affiliation with the Center, I may hear or read information related to an individual's health or see electronic or paper files containing confidential PHI even if I am not directly involved in providing services to that individual. I may also create documents containing confidential information as part of my job or as directed by my supervisor. As part of my affiliation with LifePath Systems, I agree to adhere to the following:

- **Confidential Health Information.** I will regard privacy and confidentiality as a central obligation to those who receive services. I understand that all information, which in any way may identify someone who is receiving services, or which relates to an individual's health, must be maintained in the strictest confidence. Except as permitted by this Confidentiality Acknowledgment (the Acknowledgment), I will not at any time during or after my affiliation speak about or share any information with any person or permit any person to examine or make copies of any reports or other documents that I come into contact with or which I create that identify an individual who is receiving services or disclose PHI, except as allowed within my duties or by consent and authorization from the person receiving services.
- **Permitted Use of Private Information.** I understand that I may use and disclose confidential information only to other providers of health care services and only if the purpose of the disclosure is for treatment, consultation, referral, and for payment and billing purposes.
- **Prohibited Use and Disclosure.** I understand that I must not access, use, or disclose any information for any purpose other than stated in this Acknowledgment related to a person receiving services. I may not release records to outside parties except with the written consent and authorization of the person receiving services, their representative, or for other limited or emergency circumstances. Special protections apply to mental health records, records of drug and alcohol treatment, and HIV related information. I must neither physically remove records containing confidential information from facility premises, nor alter or destroy such records. LifePath Systems' contractors who have access to records containing PHI must preserve their confidentiality and integrity, and no one is permitted access to health information without a legitimate, work-related reason. I also agree to immediately report to the assigned contract manager or LifePath Systems compliance and quality assurance department any non-permitted disclosure of confidential information relating to an individual receiving services that I make by accident or in error. I agree to report any use or disclosure of confidential information that I see or know of others making that may be a wrongful disclosure.
- **Safeguards.** In the course of my affiliation if I must discuss PHI with other health care practitioners, I will use discretion to ensure that others who are not involved in the individual's care cannot overhear such conversations. I understand that when confidential PHI is within my control, I must use all reasonable means to prevent it from being disclosed to others except as permitted by this Acknowledgment.
 - Protecting the confidentiality of information concerning those who receive services means protecting it from unauthorized use or disclosure in any format, oral/verbal, fax, written, or electronic/computer.
 - Protecting the confidentiality of information concerning those who receive services means protecting it from unauthorized use or disclosure in any format, oral/verbal, fax, written, or electronic/computer.
- **Electronic Device Security.** If necessary to have any identifiable PHI on a device, I agree to encrypt, and password protect information. I will not attempt to access information by using a user-



identification code or password other than my own, nor will I release my user-identification code or password code to anyone or allow anyone to access or alter information under my identity. I will back-up any confidential information using approved back-up methods.

- **Social Medica Use.** I agree to never store health information on someone who is receiving services on social networking internet web sites or transmit through peer-to-peer applications.
- **Physical Security.** I will take all reasonable precautions to safeguard confidential information. These precautions include using locking file cabinets, locking office doors, securing data tapes, CDs, DVDs, and other electronic media. I agree to store my electronic media on approved servers and store back-up media in approved locations.
- **Privacy and Security of Information while Traveling.** I will protect PHI from unauthorized access/disclosure to others.
- **Return or Destruction of Information.** I will ensure that all confidential information is returned to the appropriate parties. Unless specifically stated in my contractual agreement with LifePath Systems, I am not authorized to destroy any original information maintained in any medium, i.e., paper, electronic, etc.
- **Termination.** When I leave my affiliation with LifePath Systems, I will ensure that I take no identifiable PHI with me, and I will return all PHI in any format to LifePath Systems.
- **Disclosures Required by Law.** I understand that I am required by law to report suspected child or elder abuse to the appropriate authority. I agree to cooperate with any investigation by LifePath Systems, the Department of Health and Human Services or any oversight agency.
- **Violations.** I understand that violation of this Acknowledgment or the LifePath Systems' Contractor Code of Conduct may result in disciplinary action, up to and including immediate termination of my affiliation and could result in criminal or civil charges by either federal or State authorities against me with the potential for fines or prison.

I attest that I have read the LIFE PATH SYSTEMS Contractor Code of Conduct and Confidentiality Acknowledgment in its entirety. I understand my obligations and responsibilities outlined in these documents and agree to abide by the terms therein throughout my affiliation with LifePath Systems.

PRINTED NAME & TITLE _____

SIGNATURE _____

DATE _____

ATTACHMENT F
FORM W-9

Request for Taxpayer Identification Number and Certification

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

(Attach completed W-9 Form as part of your application.)

ATTACHMENT G
CONFLIC OF INTEREST QUESTIONNAIRE (CIQ)

Please retrieve CIQ Form from the following website:

<https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>

(Attach completed CIQ Form as part of your application.)

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

ATTACHMENT H
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 a written response signed by an authorized representative as part of your application.)



ATTACHMENT I
NOTICE NOT TO PARTICPATE

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 application.

Our organization cannot provide the services listed in this request. Please keep our name and address so that we may submit an application at a later date for the following services:

Our organization has chosen NOT to submit an application at this time but would like to remain on your list for this category. We did not submit an application because:

Please REMOVE our organization’s name from LifePath Systems ‘ mailing lists until further notice. Reason: _____

Company Name: _____

Representative Name (printed): _____ Title: _____

Address: _____ Phone: _____

Email: _____ Fax: _____ Other: _____

Authorized Representative Signature: _____

Title: _____ Date: _____

VENDORS WHO RESPOND TO THIS INVITATION WITH A COMPLETED APPLICATION 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.

IF A VENDOR CHOOSES NOT TO PARTICIPATE, PLEASE RETURN THIS FORM ONLY TO:

LifePath Systems
IDD Contracts Department
Attn: Angela M James
1515 Heritage Drive
McKinney, Texas 75069

Notice “Not to Participate” RFA #0132



ATTACHMENT J
VERIFICATION OF QUALIFICATIONS (VOQ) FORM(S)

One (1) VOQ form (attached) must be completed for each employee that will be providing services to individuals.

(Attach completed VOQ Form(s) as part of your application.)

ATTACHMENT K
IDD POLICY FORMS (4)

Acknowledgment of receipt of the following forms are required:

- Reporting Abuse and Neglect
- LifePath Systems Contractor Training Review (Reporting Rights Violations; Complaint Process; and Incident Reporting)
- Infection Control
- HIPAA Notice of Privacy Practices (NPP) and Contractor Code of Conduct

(Attach the completed IDD Policy Forms (4) as part of your application.)

ATTACHMENT L
ACH DIRECT DEPOSIT FORMS (OPTIONAL)

(Attach completed ACH Direct Deposit Form as part of your application.)

PLEASE RETURN COMPLETED FORMS TO:

LifePath Systems
IDD Contracts Department
Attn: Angela James
1515 Heritage Drive
McKinney, Texas 75069



REPORTING ABUSE AND NEGLECT

As a contractor of LifePath Systems, you are legally required to report any allegation or suspicion of abuse or neglect of an individual receiving services from LifePath Systems by any staff member or contractor of LifePath Systems. All reports must be made immediately to the Department of Family and Protective Services (DFPS) at

1-800-647-7418

<http://www.txabusehotline.org>

Examples of behavior by a staff person or contractor that must be reported include:

Physical Abuse- hitting, kicking, biting, pinching, burns, bruises.

Verbal Abuse- threatening the person, calling names, cursing.

Sexual Abuse- any direct sexual contact, inappropriate touching, sexual remarks.

Exploitation- taking advantage of the person's time, money or possessions for personal benefit.

Neglect- failure to provide supports or services that result in physical or emotional harm.

You must also participate fully with the investigation of any allegation of abuse and neglect, including meeting with investigator's, writing statements, etc. as requested by the Department of Family and Protective Services.

I recognize the acts that constitute abuse, neglect, and exploitation. I also recognize that, as a direct care case worker, I am mandated to report to DFPS immediately, but no later than one hour after I see or suspect such acts.

Contractor Signature

Date

Contractor Printed Name



LIFEPATH SYSTEMS

CONTRACTOR REPORTING REQUIREMENTS

Contractor Name: _____

Organization/Agency Name: _____

Please read the following statements and acknowledge your comprehension and willingness to comply by affixing your signature for each subject area:

RIGHTS – By my signature I certify that I have read and understand the following:

- I understand the rights that individuals receiving services from LifePath Systems have, and my responsibility to support individuals receiving services to exercise their rights.
- I must report rights violations by calling the LifePath Systems Rights Protection Officer, Jordan Planchon, at 469-966-5723.

SIGNATURE: _____

DATE: _____

COMPLAINT PROCESS – By my signature I certify that I have read and understand the following:

- Any person who is a recipient of LifePath Systems services, or the legal guardian of such a person, who has a complaint about how the recipient was served and/or treated by the LifePath Systems workforce members or any of its Contract Service Providers or wishes to appeal any decision concerning the care provided may do so by contacting LifePath Systems' Rights Protection Officer, Jordan Planchon, at 469-966-5723.

SIGNATURE: _____

DATE: _____

INCIDENT REPORTING – By my signature I certify that I have read and understand the following:

- I must report the death of an individual receiving services as soon as possible to the Contracts Manager or the Individual's Service Coordinator.
- I must report all other incidents as soon as possible to the Contracts Manager or the Individual's Service Coordinator.

SIGNATURE: _____

DATE: _____

INFECTION CONTROL

Standard Precautions and Use of Personal Protective Equipment (PPE)

- A. Standard Precautions are work related practices that help prevent the spread of infectious diseases in health care settings.
- B. Standard Precautions apply to all individuals, regardless of their diagnosis or suspected infection status.
- C. Individuals receiving services and workforce members will follow Standard Precautions when handling any of the following:
 - i. Blood,
 - ii. All body fluids, secretions, and excretions except sweat whether or not they contain visible blood;
 - iii. Non-intact skin (i.e., visible cut, laceration, or tear);
 - iv. Mucous membranes (eyes, nose, mouth), or
 - v. Close physical contact with another individual.
- B. When used properly, Standard Precautions will help prevent exposure to potentially infectious materials. These precautions include:
 - i. Hand hygiene;
 - ii. Personal protective equipment (PPE);
 - iii. Cough and sneeze etiquette;
 - iv. Proper handling, cleaning, and disinfecting of care equipment, instruments, and devices; and
 - v. Appropriate cleaning and disinfecting the environment;

By my signature I certify that I have read and understand the above information regarding the use of Universal Precautions within the workplace setting. I and/or my representatives will adhere to universal precautions in all settings and situations as required and will report all related incidents to the authorized parties within the required timeframe.

Contractor Signature

Date

Contract Printed Name:

Title



**HIPAA NOTICE OF PRIVACY PRACTICES (NPP),
CONTRACTOR CODE OF CONDUCT, &
CONFIDENTIALITY AGREEMENT**

I attest that I have received a copy of the LifePath Systems HIPAA Notice of Privacy Practices,
Contractor Code of Conduct and Confidentiality Acknowledgement.

Contractor Signature

Date

Contract Printed Name:

Title



LifePath Systems Vendor Bank Draft Authorization Form

We are pleased to offer you the option of payment convenience – **Bank Draft**. You may have your invoice payments automatically deposited into your checking account.

To take advantage of this service and authorize LifePath Systems and your financial institution to deposit your payment to your account, please check the applicable box and complete the information in the section below. Return this form to the Accounts Payable department.

Vendor Information (please print)			
Name:		SSN/TIN:	
Deposit Information			
Bank Name:		Checking	
9-Digit Bank R/T Code:		Account Number:	
		Misc. Notes:	

I hereby authorize LifePath Systems to deposit my payment to the bank and account as written above. This authorization will remain in effect until LifePath Systems receives written notification from me of its termination, allowing LifePath Systems and the bank a reasonable opportunity to act upon my request. In the event that LifePath Systems deposits funds to my account in error, I authorize and direct the bank(s) to return applicable funds to LifePath Systems as soon as possible.

Vendor Signature

Date



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VERIFICATION OF QUALIFICATIONS

D.O.B. _____

Employee Name/Contractor Name

Date of Hire

Job Title

Agency

Qualification Requirements	Verification Date	Expiration Date	Signature of Person Verifying Check	Title and Agency of Person Verifying Check
Competency (choose either a, b or c)				
a. High School Diploma/GED				
b. Competency Test & 3 references				
c. Current Licensure /#_				
Criminal History				
Employee Misconduct / Nurse Aide Registry*				
Driver's License (If not TX, please note)				
Car Insurance (if transporting consumer)				

Training	Verification Date	Expiration Date	Signature of Person Verifying Check	Title and Agency of Person Verifying Check
CPR				
First Aid / Seizures				
Crisis Intervention / PMAB				
Abuse, Neglect & Exploitation				
Consumer Rights / Rights of Individuals w/IDD				
Infection Control				



My signature confirms that I have verified the information recorded on this form and attest the information recorded is supported by available documentation, and to the best of my knowledge, is true and accurate.

Staff Signature Verifying Information

Date

<https://emr.dads.state.tx.us/DadsEMRWeb/emrRegistrySearch.jsp>