

Request for Proposal

Primary Service Providers

October 15, 2021



MACOMB COUNTY COMMUNITY MENTAL HEALTH

Guided by the values, strengths, and informed choices of the people we serve, Macomb County Community Mental Health provides an array of quality services which promote community participation, self-sufficiency, and independence

REQUEST FOR PROPOSALS

Primary Provider Services

I. OVERVIEW:

Macomb County Community Mental Health (MCCMH) announces a Request for Proposal (RFP) for Primary Service Providers from qualified Vendors to server persons in Macomb County who qualify for Medicaid, General Fund, Severe Emotional Disturbances (SED), Children’s Waiver (CW), Habilitative Waiver (HAB) services.

A. Deadline

The deadline for submission of this proposal is Friday, November 19, 2021, by 12:00PM. Proposals received after this date and time will not be considered.

B. Disclosure

Bidders must acknowledge any relationship between the bidder’s principal officers and Board members and any members of MCCMHS (to include staff employees, board members, and principal directors). Disclosure must also be made regarding the bidder’s relationship, if any, with any member of the Macomb County Board of Commissioners or any Macomb County Department Head.

C. Rejection of Proposals

MCCMH reserves the right to reject any and all proposals received as a result of the RFP, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interests of MCCMH. This RFP is made for information and planning purposes only. MCCMH does not intend to award a contract solely on the basis of any response made to this request, or otherwise pay for the information solicited or obtained.

D. Incurring Costs

MCCMH is not liable for any cost incurred by contractors prior to issuance of a contract.

E. Disclosure of Pre-Proposal Contents – Freedom of Information Act

Please be advised that ALL information submitted in response to public Request for Proposals may be divulged under the provisions of the Freedom of Information Act (FOIA). Confidential or proprietary information cannot be shielded from disclosure under the FOIA requirements for a public bid process.

F. Acceptance of Proposal Content

The contents of the proposals of the successful bidder may become contractual obligations if a contract continues. Failure of the successful bidder to accept these obligations may result in cancellation of the contract.

G. Right to Re-Bid

MCCMH reserves the right to re-bid all or some components of this Request for Proposal (RFP) in the event of significant changes to Medicaid Policy.

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H. Contract Award Date

This will be a two-year engagement with an MCCMH option for renewal at MCCMH's discretion, dependent on performance, funding and system need.

I. Debarment and Suspension

Bidder agrees to comply with Federal regulation 42 CFR Part 180 and certifies they: 1. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any federal department or agency; 2. Have not been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract under a public commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; 3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state or local) with commission of any of the offenses enumerated above, and: 4. Have not had one or more public transactions (federal, state or local) terminated for cause or default.

II. SCOPE OF SERVICES:

MCCMH is seeking partnership with a Vendor who can provide the following services to persons in Macomb County in a community-based setting (i.e. persons home, choice of location, Macomb County based office):

- A. Psychiatric Services
- B. Case Management Services
- C. Therapy Services
- D. Nursing Services
- E. Intake Appointments
- F. Peer Support Services

III. VENDOR REQUIREMENTS/EXPECTATIONS:

- A. The Vendor will serve Medicaid (and General Fund) populations. It is expected that the provider will also be paneled with various insurance companies (to include Medicare). Bidders must be familiar with a variety of funding streams, including commercial insurance, Medicare, fee-for-service Medicaid, including the waiver program(s).
- B. The Vendor will be required to understand and coordinate and assist persons applying for and sustaining Medicaid benefits as well as support persons who may have a Medicaid deductible.
- C. The Vendor must be Accredited by a nationally recognized organization.
- D. The Vendor must be able to demonstrate a history of successfully providing services outlined in this RFP to both children and adults diagnosed with severe mental illness, serious emotional disturbances, persons who are developmentally delayed and persons who may be dually diagnosed with a substance abuse disorder.

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- E. The Vendor must coordinate care with the individual's physical health care providers/needs and integrate such needs in the Person-Centered Plan.
- F. The Vendor should be skilled in the Person-Centered Planning process and be prepared to coordinate an extensive array of services and supports.
 - o Services to be coordinated include but are not limited to: self-determined individual budgets, use of fiscal intermediaries, individual served and family supports, housing and public housing subsidies, vocational training, regular and integrated employment, and traditional as well as supported education services. The Vendor is expected to assist individuals served in their interaction with local school districts, local providers of medical services, public housing authorities, the Michigan Department of Human Services (such as applications for Medicaid, Home Help, and transportation), and local offices.
- G. The Vendor is expected to utilize the MCCMH electronic medical record known as FOCUS for all documentation.
 - o Documentation will include but is not limited to, intake assessments, Financial Determination Agreement, Person Centered Plan, Periodic Reviews, Releases of Information, Coordination of Care, Medicaid Review notes, Psychic Evaluations, Appointments and Appointment availability, other assessments specific to the persons care needs, etc.
- H. The Vendor will be expected to submit all claims for services through the FOCUS system.
- I. The Vendor will be expected to work with the MCCMH Managed Care division to support the system with level of care determination, authorization and utilization management needs.

IV. PROGRAM GOALS:

- A. Access to Services:
 - o Please see the Attachment B for specific details.

V. CONTRACTOR RESPONSIBILITIES

- A. The selected Vendor shall be able to demonstrate knowledge of and experience with Medicaid rules, regulations, and covered services.
- B. The selected Vendor shall be able to demonstrate competency and knowledge of the Michigan mental health system in relation to MCCMH.
- C. The selected Vendor shall be able to demonstrate knowledge of the priority populations as identified above.

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VI. GENERAL CONTRACTUAL RESPONSIBILITIES

- A. The selected Vendor shall comply with all privacy and security standards as stipulated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- B. The selected Vendor shall comply with all Federal and Michigan Laws, regulations and the Michigan Administrative Code, the Michigan Mental Health Code, and the Michigan Department of Health and Human Services (MDHHS) Contractual obligations.

VII. VENDOR REQUIREMENTS

- A. The selected Vendor should have a minimum of two (2) years' experience in identified areas outlined in this RFP.
- B. The selected Vendor must have the organizational capacity to provide the services described in this RFP.
- C. The selected Vendor shall possess licensure or certification as needed and/or required and accreditation by a nationally recognized accreditation organization as needed and/or required by federal, state, or local statute or professional requirement.
- D. The selected Vendor must be able to begin services within 60 days of approval of the contract. If the selected Vendor cannot begin providing services outlined in this RFP by as required, they should submit a timeline for a plan for full implementation.

VIII. CONTENT OF PROPOSAL

- A. Title Page
Please identify the RFP subject, name of your organization, address, and lead contact individual at your organization along with their contact information.
- B. Table of Contents
Include a clear identification of the material by section and page number.
- C. Description of Scope of Work
The proposal should describe a work plan outlining how the Vendor will provide the services outlined in the RFP. The bidder should describe the philosophy that will be utilized, along with the interest and capacity to meet the needs of our system of care.
- D. Organization's Qualifications and Experience
Overview of the bidder's organization, the number and nature of the staff to be employed and credentialed to provide the services and serve in leadership roles in the organization. The bidder should describe any qualifications and/or experience and/or demonstrated competency specifically related to services outlined in this RFP.
- D. Identification of Anticipated Problems
The proposal should identify and describe any anticipated or potential problems, the approach to resolving these problems and any special assistance that will be requested from MCCMH.

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E. Selected Vendor's Assurances

The selected Vendor(s) will be required to assume responsibility for all services offered in their proposal. The Vendor must agree not to discriminate against employees or applicants for employment on the basis of race, religion, color, national origin or handicap.

F. Costing of Primary Provider Services

The Vendor must provide their rate for services outlined in this RFP and are welcome to include other services which would support the Primary Provider Services line such as but not limited to Evidence Based services. The Vendor should include either all or a sampling of approved Medicaid Billable codes (CPT codes) that they are able to provide to support persons in Macomb County. MCCMH and the selected Vendor will work in partnership to develop rates once the Vendor has been approved for contracting by the MCCMH Board.

G. Reference

The Vendor must provide at least one (1) letter of reference as well as evidence of contracting with another Pre-Paid Inpatient Health Plan (PIHP) and/or Community Mental Health (CMH) system.

IX. PROPOSAL EVALUATION

Submitted proposals will be evaluated in the following areas by the MCCMHS' Procurement Review Committee.

- A. The Vendor's experience and performance in the provision of related services.
- B. The Vendor's professional personnel and management personnel that will be assigned to work with Macomb persons.
- C. Adequacy of proposed staffing plans.
- D. Finance and cost.
- E. Quality/thoroughness of Proposal

In addition, the MCCMH's Procurement Review Committee will also review the following:

- The number and scope of conditions, if any, attached to the bid
- Whether the bidder is presently in default to MCCMH for any reason

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