

GENESEE HEALTH SYSTEM

**REQUEST FOR PROPOSAL 24-001
FOR
PERSONAL CARE & COMMUNITY LIVING SUPPORTS IN A LICENSED
SPECIALIZED SETTING – MI (Joal Home)**

RELEASED/ISSUED: MAY 6, 2024

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I. PURPOSE AND SPECIFICATIONS

Genesee Health System (hereinafter referred to as the “Board”) is seeking sealed proposals from interested and qualified parties experienced in providing **PERSONAL CARE and COMMUNITY LIVING SUPPORTS IN A LICENSED SPECIALIZED SETTING – MI (Joal Home)**. These services will be provided to clients residing in Genesee County at locations as requested by the client/Board.

Proposals must be clear, concise, typewritten, and must be signed in ink by the official authorized to bind the submitter to its provisions. The contents of this Request for Proposal (RFP) will become incorporated within any contract signed by the Board and the provider of service. Do not retype this RFP, instead, respond on a separate page and cite the section number for each response. All areas of the proposal must be addressed in the same sequence cited in the RFP instructions in order that proper consideration is given to the proposal. Proposals submitted without information or incomplete content will result in the proposal being removed from consideration. The Offeror must complete an **Offeror Cover Sheet** and attach to the proposal. The **only** accepted document formats for email submission are **.pdf** or **Microsoft Word .doc, .docx, and .jpeg**. In order to be accepted by GHS’s email system, your proposal email and combined attachment(s) must be smaller than 35 MB.

Questions may be submitted to RFPReplies@genhs.org response will be in writing and made available to all interested parties via posting on the Board’s web page www.genhs.org under the <https://genhs.org/rfp-grant-opportunities/> link. Deadline for questions or inquiries is May 13, 2024 2:00 p.m.

Any change to this RFP subsequent to its release will be confirmed in writing by the Board. **One (1) original submitted by EMAIL to RFPReplies@genhs.org. Proposals will be accepted until May 20, 2024 at 2:00 P.M. Proposals must be received by this date and time in order for the proposal to be considered. Due to GHS being in transition to a new site, proposals will only be accepted electronically.**

The proposal shall cover services beginning on or about **August 1, 2024** or as agreed upon by the Offeror and the Board. The initial term of this Contract shall be for one (1) year and is renewable annually up to **two** years. Any extension of the term will be subject to mutual written agreement between the parties.

The Board reserves the right to accept or reject any/all 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 as deemed in its best interest. The Board reserves the right to re-solicit/re-advertise as deemed necessary.

INTRODUCTION AND OVERVIEW

The Board received Authority status as of January 1, 2013, effectively becoming a distinct non-profit separate from the County of Genesee. Funding for the service(s) described herein is enabled by a cost reimbursement contract with Region 10 Prepaid Inpatient Health Plan to manage the Concurrent 1915(b)(c) Programs, the Healthy Michigan Plan and relevant I

waivers in Genesee County, Michigan and to provide a comprehensive array of specialty mental health services and supports as indicated therein. The Board also operates Genesee Community Health Center, which offers a holistic approach to physical health care for those who may otherwise go without.

The Board intends to enter a contract with a for-profit or non-profit entity or entities to provide PERSONAL CARE & COMMUNITY LIVING SUPPORTS IN A LICENSED SPECIALIZED SETTING. It is expected that the proposal to provide these services will be in compliance with all applicable State and Federal standards and guidelines.

The Board has chosen to meet the challenge of managed care by managing its mental health care service delivery through evaluation and monitoring, and expecting its service providers to be solely responsible for managing its operations consistent with terms of the accepted contract. Consequently, the Offeror should be aware that providers from whom the Board purchases services are expected to operate in the marketplace and be able to effectively meet the requirements for establishing and maintaining a contractual relationship with the Board. This RFP establishes criteria and requirements that have been designed to cover important aspects of the services to be provided.

COST LIABILITY

The Board assumes no responsibility or liability for costs by the Offeror, or any Offeror prior to the execution of a contract between the organization and the Board.

OFFEROR RESPONSIBILITIES

All inquiries concerning the content of the RFP shall be submitted **by EMAIL to RFPpreplies@genhs.org**.

It is the responsibility of the Offeror to understand all details of the RFP. The Offeror, by submitting a response indicates a full understanding of all details and specifications of the RFP. Offerors are expected to present narrative statements/summaries in a clear, concise and organized manner for review.

The Offeror is solely responsible for delivery of **One (1) original submitted by EMAIL to RFPpreplies@genhs.org**, on or before the due date and time. The Purchasing Office will be the single point of contact throughout the RFP process.

RFPs submitted after the deadline will not be considered and will be discarded.

All RFPs submitted by the deadline will become the property of the Board.

OTHER MATERIALS

Offerors may attach other materials, with explanation, believed to be relevant to illustrating the Offeror's ability to successfully provide these services.

AWARD OF CONTRACT AND EVALUATION

It is the intent of the Board to enter into a contract with provider(s) that will emphasize administrative efficiencies, and possess the capacity, infrastructure and organizational competence to provide the requirements under this proposal.

Award recommendations are contingent upon an initial evaluation of the Offeror's qualifications to determine if the Offeror is a quality provider.

There are three types of evaluation that **may be used** to determine if an Offeror meets quality standards.

1. Is an evaluation of the written response to the RFP.
2. Involves interviewing Offeror's staff and/or regulators.
3. Involves interviews with Offeror's customers and/or clients. The latter may involve interviews with a random sampling of the Offeror's current and previous customers. "Customers" include direct recipients of service, recipients' representatives (e.g., parents, guardians, family members, etc.), and payers.

In addition to access to customers, the evaluation process must be assured of unimpeded access to employees (current and former), regulators, and other stakeholders of the Offeror. Requests for additional information, to assist the evaluators, may be submitted to the prospective Offeror in order to facilitate sampling satisfaction.

Offerors who are awarded contracts shall not assign or delegate any of their duties or obligations under the contract to any other party without written permission of the Board. Specific requests for information to assist the Board's evaluators will be submitted to the Offeror as needed.

DISCLOSURE

All information in an Offeror's proposal is subject under the provisions of Public Act No. 442 of 1976 known as the Freedom of Information Act.

CONFLICT OF INTEREST

Offerors awarded a contract will affirm that no principal, representative, agent, or other acting on behalf of or legally capable of acting on the behalf of the Offeror, is currently an employee of the Board; nor will any such person connected to the Offeror currently be using or privy to any information regarding the Board which may constitute a conflict of interest.

At the time of the proposal, all Offerors shall disclose any known direct or indirect financial interests (including but not limited to ownership, investment interests, or any other form of remuneration) that may be present between the Offeror or its potential subcontractors, and Board personnel. This disclosure shall be made to the Boards' Senior Director of Business Operations who will forward the information to the CEO.

As part of the proposal, include a list of any known potential subcontractors, including the portion of work being contracted out to other licensed contractors. This listing of potential subcontractors shall be limited to the name of the company, name of the company's owner(s), and business address. If any other subcontractor is selected after a contract is awarded, the successful Offeror shall provide the Board with the name of the company, its owner(s), and address. This requirement is not intended to apply to minimal relationships such as the purchase of a small dollar amount of supplies to complete a project.

RELATIONSHIP OF THE PARTIES (INDEPENDENT CONTRACTOR)

The relationship between the Board and any Offerors successful in obtaining a contract is that of client and independent contractor. No agent, employee, or servant of the contractor shall be deemed to be an employee, agent, or servant of the Board for any reason. The independent contractor will 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.

NO WAIVER OF DEFAULT

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

DISCLAIMER

All the information contained within this RFP reflects the best and most accurate information available to the Board at the time of the RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive. If it becomes necessary to revise any part of this RFP, a supplement will be issued to all potential Offerors who obtained the original RFP.

REFERRAL PROCESS

Information related to the population to be served will be discussed at the pre-proposal conference. Authorizations for service will be made by the Board's Utilization Management Department in the format designated by the Board. Providers must agree to accept and serve all clients referred and authorized by the Board under the contract as described in the following service description.

SERVICE DESCRIPTION

The following services will be provided under a contract(s) with the Board:

The contract to be awarded through this RFP is for one (1) six-bed residential facility to serve persons with a severe mental illness concomitant with moderate behaviors.

The profile/characteristics of a typical client/resident for inclusion within this specific group home setting are as follows:

- Mental Illness diagnosis
- Residents may include adult males, females or both, in this home population
- Moderate behavioral issues. Typical Moderate Behaviors may include some or all of the following with varying frequencies and intensity levels, but may occur daily for extended periods of time:
 - o Verbally aggressive toward staff of other residents.
 - o Verbally combative toward staff or other residents.
 - o Refusal to attend scheduled activities.
 - o Unwilling to do any or all of the following: get up in the morning; eat; bathe; follow house guidelines; or attend/participate in scheduled activities.
 - o Physical aggression displayed toward staff and other residents of the home.
 - o Physical aggression toward self
 - o Refusal to take medications as prescribed
 - o Occasional elopement
 - o May experience multiple medication changes over their life history in this home.
 - o With any medication changes, resident may experience temporary levels of mental regression and/or an increase in new or past behaviors presenting.
 - o Property destruction, on occasion.
- Need for trained experienced staff to provider Behavioral Modification intervention.
- Home provides structured, meaningful activities.
- Group home staff demonstrate competency in behavioral approaches.
- Client may be stepped down from high risk intensive behavioral settings or state hospitalizations.
- Client may have had several or frequent specialized placements.

In addition, services must be provided as per the then current Medicaid Manual:

Community Living Supports and Personal Care in a Licensed Setting Description

Community Living Supports (CLS) facilitate an individual's independence and promote integration in the community. The supports can be provided in the individual's residence (licensed facility, family home, own home or apartment) and in community settings.

The supports are:

- Reminding, observing, guiding or training the beneficiary with:
 - o Meal preparation;
 - o Laundry;

- Routine household care and maintenance;
- Activities of daily living, such as bathing, dressing, personal hygiene; and
- Shopping.
- Assistance, support and/or training the beneficiary with:
 - Money Management;
 - Reminding, observing, and/or monitoring of medications;
 - Non-medical care (not requiring nurse or physician intervention);
 - Socialization and relations building;
 - Transportation*;
 - Leisure choice and participation in regular community activities; and
 - Attendance at medical appointments.

*Transportation to medical appointments is covered by Medicaid through MDHHS or the Medicaid Health Plan.

Personal Care in Licensed Specialized Residential Setting refers to services provided in accordance with an individual plan of service to assist a beneficiary in performing his/her own personal daily activities. Services may be provided only in a licensed foster care setting with a specialized residential program certified by LARA.

Personal Care services are covered when authorized by a physician or other health care professional, in accordance with an individual plan of service, and rendered by a qualified person. Supervision of personal care services must be provided by a health care professional who meets the qualifications contained in Medicaid Provider Manual, Behavioral Health & Intellectual & Developmental Disabilities Supports & Services (BHIDDSS), Section 11.

Personal Care services include assisting the individual to perform the following:

- Assistance with food preparation, clothing and laundry, and housekeeping beyond the level required by facility licensure (e.g. individual requires special dietary needs such as pureed foods);
- Eating/Feeding;
- Toileting;
- Bathing;
- Grooming;
- Dressing;
- Transferring (between bed, chair, wheelchair, and /or stretcher);
- Ambulation; and
- Assistance with self-administered medications.

The services to be provided to each person are determined through their respective person/family centered planning processes. The residents of the home will require integration of complex medical, personal, and psychiatric care to maintain their community tenure in the least restrictive setting. Due to their psychiatric disorders, the residents of this home will vary in terms of their socialization skills or the stage of their recovery process, as it relates to their psychiatric condition. They will require integration

into the community to effectively realize their personal goals, and to optimize their potential for full community membership. This will mean supporting them to establish a wide range of associations and relationships, participation in community events/activities, and living in a real home.

Services are to be provided and documented by trained direct-care staff who support clients in meeting their needs as outlined in their individual plans of services. See Medicaid Provider Manual, BHIDDSS, Section 11 and Provider Relations Manual.

GHS' Responsibilities to this Home/Treatment Facility:

1. GHS will maintain ongoing communication regarding the status of each resident. GHS clinical staff will provide regular visits to meet with Home Management and staff to discuss resident's treatment and other important data on each resident.
2. GHS will provide formal documentation sheets which will be necessary to track data on residents.
3. GHS will provide clinically appropriate plans for treatment for each resident.
4. GHS will provide initial training on all treatment plans and update training when treatment plans change.
5. Discharge will not occur without full clinical team involvement.
6. All residents will be assigned to GHS MI case management. (Continuity of care and coordination with consultative services and psychiatrist, as required.)

GHS shall be the official holder of the client's record. The typical length of stay per client is 365 days per year for residential services.

This RFP is for personal care & community living supports in licensed specialized residential settings. All remaining services needed by the clients, such as case management, nursing, dietary, psychological, physical therapy, occupational therapy, speech therapy, psychiatric or behavioral services will be provided by GHS, directly or indirectly, outside of this contract. GHS may directly or indirectly provide skill building, prevocational services, or supported employment outside the scope of this contract.

POPULATION TO BE SERVED

The Board seeks to establish these services primarily for adults, with a severe mental illness, concomitant with moderate behaviors. This will mean supporting them to establish a wide range of associations and relationships, participation in community events/activities, and living in a real home.

Clients with a severe mental illness may have symptoms or behavioral challenges that result in difficulty with interpersonal relationships, communicating their needs and/or moderate challenging behavior. The individuals will utilize behavioral services. The individuals to

be served may also have varying amounts of medical conditions/issues that pose ongoing health challenges.

GENERAL-OPERATIONAL COST PARAMETERS

Revenue sources such as SSI, SSA, income and/or other assets received by the involved client are to be used for the cost of room and board. The Provider will be responsible to collect all cost of care, Medicaid spend down amounts, which will be deducted from the Provider's payment.

The Provider will be responsible to keep all benefits current (i.e. SSI, food stamps, Medicaid, etc.).

All placements will need to be authorized prior to moving into the house. This contract will be a post-paid contract based on actual days of service for each individual residing in the home.

HOME LEASE/LOCATION

The monthly property lease, prorated insurance and prorated taxes for the home are paid directly by GHS. The provider will see a direct deduction from the monthly payment that reflects the lease of the home. The residential provider is not the lessor or lessee of the property and occupies at the will of GHS.

The group home physical address is: **1217 Joal Dr. Flint, MI 48532** The selected provider will be required to arrange, coordinate and obtain licensure for this location. This home is one of the State designed homes, and remains in good repair.

II. OFFEROR CRITERIA AND RESPONSE

REQUIREMENTS

A. Preparation and Formatting Requirements [Non-Scored]

The Offeror shall be responsible for preparing and submitting an effective, clear, and concise proposal. Proposals must contain the following information:

1. Offeror will prepare a comprehensive document incorporating responses to each Section; said responses shall be presented as follows: Font Style "New Times Roman" with Font Size "12 point".
2. Offeror shall prepare a Table of Contents.
3. Offeror shall respond regarding how they will answer or meet the requirements of each Section, with each section being individually tabbed, corresponding to the Table of Contents.

B. Service Delivery System and Client Care Management

The Offeror shall prepare and submit effective, clear, and concise responses to each requested section, question, or element of this RFP. The Board is interested in receiving a clear narrative depiction of the intended group home operations, program services, and any other information the Offeror deems important regarding the overall operations of the home.

1. Provider Responsibilities (please list a response to each item/section):

a) Provide your intended staffing patterns.

- i. 1st Shift Weekdays
- ii. 2nd Shift Weekdays
- iii. 3rd Shift Weekdays

- iv. 1st Shift Weekends
- v. 2nd Shift Weekends
- vi. 3rd Shift Weekends

b) Describe your Group Home Management Structure: Listing positions of in-home management, backup supervision, layers of management and operational support provided by your corporate office, etc. Include a current management staff list, along with their associated job title, credentials, e-mail address and phone number of each management staff person.

c) Describe additional Corporate Supervision and Oversight. Be sure to list positions, monitoring patterns and/or schedules, etc.

d) Describe your training for all of the above listed staff members including any AFC licensing training for re-hired staff.

e) Describe/present your proposed in-home structured activity schedule for this home and population.

f) Describe/present your proposed outside of the home structured activity schedule for this home and population.

g) Describe how your home management and staff will communicate with the resident's primary supports team (i.e. GHS Case Manager, LLP, OT, PT, Dietician, etc.) What methods of communication will be used to convey changes in the resident's life regarding health and/or behavioral concerns, improvement/regression? If applicable, describe the tools available to your staff to track and identify resident issues for discussion. (i.e. behavior sheets, medication records, formal notes, records, documents; daily, weekly, monthly, quarterly notes/reports to communicate the details of the resident's life and needs

h) Describe anything additional which makes your organization ideally suited to manage and staff this group home opportunity for this specific population.

- i) Describe your organization's procedure for addressing daily structured activities for individuals including community inclusion, socialization activities and individual preferences.
2. The offeror shall describe their general approach and background for the provision of the requested services, as follows:
 - a) The offeror shall give examples of the types of clients they serve and describe the support and treatment methods used. Please include your ability and experience in serving persons with developmental disabilities concomitant with moderate behaviors.
 - b) The offeror shall detail what other group homes it operates under contract to any PIHP or CMHSP in the State of Michigan and provide detail all AFC Licensing and Office of Recipient Rights citations against each facility over the past one year. The information may be submitted in a separate attachment.
 - c) The offeror shall describe their implementation of Person-Centered Planning (PCP) and their on-going commitment to PCP and Self - Determination. Provide examples of how this is accomplished.
 - d) The offeror shall attach procedures relating to the offeror's Recipient Rights process, staff training on Recipients Rights and the process for monitoring staff's compliance with Chapter 7 (Recipient Rights) of the Michigan Mental Health Code.
 - e) The offeror shall describe client involvement (direct/indirect) with offeror's operations.
 - f) The offeror shall explain their process for maintaining clients' health. Attach procedures relative to the offeror's process for administration of medication (if applicable) and infection control
 - g) The offeror shall indicate the physical location of their offices and describe how the facility will accommodate individuals with physical handicaps in accordance with the applicable laws such as "The Americans with Disabilities Act."
3. Offeror shall describe its organization's ability to provide the services of Personal Care in a Licensed Specialized Residential Setting/Community Living Support Services:
 - a) In addition to the typical service components to be provided under this RFP, (i.e., Personal Care in Licensed Specialized Residential Setting/Community Living Support Services), what does your company/team bring to the table that would be considered Above and Beyond the Norm or standard traditional service

provision (i.e. additional components, modules, features, tools, training, programs, programming, etc.)?

- b) Describe your organization's ability to coordinate the various components of these services, as follows:
 - i. Describe your ability to assure the health of each client in your care.
 - ii. Describe your ability to assure the safety of each client in your care.
 - iii. Describe how you will address client needs as these relate to their greater community inclusion and membership.
 - c) Describe the organization's staff training process, staff credentials and experience, including identifying any special skills or qualifications you will pursue as related to this RFP, over and above the array of modules/topics generally accepted as constituting the Direct Care Worker Training Curriculum. Be sure to fully detail how your staff is currently trained in basic direct care worker skills, via direct description here or attach your organization's training plan if you provide that training directly.
 - d) Describe your organization's discharge policies and procedures, and how they adhere to generally accepted practices for both AFC Licensing standards and expectations of the mental health/PIHPs around the state.
 - e) GHS currently has contractual services in the form of a Crisis Intervention Recovery Team, combined with an after-hours on-call emergency service (BHR Worldwide). GHS also has contracts with several psychiatric hospitals, both local and throughout the state, and one Crisis Residential Unit. Describe your ability to respond to clients in crisis situations, utilizing both your own direct resources and those of the service array generally described.
4. Offeror shall describe Program Evaluation and Performance Indicators:
 - Identify offeror expected outcomes of the services.
 - Identify offeror program evaluation procedures.
 - Identify additional Performance Indicators as identified by the offeror.
 5. The offeror shall describe their capacity to complete the developmental work necessary to implement the services to be provided in this RFP in a timely manner. Specifically, this refers to activities such as securing a State of Michigan Adult Foster Care license, achieving Certification as a Specialized Mental Health Program, verifying compliance with the State Fire Marshall requirements, hiring staff, training staff, obtaining needed equipment, leasing a vehicle, and so on.
 6. The offeror shall describe how the organization maintains a group home's physical plant and equipment in safe condition for the provision of service, including food sanitation, housekeeping, repairs, snow removal, routine inspections, fire drills, and related maintenance, in compliance with MIOSHA, and AFC licensing requirements.

B. Offeror's Internal Policies and Procedures

1. The offeror shall attach personnel policies and procedures specific to:
 - Credentialing, Privileging, licensing and competency of staff.
 - Training (initial and ongoing).
 - Orientation.
 - Recruitment and selection
 - Performance evaluation
 - Supervision
 - Managing clinical risk, emphasizing client empowerment and integration with their communities.
 - Termination
2. The offeror shall describe the organization's procedures for emergency response within the organization.

C. Management/Administrative Capability and Information Systems

1. The offeror shall describe the organization's operation and the staff and systems available to:
 - a. Describe your data collection database of clients that includes, but not limited to, service activity provided (i.e. behavioral health, physical health, OT, PT, Dietician, etc.).
 - b. Ability to submit Medicaid spend-down statements to the MDHHS, if a primary provider. If not a primary provider, describe how you will submit service information to the primary provider, if applicable.

D. Utilization Management

The offeror shall include a copy of the Organization's Utilization Management Plan.

- Offeror shall describe their process to secure initial placement authorizations and continuing stay review authorizations. (GHS will only reimburse for authorized residents and days)

E. Performance Improvement and Experience

The offeror shall include a copy of the Organization's Performance Improvement Plan (Continuous Quality Improvement).

1. The offeror shall include a copy of its last 2 years of Customer Satisfaction Surveys. The offeror shall explain its procedures for distribution of the survey, follow-up of the results and how the results are implemented in order to improve customer satisfaction.
2. The offeror shall include copies of any PIHP/CMHSP Quality of Care reviews from the past year, as related to any of its other group home operations. If this would

require inclusion of more than 5 reviews, the offeror may summarize these results in table format, and attach only one review as an example.

3. Provide a list of organizations, contact names and phone numbers of the organizations for which the offeror has provided services.
4. Provide the names of ten clients and/or guardians, if relevant, which have consented to being a reference for the offeror.

F. Legal Structure, Financial Viability, and Insurance Requirements

1. The offeror shall submit documentation and proof of entity (e.g. IRS 501(c)3 determination); copy of Articles of Incorporation or document under which the organization is constituted/organized from its inception;
2. The offeror shall include the names, addresses, and title or representation of all owners or controlling parties of the organization, whether they are individuals, partnerships, corporate bodies, or subdivisions of the bodies.
3. The offeror shall attach audited financial statements for the previous two (2) years of operation.
4. The offeror shall attach a Certificate of Workers' Disability Compensation insurance coverage.
5. The offeror shall attach a certificate of professional liability (errors and omissions) in a sum of not less than \$1,000,000 per claim and \$3,000,000 annual aggregate.
6. The offeror shall attach a certificate of general liability insurance with Broad Form General Liability Endorsement or equivalent, if not in policy proper, Provider and Contractual liability coverage with limits of not less than \$1,000,000 per occurrence and \$2,000,000 annual aggregate.
7. The offeror shall attach a certificate of vehicle liability insurance coverage, and Michigan No-Fault coverages, including all owned, non-owned, and hired vehicles, with limits of not less than \$500,000 per occurrence and \$500,000 annual aggregate (if transporting clients).

G. Rate Submission for Service code(s) to be provided

Rates are based upon GHS's standard rate schedule per the individual consumer's Level of Care (LOC).

This contract will be Post Paid based on actual days of services, and payment provided as such, i.e., per diem. Standard per diem rates based upon current LOC will be paid per individual placement for the consumers residing in the previous "JOAL Home".

The rates will be paid as follows:

Specialized Licensed Residential Homes Community Living Supports (CLS) H2016 And Personal Care Services (PC) T1020 Per Diem Rates

*FY'24 GHS Residential Rates

Level 1	Level 2	Level 3	Level 4	Level 5	Level 6
\$61.74	\$85.37	\$141.35	\$182.90	\$231.72	\$251.69

*The COVID Premium Pay shall remain in effect unless suspended by Region 10 PIHP or MDHHS. COVID rates are inclusive of the temporary \$5.00 Residential Level of Care increase approved by GHS effective 4/1/20 (per the GHS memo dated 4/29/20).

This contract will be Post Paid based on actual days of services, and payment provided as such, i.e., per diem. Standard per diem rates based upon current LOC will be paid per individual placement for the consumers residing in the previous “JOAL Home”.

III. OFFEROR COVER SHEET

**GENESEE HEALTH SYSTEM
REQUEST FOR PROPOSAL 24-001
FOR PERSONAL CARE & COMMUNITY LIVING SUPPORTS IN A LICENSED
SPECIALIZED SETTING – MI (Joal Home)**

Offeror Information

Name of Organization:

Address:

Authorized Representative:

Title:

E-mail:

Telephone Number:

Fax Number:

Person(s) to Contact:

1. For Board representative to ask questions regarding the contents of the packet:

Name:

Title:

E-Mail Address:

Telephone Number:

Program Services Included in the Proposal:

IV. TIMELINE REQUIREMENTS

The following is the calendar of events related to this RFP:

<u>EVENT</u>	<u>FIRM DATES</u>
Release/Issue RFP	May 6, 2024
Deadline for questions to RFPpreplies@genhs.org	May 13, 2024 2:00 p.m.
Q & A Document published on genhs.org	May 16, 2024
<u>Deadline</u> Submission of Proposals to Board RFPpreplies@genhs.org	May 20, 2024 by 2:00 P.M.
Proposal Opening – Logging Submissions Teams meeting Meeting ID: 245 477 539 271 Passcode: PD3Kfx	May 21, 2024 at 10:00 a.m. via
Award (Tentatively) [Requires Full Board approval]	June 1, 2024
Licensing Date	as early as August 1, 2024