

# *Request for Proposal*

## *Residential Jail Diversion Program*

February 4, 2022

**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**

### **Residential Jail Diversion Program**

#### **I. OVERVIEW:**

Macomb County Community Mental Health (MCCMH) announces a Request for Proposal (RFP) for Residential Jail Diversion services from qualified Vendors to serve persons in Macomb County. MCCMH is seeking partnership with a Vendor who can provide community-based and residential services to adjudicated adult offenders being diverted from incarceration or released from current incarceration. Residential Jail Diversion and rehabilitation services are offered as an alternative to incarceration and will focus on assisting persons with mental illness, substance use disorder(s), homelessness, and/or co-occurring disorders.

##### **A. Deadline**

The deadline for submission of this proposal is Friday, March 4, 2022, 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 MCCMH (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 ensues. Failure of the successful bidder to accept these obligations may result in cancellation or termination of the contract.

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#### **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.

#### **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, residential setting:

- A. Intake and Assessment
- B. Case Management
  - a. Community Referrals
  - b. Community Skill Building
  - c. Budgeting
  - d. Spirituality
  - e. Parenting
- C. Room and Board (three meals per day)
- D. Individualized Counseling/Therapy/Anger Management Skills
- E. Group Counseling/Therapy
- F. Community Referrals, Community Integration Activities, Recreational Activities
- G. Medication Management
- H. Cognitive Behavioral Change Skills
- I. Instruction(s) in Personal Hygiene Care
- J. Socialization Skills
- K. Educational Didactics
- L. GED Tutoring
- M. Parenting Skills
- N. On-site Alcoholic Anonymous and/or Narcotics Anonymous Meetings
- O. Employment and Housing Assistance

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#### **III. VENDOR REQUIREMENTS/EXPECTATIONS:**

- A. The Vendor will serve Medicaid (and uninsured) populations. It is expected that the provider will also be paneled with various insurance companies (to include Medicare).
- 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. It is preferred that the vendor is 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 adults diagnosed with severe mental illness and persons who may be dually diagnosed with a substance abuse disorder.
- E. The Vendor should be skilled in the Person-Centered Planning process and able/prepared to coordinate an array of external services.
- F. The Vendor must coordinate care with the individual's physical health care providers/needs and integrate such needs in the Person-Centered Plan.
- G. The Vendor must provide services for resident(s) offered for, 24 hours per day, seven (7) days per week in a supported, structured environment as described in their individual plan of service.
- H. The Vendor shall be responsible for transportation of program participants to required court hearings, required appointments, and other activities deemed necessary/appropriate to achieve rehabilitation.
  - The Vendor shall ensure transportation vehicles meet all Federal, state and/or local codes necessary for the transportation of program participants.
  - The Vendor shall ensure all employees responsible for transportation of program participants obtain and maintain any/all necessary licenses from the Michigan Secretary of State for the purposes of transporting individuals and/or to operate the specific vehicles that will be used in the transportation of program participants.
- I. The Vendor must make the facility available for inspection by the Macomb County Community Mental Health and other agencies, as needed to ensure compliance with contract standards and the specific conditions of the persons' jail diversion status.
- J. The Vendor must ensure that each participant's treatment plan is updated no less than every 30 days. The treatment plan updates should be comprehensive and include a review of the participant's attendance and participation in therapy; achievement of therapeutic goals; interactions with other participants and staff; adherence to house rules; as well as an assessment of the ongoing need for residential, substance use, and/or mental health treatment.

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- K. The Vendor must immediately contact and notify the Sheriff's Office Administrator of any program participant who has absconded or has been terminated from the residential rehabilitation program for noncompliance.
  - o Notification to the Sheriff's Office Administrator should be documented in the program participant's chart.
- L. The Vendor must provide coordination of aftercare services and appointments for those participants who successfully complete the residential services and rehabilitation program.
- M. 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, Medical Review notes, Psychiatric Evaluations, Appointments and Appointment Availability, other assessments specific to the persons care needs, etc.
- N. The Vendor will be expected to submit all claims for services through the FOCUS system.
- O. 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 Attachment B to be developed in partnership with selected Vendor which will outline specific program 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, the corrections system, and the legal systems as it pertains to jail diversion.
- C. The selected Vendor shall be able to demonstrate knowledge of the priority populations as identified above.

#### **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.

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- 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 indicate in their response when they will be able to begin services and 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.
- 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.

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#### **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 program 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.

#### **H. Organizational Information**

The Vendor must provide annual audited financial statement for the past two (2) years. The Vendor must provide and current criminal background check for the organizations principal staff. The Vendor must provide reference to any litigation involving the organization during the past five (5) years. The Vendor must provide reference to any substantiated recipient rights violations by the organizations principal staff over the past five (5) years.

### **IX. PROPOSAL EVALUATION**

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

- A. The Vendor's experience and performance in the provision of related services including personnel.
- B. The Vendor's history of compliance with rules, regulations including the Office of Recipient Rights.
- C. Finance and cost.
- D. Quality/thoroughness of Proposal (see instruction sheet for all required documents)

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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