

PROPOSAL RATING SHEET (Required Narrative / Documents)

BIDDER: _____

DATE: _____

REVIEWER: _____

RATING CRITERIA	AWARDED POINTS	MAXIMUM POINTS	COMMENTS
SUBMISSION OVERVIEW			
Economy of preparation.		5	
SUBMISSION OVERVIEW TOTAL POINTS		5	
A. PROVIDER PROFILE			
i. <u>Provider Cover Sheet</u> (see Attachment B).		5	
ii. History of Provider organization and explanation of the purpose or mission of the Provider and how it relates to the RFP.		5	
iii. Business status: <u>Proof of Business Entity</u> : Documentation and proof of business entity as recognized by the Internal Revenue Service (IRS).		5	
iv. Describe the rationale for the Provider pursuing this opportunity.		5	
v. Describe future plans / issues facing the Provider.		5	
vi. List experiences with developing and sustaining collaborative relationships with other agencies and / or where mergers have occurred.		5	
vii. Describe the Provider's experience in this or related field.		5	
viii. <u>Privileging & Credentialing Application</u> (see Attachment G).		5	
ix. <u>Conflict of Interest Attestation</u> (see Attachment H). All sections within the Attestation must be completed regardless of status of the organization (e.g. Non-Profit, Government, Corporation). This includes full addresses, dates of birth and social security numbers for all identified management staff and / or Board		5	

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Members as outlined in PIHP Policy (see Attachment I) and the Code of Federal Regulations.			
x. <u>MDHHS ASAM Designation Letter</u> specifying approved ASAM levels of care.		5	
PROVIDER PROFILE TOTAL POINTS		50	
B. ORGANIZATION / MANAGEMENT			
i. GENERAL			
a. Description of Board of Directors. Include the number and percentage of individuals receiving (or have received) services currently serving on the Board.		5	
b. Provide a current, dated, program specific <u>Organizational Chart</u> which includes administrative structure.		5	
ii. PERSONNEL MANAGEMENT			
a. Description of employee orientation process. Describe or attach a checklist of training items or materials that are included in the orientation process (include information regarding Recipient Rights and Limited English Proficiency training). Provide <u>Training Policy</u> .		5	
b. Description of process and frequency for training staff and evaluating staff performance.		5	
c. Description of process to ensure that required PIHP training will be completed by all staff providing services to Region 10 beneficiaries. See web address in Attachment I (References).		5	
iii. FINANCIAL MANAGEMENT			
a. Financial Audit: The Provider shall attach a copy of its <u>Audited Financial Statements</u> for the previous two (2) years of operation. This shall include <u>auditor notes</u> and comments as well as any <u>Management Letters</u> .		5	
b. Explain if there are any pending or unresolved issues that relate to the last two (2) years of fiscal audits and / or if the Provider has made a plan of correction addressing those areas. Include corrective action steps taken.		5	

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Note: Provider may indicate “not applicable” if the Provider does not have any unresolved issues and / or has not had identified areas which would require corrective action steps.			
iv. INFORMATION SYSTEMS			
a. Description of information system (including data entry process, data disaster recovery and adherence to the Health Insurance Portability and Accountability Act (HIPAA) standards).		5	
b. Description of system for monitoring and processing authorizations of services being provided.		5	
c. Description of capacity to complete a HIPAA Risk Assessment and Security Management Plan.		5	
v. QUALITY MANAGEMENT			
a. Description of Quality Improvement Plan (this shall include information on how reports are utilized and methods used to measure outcomes and participation).		5	
1. Include the most recent <u>Quality Improvement Plan</u> .		5	
2. Include the most recent <u>Customer Satisfaction Survey</u> .		5	
vi. COMMUNITY INVOLVEMENT			
a. Description of how Provider utilizes participation from individuals served in policy development, program planning and routine decision making.		5	
b. Description of process to assist individuals served with community integration.		5	
c. Description of process to utilize community resources from existing entities in program planning.		5	
d. Description of Provider’s capacity to have Coordination Agreements in place with one (1) or more licensed medical service facilities for the provision of emergency inpatient and ambulatory medical services.		5	
vii. CORPORATE COMPLIANCE			
a. Description of Corporate <u>Compliance Plan</u> process and include a copy of the		5	

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<p>most recent Plan if applicable. Note: The Federal Medicaid Integrity Program (MIP) requires entities receiving more than five (5) million dollars in Medicaid funds to have a Corporate Compliance Plan. Note: Provider may indicate "not applicable" if the Provider does not have its own Compliance Plan.</p>			
viii. RECIPIENT RIGHTS			
a. Description of procedures relating to the Recipient Rights process.		5	
b. List the last two (2) years of substantiated Recipient Rights claims and describe what corrective actions were taken.		5	
ORGANIZATION / MANAGEMENT TOTAL POINTS		100	
C. FACILITY LICENSE			
<p>The Provider shall attach evidence of current State of Michigan substance abuse services <u>Facility License</u> and / or any applicable application under review. Note: If the Provider is not licensed and is planning to become licensed, the Provider shall provide information pertinent to pending state substance abuse licensing application(s).</p>		5	
FACILITY LICENSE TOTAL POINTS		5	
D. ACCREDITATION			
i. Attach a copy of the most recent behavioral health or substance use disorder <u>Accreditation Certificate and Accreditation Report</u> .		5	
<p>ii. Explain if there are any pending or unresolved issues that relate to the most recent review and / or if the Provider has made a plan of correction addressing those areas. Include corrective action steps taken. Note: Provider may indicate "not applicable" if the Provider does not have any unresolved issues and / or has not had identified areas which would require corrective action steps. If the Provider is not accredited and is in the process of gaining accreditation, the Provider shall provide that information.</p>		5	
ACCREDITATION TOTAL POINTS		10	
E. INSURANCE			

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i. <u>Worker's Compensation insurance coverage.</u>		5	
ii. <u>Directors and Officers liability insurance coverage</u> (errors and omissions) in a sum of not less than one million dollars per claim and one million dollars annual aggregate.		5	
iii. <u>General liability insurance coverage</u> with broad form endorsement or equivalent, if not in the policy proper, professional liability coverage with limits of not less than one million dollars per occurrence and one million dollars annual aggregate.		5	
iv. <u>Vehicle liability insurance coverage</u> and <u>Michigan no-fault coverage's</u> including all owned, non-owned, and hired vehicles with limits of not less than one million dollars per occurrence and one million dollars annual aggregate. Note: Provider may indicate "not applicable" if the Provider shall not be transporting individuals.		5	
INSURANCE TOTAL POINTS		20	
F. TRANSPORTATION			
Describe Provider's capacity to assist individuals served with transportation needs (e.g. bus route, Provider owned vehicles).		5	
TRANSPORTATION TOTAL POINTS		5	
G. ORGANIZATIONAL TRANSITION PLANNING			
i. Administrative management changes and capacity:			
a. Describe who in your organization shall be responsible for reporting to the PIHP.		5	
b. Describe the Provider's plan for addressing program service capacity regarding PIHP referrals.		5	
ii. Minimal disruption of continuity of service for individuals served.		5	
iii. Procurement of any organization or staff required license and / or certification.		5	
iv. Timeframe in which the Provider plans to assume contractual obligations.		5	
ORGANIZATIONAL TRANSITION PLANNING TOTAL POINTS		25	
H. REFERENCES			

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Provider shall submit two (2) letters of reference / support from various community agencies and / or professional individuals with whom the Provider has collaborated.		10	
REFERENCES TOTAL POINTS		10	
TOTAL POINTS		230	