



**Open Enrollment**

**Request for Applications (RFA)**

**RFA # 201801**

Substance Use Disorder (SUD) Services

**July 2, 2018**

LifePath Systems  
Attn: BH Contracts  
1515 Heritage Drive, Suite 105  
McKinney, TX 75069

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

Issue Date: July 2, 2018

Due Date: August 31, 2019

## Notice of Open Enrollment

Collin County Mental Health and 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 provisions of Vernon’s Texas Codes Annotated, Health and Safety Code, Section 534 et seq., is seeking to contract with local providers for the purpose of providing substance use disorder services to eligible residents of Collin County.

Open enrollment documents are posted on LifePath Systems’ website at <http://www.lifepathsystems.org/contracting-opportunities>. Notice is hereby given that LifePath will receive applications from providers beginning July 2, 2018. **One (1) original and four (4) copies of the application and one (1) copy of the attachments are due in a sealed envelope to:**

**ATTENTION:**

LifePath Systems  
BH Contracts  
1515 Heritage Drive, Suite 105  
McKinney, TX 75069

LifePath is the Texas Health and Human Services Commission (HHSC) Local Behavioral Health Authority (Local Authority). The Local Authority 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 LPS 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.

Pursuant to Texas Administrative Code §412.55 and §412.754, the Local Mental Health 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 an eligible client may only be made by the Local Authority, and must be documented in that individual’s record.

The goals of this network are:

1. Provide, at a minimum, all of the Core and Adjunct Services for each Level of Care (LOC) as described in the Texas Resilience and Recovery (TRR) Utilization Management Guidelines for Adult Services and the TRR Utilization Management Guidelines for Child and Adolescent Services and as described in the TRR Statement of Work.
2. Develop a network of providers that allows for client choice of outpatient mental health and substance abuse providers in Collin County.
3. Develop a service array of substance abuse services as mutually defined by the Department of State Health Services and the Local Authority 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 Local Authority and credentialed providers of TRR and Substance Use Disorder (SUD) services.
6. Provide quality TRR and SUD services and achieve the desired outcomes at the most efficient cost possible.

## **SERVICES SOUGHT**

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

1. Substance Use Services
  - a. Adult Residential Detoxification as described in the attached Statement of Work.
  - b. Adult Ambulatory Detoxification as described in the attached Statement of Work.
  - c. Adult Intensive Residential as described in the attached Statement of Work.
  - d. Youth Intensive Residential as described in the attached Statement of Work.

## 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 or contiguous counties 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. Be contracted in the networks of Service Area Medicaid Managed Care Organizations (MCOs), in order to ensure continuity of services.
6. 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.
7. Meet minimum training, educational, licensing and credentialing requirements for services delivered under this RFA, as described in the applicable Statements of Work.
8. Have and maintain sufficient Internet access and a current email account. In order to enter Client service delivery documentation into the State's system (Clinical Management for Behavioral Health Services), Successful Applicants must have a secure computer workstation with Internet access.
9. 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 Local Authority's reasonable satisfaction, the ability to manage funds.
10. Demonstrate the ability to provide services as described in the attached applicable Statement of Work.

## **RESPONSIBILITIES**

### **Local Authority Responsibilities:**

The Local Authority is responsible for the development of the Consolidated Local Service Plan (CLSP), the Local Provider Network Development Plan (LPND), policy development, coordination of the service system with the community and the Health and Human Services Commission (HHSC), resource development, utilization management and quality assurance. The Local Authority ensures that contracted services addressing client needs are provided as required by HHSC and comply with the rules and standards adopted under Section 534 of the Texas Health and Safety Code, and Chapters 140, 412, 441, 442, 447, and 448 of the Texas Administrative Code (TAC). The Local Authority does not guarantee any referral volume to any service provider within its network of providers. The Local Authority will also provide Client Benefits Enrollment assistance on all potentially eligible individuals.

### **Local Authority & Outreach, Screening, Assessment, and Referral (OSAR) Responsibilities:**

The OSAR will document financial eligibility and complete the substance abuse screening for all indigent individuals seeking HHSC funded Substance Abuse Services. This documentation will be entered into the Clinical Management for Behavioral Health Services (CMBHS) system. This screening process will determine the individual's needs and will result in documented referral(s) to appropriate resources based on HHSC's Client Placement Guidelines. If the OSAR determines that a referral is necessary for a service provider and there is capacity in the system, an accompanying authorization will be sent at that time.

### **Service Provider Responsibilities:**

Each Successful Applicant and its employees are responsible at Applicant's sole expense to:

1. Comply with all training requirements as mandated by the Local Authority.
2. Submit service data within three (3) business days for provision of service via CMBHS.
3. Generate service claims in CMBHS no later than the third (3<sup>rd</sup>) calendar day following the month of service.
4. All original documentation reflecting Service provision regarding treatment and/or Services rendered to Client will be maintained by the provider in a secure location for a minimum of seven (7) years.
5. Allow the Local Authority access, upon request, to records referenced in item 4, above.
6. Comply with all state and federal laws regarding the confidentiality of Clients' records and nondiscrimination.
7. Comply with all applicable requirements of the Local Authority's then-current contract with HHSC.
8. Provide Disaster Services as specified in the Performance Contract between HHSC and the Local Authority in the event of an emergency.
9. Assist in the administration of client and advocate satisfaction surveys.
10. Obtain prior authorization services and provide acceptable levels of care in accordance with community standards.
11. Maintain acceptable levels of liability insurance in accordance with the limits specified above, and appropriate licenses and accreditations.
12. Agrees that its name, contact information and certain other pertinent information may be used, along with a description of its facilities, care, and services in any information distributed by the Local Authority listing its Service Providers.

13. Maintain and provide upon request criminal history record information (pursuant to Texas Health and Safety Code §533.007 and Chapter 250, the Texas Government Code §411.115 and Texas Administrative Code Title 25, Part 414-K, regarding Criminal History and Registry Clearances) and credentialing records.
14. Must comply with the rules and standards adopted under Section 534.052 of the Texas Health and Safety Code, Chapters 140, 412, 441, 442, 447, and 448 of the Texas Administrative Code, applicable local, state, and federal laws, rules and regulations, and the applicable contract between HHSC and the Local Authority.

**Payments/Rates:**

Successful Substance Abuse Applicants will be paid on a fee for service rate, based on HHSC rates, minus any client financial responsibility, based on the financial assessment.

## 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 hand deliver one (1) original and four (4) copies each of the completed Application and one (1) copy of all applicable attachments to:

**ATTENTION:**

LifePath Systems  
BH Contracts  
1515 Heritage Drive, Suite 105  
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>.

COMMUNITY BASED BEHAVIORAL HEALTH SERVICES

Service	Indicate (v) if applying to provide this service
Adult Residential Detoxification	
Adult Ambulatory Detoxification	
Adult Intensive Residential Treatment	
Youth Intensive Residential Treatment	

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)*

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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)*

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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)*

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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)*

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

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**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. INFORMATION SYSTEMS**

1. Organization must have and maintain internet access and a current email account in order to be eligible to be a party to a contract. In order to enter client service delivery documentation into CMBHS, organization must have a secure computer workstation with internet access. The make/brand of the computer and the computer's operating system is not relevant. A broadband internet connection (DSL, T1, cable service, etc.) is recommended.

(a) Does organization have internet access and a valid email address:    Yes   No

(b) Is organization able to meet the specifications stated above for documentation in CMBHS:  
Yes   No

(c) Please describe your internet system (DSL, T1, cable, etc.) and level of IT support:

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**H. 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)*

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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)*

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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)*

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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)*

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

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- 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)*

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- 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)*

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- 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)*

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**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, *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.
- 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.
- 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, 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.

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Signature of Applicant or Applicant’s Authorized Representative

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Date

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Printed Name

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Title (if applicable)

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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**

June 2018

<b>NAME</b>	<b>TITLE</b>	<b>BUSINESS ADDRESS</b>	<b>BUSINESS PHONE#</b>
Randy Routon, Ph.D.	Chief Executive Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Holly DuBois, MD	Medical Director	7308 Alma Drive Plano, TX 75025	972-422-5939
Tammy Mahan	Director of Behavioral Health	7308 Alma Drive Plano, TX 75025	972-422-5939
Karla Goss	Chief Financial Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Jennifer Day	Director of Human Resources	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Rik Lindahl	Director of Planning, Compliance and Quality Initiatives	1515 Heritage Drive McKinney, TX 75069	972-562-0190
David Berk	IT Manager	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Pete Kabira	Assistant Director for Authority Services	7308 Alma Drive Plano, TX 75025	972-422-5939
Linda Miller	Utilization Management & Quality Assurance	7308 Alma Drive Plano, TX 75025	972-422-5939
Michelle Frost	Eligibility & Intake Program Administrator	7308 Alma Drive Plano, TX 75025	972-422-5939
Stephani Garrett	Crisis Services Program Administrator	1416 N. Church Street McKinney, TX 75069	972-422-5939
Davis Goodwin	Jail Diversion Program Administrator	1416 N. Church Street McKinney, TX 75069	972-422-5939
Jenna Stevens	Substance Use Disorder Services Program Administrator	1515 Heritage Drive McKinney, TX 75069	972-562-9647
Tarnicia Durham	Adult Mental Health Services Program Administrator	7308 Alma Drive Plano, TX 75025	972-422-5939
Henny Mbosowo	Child & Adolescents Mental Health Program Administrator	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Jim Barr	Client Rights Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Kate McCormick	Contracts Manager	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Ernest Meyers, Ph.D.	Board Chairman		
Matt Duncan	Board Vice-Chair		
Ann Bramlett	Board Secretary		
Ronald F. Crawford, Ed. D.	Board Trustee		
Mary Dell Green	Board Trustee		
Anthony Henderson	Board Trustee		
Doug Kowalski	Board Trustee		
Melvin Thathian	Board Trustee		
Dona Watson	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:

- Kidnapping and unlawful restraint (Penal Code, Chapter 20);
- Criminal homicide (Penal Code, Chapter 19);
- Indecency with a child (Penal Code, §21.11) or continuous sexual abuse of young child or children (Penal Code, §21.02);
- Sexual assault (Penal Code, §22.011);
- Aggravated assault (Penal Code, §22.02);
- Injury to a child, elderly individual, or disabled individual (Penal Code, §22.04);
- Abandoning or endangering a child (Penal Code, §22.041);
- Aiding suicide (Penal Code, §22.08),
- Agreement to abduct from custody (Penal Code, §25.031);
- Sale or purchase of a child (Penal Code, §25.08);
- Arson (Penal Code, §28.02);
- Robbery (Penal Code, §29.02);
- Aggravated robbery (Penal Code, §29.03);
- Indecent exposure (Penal Code, §21.08);
- Improper relationship between educator and student (Penal Code, §21.12);
- Improper photography or visual recording (Penal Code, §21.15);
- Deadly conduct (Penal Code, §22.05);
- Aggravated sexual assault (Penal Code, §22.021);
- Terrorist threat (Penal Code, §22.07);
- Online solicitation of a minor (Penal Code, §33.021);
- Money laundering (Penal Code, §34.02);
- Medicaid fraud (Penal Code, §35A.02);
- Cruelty to animals (Penal Code, §42.09); or
- 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.”

**EXHIBIT E**  
**Acronyms Glossary**

<b>CBT</b>	Cognitive Behavioral Therapy
<b>CPT</b>	Cognitive Processing Therapy
<b>CANRS</b>	Client Abuse and Neglect Reporting System
<b>CLSP</b>	Consolidated Local Service Plan
<b>CMBHS</b>	Clinical Management for Behavioral Health Services
<b>DADS</b>	Department of Aging and Disabilities Services
<b>DARS</b>	Department of Rehabilitative Services
<b>DOL</b>	Department of Labor
<b>DSHS</b>	Department of State Health Services
<b>EHR</b>	Electronic Health Record
<b>HHSC</b>	Health and Human Services Commission
<b>ICD-10</b>	International Classification of Diseases – 10 <sup>th</sup> Version
<b>IDD</b>	Intellectual and Developmental Disabilities
<b>IRS</b>	Internal Revenue Service
<b>LOC</b>	Level of Care
<b>LPND Plan</b>	Local Provider Network Development Plan
<b>MCO</b>	Managed Care Organization
<b>MH</b>	Mental Health
<b>OSAR</b>	Outreach, Screening, Assessment, and Referral Provider
<b>PAP</b>	Prescription Assistance Program
<b>RFA</b>	Request for Application
<b>SOW</b>	Statement of Work
<b>SUD</b>	Substance Use Disorder
<b>TAC</b>	Texas Administrative Code
<b>TRR</b>	Texas Resilience and Recovery Services
<b>YES</b>	Youth Empowerment Services

**ATTACHMENT A**  
**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

\_\_\_\_\_  
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  
Attn: BH Contracts  
1515 Heritage Drive, Suite 105  
McKinney, TX 75069

**Notice "Not to Participate" RFA # 201801**