



**West Michigan Community Mental Health System
920 Diana Street
Ludington, MI 49431**

REQUEST FOR PROPOSAL (RFP)

West Michigan Community Mental Health System (WMCMHS) is seeking bids for an operator to assume licensing of an established eight-bed licensed adult foster care group home (with a specialized residential certification) serving adults with intellectual and developmental disabilities and mental illness. Services to be provided include community living supports and personal care services. The home is located in Pentwater, Michigan. A copy of the RFP and Rating Criteria is available at the WMCMHS office at 920 Diana Street, Ludington, MI or by contacting Donald Avery at donalda@wcmchs.org.

PROPOSAL DEADLINE: Completed proposals must be received no later than 5pm, Thursday June, 6, 2019. WMCMHS will accept proposals via mail, fax or email in PDF format. All proposals should be submitted to Donald Avery at donalda@wcmchs.org, faxed to (231) 845-7095, or mailed to 920 Diana St, Ludington, MI 49431.

PRE-BID CONFERENCE

A pre-bid conference will be held on Tuesday June 28, 2019 from 1:00-2:00 PM at West Michigan Community Mental Health System, 920 Diana Street, Ludington, MI 49431 location.

NO LATE PROPOSALS WILL BE ACCEPTED

RFP TIMELINES

May 16, 2019	RFP posted
May 28, 2019	Pre-bid Conference
May 31, 2019	Final Date Written Questions Accepted
June 3, 2019	Responses to Written Questions Provided
June 6, 2019	Proposals are due
No later than June 13, 2019	Notify all Providers of the status of award/Award contract to selected bidder/provider
The contract term and rates for this RFP will be negotiated between WMCMHS and selected provider based upon the assessed needs of each resident. Selected provider will be required to negotiate a lease agreement with WMCMHS upon notice of award.	

PROPOSAL SPECIFICATIONS

If there are any questions regarding the following specifications, please contact:

donalda@wcmchs.org

Introduction:

West Michigan Community Mental Health System (WCMCHS) is seeking bids for an operator to assume licensing of an established eight-bed licensed adult foster care group home (with a specialized residential certification) serving adults with intellectual and developmental disabilities and mental illness. Services to be provided include community living supports (CLS) and personal care services in a licensed residential setting for individuals currently residing in the home. The home is located in Pentwater, MI. WCMCHS will provide case management and professional services. Licensee responsibilities include providing direct care staff and administrative/management structure. It will be the responsibility of the selected provider to seek, obtain, and maintain required adult foster care licensure with a dual specialized certification for the home. The home is owned by WCMCHS. Operator will be required to enter into a lease agreement with WCMCHS

PROGRAM REQUIREMENTS

1. **Service Provision** – With respect to the provision of services, the Provider will be expected to:
 - a. Obtain and maintain a license and certification to operate an Adult Foster Care Home Certified by the State of Michigan to provide Specialized Residential Care on the premises to include intellectual and developmental disabilities and mental illness.
 - b. Provide properly trained and supervised staff sufficient to run the home and implement each individual resident's Individual Plan of Service (IPOS) using person-centered planning principles.
 - c. Maintain a treatment model milieu in the home.
 - d. Provide any transportation required by residents of the home for treatment purposes which occur in the geographic area and is not reasonably provided by other sources/funding.
 - e. Maintain on premises complete and current resident records and any other records required to document the delivery of each resident's IPOS including personal care services. All records required of the Provider by CMH in the performance of this contract shall be maintained for seven (7) years.
 - f. Participate with WCMCHS in the development of the IPOS using person-centered principles in accordance with Michigan Department of Health and Human Services (MDHHS) practice guidance.
 - g. Provider will be required to provide systematic monitoring of various aspects of this service so as to assure compliance with all applicable standards, and continuously improve the delivery of service to individuals served.
 - h. Provider will be required to maintain compliance with all requirements contained in the contract boilerplate and related documents/attachments. (See Attachment 1 for a copy of the contract boilerplate - The boilerplate contains the principles, policies, and requirements that are the foundation for the contractual relationship between the WCMCHS and the provider organizations).

- i. Provider must be compliant with the Home and Community-Based Waiver standards and obtain provisional approval from the Lakeshore Regional Entity for the home location.
- j. Provider must be able to electronically submit claims to the WMCMH electronic medical record.
- k. Provider must enter into a lease agreement with WMCMH for the home and property. (Refer to Attachment 2 for a sample lease agreement)
- l. Provider must deliver services according to the requirements of the Michigan Medicaid Provider Manual.

2. **Personnel** – With respect to personnel, the Provider agrees:

- a. To provide staff sufficient to run the home and implement each individual resident's Individual Plan of Service (IPOS).
- b. To provide a sufficient number of qualified staff trained in Mandt, positive behavioral support, the culture of gentleness and relationship building in the home at all times to fully implement the residents' IPOS.
- c. That the Provider, rather than CMH, is the sole employer and the sole supervisory authority of the staff that the Provider employs in furtherance of the terms of this contract. Their agents and staff employed in furtherance of this contract shall meet all applicable licensure and/or certification rules and standards. All staff who work independently with the residents shall be fully qualified to do so.

The following documents are provide for review as part of the proposal specifications:

Attachment 1	RFP Rating Criteria
Attachment 2	Boilerplate Contract including the Attachments A, B, C, D, E, F, G, H, and I
Attachment 3	Sample Lease Agreement
Attachment 4	Provider Application

PROPOSAL CONDITIONS

These conditions are an integral part of the request for proposals and the bidder must comply with them.

Clarification Request

If WCMCMH determines, after the deadline to submit proposals, that a bidder's proposal is not clear, WCMCMH reserves the right to issue a request to a bidder to clarify its proposal. Failure to respond may be cause for disqualification.

Reservations

WCMCMH reserves the right, in its sole discretion, to:

- a. Reject any and all Proposals.
- b. Withdraw this RFP at any point in time following its release.
- c. Consider late proposals: (i) if no other proposals are received; (ii) if there are no complete proposals received; (iii) if the process fails to result in award.
- d. Consider an otherwise disqualified proposal, if no other proposals are received.

Award

The award of a WCMCMHS contract will be made to the responsive and responsible bidder who offers: a) ability to perform the service required; b) conformance to specifications; c) quality of the performance in previous contracts; d) financial ability to perform the contract; and f) references. The contract term for this RFP will be negotiated between WCMCMHS and selected provider.

The issuance of an RFP, your preparation and submission of a proposal and WCMCMHS' subsequent receipt and evaluation of your proposal does not commit WCMCMHS to award a Contract, even if all requirements in the RFP are met. WCMCMHS is not liable for costs incurred by respondents to this RFP prior to the issuance of a contract.

All proposals received will be reviewed using the attached RFP Rating Criteria and RFP Rating Sheet.

Freedom of Information Act

All information included in a bidder's proposal is subject to disclosure under the Michigan Freedom of Information Act (P.A. 1976, No. 442) once the proposal is open for WCMCMHS review. Proposals will be available for public inspection after the award announcement, except to the extent that a bidder designates trade secrets or other proprietary data to be confidential. Material designated as confidential must be readily separable from the remainder of the proposal to facilitate public inspection of the non-confidential portion of the proposal. A bidder's designation of material as confidential will not necessarily be conclusive and the bidder may be required to provide justification why such material should not be disclosed, on request, under the Michigan Freedom of Information Act.

Legal Requirements

Federal, State, County and local ordinances, rules and regulations, and policies shall govern development, submittal and evaluation of proposals and disputes about proposals. Lack of knowledge by a bidder about applicable law is not a defense.

INSTRUCTIONS FOR PROPOSAL SUBMISSION

- Interested providers/bidders must submit a complete response to this RFP by **5:00 pm on June 6, 2019**.
 - A complete response includes:
 - A written response is required for each item unless otherwise indicated. Failure to answer any of the items will negatively impact the bidder/provider's score.
 - Provider Response Form, Reference Form and Certification of Provider Proposal and Application/Release of Information with necessary signatures (Attachments 5, 6 and 7)
 - Provider Application/Re-Application Packet from the Lakeshore Regional Entity (Attachment 8)
- Late submissions will not be accepted. There will be no exceptions to this requirement.
- Providers must submit proposal on the provided forms.

WCMCHS will accept proposals via mail, fax or email in a PDF format:

**WCMCHS – Attention Donald Avery
920 Diana Street
Ludington, MI 49431
donalda@wcmchs.org
Fax: 231-845-7095**

**WEST MICHIGAN COMMUNITY MENTAL HEALTH
PROVIDER RESPONSE**

Provider Name:	
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Please answer the questions below. Feel free to attach additional sheets (and note in the section below) if further space is needed for your response.

1	Please provide your agency’s mission, vision and value statements and describe how it supports the proposed services.
2	Please detail your experiences operating an adult foster care home. (Please note if you are currently contracting with another CMH to provide these services). <ul style="list-style-type: none"> • If applicable, please provide a listing of homes you currently operate, the number of years operated and the primary population served in each home
3	Please describe specifically how, if your proposal is selected, your organization would collaborate to reduce disruption of services throughout this transition.
4	Please provide a copy of your organizational chart which outlines your leadership structure and staff functions relevant to the proposed services. Please provide job descriptions and a bio for all key staff.
5	Please describe your quality improvement system – including examples of 3 recent performance improvement projects.
6	Please provide copies of your agency’s customer satisfaction survey tools, survey results and information about how the information received is used to improve services.
7	Please provide a narrative demonstrating your agency’s collaboration with community partners – including 3 examples of collaborative projects with community agencies.
8	Please provide a copy of your most recent financial audit report.
9	Please describe your agency’s ability to submit electronic claims to WMCMHS’ electronic medical record.
10	Please describe how your agency will become compliant with all Home and Community Based Waiver standards. (Please note if you have a home that already meets these standards).

11	Please provide a detailed description of your agency's experience working with adults with intellectual and developmental disabilities and mental illness who exhibit challenging behaviors. Since physical intervention is not a program option, please also indicate ways/methods you utilize to prevent the need for physical intervention.
12	Please provide a narrative describing your understanding of (and ability to integrate) gentle teaching principles into the operation of the home. Please provide a description of the training curriculum that would be used in the home to address gentle teaching principles.
13	Please provide a narrative of your understanding and ability to use environmental modifications to help with behavior change.
14	Please describe your understanding of key components of person-centered planning principles.
15	Please provide examples and success stories of how your agency has helped consumers to gain skills and supports necessary to move from specialized residential to more independent settings.
16	Please provide examples of your experience working with people with autism. Please describe both positive experiences as well as the challenges you have encountered.
17	Please describe your ability to recruit, supervise and retain qualified staff. Please include your agency's policies related to employee performance appraisals and staff turnover statistics. Please also describe how you would provide emergency coverage for staff vacancies, staff out on vacation, staff out sick, etc.
18	Please identify how and when you conduct all appropriate background checks for staff.
19	Please describe your agency's ability to meet the training requirements listed in Attachment I of the boilerplate contract.
20	Please describe how your agency fosters communication among your staff and how you would foster communication between your organization and WMCMH.

REFERENCES/WORK EXPERIENCE

The vendor must furnish at least three (3) references from persons who can attest to the quality of similar prior work performed:

Company Name:	
Street Address:	
City/State/Zip Code:	
Contact Person:	
Telephone No.:	
Email Address:	

Company Name:	
Street Address:	
City/State/Zip Code:	
Contact Person:	
Telephone No.:	
Email Address:	

Company Name:	
Street Address:	
City/State/Zip Code:	
Contact Person:	
Telephone No.:	
Email Address:	

**CERTIFICATION OF PROVIDER PROPOSAL AND
APPLICATION/RELEASE OF INFORMATION**

I hereby certify that all information contained herein is complete and accurate to the best of my knowledge. I understand that any misleading statement or omission in this Proposal / Application may constitute cause for immediate termination from the provider panel. I authorize WMCMH and its agents and representatives to consult with, and receive documents from individuals and organizations possessing information bearing on this Application. I release from any liability to the fullest extent permitted by law, all individuals and organizations who provide information regarding this Proposal/Application, including otherwise confidential information to the extent that such entities providing information to WMCMH in good faith and pursuant to this release should not be liable for any act or omission related to the evaluation or verification of information contained herein. I understand that this Provider Proposal/Application does not guarantee participation in the WMCMH panel. I further understand that, if selected to the provider panel, I have a continuing duty to update the information reported in this Proposal/Application, as necessary. Such updates will be made within ten (10) days of their occurrence.

Please Print Name of Person Authorized to Sign Release:

Signature:

Date:
