

## PROVIDER CHECKLIST

SECTION VI REQUIRED NARRATIVE / DOCUMENTS				
SUB-SECTION	INFORMATION	REQUIRED	OPTIONAL	NOTES
<b>VI(I)(A) PROVIDER PROFILE</b>	Provider Cover Sheet (Attachment B)	✓		
	Narrative Description (5 items)	✓		
	Proof of Business Entity	✓		
	Privileging and Credentialing Application (Attachment G)	✓		
	Conflict of Interest Attestation (Attachment H)	✓		
	MDHHS ASAM Designation Letter	✓		
<b>VI(I)(B) ORGANIZATION / MANAGEMENT</b>	<b>GENERAL</b>			
	Narrative Description (1 item)	✓		
	Organizational Chart	✓		
	<b>PERSONNEL MANAGEMENT</b>			
	Training Policy	✓		
	Narrative Descriptions (3 items)	✓		
	<b>FINANCIAL MANAGEMENT</b>			
	Narrative Description (2 items)	✓		
	Audited Financial Statements (include Auditor Notes & Management Letters)	✓		
	<b>INFORMATION SYSTEMS</b>			
	Narrative Description (3 items)	✓		
	<b>QUALITY MANAGEMENT</b>			
	Narrative Description (1 item)	✓		
	Quality Improvement Plan	✓		
	Customer Satisfaction Survey	✓		
	<b>COMMUNITY INVOLVEMENT</b>			
	Narrative Descriptions (4 items)	✓		
	<b>CORPORATE COMPLIANCE</b>			
	Narrative Description (1 item)	✓		
	Corporate Compliance Plan			✓
<b>RECIPIENT RIGHTS</b>				
Narrative Descriptions (2 items)	✓			
<b>VI(I)(C) FACILITY LICENSE</b>	Facility License	✓		
<b>VI(I)(D) ACCREDITATION</b>	Accreditation Certificate and Accreditation Report	✓		
	Narrative Description (1 item)	✓		
<b>VI(I)(E) INSURANCE</b>	Worker's Compensation Insurance Coverage	✓		
	Directors and Officers Liability Insurance Coverage	✓		
	General Liability Insurance Coverage	✓		
	Vehicle Liability Insurance Coverage		✓	Only if Provider will be transporting individuals
<b>VI(I)(F) TRANSPORTATION</b>	Narrative Description (1 item)	✓		

VI(I)(G) ORGANIZATIONAL TRANSITION PLANNING	Narrative Description (5 items)	✓		
VI(I)(H) REFERENCES	Letters of Reference (2)	✓		
<b>SECTION VII TREATMENT SERVICES</b>				
<b>SUB-SECTION</b>	<b>INFORMATION</b>	<b>REQUIRED</b>	<b>OPTIONAL</b>	<b>NOTES</b>
VII(II)(B) TREATMENT SERVICES PROGRAM OVERVIEW	Narrative Description (12 items)	✓		
	Provider Services Cost Summary Form (Attachment C)	✓		Form shall be completed in Excel format
VII(II)(C) TREATMENT SERVICES	<b>ASSESSMENT</b>			
	Narrative Description (3 items)	✓		
	<b>MEDICATION ASSISTED TREATMENT (MAT) (METHADONE)</b>			
	Narrative Description (13 items)	✓		
	<b>WITHDRAWAL MANAGEMENT SERVICES (SUB-ACUTE DETOXIFICATION)</b>			
	Narrative Description (6 items)	✓		
	<b>RESIDENTIAL SERVICES</b>			
	Narrative Description (6 items)	✓		
<b>SECTION VIII DELEGATED FUNCTIONS</b>				
<b>SUB-SECTION</b>	<b>INFORMATION</b>	<b>REQUIRED</b>	<b>OPTIONAL</b>	<b>NOTES</b>
VIII (I) DELEGATED FUNCTIONS	Pre-Delegation Evaluation form (Attachment E)	✓		

**Section IV (Proposal Submission):**

- One (1) original and five (5) printed copies of each proposal shall be submitted (six (6) copies total).
- One (1) electronic copy (flash drive) of each proposal shall be submitted and labeled by RFP section, subpart and document name.

**Section V (Notification of Intent to Bid):**

- The Provider is requested to inform the PIHP of their intent to bid by the end of business day on March 9, 2018 via an email to Kristen Potthoff at [potthoff@region10pihp.org](mailto:potthoff@region10pihp.org). The email shall be clearly labeled with subject line "SUD RFP INTENT TO BID."