

## MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES (MCCMHS)

### REQUEST FOR PROPOSALS (RFP)

#### INSTRUCTION SHEET

An original (*unbound*), one (1) electronic, and six (6) copies of each proposal are both to be submitted to MCCMHS' Provider Network Management by **noon on Thursday, July 8, 2021**. The following must be included in the order listed:

- A. Proposal Cover Sheet (sample enclosed)
- B. Narrative
  - 1. Brief history of the organization, including your experience, and other evidence of your qualifications to undertake the RFP you are bidding on. Of particular interest to MCCMHS is the success of current operations, according to both internal assessment processes you may use and success with external audits.
  - 2. Acknowledgment or disclaimer of Macomb County relationships.
  - 3. Description of current operations, with organizational chart, and resumes of key administrative staff.
  - 4. For the RFP you are bidding on, include:
    - a. Any information not requested that explains further your program or behavioral/mental health expertise
    - b. Any proposed modifications to the RFP (including conflicts of interest)
    - c. Audited financial statements for the last two years, if applicable)
    - d. Disclosure of any litigation over the last 5 years
    - e. Disclosure of any substantiated Recipient Rights violations (to include Macomb and other PIHPs/CMH Boards/CMH Authorities (last five years)
    - f. Evidence of contracting with other CMH/PIHP/Authorities and/or includes at least two letters of reference/support
    - g. Bidder's credit history and credit report
    - h. Criminal background check on principal staff; corporate compliance plan
    - i. Proposed service rates, if required by the RFP
    - j. History of compliance with applicable rules, regulations, laws, and ordinances to contract performance.
    - k. Quality Improvement Plan and/or Quality Management Report
    - l. Evidence of Satisfaction Surveys from persons served
- C. Appendix
  - 1. List of primary or secondary consumers of mental health services on the bidder's Board or organizational committees
  - 2. List of Executive Officers
  - 3. Articles of Incorporation (if not under current contract with MCCMHS)
  - 4. Certificate of Incorporation (if not under current contract with MCCMHS)
  - 5. Evidence of IRS 501 (c)(3) Status (if applicable)
  - 6. Copy of current Federal W-9
  - 7. Completed & signed Macomb County CMH *Provider Profile Application*

8. Copy of bidder's current Liability Insurance
9. Copies of letters, certificates, etc. of accreditation status by a nationally recognized accreditation association (if applicable)
10. Copies of two reference letters, if not currently under contract to MCCMHS