

**MACOMB COUNTY COMMUNITY MENTAL HEALTH SERVICES (MCCMHS)**

**REQUEST FOR PROPOSALS (RFP)  
BEHAVIOR HEALTH TREATMENT / APPLIED BEHAVIOR ANALYSIS  
INSTRUCTION SHEET**

An original (*unbound*) and eight (8) copies of each proposal are to be submitted to MCCMHS' Business Management Division by **noon on Thursday, September 20, 2018**. The following must be included in the order listed:

- A. Proposal Cover Sheet (sample enclosed): Include title, RFP subject, name of agency, address of agency, telephone number, contact, and date.
  
- B. Narrative
  - 1. Introduction: Brief history of the organization, including your experience, and other evidence of your qualifications to undertake the RFP you are bidding on, demonstrating an understanding of the scope and complexity of the required work including an understanding of the Michigan Medicaid Provider Manual requirements.
  - 2. Work History and Background: Indicate the success of current operations, according to both internal assessment processes you may use and success with external audits.
  - 3. Program Description: Description of current operations, process and flow, organizational chart, working relationships, service population, structures for collaboration with MCCMHS and with primary case holders, location(s) in which your agency is able to provide services, and service delivery model.
  - 4. Staffing: List personnel who will be assigned to the program and identify who will serve as contact persons for contract management. Provide resumes and job descriptions. As staff turnover is an obstacle in providing high quality services and family/staff compatibility is key in positive treatment outcomes, bidders should identify measures taken to improve staff retention and positive staff matching processes.
  - 5. Staff Supervision: Indicate agency staff supervision plan and processes, and indicate what measures are being taken to ensure that high quality and effective supervision is provided. List personnel (administrative and clinical) responsible for supervision and service provision. Indicate BCBA providing supervision and consultation.
  - 6. Staff Training: Indicate agency processes and tracking methods to assure that all staff are current on required training.
  - 7. Data Collection and Tracking: Provide assurance that the provider is capable and

willing to participate in performance measurement and evaluation activities as required. Indicate method of behavior tracking and monitoring, including data graphing and reporting timelines and attachment forms and tracking sheets that will be used.

8. **Quality Assurance Performance Improvement:** Indicate your internal quality improvement and performance improvement measures taken to evaluate compliance and continuously improve services for person served population. Provide any documentation or evidence to support quality assurance activities and outcome measurements.
9. **Safeguards:** Describe the environmental safeguards that will be developed for all persons served (both clinic and home). In addition to the plans for addressing individual risks outlined above, centers must be designed to minimize dangers. The proposal should provide information on design features that will limit risk to children and adults present who may be anxious, have limited ability to communicate, may become aggressive, be flight risks, have difficulty functioning in or near groups of people, or have heightened sensitivity to noise, light, texture, and/or sudden changes.
10. **Capacity:** Indicate the approximate capacity or potential cases able to accept on monthly basis and indicate age ranges of individuals the agency is able to support. Include availability of service provision for after school, evenings and weekends.
11. **Disclosures:** Acknowledgment or disclaimer of Macomb County relationships.
12. **Assurances:** Indicate your assurance of compliance with all federal, MDHHS and MCCMHS guidelines and standards.
13. **Other:** For the RFP you are bidding on, include:
  - a. Any information not requested that explains further your program or behavior/mental health expertise
  - b. Any proposed modifications to the RFP (including conflicts of interest)
  - c. Audited financial statements for the last two years, if applicable)
  - d. Disclosure of any litigation
  - e. Disclosure of any substantiated Recipient Rights violations (to include Macomb and other PIHPs/CMH Boards/CMH Authorities)
  - f. Bidder's credit history and credit report
  - g. Criminal background check on principal staff; corporate compliance plan and frequency of repeated background checks.
  - h. Proposed service rates, if required by the RFP

## C. Appendix

1. List of primary or secondary consumers of mental health services on the bidder's Board or organizational committees

2. List of Executive Officers
3. Articles of Incorporation (if not under current contract with MCCMHS)
4. Certificate of Incorporation (if not under current contract with MCCMHS)
5. Evidence of IRS 501 (c)(3) Status (if applicable)
6. Copy of current Federal W-9
7. Completed & signed Macomb County CMH ***Provider Profile Application***
8. Copy of bidder's current Liability Insurance
9. Copies of letters, certificates, etc. of accreditation status by a nationally recognized accreditation association (if applicable)
10. Copies of two reference letters, if not currently under contract to MCCMHS