



Open Enrollment

Request for Applications (RFA)

~~RFA # 202201~~

RFA# 0127

Youth Empowerment Services (YES) Waiver Services

May 02, 2022

LifePath Systems

Attn: ~~Kate McCormick~~

Samatha Kommana

1515 Heritage Drive

McKinney, TX 75069

kmccormick@lifepathsystems.org

bhcontracts@lifepathsystems.org

Issue Date: May 2, 2022

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 Youth Empowerment Services (YES) Waiver 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 May 2, 2022. **An original of the application and one (1) copy of the attachments are due to:**

ATTENTION:

LifePath Systems
~~Kate McCormick~~
Samatha Kommana
1515 Heritage Drive
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 contract exhibits, to eligible individuals living in Collin County. Designation of an individual as an eligible client may only be made by the Local Authority, and must be documented in that individual’s record.

The goals of this network is to provide:

1. Contracted qualified providers for the full YES Waiver service array.
2. Services on the IPC being provided free of any conflict of interest (i.e. services are not provided by the individual/agency developing the IPC, except as the provider of last resort).
3. Access to all services on an authorized IPC within 10 business days of the date of authorization.
4. A choice for participants of qualified provider of individual Waiver services.
5. Access to providers within 30 miles of the participant’s residence (within 75 miles if the participant lives in a rural area).

SERVICES SOUGHT

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

YES Waiver Services

1. **Specialized Therapies:**

- a. **Animal-Assisted Therapy:** Animals are utilized in goal-directed treatment sessions, as a modality, to facilitate optimal physical, cognitive, social and emotional outcomes of a Waiver participant such as increasing self-esteem and motivation and reducing stress. Animal-assisted therapy is delivered in a variety of settings by specifically trained individuals in association with animals that meet specific criteria and in accordance with guidelines established by the American Veterinary Medical Association. Example programs include but are not limited to Therapeutic Horseback Riding and Pet Partners.
- b. **Art Therapy:** Is a human service profession in which Waiver participants, facilitated by the art therapist, use art media, the creative process, and the resulting artwork to explore their feelings, reconcile emotional conflicts, foster self-awareness, manage behavior, develop social skills, improve reality orientation, reduce anxiety, and increase self-esteem.
- c. **Music Therapy:** Utilizes musical or rhythmic interventions specifically selected by a registered music therapist to accomplish the restoration, maintenance, or improvement of social or emotional functioning, mental processing, or physical health. Music therapy is a prescribed use of music to therapeutically address physical, psychological, cognitive, and/or social functioning to optimize the individual's quality of life, improve functioning on all levels, enhance well-being and foster independence. Music therapy provides an opportunity to move from isolation into active participation through an increase in verbal and nonverbal communication, social expression, behavioral and social functioning, and self-awareness.

- d. **Nutritional Therapy:** Assists Waiver participants in meeting their basic and/or special therapeutic nutritional needs. This includes but is not limited to counseling Waiver participants in nutrition principles, dietary plans, food selection and economics.
 - e. **Recreational Therapy:** An outcome based therapeutic intervention that helps maintain or improve participants physical, social, and emotional well-being. The goal of recreational therapy is to develop self-reliance, resiliency, and improve participant's functioning and independence in the community, while reducing or eliminating the effects of the participants serious mental, emotional and behavioral difficulties.
2. **Respite – In-Home:** Provided on a short-term basis because of the absence of, or need for relief for, the LAR or other primary caregiver of a Waiver participant.
 3. **Respite – Out-of-Home Camp:** Camp is provided on a short-term basis because of the absence of, or need for, relief for the LAR or other primary caregiver of a YES Waiver participant.

ELIGIBILITY REQUIREMENTS

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

1. Provide services in Collin County, with the exception of Respite – Out-of-Home Camp.
2. Retain, or retain professionals that hold, valid Texas licenses and/or certifications to the extent required to perform services.
3. Maintain and cause personnel providing services under the Agreement to maintain, at its sole cost and expense or the cost and expense of its personnel, policies of general liability, professional liability, and Workers Compensation insurance coverage in order to insure Applicant against any claim for damages arising in connection with Applicant’s responsibilities or the responsibilities of Applicant’s personnel under the Agreement. Businesses or professionally licensed applicants must maintain a minimum coverage of 1 million dollars per occurrence, 3 million dollars aggregate, and 1 million dollars umbrella. Applicant must name LifePath as “Additional Insured” on the policy commencing at the beginning of the contract. Applicants providing transportation to individuals receiving services must also provide automobile liability insurance that meets the minimum standard set by the Texas Department of Public Safety.
4. Demonstrate the ability to provide services in accordance with community standards and the most recent version of the YES Waiver Policy Manual.
5. Comply with all state and federal laws regarding the confidentiality of records of individuals served and nondiscrimination.
6. Have and maintain sufficient internet access and a current email account.
7. 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.

RESPONSIBILITIES

LifePath Systems Responsibilities:

All Service Types:

1. LifePath shall maintain a Waiver Inquiry phone number.
2. LifePath shall maintain an Inquiry List of individuals interested in YES Waiver services.
3. LifePath shall provide initial eligibility and enrollment services for consumers, including:
 - a. YES Assessment and Clinical Eligibility;
 - b. Verification of Medicaid benefits or application assistance;
 - c. Communication of the initial authorization and assessment information.
4. LifePath shall provide service authorization throughout the contract.
5. LifePath may provide assistance in renewing Medicaid benefits in accordance with HHSC rules.

6. LifePath shall be responsible for receiving services notes and entering into agency Electronic Health Record (EHR) and Clinical Management for Behavioral Health Services (CMBHS).
7. LifePath shall monitor Applicant's compliance with the contract and evaluate the applicant's provision of services, including:
 - a. competency of the applicant 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.

Specialized Therapies:

8. LifePath shall provide the following staff trainings:
 - a. reporting of abuse, neglect or exploitation; behavior management; crisis and safety planning; critical incident reporting; restraint; HIPAA; and first aid and CPR (cost to Applicant may apply).
9. LifePath shall maintain and monitor staff qualifications and training records for HHSC review.

Respite – In-Home:

8. LifePath shall provide the following staff trainings:
 - a. reporting of abuse, neglect or exploitation; behavior management; crisis and safety planning; critical incident reporting; restraint; HIPAA; and first aid and CPR (cost to Applicant may apply).
9. LifePath shall monitor staff qualifications for HHSC review.
10. LifePath shall perform a Building Safety and Environmental Health Checklist prior to the provision of services.
11. LifePath shall provide a copy of each participant's Crisis and Safety Plan.

Respite – Out-of-Home Camp:

8. LifePath shall maintain and monitor records of criminal history and abuse registry checks for HHSC review.
9. LifePath shall provide a copy of each participant's Crisis and Safety Plan.

Service Provider Responsibilities:

All Service Types:

1. Applicant 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.
2. Applicant shall provide services outlined in HHSC: YES Waiver Policy & Procedure Manual, which can be found at: <https://hhs.texas.gov/sites/default/files/documents/doing-business-with-hhs/provider-portal/behavioral-health-provider/yes/yes-policy-manual.pdf>.
3. Applicant shall provide acceptable levels of care in accordance with community standards and the most recent version of the YES Waiver Policy Manual.

4. Applicant shall submit services notes to LifePath, as set forth in Exhibit B.
5. Applicant shall implement and monitor services in accordance with individual's service authorization.
6. Applicant shall submit a Critical Incident Report to the Wraparound facilitator within 24 hours of finding out an incident occurred.
7. Applicant shall notify LifePath of regulatory reviews/audits and make those findings available to LifePath, and

Specialized Therapies:

8. Applicant shall ensure that all staff members, volunteers, interns, and direct service providers receive training on Applicant's policies and procedures, including, but not limited to: reporting of abuse, neglect or exploitation; behavior management; crisis and safety planning; critical incident reporting; restraint; HIPAA; and first aid and CPR; in accordance with 26 TAC §301.305 and 26 TAC §301.331.
9. Applicant shall ensure that, prior to providing Wavier services and/or participating on a Child and Family Team (CFT), staff receive:
 - a. YES Waiver provider service training (<https://yeswaivertraining.uthscsa.edu/>);
10. Applicant shall provide to LifePath completed credentialing for each professional, including subcontractors, providing services under this Agreement.
11. Applicant shall participate in Child and Family Team (CFT) meetings.

Respite – In-Home:

8. Applicant shall ensure that all staff members, volunteers, interns, and direct service providers receive training on Applicant's policies and procedures, including, but not limited to: reporting of abuse, neglect or exploitation; behavior management; crisis and safety planning; critical incident reporting; restraint; HIPAA; and first aid and CPR; in accordance with 26 TAC §301.305 and 26 TAC §301.331.
9. Applicant shall ensure that, prior to providing Wavier services and/or participating on a Child and Family Team (CFT), staff receive:
 - a. YES Waiver provider service training (<https://yeswaivertraining.uthscsa.edu/>); and
 - b. Respite In-Home only: Electronic Visit Verification (EVV) training (<https://hhs.texas.gov/doing-business-hhs/provider-portals/long-term-care-providers/resources/electronic-visit-verification/training-materials-resources>).
10. Applicant shall provide to LifePath completed credentialing for each professional, including subcontractors, providing services under this Agreement.
11. Applicant shall provide services:
 - a. Within the State of Texas; and
 - b. In the private residence of:
 - i. The participant; or
 - ii. A relative of the participant other than the parents, spouse, legal guardian, or LAR.
12. Applicant shall ensure that a Building Safety and Environmental Health Checklist has been completed prior to the provision of services.
13. Applicant shall maintain a copy of each participant's Crisis Safety Plan.
14. Applicant shall utilize the EVV system to record service data.
15. Applicant shall be responsible for ensuring & maintaining access to the EVV system through Applicant's Smartphone.

Respite – Out-of-Home Camp:

8. Applicant shall ensure that all staff members, volunteers, interns, and direct service providers receive training on Applicant’s policies and procedures.
9. Applicant shall maintain, and provide to LifePath upon request, completed credentialing for each professional, including subcontractors, providing services under this Agreement.
10. Applicant shall adhere to 25 TAC 265, Subchapter B.
11. Applicant shall maintain a copy of each participant’s Crisis Safety Plan.

Service Provider Prohibited Activities:

Respite – In-Home:

1. Applicant shall not provide services at the same time as:
 - a. Supportive Family-Based Alternatives;
 - b. Community Living Supports;
 - c. Supported Employment;
 - d. Employment Assistance;
 - e. Non-medical Transportation; or
 - f. Paraprofessional Service.
2. Applicant shall not provide services in a group setting.

Respite – Out-of-Home Camp:

1. Applicant shall not provide services at the same time as:
 - a. Supportive Family-Based Alternatives;
 - b. Community Living Supports;
 - c. Supported Employment;
 - d. Employment Assistance;
 - e. Non-medical Transportation; or
 - f. Paraprofessional Service.
2. Federal financial participation is not to be claimed for the cost of room and board, except when provided as part of respite care furnished in a facility approved by the state that is not a private residence

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. Not have been convicted of an offense listed under Texas Health and Safety Code§250.006;
5. 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; and

Animal-Assisted Therapy:

6. Utilize animals that meet specific criteria for the program, they are associated with and be trained

- in accordance with guidelines established by the American Veterinary Medical Association;
7. Be a licensed professional, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
 - a. Be appropriately trained and obtain certification through a YES Waiver endorsed certification program specific to the type of program and animal(s) involved (Pet Partners program; Equine Assisted Growth and Learning Association (EAGALA); Professional Association of Therapeutic Horsemanship (PATH) International; Trauma Focused Equine Assisted Psychotherapy (TF-EAP); or other certification program subject to approval by the HHSC YES Waiver Department, upon request by the CWP or the WPO.);
 8. Received YES Waiver provider training;
 9. Received training in: Critical Incident Reporting; Reporting of Abuse, Neglect or Exploitation; Restraint and Restrictive Interventions; HIPAA Training; DFPS Trauma Informed Care; Crisis and Safety Planning; and First Aid and CPR.

Art Therapy:

6. Be a licensed professional with documented training and experience relative to the specialized therapy being provided. This may include a: clinical social worker; professional counselor; marriage and family therapist; drama therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
 - a. Be certified by the Art Therapy Credentials Board (ATR-BC).
7. Received YES Waiver provider training;
8. Received training in: Critical Incident Reporting; Reporting of Abuse, Neglect or Exploitation; Restraint and Restrictive Interventions; HIPAA Training; DFPS Trauma Informed Care; Crisis and Safety Planning; and First Aid and CPR.

Music Therapy:

6. Be a licensed professional, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
 - a. Be certified by the Certification Board for Music Therapists (MT-BC).
7. Received YES Waiver provider training;
8. Received training in: Critical Incident Reporting; Reporting of Abuse, Neglect or Exploitation; Restraint and Restrictive Interventions; HIPAA Training; DFPS Trauma Informed Care; Crisis and Safety Planning; and First Aid and CPR.

Nutritional Therapy:

6. Be a person who is a registered, licensed, or provisionally licensed dietitian by the Texas Board of Examiners of Dietitians;
7. Received YES Waiver provider training;
8. Received training in: Critical Incident Reporting; Reporting of Abuse, Neglect or Exploitation; Restraint and Restrictive Interventions; HIPAA Training; DFPS Trauma Informed Care; Crisis and Safety Planning; and First Aid and CPR.

Recreational Therapy:

6. Be a licensed professional, with documented training and experience relative to the specific service provided. These may include a: clinical social worker; professional counselor; marriage and family therapist; registered nurse; vocational nurse; physical therapist; occupational therapist; or dietitian; or
 - a. Be certified by the national Council of Therapeutic Recreation Certification (CTRS); or be certified as a Texas Certified Therapeutic Recreation Specialist (TRS/TXC).
7. Received YES Wavier provider training;
8. Received training in: Critical Incident Reporting; Reporting of Abuse, Neglect or Exploitation; Restraint and Restrictive Interventions; HIPAA Training; DFPS Trauma Informed Care; Crisis and Safety Planning; and First Aid and CPR.

Respite – In-Home:

6. Be at least 18 years of age;
7. Have a current Texas driver’s license;
8. Not be a natural or adoptive parent, spouse, legal guardian, or LAR;
9. Received EVV training;
10. Received YES Wavier provider training;
11. Received training in: Critical Incident Reporting; Reporting of Abuse, Neglect or Exploitation; Restraint and Restrictive Interventions; HIPAA Training; DFPS Trauma Informed Care; Crisis and Safety Planning; and First Aid and CPR.

Respite – Out-of-Home:

6. Be at least 18 years of age;
7. Have a current Texas driver’s license.

To be a qualified program provider, the day or overnight camp must:

1. Be licensed by the state of Texas, or
2. Be accredited by the American Camp Association (ACA).

Payments/Rates:

Successful Applicants will be paid on a fee for service rate, based on HHSC rates:

Service	Unit	Rate
Animal-Assisted Therapy	15 minutes	\$19.36
Art Therapy	15 minutes	\$19.36
Music Therapy	15 minutes	\$19.36
Nutritional Therapy	15 minutes	\$19.36
Recreational Therapy	15 minutes	\$19.36
Respite - In-Home	15 minutes	\$4.44
Respite – Out-of-Home Camp	hour	TBD

Specialized Therapies:

1. Group setting services using the following formula:
 - a. $\text{Number of providers} \times \text{Time spent delivering service(s)} \div \text{Number of participants served} = \text{Billable Time};$
2. Child and Family Team Meeting:
 - a. In-Person Participation – Maximum of one hour, for each CFT meeting attended;
 - b. Phone-Participation, if therapist must travel 50 miles or more to attend – Maximum of one hour, for each CFT meeting attended;
 - c. Phone-Participation, if therapist must travel 49 miles or less to attend – Maximum of one unit, or one 15-minute increment, for each CFT meeting attended.

And based upon receipt of required documentation, as described below

1. Written documentation to support a service claim for authorized service, in the form and format prescribed by LifePath, and must include:
 - a. Participant name;
 - b. Medicaid ID#;
 - c. Codes required for LifePath EHR data entry;
 - d. Date of contact with the participant;
 - e. Start and stop time of contact with participant;
 - f. Service name and description;
 - g. Service location;
 - h. Training methods used;
 - i. Need identified in the Wraparound Plan that the service will address;
 - j. Use of adaptive aids and supports, if applicable;
 - k. Transportation services, if applicable;
 - l. Participant response to the service provided;
 - m. Progress or lack of progress with service;
 - n. Summary of activities, meals, and behaviors observed during the service and how these activities directly impact the identified need that the service addresses; and
 - o. Direct service provider's printed name, signature and credentials.
2. Written documentation must be submitted within seven (7) business days after each contact that occurs.

Processing

1. Applicant shall bill LifePath in the form and format prescribed by LifePath.
2. Invoices must be submitted by the 3rd calendar day of the month following the month of services.
 - a. 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.
 - b. 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.

3. Applicant shall not assess additional charges to a participant, any member of participant family, or any other party, including third-party payer, except as permitted by federal and/or state law, rule, regulation or the Medicaid State Plan.
4. Applicant shall forfeit payment for service if:
 - a. Not identified on the participants Wraparound Plan;
 - b. Not previously approved on the participant service authorization;
 - c. Exceeding the limits authorized by HHSC;
 - d. Provided on a date in which an active IPC was not in place;
 - e. Provided outside of the participant's Wavier eligibility;
 - f. Provided prior to employee credentialing; or
 - g. Written documentation is incomplete or does not match.
 - h. Respite – In-Home only: Units do not match the units on the Electronic Visit Verification (EVV) visit transaction.
5. LifePath will pay Applicant 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 one (1) copy of all applicable attachments to:

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

Email: bhcontracts@lifepathsystems.org **Subject:** RFA # 202201 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 LIFEPATH 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/>.

YES WAIVER SERVICES

Service	Indicate (v) if applying to provide this service
Animal-Assisted Therapy	
Art Therapy	
Music Therapy	
Nutritional Therapy	
Recreational Therapy	
Respite - In-Home	
Respite – Out-of-Home Camp	

- 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. Are all staff and contractors current on all training required by the credentialing/licensing agency and/or the Texas Administrative Code as described in contract exhibit(s) and YES Waiver Policy Manual: Yes No

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

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

F. INFORMATION SYSTEMS

1. Organization/individual must have and maintain internet access and a current email account in order to be eligible to be a party to a contract.

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

G. RISK MANAGEMENT

1. Describe how organization/individual 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/individual 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/individual 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/individual 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/individual meet standard federal guidelines for Medicaid and Medicare: Yes No

7. Is organization/individual 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/individual 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/individual'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

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 14-18</i>)			
Attestation (<i>page 19</i>)			
General Authorization for Release of Information (<i>page 20</i>)			
Assurances Document (<i>pages 21-22</i>)			
Certification Regarding Lobbying, Grants, Loans, & Cooperative Agreements (<i>page 23</i>)			
General Liability Insurance Coverage (<i>if applicable</i>)			
Fire Inspection(s) - current within 1 year (<i>if applicable</i>)			
Certificate(s) of Occupancy (<i>if applicable</i>)			
Auto Liability Insurance Coverage (<i>if applicable</i>)			
Professional Liability Insurance Coverage (<i>if applicable</i>)			
IRS Tax Exemption Form or proof of Status as Governmental Entity (<i>if applicable</i>)			
Workers' Compensation Coverage (<i>if applicable</i>)			
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>)			
Background Check For (Attachment D)* (<i>Individual Applicants only</i>)			
Driver's License* (<i>Individual Applicants only</i>)			
Professional License/Certification* (<i>Individual Applicants only</i>)			
Form W-9 (Attachment E)			
Conflict of Interest Questionnaire (Attachment F)			
Disclosure of Kinship (Attachment L) - Acknowledgment			
Notice of Felony Conviction (Attachment M) - Acknowledgment			
Federal Assurances and Certifications			

**Organization staff credentials and Individual training proofs to be submitted post contract execution, but prior to service delivery.*

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:	Background Check Form
Attachment E:	Form W-9
Attachment F:	Conflict of Interest Questionnaire
Attachment G:	Disclosure of Kinship
Attachment H:	Notice of Felony Conviction
Attachment I:	Notice Not to Participate

**Attachment A
Key Persons List**

April 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
Brent Phillips-Broadrick	Director of Strategic Initiatives	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	1515 Heritage Drive 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 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**

CBT	Cognitive Behavioral Therapy
CPT	Cognitive Processing Therapy
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
ICD-10	International Classification of Diseases – 10 th Version
IDD	Intellectual and Developmental Disabilities
IRS	Internal Revenue Service
LOC	Level of Care
LPND Plan	Local Provider Network Development Plan
MCO	Managed Care Organization
MH	Mental Health
OSAR	Outreach, Screening, Assessment, and Referral Provider
PAP	Prescription Assistance Program
RFA	Request for Application
SOW	Statement of Work
SUD	Substance Use Disorder
TAC	Texas Administrative Code
TRR	Texas Resilience and Recovery Services
YES	Youth Empowerment Services

**ATTACHMENT D
BACKGROUND CHECK FORM**

BH CRIMINAL BACKGROUND CHECK FORM

LEGAL NAME: FIRST: _____ LAST: _____
SOCIAL SECURITY #: _____ DATE OF BIRTH: _____
GENDER: _____ RACE: _____ EMAIL ADDRESS: _____
MAILING ADDRESS: _____
CITY: _____ STATE: _____ ZIP: _____ PHONE #: _____
LIST ALL THE STATES YOU HAVE LIVED IN THE LAST TWO YEARS (INCLUDING TX): _____

In addition to obtaining criminal history record information from TDPS, local authorities must obtain criminal history information for applicants who have lived outside of the State of Texas at any time during the two years preceding the contract through the FBI using a complete set of fingerprints on the official FBI card. LifePath Systems assumes no liability nor responsibility should the results of this background check, nurse aid registry check, misconduct registry check, or debarred vendor check divulge that the applicant is ineligible for consideration as a provider of services.

With the below signature, I give LifePath Systems my permission to run the above described background check, as well as the nurse aide registry, misconduct registry check and debarred vendor check. I also declare my full understanding that the above test will be performed by LifePath Systems on an annual basis. If the LEIE check applies, the LEIE check will be performed by LPS on a monthly basis.

Signature of Contractor _____
Date

If Provider, its officers, employees or agents have a conviction as described in this section, then Agreement may be terminated without prior notice. For the purpose of this Agreement, convictions of criminal offenses which constitute an absolute bar to employment are (a) criminal homicide; (b) kidnapping, unlawful restraint, and smuggling of persons; (c) continuous sexual abuse of young child or children or indecency with a child; (d) sexual assault; (e) aggravated assault; (f) injury to a child, elderly individual, or disabled individual; (g) abandoning or endangering child; (h) aiding suicide; (i) agreement to abduct from custody; (j) sale or purchase of child; (k) arson; (l) robbery; (m) aggravated robbery; (n) indecent exposure; (o) improper relationship between educator and student; (p) improper photography or visual recording; (q) deadly conduct; (r) aggravated sexual assault; (s) terroristic threat; (t) exploitation of child, elderly individual, or disabled individual; (u) online solicitation of a minor; (v) money laundering; (w) Medicaid fraud; (x) obstruction or retaliation; (y) cruelty to livestock animals or cruelty to nonlivestock animals; or (z) 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 by this subsection. A person may not serve in a position the duties of which involve direct contact with an individual receiving services before the fifth (5th) anniversary of the date the person is convicted of (a) assault that is punishable as a Class A misdemeanor or as a felony; (b) burglary; (c) theft that is punishable as a felony; (d) misapplication of fiduciary property or property of a financial institution that is punishable as a Class A misdemeanor or felony; or (e) securing execution of a document by deception that is punishable as a Class A misdemeanor or a felony; (f) false identification as a peace officer; or (g) disorderly conduct.

**ATTACHMENT E
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 F
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 G
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)

**ATTACHMENT H
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>

**ATTACHMENT I
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 # 202201~~ RFA# 0127