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# Community Mental Health Authority of Clinton, Eaton, and Ingham Counties

## Youth Overnight Respite Care Services

# REQUEST FOR PROPOSAL

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**RELEASED:** Monday, January 9<sup>th</sup>, 2023     **RESPONSES DUE:** 5pm ET, Friday, February 10<sup>th</sup>, 2023

## I. Introduction

### A. Purpose of Request for Proposal (RFP)

Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) is requesting proposals from providers who are interested in providing Overnight Respite Care services to youth (ages 5 – 17 who have a Serious Emotional Disturbance (SED)).

CMHA-CEI is seeking to select and partner with a provider for Overnight Respite Care services in an existing fully operational 6 bed home. The service is provided 24/7 and is typically a short term stay. Bidders will be required to submit a proposal for Overnight Respite Services to be considered.

### B. Philosophy and Direction of Services

Respite Care Services are intended to assist in maintaining a goal of living in a natural community home and are provided on a short-term, intermittent basis to relieve the beneficiary's family or other primary caregivers from daily stress and care demands during times when they are providing unpaid care.

### C. Term of Engagement

As a result of this RFP, CMHA-CEI may elect to contract for Overnight Respite Care Services with one or more selected provider(s).

## II. Description of Organization

CMHA-CEI provides services for adult and children Medicaid enrollees and the indigent who live in any of CMHA-CEI's three county service area (Clinton, Eaton, and Ingham Counties) and have a severe and/or persistent mental illness, serious emotional disturbance, or developmental disability. CMHA-CEI manages both contractually and directly operated mental health, substance abuse, and intellectual and developmental disability service programs.

Mid-State Health Network (MSHN) serves as the Prepaid-Inpatient Health Plan (PIHP) and acts as the fiduciary for Medicaid funding from the State of Michigan for CMHA-CEI.

The Michigan Department of Health and Human Services (MDHHS) contracts with MSHN/PIHP for Medicaid funding and individually with each affiliated CMHSP for General Fund dollars.

CMHA-CEI has a long history of partnering with providers to provide overnight respite in this type of setting, providing a much desired service to families. CMHA-CEI aims to establish a solid partnership with a service provider to successfully provide overnight respite care services to youth and their families. CMHA-CEI will actively support the service provider through an assigned manager to work with the designated service provider manager to ensure successful referrals and other processes. CMHA-CEI aims to develop a collaborative model wherein there are mechanisms for the treatment team to coordinate with the provider to ensure success for the consumer.

### III. Scope of Services

CMHA-CEI is requesting proposals from providers who are able to offer Overnight Respite Care Services. Services should be provided in duration commensurate with treatment needs: a “short-term” stay, meaning a few hours, days, or a weekend. Youth may use the overnight respite home 1x in their course of treatment or may use it multiple times.

The Overnight Respite Care Services Unit will host 6 beds, and the selected provider will be responsible for maintaining occupancy requirements for sustainability.

### IV. Administrative and Management Expectations

#### A. Medicaid Provider Manual Compliance

The selected program must adhere to all Child Therapeutic Group Home Licensing guidelines as outlined by the Michigan Department of Licensing and Regulatory Affairs.

Program must also adhere to all standards for Respite Care Services, Michigan Medicaid Provider Manual Section 17.3.

#### B. Information System

The selected provider(s) must have an information system with internet connection in order to connect with the identified CMHA-CEI system to secure service authorizations and submit electronic billing and data.

#### C. Health Insurance Portability and Accountability Act (HIPAA)

The selected provider(s) must have established policies and procedures that govern the reporting of unauthorized use or disclosure of protected health information of CMHA-CEI

consumers. Reporting of unauthorized disclosures will be made to the CMHA-CEI Compliance Officer. The selected provider(s) must be in compliance with all HIPAA requirements according to applicable effective dates.

#### D. Development of Rates

The bidder must provide a detailed account of how the costs comprising their rate for Overnight Respite Care services has been calculated. Please note that per Section 11.2 of the Michigan Medicaid Provider Manual, "Providers cannot charge Medicaid a higher rate for a service rendered to a beneficiary than the lowest charge that would be made to others for the same or similar service. This includes advertised discounts, special promotions, or other programs to initiate reduced prices made available to the general public or a similar portion of the population."

Please provide proposed rate information for the following service:

- T1005 Respite Care Services (15 min)

#### E. Overnight Respite Care Services Program Facility

CMHA-CEI owns the Appletree facility located at 4233 Appletree Lane, Lansing, MI 48917. The home is able to accommodate 6 beds. It is CMHA-CEI's preference to have the selected provider operate the Overnight Respite Care services within this facility.

Bidders are not required to submit a proposal that includes the use of this facility; However, this will impact the scoring of the bid.

Bidders must ensure that their proposed rates commensurate with their choice to use or not use the facility.

#### F. Quality Improvement/Outcomes

Selected provider(s) will administer their own quality improvement program and be expected to participate in the CMHA-CEI quality improvement process and performance indicator reporting.

### V. Provider Information Requested

All prospective bidders must submit the requested documentation below. Current CMHA-CEI providers may be requested to submit partial information if currently on file with CMHA-CEI.

#### A. Organization Information

Provide a signed cover letter on organization letterhead specifying the name and title of the person(s) who are authorized to answer questions about this RFP and their contact information.

1. The Provider should provide a signed statement stating that the organization is independent of and free from conflict of interest of CMHA-CEI.
2. Information submitted to this RFP must be valid for at least 180 days.

## B. Provider History and Service Array

Please include a brief history of your organization, including its service array, number of employees, and service locations, as applicable.

Please include any licensing violations or plans of correction in the past 24 months.

Please include any material findings in an audited financial statement in the past 36 months. Please include any breaches in the past 24 months.

Please include if any employees are on the OIG exclusions list.

Please include if there is any pending or on-going litigation against the company, including any lawsuits in the past 24 months.

## C. Provision of Services

Provider agencies are encouraged to describe their unique, creative abilities to provide this service and meet outcomes, beyond minimum requirements noted above. Proposals should be arranged in sections as indicated below.

Please include the following:

Section 1: Organizational ability and/or experience in providing Respite Care Services or similar type of service following the Michigan Medicaid Provider Manual requirements and CMHA-CEI philosophy. Please discuss the following:

- i. The organization's experience providing Respite Care Services
  1. Any available clinical and/or program outcome information related to Respite Care services provided
  2. Qualifications and credentials of staff providing Respite Care services
- ii. Organizational experience and/or interest in serving specialty populations (SUD, complex medical conditions, MI/IDD Co-occurring)
- iii. Metrics
  1. Ability to collect a diverse portfolio of structure, process, and outcomes measures demonstrating symptom reduction, client satisfaction, and value
- iv. Please summarize the organization's care coordination processes, including use of electronic exchange of health information and maintaining strong working

relationships with providers in the service continuum

- v. A plan for sustainability through diverse customer base, including public and private funding streams

Section 2: Describe the organization’s information system. Please address the following:

- i. The agency’s capability of interfacing with CMHA-CEI electronic medical record
- ii. How the organization will complete claims and performance indicator reporting
- iii. How electronic claims will be submitted

Section 3: Explain the organization’s rates for Overnight Respite Care CPT code listed above in Section IV. D. (Development of Rates). Please provide a detailed account of your costs including all supervision and administrative costs. Please indicate if the Appletree facility will or will not be used.

Section 4: Ability to utilize CMHA-CEI facility or identify and secure appropriate treatment facility location or build suitable location that meets the environmental standards of an Overnight Respite Care unit in Michigan as well as the treatment standards of a recovery-oriented environment.

## VI. Request for Proposal Submission

### A. Response Date

Request for Proposal responses must be received by CMHA-CEI, Attention Valarie Pierson, 812 E. Jolly Rd., Ste. 210, Lansing, MI 48910, no later than Friday, February 10<sup>th</sup>, by 5:00PM ET. Submissions can be submitted electronically to [piersonv@ceicmh.org](mailto:piersonv@ceicmh.org) with the subject line indicating “RFP Youth Overnight Respite Services”.

Late submissions will not be accepted. Total pages not to exceed 12 pages at 12-point font (not including attachments). Attachments should include a budget and budget narrative.

Proposals should be prepared simply and economically to provide a concise description of the provider agency’s capability to perform the services required.

CMHA-CEI will not be responsible for any costs incurred in the preparation of proposals in response to this RFP. Nor will CMHA-CEI be responsible for any costs incurred if the provider agency is invited to make an oral presentation to the evaluation team.

CMHA-CEI reserves the right to reject any or all proposals and/or waive any defects or irregularities in proposals. The Authority also reserves the right to negotiate changes to the proposals, specifications, or other matters pertaining to the proposals that are deemed desirable by the Authority. Award of Contract, if made, will be to the vendor(s) whose proposal is in the best interest of Community Mental Health Authority of Clinton, Eaton, and Ingham Counties in

its sole discretion.

CMHA-CEI contractors shall not discriminate against a vendor with respect to hire, tenure, terms, conditions or privileges or 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 vendor’s ability to perform the duties of a particular job or position. The vendor shall observe and comply with all applicable federal, state, and local laws, ordinances, rules, and regulations which shall be deemed to include, but not limited to, the Elliot- Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act.

## B. Questions

Questions relating to the preparation and/or submission of a response to this RFP should be directed to [piersonv@ceicmh.org](mailto:piersonv@ceicmh.org).

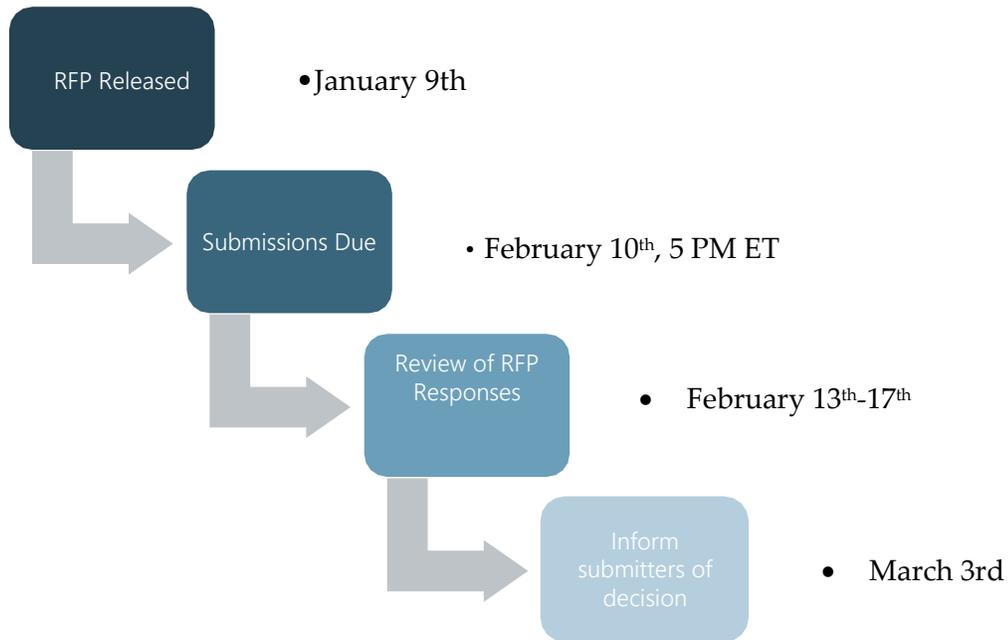
Questions deemed relevant to other bidders will be answered and forwarded to all RFP recipients. Such transparency is compulsory to ensure respondents are afforded the same information, and an equitable opportunity to modify proposals accordingly.

Questions will be answered until Friday, January 27<sup>th</sup> at 5:00 PM ET.

## VII. General Information

### A. Proposed Timeline

| Activity                        | Timeline  |
|---------------------------------|---|
| Issuance of RFP                 | January 9 <sup>th</sup>   |
| Pre-Bid Meeting                 | January 20 <sup>th</sup> , 2023<br>8:30-9:30 AM<br>Link to virtual meeting:<br><a href="https://zoom.us/j/93587749691">https://zoom.us/j/93587749691</a><br>Meeting ID: 935 8774 9691 |
| RFP Submissions due to CMHA-CEI | February 10 <sup>th</sup> (5 PM ET)   |
| Review of RFP Responses         | February 13 <sup>th</sup> -17 <sup>th</sup>   |
| Selected Vendor Interviews      | February 20 <sup>th</sup> -24 <sup>th</sup>   |



## VIII. Proposal Review

Proposals will be reviewed using criteria including, but not limited to, the following: the quality of the proposal response, relevant experience providing Respite Care services, the financial stability and viability of the provider, qualifications of the provider, and the approach/methodology used.

CMHA-CEI 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.

### A. Proposal Retention

CMHA-CEI will retain all proposals submitted and all proposals become the property of CMHA-CEI upon submission.

### B. Acceptance of Proposal Content

RFP responses of selected providers may become contractual obligations. Failure to accept these obligations may result in cancellation of the selection, and the provider may be required to reimburse CMHA-CEI for damages incurred. Conformance with Michigan Medicaid Provider Manual requirements regarding Respite Care services shall also be included as contractual requirement.

### C. Non-Discrimination

CMHA-CEI 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, gender, sexual orientation, 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 Request for 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.

### E. Freedom of Information Act (FOIA)

Information submitted in response to this RFP is subject to the Freedom of Information Act. The proposal(s) that best meets the needs of CMHA-CEI will be made available for review upon selection. Non-proprietary information contained in proposals will be made available by written request.

Bidders that wish to withhold certain areas of their proposals from a FOIA request must clearly identify which parts of their proposal are proprietary and justify why (e.g. intellectual property, information that would unfairly advantage competitors, etc.). Identification of the entire proposal as proprietary is not acceptable.

## Overnight RESPITE Care Services

### Staffing

| Position                     | # of FTEs | Details |
|------------------------------|-----------|---------|
| Program Manager              |           |         |
| Direct Support Professionals |           |         |
| Program Assistant            |           |         |
| Other:                       |           |         |
| Other:                       |           |         |
| Other:                       |           |         |
| <b>TOTAL FTEs:</b>           |           |         |

### Budget

| Item                      | Amount |
|---------------------------|--------|
| Revenue                   |        |
| Staff Wages               |        |
| Expenses                  |        |
| Staff Benefits            |        |
| Payroll                   |        |
| Education                 |        |
| Supplies Expense          |        |
| Food Purchased            |        |
| Equipment & Maintenance   |        |
| Vehicle Expense           |        |
| Travel, Dues & Membership |        |
| Insurance                 |        |
| Utilities                 |        |
| Contractual Expenses      |        |
| Non-Building Depreciation |        |
| Administrative Costs      |        |
| Other:                    |        |
| Other:                    |        |
| Other:                    |        |
| <b>TOTAL EXPENSES</b>     |        |
| Operating Income (Loss)   |        |

\*Administration must not be more than 9% of total operating budget