



Open Enrollment

Request for Applications (RFA)

~~RFA # 202301~~

RFA# 0128

Substance Use Disorder Services

July 1, 2022

LifePath Systems

Attn: ~~Kate McCormick~~

Samatha Kommana

1515 Heritage Drive, Suite 105

McKinney, TX 75069

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Issue Date: July 1, 2022

Revision Date: March 1, 2023

Revision Date: May 5, 2023

Due Date: Open Enrollment

Notice of Open Enrollment

Collin County Mental Health and Mental Retardation Center dba LifePath Systems (“LifePath” or “Local Authority”), a community MHMR center and a governmental unit of the State of Texas under the provisions of Vernon’s Texas Codes Annotated, Health and Safety Code, Section 534 et seq., is seeking to contract with local providers for the purpose of providing Substance Use Disorder services to eligible residents of Collin County.

Open enrollment documents are posted on LifePath Systems’ website at <https://www.lifepathsystems.org/connect-with-us/contracting-opportunities/>. Notice is hereby given that LifePath will receive applications from providers beginning July 1, 2022. **An original of the application and four (4) copies of the attachments are due to:**

ATTENTION:

LifePath Systems

~~Kate McCormick~~

Samatha Kommana

1515 Heritage Drive, Suite 105

McKinney, TX 75069

LifePath is the Texas Health and Human Services Commission (HHSC) Local Behavioral Health Authority (Local Authority). The Local Authority is established to plan, coordinate, develop policy, develop and allocate resources, supervise, and ensure the provision of community based mental health and intellectual and developmental disabilities services for the residents of Collin County, Texas.

LifePath’s Mission is:

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

LifePath’s Values are:

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

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

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

Community: We will continue to help meet the needs of an underserved segment of our population thus contributing to society and demonstrating social responsibility.

Continuous Improvement in Measurable Ways: We will identify the key needs of individuals receiving services, assess how well we meet those needs, continuously improve our services and measure our progress.

Pursuant to Texas Administrative Code §412.55 and §412.754, the Local Mental Health Authority has the authority to create a network of community services by certain procurement methods. This Request for Applications (RFA) requests applications (each, an “Application” and collectively, the “Applications”) from interested persons and organizations (each, an “Applicant” and collectively, the “Applicants”) for the purpose of entering into one or more contracts (each a “Contract” and collectively the “Contracts”) with Applicant(s) who meet the requirements of this RFA (each a “Successful Applicant” and collectively, the “Successful Applicants”) to provide services, more specifically described in the Statement(s) of Work, to eligible individuals living in Collin County. Designation of an individual as an eligible client may only be made by the Local Authority, and must be documented in that individual’s record.

The goal of this network is to:

1. Develop a network of providers that allows for client choice of service area Substance Use Disorder (SUD) providers.
2. Develop a service array of SUD services as mutually defined by the Health and Human Services Commission and the Local Authority based on current funding.
3. Identify, implement, and evaluate successful services based on client outcomes so that these efforts can be replicated.
4. Create meaningful collaborations between the Local Authority and credentialed providers of SUD services.
5. Provide quality SUD services and achieve the desired outcomes at the most efficient cost possible.

SERVICES SOUGHT

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

1. Substance Use Services
 - a. **Adult Outpatient Treatment** as described in the attached TRA-TRY-TRF Statement of Work.
 - b. **Adult Residential Detoxification** as described in the attached TRA-TRY-TRF Statement of Work.
 - c. **Adult Ambulatory Detoxification** as described in the attached TRA-TRY-TRF Statement of Work.
 - d. **Adult Intensive Residential** as described in the attached TRA-TRY-TRF Statement of Work.
 - e. **Youth Outpatient Treatment** as described in the attached TRA-TRY-TRF Statement of Work.
 - f. **Youth Intensive Residential** as described in the attached TRA-TRY-TRF Statement of Work.
 - g. **Specialized Female Outpatient Treatment** as described in the attached TRA-TRY-TRF Statement of Work.
 - h. **Medication Assisted Treatment (MAT)** as described in the attached MAT Statement of Work.

ELIGIBILITY REQUIREMENTS

To be eligible to receive a contract with the Local Authority, an Applicant must:

1. Have non-profit or governmental status in order to apply as a provider under this RFA, with the exception of MAT services.
2. Provide services in Collin County or contiguous counties (*Residential Only*) to ensure local access to the level(s) of care.
3. Have provided the service(s) they are proposing to provide for at least two (2) years prior and be capable of providing services that address the issues of:
 - a. client choice,
 - b. quality,
 - c. clinical decision making, and
 - d. ultimate cost-benefit,
 - e. while assuring adherence to existing standards of care, service definitions, staff training, and credentialing requirements.
4. Retain professionals that hold valid Texas licenses and/or certifications to the extent required to perform any individual component of the services. See individual Statement(s) of Work for more details.
5. Be contracted in the networks of Service Area Medicaid Managed Care Organizations (MCOs), in order to ensure continuity of services.
6. Maintain, at Applicant's own expense, professional liability insurance of not less than \$1,000,000 per occurrence and \$3,000,000 aggregate. Such professional liability insurance shall insure Applicant for all eligible claims for damages that arise in connection with the performance of covered services.
7. Meet minimum training, educational, licensing and credentialing requirements for services delivered under this RFA, as described in the applicable Statement(s) of Work.
8. Have and maintain sufficient Internet access and a current email account. In order to enter Client service delivery documentation into the State's system (Clinical Management for Behavioral Health Services), Successful Applicants must have a secure computer workstation with Internet access.
9. Notwithstanding the above, be registered to do business in Texas. In any situation in which a consortium of providers intends to submit a single Application in response to this RFA, a single entity responsible for Services must be identified to be the party to the Contract, and must demonstrate, to the Local Authority's reasonable satisfaction, the ability to manage funds.
10. Demonstrate the ability to provide services as described in the attached applicable Statement(s) of Work.

RESPONSIBILITIES

LifePath Systems/Local Authority Required Activities:

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

1. LifePath shall provide initial eligibility and substance use disorder screenings for individuals including:
 - a. Determination of individuals' needs, resulting in referral(s) to appropriate resources based on HHSC Client Placement Guidelines.
 - b. Communication of the initial authorization and assessment information to the receiving Network Provider contingent upon capacity in the system.
2. LifePath shall review Financial Eligibility that is in "Ready for Review" status in CMBHS. LifePath shall place those that are complete in "Closed Complete" status and coordinate with Contractor to resolve those that are determined incomplete.
3. LifePath shall provide service authorization throughout the contract in accordance with HHSC Utilization Management Guidelines.
4. LifePath shall monitor credentialing for professionals providing services under this Agreement.
5. LifePath shall be responsible for providing Client Benefits Enrollment assistance to potentially eligible individuals.
6. LifePath shall manage a Wait List for individuals who meet eligibility criteria for Substance Use Disorder Services when the system is at or above capacity.
7. LifePath shall facilitate quarterly face to face programmatic meetings. *(MAT Only)*
8. LifePath shall conduct required quarterly regional collaborative meetings.
9. LifePath shall monitor Contractor's compliance with the contract and evaluate the contractor'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.

Service Provider Responsibilities:

1. Contractor shall enroll as a provider with Texas Medicaid and Healthcare Partnership (TMHP) and all Medicaid Managed Care organizations in service region within the first quarter of the contract term.
2. Contractor 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.
3. Contractor shall provide services at designated location(s).
4. Contractor shall furnish LifePath with admission exclusionary criteria in writing at the time of executing the contract. Contractor shall give LifePath thirty (30) days prior written notice of any proposed modifications of the criteria.
5. Contractor shall refer individuals identified as potentially eligible for SUD and MH services to LifePath's Open Access.
6. Contractor shall maintain, and provide to LifePath upon request, completed credentialing for each professional, including subcontractors, providing services under this Agreement.
7. Contractor shall respond to initial referral from OSAR within three (3) business days.
8. Contractor shall obtain prior authorization for General Revenue services through CMBHS, and for County Funds services (*Excludes MAT*) through an offline process with LifePath's Utilization Management Department.
9. Contractor shall document Medicaid verification status for each individual receiving services on a monthly basis.
10. Contractor shall provide services in accordance with community standards, LifePath Utilization Management/Quality Management Guidelines, HHSC General Provisions, HHSC Additional Provisions, HHSC Data Usage Agreement, HHSC Substance Use Disorder (SUD) Program Guide, and the Statement(s) of Work.
11. Contractor shall provide Consumer Benefits Screening services to identify individuals to be referred to LifePath for assistance in applying for third-party benefits.
12. Contractor shall perform Financial Eligibility, including Medicaid Eligibility Verification, in CMBHS and save in "Ready for Review" status on a semiannual basis, and whenever there is a change in the individual's financial status. Contractor shall coordinate with LifePath to resolve those that are determined to be incomplete. Services provided during period without an approved financial are not reimbursable.
13. Contractor shall be financially responsible for safely tapering an active individual receiving services that becomes financially ineligible. (*MAT Only*)
14. Contractor shall participate in quarterly face to face programmatic meetings as scheduled by LifePath. (*MAT Only*)
15. Contractor shall notify LifePath of regulatory reviews/audits and make those findings available to LifePath.
16. Contractor shall provide Disaster Services as specified in the Performance Contract between HHSC and LifePath in the event of an emergency.
17. Contractor certifies that they are/have:
 - a. In good standing with all state and federal funding and regulatory agencies;
 - b. Not currently debarred, suspended or otherwise excluded from participation in federal grant programs;
 - c. Not delinquent on any repayment agreements;
 - d. Not had a required license or certification revoked;
 - e. Not ineligible under the terms of the Contract; and

f. Not had a System Agency contract terminated for cause.
 Additionally, Contractor agrees to disclose to LifePath immediately if changes occur anytime during the term of this Agreement.

Qualified Service Activities:

To be a qualified service provider, one must:

1. Be a staff member or contractor of the program provider;
2. Be paid by the program provider to provide the particular service being claimed;
3. Not be disqualified by this section to provide the particular service being claimed;
4. Meet the competency requirements set forth in the Statement(s) of Work;
5. Have tuberculosis (TB) skin test annually (recommended, not required);
6. Not have been convicted of an offense listed under Texas Health and Safety Code §250.006; and
7. 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.

Payments/Rates:

Fee Schedule

| Service Types | Program ID | Procedure Code | Unit | Unit Rate |
|--|-------------|----------------|------|-----------|
| Adult Outpatient Services | SA/TRA-LBHA | | | |
| Adult Outpatient - Individual | SA/TRA-LBHA | H2035HB | hour | \$60.69 |
| Adult Outpatient - Group Counseling | SA/TRA-LBHA | H0005HB | hour | \$18.84 |
| Adult Outpatient - Group Education | SA/TRA-LBHA | T1012HBHQ | hour | \$17.79 |
| Youth Outpatient Services | SA/TRY-LBHA | | | |
| Youth Outpatient - Individual | SA/TRY-LBHA | H2035HA | hour | \$60.69 |
| Youth Adolescent Support | SA/TRY-LBHA | H2015HA | hour | \$62.79 |
| Youth Family Counseling | SA/TRY-LBHA | T1006HAHRTF | hour | \$78.49 |
| Youth Family Support | SA/TRY-LBHA | T1006HAHR | hour | \$78.49 |
| Youth Psychiatrist Consultation | SA/TRY-LBHA | 90801HA | hour | \$130.89 |
| Youth Outpatient - Group Counseling | SA/TRY-LBHA | H0005HA | hour | \$29.30 |
| Youth Outpatient - Group Education | SA/TRY-LBHA | T1012HAHQ | hour | \$17.79 |
| <i>Youth Adolescent Support - Medicaid Youth Wraparound</i> | SA/TRY-LBHA | H2016HAHV | hour | \$62.79 |
| <i>Youth Family Counseling - Medicaid Youth Wraparound - Parent Education Sessions</i> | SA/TRY-LBHA | T1006HAHSHQTF | hour | \$78.49 |

| | | | | |
|---|-------------|-------------|------|---------|
| <i>Youth Family Support - Medicaid Youth Wraparound</i> | SA/TRY-LBHA | T1006HAHR | hour | \$78.49 |
| Specialized Female Outpatient Services | SA/TRF-LBHA | | | |
| Adult Specialized Female Outpatient - Individual | SA/TRF-LBHA | H2035HBHD | hour | \$80.57 |
| Adult Specialized Female Outpatient – Group Counseling | SA/TRF-LBHA | H0005HBHD | hour | \$29.30 |
| Adult Specialized Female Outpatient – Group Education | SA/TRF-LBHA | T1012HBBDHQ | hour | \$17.79 |

| Service Types | Program ID | Procedure Code | Unit | Unit Rate |
|--|-------------|----------------|------|-----------|
| Adult Residential Services | SA/TRA-LBHA | | | |
| Adult Residential Detoxification | SA/TRA-LBHA | H0010HB | day | \$234.41 |
| Adult Intensive Residential | SA/TRA-LBHA | H2036HBTGHF | day | \$113.02 |
| Youth Residential Services | SA/TRY-LBHA | | | |
| Youth Intensive Residential | SA/TRY-LBHA | H2036HATGHF | day | \$168.49 |
| <i>Youth Intensive Residential Wraparound Services-Room & Board (Medicaid Youth)</i> | SA/TRY-LBHA | H2022HAHF | day | \$26.16 |

| Service Types | Program ID | Procedure Code | Unit | Unit Rate |
|---|-------------|----------------|------------|------------|
| Opioid Treatment Services | SA/MAT-LBHA | | | |
| Methadone | SA/MAT-LBHA | H0020HBHV | dose | \$17.79 |
| Buprenorphine | SA/MAT-LBHA | T1502HBV | dose | \$25.12 |
| Extended-Release Injectable Naltrexone | SA/MAT-LBHA | J2315HBU9 | dose | \$1,264.55 |
| Naltrexone Support Services | SA/MAT-LBHA | H0016HBU9 | event | \$192.36 |
| New Admission Health Screening Services* | SA/MAT-LBHA | | | |
| Outpatient visit - Immunization Consent | SA/MAT-LBHA | 99202HBHD | visit | \$42.14 |
| Chlamydia | SA/MAT-LBHA | 87491HBHD | occurrence | \$42.08 |
| Diabetes - Testing | SA/MAT-LBHA | 83036HBHD | occurrence | \$11.64 |
| Gonorrhea - Testing | SA/MAT-LBHA | 87591HB | occurrence | \$42.08 |
| Hepatitis B - Testing | SA/MAT-LBHA | 87340HB | occurrence | \$12.39 |
| Hepatitis C - Testing | SA/MAT-LBHA | 86803HB | occurrence | \$17.11 |
| HIV (confirmatory) - Testing | SA/MAT-LBHA | 87389HB | occurrence | \$10.65 |
| HIV (initial) - Testing | SA/MAT-LBHA | 86701HB | occurrence | \$28.89 |
| TB Testing Intradermal | SA/MAT-LBHA | 3510FHBHD | occurrence | \$7.40 |
| EKG/ECG – Report and Interpretation | SA/MAT-LBHA | | occurrence | \$6.72 |
| EKG – Tracing Only, without Interpretation and Report | SA/MAT-LBHA | | occurrence | \$6.72 |
| Urine Pregnancy Test | SA/MAT-LBHA | | occurrence | \$10.46 |
| Outpatient visit - Follow up (Results / Linkages) | SA/MAT-LBHA | 99213HBHD | visit | \$34.81 |

| CoMorbid Services | SA/MAT-LBHA | | | |
|---|-------------|-----------|-------|----------|
| Hepatitis C – Treatment Coordination | SA/MAT-LBHA | 99205HBHV | event | \$58.46 |
| Hepatitis C – Confirmatory Test | SA/MAT-LBHA | 86804HBHV | event | \$22.08 |
| Hepatitis C – Viral Load Quantification | SA/MAT-LBHA | 87522HBHV | event | \$40.45 |
| Initial Interview of diagnosis of psychiatric condition | SA/MAT-LBHA | 90792HBHV | event | \$119.21 |
| Thirty-minute physician visit for psychiatric follow-up | SA/MAT-LBHA | 90832HBHV | event | \$46.73 |
| Wound Care Management | SA/MAT-LBHA | 97597HBHV | event | \$63.15 |
| GPRA | SA/MAT-LBHA | H0002HBHG | event | \$41.00 |

Processing

1. Services must be entered directly into CMBHS and in accordance with [Texas Administrative Code §448.804\(l\)](#).
 2. Treatment Plan and Assessment must be placed in “Closed Complete” status in CMBHS by the end of the fifth (5th) service day. Claims after the fifth (5th) service day will be non-billable until closed, with not retroactive coverage. (*OUTPATIENT & RESIDENTIAL ONLY*)
 3. Fees are based on current HHSC rates and are subject to change. The rate reimbursed will be the current HHSC rate as indicated in CMBHS. If individual receiving services is subject to a sliding scale copayment, Contractor must collect designated amount from individual and remainder of fee will be collected from HHSC fee.
 4. General Revenue Services:
Contractor shall submit claim generating documentation through CMBHS by the third (3rd) calendar day of the month following the month of services for 90% of all services rendered.
 - a. Claims shall be accepted up to sixty (60) days past the date of service.
 - b. All claims must be entered within thirty-five (35) days of the end of the fiscal period.
 - c. Late billing will not be considered for payment.
- County Funds Services (*EXCLUDES MAT*):
- a. Contractor shall submit monthly invoicing by the 3rd calendar day of the month following the month of services.
 - i. Invoices shall be accepted up to sixty (60) days past the deadline, provided that the written documentation was submitted within the stipulated timeframe. Invoices shall not be accepted after sixty (60) days past the invoice submission deadline.
 - ii. Invoices shall be accepted up to thirty-five (35) days past the end of the fiscal year period, provided that the written documentation was submitted within the stipulated timeframe. Invoices shall not be accepted after thirty-five (35) days past the end of the fiscal year period.
 - b. Contractor shall submit documentation through CMBHS by the 3rd calendar day of the month following the month of services for 90% of all services rendered.
 - c. Contractor shall bill LifePath in the form and format prescribed by LifePath.
5. Contractor shall bill LifePath for uninsured individuals’ services only. Contractor shall bill the third party for any individuals with third party benefits such as: Medicaid, private insurance, Medicare etc.
 6. Contractor shall not claim the day of discharge, death, or a day on which a patient begins a leave of absence unless discharge or death occur on the day of admission. If admission and discharge or death occur on the same day, the day is considered a day of admission and counts as one inpatient day. (*RESIDENTIAL ONLY*)

7. Contractor 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.
8. If an individual *becomes* covered by Medicaid, Contractor shall submit all claims previously billed to LifePath, to Medicaid for the time period allowable for Retro-Medicaid coverage. Refund to LifePath shall be made within thirty (30) days of identifying the overpayment.
9. Contractor shall forfeit payment for service if:
 - i. Provided without prior authorization;
 - ii. Provided prior to employee approval/credentialing through LifePath or;
 - iii. Financial Eligibility in CMBHS expired prior to date of service;
 - iv. Service is not documented in CMBHS;
 - v. Unable to bill third party or Medicaid due to timeliness and the error is not on LifePath's part.
10. LifePath will pay Contractor promptly after receipt of payment from HHSC.

INSTRUCTIONS FOR SUBMISSION OF APPLICATIONS

To facilitate and ensure an objective review, Applicants must follow these instructions for submission. LifePath expressly reserves the right to reject any Application that is not submitted according with the instructions below.

Applicants must either mail, email or hand deliver one (1) original of the completed Application and four (4) copies of all applicable attachments to:

Mail/Hand Delivery: **ATTENTION:**
LifePath Systems
Kate McCormick
Samatha Kommana
1515 Heritage Drive, Suite 105
McKinney, TX 75069

Email: bhcontracts@lifepathsystems.org **Subject:** ~~RFA # 202301-Application-~~
RFA# 0127 Application

Applications will be processed upon receipt. In the future, additional open enrollment periods for services may be announced or contract periods may be staggered to ensure availability of adequate numbers of service providers to meet the volume of demand for services.

False statements or false information provided by an Applicant may result in disqualification from or termination of enrollment into the network. In accepting applications, LifePath reserves the right to reject any and all Applications, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action which it deems to be in the best interest of the Local Authority. Further, LifePath is not obligated to accept applications it deems are incomplete, inaccurate, or fail to meet minimum standards as determined solely at the discretion of LifePath. LifePath will not pay for any costs incurred by Applicants in the preparation and submission of a response to this RFA.

Each Applicant is responsible for ensuring that documents for potential enrollment are submitted completely and on time. The Local Authority expressly reserves the right not to evaluate any enrollment documents that are incomplete or late. Any attached form(s) must be completed by each Applicant to be considered for possible enrollment in the network.

Each Application shall be subject to disclosure under the Texas Public Information Act, Chapter 552 of the Texas Government Code, **except for trade secrets and confidential information contained in the Application and clearly identified by the Applicant as such with red ink**. Such information may still be subject to disclosure under the Public Information Act and other applicable law.

COLLIN COUNTY MENTAL HEALTH MENTAL RETARDATION CENTER
dba LIFEPAATH SYSTEMS

OPEN ENROLLMENT FOR BEHAVIORAL HEALTH SERVICES
APPLICATION FOR ORGANIZATIONAL/INDIVIDUAL PROVIDERS
("APPLICATION")

REQUIRED APPLICATION INFORMATION:

An applicant **MUST** answer every question IN THE ORDER SHOWN. If the question/necessary information does not apply, simply and clearly document "N/A". Add additional pages as required to answer questions. Interviews or site visits may be conducted on a case-by-case basis to further evaluate Applications.

A. BUSINESS DEMOGRAPHICS

1. Organization/Individual Name: _____
2. Organization dba Name: _____
3. Federal Tax ID Number: _____
4. Agency NPI Number: _____
5. Business Address: _____
6. Contact/Title: _____
Email Address: _____
Address: _____
Phone/Fax: _____
7. Executive Director-Owner/Title: _____
Email Address: _____
Address: _____
Phone/Fax: _____
8. Services Contact/Title: _____
Email Address: _____
Address: _____
Phone/Fax: _____
9. Billing Contact/Title: _____
Email Address: _____
Address: _____
Phone/Fax: _____
10. Number of years in operation as a business: _____
11. Languages services provided in: _____
12. Is organization/individual certified as or eligible to be a Historically Underutilized Business: Yes No
(If certified, provide Certification Number): _____
13. List all licenses, credentials, certifications, and/or accreditations currently held by organization/individual:
(Provide copies as applicable): _____

B. SERVICES

- Place a check mark in the box beside the services organization/individual is applying to provide. Contract exhibits, along with rates, for each service can be found at <https://www.lifepathsystems.org/connect-with-us/contracting-opportunities/>.

SUBSTANCE USE DISORDER SERVICES

| Service | Indicate (v) if applying to provide this service |
|---|--|
| Adult Outpatient Treatment | |
| Adult Residential Detoxification | |
| Adult Ambulatory Detoxification | |
| Adult Intensive Residential | |
| Youth Outpatient Treatment | |
| Youth Intensive Residential | |
| Specialized Female Outpatient Treatment | |
| Medication Assisted Treatment (MAT) | |

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

C. SERVICE LOCATION:

- If services are to be provided in a facility owned/rented by the organization/individual:
 - Attach a Certificate of Insurance with effective and expiration dates showing current General Liability insurance coverage limit;
 - Attach a Fire Inspection (current within 1 year) by applicable local fire authority;
 - Attach a Certificate of Occupancy;
 - Is the building accessible for individuals with disabilities: Yes No
 - How close is the facility to public transportation: _____

D. PROFESSIONAL LIABILITY INSURANCE

- Organization and licensed/certified professionals must have professional liability insurance with limits of at least one million each occurrence and three million aggregate. **Please attach policy certificate showing effective date and expiration date of coverage, per occurrence amount and aggregate amount.**

E. EXPERIENCE

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

2. Describe abilities/experience working with persons who are hearing impaired, persons who have limited language skills, persons with physical impairments, and/or persons who use adaptive equipment: *(Attach additional pages as necessary)*

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

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

5. Describe any admission exclusionary criteria: *(Attach additional pages as necessary)*

6. Are all staff and contractors current on all training required by the credentialing/licensing agency and/or the Texas Administrative Code as described in Statement(s) of Work and HHSC Substance Use Disorder (SUD) Program Guide Yes No

If no, what is the plan for ensuring all staff and contractors receive training before service initiation: *(Attach additional pages as necessary)*

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

F. OPERATIONS INFORMATION

1. If organization answers “no” to any of the questions below, organization is not eligible to receive a contract to provide services under this RFA. Does the organization have:

- | | | |
|---|-----|----|
| (a) A client appeals process | Yes | No |
| (b) An incident report process | Yes | No |
| (c) A confidentiality/client rights process | Yes | No |

- | | | |
|--|-----|----|
| (d) An internal quality improvement process | Yes | No |
| (e) An internal utilization management process | Yes | No |
| (f) A customer/client satisfaction measure | Yes | No |
| (g) A service outcome measure | Yes | No |
| (h) A file on each individual receiving services | Yes | No |
| (i) Have a current operation plan and budget | Yes | No |

G. INFORMATION SYSTEMS

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

- (a) Does organization have internet access and a valid email address: Yes No
- (b) Is organization able to meet the specifications stated above for documentation in CMBHS:
Yes No
- (c) Please describe your internet system (DSL, T1, cable, etc.) and level of IT support:

H. RISK MANAGEMENT

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

2. Describe how organization protects the security of individuals receiving services and their protected information. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

3. Describe how organization prevents, identifies, and reports abuse, neglect, exploitation and rights violations pertaining to individuals receiving services, including the training of staff on these issues. Attach any policies and procedures organization has implemented related to this area: *(Attach additional pages as necessary)*

4. Is organization a non-profit or otherwise exempt from payment of State Franchise Tax: Yes No *(If yes, attach a valid 501C IRS Exemption Form)*
5. Provide name of Workers' Compensation carrier if organization has Workers' Compensation coverage or self-funding documents if self-funded: _____

I. ADVERSE ACTIONS

1. Are criminal history checks done on all staff annually: Yes No
2. Describe organization's policies and procedures regarding the hiring and retention of persons with criminal histories: *(Attach additional pages as necessary)*

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

4. Describe organization's process, if any, for checking on confirmed fraud, abuse, neglect, exploitation or rights violations of employees or applicants for employment, such as through the Nurse Aide Registry and the Employee Misconduct Registry: *(Attach additional pages as necessary)*

5. Do any of organization's current employees have validated/confirmed fraud, abuse, neglect, exploitation or rights violation claims: Yes No
If yes, describe in detail: *(Attach additional pages as necessary)*

6. Does organization meet standard federal guidelines for Medicaid and Medicare: Yes No

7. Is organization currently under investigation, or has organization had a license or accreditation revoked by any state/federal/local authority or licensure agency within the last 5 years: Yes No

8. Has organization had any judgments or settlements entered against it in the last 10 years: Yes No

J. REFERENCES

1. List three references who are able to attest to the quality of the organization's work performance and have knowledge of the organization's previous experience and ability to provide a healthy, safe, and therapeutic environment to Consumers served under this RFA:

| Reference | E-mail Address | Phone |
|-----------|----------------|-------|
| | | |
| | | |
| | | |

K. E-VERIFY

E-verify is an internet-based system that allows businesses to determine the eligibility of individuals to work in the United States. LifePath Systems requires proof of U.S. citizenship and/or other authorization required by law to legally work in the United States. Organizational applicants are required to submit I-9 verification information through the E-verify system on each organizational group member applying for credentialing under the organization’s contract with LifePath Systems. For more information or to sign-up with E-verify go to: www.uscis.gov/e-verify.

1. Has organization determined that all employees of the organization who will be providing services under the Contract with LifePath Systems are eligible to work in the United States as verified through the E-verify system: Yes No
 If no, describe in detail: *(Attach additional pages as necessary)*

ATTESTATION

I hereby attest to the following:

- I consent to the inspection of records and documents pertinent to this Application, including the release by any person to Collin County Mental Health Mental Retardation, *dba* LifePath Systems of all information that may reasonably be relevant to an evaluation and verification of this Application or evaluation of professional competence, including, but not limited to, consultation with any other health professionals or institutions with which Organization/Individual has been or is currently associated.

- All information contained in the Application is true, correct, and complete including, without limitation, any history of loss of license and/or convictions, loss or limitation of privileges or disciplinary activity, and chronological work history, to the best of Organization/Individual’s knowledge. Organization/Individual understands that LifePath Systems will check conviction record of Organization/Individual. Organization/Individual understands and agrees that any information contained in this Application which subsequently is found to be false could result in a denial of the Application or termination from network participation.

Signature of Individual or Organization’s Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

I, the undersigned Individual or authorized representative of Organization (acting on Organization's behalf), hereby authorize Collin County Mental Health Mental Retardation Center *dba* LifePath Systems to obtain any and all information required to complete a review and primary source verification of Organization/Individual's credentials. Information and documents to be reviewed include, but are not limited to, licensure/certification, accreditations, education, and claims made against licensure/certification, malpractice insurance and claims.

I, the undersigned Individual or authorized representative of Organization, hereby release from liability and hold harmless for the consequences of any disclosure, to the fullest extent permitted by law, the named references in this Application and Collin County Mental Health Mental Retardation *dba* LifePath Systems for their written and oral statements, decisions, and actions in connection with evaluating Organization/Individual's Application for network approval including, without limitation, Organization/Individual's experience, competencies and qualifications, health status, emotional stability, professional ethics, and character. Organization/Individual hereby releases from liability any and all individuals and organizations reviewing this Application for their acts performed in good faith and without malice in connection with evaluating this Application and the credentials and qualifications. Organization/Individual also releases from any liability any and all individuals and organizations who provide information in good faith and without malice concerning the above release items.

A photostat, electronic or facsimile copy of this original statement constitutes Organization/Individual's written authorization and request to release any and all documentation relevant to Collin County Mental Health Mental Retardation Center *dba* LifePath Systems credentialing and/or network approval process. Such photostat, electronic or facsimile copy shall have the same force and effect as the signed original.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

ASSURANCES DOCUMENT

Applicant Name: _____

This document is required of all Applicants and must be signed and attached to the Application.

Applicant Assures the Following:

1. All addenda and attachments to the RFA as distributed by the Local Authority have been received.
2. No attempt has been or will be made by the Applicant to induce any person to submit or not submit an Application.
3. Applicant does not discriminate in its service or employment on the bases of race, color, religion, sex, national origin, disability, veteran status, sexual orientation, political affiliation or age.
4. Applicant accepts the terms, conditions, criteria, and requirements set forth in the RFA.
5. Applicant accepts Local Authority's right to cancel the RFA at any time.
6. No claim will be made for payment to cover costs incurred in the preparation or the submission of the Application or any other associated cost.
7. The individual signing these assurances is authorized to legally bind the Applicant.
8. The address submitted by the Applicant to be used for all notices sent by LifePath Systems is current and correct and any changes shall be immediately provided to LifePath Systems.
9. Applicant agrees to follow all applicable federal, state, county, local, HHSC laws, regulations, codes, standards, and LifePath Systems' policies and procedures.
10. No employee of LifePath Systems, HHSC, and no member of the LifePath Systems Board of Trustees will directly or indirectly receive any pecuniary interest from an award of the proposed Contract(s) to Applicant. *If the Applicant is unable to make the affirmation, the Applicant must disclose any knowledge of such interests. (See Attachment A - Key Persons List.)*
11. No director or personnel of the Applicant has been either an employee, officer or member of the Board of Trustees of Local Authority within the past two (2) years preceding the date of submission of the Application. This requirement applies to all LifePath Systems personnel, whether or not identified on Attachment A. *If such employment has existed, or a term of office served, Applicant must state the nature and time of the affiliations as defined on a separate sheet.*
12. No officer, employee or member of the Board of Trustees of Local Authority has financial interest in the Applicant or is related within the second degree by consanguinity or affinity to a person having such financial interest. *If such financial interest exists, Applicant must fully and completely disclose the nature of such financial interest and the relationship on a separate sheet.*
13. Applicant is not doing business and has not done business with any Local Authority key person (See Attachment A- Key Persons List) during the 365-day period immediately prior to the date on which

the Application was submitted. *If Applicant has done or is currently doing business with such a key person, Applicant must disclose the name of any such key person on a separate sheet.*

14. Under Section 231.006, Family Code, the vendor or Applicant certifies that the individual or business entity named in this contract, bid, or Application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, “the specified grant, loan or payment” shall mean any Contract between Applicant and LifePath Systems pursuant to this RFA.
15. Applicant is not currently held in abeyance or barred from the award of a federal or state contract.
16. Applicant is currently in good standing for state tax, pursuant to the Texas Business Corporation Act, Texas Civil Statutes, Article 2.45.

Signature of Individual or Organization’s Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

CERTIFICATION REGARDING LOBBYING, GRANTS, LOANS, & COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

- 1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or an employee of any agency, a member of Congress, an officer or employee of Congress, or an employee of a member of Congress in connection with the awarding of any federal contract, the making of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan, or cooperative agreement.
- 2) If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress an officer or employee of Congress or an employee of a member of Congress in connection with this federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3) The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Signature of Individual or Organization's Authorized Representative

Date

Printed Name

Title (if applicable)

Organization/ Program Name (if applicable)

ORGANIZATIONAL APPLICATION CHECKLIST

Submission Date: _____

| Name of Organization/Individual: _____ | | | |
|--|-----|----|-----|
| LIST | YES | NO | N/A |
| REQUIRED FOR ALL APPLICANTS: | | | |
| Application Checklist (<i>this page</i>) | | | |
| Application – 1 Original (<i>pages 12-17</i>) | | | |
| Attestation (<i>page 18</i>) | | | |
| General Authorization for Release of Information (<i>page 19</i>) | | | |
| Assurances Document (<i>pages 20-21</i>) | | | |
| Certification Regarding Lobbying, Grants, Loans, & Cooperative Agreements (<i>page 22</i>) | | | |
| General Liability Insurance Coverage | | | |
| Fire Inspection(s) - current within 1 year | | | |
| Certificate(s) of Occupancy | | | |
| Auto Liability Insurance Coverage | | | |
| Professional Liability Insurance Coverage | | | |
| IRS Tax Exemption Form or proof of Status as Governmental Entity | | | |
| Workers' Compensation Coverage | | | |
| Adverse Actions explanation (<i>if applicable</i>) | | | |
| Affiliations Information (<i>if indicated on Assurances</i>) | | | |
| Financial Interest Information (<i>if indicated on Assurances</i>) | | | |
| Key Persons Disclosure (<i>if indicated on Assurances</i>) | | | |
| Professional License/Certification | | | |
| Form W-9 (Attachment D) | | | |
| Conflict of Interest Questionnaire (Attachment E) | | | |
| Disclosure of Kinship (Attachment F) - Acknowledgment | | | |
| Notice of Felony Conviction (Attachment G) - Acknowledgment | | | |
| Federal Assurances and Certifications | | | |

ATTACHMENTS

The following nine (9) attachments are provided to assist in the Application process:

| | |
|---------------|---|
| Attachment A: | Key Persons List |
| Attachment B: | Local Authority's Bars to Workforce/Contracting |
| Attachment C: | Acronyms Glossary |
| Attachment D: | Form W-9 |
| Attachment E: | Conflict of Interest Questionnaire |
| Attachment F: | Disclosure of Kinship |
| Attachment G: | Notice of Felony Conviction |
| Attachment H: | Notice Not to Participate |

**Attachment A
Key Persons List**

July 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 |
| Zachary Sullivan, DO | Medical Director | | |
| Danielle Sneed | Director - Behavioral Health | 1515 Heritage Drive McKinney, TX 75069 | 972-422-5939 |
| Jennifer Day | Director - Human Resources | 1515 Heritage Drive McKinney, TX 75069 | 972-562-0190 |
| Brent Phillips-Broadrick | Director - Strategic Initiatives | 1515 Heritage Drive McKinney, TX 75069 | 972-562-0190 |
| Colby McClatchy | Director - Management Information Systems | 1515 Heritage Drive McKinney, TX 75069 | 972-562-0190 |
| Linda Miller | Assistant Director - Authority Services | 7308 Alma Drive Plano, TX 75025 | 972-422-5939 |
| Melanie Gann | Assistant Director - Provider Services | 7308 Alma Drive Plano, TX 75025 | 972-422-5939 |
| Glenna Garcia | Assistant Director - Diversion and Intensive Services | 1515 Heritage Drive McKinney, TX 75069 | 972-422-5939 |
| Jessica Phillips | Assistant Director - Outreach, Training & Support | 1515 Heritage Drive McKinney, TX 75069 | 972-422-5939 |
| Vanessa Flores, RN | Director of Nursing | 7308 Alma Drive Plano, TX 75025 | 972-422-5939 |
| Whytney Mask | Assistant Director - Crisis Services | 1416 N. Church Street McKinney, TX 75069 | 972-422-5939 |
| Jenna Stevens | Substance Use Disorder 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 B
Local Authority's Bars to Workforce/Contracting

The names of all LifePath prospective workforce and contract providers are cleared through a pre-employment/contracting criminal history and registry clearance. The clearance will search data from the Texas Department of Public Safety, the U.S. Department of Health and Human Services Office of the Inspector General (OIG) List of Excluded Individuals, the Texas Department of Human Services Nurse Aide Registry and Employee Misconduct Registry, and the Texas Department of State Health Services Client Abuse and Neglect Reporting System. Additionally, a Federal Bureau of Investigation (FBI) fingerprint clearance is conducted for those individuals who have resided outside the state of Texas within the past two years of Application. A conviction for any of the offenses listed below is a bar to employment with and/or providing contracted services for Local Authority:

- Kidnapping and unlawful restraint (Penal Code, Chapter 20);
- Criminal homicide (Penal Code, Chapter 19);
- Indecency with a child (Penal Code, §21.11) or continuous sexual abuse of young child or children (Penal Code, §21.02);
- Sexual assault (Penal Code, §22.011);
- Aggravated assault (Penal Code, §22.02);
- Injury to a child, elderly individual, or disabled individual (Penal Code, §22.04);
- Abandoning or endangering a child (Penal Code, §22.041);
- Aiding suicide (Penal Code, §22.08),
- Agreement to abduct from custody (Penal Code, §25.031);
- Sale or purchase of a child (Penal Code, §25.08);
- Arson (Penal Code, §28.02);
- Robbery (Penal Code, §29.02);
- Aggravated robbery (Penal Code, §29.03);
- Indecent exposure (Penal Code, §21.08);
- Improper relationship between educator and student (Penal Code, §21.12);
- Improper photography or visual recording (Penal Code, §21.15);
- Deadly conduct (Penal Code, §22.05);
- Aggravated sexual assault (Penal Code, §22.021);
- Terrorist threat (Penal Code, §22.07);
- Online solicitation of a minor (Penal Code, §33.021);
- Money laundering (Penal Code, §34.02);
- Medicaid fraud (Penal Code, §35A.02);
- Cruelty to animals (Penal Code, §42.09); or
- A conviction under the laws of another state, federal law, or the Uniform Code of Military Justice for an offense containing elements that are substantially similar to the elements of an offense listed under this paragraph; and
- A conviction of any of the following offenses during the five years before proposed employment or contract issuance:
 1. Assault that is punishable as a Class A misdemeanor or as a felony (Penal Code, §22.01);
 2. Burglary (Penal Code, §30.02);
 3. Theft that is punishable as a felony (Penal Code, Chapter 31);
 4. Misapplication of fiduciary property or property of a financial institution that is punishable

- as a Class A misdemeanor or felony (Penal Code, §32.45);
5. Securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony (Penal Code, §32.46),
 6. False identification as a peace officer (Penal Code, §37.12); or
 7. Disorderly conduct (Penal Code, §42.01(a)(7), (8), or (9)).

In addition, the following will apply to all Applicants:

1. A conviction of other types of criminal offenses may be considered a bar to employment or contracting with Local Authority, in Local Authority's discretion.
2. Identification of a revoked license in the Nurse Aide Registry; or
3. Identification as "unemployable" in the Employee Misconduct Registry.

**Attachment C
Acronyms Glossary**

| | |
|------------------|---|
| CANRS | Client Abuse and Neglect Reporting System |
| CLSP | Consolidated Local Service Plan |
| CMBHS | Clinical Management for Behavioral Health Services |
| DADS | Department of Aging and Disabilities Services |
| DARS | Department of Rehabilitative Services |
| DOL | Department of Labor |
| DSHS | Department of State Health Services |
| EHR | Electronic Health Record |
| GR | General Revenue |
| HHSC | Texas health and Human Services Commission |
| ICD-10 | International Classification of Diseases – 10 th Version |
| IDD | Intellectual and Developmental Disabilities |
| IRS | Internal Revenue Service |
| LBHA | Local Behavioral Health Authority |
| LOC | Level of Care |
| LPND Plan | Local Provider Network Development Plan |
| MAT | Medication Assisted Treatment |
| MCO | Managed Care Organization |
| MH | Mental Health |
| OSAR | Outreach, Screening, Assessment, and Referral Provider |
| RFA | Request for Application |
| SOW | Statement of Work |
| SUD | Substance Use Disorder |
| TAC | Texas Administrative Code |
| TRA | Adult Treatment Services (SUD) |
| TRY | Youth Treatment Services (SUD) |

**ATTACHMENT D
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 E
CONFLICT OF INTEREST QUESTIONNAIRE (CIQ)**

Please retrieve CIQ Form from the following website:

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

(Attach completed 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 F
DISCLOSURE OF KINSHIP**

Please 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_pl oc=&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_pl oc=&pg=1&p_tac=&ti=25&pt=1&ch=412&rl=54#:~:text=respondent%2C%20or%20contractor.-,(c),- Conflicts%20of%20interests)

(Attach written and signed acknowledgement as part of the application)

**ATTACHMENT G
NOTICE OF FELONY**

Please 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>

(Attach written and signed acknowledgment as part of the application)

**ATTACHMENT H
NOTICE "NOT TO PARTICIPATE" FORM**

Dear Vendor:

Please check the appropriate box below, complete the remainder of this form and return it PRIOR to the scheduled due date and time on the Proposal.

- Our Company cannot provide the services listed in this request. Please keep our name and address so that we may submit bids/proposal at a later date for the following:

Services: _____

- Our Company has chosen NOT to submit a Proposal at this time, but would like to remain on your list for this Proposal category. We did not submit a Proposal because:

Reason: _____

- Please REMOVE our Company name from all LifePath Systems lists until further notice.

Reason: _____

Company Name: _____

Representative (printed): _____

Title: _____

Address: _____

Phone: _____

Email: _____ Fax _____ Other: _____

Authorized Signature: _____

Title: _____

Date: _____

VENDORS WHO RESPOND TO THIS INVITATION WITH A COMPLETED PROPOSAL FORM WILL REMAIN ON OUR MAILING LIST. VENDORS MAKING NO RESPONSE MAY BE REMOVED FROM THE MAILING LIST.

Thank you for your time and assistance.

PLEASE RETURN THIS FORM ONLY TO:

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

Notice "Not to Participate" ~~RFA # 202301~~ RFA# 0128