



**THE CENTER  
FOR HEALING**  
Sponsored by LifePath Systems



**Open Enrollment**

**Request for Applications (RFA)**

**RFA # 0133**

**The Center for Healing Specialized Services**

**March 2024**

The Center for Healing  
ATTN: Samatha Kommana  
1515 Heritage Drive  
McKinney, TX 75069

[procurement\\_inquiries@lifepathsystems.org](mailto:procurement_inquiries@lifepathsystems.org)

**Issue Date:** December 1, 2023

**Due Date:** Open Enrollment

## Notice of Open Enrollment

Collin County Mental Health Mental Retardation Center dba LifePath Systems and its community resiliency center “The Center for Healing” (hereinafter referred to as “Center for Healing” or “Center”), is seeking to contract with local providers for the purpose of providing Specialized Services to eligible individuals.

Collin County Mental Health Mental Retardation Center d/b/a LifePath Systems (the “Center”) was founded in 1986. It is a community center created under Texas Health & Safety Code Chapter 534 and as such is:

- 1) an agency of the state, a governmental unit, and a unit of local government, as defined by Chapters 101 and 102 of the Texas Civil and Practice Remedies Code;
- 2) a local government, as defined by Section 791.003 of the Texas Government Code;
- 3) a local government for the purposes of Chapter 2259 of the Texas Government Code; and
- 4) a political subdivision for the purposes of Chapter 172 of the Texas Local Government Code.

The Center 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.

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. Designation of an individual as an eligible client may only be made by The Center for Healing and must be documented in that individual’s record.

Open enrollment documents are posted on both The Center for Healing’s website at <https://www.centerforhealingtx.org/connect-with-us/contracting-opportunities/> and LifePath Systems’ website at <https://www.lifepathsystems.org/connect-with-us/contracting-opportunities/>. Notice is hereby given that The Center for Healing will receive applications from providers beginning December 1, 2023. **An original of the application and one (1) copy of the attachments are due to:**

**ATTENTION:**

The Center for Healing  
Samatha Kommana  
1515 Heritage Drive  
McKinney, TX 75069

[procurement\\_inquiries@lifepathsystems.org](mailto:procurement_inquiries@lifepathsystems.org)

Throughout this RFA, reference to “Center” is assumed to define and include The Center for Healing which is a resiliency center sponsored by 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 RFA.

The Center for Healing is looking to engage qualified providers for specialized therapy services for those impacted by the tragic events of May 6, 2023, at Allen Premium Outlets. The funding for these services is from a grant awarded by the Office of the Governor, Victims of Crime Act (VOCA). This initiative aims to enhance access to trauma support services and mental health care by bridging trauma-informed support and mental health systems. The goal is to improve mental health services for those affected by trauma.

## SERVICES SOUGHT

This RFA seeks participation from Successful Applicants for the purpose of offering Specialized Therapies as listed below:

1. **Music Therapy:** 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.
2. **Art Therapy:** Art therapy is a human service profession in which 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.
3. **Animal-Assisted Therapy:** In 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 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.
4. **Trauma-Related Therapy**
  - 4.1 **Play Therapy:** Play therapy is the systematic use of a theoretical model that establishes an interpersonal process, in which trained therapists use the therapeutic power of play to help children prevent or resolve psychosocial difficulties and achieve optimal growth. Play therapy is a form of psychotherapeutic approach of the children and a psycho-diagnostic tool.
  - 4.2 **Eye Movement Desensitization and Reprocessing (EMDR):** EMDR is a structured therapy that encourages the patient to focus briefly on the trauma memory while simultaneously experiencing bilateral stimulation (typically eye movements), which is associated with a reduction in the vividness and emotion associated with the trauma memories. Eye Movement Desensitization and Reprocessing (EMDR) therapy is an extensively researched, effective psychotherapy method proven to help people recover from trauma and PTSD symptoms.

## ELIGIBILITY REQUIREMENTS

To be eligible to receive a contract with the Center For Healing, an Applicant must:

1. Be a licensed or certified professional with documented training and experience relative to the specialized therapy being provided.



2. 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 The Center for Healing 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.
3. Comply with all state and federal laws regarding the confidentiality of records of individuals served and nondiscrimination.
4. Have and maintain sufficient internet access and a current email account.
5. 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 Center's reasonable satisfaction, the ability to manage funds.

## **RESPONSIBILITIES**

### **The Center for Healing Responsibilities:**

1. The Center shall maintain an Inquiry List of individuals interested in Specialized services.
2. The Center shall maintain and monitor Applicant qualifications and training records.
3. The Center shall provide service authorization throughout the contract.
4. The Center shall be responsible for receiving services notes and entering into agency Electronic Health Record (EHR).

### **Service Provider Responsibilities:**

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 The Center listing its Network Providers.
2. Applicant shall submit services notes to The Center, as set forth by The Center for Healing.
3. Applicant shall implement and monitor services in accordance with individual's service authorization.
4. Applicant shall notify The Center of regulatory reviews/audits and make those findings available.
5. Applicant shall ensure that all staff members, volunteers, interns, direct service providers, and/or subcontractors receive training on Applicant's policies and procedures, and all other trainings in accordance with 26 TAC §301.305 and 26 TAC §301.331.



6. Prior to providing services, Applicant shall provide evidence of completion of all required trainings for all staff members, volunteers, interns, direct service providers, and/or subcontractors including:
  - 6.1 Incident Reporting
  - 6.2 Reporting of Abuse, Neglect or Exploitation
  - 6.3 HIPAA Training
  - 6.4 Crisis and Safety Planning
  - 6.5 First Aid and CPR (Can be facilitated through The Center at a cost to the Applicant)
  - 6.6 Behavior Management (Can be facilitated through The Center at a cost to the Applicant)
  
7. Applicant shall comply with regulations and standards relevant to 'subrecipient/subgrantee' as published in the links below:
  - 7.1 Grantee Standard Conditions and Responsibilities, State of TX, Office of the Governor, Public Safety Office, Criminal Justice Division and Homeland Security Grants Division, regarding standard grant conditions and responsibilities.
  - 7.2 Texas Grant Management Standards, Texas Comptroller of Public Accounts, regarding State of Texas grant management standards for grantees and their subrecipients and/or subcontractors.
  - 7.3 Code of Federal Regulations, 2 CFR 200, regarding compliance with Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards.
  - 7.4 DOJ Grants Financial Guide, regarding laws, rules, and regulations for VOCA/OVC award recipients and subrecipients.
  - 7.5 2 C.F.R. § 200.331, regarding requirements for pass-through entities for subrecipient monitoring.
  - 7.6 2 C.F.R. § 200.521, regarding management decisions for subrecipient monitoring.
  - 7.7 DOJ Grants Financial Guide, Section 3.14, regarding Subrecipient Management and Monitoring.
  - 7.8 DOJ Grants Financial Guide, Section 3.6, regarding Costs Requiring Prior Approval.
  - 7.9 28 C.F.R. § 94.106, regarding VOCA subaward monitoring requirements.

**Service Provider Prohibited Activities:**

Applicant shall not assess charges to a participant, any member of participant family, or any other party, including third-party payer.

**Qualified Service Activities:**

To be a qualified service provider, one must:

1. Be a staff member or Applicant 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
6. Be a licensed or certified professional with documented training and experience relative to the specialized therapy being provided as outlined below:

**6.1 Animal-Assisted Therapy:**

- a. 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;
- b. 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; or
- c. Be appropriately trained and obtain certification through a 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;

**6.2 Art Therapy:**

- a. 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; or
- b. Be certified by the Art Therapy Credentials Board (ATR-BC).

**6.3 Music Therapy:**

- a. Be a licensed professional, with documented training and experience relative to the specific service provided. These may include clinical social worker; professional counselor; marriage and family therapist; or
- b. Be certified by the Certification Board for Music Therapists (MT-BC).

**6.4 Trauma Related Therapy**

- a. 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 and,
- b. Be Credentialed as a play therapist to provide play therapy services.
- c. Be EMDR certified to provide EMDR services.

**Payments/Rates:**

Successful Applicants will be paid on a fee for service rate, based on the Fee Schedule below:

<b>Service</b>	<b>Rate*</b>	<b>Maximum Duration</b>
Individual Therapy	\$37.50/Per 15 Minute Unit Per Individual	1.5 Hours
Group and Family Therapy	Flat rate of \$11.25/Per Person (Min: 2 individuals to Max: 10 individuals per Group) ** Max hours for Group is 4 hours per day per therapy and will be authorized on an as needed basis and determined by The Center for Healing	

\*Payment will not exceed \$650.00 per day per provider.

\*\*Group Therapy rate is not paid per person in the group, it is a flat group rate.

And based upon receipt of required documentation, as described below.

1. Written documentation to support a service claim for authorized service, in the progress note template provided by The Center, and must include:
  - a. Local Case Number (LCN) #;
  - b. Name of individual receiving service;
  - c. Company/Clinician name;
  - d. Date service provided;
  - e. Start and stop time of contact with individual;
  - f. Units;
  - g. Procedure;
  - h. Service location;
  - i. Mode of Delivery
  - j. Recipients;
  - k. Intensity;
  - l. Methods used;
  - m. Objective Addressed;
  - n. Description of service/intervention provided;
  - o. Documentation of group service if provided, include number of participants in group;
  - p. Individual's response to intervention;
  - q. Progress or lack of progress with service;
  - r. Direct service provider's printed name, signature, date, and credentials.
  
2. Written documentation must be submitted within seven (7) business days after each contact that occurs.

**Processing**

1. 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.

2. Applicant shall submit an invoice for all services provided for that reporting period.
  - a. All services will be verified by The Center.
  - b. The Center will issue payment to Applicant within 30 days after invoice receipt.
  
3. Applicant shall forfeit payment for service if:
  - a. Was not previously approved by The Center;
  - b. Exceeds the limits approved by The Center;
  - c. Was provided prior to contractor credentialing;
  - d. Was provided after loss of credential/License; or
  - e. Was incomplete and documentation that does not match.



## INSTRUCTIONS FOR SUBMISSION OF APPLICATIONS

To facilitate and ensure an objective review, Applicants must follow these instructions for submission. The Center for Healing 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:**  
The Center for Healing  
Samatha Kommana  
1515 Heritage Drive  
McKinney, TX 75069

**Email:**                      [procurement\\_inquiries@lifepathsystems.org](mailto:procurement_inquiries@lifepathsystems.org)    **Subject:** RFA 0133

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, The Center for Healing sponsored by LifePath Systems 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, The Center is not obligated to accept applications it deems are incomplete, inaccurate, or fail to meet minimum standards as determined solely at the discretion of The Center. The Center 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 Center 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.



**The Center for Healing Sponsored by LifePath Systems**

**ORGANIZATIONAL APPLICATION CHECKLIST**

The checklist below is provided to assist in completing the application.

**Submission Date:** \_\_\_\_\_

Line Item	Name of Organization/Individual: _____				
		LIST	YES	N	N/A
		<b>REQUIRED FOR ALL APPLICANTS:</b>			
1	Application Checklist ( <i>this page</i> )				
2	Application – 1 Original ( <i>pages 12-15</i> )				
3	Attestation ( <i>page 16</i> )				
4	General Authorization for Release of Information ( <i>page 17</i> )				
5	Assurances Document ( <i>pages 18-19</i> )				
6	Certification Regarding Lobbying, Grants, Loans, & Cooperative Agreements ( <i>page 20</i> )				
7	General Liability Insurance Coverage ( <i>if applicable</i> )				
8	Fire Inspection(s) - current within 1 year ( <i>if applicable</i> )				
9	Certificate(s) of Occupancy ( <i>if applicable</i> )				
10	Auto Liability Insurance Coverage ( <i>if applicable</i> )				
11	Professional Liability Insurance Coverage ( <i>if applicable</i> )				
12	IRS Tax Exemption Form or proof of Status as Governmental Entity ( <i>if applicable</i> )				
13	Workers' Compensation Coverage ( <i>if applicable</i> )				
14	Adverse Actions explanation ( <i>if applicable</i> )				
15	Affiliations Information ( <i>if indicated on Assurances</i> )				
16	Financial Interest Information ( <i>if indicated on Assurances</i> )				
17	Key Persons Disclosure ( <i>if indicated on Assurances</i> )				
18	Background Check For (Attachment A)*( <i>Individual Applicants only</i> )				
19	Driver's License* ( <i>Individual Applicants only</i> )				
20	Professional License/Certification* ( <i>Individual Applicants only</i> )				
21	Acronyms Glossary (Attachment B – <i>For Reference Only</i> )				
22	Form W-9 (Attachment C)				
23	Conflict of Interest Questionnaire (Attachment D)				

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



**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.

<b>A.</b>	<b>BUSINESS DEMOGRAPHICS</b>	
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:	
	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: <b>Yes</b> <b>No</b> (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**

1. Place a check mark in the box beside the services organization/individual is applying to provide.

Service	Indicate (✓) if applying to provide this service
Music Therapy	
Art Therapy	
Animal-Assisted Therapy	
Trauma Related Therapy – Play therapy	
Trauma Related Therapy – EMDR	

2. Will all services contracted under this RFA be provided by organization/individual:

**Yes      No**

3. 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:**

- a. Attach a Certificate of Insurance with effective and expiration dates showing current General Liability insurance coverage limit;
- b. Attach a Fire Inspection (current within 1 year) by applicable local fire authority;
- c. Attach a Certificate of Occupancy;
- d. Is the building accessible for individuals with disabilities:      **Yes      No**
- e. 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 aggregates. Please attach policy certificate showing effective date and expiration date of coverage, per occurrence amount and aggregate amount.

**E. EXPERIENCE**

1. 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)*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



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

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5. Are all staff and sub-contractors current on all training required by the credentialing/licensing agency and/or the Texas Administrative Code as described in contract exhibit(s)? **Yes No**  
If no, what is the plan for ensuring all staff and sub-contractors receive training before service initiation: *(Attach additional pages as necessary)*

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

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## F. INFORMATION SYSTEMS

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)*

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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)*

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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)*

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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)*



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5. Provide name of Workers' Compensation carrier if organization has Workers' Compensation coverage or self-funding documents if self-funded: \_\_\_\_\_

## H. 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 of the organization's 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 the organization/individual meet standard federal guidelines for Medicaid and Medicare?  
**Yes**    **No**
  
7. Is the organization/individual currently under investigation, or has the 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 the organization/individual had any judgments or settlements entered against it in the last 10 years?    **Yes**    **No**

## I. REFERENCES

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 The Center for Healing 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 The Center for Healing 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 The Center for Healing 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 The Center for Healing sponsored by 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 The Center for Healing 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:

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*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 Center for Healing sponsored by LifePath Systems 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 will ensure that no person on the basis of race, color, national origin, religion, sex, age, sexual orientation, gender identity, genetic characteristics, veteran status, disability, or political affiliation, will be excluded from participation in, be denied the benefits of, or be subject to discrimination with respect to any Contract, under any of the policies of HHSC or The Center . Applicant does not discriminate in its service or employment practices on the basis of race, color, religion, sex, sexual orientation, gender identity, genetic characteristics, national origin, disability, veteran status, age, or political affiliation.
4. Applicant accepts the terms, conditions, criteria, and requirements set forth in the RFA.
5. Applicant accepts The Center'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 The Center is current and correct and any changes shall be immediately provided to The Center.
9. Applicant agrees to follow all applicable federal, state, county, local, HHSC laws, regulations, codes, standards, and The Center's policies and procedures.
10. No employee of The Center for Healing sponsored by 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.*
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 Collin County Mental Health Mental Retardation Center dba LifePath Systems personnel including The Center for Healing sponsored by LifePath Systems personnel. *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 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 The Center for Healing 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.

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Signature of Individual or Organization's Authorized Representative

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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)



**ATTACHMENTS**

The following four (4) attachments are provided to assist in the Application process:

Attachment A:	Background Check Form
Attachment B:	Acronyms Glossary
Attachment C:	Form W-9
Attachment D:	Conflict of Interest Questionnaire



**ATTACHMENT A**  
**Local Authority's Bars to Workforce/Contracting**

**FY24 CRIMINAL BACKGROUND CHECK FORM**

DIVISION: \_\_\_\_\_ CONTRACT MANAGER: \_\_\_\_\_ PROGRAM: \_\_\_\_\_

ORGANIZATION (Business Entity): \_\_\_\_\_

LEGAL FIRST NAME: \_\_\_\_\_ LEGAL LAST NAME: \_\_\_\_\_

SOCIAL SECURITY #/EIN#: \_\_\_\_\_ GENDER: \_\_\_\_\_ RACE: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

PHONE#: \_\_\_\_\_ ALT PHONE #: \_\_\_\_\_

PREFERRED LANGUAGE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**IF YOU ARE AN INDEPENDENT/INDIVIDUAL CONTRACTOR, PLEASE LIST ALL THE STATES YOU HAVE LIVED IN THE LAST TWO YEARS (INCLUDING TEXAS):**

\_\_\_\_\_

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. If the Contractor, its officers, employees, or agents have a conviction as described in the **Conviction and Registry Clearance** on the following page, the Contractor will be barred from doing business with the Center.

PLEASE FOLLOW THE INFORMATION BELOW REGARDING FINGERPRINTING:

1. Access <https://uenroll.identogo.com>
2. Enter Service Code 11FHT4.
3. Select an available date for your appointment.
4. Enter payment information.
5. Print off the last page that shows your registration number.
6. Take a Photo ID and a copy of the last page with your registration number to your appointment.
7. Inform your assigned Contract Manager when your appointment is completed.

**With the below signature, I give LifePath Systems my permission to run the above-described background check, I also declare my full understanding that the above test will be performed by LifePath Systems on an annual basis. I also consent to LifePath Systems' requirement that my name/organization be checked against the List of Excluded Individuals and Entities (LEIE) on a monthly basis.**

CONTRACTOR SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## **CONVICTION AND REGISTRY CLEARANCE**

### **Contracting Organizations**

Contractor shall provide evidence of criminal history and registry clearances for Contractor, their employees, and their volunteers pursuant to Texas Health & Safety Code §533.007, 250 Texas Government Code §411.115, and 25 Texas Administrative Code (TAC) §414-K, regarding Criminal History and Registry Clearances. Criminal history for those who have lived outside the State of Texas at any time during the two years prior to participation in this agreement includes submission of fingerprints to the FBI. Contractor is solely responsible for related costs.

- Contractor must forward all signed policies, procedures, and other relevant documents to show compliance with the criminal history and registry clearances as identified in Section 8.9 of this agreement prior to contract execution.
- Contractor acknowledges they and/or their employees, agents or representatives are prohibited from having any contact with individuals receiving services through this agreement until successfully clearing the criminal background check and required registry reviews.
- During the term of the contract, Contractor is responsible for promptly forwarding all applicable request for Office of the Inspector General (OIG) Exclusion List and applicable registry clearance verification upon request of Contract Manager in accordance with Section 8.9 and Section 9.2 of this agreement.
- The Center for Healing is responsible for receiving, storing, and logging all data relevant to this topic.

### **Individual Contractors**

LifePath will conduct criminal history and registry clearances for Contractor pursuant to Texas Health & Safety Code §533.007, 250 Texas Government Code §411.115, and 25 Texas Administrative Code (TAC) §414-K, regarding Criminal History and Registry clearances. For those who have lived outside the State of Texas at any time during the two years prior to participation in this agreement, Contractor must provide a complete set of fingerprints. Fingerprint processing instructions may be obtained from the assigned LifePath Systems' Contract Manager. LifePath is solely responsible for related costs.

- Contractor must complete LifePath Systems Criminal Background Check Form and submit to the assigned LifePath Systems Contract Manager prior to service delivery.
- Contractor is prohibited from having any contact with individuals receiving services until the results of the criminal background check and required registry reviews are assessed and contractor is notified of results.
- During the term of the contract, LifePath Systems Contract Manager will ensure monthly Office of the Inspector General (OIG) Exclusion List and applicable registry clearances is completed in accordance with established regulatory guidelines.
- LifePath Systems Contract Manager is responsible for receiving, storing, and logging all data relevant to this topic.

### **Screening and Clearance Prior to and During Implementation**

Screening and maintenance of the documentation that the checks were performed is required prior to contracting and on a routine monthly basis. All relevant state agencies will recoup for services provided by excluded parties.

### **Provider Exclusion**

To combat fraud and abuse, the United States Department of Health and Human Services Office of Inspector General (HHS-OIG) excludes individuals and entities from participation in Medicare, Medicaid, the State Children's Health Insurance Program (CHIP), and all federal health care programs. When the HHS-OIG has excluded a provider, federal health care programs are generally prohibited from paying for any items or services furnished, ordered, or prescribed by excluded individuals or entities.

### **Convictions Barring Employment:**

1. The person has been convicted of an offense listed in this subsection:
  - a. an offense under Chapter 19, Penal Code (criminal homicide);
  - b. an offense under Chapter 20, Penal Code (kidnapping, unlawful restraint, and smuggling of persons);
  - c. an offense under Section 21.02, Penal Code (continuous sexual abuse of young child or children), or Section 21.11, Penal Code (indecent with a child);
  - d. an offense under Section 22.011, Penal Code (sexual assault);
  - e. an offense under Section 22.02, Penal Code (aggravated assault);
  - f. an offense under Section 22.04, Penal Code (injury to a child, elderly individual, or disabled individual);
  - g. an offense under Section 22.041, Penal Code (abandoning or endangering child);
  - h. an offense under Section 22.08, Penal Code (aiding suicide);
  - i. an offense under Section 25.031, Penal Code (agreement to abduct from custody);
  - j. an offense under Section 25.08, Penal Code (sale or purchase of child);
  - k. an offense under Section 28.02, Penal Code (arson);
  - l. an offense under Section 29.02, Penal Code (robbery);
  - m. an offense under Section 29.03, Penal Code (aggravated robbery);
  - n. an offense under Section 21.08, Penal Code (indecent exposure);
  - o. an offense under Section 21.12, Penal Code (improper relationship between educator and student);
  - p. an offense under Section 21.15, Penal Code (improper photography or visual recording);
  - q. an offense under Section 22.05, Penal Code (deadly conduct);
  - r. an offense under Section 22.021, Penal Code (aggravated sexual assault);
  - s. an offense under Section 22.07, Penal Code (terroristic threat);
  - t. an offense under Section 32.53, Penal Code (exploitation of child, elderly individual, or disabled individual);
  - u. an offense under Section 33.021, Penal Code (online solicitation of a minor);
  - v. an offense under Section 34.02, Penal Code (money laundering);
  - w. an offense under Section 35A.02, Penal Code (Medicaid fraud);
  - x. an offense under Section 36.06, Penal Code (obstruction or retaliation);
  - y. an offense under Section 42.09, Penal Code (cruelty to livestock animals), or under Section 42.092, Penal Code (cruelty to non-livestock 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.



2. The person may not serve in a position the duties of which involve direct contact with an individual receiving services before the fifth (5<sup>th</sup>) anniversary of the date the person is convicted of:
  - a. an offense under Section 22.01, Penal Code (assault), that is punishable as a Class A misdemeanor or as a felony;
  - b. an offense under Section 30.02, Penal Code (burglary);
  - c. an offense under Chapter 31, Penal Code (theft), that is punishable as a felony;
  - d. an offense under Section 32.45, Penal Code (misapplication of fiduciary property or property of financial institution), that is punishable as a Class A misdemeanor or a felony;
  - e. an offense under Section 32.46, Penal Code (securing execution of document by deception), that is punishable as a Class A misdemeanor or a felony;
  - f. an offense under Section 37.12, Penal Code (false identification as peace officer; misrepresentation of property); or
  - g. an offense under Section 42.01(a)(7), (8), or (9), Penal Code (disorderly conduct).
3. For the purposes of the sections above, a person who is placed on deferred adjudication community supervision for an offense listed in the sections above, successfully completes the period of deferred adjudication community supervision, and receives a dismissal and discharge in accordance with Article 42A.111, Code of Criminal Procedures, is not considered convicted of the offense for which the person received deferred adjudication community supervision.
4. Additional to Bars of Employment for ICF/IDD:
  - a. Bars pursuant to 40 TAC §3.201, THSC 481 – Texas Controlled Substance Act: A conviction that is punishable as a felony (involving manufacture, delivery, intent to distribute, conspiracy to possess or produce with intent to distribute, distribution to a minor, illegal expenditure or investment, or transfer to receipt of chemical laboratory apparatus).
  - b. Texas Penal Code:
    - i. §15.01 – Criminal Attempt of an Offense Listed as a Bar
    - ii. §43.03 – Promotion of Prostitution
    - iii. §43.04 – Aggravated Promotion of Prostitution
    - iv. §43.05 – Compelling Prostitution
    - v. §43.25 – Sexual Performance by a Child
    - vi. §43.26 – Possession or Promotion of Child Pornography
5. An individual who is listed as revoked in the Nurse Aide Registry or listed as unemployable in the Employee Misconduct Registry.





<b>ATTACHMENT B Acronyms Glossary</b>	
<b>CBT</b>	Cognitive Behavioral Therapy
<b>CPT</b>	Cognitive Processing Therapy
<b>CANRS</b>	Client Abuse and Neglect Reporting System
<b>CLSP</b>	Consolidated Local Service Plan
<b>CMBHS</b>	Clinical Management for Behavioral Health Services
<b>DADS</b>	Department of Aging and Disabilities Services
<b>DARS</b>	Department of Rehabilitative Services
<b>DOL</b>	Department of Labor
<b>DSHS</b>	Department of State Health Services
<b>EHR</b>	Electronic Health Record
<b>ICD-10</b>	International Classification of Diseases – 10 <sup>th</sup> Version
<b>IDD</b>	Intellectual and Developmental Disabilities
<b>IRS</b>	Internal Revenue Service
<b>LOC</b>	Level of Care
<b>LPND Plan</b>	Local Provider Network Development Plan
<b>MCO</b>	Managed Care Organization
<b>MH</b>	Mental Health
<b>OSAR</b>	Outreach, Screening, Assessment, and Referral Provider
<b>PAP</b>	Prescription Assistance Program
<b>RFA</b>	Request for Application
<b>SOW</b>	Statement of Work
<b>SUD</b>	Substance Use Disorder
<b>TAC</b>	Texas Administrative Code
<b>TRR</b>	Texas Resilience and Recovery Services
<b>YES</b>	Youth Empowerment Services



**ATTACHMENT C  
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 D  
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.***

For the purposes of this Attachment D, the term “Local government officer” means a member of LifePath’s Board of Trustees, Chief Executive Officers, and/or an agent of LifePath who exercises discretion in the planning, recommending, selecting, or contracting.