

Pines Behavioral Health



Request for Proposal

Adult Crisis
Residential
January 3, 2019

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Section 1: General Information

1.1. Purpose of RFP

Pines Behavioral Health has issued this Request for Proposals (RFP) for the purchase of Crisis Residential Treatment services for adults. This RFP is based on Pines need to purchase beds for mental health treatment purposes for adult with acute psychiatric needs. The expectation is that the milieu is short-term acute psychiatric/mental health treatment.

1.2. Description of Pines Behavioral Health

Pines Behavioral Health is a Community Mental Health Authority. Pines Behavioral Health operates under the authority of its own Board of Directors. The Pines Behavioral Health designated service area encompasses Branch County in the State of Michigan. Pines Behavioral Health contracts for service provision as needed and from time to time seeks service providers for various required services.

1.3. Description of Pines Behavioral Health

Pines is seeking a service provider to provide Crisis Residential treatment services for adults with behavioral health and/or co-occurring needs. Service elements may include crisis stabilization, prevention/diversion from psychiatric hospitalization at a state institution or other hospitals or residential placements, and transitional services such as step-downs from more intensive hospital or residential placements and/or temporary foster placement.

1.4. Population

Programs that incorporate evidence-based logic and treatment models and successful histories of effectively working with individuals who have histories of trauma, cognitive impairment, sex and other mental health difficulties are currently needed to improve access to care and prevention of inpatient hospitalizations. The target population for the proposed Crisis Residential facility are as follows:

- I. Males and females ages 18 and up
- II. Adults with diagnosis of Severe and Persistent Mental Illness (SPMI) or Serious and Persistent Mental Illness with Co-Occurring Intellectual/Developmental (I/DD) Disability, substance use disorder (SUD), or mild mental illness with acute exacerbation.
- III. Behaviorally challenging including aggressive and/or destructive behaviors and/or trauma related issues.

1.5 Service Components

Services will be individualized and capitalize on the strengths of the individual and their support system. The following service components shall be available to individuals residing in residential treatment:

1. Location—to be located in or near Branch County so there is no more than a 30-minute drive approximately to the facility for Pines Behavioral Health Referrals.
2. Intakes—staff will be available at intake or admission 24/7, 365 days a year, to determine/judge the appropriateness of the admission based on the current census and needs of all of the individuals who would be in residence.
3. Staffing—will be provided in accordance with Michigan Mental Health Code (<http://www.mdch.state.mi.us/dch-medicaid/manuals/MedicaidProviderManual.pdf>) and qualifications document http://www.michigan.gov/documents/mdhhs/PIHP-MHSP_Provider_Qualifications_530980_7.pdf
 - a. Nursing must be capable of completing nursing assessments, linking and coordinating with primary care physicians (PCP) as necessary and on site according to Crisis Residential requirements.
 - b. All staff must be trained in trauma informed care, preferred de-escalation techniques and substance use disorders.
 - c. The program must also be under the immediate direction of a full-time Mental Health Professional who is on-site 8-hours-a-day, M-F, with on-call responsibility for after-hours. The Mental Health Professional must possess at least a master's degree in a human services field with one year of experience providing services to beneficiaries with serious mental illness, or a bachelor's degree in a human services field with at least two years' experience providing services to beneficiaries with serious mental illness.
 - d. Clinical supervision, psychiatric evaluation and assessment by psychiatrist. On-site medication reviews by physician, licensed physician's assistant or nurse practitioner under the clinical supervision of the psychiatrist.

Licensure—Crisis Residential Treatment Providers must maintain appropriate licensure from Michigan Department of Human Services (DHS) at all times. Service provider must be licensed as a Specialized residential setting for persons with Mental Illness with a specialty certification as **Crisis Residential** program.

4. Bed availability—Pines Behavioral Health will have first right to available beds.
5. Length of Stay—milieu is short-term, up to 14 days would be expected and no more than 28 days under special circumstances.
6. Treatment—acute psychiatric and/or mental health treatment driven.
7. Quality Improvement (QI) Outcomes - Provider shall have established outcome measurement practices. Outcomes are utilized to inform quality improvement initiatives and service effectiveness.

1.6 Funding Sources

Pre-authorization will be required. It is the expectation of Pines Behavioral Health that the service provider will be able to accept payment from the following potential payment sources:

1. Medicaid*;
2. General Fund

Section 2: RFP Package Response

2.1 Response Timeline

Activity	Timeline
Issuance of RFP	January 3, 2019
Provider questions regarding the RFP (via e-mail)	January 14, 2019
Posted answers to provider's questions	January 15, 2019
Proposals due to Pines BHS	January 25, 2019
Review of proposals and provider presentations (if needed)	February 1, 2019
Provider selection	February 5, 2019

2.2 Contact Point for Communications

Questions or requests for additional information regarding this RFP must be received in writing by 01/14/19. Please email them to:

Contact Name: **Shelley Cizio**

Contact Title: **Director of Procurement and Contracts Management**

Email: scizio@pinesbhs.org

Answers to provider questions will be posted on the Pines Website in an Q&A format by January 15, 2019. The link to the RFP on Pines Website can be found

<https://www.pinesbhs.org/index.php/request-for-proposals/>

No phone calls will be accepted or returned regarding the RFP.
Should you have problems submitting emails to Shelley Cizio call 269-832-0437 for assistance.

2.3 Provider Response Package Components

The provider must incorporate the following **three sections** in their submitted proposal:

A. Section One: Provider Information and Profile

This section of the response is designed to provide an overview of the organization. Your response should contain the following information:

- Legal Name of Provider, Address, Telephone Number
- Administrator (Name/Title)
- Public website address, if applicable
- Primary contact person for RFP and their contact information (phone and email)
- A brief history of the provider agency
- Provider service array, size, and service locations
- Current state certifications and licensures, if any
- Current accreditation and program(s) accredited, if any
- Description of Provider's Information System capability

Please attach the following documents:

- Articles of incorporation, and proof of Provider's ability to conduct business in the State of Michigan, and in what business capacity (Corporation, Sole Proprietor, etc.)
- A copy of the Provider's most recent financial report, audit and management letter.
- Disclosure of information on the circumstances and status of any disciplinary action taken in the past, or currently pending against, the Provider's Managing and Controlling Personnel by federal or state regulatory bodies, in accordance with 42 CFR §1001.1001. (form will be provided)
- Copy of a W-9 form

B. Section Two: Provider Service Summary

Service Development/Provision— This section of the response is designed to provide an overview of the organization's ability and/or experience in providing service Crisis Residential Services per Medicaid Provider Manual requirements.

1. Provide a detailed description of the organization's experience with the target population that includes the following:
 - a. What are ways/methods you utilize to prevent the need for physical intervention
 - b. Include the years of experience serving this population
 - c. Current number of customers being serviced
2. Provide a narrative describing your experience in providing services consistent with the clinical principles outlined in this RFP, and how these principles would be operationalized in the services delivered as a result of this RFP, including:
 - a. Trauma informed care orientation and strong trauma treatment skills
 - b. Recovery orientation and strength based approach to care
 - c. Cultural competence
 - d. Experience in addressing co-occurring complex conditions
3. Provide descriptions and examples of services your organization has provided that have proven successful in keeping individuals with similar needs as the target population out of institutional psychiatric settings.
4. Provide a description of services and clinical best practices your organization would suggest the participating CMHs consider based on the target population described,

the philosophy and direction of services described in this RFP, and the desired clinical outcomes for this service.

5. Provide an overview of your proposed crisis residential programming, curriculum, or day structure, and how this program will meet the needs of referred customers. Specify what differentiates your program and services from other providers.
6. Provide a description on physical location of services and timing of service availability:
 - a. If the Provider currently provides Crisis Residential Services in a location no more than a 30-minute drive from Pines Behavioral Health- identify and describe this service location.
 - b. If the Provider does not currently provide Crisis Residential Services in a location no more than a 30-minute drive Pines Behavioral Health, identify proposed service sites or and describe proposed physical arrangement of site.
 - c. Identify timeline for renting/purchasing facility; obtaining required licensure, certification and accreditation; and staffing and opening facility. Describe Provider's similar experiences in new service development, and staffing resources allocated to such service development.

C. Section Three: Pricing Methodology

Clearly define all fees that may be incurred by participant CMHs, include a proposed rate structure for one-year term of contract.

Please send an electronic copy to:

Email: scizio@pinesbhs.org

Bound paper copies may be mailed to:

Pines Behavioral Health

Shelley Cizio, Director of Procurement and Contract Management

200 Vista Drive, Coldwater MI 49036

Section 3: Proposal Review

Pines Behavioral Health reserves the right to request additional information or clarification from providers, to allow correction of errors or omissions, and to waive irregularities and/or formalities when so doing may serve the best long-term interests of the organizations involved.

Pines Behavioral Health reserves the right to reject any or all RFP submissions and to proceed in any other manner selected by Pines BHS. Pines also reserves the right to discontinue the RFP process at any time and for any reason. The right to amend this Request for Information, giving equal information and cooperation to all providers, is also reserved.

Pines Behavioral Health reserves the right to award the provider that it believes, in its sole discretion; best meets the needs of the organization.

Pines Behavioral Health will request the most recent financial report, audit and management letter, three references for verification and articles of incorporation from the provider chosen

Responses to Requests for Information are subject to the terms of the Freedom of Information Act, and will be retained by Pines Behavioral Health. A provider's response to this RFP may become part of the final contract.

A. Proposal Retention

Pines Behavioral Health will retain all proposals submitted and all proposals become the property of Pines upon submission.

B. Acceptance of Proposal Content

RFP responses of selected provider may become contractual obligations. Failure to accept these obligations may result in cancellation of the selection, and the provider may be required to reimburse Pines for damages incurred.

C. Non-Discrimination

Pines Behavioral Health CMHs shall not discriminate against a provider with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, sex, height, weight or marital status, or disability that is unrelated to the provider's ability to perform the duties of a particular job or position. The provider shall observe and comply with all applicable federal, state and local laws, ordinances, rules and regulations which shall be deemed to include, but not be limited to, the Elliott-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act.

D. Non-Collusion

The provider certifies that this proposal has not been made or prepared in collusion with any other provider and the prices, terms or conditions thereof have not been communicated by or on behalf of the provider to any other firm and will not be so communicated prior to the official receipt of this proposal. This certification may be treated for all purposes as if it were a sworn statement made under oath, subject to the penalties for perjury. Moreover, it is made subject to the provisions of 18 U.S. C. Section 1001, relating to the making of false statements.