



REQUEST FOR PROPOSALS

Behavioral Health Treatment /Applied Behavior Analysis

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

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

I. INTRODUCTION

Macomb County Community Mental Health Services (MCCMHS) is accepting proposals for Behavioral Health Treatment (BHT) services, including Home-Based and/or Clinic-Based Applied Behavior Analysis (ABA), for children under 21 years of age with a diagnosis of Autism Spectrum Disorder (ASD).

A. Deadline

The deadline date for submission of the proposal is September 20, 2018 at 12:00 PM. Proposals received after this date and time will not be considered.

B. Bidder's Meeting

An informational non-mandatory bidder's meeting will be held on Wednesday, September 5, 2018 at 9:00 am (see cover letter for additional details). Due to time constraints, we are asking that bidders please submit questions via e-mail prior to the bidder's meeting to: business.management@mccmh.net (please indicate "Bidder Question" in subject header). Responses will be provided at the bidder's meeting. For further information, or if you require special accommodation (in accordance with the provisions of the Americans with Disabilities Act) for accessibility or interpreter services please call (586) 469-6472 at least three business days prior to the meeting. Prior registration for the bidder's meeting is not required.

C. Minimum Contractor Requirements

Bidders can be either current MCCMHS paneled providers or new bidders who are readily able to provide services by October 1, 2018. It is preferred but not required that bidders be accredited by a nationally recognized organization, or, be in the process of attaining such accreditation. MCCMHS intends to contract with one or more providers to assist persons served in a variety of settings. Persons may include both new and existing beneficiaries being served through MCCMHS.

The bidder should expect to provide services as long as the following apply:

- The person served parent/guardian chooses the organization as his/her preferred provider for that service;
- Services are required (*medically necessary*) to address the person's needs;
- Services are authorized by MCCMHS Access Center;
- The person served meets eligibility requirements;
- The parent/guardian is agreeable with requirements and intensity of the program; and
- MCCMHS is satisfied with the quality of the services being provided (*including outcomes/effectiveness of treatment and contract compliance*).

The provider should demonstrate thorough knowledge of eligibility criteria detailed within the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

(Behavioral Health and Intellectual Developmental Disability Supports and Services Section 18 Behavior Health Treatment Services/Applied Behavior Analysis) and ensure that staff maintains appropriate training and credentialing relevant to the provision of services. Provider must verify age and active Medicaid/MiChild coverage prior to service delivery.

MCCMHS will provide authorization review for all MCCMHS covered services. The care manager assigned is expected to deal promptly with MCCMHS for authorizations for services recommended on behalf of the person served pursuant to the person's Individual Plan of Service (IPOS). Service provider is expected to work promptly with the care manager for service authorization requests. Service authorizations are generally for six (6) month periods of time but must be amended to account for every change in ABA hours.

Ideally, bidders must be able to demonstrate a history of successful services to children with developmental disabilities (DD) and/or serious emotional disturbances (SED). The provider will be expected to utilize the MCCMHS Electronic Medical Record (EMR) known as FOCUS. The provider will also be expected to submit all claims, upload Behavior Technician (BT) notes, supervision notes, ABA Treatment Plans and Addendums through the FOCUS system.

D. Disclosure

Bidders must acknowledge any relationship between the bidder's principal officers and board members, and any members 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.

E. Rejection of Proposals

MCCMHS reserves the right to reject any and all proposals received as a result of the RFP, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interests of MCCMHS. This RFP is made for information and planning purposes only. MCCMHS does not intend to award a contract solely on the basis of any response made to this request, or otherwise pay for the information solicited or obtained.

F. Incurring Costs

MCCMHS is not liable for any cost incurred by contractors prior to issuance of a contract.

G. Disclosure of Pre-Proposal Contents - Freedom of Information Act

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.

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

H. Acceptance of Proposal Content

The contents of the proposal of the successful bidder may become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award.

I. Right to Re-bid

MCCMHS reserves the right to re-bid all or some components of this Request for Proposal (RFP) in the event of significant changes to Medicaid Policy.

II. SCOPE OF WORK

Expectations for delivery of ABA services are governed by The MDHHS Michigan Medicaid Provider Manual (Behavioral Health and Intellectual Developmental Disability Supports and Services Section 18 Behavioral Health Treatment Services/Applied Behavior Analysis).

A. Determination of Eligibility for Behavioral Health Treatment:

The following is the process for determining eligibility for BHT services for a child with a confirmed diagnosis of ASD. Eligibility determination and recommendation for BHT must be performed by a qualified licensed practitioner through direct observation utilizing the ADOS-2 and symptom rating using the DD-CGAS. BHT services are available for children under 21 years of age with a diagnosis of ASD from the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), and who have the developmental capacity to clinically participate in the available interventions covered by BHT services. A well-established DSM-V diagnosis of Autistic Disorder, Asperger's Disorder or PDD-NOS should be given the diagnosis of ASD. Children who have marked deficits in social communication but whose symptoms do not otherwise meet criteria for ASD should be evaluated for social (pragmatic) communication disorder.

The following requirements must be met:

- Child is under 21 years of age
- Child received a diagnosis of ASD from a qualified licensed practitioner utilizing valid evaluation tools
- Child is medically able to benefit from the BHT treatment
- Treatment outcomes are expected to result in a generalization of adaptive behaviors across different settings to maintain the BHT interventions and that they can be demonstrated beyond the treatment sessions. Measurable variables may include increased social-communication, increased interactive play/age-appropriate leisure skills, increased reciprocal communication, etc.
- Coordination with the school and/or early intervention program is critical. Collaboration between school and community providers is needed to coordinate treatment and to prevent duplication of services. This collaboration may take the form of phone calls, written communication logs, participation in team meetings (i.e., Individual Education Plan/Individual Family Service Plan [IEP/IFSP], Individual Plan of Service [IPOS], etc.)

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

- Services are able to be provided in the child's home and community, including centers and clinics.
- Symptoms are present in the early developmental period (symptoms may not fully manifest until social demands exceed limited capacities, or may be masked by learned strategies later in life).
- Symptoms cause clinically significant impairment in social, occupational, and/or other important areas of current functioning that are fundamental to maintain health, social inclusion, and increased independence.
- A qualified licensed practitioner recommends BHT services and the services are medically necessary for the child.
- Services must be based on the individual child and the parent's/guardian's needs and must consider the child's age, school attendance requirements, and other daily activities as documented in the IPOS. Families of minor children are expected to provide a minimum of eight hours of care per day on average throughout the month.

B. Prior Authorization

Behavior Health Treatment (BHT) services are authorized for a time period not to exceed the 365 day authorization period. Services may be re-authorized annually based on recommendation of medical necessity by a qualified licensed practitioner working within their scope of practice under state law.

C. Re-evaluation

An annual re-evaluation by a qualified licensed practitioner to assess eligibility must be conducted through direct observation utilizing the ADOS-2 and symptoms rated using the DD-CGAS. Additional tools should be used if the clinician feels it is necessary to determine medical necessity and recommended services. Other tools may include cognitive/developmental tests, adaptive behavior tests, and/or symptom monitoring.

D. Discharge Criteria

Discharge from BHT services is determined by a qualified BHT professional for children who meet any of the following criteria:

- The child has achieved treatment goals and less intensive modes of services are medically necessary and appropriate.
- The child is either no longer eligible for Medicaid or is no longer a State of Michigan resident.
- The child has not demonstrated measureable improvement and progress toward goals, and the predicted outcomes as evidenced by a lack of generalization of adaptive behaviors across different settings where the benefits of the BHT interventions are not able to be maintained or they are not replicable beyond the BHT treatment sessions through a period of six months.
- Targeted behaviors and symptoms are becoming persistently worse with BHT treatment over time or with successive authorizations.
- The child no longer meets the eligibility criteria as evidenced by use of valid evaluation tools administered by a qualified licensed practitioner.
- The child and/or parent/guardian is not able to meaningfully participate in the BHT services, and does not follow through with treatment recommendations to a degree that compromises the potential effectiveness and outcome of the BHT service.

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

Policy and program requirement may change requiring amendments to this RFP. Prospective bidders will be made aware of revisions that impact services. Amendments will be posted on the mccmh.net website and available at the bidder's meeting.

E. Applied Behavior Analysis

Applied Behavior Analysis (ABA) intervention for Autism is to be customized to each person's skills, needs, interests, preferences, and family situation. ABA services are to be provided to individuals with ASD when medically necessary, in the least restrictive environment where the ultimate goal of treatment is to focus on improving core deficits in communication, social interaction, or restricted behaviors, all of which will impact fundamental deficits and help the person served develop greater functional skills and independence. The behavioral intervention should be provided at an appropriate level of intensity in an appropriate setting(s) for an appropriate period of time, depending on the needs of the child and their family within their community. Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the child's goal attainment.

These supports may serve to reinforce skills or lessons taught in school, therapy or other settings, but are not intended to supplant services provided in school or other settings or to be provided when the child would typically be in school but for the parent's choice to home-school the child or parent's choice to decline school supports. ABA service providers are required to establish a system that ensures that services can be provided with no disruption to the child's scheduled school day (if child attends school). The provider should be skilled in implementing person-centered planning processes, which will include coordinating with other MCCMHS directly-operated and contracted service provider entities, as well as coordinating with available community and natural supports.

F. BHT Services

1. Behavioral Assessment

Behavioral Assessments must use a validated instrument and can include direct observational assessment, observation, record review, data collection, and analysis by a qualified provider. Examples of behavior assessments include function analysis and functional behavior assessments. The behavioral assessment must include the current level of functioning of the child using a validated data collection method. Behavioral assessments and ongoing measurements of improvement must include behavioral outcome tools. Examples of behavioral outcome tools include Verbal Behavior Milestones Assessment and Placement Program (VB-MAPP), Assessment of Basic Language and Learning Skills -Revised (ABLLS-R), and Assessment of Functional Living Skills (AFLS).

2. Behavioral Intervention

- a. The use of punitive, restrictive, or intrusive interventions is prohibited during ABA, except in accordance with MCCMHS MCO Policy 8-008. Treatment plans for persons receiving ABA treatment must be approved by the MCCMHS Behavior Treatment Plan Review Committee. ABA Provider is responsible for following all protocols required under this policy, including

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

obtaining consent form (Exhibit A to MCCMHS MCO Policy 8-008.) The use of restraints, seclusion, and aversive techniques are prohibited by MDHHS in all community settings.

- b. BHT services include a variety of behavioral interventions which have been identified as evidence-based by nationally recognized research reviews and/or other nationally recognized scientific and clinical evidence. BHT services are designed to be delivered primarily in the home and in other community settings.
- c. Behavioral intervention services include, but are not limited to, the following categories of evidence-based interventions:
 - Collecting information systematically regarding behaviors, environments, and task demands (e.g., shaping, demand fading, task analysis);
 - Adapting environments to promote positive behaviors and learning while discouraging negative behaviors (e.g., naturalistic intervention, antecedent based intervention, visual supports, stimulus fading);
 - Applying reinforcement to change behaviors and promote learning (e.g., reinforcement, differential reinforcement of alternative behaviors, extinction);
 - Teaching techniques to promote positive behaviors, build motivation, and develop social, communication, and adaptive skills (e.g., discrete trial teaching, modeling, social skills instruction, picture exchange communication systems, pivotal response training, social narratives, self-management, prompting, chaining, imitation);
 - Teaching parents/guardians to provide individualized interventions for their child for the benefit of the child (e.g., parent/guardian implemented/mediated intervention);
 - Using typically developing peers (e.g., individuals who do not have ASD) to teach and interact with children with ASD (e.g., peer mediated instruction, structured play groups, peer social interaction training); and
 - Applying technological tools to change behaviors and teach skills (e.g., video modeling, tablet-based learning software).
- d. In addition to the above listed categories of interventions, covered BHT treatment services may also include any other intervention supported by credible scientific and/or clinical evidence, as appropriate for each individual. Based on the behavioral plan of care which is adjusted over time based on data collected by the qualified provider to maximize the effectiveness of BHT treatment services, the provider selects and adapts one or more of these services, as appropriate for each individual.

3. Behavioral Observation and Direction

- a. Behavioral observation and direction is the clinical direction and oversight provided by a qualified provider to a lower level provider based on the required provider standards and qualifications regarding the provision of services to a child.
- b. The qualified provider delivers face-to-face observation and direction to a lower level provider regarding developmental and behavioral techniques, progress measurement, data collection, function of behaviors, and generalization of acquired skills for each child.

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

- c. This service is for the direct benefit of the child and provides a real time response to the intervention to maximize the benefit for the child. It also informs of any modifications needed to the methods to be implemented to support the accomplishment of outcomes in the behavioral plan of care.

4. Telepractice for BHT Services

- a. Telepractice is the use of telecommunications and information technologies for the exchange of encrypted patient data for the provision of services.
- b. Telepractice must be obtained through real-time interaction between the child's physical location (patient site) and the provider's physical location (provider site). Telepractice services are provided to patients through hardware or internet connection.
- c. All telepractice services must be prior authorized by the Michigan Department of Health and Human Services (MDHHS).
- d. Qualified providers of behavioral health services are able to arrange telepractice services for the purposes of teaching the parents/guardians to provide individualized interventions to their child and to engage in behavioral health clinical observation and direction. Qualified providers include BCBA, BCaBA, LP, LLP, and/or QBHP.
- e. The provider of the telepractice service is only able to monitor one child/family at a time.
- f. It is the expectation that providers, facilitators, and staff involved in telepractice are trained in the use of equipment and software prior to servicing patients.
- g. The administration of telepractice services are subject to the same provision of services that are provided to a patient in person. Providers must ensure the privacy of the child and secure any information shared via telemedicine. The technology used must meet the requirements of audio and visual compliance in accordance with current regulations and industry standards. Refer to the General Information for Providers Chapter of the MDHHS Medicaid Provider Manual for the complete Health Insurance Portability and Accountability Act (HIPAA) compliance requirements.
- h. The patient site may be located within a center, clinic, at the patient's home, or any other established site deemed appropriate by the provider. The room must be free from distractions that would interfere with the telepractice session.
- i. A facilitator must be trained in the use of the telepractice technology and be physically present at the patient site during the entire telepractice session to assist the patient at the direction of the qualified provider of behavioral health.

G. BHT Service Level

1. BHT services are available for Medicaid beneficiaries diagnosed with ASD and are provided for all levels of severity of ASD. The behavioral intervention should be provided at an appropriate

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

level of intensity in an appropriate setting(s) within their community for an appropriate period of time, depending on the needs of the child and their parents/guardians.

2. Clinical determinations of service intensity, setting(s), and duration are designed to facilitate the child's goal attainment. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant services provided in school or other settings, or to be provided when the child would typically be in school but for the parent's/guardian's choice to home-school their child.
3. The recommended service level, setting(s), and duration will be included in the child's IPOS, with the planning team and the parent(s)/guardian(s) reviewing the IPOS at regular intervals (minimally every three months) and, if indicated, adjusting the service level and setting(s) to meet the child's changing needs.
4. The service level determination will include research-based interventions integrated into the behavioral plan of care with input from the planning team. Service intensity will vary with each child and should reflect the goals of treatment, specific needs of the child, and response to treatment.
5. PIHP's Utilization Management will authorize the level of services prior to the delivery of services.
 - a. Focused behavioral intervention is provided an average of 5-15 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).
 - b. Comprehensive behavioral intervention is provided an average of 16-25 hours per week (actual hours needed are determined by the behavioral plan of care and interventions required).

H. BHT Service Evaluation

1. As part of the IPOS, there is a comprehensive, individualized behavioral plan of care that includes specific targeted behaviors, along with measurable, achievable, and realistic goals for improvement. BCBA and other qualified providers develop, monitor, and implement the behavioral plan of care. These providers are responsible for effectively evaluating the child's response to treatment and skill acquisition.
2. Ongoing determination of the level of service (minimally every six months) requires evidence of measurable and ongoing improvement in targeted behaviors that are demonstrated with the use of reliable and valid assessment instruments (i.e., VB-MAPP, ABLLS-R, AFLS) and other appropriate documentation of analysis (i.e., graphs, assessment reports, records of service, progress reports, etc.).

I. BHT Service Provider Qualifications

1. BHT services are highly specialized services that require specific qualified providers that have extensive experience providing specialty mental health and behavioral health services.

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

2. BHT services must be provided under the direction of a BCBA, another appropriately qualified LP or LLP, or a Master's prepared QBHP. These services must be provided directly to, or on behalf of, the child by training their parents/guardians, behavior technicians, and BCaBAs to deliver the behavioral interventions.
3. The BCBA and other qualified providers are also responsible for communicating progress on goals to parents/guardians minimally every three to six months; clinical skill development and supervision of BCaBA, QBHP, and behavior technicians; and collaborating with support coordinators/case managers and the parents/guardians on goals and objectives with participation in development of the IPOS that includes the behavioral plan of care.
4. BHT Staffing Requirements (Table)

<p>Board Certified Behavior Analyst-Doctoral (BDBA-D) or Board Certified Behavior Analyst (BCBA)</p>	<ul style="list-style-type: none"> • Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. • License/Certification: Current certification as a BCBA through the BACB. The BACB is the national entity accredited by the National Commission for Certifying Agencies (NCCA). • Education and Training: Minimum of a master's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence.
<p>Licensed Psychologist (LP)</p>	<ul style="list-style-type: none"> • Must be certified as a BCBA by September 30, 2020. • Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. • License/Certification: LP means a doctoral level psychologist licensed by the State of Michigan. Must complete all coursework and experience requirements. • Education and Training: Minimum doctorate degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas: <ul style="list-style-type: none"> ➤ Ethical considerations. ➤ Definitions and characteristics and principles, processes and concepts of behavior. ➤ Behavioral assessment and selecting interventions outcomes and strategies. ➤ Experimental evaluation of interventions. ➤ Measurement of behavior, and developing and interpreting behavioral data. ➤ Behavioral change procedures and systems supports. • A minimum of one year experience in treating children with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the caseload, progress, and treatment of the child with ASD.
<p>Limited Licensed Psychologist (LLP)</p>	<ul style="list-style-type: none"> • Must be certified as a BCBA by September 30, 2020. • Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction.

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

	<ul style="list-style-type: none"> • License/Certification: LLP means a doctoral or master level psychologist licensed by the State of Michigan. Limited psychologist master's limited license is good for one two (2)-year period. Must complete all coursework and experience requirements. • Education and Training: Minimum of a master's or doctorate degree from an accredited institution. Works within their scope of practice and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas: <ul style="list-style-type: none"> ➤ Ethical considerations. ➤ Definitions and characteristics and principles, processes and concepts of behavior. ➤ Behavioral assessment and selecting interventions outcomes and strategies. ➤ Experimental evaluation of interventions. ➤ Measurement of behavior, and developing and interpreting behavioral data. ➤ Behavioral change procedures and systems supports. • A minimum of one year experience in treating children with ASD based on the principles of behavior analysis. Works in consultation with the BCBA to discuss the progress and treatment of the child with ASD.
<p>Board Certified Assistant Behavior Analyst (BCaBA)</p>	<ul style="list-style-type: none"> • Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. • License/Certification: Current certification as a BCaBA through the BACB. The BACB is the national entity accredited by the NCCA. • Education and Training: A minimum of a bachelor's degree from an accredited institution conferred in a degree program in which the candidate completed a BACB approved course sequence. • Other Standard: Works under the supervision of the BCBA.
<p>Qualified Behavioral Health Professional (QBHP)</p>	<ul style="list-style-type: none"> • Must be certified as a BCBA by September 30, 2020. • Services Provided: Behavioral assessment, behavioral intervention, and behavioral observation and direction. • License/Certification: A license or certification is not required, but is optional. • Education and Training: QBHP must meet one of the following state requirements: <ul style="list-style-type: none"> ➤ Must be a physician or licensed practitioner with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. ➤ A minimum of a master's degree in a mental health-related field or BACB approved degree category from an accredited institution with specialized training and one year of experience in the examination, evaluation, and treatment of children with ASD. Works within their scope of practice, works under the supervision of the BCBA, and has extensive knowledge and training in behavior analysis. Extensive knowledge is defined as having received documented coursework at the graduate level from an accredited university in at least three of the six following areas: <ul style="list-style-type: none"> ▪ Ethical considerations. ▪ Definitions and characteristics; and principles, processes and

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

	<p>concepts of behavior.</p> <ul style="list-style-type: none">▪ Behavioral assessment, and selecting interventions outcomes and strategies.▪ Experimental evaluation of interventions.▪ Measurement of behavior, and developing and interpreting behavioral data.▪ Behavioral change procedures and systems supports.
Behavior Technician (BT)	<ul style="list-style-type: none">• Services Provided: Behavioral intervention.• License/Certification: A license or certification is not required.• Education and Training: Will receive BACB Registered Behavior Technician (RBT) training conducted by a professional experienced in BHT services (BCBA, BCaBA, LP, LLP, and/or QBHP), but is not required to register with the BACB upon completion in order to furnish services.• Works under the supervision of the BCBA or other professional (BCaBA, LP, LLP or QBHP) overseeing the behavioral plan of care, with minimally one hour of clinical observation and direction for every 10 hours of direct treatment.• Must be at least 18 years of age; able to practice universal precautions to protect against the transmission of communicable disease; able to communicate expressively and receptively in order to follow individual plan requirements and beneficiary-specific emergency procedures and to report on activities performed; and be in good standing with the law (i.e., not a fugitive from justice, a convicted felon who is either under jurisdiction or whose felony relates to the kind of duty to be performed, or an illegal alien). Must be able to perform and be certified in basic first aid procedures and is trained in the IPOS/behavioral plan of care utilizing the person-centered planning process.

III. CPT SERVICE CODES AND RATES

Specification of service codes and rates for provision of BHT/ABA services can be found in Section D of the attached Macomb County Community Mental Health Services 2016-2019 Specialty Service Contract. These rates are uniform amongst providers and are subject to change during the contract period based on availability of funding.

IV. General Contractual Responsibilities

A copy of the Macomb County Community Mental Health Services 2016-2019 Specialty Service Contract is attached. A general outline of contract requirements includes but is not limited to the following:

A. Applicable Statutes, Rules, Regulations, Licensing Requirements, Other Criteria

The Board is required to comply with the provisions of its contracts with MDHHS, as well as all provisions of the Michigan Mental Health Code, the Medicaid Managed Care Rules, and all applicable State and Federal laws governing the expenditure of public funds and the provision of mental health services. As a subcontractor of the Board, the selected contractor(s) will be required to comply with all

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

applicable Federal, State and local law, including but not limited to: Medicaid laws & regulations; the Michigan Mental Health Code & Michigan Administrative Rules regarding Recipient Rights; the Anti-Lobbying Act, 31 USC 1352 as revised by the Lobbying Disclosure Act of 1995, 2 USC 1601 et seq, and Section 503 of the Departments of Labor, Health and Human Services and Education, and Related Agencies Appropriations Act (Public Law 104-209); Federal and State laws which prohibit discrimination in employment, service delivery and/or access on the basis of race, color, religion, national origin, ancestry, age, sex, height, weight, marital status, physical or mental disability unrelated to the individual's ability to perform the duties of the particular job or description; Federal and State laws which prohibit discrimination against minority-owned, women-owned, and handicapper-owned businesses in subcontracting; federal regulations regarding debarment and suspension (45 CFR Part 76); the Pro-Children Act of 1994, 20 USC 6081 et seq, Public Law 103-227; and the Health Insurance Portability and Accountability Act and 42 CFR Part 2.

B. Fiscal Management Responsibilities to MCCMHS

1. Bidder shall employ competent, qualified financial staff to ensure the delivery of quality services and accurate clinical service record recording.
2. Bidder shall ensure all financial statements and practices conform to Generally Accepted Accounting Principles.
3. Bidder shall have a system in place of internal controls to safeguard the assets of the organization. These controls shall be evaluated a minimum of once every two (2) years by a licensed, qualified Certified Public Accountant. Internal controls must be in accordance with Generally Accepted Accounting Principles established in the United States of America.
4. Bidder shall purchase and maintain liability insurance to protect the interests and obligations being delegated by MCCMHS. The limits of such coverage are outlined in the contract boilerplate language.
5. Bidder shall have a solid financial foundation and have demonstrated sound fiscal practices for several years.

C. Delegated Functions

1. Credentialing
2. Corporate Compliance

D. Information Supports Responsibilities to MCCMHS

1. Bidder shall have an existing system or will have a system in place by October 1, 2018 to fulfill the following functions:

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

- a. Processing and tracking service delivery data and consumer demographic data.
 - b. Stable and reliable system for timely processing of service claims.
2. Bidder shall have a written development plan designed to accommodate electronic data standards for:
 - Claim/Encounter processing - ANSI-837
 - Enrollment - ANSI-834
 3. Bidder shall have policies and procedures in place, including a service delivery and organizational environment that protects consumer data from unauthorized review.
 4. The CLS & Respite Provider(s) shall utilize and participate in the MCCMHS FOCUS data system for claims submission.

E. Quality Management Responsibilities to MCCMHS

1. Bidder shall assure that provided services are documented as required by MDHHS and the Centers for Medicare and Medicaid Services and entered into the person's FOCUS record according to MCCMHS requirements.
2. Bidder 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, grievances and appeals, and recipient rights (this is not an exhaustive list.)
3. Bidder shall have the capacity to meet the reporting requirements of MCCMHS as outlined in the MCCMHS contract with the MDHHS.

F. MCCMHS Services Obligations to the Provider

1. MCCMHS will designate a contract manager and financial staff who both act as the primary points of contact to support the Specialty Services contract with MCCMHS.
2. MCCMHS will offer provider profile information describing paneled providers to individuals with a confirmed diagnosis of ASD that are determined eligible by MDHHS for receiving services for ASD for the purpose of choice in selecting provider of services. Each individual will have an opportunity to review provider profile information and make a decision about where he/she would like to apply for services.

G. Recipient Rights Responsibilities

1. Bidder 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.

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

2. Bidder shall take steps to ensure consumers will be protected from rights violations while receiving mental health services.
3. Bidder shall assign a Recipient Rights Coordinator to ensure that staff are trained in Recipient Rights and that consumers are/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 training and bi-annual training for recipient rights must be completed face-to-face.
4. Bidder shall make available to all employees, staff and consumers and/or families, and shall post in a conspicuous location the following:
 - a. A summary of all rights guaranteed by the Mental Health Code.
 - b. Instructions on how to contact MCCMHS' Office of Recipient Rights.
 - c. The MDHHS'/Office of Recipient Rights reporting requirements poster for staff.
 - d. Provide for unrestricted access to Rights Compliant forms and "Your Rights" booklet to consumers, families and others.

H. Reporting Requirements

1. The successful bidder must be able to meet MDHHS and MCCMHS reporting requirements within established timelines, must be HIPAA compliant, and must be able to electronically submit data to MCCMHS in the required formats, including but not limited to the FOCUS electronic record.
2. General reporting requirements include the following:
 - a. Quality Indicators and Satisfaction Measures as required by MDHHS and MCCMHS.
 - b. Person served Demographic Data as required by MDHHS and MCCMHS.
 - c. Person served encounter data/claim data.
 - d. Performance indicator and outcome data.
 - e. Independent review or audit.
 - f. Annual Quality Report and Annual Compliance Report in compliance with the contract.

V. CONTENT OF PROPOSAL

SEE REQUEST FOR PROPOSAL INSTRUCTION SHEET

REQUEST FOR PROPOSALS

Behavior Health Treatment /Applied Behavior Analysis

August 17, 2018

VI. PROPOSAL SCORING RUBRIC (GENERAL CATEGORIES)

- A. History, Knowledge, and Experience: The bidder's specialized knowledge, expertise, and experience to provide the services outlined in the RFP; especially the bidder's understanding of the requirements of the work performed pursuant to the Michigan Medicaid Provider Manual.
- B. Ability to Perform Scope of Work: The ability, capacity, and skill of the bidder to perform the contract as outlined in the RFP and to provide the services required.
- C. Staffing and Supervision / Costs: The adequacy of staffing, including supervisory and ancillary staff, to support the service required; costs associated with provision of services.
- D. Contract Compliance: The bidder's history of contract compliance and accreditation; number and scope of compliance issues and/or recipient rights complaints associated with the bidder and/or bidder's parent organization.
- E. Thoroughness of the proposal: The professionalism of the response and compliance with the directives of the RFP.