

**MACOMB COUNTY COMMUNITY MENTAL HEALTH (MCCMH)  
REQUEST FOR PROPOSALS (RFP)  
INSTRUCTION SHEET**

Please submit an electronic copy of the bid by way of email sent to [networkoperations@mccmh.net](mailto:networkoperations@mccmh.net) or on a flash drive delivered to MCCMH Administration Building. Proposals must be submitted by 12:00PM (noon), Monday, January 9, 2023. The following must be included in the order listed:

**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. 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. 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. 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.
- 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. The Vendor must indicate in their response when they will be able to begin services and a timeline for a plan for full implementation.
- 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

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. The Vendor must be accredited by a nationally recognized organization providing evidence in their submission. 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. The Vendor must attest to hours of operation for the services outlined in the RFP. 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. 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. Copy of bidder's current Liability Insurance, copies of letters, certificates, etc. of accreditation status by a nationally recognized accreditation association should all be included in the bid submission.