

**REQUEST FOR PROPOSAL (RFP)**  
**Community Psychiatric Hospital Beds**  
**RFP # 0134**

**ISSUED: DECEMBER 4, 2023**

**RESPONSES DUE: JANUARY 31, 2024**

**LIFEPATH SYSTEMS**  
**1515 HERITAGE DR.**  
**MCKINNEY, TX 75069**

**For RFP Questions:**

Samatha Kommana

Contract Administrator

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



## INVITATION

### Background Information

Collin County Mental Health Mental Retardation Center d/b/a LifePath Systems (the “Center”) was founded in 1986. It is the Local Behavioral Health Authority (LBHA) and the Local Intellectual and Developmental Disabilities Authority (LIDDA) for Collin County, Texas as authorized by the Texas Health and Human Services Commission (HHSC). In addition to its role as Authority, the Center is a provider of behavioral health services and a provider of services for individuals with intellectual or developmental disabilities.

Throughout this RFP, reference to “Center” is assumed to define and include LifePath Systems. Reference to the “vendor” is assumed to include the vendor and any other vendors and/or personnel with which the vendor has elected to partner for purposes of this RFP.

**The Center is seeking Proposals from Providers experienced in providing Community Psychiatric Hospital Beds from one or more locations throughout Collin County or neighboring counties.**

If you are interested in submitting a Proposal, please carefully adhere to the Instructions, requirements, attachments, and deadlines presented in RFP # 0134.

A copy of the Request for Proposal (RFP) may be obtained from the Center’s website at <https://www.lifepathsystems.org/connect-with-us/contracting-opportunities/> or by contacting Samatha Kommana, Contract Administrator, at [bhcontracts@lifepathsystems.org](mailto:bhcontracts@lifepathsystems.org).

Vendors wishing to submit proposals are requested to submit a written letter of intent to propose by January 10, 2024 - 5:00 p.m. CDT. An email attachment sent to Samatha Kommana at [bhcontracts@lifepathsystems.org](mailto:bhcontracts@lifepathsystems.org) will be accepted. Letters being faxed should be sent Attn: Samatha Kommana at (888) 958-1312. The letter must identify the name, address, phone, fax number and email address of the person who will serve as the key contact for all correspondence regarding this RFP. Subject line for an email or fax should be “Letter of Intent for – RFP 0134. Vendors who submit an intent to propose will receive notification of all questions received and LifePath Systems’ answers to those questions in addition to any addenda that are issued. If a letter of intent is not submitted, it will be the Vendor’s responsibility to monitor the Center’s website to view answers to submitted questions and for any addenda issued for the RFP.

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

In accepting proposals, the Center reserves the right to reject any and all proposals, to waive formalities and reasonable irregularities in submitted documents, and to waive any requirements in order to take the action, which it deems to be in the best interest of the Center and is not obligated to accept the lowest Proposal. This RFP does not obligate the Center to pay for any costs incurred by respondents in the preparation and submission of a proposal. Furthermore, the RFP does not obligate the Center to accept or contract for any expressed or implied services. Contract funding and length is contingent on HHSC funding.

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

**The Center appreciates your time and effort in preparing this proposal. All proposals must be received at the specified location identified in RFP # 0134 before opening date and time. The official time shall be determined by the time/date stamp when received at location. Proposals received after above date and time shall be returned unopened.**

Samatha Kommana  
Contract Administrator  
LifePath Systems



**TABLE OF CONTENTS**

**INTRODUCTION..... 4**

**SCOPE OF SERVICES..... 5**

    PSYCHIATRIC EMERGENCY FLOW CHART..... 13

**TERM..... 14**

**SUBMITTAL SCHEDULE..... 14**

**PROPOSAL DEADLINE..... 14**

**PROPOSAL INSTRUCTIONS AND FORMAT..... 15**

**APPLICATION..... 17**

**SELECTION CRITERIA..... 20**

**ASSURANCES, CERTIFICATIONS, EXHIBITS, AND ATTACHMENTS..... 21**

    ATTACHMENT B..... 22

    ATTACHMENT C..... 23

    ATTACHMENT D..... 24

    ATTACHMENT E..... 26

    ATTACHMENT F..... 26

    ATTACHMENT G..... 26

    ATTACHMENT H..... 26

    ATTACHMENT I..... 27

    ATTACHMENT J..... 28

    ATTACHMENT K..... 29

**NOTICE “NOT TO PARTICIPATE” FORM..... 30**



## INTRODUCTION

Collin County Mental Health Mental Retardation Center d/b/a LifePath Systems (the “Center”) was founded in 1986. It is the Local Behavioral Health Authority (LBHA) and the Local Intellectual and Developmental Disabilities Authority (LIDDA) for Collin County, Texas as authorized by the Texas Health and Human Services Commission (HHSC). In addition to its role as Authority, the Center is a provider of behavioral health services and a provider of services for individuals with intellectual or developmental disabilities.

The Center invites qualified Provider(s) to submit proposals for adult and/or child/adolescent psychiatric inpatient beds. Vendors must provide the following services 24 hours a day, 365 days a year: inpatient bed day cost to include food; psychiatric medications; appropriate labs; psychiatric physician and nursing follow-up; therapeutic interventions; and coordination of services. Services will be procured for a contracted period of Six (6) months beginning March 1, 2024, and ending August 31, 2024, with additional contract renewals at the sole option of LifePath Systems.

Services Sought:

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

**The Center is subject to and complies with the Texas Public Information Act, Chapter 552 of the Texas Government Code therefore following Contract award, the contents of all proposals may be made available upon written request. Therefore, any information contained in the proposal that is deemed to be proprietary in nature must clearly be so designated in the proposal. Such information may still be subject to disclosure under the Public Information Act depending on opinions from the Attorney General’s office.**

**APPEALS and/or PROTEST.** Any Respondents wishing to protest or appeal the selection process must do so within 7 days of the proposal award. Protest or appeals must clearly state with specificity the grounds upon which the award selection is being challenged. Send via certified mail to:

LifePath Systems  
Attn: Samatha Kommana  
1515 Heritage Dr.  
McKinney, TX 75069

**SCOPE OF SERVICES**  
**Community Psychiatric Hospital Beds**

1. Hospital must:
  - a. Be located within Collin County (preferred) or in a neighboring county;
  - b. Be licensed as a private psychiatric hospital in accordance with Chapter 577 of the Texas Health and Safety Code, or a General or Special Hospital in accordance with Chapter 241 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 133, concerning Hospital Licensing; and
  - c. Be accredited with The Joint Commission (TJC), or other accrediting body granted deeming authority by the Centers for Medicare and Medicaid Services (CMS), as a hospital throughout the term of the Contract.
2. Hospital staff providing service under the agreement must:
  - a. Be a staff member or contractor of the program provider;
  - b. Be paid by the program provider to provide the particular service being claimed;
  - c. Not have been convicted of an offense listed under Texas Health and Safety Code §250.006; and
  - d. Not be listed as unemployable in the Employee Misconduct Registry or revoked in the Nurse Aid Registry, which are maintained by the Texas Department of Human Services.
3. Hospital agrees that its name, contact information and certain other pertinent information may be used, along with a description of its facilities, care, and services in any information distributed by LifePath Systems' listing its Network Providers.
4. Hospital shall provide services at the designated location only.
5. Hospital shall advise LifePath Systems of availability of beds under this contract within two (2) hours of initial request.
6. Hospital shall be staffed with medical and nursing professionals who provide 24-hour professional monitoring, supervision, and assistance in an environment designed to provide safety and security during acute psychiatric crisis.
7. For Private Psychiatric Beds (PPB) Hospital shall serve patients who present either voluntarily or through the civil commitment process.
8. For PPB, Hospital shall work with HHSC on the capacity management program for State Mental Health Facilities (SMHF). As part of the capacity management program, HHSC may request access to beds purchased under this Statement of Work to assist with SMHF diversion activities. If capacity is available within the Hospital, then HHSC may attempt to divert admissions from SMHFs to the Hospital. Individuals diverted may be from outside of the Local Behavioral Health Authority's (LBHA's) primary local service area. Hospital shall evaluate these individuals for admission and serve them with funds allocated as part of this Statement of Work.
9. Hospital shall obtain written authorization from LifePath Systems prior to admission. For PPB, a patient is not eligible for admission to the Hospital if the patient is adjudicated incompetent to stand trial pursuant to Texas Code of Criminal Procedure, Article 46B.073(d), Article 46B.080, or Article 46B.102, or if pending charges make the patient eligible for maximum security admission pursuant to Texas Code of Criminal Procedure, Article 46B.073(c) or Article 46B.104.
10. Hospital shall provide all demographic information (name/social security number/date of birth/etc.) about admission to LifePath Systems' Continuity of Care (COC) Specialist within 24 hours of admission including all diagnosis ICD-10 so beds can be reported to HHSC daily. HHSC allows list of only certain ICD-10 codes that can be found in the Local Authority Performance Contract Notebook Program Attachment:

<https://www.hhs.texas.gov/doing-business-hhs/provider-portals/behavioral-health-services-providers/behavioral-health-provider-resources/community-mental-health-contracts>.

11. Hospital shall cover the cost of all medical care and treatment including the cost of psychiatric and physician services and all non-prescription and prescription medications incurred by or on behalf of patients admitted. This includes all on-site medical care and treatment, as well as all outside medical care and treatment, emergency room and hospitalization costs, as well as any and all charges by specialists, consultants, and laboratories, incurred by or on behalf of patients admitted. No additional funds will be made available for this purpose.
12. For PPB, Hospital agrees to an initial authorization of three (3) days.
13. Hospital shall submit written reauthorization requests to LifePath Systems' Utilization Management (UM) Specialist in a legible format twenty-four (24) hours prior to the authorization's expiration to include:
  - a. A purpose other than the sole convenience of the individual in services, their family, or the provider.
  - b. A summary of clinical information needed to establish medical necessity for continued stay, with:
    - i. Diagnosis;
    - ii. Current medications;
    - iii. Current mental status;
    - iv. Risk factors;
    - v. Specific treatment plans, with measurable goals, objective, and interventions.
  - c. Attending physician's cell phone number for doctor-to-doctor consultation.
14. Hospital shall provide services in accordance with community standards, HHSC Uniform Terms and Conditions, HHSC Local Mental Health Authority (LMHA) Special Conditions, HHSC Data Usage Agreement, LifePath Systems' Utilization Management/Quality Management guidelines, SAMHSA guidelines, and the Statement of Work.
15. Hospital shall submit incident reports to LifePath Systems' UM Specialist within twenty-four (24) hours of the incident.
16. Hospital shall cooperate and work closely with LifePath Systems' COC Specialist in regard to utilization management of beds under this agreement.
17. Hospital shall ensure maximal continuity of care of hospital providers for patients utilizing this contract, especially for readmits within ninety (90) days of discharge.
18. Hospital shall support LifePath Systems as a Benzo Free Facility and will develop and implement titration plans as needed to ensure a smooth transition from inpatient to outpatient services.
19. Hospital shall provide discharge prescription of psychotropic medications of at least two (2) weeks or until physician appointment can be arranged with LifePath Systems outpatient clinic or contracted provider. This prescription must follow the LifePath Systems approved drug formulary.
20. Hospital is responsible for transportation to appropriate level of care. LifePath Systems may assist in the coordination of transportation. Hospital shall provide transportation to Terrell State Hospital for patients transferring to a higher level of care and transportation to LifePath Systems sites, or other Network Provider, for patients discharging to a lower level of care.
21. All individuals funded by LifePath Systems must receive a discharge appointment with a COC specialist prior to discharge. Discharge summary must be provided to the COC specialist for completion of discharge planning. COC specialist will assist with coordination of post discharge appointment as needed with LifePath Systems or other appropriate community provider.



22. Hospital shall provide LifePath Systems with evidence that it maintains, throughout the term of the Contract, a license as a private psychiatric hospital in accordance with Chapter 577 of the Texas Health and Safety Code, or a General or Special Hospital in accordance with Chapter 241 of the Texas Health and Safety Code and with 25 Texas Administrative Code Chapter 133, concerning Hospital Licensing.
23. Hospital shall provide LifePath Systems with evidence that it maintains its accreditation with The Joint Commission (TJC), or other accrediting body granted deeming authority by the Centers for Medicare and Medicaid Services (CMS), as a hospital throughout the term of the Contract.
24. Hospital represents and warrants compliance with HHSC Assurances – Non-Construction Programs and HHSC Contract Affirmations throughout the term of the Contract.
25. Hospital shall participate, to include facility Medical Director, in quarterly programmatic meetings as scheduled by LifePath Systems.
26. Hospital shall notify LifePath Systems of regulatory reviews/audits and make those findings available to LifePath Systems.
27. Hospital shall notify LifePath Systems of Immediate Jeopardy investigations by the next business day, but no later than 48 hours from the occurrence or receipt of notification of investigation.
28. Hospital shall provide Disaster Services as specified in the Performance Contract between HHSC and LifePath Systems in the event of an emergency.
29. Hospital shall notify LifePath Systems no later than ninety (90) days prior to discontinuing the provision of inpatient mental health services at the Hospital.

#### **LifePath Systems Required Activities**

1. LifePath Systems shall serve as the gatekeeper for patients served under this Contract, and shall establish a process for approving patient admissions to, and continued stay at, the Hospital. This process will incorporate provisions for all individuals that allow the Hospital to conduct medical screening evaluations, make medical condition determinations, and admit individuals who either present voluntarily or through the civil commitment process, which only applies to individuals serviced in PPB.
2. LifePath Systems shall designate a point of contact who shall be responsible for all communication, correspondence, and reporting to Health and Human Services Commission (HHSC) and who must accompany HHSC personnel on all site visits scheduled with the Hospital.
3. LifePath Systems shall provide service authorization throughout the contract in accordance with HHSC Utilization Management Guidelines.
4. LifePath Systems shall assess written reauthorization requests submitted by Hospital.
5. Prior to discharge, LifePath Systems shall schedule an individual's appointment with a LifePath COC Specialist. COC specialist will assist with coordination of post discharge appointment as needed with LifePath Systems or other appropriate community provider.
6. LifePath Systems shall conduct quarterly programmatic meetings.



7. LifePath Systems shall monitor the hospital's compliance with the contract and evaluate the hospital's provision of services, including:
  - a. competency of the contractor to provide care;
  - b. individuals' 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) relating to Provisions for Community Services Contracts);
  - f. satisfaction of individuals receiving services and family members with services provided; and
  - g. utilization of resources.

## **Billing**

1. Hospital shall be reimbursed in the amount of the agreed upon rate per bed day based upon the receipt of required documentation, as described below:
  - a. Discharge should be communicated via email to [BHCOC@lifepathsystems.org](mailto:BHCOC@lifepathsystems.org) prior to discharge. Failure to do this will result in no payment for one day of service.
  - b. Failure to provide all discharge documentation within 24 hours of the day of discharge will result in a fee of \$50.00 and an additional fee of \$25.00 per day that discharge documentation is not received, up to 30 days.
  - c. Submission of full clinical documentation is not required. Documentation must be available onsite during billing audits and when required via fax/email for questions on invoice/encounter submission. This documentation must be legible.
2. Hospital shall issue invoices to LifePath Systems on a monthly basis.
3. Hospital shall bill LifePath Systems for uninsured individuals' services only. Contactor shall bill the third party for any individuals with third party benefits such as: Medicaid, private insurance, Medicare etc.
4. Invoices must be submitted by the eighth (8<sup>th</sup>) calendar day of the month following the month of service.
  - a. Invoices shall be accepted up to sixty (60) days past the deadline.
  - b. All invoices must be submitted within thirty-five (35) days of the end of the fiscal period.  
Late billing will not be considered for payment.
5. Hospital shall re-bill and refund any services paid for by LifePath Systems for individuals who have other identified benefits. Refund shall be made within thirty (30) days of identifying the overpayment.
6. Hospital shall forfeit payment for service if:
  - a. Provided without prior authorization;
  - b. Unable to bill third party or Medicaid due to timeliness and the error is not on LifePath Systems part.





**HHSC CONTRACT REQUIREMENTS:**

**SECTION I. STATEMENT OF WORK:**

**COMPLIANCE WITH APPLICABLE LAW:**

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

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

**OVERSIGHT REQUIREMENTS:**

LifePath Systems shall:

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

**DATA COLLECTION AND REPORTING:**

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

**ADMISSION, CONTINUITY OF CARE, AND DISCHARGE REQUIREMENTS:**

1. Hospital shall provide a full array of services that comply with the following principles for treatment:
  - a. Follow the steps as outlined in Psychiatric Emergency Flow Chart.
  - b. Apply the Appropriate-Use and Medical Clearance criteria outlined below:

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

- xxvii. Acute cardiovascular accident;
- xxviii. Acute CNS trauma;
- xxix. Gastrointestinal (GI) bleeding during the prior 48 hours;
- xxx. Requires indwelling tubing (for example, a nasogastric tube);
- xxxi. Post-op instability, demonstrated as any instability in vital signs or laboratory values in the prior 48 hours; or
- xxxii. Open wounds and/or wounds requiring sterile equipment to manage.

c) Chronic Medical Conditions, including individuals who:

- i. Require specialized cancer care, including radiation or chemotherapy;
- ii. Required medical care from a nursing home prior to admission;
- iii. Require care for decubiti – Stage 3-4;
- iv. Require blood or blood product transfusions;
- v. Require continuous oxygen, oximetry, or support equipment (CPCPs, BiPAPs, O2 concentrators);
- vi. Are being treated for active tuberculosis (TB);
- vii. Require isolation for the purpose of infection control;
- viii. Require on-going intravenous (IV) therapy;
- ix. Have a subclavian line, arterial line, or require hyperalimentation or total parenteral nutrition (TPN);
- x. Require suctioning;
- xi. Require peritoneal or hemodialysis treatments;
- xii. Require complex care or sterile equipment for managing the care of wounds.
- xiii. Require tracheotomy care and have a chronic condition that causes non-ambulation to an extent to preclude the engagement in treatment programming;
- xiv. Are considered a high-risk pregnancy;
- xv. Have a multiparous pregnancy; or
- xvi. Are pregnant and at 38-weeks gestation or later.

c. Effective, responsive, individualized, and least restrictive treatment;

d. Treatment and care through the development and implementation of a Comprehensive Treatment Plan and corresponding intervention(s) including but not limited to:

- 1) A reasonable and appropriate discharge plan that is jointly developed by LifePath Systems and the Hospital; and
- 2) Communication that will facilitate the exchange of information needed to accomplish common Utilization Management activities.

e. Promotion of recovery, independence, and self-sufficiency;

f. Health Insurance Portability and Accountability Act of 1996 (HIPAA) privacy rules;

g. Comprehensive client/patient rights consistent with regulatory and TJC requirements;

h. Interdisciplinary, goal-directed, and evidence-based treatment;

i. Behavior management program;

j. Culturally competent treatment; and

k. Telemedicine provided in accordance with applicable rules and regulations.

2. Hospital shall demonstrate efforts to reduce restraint and seclusion by adopting and implementing the following restraint/seclusion reduction tools:

a. Using assessment tools to identify risk factors for violence and seclusion and restraint history;

b. Using a trauma assessment;

c. Using tools to identify persons with risk factors for death and injury;

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

## Psychiatric Emergency Flow Chart

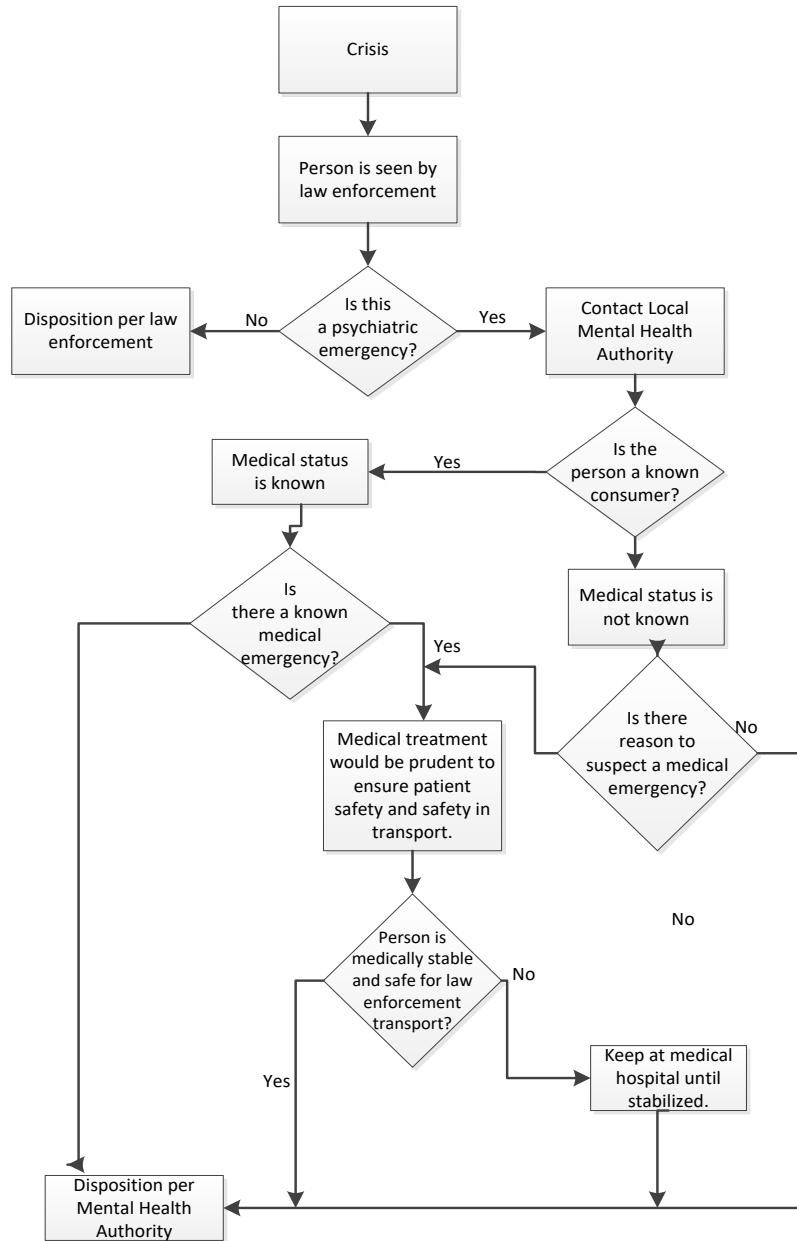
The Peace Officer may use the following indicators to determine if a medical emergency exists:

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

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

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

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





**TERM**

The Center anticipates Six (6) months contract for services beginning March 1, 2024, and ending August 31, 2024 with option of extension for up to one year thereafter. As you evaluate your approach to provide services, you are encouraged to recommend contract options and address the relative advantages and disadvantages of your recommendations. Contract duration must allow early termination without penalties to the Center in the event the Texas Health and Human Services Commission terminates revenue contracts to the Center. The contract can also be terminated for cause.

**SUBMITTAL SCHEDULE**

<b>Task</b>	<b>Date</b>
RFP Issued	12/04/2023
Deadline for Letter of Intent	01/10/2024
Deadline for Questions	01/17/2024
Questions answered via addenda	01/24/2024
RFP Submittal Deadline	01/31/2024
Proposal Review	02/01/2024- 02/08/2024
Evaluation Team FINAL RECOMMENDATION to Board of Trustees	2/8/2024
Board of Trustees Approval	02/16/2024
Contract Signed	02/29/2024
Services Start Date	03/01/2024

**PROPOSAL DEADLINE**

Request for proposal packets may be obtained on the Center’s website, <https://www.lifepathsystems.org/connect-with-us/contracting-opportunities/>. Responses to the Request for Proposal (RFP) must be received by the Center by 10:00 am CDT 01/31/2024. If you are submitting an electric copy via email, your attachment must include the RFP number, your company name, and the date it was sent. If you mail your proposal, it must be postmarked prior to the submission deadline. Mail to:

LifePath Systems  
 ATTN: Samatha Kommana  
 1515 Heritage Dr.  
 McKinney, TX 75069



## PROPOSAL INSTRUCTIONS AND FORMAT

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

1. All Proposals must be submitted to LifePath Systems, ATTN: Samatha Kommana, 1515 Heritage Drive, McKinney, TX 75069 no later than January 31, 2024, at 5:00p.m. All Proposals must be submitted in a sealed envelope marked:

### REQUEST FOR PROPOSAL RFP # 0134

### Community Psychiatric Hospital Beds

### DO NOT OPEN IN MAILROOM

Proposals will not be opened until after the deadline.

2. Late Proposal or modifications - Proposal and modifications received after the time set for submission will not be considered.
3. Number of Copies - To achieve a uniform review process and to obtain a maximum degree of comparability, LifePath Systems requires that Proposal be submitted with a one (1) master (marked original) and four (4) copies. Each must include the following items:
  - a. Title Page - Title page must show the RFP subject; the Vendor's name; the name address, and telephone number of a contact person; and the date of the proposal.
  - b. Transmittal Letter - Submit a signed letter briefly addressing the Vendor's understanding of the work to be done, the commitment to do the work detailed within this RFP and a statement explaining why the Vendor believes itself to be best qualified to do the required work.
    - i. Vendor Representative - Include the name of the designated individual(s), along with respective telephone number(s), email address(es), who will be responsible for answering technical and contractual questions with respect to the proposal.
  - c. Vendor Application - must be filled out in its entirety.  
Response format as follows: State the question or item exactly as appears; then provide your detailed response.
  - d. Questions fall under the following sections:
    - I. Business Demographics
    - II. Staffing Plans
    - III. Services
    - IV. Facility
    - V. Quality Assurance Processes and Monitoring
    - VI. Certificate of Insurance
    - VII. Financial Information
    - VIII. Cost Proposal
    - IX. Risk Profile
    - X. Implementation Plan



## XI. Client Reference

- e. All application response attachments must be labeled to reference the appropriate section and letter (i.e., “VI. a.”)
4. A STATEMENT CONFIRMING THAT YOU HAVE READ, UNDERSTAND, AND AGREE TO THE GENERAL AFFIRMATIONS LOCATED AT: <https://www.lifepathsystems.org/wp-content/uploads/2021/05/General-Affirmations.pdf>

The selected vendor will be required to adhere to all Texas contract and confidentiality requirements.

Your response may also contain any narrative, charts, tables, diagrams, or other materials in addition to those called herein; to the extent such additions are useful for clarity or completeness of the response. Attachments should clearly indicate on each page the paragraph in the RFP to which they pertain. The Center will not be liable for any errors in your proposals.

No modifications to your proposal will be accepted except during negotiations initiated by the Center.

Any verbal communication will be considered unofficial and non-binding regarding this RFP and subsequent award.

Each respondent submitting a Proposal in response to this RFP acknowledges and agrees that the preparation of all materials for submittal to the Center and all presentation, related costs, and travel expenses are the respondents' sole expense as the Center shall not, under any circumstances, be responsible for any cost or expense by the respondent.

The Center shall be allowed to keep all materials submitted by the respondents regarding this RFP. Each respondent agrees to hold the Center harmless against any expenses, damages, and claims arising from or connected with your proposal, including patent, trademarks, copyright, or other intellectual property infringement or misappropriation.

Any media request of the respondents shall be concurrently directed to the Center during the receipt, analysis, selection, and subsequent contract negotiation until said contract is signed and delivered by the Center.

The Center reserves the right to accept or reject any or all proposals, to alter the selection process in any way, to postpone the selection process for either party's own convenience at any time, and to waive any defects in proposals submitted. The Center reserves the right to issue addenda to this RFP at any time due to the need for clarification, change in schedule, or other reasons the parties so decide. The Center reserves the right to accept or reject any individual sub-consultants that the successful respondent proposes to use.

**Your proposal constitutes an offer that remains open and irrevocable for a period of no less than 90 days unless your proposal states otherwise. Proposals after the award are public documents.**



**APPLICATION**

**I. Business Demographic**

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

Organization dba Name (if applicable): \_\_\_\_\_

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

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

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

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Phone/Fax: \_\_\_\_\_

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

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

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

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

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

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

\_\_\_\_\_

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

Hours of operations: \_\_\_\_\_

Certification Number if a Historically Underutilized Business (HUB): \_\_\_\_\_

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

List all licenses, credentials, certifications, and/or accreditations currently held by organization: (provide copies if applicable)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**II. Staffing Plans**

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

**III. Services**

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

a. Describe how you currently provide services or a similar service model.

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

#### IV. Facility

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

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

#### V. Quality Assurance Processes and Monitoring

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

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

#### VI. Certificate of Insurance

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

- a. Comprehensive general liability, professional liability, and employee misconduct insurance with limits of at least \$1,000,000 per occurrence, \$3,000,000 aggregate.
  - i. Include directors' and officers' professional liability, errors and omissions, breaches of privacy, and medical malpractice insurance.



- b. Sufficient coverage to meet the requirement of State law for Workers' Compensation on its employees providing services under this Contract.

#### VII. Financial Information

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

#### VIII. Cost Proposal

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

#### IX. Risk Profile

- a. Identify whether Hospital, as an entity, or anyone employed by the Hospital providing direct care or employed in a management position had any validated/confirmed client abuse, client neglect, or rights violations claims in the last three (3) years. If "yes", provide a detailed explanation.
- b. Identify whether Hospital, as an entity, or anyone employed by the Hospital providing direct care services or employed in a management position is currently under investigation, or has had a license or accreditation revoked by any state, federal, or local authority or licensing agency within the last five (5) years. If "yes", provide a detailed explanation.
- c. Identify whether Hospital, as an entity, or anyone employed by the Hospital providing direct care or employed in a management position has had any felony convictions. If "yes", provide a detailed explanation.
- d. Identify whether Hospital has ever been placed on vendor hold by an agency or company. If "yes", provide a detailed explanation.
- e. Identify any lawsuits or litigation involving clinical services to which Hospital has been a party during the past five (5) years. If "yes", Provide details on any judgments.
- f. Identify whether Hospital, as an entity, or any of Hospital's employees Medicaid Provider number(s) have ever been suspended or revoked.
- g. Provide a list of clinical services contracts for which Hospital has been terminated for cause in the last five (5) years. If "yes", provide a detailed explanation.
- h. Provide any company policies that outline your procedures in dealing with current or future employees who are convicted felons.

#### X. Implementation Plan

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

#### XI. Client References

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

- a. Agency name and address;
- b. Name or Point of Contact (POC);
- c. POC email address and telephone number;
- d. Dates of services provided to client;
- e. Type of services provided to client.



## SELECTION CRITERIA

The selection and approval of the Vendor will be made in accordance with the Center's competitive bidding and selection process. An evaluation committee will evaluate proposals based on the guidelines set forth in this RFP and will present its findings to the Center's Management. LifePath Systems reserves the right to request additional information and clarification of any information submitted, including any omission from the original proposal. All proposals will be treated equally regarding this item.

LifePath Systems intends to solicit, evaluate, and negotiate proposed terms from qualified Vendors to determine which proposal will serve the best interests of the organization by providing the best value<sup>1</sup>. Once it is determined that a proposal meets the requirements, the LifePath Systems evaluation team will score each proposal. In determining best value for the organization, LifePath Systems will consider:

1. Cost Proposal.
2. The reputation of the Vendor and of the Vendor's services.
3. The quality of the Vendor's services.
4. The extent to which the services meet the Center's needs.
5. The Vendor's past relationship with the Center.
6. The impact on the ability of the Center to comply with laws and rules relating to contracting with historically underutilized businesses and nonprofit organizations employing persons with disabilities.
7. The total long-term cost to the Center to acquire the Vendor's services; and any relevant criteria specifically listed in the request for proposals.

---

<sup>1</sup> Texas Local Government Code §252.043(a)(b) Award of Contract



## **ASSURANCES, CERTIFICATIONS, EXHIBITS, AND ATTACHMENTS**

Vendor must submit the Assurance and Certifications and all Attachments requested, to include:

1. Vendor will submit a copy of their standard contract, along with proposal. Label this (Attachment A)
2. Signature Page (Attachment B)
3. Resident/Non-Resident Certification (Attachment C)
4. Assurances Document (Attachment D)
5. Conflict of Interest Questionnaire (Attachment E)
6. Vendor shall review Texas Administrative Code §412.54(c) and provide a written response signed by Authorized Individual (Attachment F)
7. Vendor shall review Texas Health and Safety Code §250.006 and provide a written response signed by Authorized Individual (Attachment G)
8. Form W-9 (Attachment H)
9. Lobbying Certification (Attachment I)
10. Deviation Form (Attachment J)
11. Questions or Inquires: All questions must be submitted electronically no later than 5:00 pm CDT on 01/31/2024.

LifePath Systems

Samatha Kommana

Email: [bhcontracts@lifepathsystems.org](mailto:bhcontracts@lifepathsystems.org)

\*\*\*\*\*

**Copyright © 2023 LifePath Systems Prepared and distributed by  
the LifePath Systems Behavioral Health Division**



**ATTACHMENT B  
SIGNATURE PAGE**

The attached proposal application is being submitted in response to the Community Psychiatric Hospital Beds RFP # 0134. The proposal is a firm offer and shall remain an open offer, valid ninety (90) days from the date of this document.

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

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

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Title

\_\_\_\_\_  
City, State, Zip Code

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email

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

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

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

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

\*A Texas Resident Contractor is a Contractor whose principal place of business is in Texas and includes a Contractor whose ultimate parent company or majority owner has its principal place of business in Texas.\*

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

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

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

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

## ATTACHMENT D ASSURANCES DOCUMENT

The vendor assures the following:

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



such financial interest. Such disclosure shall include a complete statement of the nature of such financial interest and the relationship, if applicable. See Attachment F.

- 18. No former employee or officer of the Local Authority directly or indirectly aided or attempted to aid in procurement of vendor's service.
- 19. The vendor shall disclose in an attached writing the name of every Local Authority employee and/or member of Local Authority's board with whom the vendor is doing business or has done business during the 365-day period immediately prior to the date on which the Proposal is due. Failure to include such a disclosure will be a binding representation by vendor that the natural person executing the Proposal has no knowledge of any key persons with whom the vendor is doing business or has done business during the 365-day period prior to the immediate date on which the Proposal is due. See Attachment F.
- 20. Under Section 231.006, Family Code, the vendor, or applicant certifies that the individual or business entity named in this contract, bid, or application is not ineligible to receive the specified grant, loan, or payment and acknowledges that this contract may be terminated, and payment may be withheld if this certification is inaccurate. For purposes of the foregoing sentence, "vendor or applicant" shall mean vendor; contract, bid or application shall mean the Proposal; and "this contract" shall mean any Contract awarded to the Successful vendor(s).

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

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email



**ATTACHMENT E  
CONFLICT OF INTEREST QUESTIONNAIRE**

Please retrieve CIQ Form from the following website:  
<https://www.ethics.state.tx.us/data/forms/conflict/CIQ.pdf>  
(Attach completed CIQ Form as part of your proposal)

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

For the purposes of this Attachment E, the term "Local government officer" means a member of LifePath Systems' Board of Trustees, Chief Executive Officers, and/or an agent of LifePath Systems who exercises discretion in the planning, recommending, selecting, or contracting **(See Attachment K)**.

---

**ATTACHMENT F  
DISCLOSURE OF KINSHIP  
Pursuant to the Texas Administrative Code §412.54(c)**

---

**ATTACHMENT G  
NOTICE OF FELONY CONVICTION  
Pursuant to the Texas Health and Safety Code §250.006**

---

**ATTACHMENT H  
FORM W-9  
REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION  
Vendors are to complete a W-9 Form and submit with Proposal Documents.  
<http://www.irs.gov/pub/irs-pdf/fw9.pdf>**



**ATTACHMENT I  
LOBBYING CERTIFICATION**

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

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

**This certification is a material representation of the 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 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.**

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

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email



## ATTACHMENT J DEVIATION FORM

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

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

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

Reference Specifications, Terms and Conditions and Page Number	Deviation

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

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

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Email



**ATTACHMENT K**  
**LIFEPATH SYSTEMS KEY PERSONS LIST**

<b>NAME</b>	<b>TITLE</b>	<b>BUSINESS ADDRESS</b>	<b>BUSINESS PHONE#</b>
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
Danielle Sneed	Deputy Clinical Officer	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Jessica Phillips	Director of Behavioral Health Quality Assurance and Support	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Whytney Thomas	Director of Behavioral Health Crisis Services	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Samatha Kommana	BH Contract Administrator	1515 Heritage Drive McKinney, TX 75069	972-422-5939
Doug Kowalski	Board Chair	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Dona Watson	Board Vice-Chair	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Anne Bramlett	Board Secretary	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Arthur Cotten	Board Member	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Rick Crawford	Board Member	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Matt Duncan	Board Member	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Ernest Myers, Jr.	Board Member	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Melvin Thathiah, Esq.	Board Member	1515 Heritage Drive McKinney, TX 75069	972-562-0190
Lt. Danny Stasik	Board Member	1515 Heritage Drive McKinney, TX 75069	972-562-0190
John Donovan	Board Member	1515 Heritage Drive McKinney, TX 75069	972-562-0190



**NOTICE "NOT TO PARTICIPATE" FORM**

Dear Vendor:

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

- Our Company cannot provide the products, supplies and/or services listed in this request. Please MOVE our name and address to the following services so that we may submit bids/proposal at a later date:

**Services:**

---



---



---

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

**Reason:**

---



---



---

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

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

Representative: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Other: \_\_\_\_\_



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

Title: \_\_\_\_\_ Date: \_\_\_\_\_

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

**PLEASE RETURN THIS FORM ONLY TO:**

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

**Notice "Not to Participate" RFP 0134 Community Psychiatric Hospital Beds**