

# Life Management Resources

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3131 Custer Road, Suite 265  
Plano, TX, 75075  
972.985.7565  
Fax 888.664.0571  
Email: [fred@lifemanagementresources.com](mailto:fred@lifemanagementresources.com)

# Life Management Resources

## Proposal Cover Sheet

Provider Name: Life Management Resources

Address: 3131 Custer Rd., Suite 265  
Plano, TX 75075

Contact: Fred J. Hansen, Ph.D. BCP, LPC

Email: [fred@lifemanagementresources.com](mailto:fred@lifemanagementresources.com)

Telephone: 972-985-7565

Fax: 888-664-0571

# Life Management Resources

August 6, 2012

Sara Hoglund  
Contract Administrator  
Collin County Purchasing Department

Life Management Resources is pleased to submit Solicitation 06273-12 for outpatient substance abuse treatment.

Please note that this is a \$-0- bid. We have the resources to accept clients of the courts who have managed care insurance by being an in-network provider with almost all insurance companies, we are the largest substance abuse provider in the county for NorthStar. For the few that would not qualify for the above, we will provide treatment for the courts at no cost. It would be my hope that those applying for county funds would present a letter of ineligibility from NorthStar and proof of the lack of managed care insurance.

As to proprietary information, included in this would be the Contracted Rates published in the Bid that we have with Managed Care Insurance companies; weekly schedule topics for Level I (Supportive Outpatient Program) and Level II (Intensive Outpatient Program); and the set of financial statements for Life Management Resources dated 12/31/2011.

We have been providing these services for Collin County and look forward to continuing to do so in the future.

Please let me know if you need any further information.

*Life Management Resources:*

Dr. Fred J. Hansen, PhD, BCP, LPC, CEO  
Dr. Noor Gajraj, M.D., Medical Director  
Kimberly K. Fred, BS - Administrative Director  
Christi Nelson, LCDC - McKinney Director  
Julie Wesley, MS, LMFT - Adolescent Programs  
Jessica Fred, LCDC - Counselor  
Andi Ward, MS, LPCI, NCC - Counselor  
Matt Osborn, LCDCI - Counselor  
Cortez Bell, BA, LCDC, LPC-I - Counselor  
Casey Cobb, MA, LPC-I, Counselor  
Amber Rowe, BS - Community Outreach  
Marieta J. Hansen, BA - Community Outreach  
Sabina Stern, MS - Evaluator  
Rhonda Blackmore - Plano Administration  
Crystal DePiazza - Patient Billing  
Julie Sebastian, Community Outreach/Education  
"A Partnership of Caring Mental Health Professionals"



Fred J. Hansen, Ph.D., BCP, LPC  
President and CEO

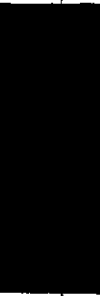
**ATTACHMENT A – COST FORM**

FOR SERVICES BEING PROPOSED BY APPLICANT: Indicate the level(s) of care, patients to be treated during the contract period, cost per counseling session, and total cost. This form is required and offeror(s) will not be considered if this form is not completed and included in the proposal.

ASAM Level of Care	Name of Program (as described in 6.2.7)	Average Number of Sessions	Maximum number of counseling sessions	Approximate number of patients to be served annually	Cost per session	Total cost
Level I	Supportive Outpatient Program (SOP)	16	16	50	\$0	\$0
Level II	Intensive Outpatient Program (IOP)	24	24	50	\$-0-	\$-0-
Total				100		\$-0-

The reason for this being submitted at a \$-0- cost is the following:

- a. Collin County should be the payer of last resort.
- b. **All clients in the Drug Courts referred for treatment should be processed for eligibility from NorthStar. If a client qualifies for NorthStar, they should be required to attempt to qualify for NorthStar and if eligible, be referred to a NorthStar Provider. If ineligible, a copy of the letter of ineligibility from NorthStar should be presented to the court before asking the County to make payment.**
- c. If a client has managed care insurance, they should be sent to an in-network provider for treatment (providing consideration to the client of not having to pay out-of-network rates)
- d. If a client does not qualify for NorthStar or has Managed Care, Life Management Resources will provide the treatment to the client at no-cost so that funds available to the Drug Courts can be used for DLD, Ankle monitors, drug patches, etc.



# Appendix A



**TEXAS DEPARTMENT OF STATE HEALTH SERVICES  
REGULATORY LICENSING UNIT**

**Substance Abuse Treatment Facility**

This is to certify that

HANSEN INDUSTRIES, INC.

DBA LIFE MANAGEMENT RESOURCES

3131 Custer, Suite 265  
PLANO, TX 75075

is licensed as a substance abuse treatment facility under the provision of the Health and Safety Code, Chapter 464,  
and the 25 Texas Administrative Code, Chapter 448 Substance Abuse Standards of Care Rules.

License Number:	3049 - 3050
Expiration Date:	02/25/2014
Total Beds:	0
Slots:	200

Please refer to the accompanying approval letter for specific information regarding this license.

Non-Transferable



November 4, 2011

Fred J. Hansen, PhD.,L.P.C.,  
CEO  
Life Management Resources  
3131 Custer Road  
Plano, TX 75075

Joint Commission ID #: 466398  
Program: Behavioral Health Care Accreditation  
Accreditation Activity: Measure of Success  
Accreditation Activity Completed: 11/04/2011

Dear Dr. Hansen:

The Joint Commission would like to thank your organization for participating in the accreditation process. This process is designed to help your organization continuously provide safe, high-quality care, treatment, and services by identifying opportunities for improvement in your processes and helping you follow through on and implement these improvements. We encourage you to use the accreditation process as a continuous standards compliance and operational improvement tool.

The Joint Commission is granting your organization an accreditation decision of Accredited for all services surveyed under the applicable manual(s) noted below:

- Comprehensive Accreditation Manual for Behavioral Health Care

This accreditation cycle is effective beginning April 30, 2011. The Joint Commission reserves the right to shorten or lengthen the duration of the cycle; however, the certificate and cycle are customarily valid for up to 36 months.

Please visit Quality Check® on The Joint Commission web site for updated information related to your accreditation decision.

We encourage you to share this accreditation decision with your organization's appropriate staff, leadership, and governing body. You may also want to inform the Centers for Medicare and Medicaid Services (CMS), state or regional regulatory services, and the public you serve of your organization's accreditation decision.

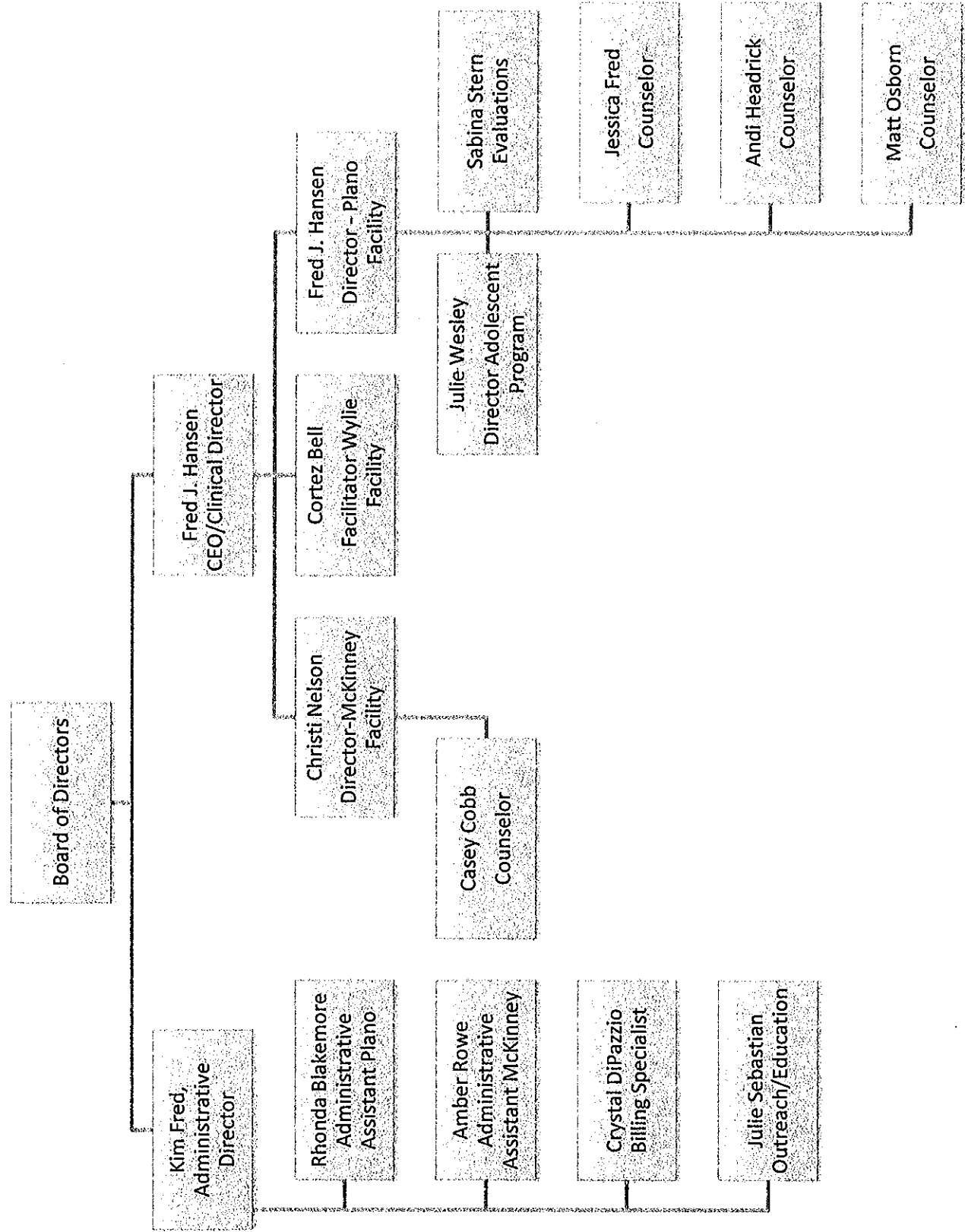
Please be assured that The Joint Commission will keep the report confidential, except as required by law. To ensure that The Joint Commission's information about your organization is always accurate and current, our policy requires that you inform us of any changes in the name or ownership of your organization or the health care services you provide.

Sincerely,

*Ann Scott Blouin RN, PhD*

Ann Scott Blouin, RN, Ph.D.  
Executive Vice President  
Accreditation and Certification Operations

# Life Management Resources Organization Chart 8/6/2012



## LMR Intensive Outpatient Program Schedule – CD and Dual Diagnosed

Week	Monday AM 9-12 PM 6:00-8:30	Tuesday PM 6:00 PM – 9:00 PM	Thursday 6:00 PM - 9:00 PM	Saturday/Sunday
Week 1 Individual Therapy / Family Appointment 1 Hour*	Early Recovery Issues Relapse Planning Triggers Thoughts-Feelings and Behaviors	Maximizing your Chance for Success in Recovery. Relapse Prevention Plans that Work!/ Developing Problem Solving Skills that Work!	Codependency Issues Family Interaction Learning to Set Boundaries at home, at work and in social settings.	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 2 Individual Therapy / Family Appointment 1 Hour*	Relapse Planning – Early Prevention Trigger Inventory and Seven Steps to Enhance your "Skill" Power	Communication Styles Defining the Differences between Assertive, Aggressive, Passive and Passive Aggressive communications	Conflict Resolution – Learning to Live and Let Live	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 3 Individual Therapy / Family Appointment 1 Hour*	Relapse Prevention If you don't want to Slip- Stay out of Slippery Places	Anger Management Learning How to Respond rather than React!	Stress Management And Meditation and Relaxation Techniques	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 4 Individual Therapy / Family Appointment 1 Hour*	Relapse Prevention Learning to be a 100%-er. Scheduling to prevent boredom. Doing what it takes to stay sober	Self Esteem and Recovery Part I	Self Esteem and Recovery Part II	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 5 Individual Therapy / Family Appointment 1 Hour*	Post Acute Withdrawal Syndrome – Understanding why we feel the way we do.	The Role of Denial The Most Powerful Force that Keeps Us Chained to our DOC	Healthy Relationships: Building as Strong and Resilient Family that can handle tough times.	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 6 Individual Therapy / Family Appointment 1 Hour*	Relapse Prevention Understanding the Stages of Addiction, How we got where we are!	Learning to Deal with Grief and Loss	Learning to Set Boundaries at home, at work and in social settings. What kind do we have, what kind do we need?	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 7 Individual Therapy / Family Appointment 1 Hour*	Behavioral Issues in Recovery: Identifying old behaviors and learning how to change them.	Resentments and Forgiveness – A Must Step to Recovery Part I Forgiving Others	Resentments and Forgiveness Part II Forgiving Ourselves	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 8 Individual Therapy / Family Appointment 1 Hour*	Relapse Prevention REBT – Rational Emotive Behavioral Therapy – How our life is affected by our interpretation of events.	Goal Setting in Recovery – Learning how to set realistic, achievable, timely goals.	Developing Healthy, Workable, Successful Life Strategies: From Dr. Phil's book: Successful Life Strategies.	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time

Length of Stay based on patient's treatment plan, patient's progress and/or recommendations from coordinated care physician

\* Scheduled at patient and/or family convenience; \* Patients are required to attend minimum of 2- 12-Step Meetings and preferably 3-4.

### LMR Supportive Outpatient Program Schedule – CD and Dual Diagnosed

Week	Monday 6:00 PM – 9:00 PM Early Recovery Series Relapse Planning Thoughts, feelings and Behaviors	Tuesday 6:00 PM – 9:00 PM Maximizing your chance for Success in Recovery Are you winning or losing and how to Relapse Prevention Plans that Work	Wednesday AA/NA Or other 12-Step Meeting	Thursday 6:00 PM – 9:00 PM Communication Skills Defining the Differences Between Assertive Aggressive, Passive and Passive Aggressive Communications	Friday AA/NA Or other 12-Step Meeting	Saturday/Sunday AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 1 Individual Therapy / Family Appointment 1 Hour*	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	AA/NA Or other 12-Step Meeting	Conflict Resolution Learn how to Live and Let Live	AA/NA Or other 12-Step Meeting	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 2	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	AA/NA Or other 12-Step Meeting	Stress Management And Meditation and Relaxation Techniques	AA/NA Or other 12-Step Meeting	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 3 Individual Therapy / Family Appointment 1 Hour*	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	AA/NA Or other 12-Step Meeting	Self Esteem and Recovery Panel	AA/NA Or other 12-Step Meeting	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 4	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	AA/NA Or other 12-Step Meeting	Healthy Relationships Learn how to deal with relationships and work with others	AA/NA Or other 12-Step Meeting	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 5 Individual Therapy / Family Appointment 1 Hour*	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	AA/NA Or other 12-Step Meeting	Boundaries and how to set them. What kind of we have what kind of we need	AA/NA Or other 12-Step Meeting	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 6	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	AA/NA Or other 12-Step Meeting	Recommitment and Recovery Step to Recovery Panel Honoring Others	AA/NA Or other 12-Step Meeting	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 7 Individual Therapy / Family Appointment 1 Hour*	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	AA/NA Or other 12-Step Meeting	Personal Rights Positive Affirmations Goal Setting and Treatment Planning	AA/NA Or other 12-Step Meeting	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time
Week 8	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	Relapse Prevention Learn how to Save Problems in your life Early in Recovery	AA/NA Or other 12-Step Meeting		AA/NA Or other 12-Step Meeting	AA/NA Or other 12-Step Meeting Family Activity Or Volunteer Time Spiritual Time

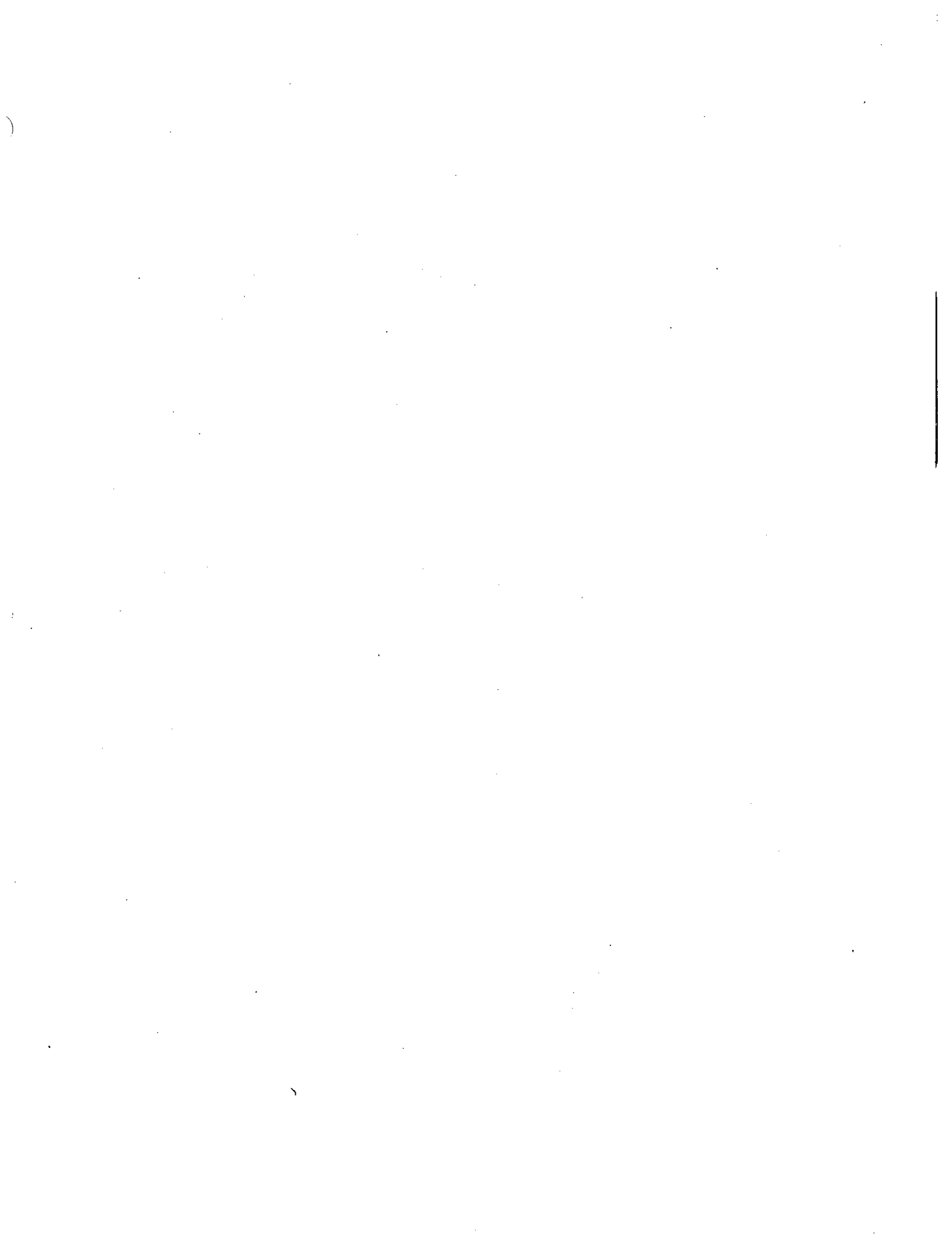
Patients in SOP Attend Monday and either Tuesday or Thursday sessions. Length of stay depends on treatment plan and patients progress

\* Scheduled at patient and/or family convenience ; \* Patients are required to attend minimum of 3- 12- Step Meetings per week.

## **Board of Directors**

## **Life Management Resources**

- **Fred J. Hansen - President**  
3131 Custer Rd., Suite 265  
Plano, TX 75075
  
- **Marieta J. Hansen – Vice-President**  
3131 Custer Rd., Suite 265  
Plano, TX 75075
  
- Kim Fred - Secretary**  
3131 Custer Rd., Suite 265  
Plano, TX 75075



**Solicitation 06273-12**  
**SERVICES, OUTPATIENT SUBSTANCE ABUSE**



**Collin County**

Name of Program - as described in 6.2.7 LIFE MANAGEMENT RESOURCES - SUPPORTIVE OUTPATIENT

Average Number of Sessions 16

Maximum Number of Sessions 16

Approximate Number of Patients Annually 50

Delivery Location **Collin County**  
Collin County- See P.O.  
 See P.O. for Delivery Location  
 2300 Bloomdale Rd.  
 Ste. 3160  
 McKinney TX 75071  
**Qty 1**

**Description**  
 State Price for ASAM Level I  
 Price is per session

Item **06273-12--01-02 - State Price for ASAM Level II**

Quantity **1 each**

Unit Price B - 0 -

Name of Program - as described in 6.2.7 LIFE MANAGEMENT RESOURCES - INTENSIVE OUTPATIENT

Average Number of Sessions 24

Maximum Number of Sessions 24

Approximate Number of Patients Annually 50

Delivery Location **Collin County**  
Collin County- See P.O.  
 See P.O. for Delivery Location  
 2300 Bloomdale Rd.  
 Ste. 3160  
 McKinney TX 75071  
**Qty 1**

**Description**  
 State Price for ASAM Level II  
 Price is per session

1.6 It is understood that Collin County, Texas reserves the right to accept or reject any and/or all Bids/Quotes/Proposals/Submittals for any or all products and/or services covered in an Invitation For Bid (IFB), Request For Qualifications (RFQ), Request For Proposal (RFP), Request For Information (RFI), Competitive Sealed Proposal (CSP), and Quotation, and to waive informalities or defects in submittals or to accept such submittals as it shall deem to be in the best interest of Collin County.

1.7 All IFB's, RFP's, CSP's, RFQ's, and RFI's submitted in hard copy paper form shall be submitted in a sealed envelope, plainly marked on the outside with the IFB/RFP/RFQ/RFI/CSP/Quotation number and name. A hard copy paper form submittal shall be manually signed in ink by a person having the authority to bind the firm in a contract. Submittals shall be mailed or hand delivered to the Collin County Purchasing Department.

1.8 No oral, telegraphic or telephonic submittals will be accepted. IFB's, RFP's, RFQ's, CSP's, and RFI's, may be submitted in electronic format via **BidSync**.

1.9 All Invitation For Bids (IFB), Request For Proposals (RFP), Request For Qualifications (RFQ), Competitive Sealed Proposals (CSP), and Request For Information (RFI), submitted electronically via **BidSync** shall remain locked until official date and time of opening as stated in the Special Terms and Conditions of the IFB, RFP, RFQ, CSP, and/or RFI.

1.10 Time/date stamp clock in Collin County Purchasing Department shall be the official time of receipt for all Invitation For Bids (IFB), Request For Proposals (RFP), Request For Qualifications (RFQ), Competitive Sealed Proposals (CSP), Request For Information (RFI), submitted in hard copy paper form. IFB's, RFP's, RFQ's, CSP's, RFI's, received in County Purchasing Department after submission deadline shall be considered void and unacceptable. Absolutely no late submittals will be considered. Collin County accepts no responsibility for technical difficulties related to electronic submittals.

1.11 For hard copy paper form submittals, any alterations made prior to opening date and time must be initialed by the signer of the IFB/RFQ/RFP/CSP/RFI/, guaranteeing authenticity. Submittals cannot be altered or amended after submission deadline.

1.12 Collin County is by statute exempt from the State Sales Tax and Federal Excise Tax; therefore, the prices submitted shall not include taxes.

1.13 Any interpretations, corrections and/or changes to an Invitation For Bid/Request For Qualifications/Request For Proposal/Request for Information/Competitive Sealed Proposal, and related Specifications or extensions to the opening/receipt date will be made by addenda to the respective document by the Collin County Purchasing Department. Questions and/or clarification requests must be submitted no later than seven (7) days prior to the opening/receipt date. Those received at a later date may not be addressed prior to the public opening. Sole authority to authorize addenda shall be vested in Collin County Purchasing Agent as entrusted by the Collin County Commissioners' Court. Addenda may be transmitted electronically via **BidSync**, by facsimile, E-mail transmission or mailed via the US Postal Service.

1.13.1 Addenda will be transmitted to all that are known to have received a copy of the IFB/RFQ/RFP/RFI/CSP and related Specifications. However, it shall be the sole responsibility of the Bidder/Quoter/Offeror to verify issuance/non-issuance of addenda and to check all avenues of document availability (i.e. **BidSync** at [www.bidsync.com](http://www.bidsync.com), telephoning Purchasing Department directly, etc.) prior to opening/receipt date and time to insure Bidder/Quoter/Offeror's receipt of any addenda issued. Bidder/Quoter/Offeror shall acknowledge receipt of all addenda.

1.14 All materials and services shall be subject to Collin County approval.

1.15 Collin County reserves the right to make award in whole or in part as it deems to be in the best interest of the County.

1.16 The Bidder/Quoter/Offeror shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County

2.2 No oral statement of any person shall modify or otherwise change, or affect the terms, conditions or specifications stated in the resulting contract. All Amendments and/or Change Orders to the contract will be made in writing by Collin County Purchasing Agent.

2.3 No public official shall have interest in the contract, in accordance with Vernon's Texas Codes Annotated, Local Government Code Title 5, Subtitle C, Chapter 171.

2.4 The Vendor/Contractor/Provider shall comply with Commissioners' Court Order No. 96-680-10-28, Establishment of Guidelines & Restrictions Regarding the Acceptance of Gifts by County Officials & County Employees.

2.5 Design, strength, quality of materials and workmanship must conform to the highest standards of manufacturing and engineering practice.

2.6 Bids/Quotes/Proposals must comply with all federal, state, county and local laws concerning the type(s) of product(s)/service(s)/equipment/project(s) contracted for, and the fulfillment of all ADA (Americans with Disabilities Act) requirements.

2.7 All products must be new and unused, unless otherwise specified, in first-class condition and of current manufacture. Obsolete products, including products or any parts not compatible with existing hardware/software configurations will not be accepted.

2.8 Vendor/Contractor/Provider shall provide any and all notices as may be required under the Drug-Free Work Place Act of 1988, 28 CFR Part 67, Subpart F, to its employees and all sub-contractors to insure that Collin County maintains a drug-free work place.

2.9 Vendor/Contractor/Provider shall defend, indemnify and save harmless Collin County and all its officers, agents and employees and all entities, their officers, agents and employees who are participating in this contract from all suits, claims, actions, damages (including personal injury and or property damages), or demands of any character, name and description, (including attorneys' fees, expenses and other defense costs of any nature) brought for or on account of any injuries or damages received or sustained by any person, persons, or property on account of Vendor/Contractor/Provider's breach of the contract arising from an award, and/or any negligent act, error, omission or fault of the Vendor/Contractor/Provider, or of any agent, employee, subcontractor or supplier of Vendor/Contractor/Provider in the execution of, or performance under, any contract which may result from an award. Vendor/Contractor/Provider shall pay in full any judgment with costs, including attorneys' fees and expenses which are rendered against Collin County and/or participating entities arising out of such breach, act, error, omission and/or fault.

2.10 If a contract, resulting from a Collin County IFB, RFP, RFQ, CSP, Quotation is for the execution of a public work, the following shall apply:

2.10.1 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Payment Bond if the contract is in excess of \$25,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.10.2 In accordance with V.T.C.A. 2253.021, a governmental agency that makes a public work contract with a prime contractor shall require the contractor, before beginning work, to execute to the governmental entity a Performance Bond if the contract is in excess of \$100,000.00. Such bond shall be in the amount of the contract payable to the governmental entity and must be executed by a corporate surety in accordance with Section 1, Chapter 87, Acts of the 56<sup>th</sup> Legislature, Regular Session, 1959 (Article 7.19-1 Vernon's Texas Insurance Code).

2.24 The apparent silence of any part of the specification as to any detail or to the apparent omission from it of a detailed description concerning any point, shall be regarded as meaning that only the best commercial practices are to prevail. All interpretations of the specification shall be made on the basis of this statement.

2.25 Vendor/Contractor/Provider shall not fraudulently advertise, publish or otherwise make reference to the existence of a contract between Collin County and Vendor/Contractor/Provider for purposes of solicitation. As exception, Vendor/Contractor/Provider may refer to Collin County as an evaluating reference for purposes of establishing a contract with other entities.

2.26 The Vendor/Contractor/Provider understands, acknowledges and agrees that if the Vendor/Contractor/Provider subcontracts with a third party for services and/or material, the primary Vendor/Contractor/Provider (awardee) accepts responsibility for full and prompt payment to the third party. Any dispute between the primary Vendor/Contractor/Provider and the third party, including any payment dispute, will be promptly remedied by the primary vendor. Failure to promptly render a remedy or to make prompt payment to the third party (subcontractor) may result in the withholding of funds from the primary Vendor/Contractor/Provider by Collin County for any payments owed to the third party.

2.27 Vendor/Contractor/Provider shall provide Collin County with diagnostic access tools at no additional cost to Collin County, for all Electrical and Mechanical systems, components, etc., procured through this contract.

2.28 Criminal History Background Check: If required, ALL individuals may be subject to a criminal history background check performed by the Collin County's Sheriff's Office prior to access being granted to Collin County. Upon request, Vendor/Contractor/Provider shall provide list of individuals to Collin County Purchasing Department within five (5) working days.

2.29 Non-Disclosure Agreement: Where applicable, vendor shall be required to sign a non-disclosure agreement acknowledging that all information to be furnished is in all respects confidential in nature, other than information which is in the public domain through other means and that any disclosure or use of same by vendor, except as provided in the contract/agreement, may cause serious harm or damage to Collin County. Therefore, Vendor agrees that Vendor will not use the information furnished for any purpose other than that stated in contract/agreement, and agrees that Vendor will not either directly or indirectly by agent, employee, or representative disclose this information, either in whole or in part, to any third party, except on a need to know basis for the purpose of evaluating any possible transaction. This agreement shall be binding upon Collin County and Vendor, and upon the directors, officers, employees and agents of each.

2.30 Vendors/Contractors/Providers must be in compliance with the Immigration and Reform Act of 1986 and all employees specific to this solicitation must be legally eligible to work in the United States of America.

2.31 Certification of Eligibility: This provision applies if the anticipated Contract exceeds \$100,000.00 and as it relates to the expenditure of federal grant funds. By submitting a bid or proposal in response to this solicitation, the Bidder/Quoter/Offeror certifies that at the time of submission, he/she is not on the Federal Government's list of suspended, ineligible, or debarred contractors. In the event of placement on the list between the time of bid/proposal submission and time of award, the Bidder/Quoter/Offeror will notify the Collin County Purchasing Agent. Failure to do so may result in terminating this contract for default.

2.32 Notice to Vendors/Contractors/Providers delivering goods or performing services within the Collin County Detention Facility: The Collin County Detention Facility houses persons who have been charged with and/or convicted of serious criminal offenses. When entering the Detention Facility, you could: (1) hear obscene or graphic language; (2) view partially clothed male inmates; (3) be subjected to verbal abuse or taunting; (4) risk physical altercations or physical contact, which could be minimal or possibly serious; (5) be exposed to communicable or infectious diseases; (6) be temporarily detained or prevented from immediately leaving the Detention Facility in the case of an emergency or "lockdown"; and (7) subjected to a search of your person or property. While the Collin County Sheriff's Office takes every reasonable precaution to protect the safety of visitors to the Detention Facility, because of the inherently dangerous nature of a Detention Facility and the type of the persons incarcerated therein, please be advised of the possibility of such situations exist and you should carefully consider such risks when entering the Detention Facility. By entering the Collin County Detention

### 3.0 INSURANCE REQUIREMENTS

3.1 Before commencing work, the vendor shall be required, at its own expense, to furnish the Collin County Purchasing Agent with certified copies of all insurance certificate(s) indicating the coverage to remain in force throughout the term of this contract.

3.1.1 Commercial General Liability insurance at minimum combined single limits of (\$500,000 per-occurrence and \$1,000,000 general aggregate) for bodily injury and property damage, which coverage shall include products/completed operations, independent contractors, and contractual liability each at \$500,000 per occurrence. Coverage must be written on an occurrence form.

3.1.2 Workers Compensation insurance at statutory limits, including employers liability coverage at minimum limits. In addition to these, the contractor must meet each stipulation below as required by the Texas Workers Compensation Commission; (Note: If you have questions concerning these requirements, you are instructed to contact the TWCC at (512)440-3789).

3.1.2.1 Definitions: Certificate of coverage ("certificate"); A copy of a certificate of authority of self-insure issued by the commission, or a coverage agreement (TWCC-81, TWCC-82, TWCC-83, OR TWCC-84), showing statutory workers compensation insurance coverage for the person's or entity's employees providing services on a project, for the duration of the project.

Duration of the project includes the time from the beginning of the work on the project until the contractor's/person's work on the project has been completed and accepted by the governmental entity.

Persons providing services on the project ("subcontractor" in 406.096) includes all persons or entities performing all or part of the services the contractor has undertaken to perform on the project, regardless of whether that person has employees. This includes, without limitation, independent contractors, subcontractors, leasing companies, motor carriers, owner-operators, employees of any such entity, or employees of any entity which furnishes persons to provide services on the project. "Services" include, without limitation, providing, hauling, or delivering equipment or materials, or providing labor, transportation, or other service related to a project. "Services" does not include activities unrelated to the project, such as food/beverage vendors, office supply deliveries, and delivery of portable toilets.

3.1.2.2 The contractor shall provide coverage, based on proper reporting of classification codes and payroll amounts and filing of any coverage agreements, which meets the statutory requirements of Texas Labor Code, Section 401.011(44) for all employees of the contractor providing services on the project, for the duration of the project.

3.1.2.3 The Contractor must provide a certificate of coverage to the governmental entity prior to being awarded the contract.

3.1.2.9.4.1 a certificate of coverage, prior to the other person beginning work on the project; and

3.1.2.9.4.2 a new certificate of coverage showing extension of coverage, prior to the end of the coverage period, if the coverage period shown on the current certificate of coverage ends during the duration of the project;

3.1.2.9.5 retain all required certificates of coverage on file for the duration of the project and for one year thereafter;

3.1.2.9.6 notify the governmental entity in writing by certified mail or personal delivery, within 10 days after the person knew or should have known, of any change that materially affects the provision of coverage of any person providing services on the project; and

3.1.2.9.7 contractually require each person with whom it contracts, to perform as required by paragraphs 3.1.2.1 through 3.1.2.7, with the certificates of coverage to be provided to the person for whom they are providing services.

3.1.2.10 By signing this contract or providing or causing to be provided a certificate of coverage, the contractor is representing to the governmental entity that all employees of the contractor who will provide services on the project will be covered by workers compensation coverage for the duration of the project, that the coverage will be based on proper reporting of classification codes and payroll amounts, and that all coverage agreements will be filed with the appropriate insurance carrier or, in the case of a self-insured, with the commission's Division of Self-Insurance Regulation. Providing false or misleading information may subject the contractor to administrative penalties, criminal penalties, civil penalties, or other civil actions.

3.1.2.11 The contractor's failure to comply with any of these provisions is a breach of contract by the contractor which entitles the governmental entity to declare the contract void if the contractor does not remedy the breach within ten days after receipt of notice of breach from the governmental entity.

3.1.3 Commercial Automobile Liability insurance shall be no less than \$500,000 combined single limits per accident for bodily injury and property damage, including owned, non-owned, and hired vehicle coverage.

3.1.4 Professional Liability Insurance at minimum limits of \$1,000,000. This policy must have a two (2) year extended period of coverage, (i.e. tail coverage). If you choose to have project coverage endorsed onto your base policy, this would be acceptable.

3.2 The required limits may be satisfied by any combination of primary, excess or umbrella liability insurances, provided the primary policy complies with the above requirements and the excess umbrella is following form. The vendor may maintain reasonable and customary deductibles, subject to approval by Collin County.

#### 4.0 EVALUATION

##### 4.1 EVALUATION CRITERIA:

The award of the contract shall be made to the responsible offeror(s) whose proposal is determined to be best evaluated offer resulting from negotiation, taking into consideration the relative importance of price and other factors set forth.

The evaluation criteria will be grouped into percentage factors as follows:

Provider Capability	25
Treatment Services	35
Other programmatic and reporting requirements	15
Cost	25

#### 5.0 SPECIAL CONDITIONS AND SPECIFICATIONS

**5.1 AUTHORIZATION:** Sealed proposals will be received for **OUTPATIENT SUBSTANCE ABUSE TREATMENT SERVICES FOR PARTICIPANTS IN THE 366<sup>TH</sup> DISTRICT COURT DWI/DRUG COURT PROGRAM, THE COLLIN COUNTY COURT AT LAW NO. 5 DWI/DRUG COURT PROGRAM, AND THE COLLIN COUNTY COURT AT LAW NO. 1 DRUG COURT PROGRAM.**

**5.2 BACKGROUND AND OBJECTIVE:** H.B. 530, effective June 15, 2007, mandates that Collin County must establish and maintain a drug court program and that if such program is established, the program must include treatment for DWI offenders.

**5.3 PURPOSE:** The purpose of this program is to provide outpatient substance abuse treatment to approximately 50 people annually participating in the 366<sup>th</sup> District Court DWI/Drug Court Program, approximately 35-40 people participating in the County Court at Law No. 5 DWI/Drug Court Program and approximately 15-20 people participating in the County Court at Law No. 1 Drug Court Program. Participants (also referred to as patients) are non-violent offenders who suffer from addiction to drugs, including alcohol. All patients will be evaluated by an independent, certified addiction counselor prior to being referred for outpatient treatment. Vendors must be Texas State-certified, community-based.

**5.4 OPTION TO AWARD MULTIPLE CONTRACTS:** Collin County may award one or more contracts under this RFP. Applicants may apply to provide one or more eligible levels of care, for one or more patients per year.

**5.5 TERM OF CONTRACT:** The contract shall be for one (1) year commencing on award date and continuing through September 30, 2013. Contract may be renewed for three (3) additional one year option periods at the same terms, conditions, and pricing at the sole discretion of Collin County.

physical loss, harassment of or discrimination against employee, or other violations of the provisions of this contract occasioned by the acts or omissions of the provider's sub-providers, their agents or employees. The indemnification provisions of this contract shall apply to all sub-providers.

#### 5.13 OWNERSHIP OF RESPONSES AND PUBLIC INFORMATION:

All materials submitted regarding this RFP shall become the property of Collin County. Unless specifically prohibited by state or federal law, all submitted proposals shall be available for inspection by the public after evaluations are completed and upon written request.

5.14 PROPRIETARY INFORMATION: Bidders must designate specifically those portions of their proposals, if any, which they deem to contain trade secrets or confidential or proprietary information and must provide justification as to why such materials should not be disclosed. Collin County will review promptly all confidentiality requests. If denied, the bidder will have the opportunity to withdraw its entire bid, or to remove proprietary restrictions. Collin County does not consider cost or pricing information, or a proposal itself, to be proprietary or confidential.

#### 5.15 SPECIFICATIONS

5.15.1 The levels of residential care being solicited are those described by the American Society of Addiction Medicine (ASAM) as follows:

Level I: Outpatient treatment - An organized nonresidential treatment service or an office practice with designated addiction professionals and clinicians providing professionally directed (Alcohol or Drugs) AOD treatment. This treatment occurs in regularly scheduled sessions usually totaling fewer than (Nine) 9 contact hours per week. Examples include weekly or twice-weekly individual therapy, weekly group therapy, or a combination of the two in association with participation in self-help groups.

Level II: Intensive outpatient treatment - A planned and organized service in which addiction professionals and clinicians provide several (Alcohol or Drugs) AOD treatment service components to clients. Treatment consists of regularly scheduled sessions within a structured program, with a minimum of (Nine) 9 treatment hours per week. Examples include day or evening programs in which patients attend a full spectrum of treatment programming but live at home or in special residences.

#### 5.15.2 QUANTITIES:

Outpatient treatment services for approximately (One-Hundred) 100 patients annually are being solicited. Collin County may award one or more contracts under this RFP. Applicants may apply to provide one or more eligible levels of care, for one or more patients per year.

Providers shall complete Attachment A – Cost Form. For each level of care being proposed, the provider should indicate: approximate number of patients to be served annually according to gender, cost per session, and total cost.

#### 5.15.3 REGULATORY REQUIREMENTS AND QUALITY ASSURANCE:

**6.2 PROPOSAL REQUIREMENTS:**

The proposal shall include:

- 6.2.1 Briefly describe the history, mission and vision of the provider organization. Include the date the program first received Texas Department of State Health Services (DSHS) addiction program certification. Describe any lapses in state certification from initial certification date to the present. Describe any findings and corrective actions for most recent DSHS certification site survey.
- 6.2.2 Briefly describe the treatment facility; the number of patients currently treated daily and annually; nature of patient populations treated in terms of ages, gender, drugs of abuse, other characteristics; primary referral sources; and dollar amount and payer for all current contracts or per diem rates established with governments, insurers and other payers. List the full per diem fee amount approved by DSHS and the date approved, if applicable. List the full fee amount charged to private payers. Describe the program's staffing pattern and certification levels and/or licenses held by each staff member. Include an organizational chart in Appendix A (see item 6.2.15).
- 6.2.3 Describe the program's history of treating people referred by the criminal justice system including the approximate number of months/years program has treated criminal justice patients, approximately number of criminal justice patients treated over time, nature of addiction and other problems presented by criminal justice clients, and evidence-based treatments used at the program. Briefly describe any services specifically used to address criminality and associated behaviors. List the names of criminal justice agencies/programs that refer patients to your program.
- 6.2.4 Identify the person(s)/departments and contact information for staff responsible for receiving referrals. Specify the times and days of the week when referrals will be accepted, and the times and days of the week when patient admissions may occur. List the eligibility criteria for patients admitted into your program.
- 6.2.5 Indicate provider's agreement to establish intake appointments within 10 working days of the referral. Briefly describe the intake process. Indicate provider's agreement to admit patients on the same day as intake appointments. Describe any transportation services offered by provider.
- 6.2.6 Briefly describe assessment and treatment planning procedures. List the standardized and non-standardized assessment and treatment planning instruments used by the program. Include copies of non-standardized assessment and treatment planning instruments in Appendix A (see item 6.2.15). Do *not* include copies of standardized instruments such as ASI, TAP, ASAM PPC, etc.
- 6.2.7 Provide substance abuse education; individual and group counseling; relapse prevention; family/collateral interventions; and other treatment services. Briefly describe all services that will be offered to clients referred under this RFP, including any on-site medication services and mental health treatment. Identify all evidence-based treatments or interventions used. Provide a weekly schedule of services in Appendix A (see item 6.2.15).

### SIGNATURE FORM COLLIN COUNTY, TEXAS

DELIVERY WILL BE F.O.B. INSIDE DELIVERY AT COLLIN COUNTY DESIGNATED LOCATIONS AND ALL TRANSPORTATION CHARGES PAID BY THE SUPPLIER TO DESTINATION.

DELIVERY TO BE SPECIFIED IN CALENDAR DAYS FROM DATE OF ORDER.

WE DO NOT TAKE EXCEPTION TO THE BID SPECIFICATIONS.

WE TAKE EXCEPTION TO THE BID SPECIFICATIONS (EXPLAIN):

#### COMPANY INFORMATION/PROFILE/REFERENCES


Preferential Requirement: The County of Collin, as a governmental agency of the State of Texas, may not award a contract to a nonresident bidder unless the nonresident's bid is lower than the lowest bid submitted by a responsible Texas resident bidder by the same amount that a Texas resident bidder would be required to underbid a nonresident bidder to obtain a comparable contract in the state in which the nonresident's principal place of business is located (Government Code, Title 10, V.T.C.A., Chapter 2252, Subchapter A). Bidder shall make answer to the following questions by selecting the appropriate radio button or inserting information in the box provided:

Is your principal place of business in the State of Texas?  Yes  No

If the answer to question is "yes", no further information is necessary; if "no", please indicate:

By signing and submitting this Bid/Proposal, Bidder/Offeror acknowledges, understands the specifications, any and all addenda, and agrees to the bid/proposal terms and conditions and can provide the minimum requirements stated herein. Bidder/Offeror acknowledges they have read the document in its entirety, visited the site, performed investigations and verifications as deemed necessary, is familiar with local conditions under which work is to be performed and will be responsible for any and all errors in Bid/Proposal submittal resulting from Bidder/Offeror's failure to do so. Bidder/Offeror acknowledges the prices submitted in this Bid/Proposal have been carefully reviewed and are submitted as correct and final. If Bid/Proposal is accepted, vendor further certifies and agrees to furnish any and all products/services upon which prices are extended at the price submitted, and upon conditions in the specifications of the Invitation for Bid/Request for Proposal.

THE UNDERSIGNED HEREBY CERTIFIES THE FOREGOING BID/PROPOSAL SUBMITTED BY THE COMPANY LISTED BELOW HERINAFTER CALLED "BIDDER/OFFEROR" IS THE DULY AUTHORIZED AGENT OF SAID COMPANY AND THE PERSON SIGNING SAID BID/PROPOSAL HAS BEEN DULY AUTHORIZED TO EXECUTE SAME. BIDDER/OFFEROR AFFIRMS THAT THEY ARE DULY AUTHORIZED TO EXECUTE THIS CONTRACT; THIS COMPANY; CORPORATION, FIRM, PARTNERSHIP OR INDIVIDUAL HAS NOT PREPARED THIS BID/PROPOSAL IN COLLUSION WITH ANY OTHER BIDDER/OFFEROR OR OTHER PERSON OR PERSONS ENGAGED IN THE SAME LINE OF BUSINESS; AND THAT THE CONTENTS OF THIS BID/PROPOSAL AS TO PRICES, TERMS AND CONDITIONS OF SAID BID/PROPOSAL HAVE NOT BEEN COMMUNICATED BY THE UNDERSIGNED NOR BY ANY EMPLOYEE OR AGENT TO ANY OTHER PERSON ENGAGED IN THIS TYPE OF BUSINESS PRIOR TO THE OFFICIAL OPENING OF THIS BID/PROPOSAL.

Company Name	LIFE MANAGEMENT RESOURCES
Street Address of Principal Place of Business	3131 CUSTER RD #265
City, State, Zip	PLANO, TX 75075
Phone of Principal Place of Business	972-985-7565
Fax of Principal Place of Business	888-664-0571
E-mail Address of Representative	FRED@CMRTEXAS.COM
Federal Identification Number	75-2886956
Date	8/6/12
Acknowledgement of Addenda	#1 <input checked="" type="checkbox"/> #2 <input checked="" type="checkbox"/> #3 <input type="checkbox"/> #4 <input type="checkbox"/> #5 <input checked="" type="checkbox"/> #6 <input checked="" type="checkbox"/>
Authorized Representative Name	FRED J. HANSEN
Authorized Representative Title	CEO / President
Signature (Required for paper bid submission)	

ted during the contract period,  
his form is not completed and

Cost per session	Total cost
10	2
10	
3	10

In order to better serve our bidders, the Collin County Purchasing Department is conducting the following survey. We appreciate your time and effort expended to submit your bid. Please take a moment to complete the below. Should you have any questions or require more information please call (972) 548-4165.

**HOW DID YOU RECEIVE NOTICE OF THIS REQUEST FOR BID OR PROPOSALS?**

McKinney Courier-Gazette?  Yes  No

Plan Room?  Yes  No

Collin County Web-Site?  Yes  No

Facsimile or email from BidSync?  Yes  No

Other

**HOW DID YOU RECEIVE THE BID DOCUMENTS?**

Downloaded from Home Computer?  Yes  No

Downloaded from Company Computer?  Yes  No

Requested a Copy from Collin County?  Yes  No

Other

Thank You,

Collin County Purchasing Department

**FORM CIQ**

**CONFLICT OF INTEREST QUESTIONNAIRE**

**Page 2**

**For vendor or other person doing business with local governmental entity**

**5 Name of local government officer with whom filer has affiliation or business relationship.  
(Complete this section only if the answer to A, B, or C is YES.)**

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or other relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?  Yes  No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?  Yes  No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?  Yes  No

D. Describe each affiliation or business relationship.

[Empty text box for describing affiliation or business relationship]

**6**

[Signature line]  
Signature of person doing business with the governmental entity

[Date line]  
Date

Adopted 11/02/2005



**6.2 PROPOSAL REQUIREMENTS:**

The proposal shall include:

6.2.1 Briefly describe the history, mission and vision of the provider organization. Include the date the program first received Texas Department of State Health Services (DSHS) addiction program certification. Describe any lapses in state certification from initial certification date to the present. Describe any findings and corrective actions for most recent DSHS certification site survey.

*6.2.1*

*Life Management Resources was created in 1999 and became Licensed by the Texas Commission on Alcohol and Drug Abuse (TCADA) in October of 2000. There have been no lapses in licensure. We are about to enter our 12<sup>th</sup> year of service to patients in Collin County. The organization was created to fill a gap in treatment for those needing outpatient substance abuse services when Charter Behavioral Healthcare closed its doors in 2000. The idea to create this program was a vision of Fred J. Hansen, Ph.D., BCP, LPC, Laurie Gillis, Ph.D, LPC, and Dr. Lorenzo Triana, MD. Dr. Hansen took the lead in developing the program modeling the program somewhat after that of Charter Hospital, but also based on his training with the Matrix Institute and a decade of work with Daytop Village and its partnership with the World Council of Therapeutic Communities.*

*To date, Life Management Resources has cared for over 10,000 patients. Over 900 patients have been through the entire programming process at no charge.*

*The most recent site survey by DSHS, November 2011, resulted in no corrective actions required.*

*Continued evidence of our striving for success and a vision to provide the highest possible standard of care was evidenced in 2008 when Life Management Resources became nationally accredited by the Joint Hospital Accreditation Commission, the highest standard of recognition that can be awarded to a treatment program or hospital. At the time of the award, LMR was one of only 3, non-hospital based Substance Abuse Treatment programs in America to attain this accreditation. Our last site Survey by JHACO was in January 2012 and there were no recommendations as to corrective action.*

*The mission of Life Management Resources is to provide the highest standard of professional therapeutic treatment, education and recovery support services to patients and their families. In a variety of programs, we focus on identifying not only the presenting needs of our patient, but the life history and current difficulties being faced that may negatively impacting their progress and recovery.*

6.2.2 Briefly describe the treatment facility; the number of patients currently treated daily and annually; nature of patient populations treated in terms of ages, gender, drugs of abuse, other characteristics; primary referral sources; and dollar amount and payer for all current contracts or per diem rates established with governments, insurers and other payers. List the full per diem fee amount approved by DSHS and the date approved, if applicable. List the full fee amount charged to private payers. Describe the program's staffing pattern and certification levels and/or licenses held by each staff member. Include an organizational chart in Appendix A (see item 6.2.15).

6.2.2

*Life Management Resources (LMR) provides treatment for chemically dependent patients and their families as well as for those who are dual diagnosed with mental health disorders. Treatment takes place in three facilities around the county.*

*LMR-Plano occupies 4850 square feet of space in the 3131 Custer Park building at the intersection of Parker Rd. and Custer in Plano. The facility is a warm and friendly facility, well decorated and designed to meet patient comfort. This facility has been occupied since December 2007. This program provides services to adults and adolescents.*

*LMR-McKinney occupies 1867 square feet of space in the Sunrise Executive Plaza on Hwy. 380 directly across the street from Raytheon and a 5 minute drive from either courthouse. This facility was built out as new construction for our treatment facility in June 2009. The facility is warm and inviting and is fully equipped with kitchen and lounge area for patients to visit in.*

*LMR-Wylie occupies 2100 square feet of new construction in a new building designed for LMR. The facility is conveniently located at the intersection of Ballard and Hwy 78 in the center of Wylie. This new facility was completed in late 2010 and is designed to accommodate patients in a warm and comfortable environment. **This facility is the ONLY treatment program in the eastern half of Collin County. Approximately 96% of all patients in this facility would not be able to get treatment were the facility not available.** This location serves patients from Farmersville to Sachse, including Wylie, Lavon, Nevada, Josephine, Murphy, Parker and other smaller localities in the eastern half of the county.*

Location	LMR-Plano	LMR-McKinney	LMR-Wylie	LMR-total
# patients daily	60	25	15	*100
# patient visits annually	*15000	*3900	*2340	* 21240
Ages	13-84	17-84	17-84	
Gender	60% male; 40% female	60% male; 40% female	60% male; 40% female	
Drugs of abuse	40% alcohol; 35% drugs; 25% alcohol and drugs	40% alcohol; 35% drugs; 25% alcohol and drugs	40% alcohol; 35% drugs; 25% alcohol and drugs	*drugs include both illegal drugs and the abuse of prescription medication.
Other - dual diag	Dual diagnosis patients are 40% of total	Dual diagnosis patients are 40% of total	Dual diagnosis patients are 40% of total	
Primary referral source	Managed Care; NorthStar; EAP resources; probation; churches, CPS, attorneys, direct marketing	Managed Care; NorthStar; EAP resources; probation; churches, CPS, attorneys and direct marketing	Managed Care; NorthStar; EAP resources; probation; churches, CPS, attorneys and direct marketing	
				* patient visits

Current Contracts	Per Diem
Value Options - NorthStar	\$65.00
Value Options - Commercial	\$125.00
Aetna	\$165.00
Blue Cross Blue Shield Texas	\$250.00
Cigna	\$145.00
Magellan	\$125.00
MHN	\$150.00

PHCS	\$150.00
Self-Pay (sliding scale)	\$150.00 (highest level and goes down based on financial resources)
Mental Health Network	\$125.00

*Life Management Resources does not contract with DSHS.*

**Organization Chart**

*Our staffing pattern is based on one counselor for every 20 patients or less. The organization is composed of the following staff:*

**Administrative Staff**

- Fred J. Hansen, CEO, Ph. D., LPC (Texas)*
- Marieta J. Hansen, B.A., Vice-President, Community Liaison*
- Kimberly Fred, B.S., Administrator*
- Rhonda Blakemore, Office Administrator*
- Amber Rowe, B.A., Office Administrator – McKinney*
- Julie Sebastian, Community Outreach, Education, Information*
- Crystal Diapazzo, B.A., Billing Specialist*

**Clinical Staff**

- Fred J. Hansen, Ph.D., BCP, LPC*
- Christi Nelson, A.A., L.C.D.C.*
- Sabina Stern, M.A., L.C.D.C.*
- Cortez Bell, M.A., L.C.D.C., LPC-I*
- Jessica Fred, B.A., L.C.D.C.*
- Andi Headrick, M.A., L.P.C.*
- Matt Osbourne, A.A., L.C.D.C.I.*
- Julie Wesley, M.A., L.M.F.T.*
- Casey Cobb, M.A., LPC-I*

6.2.3 Describe the program’s history of treating people referred by the criminal justice system including the approximate number of months/years program has treated criminal justice patients, approximately number of criminal justice patients treated over time, nature of addiction and other problems presented by criminal justice clients, and evidence-based treatments used at the program. Briefly describe any services specifically used to address criminality and associated behaviors. List the names of criminal justice agencies/programs that refer patients to your program.

6.2.3

**History of working with Criminal Justice Patients**

*We began treating criminal justice patients in our first week of operation. To date we have worked with over 1500 criminal justice patients. We have developed a strong working relationship with the court system and probation, identifying appropriate ways to report patient progress and a strong communication link with probation officers. We do not find criminal justice patients to require a specific treatment plan or methodology. However, we do work closely with probationers, parolees and court supervised clients to insure that they are aware of and are meeting all the requirements of the referral source. With the support of probation and the courts, we find the ability to keep them active in treatment supersedes that of non-criminal justice clients.*

Modalities used with this population are motivational interviewing, cognitive behavioral therapy (Beck and Ellis), Reality Therapy (Glasser) and Prolonged Exposure Therapy (Foa).

In 2009 we began working with the DWI Court of Judge Ray Wheless. We have provided treatment to approximately 85% of all patients in this program. When Judge Wheless began the Felony Drug Court, we became the provider to assist with patients in that venue. To date we have helped 75 people in that program. We began working with Judge Wilson in the new DWI court when that program started. We have a strong relationship with Ms. Twyla Caton, Court Administrator and her probation staff. We have worked with Judge Corrine Mason in her new court and several patients who came through that program.

It is important to know that of all the referrals sent to us by these courts, we have only required court funding for 5 patients in 2011. Because we are fully accredited, we are an in-network provider for most major insurance companies as well as the largest substance abuse provider under the NorthStar system in Collin County. This results in a significant savings to the courts. It is our goal to serve the Drug Court System in the most effective way possible. To that end, we will provide treatment to all who are sent to us at no cost to Collin County. If they have managed care we are in-network and will accept that payment. If they are NorthStar eligible, we will accept that being the largest NorthStar substance abuse provider in the County, if they fail to qualify for that, we will accept at no cost to Collin County.

- 6.2.4 Identify the person(s)/departments and contact information for staff responsible for receiving referrals. Specify the times and days of the week when referrals will be accepted, and the times and days of the week when patient admissions may occur. List the eligibility criteria for patients admitted into your program.

6.2.4 Clients coming into our programs from the court may contact Ms. Christi Nelson in the McKinney Office for admissions 469-742-8910. Clients may contact Ms. Rhonda Blakemore in the Plano Office at 972-985-7565. Clients may contact Mr. Cortez Bell in the Wylie Office at 972-941-8757. Admissions are done Monday thru Friday during normal business hours. Clients referred by the court for treatment must meet ASAM diagnostic criteria for Level I or II for admission to the level of service being requested.

- 6.2.5 Indicate provider's agreement to establish intake appointments within 10 working days of the referral. Briefly describe the intake process. Indicate provider's agreement to admit patients on the same day as intake appointments. Describe any transportation services offered by provider.

6.2.5 All intakes are done on the date of the referral or as soon as the client is ready to begin the program. There are no waiting times for intake appointments. The intake process for court clients involves the completion of intake documents, assessments, consent forms and the completion of a biopsychosocial interview with a counselor. This process requires approximately one hour. Clients will complete an orientation group in their first week of enrollment. Life Management Resources does not provide transportation services.

- 6.2.6 Briefly describe assessment and treatment planning procedures. List the standardized and non-standardized assessment and treatment planning instruments used by the program. Include copies of non-standardized assessment and treatment

planning instruments in Appendix A (see item 6.2.15). Do not include copies of standardized instruments such as ASI, TAP, ASAM PPC, etc.

#### 6.2.6

*As part of the intake documents, new clients complete the NDP-MAST, ASAM/TDI and SASSI assessment instruments. These are scored by the counselor doing the intake. Other assessment instruments may be used if deemed appropriate. However, a greater weight is given to that information obtained by the counselor in the biopsychosocial interview and collaborative information obtained from the clients' probation or parole officer, including the clients' history with law enforcement. Treatment planning during intake follows a generic substance abuse treatment plan. When the client meets for their first individual session, a personalized treatment plan will begin to develop and will continue to develop over the entire course of treatment as new information is discovered and new plans need to be formulated. All data collected from the client, all treatment planning, noting, progress reporting is maintained on our Electronic Medical Records System and reports are available at any time.*

- 6.2.7 Provide substance abuse education; individual and group counseling; relapse prevention; family/collateral interventions; and other treatment services. Briefly describe all services that will be offered to clients referred under this RFP, including any on-site medication services and mental health treatment. Identify all evidence-based treatments or interventions used. Provide a weekly schedule of services in Appendix A (see item 6.2.15).

#### 6.2.7

*The educational portion of the curriculum takes place in group sessions three times per week. Each Monday (AM and PM Groups) is devoted to a discussion of relapse prevention and relapse planning issues. Tuesday evening and Wednesday morning groups are devoted to a life skill development (anger management, stress management, dealing with grief and loss, post acute withdrawal, brain neurology, stages of addiction, etc.). Thursday evening and Friday morning sessions deal with family specific topics and families join their member in group. Topics discussed are codependency, boundaries, developing healthy relationships, dealing with resentments and learning to forgive. Individual sessions attempt to identify the root causes of addiction. Clients are taken back through a life history to identify events in their early life that are creating anxiety and disruption in their present life. It is the founding principle of Life Management Resources to identify the underlying pathology of addiction. Dr. Hansen clearly identifies the methodology used to achieve this critical goal. Family counseling sessions are provided by Dr. Hansen and Ms. Julie Wesley, LMFT when required to assist the client and their family identify issues causing disruption in the family that may be affecting the client's treatment. Life Management Resources does not provide on-site medication services, but rather at the office of our Medical Director Dr. Noor Gajraj, M.D., an ASAM Credentialed Addictionologist. NorthStar patients will be referred to a qualified NorthStar SPN. With master's level and doctoral level therapist, we are able to specifically address the co-morbid mental health issues a client may present with and assist them with dealing with those issues. Providing that information and identifying those issues insures a higher level off success in the treatment of those patients.*

*All treatment is based on cognitive behavioral therapy (both Beck and Ellis); motivational interviewing (Miller); Reality therapy (Glasser), Prolonged Exposure Therapy (Foa) and family therapy (using a variety of systemic family counseling modalities.) Relapse prevention models are based on the Matrix Institute Model and the Gorki/Miller model of Relapse Prevention. In our ongoing work with the Veterans Administration under the direction of Dr. Pamela Head, we are applying the knowledge learned in our treatment of PTSD patients to Substance Abusing patients*

using *Prolonged Exposure Therapy*. Dr. Hansen recently completed the VA/Harvard University curriculum of *Prolonged Exposure Therapy* and has provided continuing education to all staff on its use.

- 6.2.8 Indicate provider's agreement to accept patients who are receiving medication-assisted treatment, including but not limited to antabuse and naltrexone.

6.2.8

*Over 50% of our patients are medication-assisted. We have developed protocols for helping patients identify the effectiveness of their medication and reporting that result back to the prescribing physician. We do agree to accept patients receiving medication-assisted treatment.*

- 6.2.9 Indicate provider's agreement to accept patients who have co-occurring mental health disorders and are stable and receiving mental health treatment and medication.

6.2.9

*Only a master's level or doctoral level therapist can provide treatment for patients with co-occurring mental health disorders. We are equipped to handle this clientele and have staff to deal with these specific issues. All with dual diagnosis will also be seen by our Medical Director or a NorthStar SPN doctor.*

- 6.2.10 Provide random drug testing. List the panel of illicit drugs for which testing is done, and describe the method and frequency of testing. Costs for drug testing must be included in the daily treatment rate proposed by the applicant.

*6.2.10 We provide random drug testing for clients based on a working agreement with probation or other referring agencies. All tests are UA's and the frequency is based on what we and the referring agency feel is an appropriate schedule. Drugs tested for are alcohol, mAMP, AMP, BZO, MTD, OPI, COC, BAR, PCP, THC. In general we will refer most patients to a number of local DOT certified labs for more accurate testing that can be done in our office. In office testing is done at the request of the referring agency or if a counselor senses a client may be under the influence.*

- 6.2.11 Indicate provider's agreement to provide weekly progress reports on each patient to the DWI Court Program and to have a counselor attend court sessions to discuss the progress of patients seen by the provider. In addition, indicate providers agreement to provide financial data to Collin County as requested.

6.2.11

*Life Management Resources agrees to provide weekly progress reports on each client in the Court Programs. We will agree to periodically send a counselor to the court sessions when the court feels it is necessary for that clients' counselor to provide information beyond that included in the weekly report, but cannot agree to devote a person to three courts at every session every week.*

- 6.2.12 Provide individualized discharge planning for patients. Briefly describe discharge planning procedures. Describe aftercare services including types of aftercare services, location of services, frequency of contacts with program graduates, and the existence of patient alumni groups. List all memorandums of understandings

and/or other linkages with medical, mental health, housing, employment, and other ancillary support service providers in the Dallas-Ft. Worth area to which patients may be referred upon discharge.

6.2.12

*Upon completion of the program a discharge summary is completed for all patients that identifies the presenting issues, other issues identified during the course of treatment and any remaining issues still to be worked on at the close of treatment. A discharge plan is completed that identifies what items still need to be addressed and how they should be addressed, including resources necessary to complete these items (individual counselor referrals, medication referrals, support group referrals, etc.). Aftercare is provided at all Life Management Resources each week. As part of the program, patients may come back for group sessions each week, one time per week. The first and third Monday of each month is Graduate Group Session, in which those who have graduated may come to a counselor led support group to assist with any ongoing issues the client may be confronting. There is no cost for this program. Clients may access up to four individual counseling sessions with their counselor at no charge for the first year. All clients are contacted at 60, 120 days and 180 following completion of the program to identify how well they are doing. A copy of our Memorandum of Understanding with Dr. Noor Gajraj, M.D. is attached.*

6.2.13 Indicate provider's agreement to participate in any aftercare program established by the DWI Court Program.

6.2.13

*Life Management Resources has participated in all requirements of the DWI Courts since their inception. It would be our intention to continue to participate in such programs. If there is a change we will do our best to meet any new requirements but would reserve the right to review such changes before make that commitment.*

6.2.14 Furnish the name and contact information for at least three professional references that have purchased similar services from the applicant.

6.2.14

*Collin County  
McKinney, TX  
DWI Court- Judge Wilson  
Felony Drug Court – Judge Wheless*

*Value Options  
P.O. Box 4080  
Virginia Beach, VA 23454  
800-397-1630  
Attn: Provider Relations/Credentialing*

*Value Options  
1100 Belt Line Road  
Coppell, TX  
972-906-2500  
Attn: Holly Brock, Clinical Director NorthStar*

*Cynthia Whitley  
Senior Field Network Coordinator  
Magellan Health Services  
1301 East Collins Blvd.  
Ste. 100  
Richardson, TX 75081  
214-692-3980 Office  
1-800-430-0535 X23980 Office  
1-888-656-4943 Fax*

*Aetna Behavioral Healthcare  
425 Market Street  
15<sup>th</sup> Floor  
San Francisco, CA 94105  
800-333-8724  
Attn: Credentialing*



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**Life Management Resources**

June 21, 2012

To: Dr. Noor Gajraj

From: Dr. Fred J. Hansen

Dr. Gajraj,

Per our previous conversation, we are honored to be able to participate with you through the attached Service Agreement. Our prior Agreement with another physician has now expired and we are so pleased to be able to be in a relationship with you.

Just so you know, we are extremely thankful for your help and support and care for NorthStar patients. This has been an enormous blessing not just to them but to us as well. In the past we have had great difficulty getting help for this population, your staff has been so helpful in getting patients to see you in a very timely manner.

Our population of Managed Care patients is increasing greatly and we will be forwarding all these to you as well.

I appreciate your participation and look forward to visiting with you again soon.



Fred J. Hansen, Ph.D., BCP, LPC

**Life Management Resources :**

- Dr. Fred J. Hansen, PhD, BCP, LPC, CEO*
- Kimberly K. Fred, BS - Administrative Director*
- Christl Nelson, LCDC - Wylie Director*
- Julie Wesley, MS, LMFT - Adolescent Programs*
- Jessica Fred, LCDC - Counselor*
- Andi Ward, MS, LPCI, NCC - Counselor*
- Matt Osborn, LCDCI-Counselor*
- Cortez Bell, BA, LCDC, LPC-I- Counselor*
- Casey Cobb, MA, LPC-I, Counselor*
- Amber Rowe, BS - Community Outreach*
- Marieta J. Hansen, BA - Community Outreach*
- Sabrina Stern, MS - Evaluator*
- Rhonda Blackmore - Plano Administration*
- Crystal DePiazza - Patient Billing*

*"A Partnership of Caring Mental Health Professionals"*

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**Service Agreement between Life Management Resources (herein LMR) and Dr. Noor Gajraj.**

Purpose: *The purpose of this Service Agreement is to create a working relationship between LMR and Dr. Noor Gajraj.*

Whereas both parties are active in the treatment of substance abuse and desire to expand the range of services offered to patients who are suffering from addiction, this agreement is designed to formalize that desire.

LMR shall refer to Dr. Gajraj *all* patients who are in need of medication management, including but not limited to Vivitrol and Suboxone. Dr. Gajraj shall also be available to evaluate patients of LMR who may need medical detoxification or other medical treatment for issues related to substance abuse.

Dr. Gajraj may refer patients to LMR whom he feels need the treatment services of LMR, namely Intensive Outpatient Treatment (IOP) Programs or Supportive Outpatient Treatment (SOP) Programs.

In order to facilitate better care of all patients by entering into contracts with managed care companies, LMR designates by virtue of this service agreement, Dr. Noor Gajraj as Medical Director of Life Management Resources.

No money will be exchanged in consideration of any of these referrals.


Dr. Noor Gajraj is not considered an employee of LMR and will maintain all necessary insurance and comply with all State and Federal laws regarding patient care.

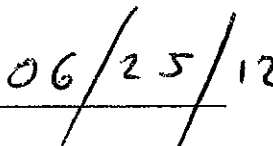
LMR is not a part of the practice of Dr. Gajraj and will maintain all necessary insurance and comply with all State and Federal laws regarding patient care.

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Life Management Resources, Fred J. Hansen, Ph. D., CEO

NPI: 143725531 Date Last Credentialed (JHACO) 6/1/2011

  
\_\_\_\_\_  
Dr. Noor Gajraj, M.D.

  
\_\_\_\_\_  
Date

NPI: \_\_\_\_\_ Date Last Credentialed: \_\_\_\_\_  
*1205922390*



HEALTHCARE PROVIDERS SERVICE ORGANIZATION PURCHASING GROUP

Print Date: 8/17/2011



Certificate of Insurance OCCURENCE POLICY FORM

Producer Branch Prefix Policy Number Policy Period
018098 970 HPG 0272896559 from 10/20/11 to 10/20/12 at 12:01 AM Standard Time

Named Insured and Address: Life Management Resources 3131 Custer Rd Ste 265 Plano, TX 75075-4434

Program Administered by: Healthcare Providers Service Organization 159 E. County Line Road Hatboro, PA 19040-1218 1-888-288-3534 www.hpsso.com

Medical Specialty: Licensed Professional Counselor Firm Code: 80723

Insurance is provided by: American Casualty Company of Reading, Pennsylvania 333 S. Wabash Avenue, Chicago, IL 60604

Professional Liability \$1,000,000 each claim \$3,000,000 aggregate

Your professional liability limits shown above include the following:

- \* Good Samaritan Liability \* Malplacement Liability \* Personal Injury Liability
\* Sexual Misconduct Included in the PL limit shown above subject to \$25,000 aggregate sublimit

Coverage Extensions

Table with 4 columns: Coverage Extension, Amount, Unit, and Aggregate Limit. Includes License Protection, Defendant Expense Benefit, Deposition Representation, Medical Payments, First Aid, Damage to Property of Others, and Information Privacy (HIPAA) Fines and Penalties.

Workplace Liability

Workplace Liability Included in Professional Liability Limit shown above
Fire & Water Legal Liability Included in the PL limit shown above subject to \$150,000 aggregate sublimit

Total: \$ 1,673.00

Base Premium \$1,673.00

Policy Forms & Endorsements(Please see attached list for a general description of many common policy forms and endorsements.)

Table with 6 columns of policy form numbers: G-121500-D, G-121503-C, G-121501-C, G-53752-C42, G-145184-A, G-147292-A, etc.

Handwritten signatures of Thomas F. Motamed (Chairman of the Board) and John M. Walker (Secretary)

Keep this document in a safe place. It and proof of payment are your proof of coverage. There is no coverage in force unless the premium is paid in full. In order to activate your coverage, please remit premium in full by the effective date of this Certificate of Insurance.



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
6/18/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Barry Insurance Agency 5131 Summerhill Road  Texarkana TX 75503		<b>CONTACT NAME:</b> Michelle Blizzard <b>PHONE (A/C No. Ext):</b> (903) 831-3493 <b>FAX (A/C No.):</b> (903) 831-3747 <b>E-MAIL ADDRESS:</b>																						
<b>INSURED</b> HANSEN INDUSTRIES DBA LIFE MANAGEMENT 3131 CUSTER RD  PLANO TX 75075		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>HARTFORD LLOYDS</td> <td>38253</td> </tr> <tr> <td>INSURER B:</td> <td></td> <td></td> </tr> <tr> <td>INSURER C:</td> <td></td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	HARTFORD LLOYDS	38253	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER D:																								
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**COVERAGES**      **CERTIFICATE NUMBER:** 2012-2013      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			468BAVG9712	5/19/2012	5/19/2013	EACH OCCURRENCE \$ 2,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
							PERSONAL & ADV INJURY \$ 2,000,000
							GENERAL AGGREGATE \$ 4,000,000
							PRODUCTS - COMP/OP AGG \$ 4,000,000
							\$
	GENL AGGREGATE LIMIT APPLIES PER:						
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	EXCESS LIAB						AGGREGATE \$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						WC STATUTORY LIMITS
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH)						OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT \$
							E.L. DISEASE - EA EMPLOYEE \$
							E.L. DISEASE - POLICY LIMIT \$

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
**Property Locations:**  
 3131 Custer Rd., Suite 265, Plano, TX 75075  
 303 S. Jackson, Suite 100, Wylie, TX 75098  
 2414 W. University, Suite 115B, McKinney, TX 75071

**CERTIFICATE HOLDER**      **CANCELLATION**

FOR INFORMATION PURPOSES ONLY TO BE SHOWN AS CERTIFICATE HOLDER PLEASE FAX YOUR REQUEST THE AGENT AT (903) 831-3747	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Teresa Smith/MEC <i>Teresa C. Smith</i>
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### **Workers Compensation Insurance**

Currently Life Management Resources does not carry workers compensation insurance based on the advice of our insurance advisors. Being purely clerical, there is little potential risk.

However, should we be part of an award on this solicitation, and should the county believe that our maintaining such coverage is necessary, we will provide such coverage as is necessary.