



Region 10 Prepaid Inpatient Health Plan
(Region 10 PIHP)

REQUEST FOR PROPOSAL

For

**Substance Use Disorder Withdrawal Management (Detoxification),
Residential and Medication Assisted Treatment (MAT)
(Methadone)**

Issued February 14, 2018

Proposals Are Due to the REGION 10 PIHP Office No Later Than:

March 29, 2018 at 4:00 p.m.

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REQUEST FOR PROPOSAL

Issued By
Region 10 Prepaid Inpatient Health Plan
3111 Electric Avenue, Suite A
Port Huron, MI 48060

Project Title: Substance Use Disorder Withdrawal Management (Detox), Residential and Medication Assisted Treatment (MAT) (Methadone) Treatment Services for Region 10 PIHP

RFP Issue Date: February 14, 2018

Proposal Due Date: March 29, 2018 (4:00 p.m.)

Contact Person: Kristen Potthoff, Contract Manager
Region 10 PIHP
3111 Electric Avenue, Suite A
Port Huron, MI 48060
(810) 966-3399

Section I

GENERAL INFORMATION

I. Introduction

Region 10 Prepaid Inpatient Health Plan (hereinafter referred to as the "PIHP") manages public services for mental health and substance use disorders in Genesee, Lapeer, Sanilac and St. Clair counties. The PIHP operates within this region to manage public services for substance use disorders under the provisions of Act 500 of the Michigan Public Acts of 2012, as amended. As such, the PIHP's mission is to promote opportunities for recovery, discovery, health and independence for individuals receiving services through ease of access, high quality of care and best value. The PIHP's mission statement can be found on the PIHP's website at the web address identified on Attachment I (References).

II. Purpose

The PIHP is committed to operating in a Recovery Oriented System of Care (ROSC). The network of services shall be comprised of a continuum of care for prevention, treatment and recovery supports. A ROSC is a coordinated network of community-based services and supports that are person-centered, build on the strengths and, resiliencies of individuals, families, and communities to achieve abstinence and improve health, wellness, and quality of life for those with or at risk of substance use disorder problems.

This Request for Proposal (RFP) provides interested Providers with sufficient information to enable them to prepare and submit proposals for consideration by the PIHP to satisfy its need for Substance Use Disorder (SUD) treatment and recovery services. The PIHP is seeking sealed proposals from interested and qualified Providers that possess the capacity, infrastructure, and organizational competence to deliver co-occurring SUD treatment services to eligible individuals within the identified region of Genesee, Lapeer, Sanilac and / or St. Clair Counties. Bidding Providers do not need to be geographically located within the specified counties, but do need to offer services which are reasonably accessible to eligible individuals within the PIHP's network.

The PIHP is specifically seeking Providers to enhance its existing Withdrawal Management (Detoxification), Residential and Medication Assisted Treatment (MAT) (Methadone) Provider Network. Current Providers within the PIHP's SUD Provider Network are not required to submit a bid for any services in which they are currently contracted to provide. **Providers may bid for one or all services outlined in this RFP.** This process is being conducted to expand the PIHP's Network to address identified capacity needs.

It is expected that the proposal to provide these services shall follow all applicable State and Federal standards and guidelines.

III. Issuing Office

This RFP is issued by the PIHP. The issuing office is the sole point of contact for this RFP. Information related to this RFP shall be posted on the PIHP's website at the web address identified on Attachment I (References).

IV. Timeline

EVENT	FIRM DATE
Issue RFP	2/14/18
Intent to Bid Deadline	3/9/18
RFP Submission Deadline	3/29/18
Contract Award	6/1/18

V. Oral Presentation

Providers who submit a proposal may be required to make an oral presentation of their proposal.

VI. Contract Award

It is anticipated that a contract shall be awarded on or before June 1, 2018. Providers who are awarded contracts shall not assign any duties or obligations under the contract without written permission of the PIHP.

VII. Amendment

In the event it becomes necessary to revise any part of this RFP, information shall be posted on the Region 10 PIHP website at the web address identified on Attachment I (References).

VIII. Withdrawal / Modification

Providers who submit a proposal may later request a withdrawal or modification in writing prior to the closing date and time specified therein. The written request shall be signed by an authorized representative of the Provider. If a previously submitted proposal is withdrawn before the proposal closing date and time, the Provider may submit another proposal at any time up to the proposal closing date and time. Bids / proposals may not be withdrawn or modified after the fixed closing date and time specified therein.

IX. Late Proposals

Late proposals, those submitted after the fixed closing date and time specified therein, shall not be accepted or reviewed. Proposals submitted after the fixed closing date and time shall not be considered and shall be discarded. The PIHP shall not be held responsible for technical difficulty or delivery complications that result in the bidding Provider being unable to meet the timeline requirements specified herein.

X. Rejection of Proposals

The PIHP reserves the right to reject 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 the PIHP. This RFP has been developed for information and planning purposes only.

Section II

TERMS AND CONDITIONS

I. Incurring Costs

The PIHP is not liable for any cost incurred by Providers prior to the issuance of a contract.

II. Proposal Disclosure

All information in a Provider's proposal is subject to the provisions of Public Act 442 of 1976, known as the Freedom of Information Act.

III. Funding Period

It is anticipated that any resulting offered contract shall begin on June 1, 2018 and shall be valid through September 30, 2018 contingent upon availability of funding from MDHHS. It is anticipated that contracts may be renewed annually (each fiscal year) based on funding availability, Provider performance and PIHP satisfaction with Provider services.

IV. Conflict of Interest

Providers shall affirm that no principal, representative, agent or other person acting on behalf of or legally capable of acting on its behalf, is currently an employee of the PIHP; nor is he / she privy to insider information which would tend to give, or give the appearance of tending to give, an unfair advantage to the Provider, which may constitute a conflict of interest.

Within the proposal response, all Providers shall disclose any known direct or indirect financial interests (including but not limited to ownership, investment or any other form of remuneration) that may exist between the Provider, his / her potential subcontractors and the PIHP.

Providers shall complete a Conflict of Interest Attestation (detail outlined in Required Narrative / Documents section of this RFP).

V. Relationship of the Parties / Independent Contractor

The relationship between the PIHP and any selected Provider is that of Provider and independent contractor. No agent, employee, or servant of the Provider shall be deemed an employee, agent, or servant of the PIHP for any reason. The Provider shall be solely and entirely responsible for its acts and the acts of its agents, employees and servants during the performance of a contract resulting from the RFP.

VI. No Waiver of Default

The failure of the PIHP to insist upon strict adherence to any term of a contract resulting from this RFP shall not be considered a waiver or deprive the PIHP of the right thereafter to insist upon strict adherence to that term, or any other term, of the contract.

VII. Disclaimer

All the information contained within this RFP and its attachments reflect the best and most accurate information available to the PIHP at the time of RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive.

The PIHP reserves the right to accept or reject any / all bid proposals received pursuant to this RFP, in whole or in part; and / or to waive any / all irregularities therein; and / or to delete / reduce the units of service; and / or to negotiate proposal terms in any way whatsoever to obtain a proposal deemed in its best interest. The PIHP reserves the right to re-solicit / re-advertise as deemed necessary.

All proposals submitted become the property of the PIHP.

Section III

MINIMUM QUALIFICATIONS

I. Provider Requirements

Interested Providers shall meet the following minimum requirements to be considered for funding:

- A. Have the necessary systems in the areas of administration and clerical support for the program. This includes the necessary computer equipment, compatible software and Internet connections to be able to electronically request authorization for services and submit data and billing; a valid, active and maintained email account that can receive and submit communications is also required.
 - i. Provider shall have capacity to access the PIHP's electronic data system (herein after referred to as "MIX"). Provider shall have the capacity for data submission into and data extraction out of MIX regarding all admissions and discharges as well as ongoing authorizations. Note: If the Provider is awarded a contract, the PIHP shall provide initial set up and training.
- B. Have an established financial system in operation which meets generally accepted accounting principles and systems (i.e. maintains fiscal solvency).
- C. Hold a current substance abuse program license through the state of Michigan as required for federal and state funding; 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).
- D. Hold an approved ASAM designation by MDHHS for all services bid for and indicating approved ASAM Levels of Care (LOC).
- E. Have the capacity to obtain and retain program staff who meet the minimum qualifications / credentialing requirements (see MDHHS Medicaid Provider Manual, MDHHS Office of Recovery Oriented Systems of Care (OROSC) SUD Services Policy Manual, the Michigan Department of Licensing and Regulatory Affairs (LARA) and the Michigan Certification Board for Addiction Professionals (MCBAP) – web addresses identified on Attachment I (References) as they pertain to services being bid for).
- F. Demonstrate an ability to understand, relate to, and operate within an ethnic, racial, age, and economically diversified population. In addition, have the capacity to provide services in settings accessible and acceptable to individuals and communities intended to be served.
- G. Agree to comply with Federal Confidentiality, Privacy and Security Regulations and State Confidentiality laws. This includes compliance with Title 42 (Public Health) of the Code of Federal Regulations (CFRs) (see web address identified on Attachment I (References)).

Section IV

PROPOSAL SUBMISSION

I. Economy of Preparation

Proposals shall be prepared simply, economically and according to the format delineated elsewhere in this RFP. The Provider is expected to provide a straight forward, concise description of the Provider's ability to meet the requirements of the RFP. Fancy bindings, colored displays, promotional materials, etc., are not desired. Emphasis shall be on the completeness and clarity of content.

II. Provider Responsibilities

- A. Utilization of technology to obtain needed RFP documents and inform the PIHP of questions.
- B. Carefully review the entire RFP prior to submitting a response. The Provider, by submitting a response, attests to its full understanding of all details and specifications related to this RFP.
- C. Be responsive in a manner that utilizes the order specified on the Provider Checklist (Attachment A) to aid proper consideration of each section of the proposal.
- D. Use concise, persuasive language (see Economy of Preparation above). Clearly identify any best or evidence-based practice to be utilized.
- E. Ensure all related required documents / narratives are addressed for each proposed service.
- F. Providers are encouraged to be creative in development of their proposed delivery of services. Collaboration with community partners is encouraged and shall be described where appropriate.
- G. Submission of documents in a timely manner via delivery mechanisms as indicated in the RFP.
- H. By submission of a proposal, the selected Provider attests it shall meet current PIHP Board Procedure and Policy requirements for the duration of the contract. This information can be found on the Region 10 PIHP website at the web address identified (Attachment I – References).
- I. By submission of a proposal, the selected Provider attests that it shall adhere to the specifications for services herein. Service descriptions shall be made part of Provider contracts and monitored accordingly.
- J. Successful Providers shall agree to accept and serve all individuals referred by the PIHP or its agent under the contract.

III. Proposal Submission

One (1) original and five (5) printed copies of each proposal shall be submitted in a sealed container (six (6) copies total). Additionally, one (1) electronic copy of each proposal shall be submitted on a flash drive. All hardware containing electronic submissions shall become the property of the PIHP. Proposal content shall be organized in a manner that directly corresponds with the RFP (e.g. use of same headings as within RFP). Electronic submissions **MUST** be organized in a manner that corresponds with the RFP and RFP submission. Electronic documents shall be labeled by RFP section, subpart and document name (e.g. VII_I_A_Provider Profile).

Proposals shall be accepted until 4:00 p.m. on 03/29/18. Proposals shall be received by the specified closing date and time to be reviewed. Proposals submitted after the closing date and time shall not be considered and shall be declared invalid.

An official authorized to bind the Provider to its provisions shall sign the proposal submission (see Provider Cover Sheet – Attachment B).

Proposals shall be mailed to or dropped off at the following address:

Region 10 PIHP
Attention: Kristen Potthoff, Contract Manager
3111 Electric Avenue, Suite A
Port Huron, MI 48060

The following label shall appear on the outside of the sealed container for proper delivery:

CONFIDENTIAL RESPONSE
Substance Use Disorder Services RFP

Section V

NOTIFICATION OF INTENT TO BID / PROVIDER QUESTIONS

I. Notification of Intent to Bid Requested

The bidding Provider is requested to inform the PIHP of their intent to bid for any services outlined in this RFP. The Provider shall 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. The email shall be clearly labeled with subject line "SUD RFP INTENT TO BID". The content of the email shall contain the name of the Provider as well as the specific service(s) they intend to bid for.

II. Provider Questions

Provider questions can be submitted to Kristen Potthoff (by email only to potthoff@region10pihp.org with the subject line "SUD RFP QUESTION") until close of business on Thursday, March 15, 2018. All responses to questions shall be posted on the Region 10 PIHP website (see Attachment I (References) for web address) no later than Thursday, March 22, 2018. RFP related or specific questions shall not be accepted for response in any format other than described in this paragraph.

Section VI

REQUIRED NARRATIVE / DOCUMENTS

I. Documentation Requirements

Interested Providers shall meet and provide documentation for the following to be considered. Provider narrative shall include the Provider name on each page. Responses shall be double spaced, Arial font size 11. Failure to include complete responses for each of the applicable sections shall result in a loss of points. For any of the following, if the required narrative and / or document is not available (such as for a recently licensed entity), Provider may indicate "not applicable" and provide an explanation.

- A. Provider Profile (50 points):** Provider shall provide a narrative description and any supporting documentation to address the following:
- i. Provider Cover Sheet (see Attachment B).
 - ii. History of Provider organization and explanation of the purpose or mission of the Provider and how it relates to the RFP.
 - iii. Business status: Proof of Business Entity: Documentation and proof of business entity as recognized by the Internal Revenue Service (IRS).
 - iv. Describe the rationale for the Provider pursuing this opportunity.
 - v. Describe future plans / issues facing the Provider.
 - vi. List experiences with developing and sustaining collaborative relationships with other agencies and / or where mergers have occurred.
 - vii. Describe the Provider's experience in this or related field.
 - viii. Privileging & Credentialing Application (see Attachment G).
 - ix. Conflict of Interest Attestation (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 Members as outlined in PIHP Policy (see Attachment I) and the Code of Federal Regulations.
 - x. MDHHS ASAM Designation Letter specifying approved ASAM levels of care.
- B. Organization / Management:** Provider shall provide a narrative description and any supporting documentation to address the following:
- i. **General (10 points):**
 - a. Description of Board of Directors. Include the number and percentage of individuals receiving (or have received) services currently serving on the Board.
 - b. Provide a current, dated, program specific Organizational Chart which includes administrative structure.
 - ii. **Personnel Management (15 points):**
 - 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 Training Policy.
- b. Description of process and frequency for training staff and evaluating staff performance.
 - 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).
- iii. **Financial Management (10 points):**
- a. Financial Audit: The Provider shall attach a copy of its Audited Financial Statements for the previous two (2) years of operation. This shall include auditor notes and comments as well as any Management Letters.
 - 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. 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 (15 points):**
- a. Description of information system (including data entry process, data disaster recovery and adherence to the Health Insurance Portability and Accountability Act (HIPAA) standards).
 - b. Description of system for monitoring and processing authorizations of services being provided.
 - c. Description of capacity to complete a HIPAA Risk Assessment and Security Management Plan.
- v. **Quality Management (15 points):**
- a. Description of Quality Improvement Plan (this shall include information on how reports are utilized and methods used to measure outcomes and participation).
 1. Include the most recent Quality Improvement Plan.
 2. Include the most recent Customer Satisfaction Survey.
- vi. **Community Involvement (20 points):**
- a. Description of how Provider utilizes participation from individuals served in policy development, program planning and routine decision making.
 - b. Description of process to assist individuals served with community integration.
 - c. Description of process to utilize community resources from existing entities in program planning.
 - 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.
- vii. **Corporate Compliance (5 points):**
- a. Description of Corporate Compliance Plan process and include a copy of the 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.
- viii. **Recipient Rights (10 points):**
- a. Description of procedures relating to the Recipient Rights process.
 - b. List the last two (2) years of substantiated Recipient Rights claims and describe what corrective actions were taken.
- C. **Facility License (5 points):** The Provider shall attach evidence of current State of Michigan substance abuse services Facility License 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).
- D. **Accreditation (10 points):**
- i. Attach a copy of the most recent behavioral health or substance use disorder Accreditation Certificate and Accreditation Report.
 - 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.
- E. **Insurance (20 points):** The Provider shall attach evidence of current:
- i. Worker's Compensation insurance coverage.
 - ii. Directors and Officers liability insurance coverage (errors and omissions) in a sum of not less than one million dollars per claim and one million dollars annual aggregate.
 - iii. General liability insurance coverage 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.
 - iv. Vehicle liability insurance coverage and Michigan no-fault coverage's 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.
- F. **Transportation (5 points):** Describe Provider's capacity to assist individuals served with transportation needs (e.g. bus route, Provider owned vehicles).
- G. **Organizational Transition Planning (25 points):** Provider shall provide a transition plan the Provider shall put into place if awarded a contract for services including:
- i. Administrative management changes and capacity:
 - a. Describe who in your organization shall be responsible for reporting to the PIHP.

- b. Describe the Provider's plan for addressing program service capacity regarding PIHP referrals.
 - ii. Minimal disruption of continuity of service for individuals served.
 - iii. Procurement of any organization or staff required license and / or certification.
 - iv. Timeframe in which the Provider plans to assume contractual obligations.
- H. References (10 points):** Provider shall submit two (2) letters of reference / support from various community agencies and / or professional individuals with whom the Provider has collaborated.

Section VII

TREATMENT SERVICES

I. Treatment Services Overview

A primary Treatment Goal identified by the PIHP includes Coordination of Care – ensuring collaboration is occurring between key stakeholders and the SUD network system. An array of services shall be offered to insure the needs of the community are being met. The service guidelines are based on the requirements of MDHHS. Additionally, the American Society of Addiction Medicine (ASAM) Criteria which establish the Level of Care (LOC) needed for each individual requesting and participating in SUD treatment services are required practice standards.

Treatment shall be individualized based on a bio-psycho-social assessment, diagnostic impression and individual characteristics, including age, gender, culture, and development. Authorization decisions on length of stay, including continued stay, change in LOC and discharge shall be based on ASAM Criteria. Individuals receiving services shall participate in referral and continuing care planning which shall occur prior to discharge and shall be based on the needs of the individual served in order to support sustained recovery.

Treatment shall take place in an office licensed by the State of Michigan and properly accredited based location or an identified community-based location. Any additional services that are identified as outreach / community-based locations shall be delivered under the terms of the Provider license. Treatment shall be rendered by staff educated / trained in providing professionally directed SUD treatment services. The treatment shall occur in regularly scheduled sessions. Treatment shall consist of evidence based and / or best practice therapies.

- i. **Assessment:** The process of gathering sufficient information to determine whether an individual has a substance use disorder and if so what areas of their lives have been affected. Treatment shall be individualized based on a bio-psycho-social assessment, diagnostic impression and individual characteristics, including age, gender, culture, and development. Assessments shall be completed as an adjunct service within the continuum of care. For a Withdrawal Management and/or Residential Treatment Provider, assessments shall be inclusive of the services provided during the 1st day of admission and shall not be a stand-alone, billable service under this contract specific to these services. Assessment shall be a separate billable service for individuals receiving Medication Assisted Treatment referral in the Outpatient setting.
- ii. **Outpatient:** It is the expectation that the Provider is licensed by MDHHS to provide Outpatient Services in conjunction with MAT services. Includes a wide variety of covered services with the expectation that authorizations for these services are individualized to the needs of the individual being served. Throughout the outpatient LOC, assessment, treatment plan and recovery support preparations are required as they shall be included

in the authorized treatment services. As an individual's needs change, the frequency and/or duration of services may be increased or decreased as medically necessary. The ASAM levels correspond with planned hours of services, in an individual, group and / or family therapy setting during a week and as scheduled with the individual. The treatment occurs in regularly scheduled sessions, usually totaling fewer than nine (9) contact hours per week.

- iii. **Withdrawal Management (Sub-Acute Detoxification Services):** Supervised care for the purpose of managing the effects of withdrawal from alcohol and/or other drugs as part of a planned sequence of addiction treatment. Withdrawal Management is limited to the stabilization of the medical effects of the withdrawal and to the referral to necessary ongoing treatment and/or support services. Licensure as a sub-acute detoxification program is required. Withdrawal Management is part of a continuum of care for substance use disorders and does not constitute the end goal in the treatment process. The Withdrawal Management process consists of three (3) essential components: evaluation, stabilization, and fostering individual readiness for, and entry into, treatment. A Withdrawal Management process that does not incorporate all three (3) components is considered incomplete and inadequate. Withdrawal Management can take place in both residential and outpatient settings, and at various levels of intensity within these settings. Individual placement to setting and to level of intensity shall be based on ASAM Criteria and individualized determination of need.
- a. 1: Ambulatory Withdrawal Management
 - b. 2: Ambulatory Withdrawal Management with extended on-site monitoring
 - c. 3.2: Clinically Managed Residential Withdrawal Management
 - d. 3.7: Medically Monitored Inpatient Withdrawal Management

A Withdrawal Management Provider shall have the ability to accommodate an individual with co-occurring disorder of a mild to moderate Mental Health diagnosis.

- iv. **Residential Services:** An intensive therapeutic service which includes overnight stay and planned therapeutic, rehabilitative or didactic counseling to address cognitive and behavioral impairments for the purpose of enabling individuals to participate and benefit from less intensive treatment. A Program Director is responsible for the overall management of the clinical program, and treatment is provided by appropriately credentialed professional staff, including substance abuse specialists. Residential treatment shall be staffed 24-hours-per-day. The three (3) residential ASAM LOC for residential treatment services shall be utilized for minimal guidelines to provide services.
- a. 3.1: Clinically Managed Low Intensity Residential
 - b. 3.3: Clinically Managed Population Specific High Intensity Residential
 - c. 3.5: Clinically Managed High Intensity Residential

The clinical program shall be provided under the supervision of a Substance Abuse Treatment Specialist with either full licensure or limited licensure treatment professionals and MCBAP certification. This intensive therapeutic service is limited to those individuals who, due to specific cognitive and behavioral impairments, require a safe and stable environment in order to increase benefit from treatment.

A Residential Provider shall have the ability to accommodate an individual with co-occurring disorder of a mild to moderate Mental Health diagnosis.

- v. **Medication Assisted Treatment (MAT) (Methadone):** Opiate-dependent individuals may be provided methadone as an adjunct to a treatment service. All individuals receiving MAT shall be receiving additional SUD services (e.g. Outpatient (therapeutic interventions)) within the MAT provider agency, or through coordination of care efforts with another provider.

The methadone treatment services are provided in an outpatient level of care or as an inclusive service of a residential or Withdrawal Management episode of care. The program shall provide a minimum of one (1) hour of individual, group and/or family therapies weekly. Drug testing shall be conducted on a regular basis for each individual participating in services: Urinalysis shall be performed for individuals in maintenance treatment at least once per week. Post six (6) months of drug-free urinalysis, tests may be performed on a monthly basis and shall be collected randomly in a manner which minimizes falsification of samples. Coordination of care with individual healthcare providers shall be done at admission and throughout the course of treatment. Provision of such services shall be provided under the supervision of a State of Michigan licensed Physician. The physician shall be licensed to prescribe medications in Michigan. The MAT program shall be licensed by the State of Michigan. The program shall be certified by the Division of Pharmacologic Therapies/Center for Substance Abuse Treatment (DPT/CSAT). Additionally, the program shall be licensed by the Drug Enforcement Administration (DEA); and accredited by a DPT/CSAT and state-approved accrediting organization. Staff shall be appropriately credentialed and licensed to administer medication assisted treatment services.

Treatment Services Required Narrative / Documents

- A. **Required Narrative Overview:** Provider narrative shall include the Provider name on each page. Responses shall be double spaced, Arial font size 11 and include page numbers. Failure to include complete responses for each of the applicable sections shall result in a loss of points. If Provider is bidding on any of the following services, but is not currently providing that service, Provider shall describe anticipated ability to fulfill the obligations of each objective. Providers who are providing services to specialty populations (e.g. adolescents, veterans) shall note the information in the applicable descriptions. Additionally, if the proposal includes additional Outpatient services (e.g. recovery coaching, case management, women's specialty), include a detailed description regarding the objectives listed in each applicable service category.
- B. **Treatment Services Program Overview (65 points):** Provider shall address the following:
- i. Philosophy of the Provider in the administration of substance use disorder and / or co-occurring substance use disorder / mental health treatment services.
 - ii. Treatment approaches identifying any evidence based or best practices interventions.

- iii. Provide outcome data history on each evidenced based and / or best practice intervention that has been utilized.
- iv. Indicate method and frequency of evaluating progress during the course of treatment.
- v. Describe the level of integrated co-occurring treatment services that are provided, including a description of availability of psychiatric supports.
- vi. Specific strategies used regarding an individual's repeated or continued use of substances.
- 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.
- viii. Provide a detailed description of any service(s) provided to special populations.
- ix. Strategies used to engage individuals in counseling services, increase retention in treatment and reduce barriers to services.
- x. Strategies to improve transition between service levels and aftercare.
- xi. Describe process for linking individuals with medical, social, educational, vocational, or other services as indicated.
- xii. Describe the discharge process for individuals receiving services.
- xiii. Provider has submitted a Provider Services Cost Summary form (see Attachment C) for proposed treatment services (for each identified service code).

C. **Treatment Services:** For the following Treatment Services, the Provider shall complete those areas identified in the bid proposal:

i. **Assessment (15 points):**

- 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.
- 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.
- c. Describe how the assessment shall be utilized to lay the foundation for the treatment services to be delivered.

ii. **Medication Assisted Treatment (MAT) (Methadone) (65 points):**

- a. Describe the process for determining appropriateness for Withdrawal Management vs. maintenance services and administration of appropriate methadone dose levels.
- b. Description of types and frequency of services to be provided.
- c. Description of group and didactic services – indicate number and types of groups being provided each week.
- d. Describe the content of Communicable Disease Didactics for individuals and policy regarding when and who receives this education.
- e. Describe philosophy and process for referring individuals for self-help/support groups and monitoring of participation.

- f. Indicate the method and frequency of evaluating progress during the course of treatment and determining length of treatment stay.
 - g. Describe clinical practice / agency philosophy that addresses lack of progress and/or continued use of substances (positive alcohol and drug screens).
 - h. Indicate the frequency and types of alcohol and drug screens conducted.
 - i. Provide a detailed description of coordination of care with primary care physicians, psychiatrist, etc.
 - j. Indicate criteria and procedures for off-site/take home dosing.
 - k. Indicate how determination and transition of individual to the medical maintenance phase of treatment is made.
 - l. Description of titration protocol.
 - 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.
- iii. **Withdrawal Management Services (Sub-Acute Detoxification) (30 points):**
- a. Specify the level(s) of Withdrawal Management treatment being proposed and how the services meet this level of residential criteria.
 - b. Indicate the frequency of services provided to individuals served (specify any differences for weekends / holidays).
 - 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).
 - 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, 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.
 - 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.
- iv. **Residential Services (30 points):**
- a. Describe the residential treatment program.
 - b. Specify the level(s) of residential treatment being proposed and how the services meet this/these level of residential criteria.
 - c. Provide outcome data for recovery, recidivism and relapse for the past two (2) years.
 - d. Provide a detailed description of the daily type(s) and frequency of services provided to individuals (specify any differences for weekends / holidays).

- 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.
- 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.

Section VIII

DELEGATED FUNCTIONS

I. Delegated Functions

Managed care administrative functions that shall be performed by Region 10 PIHP are specifically defined within the Code of Federal Regulations (CFRs). The PIHP has overall responsibility to manage these functions. Prior to delegating specific managed care functions to any treatment services Provider, Region 10 PIHP shall conduct a Pre-Delegation Assessment to determine the Provider's capacity to carry out those specific functions.

The Provider shall complete the Pre-Delegation Evaluation form (see Attachment E) and submit all relevant supporting documentation. If supporting documentation is elsewhere within the RRP submittal, please reference where the material is located with as much detail as possible. The required information within Attachment E shall be reviewed only if the Provider is awarded a contract. At that time, additional clarification and / or documents may be requested of the Provider by the PIHP as part of the Pre-Delegation Evaluation.

Section IX

RATES

I. Cost Documentation

Provider shall submit cost documentation in accordance with the OMB 2 CFR Part 200 Subpart E Cost Principles for proposed services. See web address identified on Attachment I (References).

It is expected that all cost calculations shall be identified by service code.

See Provider Services Cost Summary form (Attachment C). Form shall be completed in Excel format.

Section X

SUBMISSION EVALUATION

I. Evaluation Process

Award recommendations are contingent upon evaluation of the responses submitted.

A Review Committee for the RFP shall be comprised of diversified stakeholders who shall evaluate each proposal through the use of the evaluation rating criteria (see Attachment D).

Further proposal evaluation shall be completed by PIHP staff and recommendations shall be made to the Region 10 PIHP Board based on overall evaluation results, service need and network capacity. It is the objective of the PIHP to acquire needed services and supports at fair and economical prices, with appropriate attention to quality of care and maintenance of existing – care relationships and service networks currently utilized. The following is an overview of the criteria which the PIHP shall utilize when evaluating proposals:

- A. All minimum requirements identified within the RFP have been met;
- B. Suitability of the Proposal
 - Proposal aligns with the PIHP's mission;
 - Proposed solution meets the needs and criteria set forth in the RFP;
- C. Qualifications necessary to undertake service project. Attain and retain qualified staff to deliver services throughout the time frame needed;
- D. Expertise in delivery of appropriate clinical solutions. Successful delivery of similar services;
- E. Identified budget consistent with program objectives and demonstrates alignment with quality of service.

The Region 10 PIHP Board shall make the final decision.

Section XI

ATTACHMENTS

ATTACHMENT A:	PROVIDER CHECKLIST
ATTACHMENT B:	PROVIDER COVER SHEET
ATTACHMENT C:	PROVIDER SERVICES COST SUMMARY
ATTACHMENT D1:	PROPOSAL RATING SHEET – (Required Narrative / Documents)
ATTACHMENT D2:	PROPOSAL RATING SHEET – (Treatment Services Required Narrative / Documents)
ATTACHMENT E:	PRE-DELEGATION EVALUATION FORM
ATTACHMENT F:	MINIMUM QUALIFICATIONS ATTESTATION FORM
ATTACHMENT G:	PRIVILEGING & CREDENTIALING APPLICATION
ATTACHMENT H:	CONFLICT OF INTEREST ATTESTATION FORM
ATTACHMENT I:	REFERENCES

NOTE:

All Attachments are listed separately from the RFP main document on Region 10 PIHP's website at www.region10pihp.org.