

# ***Request for Proposal***

## ***Behavioral Health Treatment / Applied Behavior Analysis***

***April 14, 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**

### **Behavioral Health Treatment/Applied Behavior Analysis**

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

Macomb County Community Mental Health (MCCMH) announces a Request for Proposal (RFP) for **Behavioral Health Treatment (BHT) / Applied Behavior Analysis (ABA) Services** from qualified vendors to provide these services to individuals under 21 years of age with a diagnosis of Autism Spectrum Disorder (ASD) in Macomb County. Individuals served with BHT including ABA services must reside in a community setting, be Medicaid eligible, and currently be enrolled in a Medicaid benefit plan. For the purposes of this Request for Proposal, these services are to be provided either in the home or in a clinic-based setting.

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

The deadline for submission of this proposal is Thursday, May 12, 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 continues. Failure of the successful bidder to accept these obligations may result in cancellation 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 (2) year engagement with an 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 home or clinic-based setting:

#### Behavioral Assessment(s)

- A. Identification of strengths and weaknesses across domains and potential barriers to progress.
- B. Development of individualized behavioral plan of care with the individual, family, and treatment planning team.
- C. Direct observational assessments, structured interviews, and analysis by a qualified behavioral health professional (QBHP).

#### Behavioral Intervention(s)

- A. These services should include a variety of behavioral interventions which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence.
- B. Delivery of services primarily in the home and in other community settings.
- C. Collecting information systematically regarding behaviors, environments, and task demands.
- D. Adapting environments to promote positive behaviors and learning while discouraging negative behaviors.

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- E. Applying reinforcement to change behaviors and promote learning.
- F. Teaching techniques to promote positive behaviors, build motivation, and develop social, communication, and adaptive skills.
- G. Teaching parents/guardians to provide individualized interventions for their child for the benefit of the child.
- H. Using typically developing peers (e.g., individuals who do not have ASD) to teach and interact with children with ASD.
- I. Applying technological tools to change behaviors and teach skills.

### **Behavioral Observation and Direction**

- A. Clinical direction and oversight provided by a qualified provider to a lower-level provider based on the required provider standards and qualifications regarding the provision of services to a child.
- B. Face-to-face observation and direction to a lower-level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child.
- C. This service is for the direct benefit of the child and should provide a real time response to the intervention for the purpose of maximizing the benefit of the child; also, informing of any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the behavioral plan of care.

### **Telepractice for BHT Services**

- A. All telepractice services must be prior authorized (i.e., IPOS indicates telepractice as an identified treatment modality for the person served) by MDHHS.
- B. Telepractice must be obtained through real-time interaction between the child's physical location (patient site) and the provider's physical location (provider site). Telepractice services are provided to patients through hardwire or internet connection.
- C. Qualified providers of behavioral health services are able to arrange telepractice services for the purposes of teaching the parents/guardians to provide individualized interventions to their child and to engage in behavioral health clinical observation and direction. Qualified providers include BCBA, BCaBA, LP, LLP, and/or QBHP.
- D. The provider of the telepractice service is only able to monitor one child/family at a time.
- E. It is the expectation that providers, facilitators, and staff involved in telepractice are trained in the use of equipment and software prior to servicing patients.
- F. The administration of telepractice services is subject to the same provision of services that are provided to a patient in person. Providers must ensure the privacy of the child and secure any information shared via telemedicine. The technology used must meet the requirements of audio and visual compliance in accordance with current regulations and industry standards. Refer to the General Information for Providers Chapter of the MDHHS Medicaid Provider Manual for the complete Health Insurance Portability and Accountability Act (HIPAA) compliance requirements.

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- G. The patient site may be located within a center, clinic, at the patient's home, or any other established site deemed appropriate by the provider. The room must be free from distractions that would interfere with the telepractice session.
- H. A facilitator must be trained in the use of the telepractice technology and be physically present at the patient site during the entire telepractice session to assist the patient at the direction of the qualified provider of behavioral health.

The use of punitive, restrictive, or intrusive interventions is prohibited during ABA, except in accordance with MCCMH MCO Policy 8-008 (Behavior Treatment Plan Review Committee). Treatment plans for persons receiving ABA treatment must be approved by the MCCMH Behavior Treatment Plan Review Committee (BTPRC). The ABA Vendor is responsible for following all protocols required under this policy, including obtaining the consent form (Exhibit A to MCCMH MCO Policy 8-008). The use of restraints, seclusion, and aversive techniques are prohibited by the Michigan Department of Health and Human Services (MDHHS) in all community settings.

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

- A. The Vendor will serve Medicaid (and General Fund) populations. 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 must be able to demonstrate a history of successfully providing services outlined in this RFP to individuals diagnosed with severe mental illness, persons who are developmentally delayed and persons who may be dually diagnosed with a substance abuse disorder.
- C. The Vendor should be able to demonstrate a history of working with complex cases including challenging behaviors, history of property destruction, court/legal involvement, medical complexity, difficult placements, and emergency placements.
- D. The Vendor should be skilled in the Person-Centered Planning process and be prepared to coordinate services.
- E. The Vendor is expected to utilize the MCCMH electronic medical record known as FOCUS for claims submission.
- F. The Vendor will be expected to support individual served in service arrangements as required to successfully reach the individuals goals and objectives.
- G. 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.
- H. The Vendor will be expected to implement flexible staffing patterns to best meet the needs of the individuals served.
- I. The Vendor will be expected to employ staff who are knowledgeable and behavioral plans and have the ability to handle behavior problems with a challenging population.
- J. The Vendor will be expected to provide after-hours services specific to ABA for those individuals and families that are unable to receive services during normal business hours.

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- K. The Vendor will be expected to be knowledgeable and have expertise in billing CPT codes specific to the services outlined in this RFP (see State website for applicable CPT codes).

#### **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.

#### **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.
- C. The selected Vendor shall assure that all policies and procedures comply with requirements of MCCMH and MDHHS.

#### **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 required and accreditation by a nationally recognized accreditation organization as required by federal, state, or local statute or professional requirement.
- D. The selected Vendor must be able to begin services immediately, however, bids will also be considered by Vendors that cannot begin delivering services immediately. If the selected Vendor cannot immediately begin providing services outlined in this RFP by as required, they should submit a timeline for a plan for full implementation.

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#### **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.

**F. 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 MCCMH 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.**

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#### 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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