



Request for Proposals (RFP)

RFP – 01-2023

Community Psychiatric Hospital Beds

May 6, 2022

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

kmccormick@lifepathsystems.org

Issue Date: May 6, 2022

Due Date: June 3, 2022 – 5:00pm

INVITATION

LifePath Systems is accepting Proposals from Providers experienced in providing Community Psychiatric Hospital Beds from one or more locations throughout Collin County or neighboring counties.

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 <https://www.lifepathsystems.org/connect-with-us/contracting-opportunities/> or by contacting Kate McCormick, Contract Administrator, at kmccormick@lifepathsystems.org.

Vendors wishing to submit proposals are requested to submit a written letter of intent to propose by May 13, 2022 - 5:00 p.m. CDT. An email attachment sent to Kate McCormick at 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 01-2023". Vendors 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, *Contract Administrator*
LifePath Systems

TABLE OF CONTENTS

SECTION	Page
Invitation.....	2
I. Introduction & Schedule.....	4-5
II. Proposal Specifications.....	6
III. Scope of Services.....	7-14
IV. Required Documentation and Procedures for Submitting Proposal.....	15-16
V. Application.....	17-20
VI. Attachment B: Signature Page.....	21
VII. Attachment C: Resident/Non-Resident Certification.....	22
VIII. Attachments D: Assurances Document.....	23-24
IX. Attachment E: Lobbying Certification Form.....	25
X. Psychiatric Emergency Flow Chart.....	26
XI. Key Persons List.....	27
XII. Attachment F: W-9.....	28
XIII. Attachment G: Conflict of Interest Questionnaire.....	28
XIV. Attachment H: Disclosure of Kinship.....	28
XV. Attachment I: Notice of Felony Conviction.....	28
XVI. Attachment J: Deviation Form	29
XVII. Notice Not to Participate	30

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.

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 adult and/or child/adolescent psychiatric inpatient beds. Vendors must provide the following services 24 hours a day, 365 days a year: inpatient bed day cost to include food; psychiatric medications; appropriate labs; psychiatric physician and nursing follow-up; therapeutic interventions; and coordination of services. Services will be procured for a contracted period of twelve (12) months beginning September 1, 2022 and ending August 31, 2023, with additional contract renewals at the sole option of LifePath.

Services Sought:

- 1.) Adult Psychiatric Inpatient Beds
- 2.) Child & Adolescent Psychiatric Inpatient Beds

SCHEDULE

RFP Distribution/Opening:	May 6, 2022
Deadline for Letter of Intent:	May 13, 2022
Deadline for Questions:	May 20, 2022
Deadline for Final Response to Questions:	May 27, 2022
Sealed Proposal Due:	June 3, 2022

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 Community Psychiatric Hospital Beds 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 Community Psychiatric Hospital Beds. All Proposals must be submitted with **an original and four (4) copies** to LifePath Systems, ATTN: Kate McCormick, 1515 Heritage Drive, McKinney, TX 75069 no later than **June 3, 2022 at 5:00p.m.** *All Proposals must be submitted in a sealed envelope marked:*

REQUEST FOR PROPOSAL RFP# 01-2023

Community Psychiatric Hospital Beds

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

Community Psychiatric Hospital Beds

1. Hospital must:
 - a. Be located within Collin County (preferred) or in a neighboring county;
 - b. Be a license as a private psychiatric hospital in accordance with Chapter 577 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 134, concerning Private Psychiatric Hospitals and Crisis Stabilization Units, or a General or Special Hospital in accordance with Chapter 241 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 133, concerning Hospital Licensing; and
 - c. Be accredited with The Joint Commission (TJC), or other accrediting body granted deeming authority by the Centers for Medicare and Medicaid Services (CMS), as a hospital throughout the term of the Contract.
2. Hospital staff providing service under the agreement must:
 - a. Be a staff member or contractor of the program provider;
 - b. Be paid by the program provider to provide the particular service being claimed;
 - c. Not have been convicted of an offense listed under Texas Health and Safety Code §250.006; and
 - d. Not be listed as unemployable in the Employee Misconduct Registry or revoked in the Nurse Aid Registry, which are maintained by the Texas Department of Human Services.
3. Hospital 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 LifePath listing its Network Providers.
4. Hospital shall provide services at the designated location only.
5. Hospital shall advise LifePath of availability of beds under this contract within two (2) hours of initial request.
6. Hospital shall be staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis.
7. Hospital shall serve patients who present either voluntarily or through the civil commitment process.
8. Hospital shall work with HHSC on the capacity management program for State Mental Health Facilities (SMHF). As part of the capacity management program, HHSC may request access to beds purchased under this Statement of Work to assist with SMHF diversion activities. If capacity is available within the Hospital, then HHSC may attempt to divert admissions from SMHFs to the Hospital. Individuals diverted may be from outside of the Local Behavioral Health Authority's (LBHA's) primary local service area. Hospital shall evaluate these individuals for admission and serve them with funds allocated as part of this Statement of Work.
9. Hospital shall initiate triage and screening of all psychiatric emergencies brought in by local law enforcement within 30 minutes of arrival. Local law enforcement must be dismissed immediately after the initiation of the triage and screening. If unable to initiate the triage and screening within 30 minutes of arrival, hospital will provide its own security personnel/law

enforcement to assume responsibility for the Emergency Detention and release local law enforcement to return to duty.

10. Hospital shall obtain written authorization from LifePath prior to admission. A patient is not eligible for admission to the Hospital if the patient is adjudicated incompetent to stand trial pursuant to Texas Code of Criminal Procedure, Article 46B.073(d), Article 46B.080, or Article 46B.102, or if pending charges make the patient eligible for maximum security admission pursuant to Texas Code of Criminal Procedure, Article 46B.073(c) or Article 46B.104.
11. Hospital shall provide all demographic information (name/social security number/date of birth/etc.) about admission to LifePath's Continuity of Care (COC) Specialist within 24 hours of admission including all diagnosis ICD-10 so beds can be reported to HHSC daily. HHSC allows list of only certain ICD-10 codes that can be found in the Local Authority Performance Contract Notebook Program Attachment:
<https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts>.
12. Hospital shall cover the cost of all medical care and treatment including the cost of psychiatric and physician services and all non-prescription and prescription medications incurred by or on behalf of patients admitted. This includes all on-site medical care and treatment, as well as all outside medical care and treatment, emergency room and hospitalization costs, as well as any and all charges by specialists, consultants, and laboratories, incurred by or on behalf of patients admitted. No additional funds will be made available for this purpose.
13. Hospital agrees to an average length of stay of three (3) days.
14. Hospital shall submit written reauthorization requests to LifePath's Utilization Management (UM) Specialist in a legible format twenty-four (24) hours prior to the authorization's expiration to include:
 - a. A purpose other than the sole convenience of the individual in services, their family, or the provider.
 - b. A summary of clinical information needed to establish medical necessity for continued stay, with:
 - i. Diagnosis;
 - ii. Current medications;
 - iii. Current mental status;
 - iv. Risk factors;
 - v. Specific treatment plans, with measurable goals, objective and interventions.
 - c. Attending physician's cell phone number for doctor-to-doctor consultation.
15. Hospital shall provide services in accordance with community standards, HHSC Uniform Terms and Conditions, HHSC Local Mental Health Authority (LMHA) Special Conditions, HHSC Data Usage Agreement, LifePath Utilization Management/Quality Management guidelines, SAMHSA guidelines, and the Statement of Work.
16. Hospital shall submit incident reports to LifePath's UM Specialist within twenty-four (24) hours of the incident.
17. Hospital shall cooperate and work closely with LifePath's COC Specialist in regards to utilization management of beds under this agreement.
18. Hospital shall ensure maximal continuity of care of hospital providers for patients utilizing this contract, especially for readmits within ninety (90) days of discharge.

19. Hospital shall support LifePath as a Benzo Free Facility and will develop and implement titration plans as needed to ensure a smooth transition from inpatient to outpatient services.
20. Hospital shall provide discharge prescription of psychotropic medications of at least two (2) weeks or until physician appointment can be arranged with LifePath outpatient clinic or contracted provider. This prescription must follow the LifePath approved drug formulary.
21. Hospital shall provide transportation to Terrell State Hospital for patients transferring to a higher level of care and transportation to LifePath sites, or other Network Provider, for patients discharging to a lower level of care.
22. Hospital shall provide discharge summary upon scheduling of discharge appointment with LifePath's COC Specialist. All residents of Collin County must have a discharge appointment with LifePath or contracted LifePath provider prior to discharge.
23. Hospital shall provide LifePath with evidence that it maintains, throughout the term of the Contract, a license as a private psychiatric hospital in accordance with Chapter 577 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 134, concerning Private Psychiatric Hospitals and Crisis Stabilization Units, or a General or Special Hospital in accordance with Chapter 241 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 133, concerning Hospital Licensing.
24. Hospital shall provide LifePath with evidence that it maintains its accreditation with The Joint Commission (TJC), or other accrediting body granted deeming authority by the Centers for Medicare and Medicaid Services (CMS), as a hospital throughout the term of the Contract.
25. Hospital represents and warrants compliance with HHSC Assurances – Non-Construction Programs and HHSC Contract Affirmations throughout the term of the Contract.
26. Hospital shall participate, to include facility Medical Director, in quarterly programmatic meetings as scheduled by LifePath.
27. Hospital shall notify LifePath of regulatory reviews/audits and make those findings available to LifePath.
28. Hospital shall notify LifePath of Immediate Jeopardy investigations by the next business day, but no later than 48 hours from the occurrence or receipt of notification of investigation.
29. Hospital shall provide Disaster Services as specified in the Performance Contract between HHSC and LifePath in the event of an emergency.
30. Hospital shall notify LifePath no later than ninety (90) days prior to discontinuing the provision of inpatient mental health services at the Hospital.

LifePath Required Activities

1. LifePath shall serve as the gatekeeper for patients served under this Contract, and shall establish a process for approving patient admissions to, and continued stay at, the Hospital. This process will incorporate provisions that allow the Hospital to conduct medical screening evaluations, make medical condition determinations, and admit individuals who either present voluntarily or through the civil commitment process.
2. LifePath shall designate a point of contact who shall be responsible for all communication, correspondence, and reporting to Health and Human Services Commission (HHSC) and who must accompany HHSC personnel on all site visits scheduled with the Hospital.
3. LifePath shall provide service authorization throughout the contract in accordance with HHSC Utilization Management Guidelines.

4. LifePath shall assess written reauthorization requests submitted by Hospital.
5. Prior to discharge, LifePath shall schedule an individual's appointment with a LifePath COC Specialist. All residents of Collin County must have a discharge appointment with LifePath or contracted LifePath provider prior to discharge.
6. LifePath shall conduct quarterly programmatic meetings.
7. LifePath shall monitor Hospital's compliance with the contract and evaluate the hospital's provision of services, including:
 - a. competency of the contractor to provide care;
 - b. consumers' access to services;
 - c. safety of the environment in which services are provided;
 - d. continuity of care;
 - e. compliance with the performance expectations (referenced in §412.57(b)(13) of this title (relating to Provisions for Community Services Contracts));
 - f. satisfaction of consumers and family members with services provided; and
 - g. utilization of resources.

Billing

1. Hospital shall be reimbursed in the amount of the agreed upon rate per bed day based upon the receipt of required documentation, as described below:
 - a. Discharge notification within two (2) business days of discharge, in order for LifePath to report in the System Agency Database.
 - b. Submission of clinical documentation is not required. Documentation must be available onsite during billing audits and when required via fax/email for questions on invoice/encounter submission.
2. Hospital shall issue invoices to LifePath on a monthly basis.
3. Hospital shall bill LifePath for uninsured individuals' services only. Contactor shall bill the third party for any individuals with third party benefits such as: Medicaid, private insurance, Medicare etc.
4. Invoices must be submitted by the eighth (8th) calendar day of the month following the month of service.
 - a. Invoices shall be accepted up to sixty (60) days past the deadline.
 - b. All invoices must be submitted within thirty-five (35) days of the end of the fiscal period.
Late billing will not be considered for payment.
5. Hospital shall re-bill and refund any services paid for by LifePath for individuals who have other identified benefits. Refund shall be made within thirty (30) days of identifying the overpayment.
6. Hospital shall forfeit payment for service if:
 - a. Provided without prior authorization;
 - b. Unable to bill third party or Medicaid due to timeliness and the error is not on LifePath's part.

HHSC CONTRACT REQUIREMENTS:

SECTION I. STATEMENT OF WORK:

COMPLIANCE WITH APPLICABLE LAW:

LifePath shall require the Hospital to comply with all applicable state and federal laws and regulations related to:

1. The provision of inpatient mental health services, including, but not limited to:
 - a. Emergency Medical Treatment and Labor Act of 1986;
 - b. Texas Health and Safety Code Chapters 241, 571, 575, 576, and 577; and
 - c. Title 25 Texas Administrative Code:
 - 1) Chapter 133 (relating to Hospital Licensing);
 - 2) Chapter 404, Subchapter E (relating to Rights of Persons Receiving Mental Health Services);
 - 3) Chapter 405, Subchapter E (relating to Electroconvulsive Therapy);
 - 4) Chapter 411, Subchapter J (relating to Standards of Care and Treatment in Psychiatric Hospitals);
 - 5) Chapter 414, Subchapter I (relating to Consent to Treatment with Psychoactive Medication – Mental Health Services); and
 - 6) Chapter 415, Subchapter F (relating to Interventions in Mental Health Programs).
 - d. Title 26 Texas Administrative Code:
 - 1) Chapter 510 (relating to Private Psychiatric Hospitals and Crisis Stabilization Units).
2. Medications and medication-related services provided to patients served under this Statement of Work as specified in Title 25 Texas Administrative Code, Chapter 415 C (relating to Use and Maintenance of TDMHMR Drug Formulary)
3. In addition to the reporting requirements outlined in Title 26 Texas Administrative Code Chapter 510 (relating to Private Psychiatric Hospitals and Crisis Stabilization Units), LifePath shall report the investigation disposition of all reports of death, abuse, neglect, exploitation, or illegal, unethical or unprofessional conduct using Report of Outcome of Investigation of Death, Abuse, Neglect, Exploitation, or Illegal, Unethical or Unprofessional Conduct Form.

OVERSIGHT REQUIREMENTS:

LifePath shall:

1. Develop written oversight policies and procedures, by which LifePath and the Hospital will manage the admission, service delivery, continuity of care and discharge requirements outlined in this Statement of Work, coordinate with other local mental health authorities (LMHAs) affected by this Statement of Work, and report to System Agency in accordance with the terms and conditions of this Statement of Work; and
2. Develop and enter into written agreements with other LMHAs affected by this Statement of Work, if applicable, that specify the processes by which patients are to be admitted, served and discharged, and how services are reported in accordance with the terms and conditions of this Statement of Work.

DATA COLLECTION AND REPORTING:

1. Hospital shall collect data and other information that is sufficient to report on the indicators identified in Performance Indicators in accordance with the schedule outlined in Performance Indicators.

ADMISSION, CONTINUITY OF CARE, AND DISCHARGE REQUIREMENTS:

1. Hospital shall provide a full array of services that comply with the following principles for treatment:
 - a. Follow the steps as outlined in Psychiatric Emergency Flow Chart.
 - b. Apply the Appropriate-Use and Medical Clearance criteria outlined below:
 - 1) Individuals under consideration for referral to the Hospital must meet the criteria in the Texas Health and Safety Code Chapters 571-576 applicable to voluntary admission or the civil commitment process;
 - 2) Acute and Chronic Medical Condition Criteria: The presence of any of the following represent acute or chronic medical conditions that the Hospital does not have the capability to treat and so, in accordance with the Emergency Medical Treatment & Labor Act (EMTALA) and state law, the Hospital will provide evaluation and treatment within its capability to stabilize the person and will arrange for the person to be transferred to a hospital that has the capability to treat the condition:
 - a) Medical Emergency Indicators, including:
 - i. Overdose;
 - ii. Chest pain;
 - iii. Fluctuating consciousness;
 - iv. Stab wound, bleeding, or serious injury;
 - v. Seizure activity;
 - vi. Complications from Diabetes;
 - vii. Injured in assault or flight;
 - viii. Victim of a sexual assault; or
 - ix. Resident of a nursing home or assisted living facility.
 - b) Acute Medical Conditions, including:
 - i. Acute overdose resulting in any vital sign instability in the prior 24 hours;
 - ii. Acute drug intoxication (blood alcohol level over 0.1);
 - iii. Unconscious or fluctuating consciousness;
 - iv. Delirium, including substance induced syndromes;
 - v. Uncontrolled seizure activity;
 - vi. Recent trauma that has not received medical evaluation, including fractures, lacerations, burns, head trauma, and bleeding;
 - vii. Recent assault or fight that has not received medical evaluation;
 - viii. Recent sexual assault that has not received medical evaluation;
 - ix. Blood pressure greater than 160/110;
 - x. Pulse less than 50, or any symptomatic bradycardia, in the prior 24 hours;
 - xi. Pulse greater than 120 in the prior 24 hours;
 - xii. Temperature above 101° F;
 - xiii. White blood count (WBC) greater than 15,000;
 - xiv. Hemoglobin (HGB) less than 10;
 - xv. Hematocrit (HCT) less than 30;
 - xvi. Any abnormal electrolytes;
 - xvii. Creatine phosphokinase (CPK) greater than 1500; or, CPK greater than 1000 with elevated temperature and muscular rigidity;
 - xviii. Serum glucose below 70 or over 400 during the prior 48 hours;
 - xix. Acute O2 saturation below 90%;

- xx. Chest pain;
 - xxi. Shortness of breath;
 - xxii. Unstable arrhythmia;
 - xxiii. Pulmonary edema;
 - xxiv. Acute congestive heart failure;
 - xxv. Acute respiratory distress syndrome;
 - xxvi. Acute asthma;
 - xxvii. Acute cardiovascular accident;
 - xxviii. Acute CNS trauma;
 - xxix. Gastrointestinal (GI) bleeding during the prior 48 hours;
 - xxx. Requires indwelling tubing (for example, a nasogastric tube);
 - xxxi. Post-op instability, demonstrated as any instability in vital signs or laboratory values in the prior 48 hours; or
 - xxxii. Open wounds and/or wounds requiring sterile equipment to manage.
- c) Chronic Medical Conditions, including individuals who:
- i. Require specialized cancer care, including radiation or chemotherapy;
 - ii. Required medical care from a nursing home prior to admission;
 - iii. Require care for decubiti – Stage 3-4;
 - iv. Require blood or blood product transfusions;
 - v. Require continuous oxygen, oximetry, or support equipment (CPCPs, BiPAPs, O2 concentrators);
 - vi. Are being treated for active tuberculosis (TB);
 - vii. Require isolation for the purpose of infection control;
 - viii. Require on-going intravenous (IV) therapy;
 - ix. Have a subclavian line, arterial line, or require hyperalimentation or total parenteral nutrition (TPN);
 - x. Require suctioning;
 - xi. Require peritoneal or hemodialysis treatments;
 - xii. Require complex care or sterile equipment for managing the care of wounds
 - xiii. Require tracheotomy care and have a chronic condition that causes non-ambulation to an extent to preclude the engagement in treatment programming;
 - xiv. Are considered a high-risk pregnancy;
 - xv. Have a multiparous pregnancy; or
 - xvi. Are pregnant and at 38-weeks gestation or later.
- c. Effective, responsive, individualized, and least restrictive treatment;
- d. Treatment and care through the development and implementation of a Comprehensive Treatment Plan and corresponding intervention(s) including but not limited to:
- 1) A reasonable and appropriate discharge plan that is jointly developed by LifePath and the Hospital; and
 - 2) Communication that will facilitate the exchange of information needed to accomplish common Utilization Management activities.
- e. Promotion of recovery, independence, and self-sufficiency;
- f. Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules;
- g. Comprehensive client/patient rights consistent with regulatory and TJC requirements;
- h. Interdisciplinary, goal-directed and evidence-based treatment;
- i. Behavior management program;

- j. Culturally competent treatment; and
 - k. Telemedicine provided in accordance with applicable rules and regulations.
2. Hospital shall demonstrate efforts to reduce restraint and seclusion by adopting and implementing the following restraint/seclusion reduction tools:
- a. Using assessment tools to identify risk factors for violence and seclusion and restraint history;
 - b. Using a trauma assessment;
 - c. Using tools to identify persons with risk factors for death and injury;
 - d. Using de-escalating or safety surveys; and
 - e. Making environmental changes to include comfort and sensory rooms and other meaningful clinical interventions that assist people in emotional self-management.
3. Hospital shall comply with the following standards regarding Admission, Continuity of Care and Discharge:
- a. The Hospital must not allow admissions without LifePath approval;
 - b. When the Hospital admits a patient, a physician must issue and sign a written order admitting the patient;
 - c. The Hospital must conduct an intake process as soon as possible, but not later than 24 hours after the patient is admitted;
 - d. When the Hospital admits a patient, the Hospital must promptly notify LifePath of the admission and the admission status;
 - e. Upon admission of a patient to the Hospital, the Hospital and LifePath must begin discharge planning for the patient;
 - f. Discharge planning must involve the Hospital treatment team, LifePath liaison staff or other LifePath designated staff, the designated Local Intellectual and Developmental Disability Authority (LIDDA) liaison staff, if appropriate, the patient, the patient's legally authorized representative (LAR), if any, and any other individual authorized by the patient;
 - g. Discharge planning must include, at a minimum, the following activities:
 - 1) A determination of the following:
 - a) The amount of medication that will be provided upon discharge or transfer, and the amount of medication the patient will need after discharge or transfer until the patient is evaluated by a physician; and
 - b) The name of the individual or entity responsible for providing and paying for the medication needed after discharge or transfer until the patient is evaluated by a physician; and
 - 2) Development of a transportation plan.

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:

a. **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.

b. **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.

i. **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.

c. **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. Staffing Plans
- III. Services
- IV. Facility
- V. Quality Assurance Processes and Monitoring
- VI. Certificate of Insurance
- VII. Financial Information
- VIII. Cost Proposal
- IX. Risk Profile
- X. Implementation Plan
- XI. Client Reference

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

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

- i. Vendor will submit a copy of their standard contract along with proposal. Label this **(Attachment A.)**
- ii. **Signature Page (Attachment B)**
- iii. **Resident/Non-Resident Certification (Attachment C)**
- iv. **Assurances Document (Attachment D)**
- v. **Lobbying Certification (Attachment E)**
- vi. **Form W-9 (Attachment F)**
- vii. **Conflict of Interest Questionnaire (Attachment G)**
- viii. Vendor shall review **Texas Administrative Code §412.54(c)** and provide a written response signed by Authorized Individual **(Attachment H)**
- ix. Vendor shall review **Texas Health and Safety Code §250.006** and provide a written response signed by Authorized Individual **(Attachment I)**
- x. **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. Staffing Plans

- a. If more than 100 employees, the RFP submission must include the Hospital's status regarding equal employment opportunity. Please submit verification of status using the Employer Information Report EEO-1 or the State and Local Government Report EEO-4.

III. Services

Provide a brief description of your materials and/or services for Inpatient Psychiatric Services as defined in this proposal:

- a. Describe how you currently provide services or a similar service model.
- b. Describe your staffing pattern including utilization of Peers, QMHPs, RNs and Medical Personnel (MD) to provide for 24-hour availability, on a per shift basis.
- c. Describe your process for performing triage for individuals that present to your facility.
- d. Describe your process for accepting individuals brought in by law enforcement on an emergency detention warrant. Include maximum wait times for enforcement prior to their release by the hospital personnel.
- e. Describe how you will meet the cultural and linguistic needs of the individuals in LifePath's local service area (Collin County, Texas).
- f. Describe your process to ensure Least Restrictive Environment.
- g. Describe your process to ensure that the appropriate payer is identified for seeking and obtaining authorization of services and payment of claims.
- h. Describe your process to address those individuals who are refusing medications and remain acutely ill.
- i. Describe how you will maximize the expertise of staff, such as through collaboration with addition services or innovative plans to manage staff time and workload to accommodate high and low census periods.
- j. Describe what value-added services you will provide, through methods such as enhanced staffing, expanding service array, additional service capacity, etc.
- k. Describe your process to ensure timely submission of concurrent authorization requests to the authorizing entity.
- l. Describe the activities you will provide to ensure a smooth transition from your facility back into the community.
- m. Provide your policy and procedure for ensuring that those who require a physical health assessment more immediately can be seen and assessed within five (5) minutes of initial presentation.
- n. Provide your policy and procedure that specifies your approach to common behavioral health emergencies and is approved by the medical director.
- o. Provide your policy and procedure ensuring continuity of care, to include referral to another provider for lower/higher level of care and successful linkage with the referring provider.

IV. Facility

Provide a brief description of your facility for Inpatient Psychiatric Services as defined in this proposal.

- a. Describe the bed availability by category (Adult, Child, Adolescent, Geriatric; Male/Female – include age ranges).
- b. Describe the physical type of facility you plan to operate and its location.
- c. Explain how you will make this facility welcoming to individuals experiencing a mental health crisis.

V. Quality Assurance Processes and Monitoring

Provide information regarding Hospital's capacity for compliance with LifePath's quality assurance processes, to include:

- a. Describe the Quality Management and Improvement system currently in place in your program.

- b. Describe in detail, performance indicators used in measuring and monitoring service performance and goals.
- c. Describe ability to participate in clinical staffing/case reviews with LifePath staff.
- d. Submit a copy of the most recent Quality Improvement Plan.
- e. Submit a copy of your Quality Management Program activities for the past 6-month period.
- f. Submit copies of all external reviews from all regulatory/accrediting bodies: include any plans of improvement required as a result of the reviews.

VI. 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.

VII. Financial Information

- a. Provide evidence of continued financial viability to ensure your capabilities to support this project.
 - i. Provide a copy of a Certified External Audit for the past three (3) years.
 - ii. Provide a copy of the most recent Tax Statement (IRS Form 1120, Form 990 as applicable).
 - iii. Provide a current Financial Statement including Cash Flow.
- b. Submit the most current Annual Report available.
- c. Provide the budget detail for the proposed program.
 - Identify salaries and fringe benefits.
 - Identify all other operating and administrative expenses that will be related to the program.
 - Identify Medicaid/Third Party Revenue Projections.

VIII. Cost Proposal

- a. Describe your proposal fee structure.
- b. Describe your current capacity under current contracts.
- c. Describe how you will maximize other payer sources to ensure LifePath is the payer of last resort.

IX. Risk Profile

- a. Identify whether Hospital, as an entity, or anyone employed by the Hospital providing direct care or employed in a management position had any validated/confirmed client abuse, client neglect, or rights violations claims in the last three (3) years.
If "yes", provide a detailed explanation.
- b. Identify whether Hospital, as an entity, or anyone employed by the Hospital providing direct care or employed in a management position 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.
- c. Identify whether Hospital, as an entity, or anyone employed by the Hospital providing direct care or employed in a management position has had any felony convictions.
If "yes", provide a detailed explanation.
- d. Identify whether Hospital has ever been placed on vendor hold by an agency or company.
If "yes", provide a detailed explanation.

- e. Identify any lawsuits or litigation involving clinical services to which Hospital has been a party during the past five (5) years.
If “yes”, Provide details on any judgments.
- f. Identify whether Hospital, as an entity, or any of Hospital’s employees Medicaid Provider number(s) have ever been suspended or revoked.
- g. Provide a list of clinical services contracts for which Hospital has been terminated for cause in the last five (5) years.
If “yes”, provide a detailed explanation.
- h. Provide any company policies that outline your procedures in dealing with current or future employees who are convicted felons.

X. Implementation Plan

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

XI. 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 Community Psychiatric Hospital Beds RFP # 01-2023. 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

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 and designated by the checklist 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 H.
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 H.
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 H.
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 H.

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).

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

**ATTACHMENT E
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 of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

PSYCHIATRIC EMERGENCY FLOW CHART

Psychiatric Emergency Flow Chart

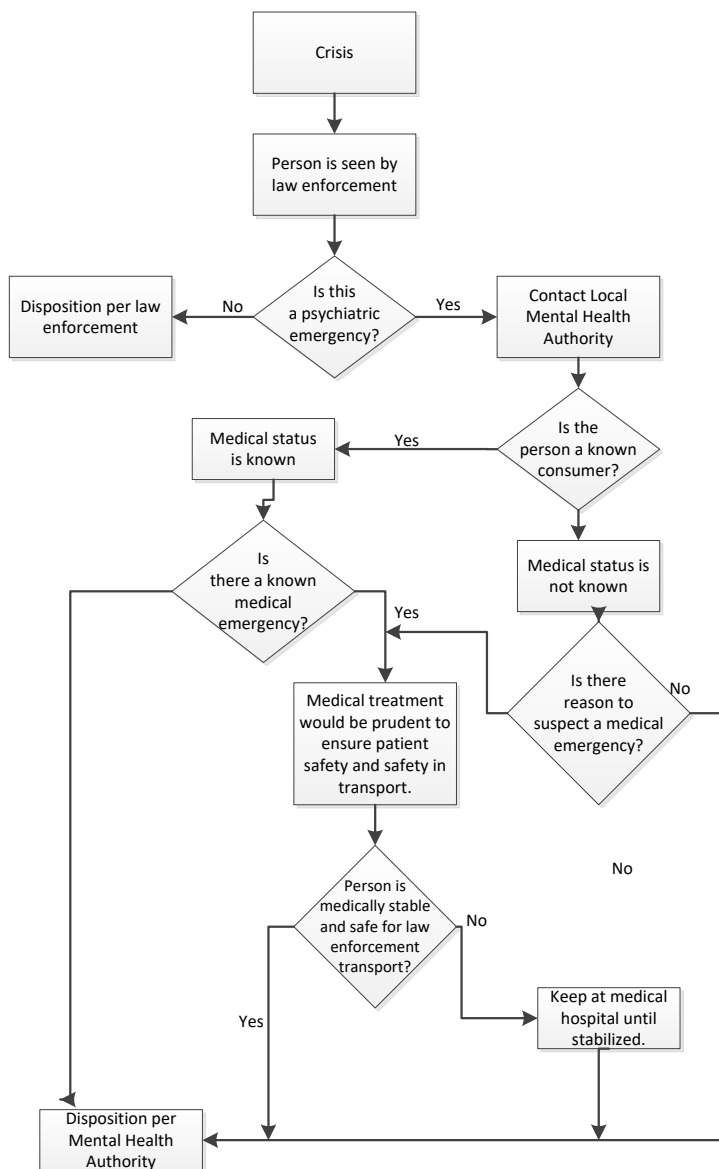
The Peace Officer may use the following indicators to determine if a medical emergency exists:

- Overdose
 - Acute intoxication with alcohol or drugs
 - Chest pain
 - Fluctuating consciousness
 - Stab wound, bleeding, or serious injury
 - Seizure activity
 - Complications from Diabetes
 - Injured in assault or flight
 - Victim of a sexual assault
 - Person is a resident of a nursing home or assisted living facility.
- Note: With the elderly, sometimes medical problems can cause symptoms that look like mental illness, but are not. It's important to rule out medical problems as the cause.

**An inpatient facility or a mental health facility is not statutorily authorized to require a peace officer to transport a person in custody under Chapter 573, Health and Safety Code, to a medical facility for a medical evaluation prior to taking that person to the mental health facility.

The opinion of law enforcement as to whether a medical emergency exists is final in the screening conducted with the Local Mental Health Authority.

See Attorney General Opinion No. GA-0753, dated December 28, 2009, regarding whether a peace officer who has taken a person into custody under Chapter 573 of the Health and Safety Code may be required to transport that individual to a medical facility for evaluation prior to taking that person to a mental health facility.



**LIFEPATH SYSTEMS
KEY PERSONS LIST**

May 2022

NAME	TITLE	BUSINESS ADDRESS	BUSINESS PHONE#
Tammy Mahan, MA, LPC-S	Chief Executive Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Pete Kabira	Chief Operating Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Jennifer Morgan	Chief Financial Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Brent Phillips-Broadrick	Chief Administrative Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Holly DuBois, MD	Medical Director		
Danielle Sneed	Director of Behavioral Health	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Jennifer Day	Director of Human Resources	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Deanna Easley	Director of Communications	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Colby McClatchy	Director of Management Information Systems	1515 Heritage Drive McKinney, TX 75069	972-562-0190
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	7308 Alma Drive Plano, TX 75025	972-422-5939
Glenna Garcia	Assistant Director of Behavioral Health Authority Services	1450 Redbud Blvd. McKinney, TX 75069	972-422-5939
Jessica Phillips	Assistant Director of Outreach, Training & Support	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Whytney Mask	Assistant Direct of Crisis Services	1416 N. Church Street McKinney, TX 75069	972-422-5939
Jenna Russell	YES Waiver/Wraparound Program Administrator	1416 N. Church Street McKinney, TX 75069	972-422-5939
Jordan Planchon	Client Rights Officer	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Kate McCormick	BH Contract Administrator	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Doug Kowalski	Board Chair		
Dona Watson	Board Vice-Chair		
Anne Bramlett	Board Secretary		
Arthur Cotten	Board Member		
Rick Crawford	Board Member		
Matt Duncan	Board Member		
Ernest Myers, Jr.	Board Member		
Mitch Selman	Board Member		
Melvin Thathiah, Esq.	Board Member		

**ATTACHMENT F
FORM W-9**

Request for Taxpayer Identification Number and Certification

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

(Attach completed form as part of the application)

**ATTACHMENT G
CONFLICT OF INTEREST QUESTIONNAIRE**

Retrieve CIQ Form from the following website:

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

(Attach completed form as part of the application)

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

**ATTACHMENT H
DISCLOSURE OF KINSHIP**

Review Texas Administrative Code §412.54(c)

[https://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#:~:text=respondent%2C%20or%20contractor.-,c\),-Conflicts%20of%20interests](https://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#:~:text=respondent%2C%20or%20contractor.-,c),-Conflicts%20of%20interests)

**ATTACHMENT I
NOTICE OF FELONY CONVICTION**

Review Texas Health and Safety Code §250.006

<https://statutes.capitol.texas.gov/Docs/HS/htm/HS.250.htm#:~:text=September%201%2C%202011.-,Sec.%20250.006.-CONVICTIONS%20BARRING%20EMPLOYMENT>

**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

Reference Specifications, Terms and Conditions and Page Number	Deviation

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
McKinney, TX 75069

Notice "Not to Participate" RFP 01-2023 Community Psychiatric Hospital Beds