

The logo for Macomb County Community Mental Health is a large, light blue circular emblem. It features a central graphic of three stylized human figures in shades of grey and blue, arranged in a circle. The text "MACOMB COUNTY" is written in a light blue, sans-serif font along the top inner edge of the circle, and "COMMUNITY MENTAL HEALTH" is written along the bottom inner edge.

***Request for Proposal***

***Crisis Stabilization Services***

***December 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**

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### **Crisis Stabilization Services**

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

Macomb County Community Mental Health (MCCMH) announces a Request for Proposal (RFP) for Intensive Crisis Stabilization services from qualified Vendors to serve persons in Macomb County. MCCMH is seeking partnership with a Vendor who can provide crisis behavioral health services to adults and children.

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

The deadline for submission of this proposal is **January 9<sup>th</sup>, 2023** 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 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 or other future federal, state, or locally applicable laws, regulations or policies.

# **REQUEST FOR PROPOSALS**

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## **Crisis Stabilization Services**

### **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. We expect to have the responses scored and a final decision made by February 2023.

### **I. Debarment and Suspension**

Bidder must acknowledge that they agree 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 Intensive Crisis Stabilization services to adults and children in Macomb County.

### **A. Adult Services**

Intensive crisis stabilization services are structured treatment and support activities provided by multidisciplinary team under the supervision of a psychiatrist and designed to provide a short-term alternative to inpatient psychiatric services, to avert a psychiatric admission or to shorten the length of an inpatient stay when clinically appropriate.

A crisis situation is defined as a situation in which an individual who is diagnosed with a serious mental illness or intellectual developmental disability is experiencing one of the following:

- The individual can reasonably be expected, within the near future to physically injure himself or another individual, either intentionally or unintentionally.
- The individual is unable to provide himself clothing, or shelter, or to attend to basic physical activities such as eating, toileting, bathing, grooming, dressing, or ambulating, and this inability may lead in the near future to harm to the individual or to another individual.
- The individual's judgment is so impaired that he is unable to understand the need for treatment and, in the opinion of the mental health professional, his continued behavior, as a result of the mental illness, developmental disability, or emotional disturbance, can reasonably be expected in the near future to result in physical harm to the individual or to another individual.

## REQUEST FOR PROPOSALS

### Crisis Stabilization Services

#### B. Population

Intensive Crisis Stabilization services are for individuals served who have been assessed to meet criteria for psychiatric hospital admissions but who, with intense interventions, can be stabilized and served in their usual community environments. These services may also be provided to individuals leaving inpatient psychiatric services if such services will result in a shortened inpatient stay. Individuals served must have a diagnosis of mental illness or mental illness with a co-occurring substance use disorder or intellectual developmental disability.

#### C. Services

- Intensive individual counseling/psychotherapy
- Assessments (rendered by the treatment team)
- Family therapy
- Psychiatric supervision; and
- Therapeutic support services by trained paraprofessionals

#### D. Qualified Staff

Intensive crisis services must be provided by a treatment team of mental health professionals under the supervision of a psychiatrist. The psychiatrist need not provide on-site supervision at all times but must be available by telephone at all times. Nursing services/consultation services must also be available.

The treatment team may be assisted by trained paraprofessionals under appropriate supervision. The trained paraprofessionals must have at least one year of satisfactory work experience providing services to individuals diagnosed with a serious mental illness as defined by the [MICHIGAN PIHP/CMHSP PROVIDER QUALIFICATIONS PER MEDICAID SERVICES & HCPCS/CPT CODES](#). Activities of the trained paraprofessionals include assistance with therapeutic support services. The team may also include one or more peer support specialists.

#### E. Location of Services

Intensive crisis stabilization services may be provided where necessary to alleviate the crisis situation, and to allow the individual served to remain in, or return more quickly to, his/her usual community environment. Intensive crisis stabilization services must not be provided exclusively or predominantly at residential programs.

Exceptions: Intensive crisis stabilization services may not be provided in:

- Inpatient settings
- Jails or other settings where the individual served has been adjudicated; or
- Crisis residential settings.

#### F. Individual Plan of Service

Intensive crisis stabilization services may be provided initially to alleviate an immediate or serious psychiatric crisis. However, following resolution of the immediate situation (and within no more than 48 hours), an intensive crisis stabilization services treatment plan must be developed. The intensive crisis stabilization treatment plan must be developed through a person-centered planning process in consultation with the

## **REQUEST FOR PROPOSALS**

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### **Crisis Stabilization Services**

psychiatrist. Other professionals may also be involved if required by the needs of the individual served.

The case manager (if the individual receives case management services) must be involved in the treatment and follow-up services.

The individual plan of service must contain:

- Clearly stated goals and measurable objectives, derived from the assessment of immediate need, and stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis.
- Identification of the services and activities designed to resolve the crisis and attain the individuals goals and objectives.
- Plans for follow-up services (including other behavioral health services where indicated) after the crisis has been resolved. The role of the case manager must be identified, where applicable.

### **G. Children's Services**

Intensive crisis stabilization services are structured treatment and support activities provided by a mobile team that are designed to promptly address a crisis situation in effort to avert a psychiatric admission or other out of home placement as well as to maintain the child in their home/present living arrangement.

A crisis situation is defined as a situation in which at least one of the following applies:

- The parent/caregiver has identified a crisis and reports that their capacity to manage the crisis is limited at this time and they are requesting assistance.
- The child can reasonably be expected within the near future, to physically injure self or others either intentionally or unintentionally.
- The child exhibits risk behaviors and/or behavioral/emotional symptoms which are impacting their overall functioning; and/or the current functional impairment is clearly observable change compared with previous functioning.
- The child requires immediate intervention in order to be maintained in their home/present living arrangement or to avoid psychiatric hospitalization or other out of home placement.

Goals of the intensive crisis stabilization services are:

- Rapidly respond to any non-imminently life-threatening emotional symptoms and/or behaviors that are disrupting the child's functioning
- Provide immediate intervention to assist the child and their parents/caregivers in de-escalating behaviors, emotional symptoms and/or dynamics impacting the child's functioning ability
- Prevent and reduce the need for care in a more restrictive setting by providing community-based intervention and resources
- Effectively engage, assess, deliver and plan for appropriate interventions to minimize risk, aid in stabilization of behaviors and improve functioning, and
- Enhance the child and parent/caregivers' ability to access any identified community-based supports, resources and services.

## **REQUEST FOR PROPOSALS**

### **Crisis Stabilization Services**

#### **H. Population**

Intensive Crisis Stabilization services are for children ages 0 to 21 with a diagnosis of serious emotional disturbance (SED) or intellectual developmental disability (IDD), including autism or co-occurring SED and SUD, and their parents/caregivers who are currently residing in the catchment area of the approved program and are in the intensive crisis stabilization services in the home or community. Mobile intensive crisis stabilization teams must be able to travel to those served in crisis for face-to-face contact in one (1) hour or less in urban counties and in two (2) hours or less in rural counties, from the time of the request for services.

#### **I. Services**

- Assessments and identifying current strengths and needs of the child and family.
- De-escalation of the crisis
- Family driven and youth guided planning
- Crisis and safety plan development
- Brief intensive individual counseling/psychotherapy
- Brief family therapy
- Skill building
- Psychoeducation
- Referrals and connections to additional community resources
- Collaboration and problem solving with other child or youth serving systems, and
- Psychiatric consult as needed

#### **J. Qualified Staff**

Intensive crisis services must be provided by a mobile intensive crisis stabilization team consisting of at least two (2) staff who travel to the child in crisis. One team member must be a masters prepared child mental health professional or masters prepared qualified intellectual disabilities professional (QIDP). The second team member may be another professional or paraprofessional under appropriate supervision. Paraprofessionals must have at least one (1) year of satisfactory work experience providing services to children with a diagnosis of SED and/or IDD. The team members must have access to an on call psychiatrist as needed. The team members must be trained in crisis intervention and de-escalation techniques.

#### **K. Location of Services**

Intensive crisis stabilization services may be provided in the home or community at the preference of the parent or caregiver, where necessary to alleviate the crisis situation, and to allow the child to remain in their natural environment.

Exceptions: Intensive crisis stabilization services may not be provided in:

- Inpatient settings
- Jails or detention center; or
- Residential settings

## **REQUEST FOR PROPOSALS**

### **Crisis Stabilization Services**

#### **L. Individual Plan of Service**

Intensive crisis stabilization services may be provided initially to alleviate an immediate crisis. However, following resolution of the situation and existing individual plan of service and crisis and safety plan must be updated or, for children who are not currently receiving services from the CMH but are eligible for such services, a family driven, and youth guided follow up plan must be developed. Children who are receiving home-based services can also receive intensive crisis stabilization mobile services. If it is clinically appropriate, the home-based therapist is able to respond in person to the one (1) hour urban and two (2) hour rural time frame in lieu of the mobile team.

If the child is currently receiving CMH services, the mobile team members are responsible for notifying the primary case holder and other clinically team members of the contact with the mobile team the following business day. It is the responsibility of the primary case holder to facilitate follow up with the child and parent/caregiver. The child, parent/caregiver and treatment team must revisit the current treatment needs.

If the child is not currently receiving CMH services however is eligible, the follow up plan must include appropriate referrals to mental health assessment and treatment resources as well as other resources that may support the needs of the family. The mobile team is responsible for providing necessary information and referrals to assist the treatment team. The follow up plan must include the steps for obtaining needed services, timelines for those activities to occur and identify the responsible parties. The mobile team must contact the parent/caregiver by phone or face to face within seven (7) business days to determine the status of the stated goals in the follow up plan.

Planned mobile intensive crisis stabilization services can occur as part of the crisis plan or proactive response to support the child and family. The goal would be to stabilize and connect to ongoing services.

The individual plan of service must contain:

- Clearly stated goals and measurable objectives, derived from the assessment of immediate need, and stated in terms of specific observable changes in behavior, skills, attitudes, or circumstances, structured to resolve the crisis.
- Identification of the services and activities designed to resolve the crisis and attain his goals and objectives.
- Plans for follow-up services (including other behavioral health services where indicated) after the crisis has been resolved. The role of the case manager must be identified, where applicable.

### **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) and provide evidence of such agreements or process in which to become paneled.
- B. The Vendor will be required to understand, coordinate and assist persons applying for and sustaining Medicaid benefits as well as support persons who may have a Medicaid deductible.

## **REQUEST FOR PROPOSALS**

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### **Crisis Stabilization Services**

- C. The Vendor must be accredited by a nationally recognized organization providing evidence in their submission.
- D. The Vendor must be able to demonstrate through their bid, a history of successfully providing services outlined in this RFP to adults and children diagnosed with severe mental illness and persons who may be dually diagnosed with a substance use disorder.
- E. The Vendor must be able to demonstrate through their bid, that they are 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 24 hours per day, seven (7) days per week
- 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 and/or to access other community supports.
  - 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 and required insurance 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.
- J. The Vendor must provide coordination of aftercare services and appointments for those participants who successfully navigated their crisis.
- K. The Vendor is expected to utilize the MCCMH electronic medical record known as FOCUS for all documentation.
  - 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.
- L. The Vendor will be expected to submit all claims for services through the FOCUS system.
- M. 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.



## **REQUEST FOR PROPOSALS**

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### **Crisis Stabilization Services**

- N. The selected Vendor should have a minimum of two (2) years' experience in identified areas outlined in this RFP.
- O. The selected Vendor must have the organizational capacity to provide the services described in this RFP.
- P. The selected Vendor shall possess licensure/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.
- Q. 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.

### **IV. VENDOR 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. Macomb County specific knowledge is preferred.
- C. The selected Vendor shall be able to demonstrate knowledge and experience with the priority populations as identified above.
- D. The selected Vendor shall acknowledge their ability to comply with all privacy and security standards as stipulated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- E. The selected Vendor shall acknowledge their ability to comply with all Federal and Michigan Laws, regulations and the Michigan Administrative Code, the Michigan Mental Health Code, 42 CFR and the Michigan Department of Health and Human Services (MDHHS) Contractual obligations.

### **V. 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. Organization's Qualifications and Experience  
The proposal should include an overview of the bidder's organization, including a brief history, 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 the services outlined in this RFP.
- D. Description of Scope of Work  
The proposal should describe a work plan outlining how the bidder will provide the services outlined in the RFP as well as describe the philosophy that will be utilized along with the interest and capacity to meet the needs of our system of care.
- E. 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.
- F. Selected Vendor's Assurances

## **REQUEST FOR PROPOSALS**

### **Crisis Stabilization Services**

- 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, religion, sex (including gender identity, sexual orientation, and pregnancy), national origin, age, height, weight, marital status, disability or genetic information or any other characteristic protected by federal, State or local laws.
- G. Costing of Primary Provider Services  
The Vendor must provide and address staffing requirements and costs as well as the organizations rates 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 (example: financial cost analysis). 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.
- H. 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.
- I. 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. The Vendor must provide a copy of the organization's corporate compliance plan and policy. The Vendor must provide evidence of the organization's Board members, organizational committees, list of executive officers and articles of incorporation.

### **VI. 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).
- E. The number and scope of conditions, if any, attached to the bid.
- F. Whether the bidder is presently in default to MCCMH for any reason.

*N.B. 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.*