Request for Proposal Occupational, Physical and Speech Therapy

Issued Date: October 20, 2025

Response Due Date: November 17, 2025, by 12:00PM

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

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I. OVERVIEW

Macomb County Community Mental Health (MCCMH) announces a Request for Proposal (RFP) from qualified Bidders for Occupational, Speech and Physical Therapy services to serve adults and children in Macomb County.

A. Deadline
The deadline for submission of this proposal is **12:00PM on November 17, 2025.** Proposals received after this date and time will not be considered. Bids are to be submitted electronically to MCCMH by emailing networkoperations@mccmh.net.

B. 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 the contract solely on the basis of any response made to this request or otherwise pay for the information solicited or obtained. MCCMH may request clarification from any applicant under active consideration and may give any applicant opportunity to correct defects in its proposal.

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

D. Disclosure of Pre-Proposal Contents Freedom of Information Act
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.

E. 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.

F. Right to Re-Bid
MCCMH reserves the right to rebid 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.

G. Contract Award Date
The Bidder(s) selected through this process will be awarded a contract through September 30, 2027, with an option for renewal at MCCMH's discretion, dependent on performance, funding and system need.

H. Contract Negotiations
Negotiations may be undertaken with those potential Bidders whose proposals prove them to be qualified, responsible, and capable of performing the work. The contract that

may be entered into will be that which is most advantageous to MCCMH. MCCMH reserves the right to consider proposals or modifications thereof received at any time before the award is made, if such action is determined to be in the best interest of MCCMH.

I. Oral Presentation
Bidders who submit a proposal may be required to make an oral presentation of their proposal.

II. SCOPE OF SERVICES

MCCMH is seeking partnership with a Bidder(s) that can provide Occupational Therapy (OT), Physical Therapy (PT), and Speech Therapy services to persons in Macomb County. Bidders must be able to deliver services based on the requirements in the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual, maintain appropriate licensing, , as well as obtain appropriate State of Michigan Certification and Licensing, including Occupational Therapist licensed by the State of Michigan, Occupational Therapy Assistant must be supervised by a licensed Occupational Therapist, Physical Therapist licensed by the State of Michigan, Physical Therapy Assistant must be supervised by a licensed Physical Therapist, Speech-language Pathologist or Audiologists licensed by the State of Michigan, Speech-language Pathology Assistant must be supervised by the Speech-language Pathologist or Audiologist.

Bidders are expected to demonstrate a history and ability to serve individuals who have a diagnosis of severe mental illness, intellectual developmental disability, and serious emotional disturbance. It is expected that the selected Bidder will provide the services to persons in Macomb County in a community-based setting (i.e. persons home, choice of location, Macomb County-based office). For those Bidders that do not currently offer all the services below however wish to do so in the future, a workplan with a detailed timeline for scaling to offer the full array of services will be acceptable. Preference will be given to Bidders who are fully operational with immediate caseload availability.

OT/PT/Speech Services are therapeutic services that support functional skill development and improved quality of life. OT/PT/Speech Services are each expected to result in a functional improvement that is significant to the individual's ability to perform tasks of daily living appropriate to his or her chronological development or functional status. These functional improvements should be able to be realized in a reasonable amount of time and should be maintainable for the person served.

Occupational Therapy

Physician/licensed physician assistant/family nurse practitioner/clinical nurse specialist prescribed activities provided by an occupational therapist licensed by the State of Michigan to determine the beneficiary's need for services and to recommend a course of treatment. An occupational therapy assistant may not complete evaluations.

Occupational, Physical, Speech Therapy

It is anticipated that therapy will result in a functional improvement that is significant to the beneficiary's ability to perform daily living tasks appropriate to their chronological developmental or functional status. These functional improvements should be able to be achieved in a reasonable amount of time and should be durable (i.e., maintainable). Therapy to make changes in components of function that do not have an impact on the beneficiary's ability to perform age-appropriate tasks is not covered.

Therapy must be skilled (requiring the skills, knowledge, and education of a licensed occupational therapist). Interventions that could be expected to be provided by another entity (e.g., teacher, registered nurse, licensed physical therapist, family member, or caregiver) would not be considered as a Medicaid cost under this coverage.

Services must be prescribed by a physician/licensed physician assistant/family nurse practitioner/clinical nurse specialist and may be provided on an individual or group basis by an occupational therapist or occupational therapy assistant, licensed by the State of Michigan or by an occupational therapy aide who has received on-the-job training. The occupational therapist must supervise and monitor the assistant's performance with continuous assessment of the beneficiary's progress, but on-site supervision of an assistant is not required. An aide performing an occupational therapy service must be directly supervised by a qualified occupational therapist who is on site. All documentation by an occupational therapy assistant or aide must be reviewed and signed by the appropriately credentialed supervising occupational therapist.

Per the Michigan Public Health Code and Medicaid guidelines, occupational therapy must be provided by a licensed Occupational Therapist (OT) or a licensed Occupational Therapy Assistant (OTA) under the supervision of an OT.

Physical Therapy

Physician/licensed physician's assistant-prescribed activities provided by a physical therapist currently licensed by the State of Michigan to determine the beneficiary's need for services and to recommend a course of treatment. A physical therapy assistant may not complete an evaluation.

It is anticipated that therapy will result in a functional improvement that is significant to the beneficiary's ability to perform daily living tasks appropriate to their chronological, developmental or functional status.

These functional improvements should be able to be achieved in a reasonable amount of time and should be durable (i.e., maintainable). Therapy to make changes in components of function that do not have an impact on the beneficiary's ability to perform age-appropriate tasks is not covered.

Physical therapy must be skilled (it requires the skills, knowledge, and education of a licensed physical therapist). Interventions that could be expected to be provided by

another entity (e.g., teacher, registered nurse, licensed occupational therapist, family member or caregiver) would not be considered as a Medicaid cost under this coverage.

Services must be prescribed by a physician/licensed physician's assistant and may be provided on an individual or group basis by a physical therapist or a physical therapy assistant currently licensed by the State of Michigan, or a physical therapy aide who is receiving on-the-job training. The physical therapist must supervise and monitor the assistant's performance with continuous assessment of the beneficiary's progress. On-site supervision of an assistant is not required. An aide performing a physical therapy service must be directly supervised by a physical therapist that is on-site. All documentation by a physical therapy assistant or aide must be reviewed and signed by the appropriately credentialed supervising physical therapist

According to the Michigan Public Health Code and Medicaid Provider Manual, physical therapy services must be delivered by a licensed Physical Therapist (PT) or a licensed Physical Therapist Assistant (PTA) under the supervision of a PT.

Speech, Hearing, and Language

Activities provided by a licensed speech-language pathologist or licensed audiologist to determine the beneficiary's need for services and to recommend a course of treatment. A speech-language pathology assistant may not complete evaluations.

Diagnostic, screening, preventive, or corrective services provided on an individual or group basis, as appropriate, when referred by a physician (MD, DO).

Therapy must be reasonable, medically necessary and anticipated to result in an improvement and/or elimination of the stated problem within a reasonable amount of time. An example of medically necessary therapy is when the treatment is required due to a recent change in the beneficiary's medical or functional status affecting speech, and the beneficiary would experience a reduction in medical or functional status were the therapy not provided.

Speech therapy must be skilled (i.e., requires the skills, knowledge, and education of a licensed speech-language pathologist) to assess the beneficiary's speech/language function, develop a treatment program, and provide therapy. Interventions that could be expected to be provided by another entity (e.g., teacher, registered nurse, licensed physical therapist, licensed occupational therapist, family member, or caregiver) would not be considered as a Medicaid cost under this coverage.

Services may be provided by a licensed speech-language pathologist or licensed audiologist or by a speech pathology or audiology candidate (i.e., in their clinical fellowship year or having completed all requirements but has not obtained a license). All documentation by the candidate must be reviewed and signed by the appropriately licensed supervising speech-language pathologist or audiologist.

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Under the Michigan Public Health Code and Medicaid guidelines, speech therapy must be provided by a licensed Speech-Language Pathologist (SLP). Services may also be delivered by a Speech-Language Pathologist Clinical Fellow under supervision, or a Speech-Language Pathology Assistant (SLPA), where permitted, and under the direction of a licensed SLP.

III. BIDDER REQUIREMENTS/EXPECTATIONS

A. The Bidder is expected to utilize the MCCMH electronic medical record known as FOCUS for claims submission and all clinical documentation including but not limited to, assessments, evaluations, re-evaluations, progress reports and/or notes.

B. The Bidder will be expected to support individuals served in service arrangements as required to successfully reach the individuals goals and objectives.

C. The Bidder will be expected to work with the MCCMH Managed Care Division (MCO) to support the system with level of care determination, authorization, and utilization management needs.

D. The Bidder 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 Reporting Requirements (michigan.gov) SFY 2025 Behavioral Health Code Charts and Provider Qualifications).

E. The Bidder shall be able to demonstrate competency and knowledge of the Michigan mental health system. Macomb County specific knowledge is preferred.

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

G. The Bidder 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.

H. The Bidder 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.

IV. CONTENT OF PROPOSAL

The proposal should describe a work plan outlining how the Bidder 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. The Bidder should describe any qualifications and/or experience and/or demonstrated

competency specifically related to services outlined in this RFP. Please follow the format below to address each item.

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 Bidder's Experience
Provide an overall description of your agency experience including:
1) history of experience and ability to provide the proposed services.
2) targeted populations served, including experience treating individuals with serve mental illness and serious emotional disturbance.
3) experience contracting with a Prepaid Inpatient Health Plan (PIHP) and/or Community Mental Health system.

Provide a copy of the most recent Contract Compliance Audit report from a PIHP or CMH.
Provide at least one (1) letter of reference from a Medicaid payer, demonstrating contracting is in good standing.

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. 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. The Bidder should describe any qualifications, experience and demonstrated competency specifically related to services outlined in this RFP as it relates to the Behavioral Health and Intellectual and Developmental Disability Supports and Services section of the Medicaid Provider Manual and show an understanding of the difference between providing services as a direct Medicaid provider. Please follow the format below to address each item as it pertains to the Scope of Work, speaking to how your organization will complete each of these requirements. Please add any additional details after the outlined section below.

1. Occupational Therapy
    i. The Bidder should outline their process for identifying persons served need for services through evaluations. Please include an example of how these determinations are made and the treatment plan for individuals receiving services.
    ii. The Bidder must provide any internal policy and/or procedures that align the agency's delivery of OT services that follow the Behavioral Health and Intellectual and Developmental Disability Supports and Services section of the Medicaid Provider Manual as it relates to OT.

iii. The Bidder must provide policy and/or procedures on third party billing and how the agency follows rules as it relates to Medicaid being the payor of last resort.

2. Physical Therapy
   i. The Bidder should outline their process for identifying persons served need for services through evaluations. Please include an example of how these determinations are made and the treatment plan for individuals receiving services.
   ii. The Bidder must provide any internal policy and/or procedures that align the agency's delivery of PT services that follow the Behavioral Health and Intellectual and Developmental Disability Supports and Services section of the Medicaid Provider Manual as it relates to PT.
   iii. The Bidder must provide policy and/or procedures on third party billing and how the agency follows rules as it relates to Medicaid being the payor of last resort.

3. Speech Therapy
   i. The Bidder should outline their process for identifying persons served need for services through evaluations. Please include an example of how these determinations are made and the treatment plan for individuals receiving services.
   ii. The Bidder must provide any internal policy and/or procedures that align the agency's delivery of Speech Therapy services that follow the Behavioral Health and Intellectual and Developmental Disability Supports and Services section of the Medicaid Provider Manual as it relates to Speech Therapy.
   iii. The Bidder must provide policy and/or procedures on third party billing and how the agency follows rules as it relates to Medicaid being the payor of last resort.

E. Timely Access to Care
The Bidder should describe how timely access to services will be achieved and monitored. Provide service time frames for the program's ability to offer an Intake Assessment from time of first request, number of days to the next/ongoing services, and number of days to psychiatric evaluation.

F. Qualified Staff
The Bidder should indicate the type and number of staff to provide clinical services for individuals served. The Bidder should also describe the roles for leadership, supervision, billing and clerical that will support services provided.

G. Location/Hours of Service
The Bidder must indicate the location(s) of service, days and hours of operation.

H. Accreditation
The Bidder shall possess, at a minimum, accreditation by a nationally recognized accreditation organization specific to behavioral health services for adults and children. List the accreditation body, services accredited and provide a copy of the most current accreditation report.

I. Evidence of Funding
The Bidder must evidence their experience in contracting with a variety of funding streams including commercial insurance, Medicare, fee-for-service Medicaid, a Pre-Paid Inpatient Health Plan (PIHP) or a Community Mental Health Service Provider (CMHSP).

J. Program Implementation
The Bidder must indicate the agency's ability to begin services and a timeline for a plan for full implementation. The Bidder must indicate the anticipated number of MCCMH individuals to be served each month.

K. Medicaid Experience
The Bidder shall be able to demonstrate knowledge of and experience with Medicaid rules, regulations, and covered services by providing the results of a Medicaid Billing Verification Audit from the past two (2) years.

L. Costing of Services
MCCMH utilizes standard rates across our provider network. Please review applicable billable CPT codes, per the MDHHS CPT Code chart and the corresponding rate. Bidders are welcome to include other services which would support the program such as but not limited to Evidence Based services. The Bidder 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. (Please see the MCCMH fee schedule attached to this bid).

M. Identification of Anticipated Problems
The Bidder must identify and describe any anticipated or potential problems, the approach to resolving these problems and any special assistance that will be requested from MCCMH.

N. Additional Information
The Bidder must indicate any additional information you to be considered that demonstrates the Bidder's qualifications to provide the proposed services

O. Disclosure
The Bidder 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.

P. Debarment and Suspension
The Bidder must acknowledge that they agree to comply with Federal regulation 42 CRF 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.

Q. Organizational Information
Include the following information in the bid submission:
- Annual audit financial statement for the past two (2) years.
- Current criminal background check for the organization's principal staff.
- Reference of any litigation involving the organization during the past five (5) years.
- Identify to any substantiated recipient rights violations by the organization's principal staff over the past five (5) years.
- Articles of Incorporation for the organization submitting to the RFP.

VIII. PROPOSAL EVALUATION

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

A. The Vendor's experience, expertise and staffing in the provision of related services.

B. The Vendor's history of compliance with rules and regulations including the Office of Recipient Rights.

C. General Requirements.

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.