Answers to Questions asked by prospective bidders on the CM RFP# 0722

Question #1: Is the Incident Report Management for employees only? If not, who is the designated reporting population? (pg. 3)

Answer: All workforce members, including contractors, should have access to report an incident. Only a limited of set of management will have access to generate responses/assign follow-up activities/investigations.

Question #2: Will only employees of The Center need access to the Policies and Procedures Management? If not, please describe all who will need to access. (pg. 3)

Answer: All workforce members, including contractors, should have access to view policies and procedures. Only a limited of set of management will have access to edit policies and procedures.

Question #3: Since this is a re-issue of an RFP from July, what criteria was not met? Functionality? Not enough bids to compare? Pricing threshold? Did not meet procurement guidelines? If so, what were those guidelines? What was the criteria for re-issuing this RFP?

Answer: There is no specific criteria for the reissuance of the RFP. Major changes to the timeline caused the Center to re issue the RFP.

Answers to Questions asked by prospective bidders on the CM RFP# 0722

Question #4: On page 10 it says the proposal must be open and irrevocable for 30 days. On page 9 it asks for confirmation that the proposed fees are firm and guaranteed for 90 days. On page 13 it asks for 180-day validation. What date does pricing need to stay valid through?

Answer: **The correct verbiage is listed on the page numbered 13 of 22. The proposal is a firm offer and shall. remain an open offer, valid for one hundred and eighty (180) days from the date of this document.**

Question #5: Has the budget already been approved for this project?

Answer: **Yes.**

Question #6: Where are pages 5, 21, and 22?

Answer: **There are no more pages or missing pages. The Numbering of pages was formatted incorrectly.**

Question #7: Can you please confirm the total number of users that require access to the system?

A. **Answer: Number of Users:**
   a. **Policies and Procedures**
      i. **Ready Only Access** **550**
         All Workforce
      ii. **Edit Access** **25**

Executive Team and Compliance Committees

b. **Incident Management**
   i. **Report Access 550**
      All Workforce
   ii. **Follow-up Access 75**
      Supervisory Staff
   iii. **View All + Investigation Access 7**
      CEO, COO, CAO, Director of HR, Director of MIS
      Compliance Investigators

c. **Forms Management**
   i. **Ready Only Access 550**
      All Workforce
   ii. **Edit Access 25**
      Executive Team and Compliance Committee

d. **Audit Management**
   i. **Read Only Access 25**
      Executive Team and Compliance Committee
   ii. **Edit Access 6**
      Compliance & Quality Assurance Department

e. **Risk/Safety Management**
   i. **Read Only Access 25**
      Executive Team and Compliance Committee
   ii. **Edit Access 6**

Question #8: Could we please get some examples of your current incidents forms?

Answer: Yes. See Attached.

Question #9: How many full time equivalents are employed by LifePath Systems?

Answer: Approximately 550

Answers to Questions asked by prospective bidders on the CM RFP# 0722

Question #10: How many locations does LifePath Systems have?

Answer: 10 locations.

Question #11: Is there a standard form or template to supply a response for Attachments F or G?

Answer: Vendors can include their written response in their in signed proposal.

INFECTION REPORT

This is to notify management of a confirmed or suspected **INFECTIOUS DISEASE**. It provides information for immediate escalation to the appropriate level of authority.

Confirmed Infectious Disease :

☐ SARS-CoV-2 (COVID)
☐ Influenza
☐ Gastrointestinal Infection
☐ Upper Respiratory Infection
☐ Lice
☐ Scabies
☐ Meningococcal Meningitis
☐ Pulmonary Tuberculosis - Active
☐ Viral Hepatitis B
☐ Chicken Pox
☐ Pneumonia (staphylococcus or streptococcus aureus)
☐ Other: ___________________

Division:

☐ ECI ☐ IDD ☐ BH ☐ Admin

Infection identified in a workforce member? ☐ Yes ☐ No

Infection identified in an individual receiving services? ☐ Yes ☐ No

Does the workforce member or individual receiving services provide or receive services at:

Crisis Center ☐ Yes ☐ No
Group Home ☐ Yes ☐ No

Suspected Infectious Disease:

☐ Trend Identified by Human Resources
☐ Trend Identified in Residential Facility

Additional Comments:

Workforce Infections Supervisors Send to Compliance and Quality Assurance	**Individual Infections** Attach to Incident Report Form A. Send both to Compliance and Quality Assurance

Date of Incident: ___________________

Time of Incident: __________________

Incident # (Generated by CQA): ______________

LIFEPATH SYSTEMS INCIDENT MANAGEMENT

ADDITIONAL FOLLOW-UP – CONFIDENTIAL REPORT OF AN INCIDENT

I. Summary of Incident: (Completed by CQA)

II. Describe Follow-up Activities:

☐ Human Resources
☐ MIS
☐ Other: _____________________________________
☐ Compliance and Quality Assurance
☐ Facilities

Signature of Workforce Conducting Follow-up: ____

SEND TO COMPLIANCE AND QUALITY ASSURANCE WHEN COMPLETE

Date of Incident: ___________________

Time of Incident:___________________

Incident # (Generated by CQA): _______________

LIFEPATH SYSTEMS INCIDENT MANAGEMENT

FORM B – CONFIDENTIAL REPORT OF AN INCIDENT

NOT REQUIRED FOR WORKFORCE INFECTIONS, INCIDENTS ONLY INVOLVING WORKFORCE INJURIES/ILLNESS OR ONLY INVOLVING FACILITIES DAMAGE

I. Reporting Workforce Member's Name:___________________________________Position:_______________Division:____________

Individual Involved:____Case #:________________DOB: ______________

II. Notification Timeline:

	Date	Time	Reported By
Notification to HHSC (via CARE and/or Hotline), if applicable			
Family Notified, if applicable			

III. Incident Types (Check all that apply)

Incident Category (Check all that apply)	*Medication Error Type	Incident Location
☐ Death[1]	☐ Adverse Reaction	☐ Center Property
☐ Suicide Completion[1]	☐ Improper Storage	☐ Individual's Residence (Non-Group Home)
☐ Suspected Abuse, Neglect, Exploitation[2]	☐ Medication Discontinued	☐ Child Care Center
☐ Individual Major Injury to Self	☐ Medication Labeled Incorrectly	☐ Agency Sponsored Event
☐ Individual Major Injury to Other	☐ Medication not taken within 1 hour of prescribed time	☐ Community Setting
☐ Individual Minor Injury to Self	☐ Missing/Stolen Medication	☐ Crisis Center
☐ Individual Minor Injury to Other	☐ Omitted Dose	☐ LifePath Systems Group Home
☐ Medication Error*	☐ Route Error	☐ Other: ___________________
☐ Unauthorized Departure/ Elopement	☐ Wrong Dose	**Action(s) Taken**
☐ Suicide Attempt	☐ Wrong Medication	☐ CEO Contacted
☐ Homicide Attempt	☐ Wrong Person	☐ MD/APN Notified
☐ Serious Threat	☐ Wrong time	☐ RN Notified
☐ Physical Containment (Restraint)[3]	☐ Document Error	☐ Individual Monitored
☐ Mechanical Containment (Restraint)[3]	☐ Other: ___________________________	☐ Notified Abuse Hotline (Intake/Report #): _________________
☐ Chemical Containment (Restraint)[3] (Administration of Emergent Medication)	****Call to 911**	☐ Taken to ER or Clinic
☐ Sexual Contact	☐ Medical	☐ Other: _________________________
☐ Workforce Accident/Injury/Exposure to Bodily Fluids[4]	☐ Behavioral/Psychiatric	**Property Damage**
☐ Vehicle Accident[5]	☐ Both Medical and Behavioral/Psychiatric	☐ Center Facility
☐ HIPAA Violation	☐ ER Visit/ Hospitalization	☐ Center Group Home
☐ Information Privacy & Security	☐ Arrest	☐ Individual's property
☐ Property/Equipment Damage	☐ APOWW/EDO	☐ Workforce property
☐ Medical Emergency	☐ Other: ___________________________	☐ Theft
☐ Call to 911**		☐ Vehicle
☐ Other: _________________________________		☐ Other: _________________________

[1] Death of an individual receiving IDD services – Complete HHSC Form 8493 'Notification Regarding a Death in HCS, TxHmL, and DBMD Programs'

[2] Suspected Abuse of an individual receiving IDD services – Complete HHSC Form 8494 'Notification Regarding an Investigation of Abuse, Neglect or Exploitation' Refer to Abuse and Neglect Procedure.

[3] Containment (Restraint) – Complete Containment (Restraint) Form and attach to Incident.

[4] Workforce Accident/Injury/Exposure to Bodily Fluids – Complete Employee Job Related Injury/Illness Report and submit to Human Resources.

[5] Vehicle Accidents – Complete Vehicle Accident Form and submit to Facilities.

IV. Describe What Happened:

Signature of Individual Completing Report & Date: ______________________________

Print Name and Title:______________________________

FORWARD REPORT IMMEDIATELY TO YOUR DIRECT SUPERVISOR OR DESIGNEE

V. Supervisory Intervention/Action Plan (For IDD – QIDP Response):

Supervisor's Signature & Date: ______________________________

Print Name and Title:______________________________

VI. Nurse Response (If applicable):

Nurse's Signature & Date: ______________________________

Print Name and Title:______________________________

VII. Medical Director (For Incident Involving the Death of an Individual Receiving Services):

Determination of Need for Clinical Death Review:

☐ Yes ☐ No

Additional Comments:

Medical Director Signature & Date: ______________________________

Print Name:______________________________

VIII. Quality Management Response:

Final Recommendation(s):

- ☐ Resolved. No Further Actions Required
- ☐ Workforce Training
- ☐ Clinical Death Review
- ☐ Compliance & Quality Assurance Investigation
- ☐ Division Level Investigation
- ☐ Review Services/Service Plan. Link with Resources
- ☐ Other: ______________ ____________________

QM's Signature & Date: ____

Print Name and Title:____

IX. Signatures:

	Workforce Title	Signature	Date
Required for **ALL** Incidents	Program Administrator		
	Division Director		
	Quality Assurance/Rights Protection Officer		
	Quality Improvement Program Administrator		
	Chief Operating Office		
Required as Indicated	CEO ▪ Deaths ▪ Abuse, Neglect, Exploitation ▪ Major Injuries ▪ Medication Errors ▪ Suicide/Homicide Attempts and Serious Threats ▪ Information and Security Incidents		
	Medical Director ▪ Deaths ▪ Medication Errors ▪ Prescriber Related Issues		
	Registered Nurse ▪ Individual Injuries and Infections ▪ Medication Errors ▪ Containments (Restraints)		
	Compliance Officer ▪ Abuse, Neglect, Exploitation ▪ Information and Security Incidents ▪ As Needed		
	Other (Please specify name and title):		

CONFIDENTIAL REPORT OF AN INCIDENT

(Not a part of the Medical Record)

FORM B - INCIDENT REPORTING INSTRUCTIONS

*all lines left blank are to be assumed "non-applicable"

Step 1:

Reporting Workforce Member's Name – This should be the first workforce member to witness or be involved in the incident. Indicate your position and the division you work in. Indicate the name of the individual involved in the incident (if more than one Individual is involved in the incident, fill out one incident for each individual receiving services), their case # and date of birth

Step 2:

In **Notification Timeline** indicate the date and time of each of the following:

1. If required, report filed with appropriate agency (e.g. HHSC)
2. Relative Notified, if appropriate

Step 3:

In **Incident Types** check all applicable categories**.**

Check all applicable, **Medication Error Types, Call to 911, Action(s) taken**, **Incident Location, and Property Damage.**

1. Death of an individual receiving IDD services – Complete HHSC Form 8493 'Notification Regarding a Death in HCS, TxHmL, and DBMD Programs'
2. Suspected Abuse of an individual receiving IDD services – Complete HHSC Form 8494 'Notification Regarding an Investigation of Abuse, Neglect or Exploitation' Refer to Abuse and Neglect Procedure.
3. Containment (Restraint) – Complete Containment (Restraint) Form and attach to Incident.
4. Workforce Accident/Injury/Exposure to Bodily Fluids – Complete Employee Job Related Injury/Illness Report and submit to Human Resources.
5. Vehicle Accidents – Complete Vehicle Accident Form and submit to Facilities.

Step 4:

Under **Incident Description**, indicate only what you observed (if you were present at the incident) or what you were told by the person reporting the incident to you (include the name of the person who reported the incident to you). Objectively report observations and information. Do not speculate or assume. Name others who observed the occurrence. If an Individual was directly involved, provide them the opportunity to contribute comments, and attach the comments to the report. Sign and date incident report.

FORWARD REPORT IMMEDIATELY TO YOUR DIRECT SUPERVISOR OR DESIGNEE, IF UNAVAILABLE.

Step 5:

Supervisory Intervention/Action Plan: (For all incidents) All supervisors must:

1. Review the incident report thoroughly. If incomplete, inaccurate information is identified, notify workforce to correct.
2. Describe your assessment of the situation.
3. Describe your interventions or that of other supervisors involved. Did you give any additional directions to the reporting workforce member during the incident?
4. Describe the plan for follow-up including who will follow-up next with the individual.

Step 6:

Nurse/Medical Professional Intervention/Action Plan:

1. Review the incident report thoroughly.
2. Describe your assessment of the situation.
3. Describe your interventions or that of other medical professionals involved. Describe any additional directions given to the reporting workforce member during the incident.

Step 7:

Medical Director (For Incident Involving the Death of an Individual Receiving Services):

1. Determine if there is a need for Clinical Death Review.
2. Note any additional comments

Step 7:

Quality Management Response (For all incidents):

1. Review the incident report thoroughly. If incomplete, inaccurate information is identified, notify workforce to correct.
2. Note if an investigation is warranted and/or any other comments.
3. Identify outcome for the incident.

INCIDENT REPORTING INSTRUCTIONS (CONTINUED)

INCIDENT DEFINITIONS:

Notification of the family for **Death of an Individual** is to be handled by the CEO or designee. Notification for incidents other than the death of an individual is to be handled by the COO/Director, or if unavailable the Administrator– on-Call.

1. **Death of an Individual Receiving Services. Deaths must be reported immediately to the CEO.**

2. **Suspected Abuse, Neglect, Exploitation**

3. **Individual Injuries:**
   - **Major Injury:** When an individual accidentally or purposefully injures themselves or another person while under the immediate supervision or care of a Center workforce or while on Center premises. Injury results in hospitalization or major medical care (broken bones, internal bleeding, severe cuts, etc.).
   - **Minor Injury:** When an individual accidentally or purposefully injures themselves or another person while under the immediate supervision or care of a Center workforce or while on Center premises. Injury **does not** result in hospitalization or major medical care.

4. **Medication Error:** Any error in prescribing, dispensing, or administration of Medication by center workforce. This includes supervising an individual who is self-administering medication. Failure to document or incorrect documentation of medications is a medication error. **Medication Errors must be reported without 1 hour of discovery.**

5. **Unauthorized Departure/Elopement:** Individual's whereabouts are unknown and individual lacks capacity to protect themselves.

6. **Suicide/Homicide Attempt:** The purposeful attempt by an individual to take his or her life or the life of another, on or off the premises.

7. **Serious Threat:** Threat with plan of serious harm by an Individual with the capacity and likelihood of acting.

8. **Containment (Restraint):**
   - **Physical Containment (Restraint):** To protect either the individual and/or others from physical injury, utilizing authorized and trained techniques; as a last resort intervention.
   - **Chemical Containment (Restraint):** To protect either the individual and/or others from physical injury, administering a medication to control an individual's behavior or to restrict the individual's freedom of movement that is not a standard treatment for the individual's medical or psychological condition.; as a last resort intervention.
   - **Mechanical Containment (Restraint):** To protect either the individual and/or others from physical injury, using a mechanical device, material, or equipment used to control an individual's behavior by restricting the ability of the individual to freely move part or all of the individual's body.; as a last resort intervention.

9. **Sexual Contact:** Inappropriate sexual behavior including but not limited to obscene gesturing, exposing body parts, intentionally touching another person with the intent to abuse, humiliate, harass, degrade, or gratify another person.

10. **Workforce Accident/Injuries/Exposure to Bodily Fluids:** An employee or non-employee workforce member is involved in a accident, sustains an injury, or is exposed to bodily fluids.
    - Bodily fluids are defined as any blood and other potentially infectious material (other body fluid visibly contaminated with blood).
    - Standard precautions are to be used when contact with bodily fluids is a routine part of the workforce member's job responsibilities.
    - **For employees – HR must be notified immediately.**
    - **For non-employee workforce – Facilities must be notified immediately.**

11. **Center Vehicle Accident:** When a Center vehicle is involved in an accident, regardless of the presence or absence of obvious damage. **Facilities must be notified immediately.**

12. **HIPAA Violation:** A failure to comply with any aspect of HIPAA standards and provisions, including but not limited to:
    - Impermissible disclosures of protected health information (PHI)
    - Unauthorized access of PHI
    - Improper disposal of PHI
    - Sharing of PHI online or via social media without permission
    - Mishandling and mismailing PHI

    Compliance must be notified immediately.

13. **Information Privacy & Security:** any real or suspected adverse event in relation to information privacy or security of computer systems, computer networks, Protected Health Information (PHI), electronic Protected Health Information (ePHI) or Sensitive Personal Information (SPI), including but not limited to:
    - Attempts (either failed or successful) to gain unauthorized access to a system or its data.
    - Theft or other loss of a laptop, desktop, smart phone, or other technology device that contains PHI, ePHI or SPI, whether on an LifePath Systems approved device or not and whether or not such device is owned by LifePath Systems.
    - Unwanted disruption or denial of service.
    - The unauthorized use of a system for the processing or storage of data.
    - Changes to system hardware, firmware, or software characteristics without MIS knowledge, instruction, or consent.
    - Real or suspected theft, loss or other inappropriate access of physical content, whether intentional or unintentional, such as printed documents and files.

    MIS and Compliance must be notified immediately.

14. **Property/Equipment Damage:** When property damage or equipment is the result of an accompanying incident.

15. **Medical Emergency**: When an individual experiences a medical emergency that requires medical attention. Medical attention could range from medical workforce evaluation to contacting EMS.

16. **Call to 911:** Anytime 911 is requested to respond at LifePath Systems facility.

Date of Incident: ____________________
Time of Incident: ____________________
Incident # (Generated by CQA): ________________

LIFEPATH SYSTEMS INCIDENT MANAGEMENT

ONLY COMPLETE ONE FORM PER INCIDENT

FORM A –NOTIFICATION AND ESCALATION

This is to notify management of a suspected or confirmed **INCIDENT**. It provides information for immediate escalation to the appropriate level of authority.

I. GENERAL INFORMATION - NOTIFICATIONS

Reporting Workforce Member's Name: ______________________________ Position: _______________ Division: ______

Phone Number: ___________________________ Address Where Incident Occurred (If known): _____________________

Name of Supervisor: ______________________________ Date/Time Supervisor Notified: __________________________

Brief Summary of Incident (Describe what happened):

If the incident was witnessed, identify witnesses below.

Witness Name(s): ___________________________________ Phone: ____________________ Email: _______________

Witness Name(s): ___________________________________ Phone: ____________________ Email: _______________

If the incident directly involved an individual receiving services or their family, identify involved parties below.

Name of Individual Involved: _________________________ Case # (if applicable): ___________ DOB: ___________

Name of Individual Involved: _________________________ Case # (if applicable): ___________ DOB: ___________

If First Responders were involved, identify who responded: ☐ Police ☐ Fire/Paramedic ☐ Other: ________________

II. INCIDENT TYPE - Check **all** that apply, complete all required forms, and document notifications accordingly:

#	Incident Type	Action	Notification
1.	☐ Death of Individual	▪ Verbally Notify CEO Immediately - Ext. 6101	Date & Time CEO Notified: _____________
2.	☐ **Employee** accident, injury, or exposure to bodily fluids	▪ Notify HR Immediately ▪ Send to HR and Incident Management. (Use send button below)	Date HR Notified: ____________________ Nature/Location of Injury/Illness: (i.e., Cut/Left Knee): ______________________
3.	☐ Center Vehicle Accident	▪ Notify Facilities Immediately ▪ Complete Vehicle Accident Form (Click Here)	Date Facilities Notified: ________________
4.	☐ PHI/Security Incident	▪ Notify MIS and Compliance Immediately	Date MIS Notified: __________________ Date Compliance Notified: ______________
5.	☐ Individual Confirmed Infections (At LifePath Systems Facility)	▪ Complete Infection Report (Click Here)	
6.	☐ **Workforce** Confirmed Infections	▪ Supervisors Send Form A to Director of HR (Use send button below) ▪ Supervisors Complete Infection Report (Click Here). Send to Compliance.	
7.	☐ Containment (Restraint)	▪ Complete Containment (Restraint) Form (Click Here)	
8.	☐ Other		

III. GENERAL INFORMATION - ESCALATIONS

The following were notified immediately to address the incident:

☐ Division QM Supervisor ☐ Division Director ☐ Chief Operating Officer ☐ Compliance Officer

☐ Program Administrator ☐ Medical Director ☐ Chief Executive Officer ☐ MIS/Facilities/HR

Send **Employee Accidents/Injuries/Exposures** to HR and Incident Management. Copy your Supervisor.	Send Other **Incidents** to Incident Management. Copy your Supervisor.	Supervisors send Confirmed **Workforce Infections** to Director of HR

After completing **Form A,** please complete the applicable sections of **Form B**. (Click Here)