

# *Request for Proposal*

## *Assertive Community Treatment (ACT)*

December 4, 2020

**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*

**MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES**  
**REQUEST FOR PROPOSAL:**  
**Assertive Community Treatment (ACT)**

**OVERVIEW:**

Macomb County Community Mental Health Services (MCCMHS) announces a Request for Proposal (RFP) for **Assertive Community Treatment (ACT) Services** from qualified vendors to provide ACT services to adult (age 18 and above) persons with Severe Mental Illness (SMI). Assertive Community Treatment is a therapeutic set of intensive clinical, medical, and psychosocial services delivered by an interdisciplinary team of treatment providers that have the capacity to be mobile and serve all program participants in both the individual's home and the community.

ACT is not an appropriate service for individuals with a primary diagnosis of personality disorder, Substance Use Disorder, or intellectual or developmental disability. Persons served may also have a personality disorder or co-occurring Substance Use Disorder in addition to their primary diagnosis of serious mental illness and be appropriate for ACT services. ACT services will provide persons served with an opportunity to remain safely in the community while receiving considerable support and intensive services who otherwise may be at risk for hospitalization, crisis residential placement, or partial hospitalization services.

The ACT Provider is expected to provide basic service and supports essential in assisting persons served being able to maintain their ability to function in the community setting. These basic services include assistance in accessing basic needs through available community resources which help individuals to function in social, educational, and vocational settings. ACT supports and services are personalized to the individual served and those services and supports may vary in intensity over time depending on the needs of persons served. Services are expected to be provided in the individual's home or other community locations by all members of the ACT team. A minimum of 80% of ACT encounters provided to the individual by the interdisciplinary team are in the individual's home or other agreed upon location in the community. Providers will be expected to maintain 24-hour, 7-days-per-week crisis availability by the multidisciplinary team, including psychiatric and skilled medical services, for all persons served.

The selected Provider(s) must have the organizational capacity to provide a range of ACT services within the community and as stipulated by the persons served Individual Plan of Service. Necessary provided services will include: Case or care management, psychiatric services, counseling and/or psychotherapy, peer support services, and rehabilitative services are all interconnected with treatment and rehabilitative services. Additionally, interdisciplinary team meetings will be expected to take place Monday through Friday on business days and are attended by all ACT staff members on duty. Physicians, Physician's Assistants, Nurse Practitioners, or Clinical Nurse Specialists are expected to participate in ACT team meetings at least weekly.

Availability of ACT services must include:

- 24-hour/7-day crisis response coverage (including psychiatric services) handled by ACT team members directly.
- The ACT team will be required to perform the pre-admission screen for all persons served being enrolled in an ACT program seeking inpatient psychiatric hospitalization.
- The capacity to provide a rapid response team to early signs of relapse, including the capacity to provide multiple contacts, if necessary, with any individual in acute need or experiencing emergent conditions.

The ACT team will establish and maintain the ability to provide services to all persons served 7 days a week, per the Individual Plan of Service.

Bidders **must** be familiar with employer/employee contractual relationships, Medicaid Provider Agreements, and other requirements found in federal regulations (42 CFR 431.107).

Bidders must also be prepared to provide a copy of their Corporate Compliance Plan as mandated by the Health Insurance Portability and Accountability Act of 1996 (HIPAA). A “Keys to Developing a Regulatory Compliance Plan” is enclosed. Bidders, if selected to contract, must be prepared to submit the MCCMHS “Provider Information Disclosure Request” form (see enclosed). The completion of this form is **not** required as part of the RFP submission process; it is required as part of the contractual process.

Bidders must acknowledge any relationship between the bidder’s principal officers and board members and any member of MCCMHS (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 or any member of the Office of the Macomb County Executive.

**PERSON/INDIVIDUAL SERVED DESCRIPTION:**

Persons to be served with ACT services will be those who have been diagnosed with a severe mental illness. Individuals whose primary diagnosis is anything but SMI would not meet the criteria of be appropriate for referral to ACT services. Persons with secondary diagnoses of personality disorder or a Substance Use Disorder would be appropriate for referral, so long as their primary diagnosis is a serious mental illness with corresponding ICD-10 codes. ACT services specifically target individuals demonstrating severe psychiatric symptoms that, in some way or ways, seriously impair persons served ability to function independently. Areas of impairment in these individuals are severe and are to be considered individually for each person served.

Areas of difficulty for these individuals may include:

- Developing and/or maintaining interpersonal relationships.
- Accessing needed healthcare.
- Performing activities of daily living or other basic life skills.
- Managing medications independently.
- Maintaining housing.

- Avoiding arrest and incarceration due to mental health and co-occurring disorder(s) and transitioning back to the community from jail or prison.
- Coping with relapses or return of symptoms.
- Maintaining recovery to meet the challenges of a co-occurring Substance Use Disorder.
- Encountering difficulty in progressing toward recovery despite previous or current intensive services.

Due to the individual's diagnosis and high level of need, they will/may present with symptoms requiring assistance with management such as hallucinations and/or delusions. Their behavior history may include impulsivity, verbal aggression, moderate to high physical aggression, property destruction, unauthorized leaves from the hospital or placement, self-injury, use of drugs or alcohol and/or inappropriate sexual behavior.

Persons served may also have high levels of personal care needs and physical health needs such that staff should be trained and comfortable supporting persons with such needs as grooming, bathing, toileting, feeding, ambulating, and other activities of daily living.

### **PROGRAM GOALS:**

The primary goal in ACT service delivery is to improve overall quality of life for those persons served through the program. It should be a goal of the ACT program to improve social and interpersonal functioning of individuals served as well as to reduce the number of hospitalizations and crisis stabilization episodes for individuals in the program. It should be a goal of the ACT program to provide mental health recovery services that are person-centered and individualized, holistic, and strengths based.

In addition to having overall programmatic goals, the ACT program should also focus on individual goals derived from a person-centered plan for individuals that can include, but are not limited to:

- Living independently in a place the individual considers "home"
- Gaining an education for personal or career enhancement
- Obtaining and maintaining a job that provides the individual with an income and purpose
- To form and maintain healthy, meaningful relationships
- To avoid hospitalization, incarceration, and substance use

### **PROGRAM STRUCTURE:**

Referral to the ACT program will come from the MCCMHS Access Center (which authorizes services) and/or the MCCMHS Case Management agencies.

The ACT Team Primary Case Holder (broker) agencies will facilitate the person-centered plan and provide the coordination for all needed services. As indicated in the person-centered plan, the ACT Team will arrange for Psychiatric services, therapy services, Nursing services, Psychological consultation, and Behavioral Management Review Committee. The ACT Team will have the responsibility of training the individual and/or other agencies on what the person-centered plan identifies. The contractor will provide services to the individual according to

MCCMHS standards and negotiated contract language. Staffing will also be in accordance to the needs of the consumer which will be identified in the consumers' person centered plans.

Assertive Community Treatment programs have mandated structure for service delivery times and staffing. ACT Providers are required to operate with enough qualified staff to assure availability of intensive services on a 24-hour basis. The ACT Provider will operate with a staff of no less than 4 FTE staff members and no more than 9 FTE staff members; ACT teams typically average 6-7 FTE staff. If a Provider believes it is necessary to operate outside of these team requirements, consultation with the Michigan Department of Health and Human Services (MDHHS) is necessary. If deemed appropriate, a waiver may be submitted to Macomb County Community Mental Health (MCCMH) and, if approved at the Prepaid Inpatient Health Plan level, MCCMH will then submit the request to MDHHS for consideration of approval. Further staffing requirements specific to each required position can be found in the MDHHS Medicaid Provider Manual.

### **RESPONSIBILITIES:**

- The Provider shall be able to demonstrate knowledge of and experience with Medicaid rules and regulations.
- The Provider shall be able to demonstrate competency and knowledge of the Michigan mental health system in relation to MCCMHS.
- The Provider shall demonstrate knowledge of Person-Centered Planning processes and principles.
- The Provider shall engage in the development of relationships with the individual in his/her community.
- The Provider shall utilize creative and innovative means to meet the needs of each individual and shall understand the flexible array of mental health services available to persons served.
- The Provider shall support persons served and/or family-controlled service arrangements as required to successfully reach the individual's goals and objectives.
- The Provider shall explore, and when possible, develop resources available in the community to benefit an individual or a group of persons served in meeting identified goals and objectives.
- The Provider shall implement flexible staffing patterns to best meet the needs of persons served.
- The Provider shall employ staff who are knowledgeable with behavioral plans and can handle behavior problems with a challenging population.

### **GENERAL ADMINISTRATIVE FUNCTIONS:**

- The Provider shall comply with all privacy and security standards as stipulated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- The Provider 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.

- The Provider shall assure that all policies and procedures comply with requirements of MCCMHS and the MDHHS.
- The Provider shall be responsible to be knowledgeable of eligibility for services and resources to persons served as referrals for such services resources are necessary.

#### **PROVIDER REQUIREMENTS:**

- The Provider should have a minimum of two (2) years' experience in working with individuals with serious mental illnesses as well as Substance Use Disorders and/or personality disorders.
- The Provider must have the organizational capacity to provide the services described in this RFP.
- The Provider must be able to begin services and accept new referrals based on individual's choice during the 2021 Fiscal Year. It is anticipated that MCCMHS will be able to identify potential persons served by or before 10/1/2021. If the Provider cannot provide all of the services outlined in this RFP by 10/1/2021, they should submit a timeline for a plan for full implementation.
- The Provider shall establish a staff-to-individual person served ratio of at least one FTE ACT staff to a maximum of 10 ACT individuals served. The Provider must maintain at least 1:10 staff-to-individual person served ratio.
- The Provider shall assure all ACT staff participate in MDHHS-approved ACT-specific initial training and subsequent participation in at least one MDHHS-approved ACT-specific training annually thereafter.
- All initial training of ACT staff must occur within six months of employment with ACT program.

#### **FISCAL MANAGEMENT RESPONSIBILITIES TO MCCMHS:**

- The Provider shall have a solid financial foundation and have demonstrated sound fiscal practices for several years.
- The Provider shall provide proof of current liability insurance to protect the interests and obligations being delegated by MCCMHS.

#### **INFORMATION SUPPORTS RESPONSIBILITIES TO MCCMHS:**

- The Provider shall have policies and procedures in place, and an environment that protects consumer information.
- The Provider shall utilize and participate in the MCCMHS FOCUS data system for claims submission.

#### **QUALITY MANAGEMENT RESPONSIBILITIES TO MCCMHS:**

- The Provider shall assure that provided services are documented in the record of each person served as required by the MDHHS and the Centers for Medicare and Medicaid Services.
- The Provider shall support and assist MCCMHS to evaluate, on an annual basis at minimum, the competency and training of staff employed by the provider.

- The Provider shall assure that staff employed by the Provider receives initial and ongoing education in person-centered planning, behavior management, crisis management, language proficiency, cultural competency, grievance and appeals and recipient rights.
- The Provider shall possess licensure or certification as needed and/or required and accreditation by a nationally recognized accreditation organization.
- The Provider shall have the capacity to meet the reporting requirements of MCCMHS as outlined in the MCCMHS contract with the MDHHS.

#### **RECIPIENT RIGHTS RESPONSIBILITIES:**

- The Provider shall comply with all Recipient Rights provisions as described in the Michigan Mental Health Code, the MDHHS Administrative Rules, MCCMHS' contract with MDHHS and policies of MCCMHS.
- The Provider shall take steps to ensure that persons served will be protected from rights violations while receiving mental health services.
- The Provider shall assign a Recipient Rights Coordinator to ensure that staff are trained in recipient rights and that persons served and/or families are informed of rights guaranteed by the Michigan Mental Health Code. All training for recipient rights must be provided by the MCCMHS' Office of Recipient Rights. Initial Recipient Rights training and bi-annual training for Recipient Rights **must** be completed face-to-face.
- The Provider shall make available to all employees, staff, persons served, and/or families, and shall post in a conspicuous location the following:
  - A summary of all rights guaranteed by the Michigan Mental Health Code.
  - Instructions on how to contact the MCCMHS' Office of Recipient Rights.
  - The MDHHS Office of Recipient Rights reporting requirements poster for staff.
  - Provide for unrestricted access to Rights Complaint forms and "Your Rights" booklet to consumers, families and others.

#### **REPORTING REQUIREMENTS:**

The successful bidder must be able to meet MDHHS and MCCMHS reporting requirements within established guidelines, must be HIPAA (Health Insurance Portability & Accountability Act of 1996) compliant, and must be able to submit electronic service claims data to MCCMHS in the required format. General reporting requirements include, but are not limited to, the following:

- 1) Persons served Quality Indicators and Persons served Satisfaction Measures as required by MDHHS and MCCMHS
- 2) Persons served demographic data as required by MDHHS and MCCMHS
- 3) Persons served encounter/claims data
- 4) Performance indicators for persons served data for each quarter
- 5) Independent reviews and/or audits
- 6) Annual Quality Report and Annual Compliance Report in compliance with the contract

## CONTENT OF PROPOSAL:

1. Organization's Qualifications and Experience: Overview of the Provider organization, the number and nature of the staff to be employed for this project, and the type of technology systems the organization has in place. The Provider should describe any qualifications and/or experience and/or demonstrated competency specifically related to ACT programming and/or providing services to individuals with developmental disabilities and/or the severely mentally ill. The Provider should describe the composition of their Board of Directors and principal staff. The Provider should also provide a detail of the following:
  - MCCMHS Provider Profile Application
  - Annual audited financial statement for the past two years, if any.
  - Criminal background check of the organization's principal staff.
  - Reference to any litigation involving the organization during the past five years.
  - Reference to any "substantiated" Recipient Rights violations by the organization of principal staff over the past five years.
2. Description of Scope of Work: The proposal should describe a work plan indicating the Provider's approach that will accomplish the specific tasks outlined in the RFP. The Provider should describe the philosophy that will be utilized, along with the interest and capacity to meet the requirements outlined in this RFP. The Provider's approach must include an explanation of the system that will be utilized to perform the requested services.
3. 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 MCCMHS.
4. Conflict of Interest: The Provider should identify any potential conflict of interest that exists in regard to the service provider's ability to respond to this Request for Proposal. This includes a description of their relationship to MCCMHS or any of its agents/agencies, together with a statement explaining why such relationships do not constitute a conflict of interest relative to performing the service outlined in the proposal.
5. Provider Assurances: The selected Provider will be required to assume responsibility for all services offered in their proposal. The Provider must agree not to discriminate against employees or applicants for employment on the basis of race, religion, color, national origin or handicap.
6. Costing of Services: The Provider must provide their proposed unit (per diem) rate for the following:
  - **H0039** – ACT activities, per 15 minutes
  - **H0039 AM** – Family psycho-education ACT activities, per 15 minutes
  - **H0039 TG** – ACT pre-admission screening, per 15 minutes
  - **H0039 95** – ACT services provided via telepractice, per 15 minutes

## PROPOSAL EVALUATION:

Submitted proposals will be evaluated in the following areas by the MCCMHS' Procurement Review Committee:

- Experience, Expertise, Staff Training & Development
- Service Provision
- Contract Compliance/Accreditation\*
- Finance/Staff Cost
- Thoroughness of Proposal

\* It is the expectation that Provider be accredited by a nationally recognized organization or are in the process of obtaining accreditation.

In addition, the MCCMHS' 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 MCCMHS for any reason
- The number and scope of recipient rights complaints and/or corporate compliance issues associated with the bidder and/or the bidder's parent organization

*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.*