



**Request for Proposals (RFP)**

RFP – 02-2020

Crisis Center Temporary Licensed Staffing

July 12, 2019

LifePath Systems  
Attn: Kate McCormick  
1515 Heritage Drive, Suite 105  
McKinney, TX 75069

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

Issue Date: July 12, 2019

Due Date: August 9, 2019 – 5:00pm

## INVITATION

**LifePath Systems is accepting Proposals from Providers experienced in providing supplemental healthcare staffing for behavioral health facilities.**

LifePath invites your firm to submit a Proposal. If you are interested in submitting a Proposal, please adhere to the Instructions and Requirements as outlined throughout the enclosed Request for Proposal.

A copy of the Request for Proposal (RFP) may be obtained from LifePath's website at <http://www.lifepathsystems.org/contracting-opportunities> or by contacting Kate McCormick, Contracts Manager, at [kmccormick@lifepathsystems.org](mailto:kmccormick@lifepathsystems.org).

Vendors wishing to submit proposals are requested to submit a written letter of intent to propose by July 19, 2019 - 5:00 p.m. CDT. An email attachment sent to Kate McCormick at [kmccormick@lifepathsystems.org](mailto:kmccormick@lifepathsystems.org) will be accepted. Letters being faxed should be sent Attn: Kate McCormick at (972) 483-0226. The letter must identify the name, address, phone, fax number and email address of the person who will serve as the key contact for all correspondence regarding this RFP. Subject line for an email or fax should be "Letter of Intent for – RFP 02-2020". Vendor's who submit an intent to propose will receive notification of all questions received and LifePath's answers to those questions in addition to any addenda that are issued. If a letter of intent is not submitted, it will be the Vendor's responsibility to monitor LifePath's website to view answers to submitted questions and for any addenda issued for the RFP.

Vendors shall pay particular attention to all **INSTRUCTIONS, REQUIREMENTS, ATTACHMENTS and DEADLINES** indicated in the attached Proposal and should govern themselves accordingly.

In accepting proposals, LifePath reserves the right to reject any and all proposals, 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 LifePath and is not obligated to accept the lowest Proposal. This RFP does not obligate LifePath to pay for any costs incurred by respondents in the preparation and submission of a proposal. Furthermore, the RFP does not obligate LifePath to accept or contract for any expressed or implied services. Contract funding and length is contingent on HHSC funding.

LifePath will only release names of the Vendors that have responded to this solicitation after LifePath's Evaluation Team has evaluated the Proposals and an award has been made and approved by the LifePath Board of Trustees.

We greatly appreciate your efforts and look forward to reviewing your submission.

Kate McCormick, *Contracts Manager*  
LifePath Systems

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## INTRODUCTION

Collin County Mental Health and Mental Retardation dba LifePath Systems (“LifePath”) is the Health and Human Services Commission (“HSHC”) designated 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 LifePath 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.

LifePath invites qualified Provider(s) to submit proposals for temporary licensed staffing. Vendors must provide a pool of Registered Nurses and Licensed Vocational Nurses with Mental Health experience and Crisis Intervention Training for 8-12 hour shifts, 24 hours a day, 365 days a year as needed. Services will be procured for a contracted period of twelve

(12) months beginning September 1, 2019 and ending August 31, 2020, with additional contract renewals at the sole option of LifePath.

Services Sought:

- 1.) Registered Nurse (RN)
- 2.) Licensed Vocational Nurse (LVN)

#### **SCHEDULE**

RFP Distribution/Opening:	July 12, 2019
Deadline for Letter of Intent:	July 19, 2019
Deadline for Questions:	July 26, 2019
Deadline for Final Response to Questions:	August 2, 2019
Sealed Proposal Due:	August 9, 2019

## PROPOSAL SPECIFICATIONS

LifePath Systems, 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 experienced providers for the purpose of providing Extended Observation Unit (EOU) Services and Crisis Respite Unit (CRU) Services to eligible residents of Collin County in an effective, cost-efficient, and quality manner in accordance with state requirements and community standards.

Notice is hereby given that LifePath will receive proposals from providers interested in offering Temporary Licensed Staff. All Proposals must be submitted with an **original and four (4) copies** to LifePath Systems, ATTN: Kate McCormick, 1515 Heritage Drive, Suite 105, McKinney, TX 75069 no later than **August 9, 2019 at 5:00p.m.** *All Proposals must be submitted in a sealed envelope marked:*

### REQUEST FOR PROPOSAL RFP# 02-2020

#### Crisis Center Temporary Licensed Staffing

#### DO NOT OPEN IN MAILROOM

Proposals will not be opened until after the deadline.

#### LATE PROPOSAL OR MODIFICATIONS:

Proposal and modifications received after the time set for submission will not be considered.

## SCOPE OF SERVICES

### Crisis Center Temporary Licensed Staffing

- 1.) Contractor shall provide Healthcare Providers employed by Contractor to be part of a multidisciplinary team that provides psychosocial rehabilitative services to adult individuals with severe and persistent mental illness in a 24/7 facility.
- 2.) Contractor shall ensure that assigned Healthcare Provider is qualified in accordance with HHSC guidelines prior to placement in facility. Requirements include Texas Board of Nursing license in good standing, one (1) year of Mental Health Nursing experience and annual crisis intervention training, preferably Satori Alternatives to Managing Aggression (SAMA).
- 3.) Contractor shall provide Healthcare Provider credentials to LifePath upon request.
- 4.) Contractor shall ensure that assigned Healthcare Provider has the following knowledge, skills, and abilities:
  - a. Able to complete detailed, yet concise, progress notes on all services provided during the shift.
  - b. Ability to assess individual needs, to coordinate services, and to communicate effectively.
  - c. Ability to write clearly and professionally.
  - d. Have the ability to think clearly and logically, in order to deal with potentially dangerous and/or emotional situations.
  - e. Working knowledge of Behavioral Health medications (antipsychotics, antidepressants, psychotropic agents, mood stabilizers, and anticonvulsants).
- 5.) Contractor shall ensure that Healthcare Provider receives facility-specific orientation prior to placement in facility.
- 6.) Contractor shall ensure that Healthcare Provider performs duties in accordance with HHSC Information Item V. Duties include:
  - a. Process referrals, admissions and discharges,
  - b. Coordinate prescriber appointments,
  - c. Provide medical treatment as ordered by prescriber, to include:
    - i. Vital signs
    - ii. Blood draws
    - iii. Fall precautions
    - iv. Seizure precautions
    - v. Detoxification precautions,
  - d. Administer medication,
  - e. Chart on individuals at least every two (2) hours,
  - f. Address medical issues in emergent situations.
- 7.) Contractor shall ensure that assigned Healthcare Providers complies with LifePath policies and procedures.

- 8.) Contractor shall submit invoice on no less than a monthly basis, by the eighth (8<sup>th</sup>) calendar day following the month of service.



HHSC CONTRACT REQUIREMENTS:

**Information Item V:**

**IV. Extended Observation Unit**

**A. Program Definition**

Extended Observation Units (EOUs) operated by the LMHA/LBHA to provide services in accordance with 25 TAC, Chapter 412, Subchapter G, relating to mental health community services standards and HSC, Chapter 573, relating to emergency detention. EOUs accept individuals on voluntary or involuntary status as described in HSC, Chapter 573. EOUs provide access to emergency psychiatric care 24 hours a day, 7 days a week (24/7) and have the ability to manage individuals with high to moderate psychiatric symptoms. Individuals are provided appropriate and coordinated transfer to a higher level of care if needed. EOU services shall be provided in a safe and secure environment and staffed by medical personnel and mental health professionals.

**B. Goals for Extended Observation**

- Provide prompt and comprehensive assessment of a psychiatric crisis
- Provide prompt crisis stabilization
- Provide crisis resolution
- Provide linkage to appropriate services
- Reduce inpatient and law enforcement interventions

**C. Description.** The following description applies to all EOUs.

1. Length of Stay. Extended observation services can take place for up to 23 hours or up to 48 hours, depending on the physical setting of the facility as described in subsection 3 of this section. An individual who cannot be stabilized within that timeframe shall be linked to the appropriate level of care such as an inpatient hospital unit or crisis stabilization unit. The LMHA/LBHA shall develop a written plan on a process for managing individuals on emergency detention after the 48 hours has expired. EOUs may be co-located within a licensed hospital or within close proximity to a licensed hospital. The availability of an EOU is dependent upon community needs and funding.
2. Admission status. Individuals may be admitted by a physician (i.e., preferably a psychiatrist) to an EOU under voluntary or involuntary status. In accordance with HSC, Chapter 573, an individual on emergency detention may be detained in an EOU.
3. Capacity to Consent. An individual with capacity, as determined by a physician (i.e. preferably a psychiatrist), must give written consent to receive mental health services, including medication and laboratory services. If an individual is in a psychiatric emergency regardless of consent, the individual may be administered emergency medication in accordance with 25TAC Chapter 414, Subchapter I.
4. Observation Area. The observation area of the EOU physical plant shall:
  - a. Have a designated area where an individual experiencing extreme symptoms can be observed and safely maintained until the crisis is resolved or the individual is transported to another level of care;
    - 1) If the facility provides 23 hour observation, with chairs or beds in a shared room or bedrooms, monitoring of the area shall be maintained at all times.

- 2) If the facility provides 48 hour observation, the facility shall provide a separate bed for each individual. If beds are in a shared room, monitoring shall be maintained at all times.
- 3) If an individual is provided with a private bedroom, monitoring of the bedroom areas may be maintained continuously, with direct observation of the individual conducted no more than 15 minutes apart, unless one-to-one continuous observation is required as determined by the treating physician or treatment team.
- b. Afford privacy for the protection of confidentiality, when an individual is obtaining any information protected under the Health Insurance Portability and Accountability Act (HIPAA) rules or other applicable federal or state laws concerning confidentiality;
- c. Have separate observation areas for children, separate observation areas for adolescents, and separate observation areas for adults; and
- d. Ensure that individuals are held in a safe and secure environment in that exterior doors may be locked and monitored for the safety and protection of individuals and staff.
5. Egress. An Individual on involuntary status may be detained in a locked unit. An individual on voluntary status may receive services in the least restrictive environment available, consistent with the protection of the individual and the protection of the community. An individual on voluntary status may have access to, with or without supervision, appropriate areas of the EOU away from the individual's bed or unit. For discharge standards, see section F. of the EOU section of Information Item V.
6. Facility Standards. General facility standards are described in sections H-L of the EOU section of Information Item V.

**D. Standards.** The standards in this section are applicable to all EOUs.

1. Staffing. The EOU staffing pattern shall adhere to the following standards and not follow the staffing pattern of a facility that provides a lower level of care. A staffing plan shall be developed to address acuity of number of clients served.
  - a. The EOU shall have sufficient physicians (i.e., preferably psychiatrists) psychiatric APNs, PAs, RNs, LPHAs, QMHCSs, and trained, competent paraprofessionals to allow for:
    - 1) An LPHA assessment within one hour of an individual's presentation at the EOU and an assessment by a physician within eight hours of presentation at the EOU;
    - 2) An individual's reassessment is conducted at least every 15 minutes by trained, competent paraprofessionals, at least every two hours by nursing staff, and at least every 24 hours by a physician (i.e., preferably a psychiatrist) or a psychiatric APN or PA;
    - 3) Active therapeutic interventions consistent with the individual's clinical state and admission status; and
    - 4) Individual and staff safety including one-to-one observation as needed.
  - b. A physician, (i.e., preferably a psychiatrist), or a psychiatric APN or PA shall be on call 24 hours a day to evaluate an individual face-to-face or via telemedicine as needed;
  - c. At least one LPHA shall be on site 7 days a week from 8:00 a.m. to 8:00 p.m. or via telemedicine after hours as needed;
  - d. At least one RN shall be on site 24/7;
  - e. A QMHP-CS shall be on each shift between the hours of 8 a.m. to 7 p.m. and be assigned to identified individuals;

- f. At least 3 or more, as clinically indicated, trained and competent paraprofessionals shall be on site 24/7; and
  - g. Staffing shall be adjusted as clinically indicated based on acuity and number of clients.
2. Duties and Responsibilities. Duties and responsibilities for all staff involved shall be defined in writing, consistent with staff training and experience, and in conformance with the staff's scope of practice (if applicable) and state standards for privileging and credentialing.
- a. A psychiatrist shall serve as the medical director for all crisis services and shall approve all procedures and protocols used in crisis services. Staff involved in assessment or treatment shall receive crisis training that includes, but is not limited to:
    - 1) Identifying the signs, symptoms, and crisis response related to substance use and abuse;
    - 2) Identifying the signs, symptoms, and crisis response to trauma, abuse and neglect;
    - 3) Assessing and providing intervention for children and adolescents, if applicable to the facility; and
    - 4) Conducting suicide screenings and risk assessments with a validated tool.
  - b. In accordance with 25 TAC, Chapter 412, Subchapter G, there shall be a written procedure for RNs to make assignments to LVNs or delegate to unlicensed staff members nursing acts for the care of stable individuals with common, well-defined health problems with predictable outcomes. The procedure must address types of nursing acts that may be delegated, the method to ensure the staff is trained and qualified to perform a delegated nursing act, and the frequency of nursing supervision.
  - c. In accordance with 25 TAC, Chapter 412, Subchapter G, clinical supervision shall be provided and documented for all staff and all licensed staff shall be supervised in accordance with their practice and applicable rules.
3. Service Availability. The EOU shall adhere to the following service availability requirements.
- a. This service shall be available 24/7 throughout the participating service areas.
  - b. EOU services shall be delivered in accordance with utilization management guidelines and authorization of services and timeframes. A diagnosis is not required when services are delivered in a crisis level of care such as the services provided in an EOU. Crisis services shall be authorized within 2 business days of presentation.
4. Eligibility Criteria. The EOU shall adhere to the following eligibility requirements.
- a. A written process and procedure shall be developed and implemented that outlines eligibility criteria for admission into the EOU.
  - b. A QMHP-CS shall conduct a preadmission screening to determine if an individual meets eligibility criteria that may result in acceptance into the EOU.
  - c. Admission to the EOU shall be based on medical necessity as determined by the physician (i.e., preferably a psychiatrist).
  - d. Regardless of voluntary or involuntary admission status, at time of presentation, each individual shall receive information about their rights and a Right's Handbook in accordance with 25 TAC Chapter 25, Subchapter E.
  - e. The facility shall not admit an individual whose acuity level cannot be effectively managed in the EOU as determined by a physician (i.e., preferably a psychiatrist). An

individual that requires a greater or lesser level of care shall be referred to a more appropriate treatment setting.

5. Screening and assessment standards. The EOU shall adhere to the following screening and assessment standards outlined below. All screening and assessment activity shall be documented in the individual's file.
  - a. A written process and procedure shall be developed and implemented to ensure that those who require a physical health assessment more immediately, as clinically indicated, can be seen and assessed as soon as possible, but no longer than 15 minutes.
  - b. A written process and procedure shall be implemented that allows an individual who requires a psychosocial or psychiatric assessment more immediately to be seen and assessed within 15 minutes of that determination.
  - c. Written criteria shall be developed and implemented to determine which individuals who present for care are referred to another health care facility or provider. The following criteria ensure that those referred to a lower level of care:
    - 1) Are at low or no risk of harm to themselves or others;
    - 2) Have no more than mild functional impairment;
    - 3) Do not have significant medical, psychiatric, or substance abuse comorbidity; and
    - 4) Referral decisions consider the individual's ability to understand and accept the need for treatment (if such need exists) and to comply with the referral.
  - d. A written description of the process for triage shall be developed, implemented and followed. The description shall address:
    - 1) Preadmission screening, screening for emergency medical conditions, the process for accessing emergency medical intervention; and
    - 2) Provisions for when emergency medical services are not available on site by having trained staff on site at all times who are prepared to provide first-responder health care (i.e., basic life support and First Aid) and who are able to determine whether to call 911 for assistance.
  - e. While awaiting triage, an individual shall wait in a safe and secure location with constant staff observation and monitoring. The triage protocol shall include:
    - 1) An evaluation of risk of harm to self or others;
    - 2) The presence or absence of cognitive signs suggesting delirium;
    - 3) The need for immediate full crisis assessment;
    - 4) The need for emergency intervention;
    - 5) The need for a medical screening or medical assessment, including vital signs and a medical history; and
    - 6) Lab work.
  - f. After triage, an individual who is not referred elsewhere for care shall receive a full crisis assessment (psychosocial, psychiatric and medical as ordered).
    - 1) Crisis assessments shall be performed using the Adults Needs and Strengths Assessment (ANSA) and the Child and Adolescent Needs and Strengths Assessment (CANS), which are the approved assessments adopted by the Department that is used for recommending and authorizing a Level of Care (LOC).
    - 2) An LPHA assessment shall be initiated within one hour of an individual's presentation at the EOU.

- a) An individual who receives an assessment shall see a physician (i.e., preferably a psychiatrist) within eight hours of presentation at the EOU.
  - b) An Individual's interview provided by a physician (i.e., preferably a psychiatrist) may occur either face-to-face or via telemedicine as needed.
  - c) Every individual less than 18 years of age shall be assessed (including receiving a developmental assessment) by an LPHA with appropriate training in the assessment and treatment of children and adolescents in a crisis setting.
- 3) Historical and current information shall be obtained and include the following:
- a) Mental health assessment. An individual shall receive a mental health assessment that documents symptomology, functionality, historical and current diagnosis and treatment for mental health diagnoses in accordance with the ANSA or CANS. The team shall be proactive in gathering input and/or corroboration of events from family members whenever possible. Every effort shall be made to engage family support for the individual in crisis while maintaining confidentiality. The mental health assessment shall include:
    - 1-Reviewing of records of past treatment (when available);
    - 2-Reviewing history from collateral sources;
    - 3-Contacting the current healthcare providers whenever possible;
    - 4-If available, reviewing a history of previous treatment and the response to that treatment including a record of past psychiatric medications, dose, response, side effects and adherence, and an up-to-date record of all medications currently prescribed, and the name of the prescribing professional; and
    - 5-Identifying social, environmental, and cultural factors that may be contributing to the emergency.
  - b) Suicide assessment. An individual shall receive a suicide assessment that documents current suicide risk or plan, past suicidal ideations, and past suicide attempts.
  - c) Physical health assessment. An individual shall receive a physical health assessment within four hours of presentation. The initial assessment for physical health shall be performed, as ordered, by a physician (preferably a psychiatrist), or a psychiatric APN or PA. The physical assessment shall include:
    - 1-An evaluation and documentation of the presence or absence of cognitive signs suggesting delirium and the need for emergency intervention;
    - 2-A general medical history that addresses conditions that may affect the individual's current condition (including a review of symptoms focused on conditions that may present with psychiatric symptoms or that may cause cognitive impairment, e.g., a history of trauma);
    - 3-A review of medical conditions that may cause similar psychiatric symptoms or complicate the individual's condition;
    - 4-Access to phlebotomy and laboratory studies shall be provided. Such studies shall include, but are not limited to, the following laboratory tests or evaluations:
      - a- Vital signs;
      - b- A thyroid screening panel;

- c- A toxicology evaluation;
  - d- A pregnancy test;
  - e- Psychiatric medication levels;
  - f- Other tests or evaluations, as appropriate, based on the patterns of illness in the individuals served;
  - g- Screening for intoxication and, when indicated, screening for symptoms and complications of substance withdrawal shall be provided; and
  - h- A neurological examination that is adequate to rule out significant acute pathology;
- d) Support and coping skills assessment. An individual shall receive a support and coping skills assessment which documents their current support system, current coping skills, historical coping skills with stressful events, current ideas for coping with the situation, and the individual's ability and willingness to cooperate with treatment/recovery plan;
  - e) Safety plan. An individual shall receive a safety plan which documents the need to limit access to weapons or other means that may cause harm self or others, to limit the use of harmful substances, to discuss options for verbal support and the community resources provided; and
  - f) Final outcome – The final outcome shall be documented to describe the outcome of the crisis and the treatment and recovery plan with the individual in crisis.
6. Continuity of care and coordination. EOs shall adhere to the following continuity of care and coordination standards. All continuity of care and coordination activities shall be documented in the clinical record.
- a. A written procedure shall be developed and implemented for ensuring continuity of care and successful linkage with the referral provider.
  - b. Continuity of care shall:
    - 1) Be provided for every individual;
    - 2) Consist of identifying and linking the individual with all available services including the substance abuse services necessary to stabilize the crisis and ensure transition to routine care;
    - 3) Provide necessary assistance in accessing those services and conducting follow-up to determine the individual's status and need for further service; and
    - 4) Include contacting and coordinating with the individual's existing service providers, when feasible, and in conformance with applicable confidentiality requirements.
  - c. Coordination of services shall include the following requirements:
    - 1) A discharge plan shall be initiated for every individual upon admission;
    - 2) If inpatient treatment is not indicated, the discharge plan shall include:
      - a) Appropriate education relevant to the individual's condition;
      - b) Information about the most effective treatment for the individual's psychiatric condition;
      - c) Information about follow-up care; and
      - d) Appropriate linkages to post discharge providers.
  - d. If a physical health issue requires hospitalization, the individual shall be transferred to the appropriate community hospital to address the physical health issue.

**E. Treatment.** All treatment activities shall be documented in the individual's clinical record.

1. Contractor shall develop and implement written policies and procedures to address the following:
  - a. The most effective and least restrictive approaches to common psychiatric emergencies seen in the walk-in crisis services and approved by the medical director. The policies and procedures shall be reviewed and updated as needed. Revisions shall be submitted in accordance with Information Item S.
  - b. Immediate care to stabilize a psychiatric emergency (e.g., to prevent harm to the individual or to others) shall be available at all times.
2. A nursing care plan shall be developed for every individual.
3. A response to treatment shall be assessed at least every two hours by an RN trained in the assessment of acute behavioral health individuals or by a psychiatrist, a psychiatric APN or PA.
4. Education and Crisis Treatment and Recovery Plan
  - a. Education. Individuals and family members shall receive appropriate educational information that is relevant to the individual's condition, including information about the most effective treatment for the individual's behavioral health disorder.
    - (A) An LPHA shall be responsible for providing the individual with active treatment including psycho-education, crisis counseling, substance abuse counseling, safety planning, and a discharge plan that addresses potential obstacles to a successful return.
  - b. Crisis treatment and recovery plan. Whenever necessary, the crisis treatment and recovery plan shall be adjusted to incorporate the individual's response to previous treatment. Treatment planning shall place emphasis on crisis intervention services necessary to stabilize and restore the individual to a level of functioning that does not require hospitalization.
  - c. Implementation. An individualized crisis treatment and recovery plan shall be developed and implemented for each individual and the plan shall provide the most effective and least restrictive available treatment. The plan shall be based on the provisional psychiatric diagnosis and incorporates, to the extent possible, the individual's and family preferences. If the person is indicated to be at risk of harm to self in the initial assessment, then counseling on restriction to lethal means and safety planning shall be incorporated into the crisis and recovery plan.
  - d. Follow up. The crisis plan shall address intervention, outcomes, plans for follow-up and aftercare, and referrals.

**F. Discharge Planning.** All discharge planning activities shall be documented in the individual's clinical record. A written process and procedure shall be developed that addresses the following.

1. An individual shall be released from involuntary status if it is determined by the physician (i.e., preferably a psychiatrist) that the individual no longer meets the criteria for involuntary status or the 48 hour maximum length of stay has been reached. At which time, the individual shall be discharged to the community, discharged and readmitted as a voluntary admission, or transferred to an appropriate level of care.

2. An individual on voluntary status who makes a request to discharge, in any format, shall be honored as a request to leave. The individual's request for discharge shall be processed as soon as possible. The individual shall be discharged with at minimum the individual's belongings and medications. Staff shall immediately notify the LPHA and physician (preferably a psychiatrist) of the individual's request.
3. The discharge plan in accordance with section D.6.c. shall be executed unless the individual is transferred to a higher level of care.

**G. Medication Standards.** Certain conditions regarding how medications are obtained or provided may require that the facility obtain licensure in accordance with the Texas Board of Pharmacy rules described in 22 TAC, Part 15, Chapter 291.

1. Medication storage. All facilities that provide or store individual's medication during the length of stay shall implement written procedures for medication storage, administration, documentation, inventory, and disposal and shall adhere to medication standards in the 25 TAC, Chapter 412, Subchapter G.
  - a. An Individual shall not be allowed to retain his or her own medications while in the facility.
  - b. Staff shall be able to provide a copy of the most recent stock inspection.
  - c. There shall be evidence in the clinical records that individuals are educated about their medications including whenever medications are prescribed or changed.
  - d. Medications that are kept on-site shall be kept locked at all times.
2. Climate controlled medications. Medications that require special climatic conditions such as refrigeration, darkness, or be tightly sealed shall be stored properly.
3. Controlled substances.
  - a. Controlled substances shall be approved by a physician employed by or who contracts with the facility or LMHA/LBHA that operates the EOU.
  - b. Controlled substances shall be stored under double locks.
4. Labeling medications.
  - a. The facility shall ensure that there are no expired, recalled, deteriorated, broken, contaminated or mislabeled drugs present.
  - b. Medication labels shall not be handwritten or changed.
5. Facility management.
  - a. Facility management shall ensure that only licensed staff have access to medications that are administered to individuals.
  - b. Facility management shall maintain a current list in the medication room of all staff who are licensed to prescribe medications that are dispensed from the medication room.
  - c. Facility management shall maintain a current list of all staff licensed to administer medications in the medication room.
  - d. The facility shall ensure that there is a list in, or near, or within the medication room stating the names of all staff who are authorized access to the medication room.
  - e. The facility shall ensure that staff never transfer medications from one container to another. However, an individual may independently transfer his or her own medications from a bottle to a daily medication reminder.
  - f. The facility shall maintain an emergency medication kit which shall:



- 1) Be monitored using a perpetual method inventory and make use of breakaway seals; and
  - 2) Contain medications and other equipment as specified by the facility medical director. This generally includes, but is not limited to, short acting neuroleptics, anti-Parkinsonian medications, and anti-anxiety medications.
- g. There shall be a medication guide such as a Physician's Desk Reference (PDR) or similar publication, that is available to staff. The PDR shall be a current version published within the previous two years.

#### **H. Physical Plant**

1. The physical plant shall have written policies and procedures for monitoring environmental safety
2. The physical plant shall provide a clean and safe environment.
3. The EOU is subject to Quality Management (QM) compliance reviews. Any changes in programming, construction or facility shall be reported to the department immediately.

**I. Facility Environment.** Facility environment requirements are developed in accordance with the International Fire Code (IFC), 2012 Edition (<https://archive.org/details/gov.law.icc.ifc.2012>) and the American with Disabilities Act (ADA) checklist for existing facilities (<http://www.adachecklist.org/>).

1. Water/Waste/Trash/Sewage. The water supply shall be of safe, sanitary quality, suitable for use, adequate in quantity and pressure, and shall be obtained from an approved water supply system.
  - a. Waste water and sewage shall be discharged into an approved sewage system or an onsite sewage facility approved by the Texas Commission on Environmental Quality or its authorized agent.
  - b. Waste, trash and garbage shall be disposed of from the premises at regular intervals in accordance with state and local practices. Excessive accumulations shall not be permitted. The facility shall comply with 25 TAC Chapter 1, Subchapter K concerning (Definition, Treatment, and Disposal of Special Waste from Health Care Related Facilities).
  - c. Hot water for lavatories and bathing units shall be maintained between 100 degrees Fahrenheit and 120 degrees Fahrenheit.
  - d. A supply of hot and cold water shall be provided. Hot water for sanitizing shall reach 180 degrees Fahrenheit or manufacturers suggested temperature for chemical sanitizers.
2. Windows. Operable windows shall be insect screened.
3. Pest control. An ongoing pest control program shall be provided by staff or a licensed pest control company. The least toxic and least flammable effective chemicals shall be used.
4. Storage.
  - a. Storage areas and cellars shall be kept in an organized manner.
  - b. Storage shall not be permitted in the attic spaces.
5. Floors, walls, and ceilings.
  - a. Floors shall be clean and maintained in good condition.

- b. Walls and ceilings shall be structurally maintained, repaired and repainted or cleaned as needed.
6. Bathroom and laundry.
- a. At least one water closet and lavatory per every six individuals, and one tub or shower for every ten individuals shall be provided in each EOU.
  - b. Privacy partitions and or curtains shall be provided for water closets and bathing units in rooms for multi-individual use.
  - c. Tubs and showers shall have non-slip bottoms or floor surfaces, either built-in or applied to the surface.
  - d. Towels, soap and toilet tissue shall be available at all times for individual's use.
  - e. If laundry is processed off the site, a soiled linen holding room; a clean linen receiving, holding, inspecting, sorting or folding and storage room shall be provided on the premises.
  - f. A laundry for individual's use, if provided, shall utilize residential type washers and dryers. If more than three washers and three dryers are located in one space, the area shall be one-hour fire separated or provided with sprinkler protection.
7. Building repair/maintenance/and cleaning.
- a. The facility shall be kept free of accumulations of dirt, rubbish, dust and hazards.
  - b. The building shall be kept in good repair, and electrical, heating and cooling systems shall be maintained in a safe manner.
  - c. Cooling and heating shall be provided for occupant comfort. Conditioning systems shall be capable of maintaining the comfort range of 68 degrees Fahrenheit to 82 degrees Fahrenheit in areas where individuals receive services.
8. Room space.
- a. The room space provided shall be at least 80 usable square feet per individual in single-occupancy rooms; or 60 usable square feet per individual in multiple-occupancy rooms.
  - b. Furnishings provided by the EOU shall be maintained in good repair.
  - c. Only break-away or collapsible clothes bars in wardrobes, lockers, towel bars, and closets and shower curtain rods shall be permitted.
  - d. Bedrooms, private spaces, unsupervised social spaces and unsupervised common areas shall not contain any cords, ropes or other materials that could effectively be used by an individual for purposes of inflicting harm to self or others.

## **J. General Facility**

1. Storage. The facility shall provide sufficient, appropriate, and separate storage spaces or areas for the following:
- a. Administration and clinical records;
  - b. Office supplies;
  - c. Medications and medical supplies that shall be locked;
  - d. Poisons and other hazardous materials (these shall be kept in a locked area and shall be kept separate from all food and medications);
  - e. Food preparation (if the facility prepares food); and
  - f. Equipment supplied by the facility for individuals' needs such as wheelchairs, walkers, beds, mattresses, cleaning supplies, food storage, clean linens and towels, lawn and

maintenance equipment, soiled linen storage or holding rooms, and kitchen equipment.

2. Smoking. If smoking areas are permitted, the facility shall ensure that they are clearly marked as designated smoking areas.
  - a. Smoking regulations shall be established and if smoking is permitted,
  - b. Outdoor smoking areas may be designated for individuals.
  - c. Ashtrays of noncombustible material and safe design shall be provided in smoking areas.
3. Prohibitions. The facility shall post a notice that prohibits alcohol, illegal drugs, illegal activities, violence, and weapons, including but not limited to knives, shanks, brass knuckles, and switchblades on the program site.
4. Telephone access. Contractor shall provide at least one telephone in the facility available to both staff and individuals for use.
5. Main area displays. The following shall be prominently displayed in areas frequented by individuals:
  - a. Contact information for the Rights Protection Officer;
  - b. Contact information with instructions on how to make an abuse/neglect/exploitation report and the toll-free number for reporting abuse and neglect; and
  - c. A notice stating the name, address, telephone number, TDD/TTY telephone number, FAX, and e-mail address of the staff responsible for ADA compliance.
6. Postings. Postings shall be displayed in English and in a second language(s) appropriate to the population(s) served in the local service area.
7. Accessibility (ADA Compliance). The facility shall comply with standards in accordance with the Title 28, Code of Federal Regulations (CFR), Part 36. ([http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title28/28cfr36\\_main\\_02.tpl](http://www.ecfr.gov/cgi-bin/text-idx?tpl=/ecfrbrowse/Title28/28cfr36_main_02.tpl))
  - a. EOU's shall comply with ADA Accessibility Guidelines (ADAAG) and Texas Accessibility Standards (TAS) and all applicable sections of TAC.
  - b. At least 10 percent of individuals' bedrooms and toilets, and all public use and common use areas shall be designed and constructed to be accessible.

#### **K. Life Safety**

1. Life Safety Code. The facility shall comply with the most recent edition of the National Fire Protection Association's Life Safety Code (NFPA 101) as adopted by the State Fire Marshal, or with the International Fire Code (IFC). Determination of the specific code to be applied is determined by the local fire authorities having jurisdiction
2. Local fire code. All facilities shall be classified as to type of occupancy and incorporate all life safety protections set forth in the applicable code as defined by the local fire authority.
3. Code compliance. Facilities shall maintain continuous compliance with the life safety requirements set forth in the applicable chapters of the codes referenced in subsections (1) and (2) of this section.
4. Fire drills. The facility shall conduct fire drills, when applicable, and calculate evacuation scores in accordance with the fire code under which the facility is inspected.
  - a. The administration shall have in effect and available to all supervisory staff written copies of a plan for the protection of all individuals in the event of fire and for their

remaining in place, for their evacuation to areas of refuge, and from the building when necessary.

b. The written plan shall:

- 1) Identify special staff actions including fire protection procedures needed to ensure the safety of any individual;
- 2) Indicate that all staff shall be periodically instructed and informed of their duties and responsibilities under the plan;
- 3) Be amended or revised as needed; and
- 4) Require documentation that reflects the current evacuation capabilities of the individuals.

c. A copy of the plan shall be readily available at all times within the facility.

5. Recorded inspections. Facilities shall provide a safe environment, participate in required inspections, and keep a current file of reports and other documentation to demonstrate compliance with applicable laws and regulations. Files and records that record annual quarterly or other periodic inspections shall be signed and dated.

a. Inspections and maintenance. The following initial and annual inspections and maintenance are required and shall be kept on file:

- 1) Local fire safety inspection as described in subsection (6)(a) of this section;
- 2) Alarm system inspection by the fire marshal or an inspector authorized to install and inspect alarm systems;
- 3) Annual kitchen inspection by the local health authority or the Department;
- 4) Gas pipe pressure test one every three years by the local gas company or a licensed plumber;
- 5) Monthly inspection and annual maintenance of fire extinguishers by personnel licensed or certified to perform the inspection; and
- 6) (If applicable) inspection of liquefied petroleum gas systems by an inspector certified by the Texas Railroad Commission.

6. Fire safety inspections. Initial and ongoing inspections for compliance with the applicable code shall be conducted by a fire safety inspector certified by the Texas Commission on Fire Protection or by the State Fire Marshal.

a. The facility is responsible:

- 1) For arranging these inspections and for ensuring that these inspections are carried out in a timely manner;
- 2) For ensuring the initial and ongoing reports are signed by the certified inspector performing inspection; and
- 3) For keeping the reports on file and be readily available for review by the state.

b. All fires causing damage to the EOU or to equipment shall be reported to the Department's Contract Manager with 72 hours.

c. Any fire causing injury or death shall be reported to the Department's Contract Manager immediately. Notification shall be by telephone if during normal business hours and by e-mail during other times with a follow-up telephone call to the Contract Manager on the first business day following the event.

7. Correction plan. If the Certified Fire Inspector finds that the EOU does not comply with one or more requirements set forth in the applicable fire code, staff shall take immediate corrective action to bring the EOU into compliance with the applicable code.

- a. The facility shall:
  - 1) Record on file the date for a return inspection by the Certified Fire Inspector to review the corrective actions;
  - 2) After that date, record on file documentation by the Certified Fire Inspector that all deficiencies have been corrected and that the facility is in full compliance with all applicable codes; and
  - 3) During the period of corrective action, take any actions necessary to ensure the health and safety of individuals residing in the facility during the time the repairs or corrections are being completed.
8. New facilities. If the facility has been in operation for less than one year, the documentation of compliance with applicable fire code shall be completed and signed by an architect licensed to practice in the state of Texas. Certification of such compliance shall be based on the architect's inspection of the facility completed after (or immediately prior to) the EOU begins operations.
9. Remodeled or renovated facilities. For major remodeling and renovations, the facility shall contract with an architect licensed to practice in the state of Texas. The architect shall ensure that the remodel and renovation project adheres to local building code requirements.
10. Vehicles. All vehicles used to transport individuals shall be maintained in safe driving condition.
  - a. Every vehicle used for transportation shall have a fully stocked first aid kit and an A:B:C fire extinguisher that is easily accessible.
  - b. Any vehicle used to transport an individual shall have appropriate insurance coverage.
11. Safety of individuals. The facility shall ensure that areas, bathrooms and other private or unsupervised areas used by individuals are free of materials that could be utilized by an individual to cause harm to self or others. Such items include but are not limited to, ropes, cords (including window blind cords), sharp objects, and substances that could be harmful if ingested.
  - a. Open flame heating devices shall be prohibited. All fuel burning heating devices shall be vented.
  - b. Working fireplaces are acceptable if they are of safe design and construction and if screened or otherwise enclosed.
12. The facility shall post an emergency evacuation floor plan.
13. The facility shall post 911 as the emergency contact conspicuously at or near the telephone.

#### **L. Infection Control**

1. Infection Control Each facility shall establish and maintain an infection control policy and procedure designated to provide a safe, sanitary, and comfortable environment and to help prevent the development and transmission of disease and infection.
  - a. The facility shall comply with departmental rules regarding special waste in 25 TAC Chapter 1, Subchapter K.
  - b. The facility shall have written policies for the control of communicable disease in staff and individuals, which includes tuberculosis screening and provision of a safe and sanitary environment for individuals and staff.

2. Tuberculosis (TB) reporting requirement. The facility shall maintain evidence of compliance with local and/or state health codes or ordinances regarding staff and individual health status.
  - a. Individuals. The name of any individual of a facility with a reportable disease as specified in 25 TAC Chapter 97, Subchapter A (Control of Communicable Diseases) shall be reported immediately to the city health officer, county health officer, or health unit director having jurisdiction and appropriate infection control procedures shall be implemented as directed by the local health authority.
    - 1) All individuals shall be screened for TB, upon admission and after exposure to TB, and provided follow-up as needed.
    - 2) The Department shall provide a TB screening questionnaire for admission use upon request.
  - b. Employees. If staff contract a communicable disease that is transmissible to an individual through food handling or direct care, the staff shall be excluded from providing these services as long as a period of communicability is present.
    - 1) The facility shall screen all staff for TB within two weeks of employment and annually, according to Centers for Disease Control and Prevention's (for CDC) Guidelines Preventing the Transmission of Mycobacterium tuberculosis in Health-Care Settings.
    - 2) Anyone who provides services under an outside resource contract shall, upon request of the facility, provide evidence of compliance with this requirement.
3. Universal Precautions. Universal precautions shall be used in the care of all individuals.
  - a. Staff who handle, store, process and transport linens shall do so in a manner that prevents the spread of infection.
  - b. First aid kits shall be sufficient for the number of individuals served at the EOU.
    - 1) Spill kits shall be immediately accessible to all staff.
    - 2) Gloves shall be immediately accessible to all staff.
    - 3) One-way, CPR masks shall be immediately available to all staff.
    - 4) Particulate masks (surgical masks) shall be available to staff and individuals at high risk for exposure to TB.
  - c. Sharps containers shall be puncture resistant, leak proof, and labeled.
    - 1) Sharps containers shall not be overfilled.
    - 2) Needles in the sharps containers shall not be capped or bent.
  - d. Disinfectants and externals shall be separated from internals and injectables.
  - e. Running water or dry-wash disinfectant shall be available to staff where sinks are not readily available.
  - f. Staff shall be able to accurately describe:
    - 1) The policy for handling a full sharps container;
    - 2) The actions to take if exposed to blood or body fluids;
    - 3) How to clean a blood or body-fluid spill; and
    - 4) Be able to direct a surveyor to all protective equipment.
4. Poison Control phone numbers shall be posted throughout the EOU.
  - a. Information regarding Emergency Medical Treatment for Poisoning shall be available to staff.

5. All medical materials shall be stored and labeled on shelves or in cabinets in accordance with policies and procedures.
  - a. The facility shall maintain a record indicating that staff regularly checks the temperature in the refrigerator.
  - b. There shall be a thermometer in the refrigerator and temperatures shall be maintained between 36 and 40 degrees Fahrenheit.
  - c. Refrigerators used to store medications shall be kept neat, clean and free of non-pharmacy / non-medical items. Lab specimens shall be stored separately.

#### **M. Food Preparation and Food Service**

1. Meals. At least three meals or their equivalent shall be served daily, at regular times, with no more than a 16 hour span between a substantial evening meal and breakfast the following morning.
  - a. All facilities shall:
    - 1) Provide a special diet when ordered;
    - 2) Provide food and beverages to accommodate individuals who enter the facility;
    - 3) Provide supplies of staple foods for a minimum of a four-day period and perishable foods for a minimum of a one-day period shall be maintained on premises; and
    - 4) Contain a multi-compartment pot sink in the kitchen, large enough to immerse pots and pans cookware and dishes used in the facility, and a mechanical dishwasher for washing and sanitizing dishes.
  - b. Meal preparation. In meal preparation, facilities shall:
    - 1) Include provisions for the storage, refrigeration, preparation, and serving of food, for dish and utensil cleaning, and for refuse storage and removal;
    - 2) Provide a means for washing and sanitizing dishes and cooking utensils shall be provided;
    - 3) Prepare food for the individuals and the menus shall be prepared to provide a balanced and nutritious diet, such as recommended by the National Food and Nutrition Board, and shall accommodate individual kosher dietary needs or other related dietary practice;
    - 4) Pass an annual kitchen health inspection as required by law if the facility prepares meals in a centralized kitchen on site and immediately address any deficiencies found during any health inspection;
    - 5) Post the current food service permit from local health department; and
    - 6) Meet the general food service needs of the individuals.
  - c. Facilities contracting food service. When meals are provided by a food service, a written contract shall require the food service to comply with the rules referenced in (L.) of the EOU portion of Information Item V and pass an annual kitchen health inspection as required by law. The contracted food service shall:
    - 1) Ensure the meals are transported to the EOU in temperature controlled containers to ensure the food remains at the temperature at which it was prepared.
    - 2) Ensure that at least one staff, at minimum, maintains a current food handler's permit.
2. Food storage.
  - a. Food subject to spoilage shall be dated.

- b. Food storage areas shall provide storage for, and facilities shall maintain, a four-day minimum supply of non-perishable foods at all times.
  - c. In kitchens and laundries, staff shall implement procedures to avoid cross-contamination between clean and soiled utensils and linens.
  - d. Separation of soiled and clean dish areas shall be maintained, including air flow.
3. Food service. If the EOU prepares food, the EOU shall post the current food service permit from the local health department.

## **VI. Crisis Respite Services**

### **A. Definition**

In contrast with crisis residential services, crisis respite services provide short-term, community-based residential, crisis treatment to persons who have low risk of harm to self or others and may have some functional impairment who require direct supervision and care but do not require hospitalization. These services can occur in houses, apartments, or other community living situations and generally serve individuals with housing challenges or assist caretakers who need short-term housing or supervision for the persons for whom they care to avoid a mental health crisis. Utilization of these services is managed by the LMHA/LBHA based on medical necessity. Crisis respite services may occur over a relatively brief period of time, such as a 2-hour service to allow a caretaker to complete necessary tasks or on a full day basis.

### **B. Goals**

- Avoid an impending crisis due to housing challenges or other identified stressors in the family.
- Provide short-term assistance to caregivers of the consumer to minimize the need for a more restrictive service setting.
- Provide the consumer with appropriate supervision and assistance in a non-stressful environment
- Prevent unnecessary hospitalization and assist the individual in maintaining residence in the community

### **C. Description**

Crisis respite treatment involves hourly or 24-hour care that is usually short-term and offered to individuals who are at risk of psychiatric crises due to a housing challenge and/or severe stressors in the family, but are at low risk of harm to self or others. Individuals must be able to cooperate with staff support, but functioning is only mildly impaired. If substance use is suspected that causes more than mild impairment this would not be an appropriate placement. There shall be defined processes in place to address substance use issues. Mild medical comorbidity (as specified and approved by the facility medical director) is allowed while individual is taking his/her medications. Crisis respite units shall create a normalized environment (e.g., apartments, group and foster homes, and the individual's own home). This normalized environment provides a venue for biological, psychological, and social interventions targeted at the current crisis while fostering community reintegration. During facility-based respite, individual and group skills training are provided and are based on the needs of the individual



and the goals of their individual crisis plans. Limited supervision shall be provided by trained and competent paraprofessionals. Individuals shall be able to perform their own activities of daily living. With staff supervision, individuals shall be able to self administer medication. Individuals should have enough medications upon arrival to ensure psychiatric and medical stabilization for the expected length of stay. There are procedures in place to obtain medications for individuals when needed. The primary objective of crisis respite services is stabilization and resolution of a crisis situation for the individual and/or the individual's caregiver(s). Crisis respite is both facility-based and in-home, and may be available for children, youths, and adults. The availability of facility-based respite units is dependent on LMHA/LBHA funding for this type of respite.

#### **D. Standards**

##### **1. Availability**

- a. When offered, this service shall be available 24 hours a day, seven days a week and respite services shall be made available to individuals throughout the local service area.
- b. Admission to crisis respite shall be determined by the LMHA/LBHA and shall be based on a medical necessity determination by an LPHA

##### **2. Physical Plant**

- a. For facility-based crisis respite, if the LMHA/LBHA holds an Assisted Living Type A license, the facility will be accepted as "deemed status" by DSHS, and any Quality Management and Compliance reviews will entail only programmatic elements.
- b. Shall provide a clean and safe environment.
- c. Shall create a normalized environment.
- d. Crisis respite services units are not designed to prevent elopement and shall not use locks, mechanical restraints or other mechanical mechanisms to prevent elopement from the facility.
- e. All medications shall be securely stored.
- f. Contracted residential treatment centers or foster care homes that serve children and are used for crisis respite are subject to licensing regulations of the Department of Family and Protective Services (DFPS).

##### **3. General Facility Environment**

- a. A Crisis Respite Facility shall have 100% of its beds in bedrooms of four beds or less.
- b. When crisis respite services are provided at a residential or crisis triage facility of the LMHA/LBHA, the facility shall meet the Standards as described in Information Item V. Section D. Crisis Residential Services Item 3, General Facility Environment.

##### **4. Accessibility (ADA Compliance)**

Crisis respite facilities shall comply with ADAAG / TAS, and all applicable sections of the Texas Administrative Code.

##### **5. Postings**

- a. There shall be a list in or immediately outside of the medication room stating the names of all staff that have access to the medication room.
- b. The facility shall post 911 as the emergency contact conspicuously at or near the telephone.
- c. If smoking areas are permitted, they shall be clearly marked as designated smoking areas.

- d. The facility shall post a notice that prohibits alcohol, illegal drugs, illegal activities, violence, and weapons, including but not limited to knives, shanks, brass knuckles, and switchblades on the program site.
- e. The following shall be prominently displayed in areas frequented by the consumers: contact information for the Rights Protection Officer, contact information with instructions on how to make an abuse/neglect report, toll-free number for reporting abuse and neglect, a notice stating the name, address, telephone number, TDD/TTY telephone number, FAX, and e-mail address of the person responsible for ADA compliance.
- f. If the facility prepares food, the facility shall post the current food service permit from the local health department.
- g. Postings shall be displayed in English and in a second language(s) appropriate to the population(s) served in the local service area.

#### **6. Safety**

When crisis respite services are provided at a residential or crisis triage facility of the LMHA/LBHA, the facility shall meet the Standards as described in Information Item V. Section D. Crisis Residential Services Item 6, Safety.

#### **7. Infection Control**

When crisis respite services are provided at a residential or crisis triage facility of the LMHA/LBHA, the facility shall meet the Standards as described in Information Item V. Section D. Crisis Residential Services Item 7, Infection Control.

#### **8. Medication Management**

When crisis respite services are provided at a residential or crisis triage facility of the LMHA/LBHA, the facility shall follow the Standards as described in Information Item V. Section D. Crisis Residential Services Item 8, Medication Management, except for D.8.q. An Emergency Medication Kit should be maintained if the facility contains the staff qualified to handle such medications.

#### **9. Food Preparation and Food Service**

When crisis respite services are provided at a residential or crisis triage facility of the LMHA/LBHA, the facility shall meet the Standards as described in Information Item V. Section D. Crisis Residential Services Item 9, Food Preparation and Food Service.

#### **10. Staffing for Facility-based Crisis Respite**

- a. A psychiatrist shall serve as the medical director for all crisis services and shall approve all written procedures and protocols. Duties and responsibilities for all staff involved in the assessment or treatment of individuals shall be defined in writing by the medical director and be appropriate to staff training and experience, and in conformance with the staff member's scope of practice (if applicable) and state standards for privileging and credentialing.
- b. The competence of all crisis respite staff members shall be continuously evaluated, monitored and expanded.
- c. There shall be a process for assessing and anticipating staffing needs.
- d. Staff members on duty shall remain awake and alert at all times.
- e. There shall be a defined process for on-site staff to obtain supervision, consultation, and evaluation when needed for medical emergencies 24 hours a day from a physician

(preferably a psychiatrist), a psychiatric APN, a PA or an RN. For clinical emergencies an RN or LPHA shall be accessible.

- f. Trained and competent paraprofessionals shall be on site 24 hours a day, with numbers, qualifications, and training sufficient to ensure patient and staff safety and the provision of needed services.
- g. Staff members shall be trained in CPR, management of seizures, choking, and first aid as well as crisis respite protocols and procedures, and supervision of self-administration of medications.
- h. Staff members providing in-home crisis respite services to children or youths shall be trained paraprofessionals competent to provide crisis services to children and youths.
- i. Staff shall not provide or facilitate consumer access to tobacco products

#### **11. Assessment**

- a. Prior to admission to crisis respite services individuals shall receive a full crisis assessment by a physician (preferably a psychiatrist) or a psychiatric APN or PA, LPHA, RN or QMHP-CS.
- b. Immediate access to urgent and emergent non-psychiatric medical assessment and treatment shall be provided.

#### **12. Interventions for Facility-based Crisis Respite**

- a. Upon admission, every individual shall receive an orientation that explains rules and expectations, explains patients' rights and the grievance policy, and describes the schedule of any activities.
- b. Immediate care to stabilize a behavioral health emergency (e.g., to prevent harm to the individual or to others) shall be accessible at all times.
- c. A written protocol shall be developed and implemented that specifies the most effective and least restrictive approaches to common behavioral health emergencies seen in the service and is approved by the medical director. The protocol shall be reviewed and updated as needed.
- d. An individual crisis treatment plan shall be followed for each individual that provides the most effective and least restrictive treatment for the individual's behavioral health disorder. This information shall be shared with the individual and the individual's family, as appropriate. The plan shall be developed by qualified crisis staff and shall be based on the provisional psychiatric diagnosis and must incorporate, to the maximum extent possible, individual preferences.
- e. An array of treatment interventions shall be provided in the crisis respite setting in order to stabilize acute psychiatric symptoms or prevent admission to a more restrictive setting. Services should be goal-oriented and based on the individual's needs and individual crisis plan. Services should focus on reality orientation, symptom reduction and management, appropriate social behavior, improving peer interactions, improving stress tolerance, and the development of coping skills; and may consist of the following component services: psychiatric nursing services, pharmacological instruction, symptom management training, and functional skills training. The programming requirements may be fulfilled through the provision of individual crisis intervention services or by providing group services. Group services may be delivered by LOC assignment or through the provision of Day Programs for Acute Needs as specified in 25 TAC Chapter 419, Subchapter L. Individuals who have significant

substance abuse co-morbidity shall receive counseling designed to motivate the patient to continue with substance abuse treatment following discharge from the program.

- f. Each consumer's response to treatment shall be reassessed daily by staff. This response shall be reflected in an updated crisis treatment plan.
- g. Individuals shall not be denied access to social, community, recreational, and religious activities that are consistent with the individual's cultural and spiritual background.
- h. Facility-based crisis respite units shall maintain a stable therapeutic environment that includes assigned personnel and scheduled activities.

**13. Coordination and Continuity of Care**

- a. Coordination of emergency services shall be provided for every individual. Coordination of emergency services includes but is not limited to identifying and linking the individual with all available services necessary to stabilize the crisis, ensuring transition to routine care, providing necessary assistance in accessing those services, and conducting follow-up to determine the individual's status and need for further service.
- b. A written policy shall be developed and implemented that defines the steps to be taken to ensure that every effort is made to contact existing treatment providers during the course of the individual's assessment in the service.
- c. A written procedure shall be developed and implemented to ensure continuity of care and successful linkage with the referral facility or provider.
- d. A discharge plan shall be developed for every individual, and shall include:
  - 1) Appropriate education relevant to the individual's condition;
  - 2) Information about the most effective treatment for the individual's behavioral health disorder;
  - 3) Identification of potential obstacles to a successful return to the living situation of the individual's choice and means to address these obstacles; and
  - 4) Information about follow-up care, and appropriate linkages to post discharge providers.

## REQUIRED DOCUMENTATION AND PROCEDURES FOR SUBMITTING PROPOSAL

All required documentation must be submitted with the proposal. **The bidder is cautioned to read the entire RFP to determine all requirements.** LifePath RESERVES THE RIGHT TO REJECT A PROPOSAL WHICH DOES NOT CONTAIN ALL INFORMATION REQUIRED BY THE RFP.

1. **Number of Copies** - To achieve a uniform review process and to obtain a maximum degree of comparability, LifePath requires that Proposal be submitted with a **one (1) master** (marked original) and **four (4) copies**. Each must include the following items:
2. **Title Page** - Title page must show the RFP subject; the Vendor's name; the name address, and telephone number of a contact person; and the date of the proposal.
3. **Transmittal Letter** - Submit a signed letter briefly addressing the Vendor's understanding of the work to be done, the commitment to do the work detailed within this RFP and a statement explaining why the Vendor believes itself to be best qualified to do the required work.
4. **Vendor Representative** - Include the name of the designated individual(s), along with respective telephone number(s), email address(es), who will be responsible for answering technical and contractual questions with respect to the proposal.
5. **Vendor Application** - must be filled out in its entirety.

**Response format as follows:**

**State the question or item exactly as appears; then provide your detailed response.**

Questions fall under the following sections:

- I. Business Demographics
- II. Services
- III. Certificate of Insurance
- IV. Financial Information
- V. Cost Proposal
- VI. Risk Profile
- VII. Implementation Plan
- VIII. Client Reference

- ***All application response attachments must be labeled to reference the appropriate section and letter (i.e. "II. a.")***

6. Vendor will submit a copy of their standard contract along with proposal. Label this **(Attachment A.)**

**Assurances, Certifications, Exhibits and Attachments** – Vendor must submit the Assurance and Certifications and all Attachments requested, to include:

1. **Signature Page (Attachment B)**
2. **Resident/Non-Resident Certification (Attachment C)**
3. **Assurances Document (Attachment D)**
4. **Conflict of Interest Questionnaire (Attachment E)**
5. Vendor shall review **Texas Administrative Code §412.54(c)** and provide a written response signed by Authorized Individual **(Attachment F)**
6. Vendor shall review **Texas Health and Safety Code §250.006** and provide a written response signed by Authorized Individual **(Attachment G)**
7. **Lobbying Certification (Attachment H)**
8. **Form W-9 (Attachment I)**
9. **Deviation Form (Attachment J)**

## APPLICATION

### I. Business Demographic

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

Organization dba Name: \_\_\_\_\_

Federal Tax ID Number: \_\_\_\_\_

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

Contact/Title: \_\_\_\_\_

    Email Address: \_\_\_\_\_

    Address: \_\_\_\_\_

    Phone/Fax: \_\_\_\_\_

Executive Director-Owner/Title: \_\_\_\_\_

    Email Address: \_\_\_\_\_

    Address: \_\_\_\_\_

    Phone/Fax: \_\_\_\_\_

Billing Contact/Title: \_\_\_\_\_

    Email Address: \_\_\_\_\_

    Address: \_\_\_\_\_

    Phone/Fax: \_\_\_\_\_

Other Owners/Partners – Name/%Ownership/If corporate, list organization:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Type of Organization (i.e. Non-Profit Corporation, Limited Liability, General Partnership, etc.):

\_\_\_\_\_

Years in operation: \_\_\_\_\_

Hours of operation: \_\_\_\_\_

Certification Number if a Historically Underutilized Business: \_\_\_\_\_

Qualifications if HUB eligible, but not certified: \_\_\_\_\_

List all licenses, credentials, certifications, and/or accreditations currently held by organization:

(Provide copies as applicable): \_\_\_\_\_

## II. Services

Provide a brief description of services as defined in this proposal:

- a. Describe means (telephone/email/fax) and availability (day of the week and hours) of coordinating team.
- b. Describe process for securing appropriate shift coverage (include timeframes).
- c. Describe typical facility orientation needs (include timeframes).
- d. Describe protocols for incidents (including negligence and misconduct) involving Organization staff.

## III. Certificate of Insurance

Provide a Certificate of Insurance secured and maintained with an insurance company, or companies, licensed to do business in Texas for the following coverage in the following amounts:

- a. Comprehensive general liability, professional liability, and employee misconduct insurance with limits of at least \$1,000,000 per occurrence, \$3,000,000 aggregate.
  - Include directors' and officers' professional liability, errors and omissions, breaches of privacy, and medical malpractice insurance.
- b. Sufficient coverage to meet the requirement of State law for Workers' Compensation on its employees providing services under this Contract.

## IV. Financial Information

- a. Provide a copy of a Certified External Audit for the past three (3) years.
- b. Provide a copy of the most recent Tax Statement (IRS Form 1120, Form 990 as applicable).
- c. Provide a current Financial Statement including Cash Flow.
- d. Submit the most current Annual Report available.
- e. Provide evidence of continued financial viability to ensure your capabilities to support this project.

## V. Cost Proposal

- a. Describe your proposal fee structure.
- b. Describe your current capacity, including average number of Crisis Intervention trained RNs/LVNs, average length of their experience, and average tenure with the Organization.

## VI. Risk Profile

- a. Submit copies of all external reviews from all regulatory/accrediting bodies: include any plans of improvement required as a result of the reviews.
- b. Lawsuits – Indicate any lawsuits or litigation involving clinical services to Mental Health patients to which you have been a party during the past three years. Provide details on any judgments.
- c. Have you had any validated/confirmed client abuse, client neglect, or rights violations claims in the last three (3) years? If so, explain in detail.
- d. Identify whether Organization, as an entity, or anyone employed by the Organization is currently under investigation, or has had a license or accreditation revoked by any state, federal, or local authority or licensing agency within the last five (5) years. If “yes”, provide a detailed explanation.
- e. Identify whether Organization, as an entity, or anyone employed by the Organization providing direct care or employed in a management position has had any felony convictions. If “yes”, provide a detailed explanation.
- f. Provide any company policies that outline your procedures in dealing with current or future employees who are convicted felons.
- g. Identify whether Organization has ever been placed on vendor hold by an agency or company. If “yes”, provide a detailed explanation.



- h. Identify any lawsuits or litigation involving clinical services to which Organization has been a party during the past five (5) years. Provide details on any judgments.
- i. Provide a list of clinical services contracts for which Organization has been terminated for cause in the last five (5) years.
- j. Identify whether Organization, as an entity, or any of Organization's employees Medicaid Provider number(s) have ever been suspended or revoked. If "yes", explain.

**VII. Implementation Plan**

- a. Briefly describe the project management approach you will use to implement and operate within the contracted timeframe.

**VIII. Client References**

Provide a minimum of three client references. For each client listed, include the following:

- Agency name and address
- Name or Point of Contact (POC)
- POC email address and telephone number
- Dates of services provided to client
- Type of services provided to client

**ATTACHMENT B  
SIGNATURE PAGE**

The attached proposal application is being submitted in response to the Crisis Center Temporary Licensed Staffing RFP # 02-2020. The proposal is a firm offer and shall remain an open offer, valid for one hundred and twenty (120) days from the date of this document.

LifePath in its sole and absolute discretion shall have the right to award contracts for any or all materials listed in each proposal, shall have the right to reject any and all proposals and shall not be bound to accept the lowest proposal and shall be allowed to accept the total proposal of any one vendor. I understand that this proposal will be reviewed and evaluated according to the procedures indicated in this RFP.

---

Authorized Signature

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Company Name

---

Typed or Printed Name

---

Street Address

---

Title

---

City, State, Zip Code

---

Telephone Number

---

Fax Number

---

Email Address

**ATTACHMENT C**  
**RESIDENT/NON-RESIDENT CERTIFICATION**

Contractor must answer the following questions in accordance with the Texas Government Code §2252.002, as amended:

- A. Is the Contractor that is making and submitting this bid a “resident Contractor” or a “non-resident Contractor”?

Answer: \_\_\_\_\_ Resident Contractor \_\_\_\_\_ Non-resident Contractor

- (1) Texas Resident Contractor - A Contractor whose principal place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.
- (2) Nonresident Contractor - A Contractor who is not a Texas Resident Contractor.

- B. If the Contractor is a “Non-resident Contractor”, does the state in which the Nonresident Contractor’s principal place of business is located have a law requiring a Nonresident Contractor of that state to bid a certain amount or percentage under the bid of a Resident Contractor of that state in order for the nonresident Contractor of that state to be awarded a contract on his bid in such state?

Answer: \_\_\_\_\_ Yes \_\_\_\_\_ No Which state? \_\_\_\_\_

- C. If the answer to Question B is “yes”, then what amount or percentage must a Texas Resident Contractor bid under the bid price of a Resident Contractor of that state in order to be awarded a contract on such bid in said state?

Answer: \_\_\_\_\_

**ATTACHMENT D**  
**ASSURANCES DOCUMENT**

Proposer assures the following:

1. All addenda and attachments to the RFP as distributed by the Local Authority have been received.
2. No attempt has been or will be made by the Proposer to induce any person or firm to submit or not to submit a Proposal, unless so described in its Proposal.
3. The Proposer does not discriminate in its services or employment practices on the basis of race, color, genetic information, religion, sex, national origin, disability, veteran status, or age.
4. All cost and pricing information is reflected in the RFP response documents or attachments.
5. Proposer accepts the terms, conditions, criteria, and requirements set forth in the RFP.
6. Proposer accepts the Local Authority's right to cancel the RFP at any time prior to Contract award.
7. Proposer accepts the Local Authority's right to alter the timetables for procurement that are set forth in the RFP.
8. The Proposal submitted by the Proposer has been arrived at independently without consultation, communication, or agreement for the purpose of restricting competition.
9. Unless otherwise required by law, the information in the Proposal submitted by the Proposer has not been knowingly disclosed by the Proposer to any other Proposer prior to the notice of intent to award.
10. No claim will be made for payment to cover costs incurred in the preparation of the submission of the Proposal or any other associated costs.
11. Local Authority has the right to complete background checks and verify information.
12. The individual(s) signing this document and any Contract awarded to Proposer is authorized to legally bind the Proposer.
13. No employee of the Local Authority or HHSC, and no member of the Local Authority's Board will directly or indirectly receive any pecuniary interest from an award of the proposed Contract to Proposer. If the Proposer is unable to make the affirmation, then the Proposer must disclose any knowledge of such interests. See Attachment F.
14. Proposer is not currently held in abeyance or barred from the award of a federal or state contract.
15. Proposer is not currently delinquent in its payments of any franchise tax or state tax owed to the state of Texas, pursuant to Texas Business Corporation Act, Texas Civil Statutes) Article 2.45.
16. Proposer shall disclose whether any of the directors or personnel of Proposer has either been an employee or a trustee of Local Authority within the past two (2) years preceding the date of submission of the Proposal. If such employment has existed, or at term of office served, the Proposal shall state in an attached writing the nature and time of the affiliations as defined. See Attachment F.
17. Proposer shall identify in an attached writing any trustee or employee of Local Authority who has a financial interest in Proposer or who is related within the second degree by consanguinity or affinity to a person having such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. See Attachment F.
18. No former employee or officer of HHSC and/or Local Authority directly or indirectly aided or attempted to aid in procurement of Proposer's service.
19. Proposer shall disclose in an attached writing the name of every Local Authority employee and/or member of Local Authority's board with whom Proposer is doing business or has done business during the 365 day period immediately prior to the date on which the Proposal is due;

failure to include such a disclosure will be a binding representation by Proposer that the natural person executing the Proposal has no knowledge of any key persons with whom Proposer is doing business or has done business during the 365 day period prior to the immediate date on which the Proposal is due. See Attachment F.

20. 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, "vendor or applicant" shall mean Proposer; contract, bid or application shall mean the Proposal; and "this contract" shall mean any Contract awarded to the Successful Proposer(s).

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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)

**LIFEPATH SYSTEMS  
KEY PERSONS LIST**

July 2019

<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
Tammy Mahan	Chief Operating Officer	7308 Alma Drive Plano, TX 75025	972-422-5939
Holly DuBois, MD	Medical Director		
Danielle Sneed	Director of Behavioral Health	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Pam Spears	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 of Authority Services	7308 Alma Drive Plano, TX 75025	972-422-5939
Linda Miller	Assistant Director of Utilization Management & Quality Assurance	7308 Alma Drive Plano, TX 75025	972-422-5939
Melanie Gann	Assistant Director of Provider Services	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Erin Kaszynski	Eligibility & Intake Program Administrator	7308 Alma Drive Plano, TX 75025	972-422-5939
Stephanie Garrett	Crisis Services Program Administrator	1416 N. Church Street McKinney, TX 75069	972-422-5939
Davis Goodwin	Diversion Services Program Administrator	1416 N. Church Street McKinney, TX 75069	972-422-5939
Ozay Jones	Nurse Manager	1416 N. Church Street McKinney, TX 75069	972-422-5939
Jim Barr	Client Rights Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Kate McCormick	BH Contracts Manager	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Matt Duncan	Board Chair		
Ronald F. Crawford, Ed.D.	Board Vice-Chair		
Anne Bramlett MS, CCC-SLP	Board Secretary		
Anthony B. Henderson	Board Member		
Doug Kowalski	Board Member		
Ernest Myers, Jr., Ph.D., CFRE	Board Member		
Tony Nichols	Board Member		
Melvin Thathiah, J.D.	Board Member		
Dona Watson	Board Member		

**ATTACHMENT E**  
**CONFLICT OF INTEREST QUESTIONNAIRE**

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 regardless of any other entry on the form.***

**ATTACHMENT F  
DISCLOSURE OF KINSHIP**

Pursuant to the [Texas Administrative Code §412.54\(c\)](#)



**ATTACHMENT G**  
**NOTICE OF FELONY CONVICTION**

Pursuant to the [Texas Health and Safety Code §250.006](#)

**ATTACHMENT H  
LOBBYING CERTIFICATION**

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 I**  
**FORM W-9**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

Vendors are to complete a W-9 Form and submit with Proposal Documents.

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

**ATTACHMENT J  
DEVIATION FORM**

All deviations to this RFP must be noted on this sheet. In the absence of any entry on this Deviation Form, the prospective Vendor assures LifePath of their full agreement and compliance with the Specifications and Terms and Conditions.

Each response to this RFP shall contain a Deviation Form, which states the prospective Vendor's commitment to the provisions of the RFP. An individual authorized to execute contracts must sign the Deviation Form. Any exceptions taken to the terms and conditions identified in this Proposal must be expressly stated in the Deviation Form. Use an additional copy or page if needed.

**THIS DEVIATION FORM MUST BE SIGNED AND SUBMITTED WITH THE RFP BY EACH PROSPECTIVE VENDOR/CONTRACTOR WHETHER THERE ARE DEVIATIONS LISTED OR NOT. IF NO DEVIATIONS, NOTE: NONE**

<b>Reference Specifications, Terms and Conditions and Page Number</b>	<b>Deviation</b>

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

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

\_\_\_\_\_  
Date

**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 products, supplies and/or services listed in this request. Please MOVE our name and address to the following services so that we may submit bids/proposal at a later date:

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 MHMR 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.**

**PLEASE RETURN THIS FORM ONLY TO:**

LifePath Systems  
Attn: Kate McCormick  
1515 Heritage Drive, Suite 105  
McKinney, TX 75069

**Notice "Not to Participate" RFP 02-2020 Crisis Center Temporary Licensed Staffing**