

REQUEST FOR QUOTATION

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

812 E. Jolly Rd.

Lansing, MI 48910

The information contained in this Request for Quotation (RFQ) is confidential and proprietary to Community Mental Health Authority of Clinton, Eaton, and Ingham Counties. In accepting this RFQ, vendors agree to all conditions under federal confidentiality law.

I. Statement of Intent. Procurement of services is offered following Federal Procurement Procedures under Procurement for Selective Contracting. Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI), as the managing entity, will be purchasing services from a limited number of qualified providers who agree to fulfill contractual obligations for an agreed upon price. CMHA-CEI identifies the specific services to be provided, seeks quotation/price bids, and awards contracts to the best bidder.

II. Overview

- a. Request. Community Mental Health Authority of Clinton, Eaton, and Ingham Counties (CMHA-CEI) is seeking qualified Residential Providers for placement on our panel for the potential operation of any of the following: 4-12 bed specialized AFCs, 6 bed waiver homes, and Personal Residential Homes (PRHs) of varying sizes for the residents of Clinton, Eaton, and Ingham Counties. Specialized Residential Homes, Waiver Homes, and PRHs require the arrangement of supports to maintain individuals living with intellectual and/or developmental disabilities(I/DD), severe mental illness (SMI), and co-occurring diagnoses in these residential settings. Program components are to include residential supports and community-based programming following the Individual Person-Centered Planning process.
- b. Limitations. The earliest start date for any contract established with a provider will be from October 1st, 2023 and will extend to September 30th, 2024. The contract

will be dependent on HCBS approval and licensing. Any contract established with a qualified provider will be up to a yearly basis.

III. Specifications

- a. Submission. Quote must be submitted in a sealed envelope bearing the title of: 2023 Residential Provider Request for Quotes. Please submit three copies of your information. Information must be delivered to Valarie Pierson, 812 E. Jolly Rd., Lansing, MI 48910, or via email at piersonv@ceicmh.org no later than 5:00 p.m. on Friday, April 21, 2023. If there is a modification to the RFQ secondary to questions and or clarifications, all qualified bidders will be notified of such changes and be allowed to modify their information. If changes occur, modifications to information submission will be allowed to be submitted up to the opening date established in section III(b). All successful bidders must comply with all parts of the contract, Michigan Department of Health and Human Services codes and regulations, and all Federal and State laws governing this proposal and operations.

- b. Schedule of Activities.

Advertisement of the RFQ	03/20/2023
RFQ emailed/available to prospective bidders	03/20/2023
Questions/clarification request deadline	04/07/2023
Responses to questions will be posted	04/14/2023
Proposal submission due date reminder	04/14/2023
Proposal submission deadline	04/21/2023
Bid opening	04/28/2023
Rates established and sent to applicants	05/19/2023
Interviews completed/references checked	Week of 06/12/2023
Agreeable provider(s) selected for Panel Status	07/07/2023
Open house scheduled client/guardian interviews	Week of 07/10/2023
Client/guardian selections completed	07/17/2023
Start for contracts	10/01/2023

- c. Contact information. Questions related to this RFQ can be submitted to: Valarie Pierson, piersonv@ceicmh.org or 517-348-8258.

- d. Selection Process. The residential provider contract is classified as a residential service's contract. CMHA-CEI does not necessarily have to choose the lowest bid. In this instance CMHA-CEI will develop and determine a rate for each residential service category (i.e. P.R.H., Waiver Home). Key factors in determining rates include but are not limited to: price, quality, level of service, expertise, proven history of high quality services, flexibility, and ability to provide a wide range of services. Applicants who do not agree to rates established may opt out of the process. CMHA-CEI maintains sole discretion for selecting the successful panel members. Contracts will be awarded to panel providers following review by consumers and/or their legal representatives and CMHA-CEI.

- e. Attachments. Residential Services Supports Scenarios and Maintenance Responsibilities for Provider Operated B Homes

IV. Response. In reviewing your information, CMHA-CEI will want to know the answers to the following questions and have copies of the following requested documents:

1. In detail, provide the mission, vision, and values statements of the organization.
2. Detail your experiences operating adult foster care homes. Include a listing of homes currently being operated, the number of years operated, and population (MI/DD) of consumers for each home.
3. Provide a copy of the organization chart that shows the leadership structure and staff functions relevant to the proposed services. Also, include job descriptions and biographies of leadership staff.
4. Describe your quality improvement system including examples of at least three recent service improvement projects.
5. Provide at least three letters of reference from primary consumers.
6. Provide a list of licensing violations from the last 24 months.
7. Explain how your organization will meet HCBS requirements, and specially explain how your organization will ensure community integration opportunities for residents.
8. Provide a detailed description of the provider's experience working with adults with serious and persistent mental illness and/or intellectual or developmental disability exhibiting challenging behaviors that includes the following:

- a. Since physical intervention is not a program option, what are ways/methods you utilize to prevent the need for physical intervention
 - b. Include years of experience serving this population
 - c. A list of current contracts with community mental health agencies
 - d. Current number of consumers being served
9. Please describe your previous experience with supporting consumers in preventing hospitalization, while hospitalized, and in transition back to the community.
10. Provide a narrative of your understanding of and ability to motivate individuals toward recovery from mental illness.
11. Describe your understanding of key components of person-centered planning principles and provide evidence of trainings attended and training curriculum used in training direct care staff. How does your organization shape true person centered support in the home setting including staff training, monitoring, and guiding?
12. Describe your ability to recruit, supervise, and retain staff. Include policies on employee performance appraisals and turnover statistics. Also, describe how you will provide emergency coverage for your staff.
13. Describe how your organization ensures that services are delivered by staff trained and mentored in delivering services consistent with the principles of Culture of Gentleness and Trauma Informed Care.
14. What is your compliance history with documentation deadlines regarding licensing and CMH audits?
15. Describe, in an overview format, your abilities to develop, maintain, and report costs of running, monitoring, and auditing costs of operations including but not limited to home operations, staffing, and administrative overhead (please provide examples/copies of audited financial statements, or current financial statements).
16. Describe how you will ensure your organization is meeting maintenance responsibilities as outlined in Attachment B- Maintenance Responsibilities for Provider Operated B Homes.
17. Do you currently have or can you demonstrate an ability to obtain AFC Licenses with the State of Michigan Department of Consumer and Industry Services and/or In-Home-Help status with the Michigan Department of Health and Human Services?
18. Have you or any of your operations had (or initiated) any adverse actions against you by local government(s), the State of Michigan or the Federal Government? If so, explain. If none, simply answer none.
19. Please list and describe any current or pending threat of litigation against your company related to your business. If none, simply answer none.
20. Do you have proof of business status? If so, please provide an example.

21. Demonstrate proof of, or the ability to obtain, liability insurance in the amount of \$1,000,000.00 per occurrence, and/or aggregate, combined single limit for Personal Injury, Bodily Injury, and Property Damage.
22. What is your experience working with consumers of CMHA-CEI services (list any accreditation's, certifications, licenses, and affiliations here)?
23. Provide a budget proposal for the operation types provided in Attachment A to this RFQ utilizing a 15-minute unit approach for Option #1 Supported Independent Placement (SIP) and a per diem approach for Option #2 Specialized Licensed AFC.
24. Please submit copies of your organization's policies/procedures regarding direct care staff qualifications.
25. What efforts does/will your organization make to recruit and retain qualified direct care staff and account for the effect of the upcoming increase to the minimum wage?
26. Proof of the ability of, and policies on, performing appropriate background checks for all employees.
27. Provide policies of employee evaluation and/or reviews. If available, provide the policy and examples of employee evaluations.
28. How will you provide emergency coverage for your staff? How will you provide emergency housing if consumers must be moved due to certain circumstances (e.g. natural disaster, infestation, power outage, etc.)?
29. How would you foster communication between your organization and CMHA-CEI?
30. Do you have the ability to bill for services electronically? If not, please provide a plan that will ensure your organization has this capability.
31. Do you have performance guarantees? If yes, explain to what extent you are willing to guarantee your services?
32. Please provide any customer satisfaction survey outcomes.
33. Please provide a short statement as to why you feel your organization should be chosen.
34. Please provide any additional information that you feel is relevant.

V. Discussion. CMHA-CEI representatives may or may not choose to meet with potential offerors. Such discussions would only be intended to get further clarification of potential capability to meet the requirements, especially any development and certification risks.

VI. Appeal Process. Providers have the right to appeal the decision of the RFQ CMHA-CEI committee. All appeals must be received within 15 days of CMHA-CEI's final decision. All appeals must be submitted in writing to Sara Lurie at luriesa@ceicmh.org with the subject line "2023 Residential Provider RFQ Appeal."

VII. Summary. This is a Request for Quotation (RFQ) ONLY to identify sources that can provide Residential Provider Services. The information provided in the RFQ is subject to change and is not binding. CMHA-CEI has not made a commitment to procure any of the items discussed and release of this RFQ should not be construed as such a commitment or as authorization to incur cost for which reimbursement would be required or sought.

Attachment A
Residential Services Support Scenarios

Please provide budgetary quotes for the following two (2) support options:

Option #1 Supported Independent Placement (SIP)

Revenue should include four clients needing support with MDHHS Home Help Services totaling \$5,054.44 per month total (8 hours a day)

PROJECTED COSTS

3.5 FTEs based on a twelve (12) month budget

Salaries and Wages	\$	
Transportation	\$	
Subtotal	\$	
Administration*	\$	
Insurance/Liability	\$	
TOTAL BUDGET		\$
PROJECTED REVENUES		\$
TOTAL PROJECTED REVENUES		\$
YEARLY GRAND TOTAL PAYOR FUNDING		\$

**Administration must not be more than 9% of subtotal*

Option #2 Specialized Licensed AFC

Six clients enrolled in the Habilitation Supports Waiver

FACILITY PROJECTED COSTS

9.5 FTEs based on a twelve (12) month budget

Room and Board Costs

Lease	\$ 34,128.00
Utilities	\$
Maintenance	\$
Equipment	\$
Food	\$
Subtotal	\$

Less Revenue

SSI/SSA @ \$1027.50	\$
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Room and Board Total	\$
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Operations

Salary/Wages	\$
Transport	\$
Misc./Activity	\$
Medical Personal Supplies	\$
Sub Total	\$

Administration*	\$
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Insurance/Liability	\$
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Sub Total Residential	\$
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Revenue

Remaining SSI/SSA	\$
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Total Residential	\$
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**Administration must not be more than 9% of Operations subtotal line item*

Attachment B
Maintenance Responsibilities for Provider Operated B Homes

Providers (as Tenants) shall be responsible for all expenses as outlined in the current Lease Agreement by and between the Provider and Community Mental Health Authority of Clinton, Eaton, and Ingham Counties.

The following paragraphs are taken directly from the Lease, section Eight: Obligations to Maintain and Repair.

I) **EIGHT: OBLIGATIONS TO MAINTAIN AND REPAIR:**

II) **Landlord CMHA CEI Responsibilities:**

Landlord (CMHA CEI) is responsible for Maintenance of the following:

The Landlord after receiving written notice from Tenant and having reasonable opportunity thereafter to review, agree and schedule needed repairs will complete such repairs, and agrees to keep in good order and repair the following:

Structural Items: roof, siding, structural walls, windows, window glass, casings, and frames, doors, door frames, locks, attached kitchen and bath cabinetry and countertops, fixtures and faucets.

Mechanical Plumbing, Heating and Cooling Systems, Electrical: plumbing systems including pipes, septic system, water heaters, furnaces and air conditioning condensing units attached to structure, the electrical system, switches, breakers, outlets, wiring, etc.

Additionally, Landlord is responsible for maintenance of sidewalks, driveways and parking areas to keep them in well-maintained order without trip hazards, potholes, etc.

Tenant agrees to notify Landlord through email for non-emergent items and by phone for emergency items. Work orders will be generated as appropriate for all requests.

III) **Tenant Provider Responsibilities:** Except as provided above:

Tenant is responsible for all minor maintenance and repair which include housekeeping, pest control including treatment and prevention for bedbugs, appliance repair, changing light bulbs, finishes and furnishings such as furniture, curtains, window treatments, painting, wall coverings, etc.

Should the tenant wish that the locks be re keyed, it will be completed by the Landlord at the expense of the Tenant.

Tenant also agrees to provide the Landlord with supporting documentation (licensing inspections) regarding any and all licensing related repairs and improvements to be made.

Tenant further agrees that they will, at their own expense, during the continuation of this lease, keep the said premises and every part thereof in as good repair and at expiration of the term of this lease, yield and deliver up the premises in the same in like condition as when taken, reasonable use and wear thereof damage by the elements excepted.

The Tenant shall not make any alterations, additions, or improvements to said premises without the Landlords written consent. Any and all alterations, additions, or improvements made by either of the parties herto upon the premises, except moveable furniture and fixtures put in at the expense of the Tenant, shall be the property of the Landlord, and shall remain upon and be surrendered with the premises at the termination of this lease, without molestation or injury.

Landlord may enter the premises at any reasonable time frame in order to inspect, repair, make repairs needed or as deemed necessary by the Landlord as essential to the use and occupancy of the building.

Tenant is responsible for Snow Removal and Lawn Care as follows: Tenant will maintain the exterior grounds which includes: lawn care, snow removal, trimming ornamental trees and shrubs, maintaining plant beds and flower beds to be weed free and mulched.

Any and all contractors used on the premises must be approved by the Landlord CMHA CEI.

IV) **Wear and tear by Tenant and Consumers:** Wear and tear, beyond what is considered normal wear and tear, will be assessed by Landlord (CMHA CEI) on a case by case basis and the Tenant is fully responsible for the cost of these repairs. The Tenant can hire an approved contractor by CMHA CEI to perform the work or CMHA CEI will make repairs and fully charge back to the Tennant all costs, labor and materials to make said repairs. This includes any items damaged by the Tenant or Consumer deemed as above and beyond normal wear and tear such as but not limited to the following: broken windows or glass, damaged doors, holes punched or kicked into walls, broken mirrors, damage to Kitchen and Bath cabinets, etc.

V) **Use of Approved Vendors**

- CMHA-CEI will provide a list of approved vendors for providers to utilize when arranging for repairs.
- Providers will only utilize listed vendors unless prior approval has been given by the CMHA-CEI Property & Facilities Supervisor.
- If damage and /or inadequate quality of workmanship results from the use of a non-approved vendor, then the provider will be responsible for the cost to repair or to bring the work up to an acceptable standard.
- The name of potential vendors may be recommended to the Property & Facilities Supervisor for possible inclusion on the approved vendor list.

Whenever there is a question of whether a repair falls under the category of the Provider or CMHA, the Provider shall contact the CMHA-CEI (Property & Facilities Supervisor) to assess the situation and make a determination. That assessment will help the parties to determine which party (Provider, or CMHA-CEI) will be responsible for scheduling the repair and for its cost. The Property & Facilities Supervisor can be reached at 517-346-8240 (office) or 517-242-0151 (cell).