

## PROPOSAL RATING SHEET (Required Narrative / Documents – Treatment Services)

BIDDER: \_\_\_\_\_

DATE: \_\_\_\_\_

REVIEWER: \_\_\_\_\_

RATING CRITERIA	AWARDED POINTS	MAXIMUM POINTS	COMMENTS
<b>B. TREATMENT SERVICES PROGRAM OVERVIEW</b>			
i. Philosophy of the Provider in the administration of substance use disorder and / or co-occurring substance use disorder / mental health treatment services.		5	
ii. Treatment approaches identifying any evidence based or best practices interventions.		5	
iii. Provide outcome data history on each evidenced based and / or best practice intervention that has been utilized.		5	
iv. Indicate method and frequency of evaluating progress during the course of treatment.		5	
v. Describe the level of integrated co-occurring treatment services that are provided, including a description of availability of psychiatric supports.		5	
vi. Specific strategies used regarding an individual's repeated or continued use of substances.		5	
vii. Provide a description of the Provider's ability to obtain and maintain licensed and / or credentialed staff for each service category Provider is bidding on.		5	
viii. Provide a detailed description of any service(s) provided to special populations.		5	
ix. Strategies used to engage individuals in counseling services, increase retention in treatment and reduce barriers to services.		5	
x. Strategies to improve transition between service levels and aftercare.		5	
xi. Describe process for linking individuals with medical, social, educational,		5	

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vocational, or other services as indicated.			
xii. Describe the discharge process for individuals receiving services.		5	
xiii. Provider has submitted a <u>Provider Services Cost Summary form</u> (see Attachment C) for proposed treatment services (for each identified service code).		5	
<b>TREATMENT SERVICES PROGRAM OVERVIEW TOTAL POINTS</b>		<b>65</b>	
<b>C. TREATMENT SERVICES</b>			
<b>i. ASSESSMENT</b>			
a. Describe the assessment tool that shall be utilized to collect the data for a comprehensive evaluation of the individual's bio-psycho-social, diagnostic impression and individual characteristics, including age, gender, culture, and development.		5	
b. Upon notification of the required use of the GAIN I-Core assessment tool, provide assurance that the organization understands that this will be a requirement and accept the use of the tool. Note: May be used as a standalone or in addition to Providers currently used assessment.		5	
c. Describe how the assessment shall be utilized to lay the foundation for the treatment services to be delivered.		5	
<b>ii. MEDICATION ASSISTED TREATMENT (MAT) (METHADONE)</b>			
a. Describe the process for determining appropriateness for Withdrawal Management vs. maintenance services and administration of appropriate methadone dose levels.		5	
b. Description of types and frequency of services to be provided.		5	
c. Description of group and didactic services – indicate number and types of groups being provided each week.		5	
d. Describe the content of Communicable Disease Didactics for individuals and policy regarding when and who receives this education.		5	
e. Describe philosophy and process for referring individuals for self-help/support groups and monitoring of participation.		5	

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f. Indicate the method and frequency of evaluating progress during the course of treatment and determining length of treatment stay.		5	
g. Describe clinical practice / agency philosophy that addresses lack of progress and/or continued use of substances (positive alcohol and drug screens).		5	
h. Indicate the frequency and types of alcohol and drug screens conducted.		5	
i. Provide a detailed description of coordination of care with primary care physicians, psychiatrist, etc.		5	
j. Indicate criteria and procedures for off-site/take home dosing.		5	
k. Indicate how determination and transition of individual to the medical maintenance phase of treatment is made.		5	
l. Description of titration protocol.		5	
m. Describe how the program utilizes the Michigan Automated Prescription System (MAPS) as part of the assessment and ongoing treatment process. Provide details on the frequency that MAPS is used during the treatment episode and how findings are integrated into the treatment plan and care coordination, especially as it relates to prescribed opioids and benzodiazepines.		5	
<b>iii. WITHDRAWAL MANAGEMENT SERVICES (SUB-ACUTE DETOXIFICATION)</b>			
a. Specify the level(s) of Withdrawal Management treatment being proposed and how the services meet this level of residential criteria.		5	
b. Indicate the frequency of services provided to individuals served (specify any differences for weekends / holidays).		5	
c. Indicate the types and intensity of co-occurring substance use disorder and mental health services that are provided and describe the intensity (capable or enhanced).		5	
d. Describe strategies used to engage individuals in counseling services, increase retention in treatment and reduce barriers to services. Include any innovative strategies used such as welcoming approaches, transportation assistance, appointment reminder calls, contingency management,		5	

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therapeutic alliance approaches, etc.			
e. Specific strategies that shall be used to coordinate care between Providers of substance use disorder treatment services and other Providers in the community that would positively impact the individual's success in recovery, i.e., primary care.		5	
f. Include a detailed description of discharge planning which shall bridge the gap between the residential treatment setting and referral to the next level of care.		5	
<b>iv. RESIDENTIAL SERVICES</b>			
a. Describe the residential treatment program.		5	
b. Specify the level(s) of residential treatment being proposed and how the services meet this/these level of residential criteria.		5	
c. Provide outcome data for recovery, recidivism and relapse for the past two (2) years.		5	
d. Provide a detailed description of the daily type(s) and frequency of services provided to individuals (specify any differences for weekends / holidays).		5	
e. Provide detail on the minimum number of core hours (e.g. weekly case management or group therapy) of SUD services an individual is required to have while in Provider's facility.		5	
f. Include a detailed description of discharge planning which shall bridge the gap between the residential treatment setting and referral to the next level of care.		5	
<b>TREATMENT SERVICES TOTAL POINTS</b>		<b>140</b>	
<b>TOTAL POINTS</b>		<b>205</b>	