



SPECIALIZED RESIDENTIAL SETTING FOR
CONSUMERS WITH SIGNIFICANT
BEHAVIORAL CHALLENGES

3473 Wilson Rd., Clio, MI 48532

RFP NUMBER: 24-006

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Genesee Health System
1040 W. Bristol Road
Flint, MI 48507

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1. PURPOSE AND OVERVIEW

Genesee Health System is seeking sealed bid proposals from interested and qualified parties to develop and operate one (1) Specialized Residential Home in Genesee County. This is an existing facility in the GHS residential network and would support adults who have high support needs due to significant behavioral challenges (assaultive behavior, property destruction, verbal aggression). We expect that the average person placed in the home will be an adult male who has intellectual/developmental disabilities and may also have a serious mental illness. The intent of this Specialized Residential Home is to prevent individuals from having to move out of county for care or be placed in highly restrictive settings. Refer to the **Service Description** section covering criteria we are looking for in this new development.

1.1. Project Location

3473 Wilson Rd., Clio, MI 48532 This home was previously certified as an Adult Foster Care facility. The selected provider will be responsible for applying and maintaining in good standing a license with a specialized residential certification for this property.

1.2. Goal

The Board intends to enter into a contract with a for-profit or non-profit entity or entities to provide **SPECIALIZED RESIDENTIAL SETTING FOR CONSUMERS WITH SIGNIFICANT BEHAVIORAL CHALLENGES**. It is expected that the proposal to provide these services will be in compliance with all applicable State and Federal standards and guidelines.

1.3. Organizational 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 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 see Service Description section 2.

1.4. Contact Information

The purchasing contact on this project is Cindy Stahmer, Purchasing Manager. All communications, any modifications, clarifications, amendments, questions, responses, or any other matters relating to this RFP, shall be made by and through the purchasing contact via email RFPreplies@genhs.org. No contact regarding this solicitation made with

other GHS employees is permitted. Any violation of this condition may result in immediate rejection of the proposal.

2. SERVICE DESCRIPTION

2.1. Provider Operation and Staffing

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

- a. The facility should be licensed for six beds. These beds will be for the sole purpose of GHS consumers. Providers may not fill beds with referrals from any outside entities without consulting GHS and receiving written permission, prior to admission.
- b. If mutually agreed upon between GHS and the provider, there may be future considerations to use one bed as a crisis bed.
- c. To help reduce or avoid excessive expenses due to property damage, the residential provider should develop a comprehensive plan for securing and safeguarding the contents of the home with special attention to withstanding aggressive behavior (e.g., TV mounted within a protective box, light covers, locked storage, shatter proof glass, heavy weighted furniture, bolting furniture to floor may be needed, remove and secure items which residents could use as weapons, etc.). The architect and facility manager representing the Greater Flint Mental Health Facilities, Inc. (GFMHF Inc.), the Landlord, may be made available to consult with the selected Provider awarded the bid.
- d. It is expected that staff will be highly trained including Culture of Gentleness, Effects of Trauma, Crisis Prevention (CPI) or equivalent. Importance of relationships, understanding of serious mental illness and intellectual/developmental disabilities, etc.
- e. The Home Manager should possess a Bachelor's degree (preferred) in social work or other human service field or equivalent experience working in group homes and/or other residential settings, with 10-15 hours annually of continuing education related to the job. They must be highly skilled, experienced, calm, mature, and good in a crisis. Must have ability to collaborate and effectively communicate with direct care staff, professional staff, and GHS program staff, along with the ability to comprehend complex treatment plans and document accordingly. Salary for the home manager should be sufficient to encourage longevity as Leadership is paramount for the success of a home of this type.
- f. Direct Care Staff should be experienced (with some college preferred) and they should be compensated at a level that promotes longevity as stable staffing is also key to success.
- g. It is expected that the home staff be trained to proactively and actively handle difficult behavioral challenges without giving notices. Decisions on removal of consumers in the home should be a last resort and discussed with GHS before notices are given.
- h. The Provider should have a plan that makes administrative support available 24/7 in times of urgent or emergent issues.
- i. The Provider should also have good communication and rapport with law enforcement.
- j. Discharge criteria should be minimal for this home as we expect the Provider to successfully manage the behaviors of the individuals in the home to prevent multiple placements and/or having to move residents to highly restrictive settings. Licensing holds Providers accountable to their policies and procedures, so the discharge policy

and procedure need to reflect the home's requirement to continue to work with the individuals through the difficult behaviors that are to be expected in this home.

- k. It is GHS' plan to make a behavioral specialist available to the home on a weekly basis for the first 60 days after admission; and, regularly as defined by GHS after that to develop behavior plans, to revise plans quickly when needed and to observe and coach, if needed. Additional services may be either directly provided or contracted by GHS, including but not limited to nursing, dietary, OT/PT/Speech, psychiatric, behavioral, and ABA, per the individuals' needs and plans of service.
- l. The Provider will have a process in place to immediately provide debriefing following a major incident or crisis and if necessary, provide relief staff for the remainder of the shift. This includes people living in the home and the staff themselves.
- m. We expect that this home will have a *minimum* of two (2) staff working on-site per shift (not including the manager) with additional staff being needed during key periods of the day. The home will be staffed according to the needs of the individuals, in order to carry out their Individual Plans of Service.
- n. The Provider will participate in each person's person-centered planning meeting.
- o. The Provider is expected to assist persons living in the home to connect with their community, help make friends, develop hobbies, stay in contact with families and/or natural supports, etc.
- p. Because some of the individuals may have come from highly structured environments, we encourage the home to develop structure in the home and to use visual schedules.
- q. GHS will stagger admissions initially to the home in order not to overwhelm staff and to give staff the opportunity to develop relationships with the person and learn their triggers/warning signs and learn what works to calm the person.
- r. 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.

2.2. Personal Care in a Licensed Facility

Personal Care services are those services provided in accordance with an individual plan of service to assist a beneficiary in performing his own personal daily activities. Services may be provided only in a licensed adult foster care setting with specialized residential program certified by the state. These personal care services are distinctly different from the state plan Home Help program administered by the Michigan Department of Health and Human Services (MDDHS).

Personal care services are covered when authorized by a physician or the case manager or supports coordinator, in accordance with an individual plan of services, and rendered by a qualified person. Supervision of personal care services must be provided by a health care professional who meets the qualifications specified in the Medicaid Provider Manual. Personal care services include assisting the beneficiary to perform the following:

- a. Assistance with food preparation, clothing and laundry, and housekeeping beyond the level required by facility licensure, (e.g., beneficiary requires special dietary needs such as pureed food);
- b. Eating/feeding;

- c. Toileting;
- d. Bathing;
- e. Grooming;
- f. Dressing;
- g. Transferring (between bed, chair, wheelchair, and/or stretcher);
- h. Ambulation; and
- i. Assistance with self-administered medications.

“Assisting” means staff performs the personal care tasks for the individual; or performs the tasks along with the individual (i.e., some hands-on); or otherwise assists the individual to perform the tasks himself/herself by prompting, reminding, or by being in attendance while the beneficiary performs the task(s).

Personal care may be rendered to a Medicaid beneficiary in an Adult Foster Care setting and certified by the state under 1987 Department of Mental Health Administrative Rule R330.1801-09 (as amended in 1995).

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 skill deficits and/or 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.

2.3. Community Living Supports in a Licensed Facility

Community Living Supports (CLS) facilitate an individual’s independence and promote integration into the community. The supports can be provided in the beneficiary’s residence (licensed facility, family home, own home, or apartment) and in community settings (including, but not limited to, libraries, city pools and camps, etc.). The supports are:

- a. Reminding, observing, guiding, or training the beneficiary with:
 - Meal preparation;
 - Laundry;
 - Routine household care and maintenance;
 - Activities of daily living, such as bathing, eating, dressing, personal hygiene; and
 - Shopping for food and other necessities of daily living.
- b. 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 relationship building;
 - Transportation*;

Leisure choice participation in regular community activities; Attendance to medical appointments; and

Acquiring or procuring goods, other than those listed under shopping, and nonmedical services.

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

CLS does not include costs associated with room and board. Payment for CLS does not include payments made, directly or indirectly, to responsible relatives (i.e., spouses or parents of minor children).

2.4. Documentation Requirements

The following documentation is required in the beneficiary's file for reimbursement to be made for Personal Care and Community Living Supports in a licensed setting:

- a. An assessment of the beneficiary's need for personal care and/or community living supports.
- b. An individual plan of service that includes the specific personal care and/or community living supports services to be delivered that is reviewed and approved at least once per year during person-centered planning.
- c. Documentation of the specific days on which personal care and/or community living supports services were delivered consistent with the beneficiary's individual plan of service and signed by the qualified health care professional who delivered services.

GHS' Responsibilities to this Home/Treatment Facility:

- a. 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.
- b. GHS will provide formal documentation sheets which will be necessary to track data on residents.
- c. GHS will provide clinically appropriate plans for treatment for each resident.
- d. GHS will provide initial training on all treatment plans and update training when treatment plans change.
- e. Discharge will not occur without full clinical team involvement.
- f. All residents will be assigned to GHS I/DD case management. (Continuity of care and coordination with consultative services and psychiatrist, as required.)
- g. 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.

2.5. Population to Be Served

The Board seeks to establish these services primarily for adults with developmental disabilities. The consumers will be at varying levels of treatment needs, but all should be considered to require very intensive behavioral support and treatment. 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 intensive behavioral supports and treatment options to establish the development of social skills and a reduction of various aggressive and adverse behaviors.

There is a possibility that some of the consumers may be dually diagnosed with a Developmental Disability and Severe and Persistent Mental Illness. Most experience skill

deficits associated with the developmental disability and may have behavioral disorders/active psychotic processes that result in difficulty with interpersonal relationships, communicating their needs and/or management of symptoms of mental illness, and/or challenging or high-risk behavior. The individuals will require individual behavioral plans and possibly psychiatric services, including psychotropic medications, to support behavioral control or to manage symptoms of mental illness. The individuals to be served may also have varying amounts of medical conditions/issues that pose ongoing health challenges.

2.6. General Operational Cost Parameters

Revenue sources such as Social Security benefits, Social Security income, veterans' benefits, Railroad Retirement, work income, Other (i.e., pension, excess assets, trust fund, child support) or spousal income (i.e., pension, excess assets, trust fund, child support) are to be used for the cost of room and board. Ongoing receipt of these cost-of-care funds will be reported by the provider to the Board on a monthly basis. The Provider will be responsible to collect all cost of care, including Medicaid spend down amounts, which will be deducted from the Provider's payment.

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

The remaining expenses incurred by the provider for the purposes of Personal Care Services and Community Living Supports are funded by the Board via a per diem rate based on the individual's level of need. All placements require prior authorization for reimbursement. This contract will be reimbursement based for actual days of service delivered to each individual residing in the home.

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.

The monthly Lease Payment is \$2,600/month. This is the amount that the Residential Provider will be required to cover. The property lease and 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.

2.7. Maintaining of Residence

The selected Personal Care and Community Living Supports Provider is responsible for the cost of maintaining and repairing the home. These repair activities shall be an ongoing effort.

GHS has made considerable investments in this home by hardening and reinforcing the living spaces within this home located on Wilson Road with the high behavior residents taken into consideration. This home is owned by the Greater Flint Mental Health Facilities, Inc. ("the Facility Board"). The following paragraphs provide details of the additional efforts made to reduce the opportunities for residents to create damage within the home.

Home walls have been reinforced with Masonite, FRP and/or Kydex throughout much of the home. The front sitting room, living room, dining room, bedrooms, and bedroom hallway walls have a drywall base with 3/16" Masonite overlay for increased wall strength and resistance to damage. Masonite is 100% glued, then nailed to wall studs. Horizontal trim pieces at ceiling, floor and mid-wall height, together with painted vertical Masonite trim pieces are an integral part of maintaining structural integrity of the walls. Residential provider must maintain the waterproof measures used within the home; and damage to the home must be repaired promptly by the residential provider.

Bathrooms have been outfitted with 100% glued FRP or Kydex and vertical integrated channel trim pieces seal and maintain the larger sheets. Residential provider must maintain floor trim and corner pieces with 100% waterproof caulk/sealant.

Steel door frames, door closure hardware, heavy duty code locks and solid core doors are installed within the bedroom corridor. Bedroom and bathroom entrance doors and frames will be maintained by the residential provider. Paint and/or stain touchup should be completed regularly as damage occurs.

Flat panel LED lighting upgrades are found throughout much of the home. Fire system sprinkler head "cages" have been added. Ceiling fan removed.

The residential provider is encouraged to consider additional opportunities for reinforcing and securing the systems and controls located within the home to further secure the home environment and to keep items from becoming weaponized.

Additionally, the contract provider is responsible for the following:

- a. Provide preventive maintenance, repairs, inspections and exercise proper care of the interior/exterior surfaces and systems of the home;
- b. Painting Interior walls;
- c. Flooring maintenance, replacement as needed;
- d. Janitorial;
- e. Household furniture;
- f. Carpet Cleaning;
- g. Lawn Care/Landscaping/Snow Removal;
- h. Appliance Maintenance, Repair and/or Replacement;
- i. Maintenance of fire alarm and security systems; and all related equipment needed for fully functioning system;
- j. Damage to drywall, trim, doors, windows, walls (provide regular ongoing repairs as damage occurs);
- k. Maintain waterproof sealant: around sinks, countertops, cabinets, where wall and/or trim meet the floor, throughout bathroom including showers/tubs & stool;
- l. Routine Preventive Maintenance and Inspection of Heating (Furnace/Boiler)/ Air Conditioner/Water Heater/Tempering (Mixing) valve, etc.;
- m. Perform all scheduled quarterly/seasonal maintenance for home & grounds, inside and out;

n. Maintain fire suppression system, annual review & inspection; monthly cycling of suppression water pump. Perform or have performed the repairs and seasonal maintenance of the home;

3. PROPOSAL REQUIREMENTS

3.1. Date and Time Requirements

The Board will make every effort to adhere to the schedule below. However, the Board reserves the right, at its sole discretion, to adjust the RFP Schedule of Events as it deems necessary. All times listed or local to Flint, Michigan:

EVENT	TIME and DATES
Issue RFP	July 22, 2024
Pre-proposal meeting	Thursday, August 1, 2024, 1:00 pm
Questions accepted until (email to RFPreplies@genhs.org)	August 5, 2024, by 11:00 am
Q and A document posting	August 7, 2024, by 5:00pm
Deadline for Final Submission of Proposals DUE DATE	August 14, 2024, by 11:00 am
Award (tentatively)	September 30, 2024
Service Date:	October 1, 2024, or other date agreed to by both parties

To ensure that each potential Offeror has a complete understanding of the scope of this project, a pre-proposal conference will be held on **Thursday, August 1, 2024, 1:00 pm**.

The meeting will be held within the home located at 3473 Wilson Road, Clio MI 48532.

The structure of the RFP will be reviewed at this time. Questions about the RFP will be addressed. Additional questions may be submitted via e-mail to RFPreplies@genhs.org but must be received **prior to 11:00 AM on August 5**, for any questions not addressed at the preproposal meeting. This will allow the Board to respond and provide a Question & Answer document to all interested parties. The Board will also post information on our website <https://genhs.org/> by selecting the RFP & GRANTS tab to locate the necessary documentation.

The information and documents provided during the pre-proposal conference are intended to become an integral part of the RFP. Questions about the RFP will only be addressed at the conference or written questions submitted. Questions will be responded to 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.

Any change to this RFP subsequent to its release will be confirmed in writing by the Board and posted to the GHS website.

3.2. Submission Requirements

The Offeror is solely responsible for delivery of **One (1) original submitted by EMAIL to RFPreplies@genhs.org or at <https://www.bidnetdirect.com/mitn>**. GHS has partnered with BidNet as part of the Michigan Inter-governmental Trade Network (MITN) to post bid opportunities at the site and receive proposal submissions. Proposals will be accepted until **August 14, 2024, by 11:00 am**. Proposals must be received by this date and time in order for the proposal to be considered.

Proposals will be opened **on August 14**; it is not a public opening. The proposal shall cover services beginning on or about **October 1, 2024**, or as agreed upon by the Offeror and the Board.

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:

- a. Shall be written in the English language.
- b. Offeror will prepare a comprehensive document incorporating responses to each Section; said responses shall be presented as follows: Font Style Arial or Calibri with Font Size “12 point”.
- c. Offeror shall prepare a Table of Contents with page numbers.
- d. Offeror shall respond regarding how they will meet the organization’s statement of need and include any additional documentation that is relevant to answering the RFP. Cite the section number for each response corresponding to the Table of Contents.
- e. Proposal must be signed by the official authorized to bind the submitter to its provisions. The Offeror must complete an Offeror Background Submittal Form A and attach to the proposal.
- f. All areas of the proposal must be addressed in the same sequence cited in the RFP Offeror Responsibilities and Response Requirements in order that proper consideration is given to the proposal.
- g. The only accepted document formats for email submission are .pdf or Microsoft Word .doc, .docx, and .jpeg.

Proposals submitted without information or incomplete content will result in the proposal being removed from consideration.

The contents of this Request for Proposal (RFP) will become incorporated within any contract signed by the Board and the provider of service.

Submissions not received by the deadline will not be considered.

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.

4. OFFEROR RESPONSIBILITIES and RESPONSE REQUIREMENTS

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.

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 SPECIALIZED RESIDENTIAL SETTING FOR CONSUMERS WITH SIGNIFICANT BEHAVIORAL CHALLENGES, and any other information the Offeror deems important regarding the overall operations of the home.

4.1. Service Delivery System and Client Care Management

- 4.1.1. 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 their existing High Behavioral Residential services serving I/DD and describe the support and treatment methods used. Please include the Offeror's ability and experience in serving persons with developmental disabilities, and concomitant behavioral or major psychiatric disorders.
 - b. The Offeror shall detail the specific High Behavioral group homes (and facilities) it operates under contract to any PIHP in the State of Michigan and detail all Adult Foster Care (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 indicate the physical location of their High Behavioral homes (and facilities) including existing licensed and/or those in the process of becoming licensed and describe how the homes accommodate or will accommodate individuals with physical handicaps in accordance with the applicable laws such as "The Americans with Disabilities Act."
 - d. A list of additional reinforcements/hardening/safeguarding of the home which they will add at their cost/full financially responsible.
- 4.1.2. Offeror shall describe its ability to provide the services of Personal Care in a Licensed Specialized Residential Setting as described in the Medicaid Provider Manual [Section 11]:
 - a. Behavioral - Describe the major component of the services to be provided.
 - b. Describe the Offeror's ability to coordinate the various components of these services to assure the health and safety of each consumer in care.
- 4.1.3. The Offeror shall describe its ability to provide Community Living Support Services in a Licensed Specialized Residential Setting including major components of the services to be provided.
- 4.1.4. Describe the Offeror's staff training process, staff credentials and experience, including identification of any special skills or qualifications the Offeror 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 (i.e., behavioral support/psychologist, nursing and/or psychiatric). Provide full details

regarding how Offeror's staff are currently trained in basic direct care worker skills, via direct description here or attach the Offeror's training plan if provided directly.

- 4.1.5. Describe the Offeror's staffing ratios and plans for a residence serving persons presenting as with Intellectual/Developmentally Disabled (or dually diagnosed with Severe & Persistent Mental Illness) and with high behavioral support needs.
 - a. Describe staffing patterns for each shift, by day of week, and for holidays;
 - b. Describe ability and definition of enhanced staffing; and,
 - c. Describe ability and definition of one-to-one staffing.
- 4.1.6. Describe the Offeror'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.
- 4.1.7. Describe the Offeror's ability to respond to consumers in crisis situations, utilizing both the Offeror's own direct resources and those of service providers outside the Offeror's business as may become necessary.
- 4.1.8. Regarding behavioral group homes which may be in the process of becoming licensed, 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 an AFC license with Special Certification as a Mental Health and Developmental Disability Program; navigate/complete/submit Home and Community Based Services (HCBS) New Residential Provider Survey-Provisional documents, etc.; hiring staff; training staff; obtaining needed equipment; leasing a vehicle; and so on. Offeror shall also include a timeline with listed activities needed to be accomplished and anticipated due dates up to and including accepting consumers into the home.
- 4.1.9. Person Centered Planning and Care: Each consumer will have an Individual Plan of Service (IPOS) based on the Person-Centered Planning Policy and Practice Guideline issued by the Michigan Department of Health and Human Services (MDHHS).
 - a. Describe your method of ensuring that all staff working with a consumer have knowledge of the consumer's IPOS including their goals and objectives and the ancillary plans such as behavior plan, OT/PT plans, nursing care plans, etc. Describe your documentation process for this in-service training.
 - b. Describe your method of ensuring the consumer engages in activities that are working toward the achievement of their goals as stated in the IPOS. Please give two examples of activities that have been provided specifically to achieve consumer goals.
 - c. Describe your methods of ensuring the consumer has opportunities for quality *individual* activities of their choice at times of their choosing in the community. Include any additional community outreach or other enrichment activities your staff engages in with consumers on a regular basis with consumers.
 - d. Describe the process that your organization uses to learn about a person's hobbies, interests, etc.
 - e. Describe your philosophy and methods of helping people develop independent living skills.
 - f. Attach your Agency's policies and procedures that support your response.

4.1.10. Culture of Gentleness and Recovery: GHS is committed to the use of a culture of gentleness and recovery principles in its services.

- a. Describe how your Organization uses these principles in your services and how will you use this in this home specifically.
- b. Describe how staff will be trained/mentored in gentle teaching.

4.1.11. Ingredients for Success:

- a. Describe your philosophy of supporting individuals with high support needs.
- b. Describe the strategies that you will use to ensure that this home is successful.
- c. Describe your plans for incorporating routines and structures into the program.

4.1.12. Crisis Bed:

- a. Describe in detail your plans to operate a crisis bed in the home.

4.1.13. Transportation of Consumers: GHS consumers receiving CLS Service in licensed settings require transportation to medical appointments, to other community services, to visit with friends and family and to participate in community events. The home is required to have a handicapped assessable vehicle available.

- a. Describe your procedures that relate to the transportation of consumers.
- b. Describe your method of tracking to ensure consumer transportation needs are met.
- c. For Specialized Residential Homes, do you provide a vehicle assigned to the Home? If not, please describe how consumers' daily transportation needs will be met.
- d. Describe your procedure for verification of valid driver's licenses and proof of insurance for your staff who transport consumers.
- e. Attach your Agency's policies and procedures that support your response.

4.1.14. Medication & Medical Appointments: Many adult consumers do not have natural supports or an active guardian to take care of their on-going medical needs. It is the expectation of GHS that the Residential Contract Service Provider will:

Make all necessary appointments and follow-up appointments with consumer's medical doctor(s);

Provide transportation and attend all medical appointments with the individual served;

Follow physician's orders and communicate those orders to all staff working with the consumer immediately;

Manage the Consumer's medication to ensure each consumer gets the correct medication, at the correct time and in the correct dosage;

Report all medication errors;

Coordinate services with the assigned residential nurse;

Document all health and medication related activities.

- a. Describe your procedure for handling medical emergencies.
- b. Describe your method for keeping track of the consumer's medical needs.
- c. Describe your medication error reporting process.
- d. Describe how you coordinate with the consumer's physician(s) to ensure that the medical needs of consumers are met. Include your method for tracking appointments and follow-up appointments.

- e. Describe your procedures for management and administration of the consumer's medication. Include medication set up, prescription renewal, etc.
- f. Attach your Agency's policies and procedures that support your response.

4.1.15. Home and Community Based Services:

- a. Describe what your agency is doing to work toward compliance with the revised Home and Community Based Service rules.

4.1.16. Crisis Response:

- a. Describe what your agency's process will be to respond to crises and critical incidents in the home.
- b. Describe the supports available to the staff to resolve serious crisis.
- c. Describe the debriefing model used, how and when this is implemented. Do not simply attach policy and procedures.

4.1.17. Staffing:

- a. Describe the proposed staffing pattern for this high support home that you are bidding on (both for startup and ongoing).
- b. Describe the qualifications and job description required for the Home Manager, including proposed pay scale.
- c. Describe the qualifications required for direct care staff and proposed pay scales.
- d. Describe any strategies you will be using to encourage longevity in the staff assigned to this home, including ability to hire staff within the identified qualifications, pay scales, and benefit packages.

4.1.18. Consumer's Personal Funds and Mail:

- a. Describe your procedure for the use of consumer's cash and bridge cards including how the person has choice and control over their spending money.
- b. Describe your method of tracking use of consumer funds.
- c. Describe your method of distribution of consumer mail. Include how you ensure that important correspondence is attended to on a timely basis.
- d. Attach your Agency's policies and procedures that support your response.

4.1.19. Documentation:

- a. Describe your process for documentation of daily CLS & Personal Care including health issues, community connections, personal care, ADL's, behavioral concerns, etc.
- b. Describe your process for documentation of required bed checks.
- c. Describe your process for documentation of choice and control related to the person receiving services (meals, sleep times, community connections, hobbies, roommate, etc.).
- d. If using electronic records, describe how GHS staff will access documentation for review.
- e. Attach a copy of your policy and procedures pertaining to these areas.

4.1.20. Facility:

- a. Describe what you will do to prevent on-going expenses for property/facility repairs due to the behavior of people in the home.
- b. Include a list of additional reinforcements/hardening/safeguarding of the home which you will add at your cost/full financially responsible.

4.1.21. Discharge Criteria:

- a. Describe your agency's commitment to support people with challenges without giving up.
- b. Attach a copy of your agencies discharge policy specifically for this home.

4.1.22. Service Authorization and Delivery: All CLS Services require prior authorization from GHS and must be included in the consumer's Individual Plan of Service (also known as the Person-Centered Plan). Unauthorized service claims will be rejected.

- a. Describe your process for keeping track of consumer authorizations to ensure accurate service delivery.
- b. Attach a copy of your policies and procedures pertaining to the billing of direct care services.

4.2. Management/Administrative Capability and Information Systems

The Offeror shall describe its operation and the staff and systems available to:

- a. Submit Medicaid spend down statements to the MDHHS, if a primary provider*. If not, a primary provider must submit service information to the primary provider, if applicable.
- b. Bill primary insurance carriers and submit an Explanation of Benefits with the invoice if secondary payment from the Board is required (as applicable).

*A primary provider is defined as the mental health professional that is responsible for coordinating and writing the person-centered plan.

4.3. Utilization Management

The Offeror shall include a copy of its Utilization Management Plan.

4.3.1. Offeror shall describe their process to secure initial placement authorizations and continuing stay review authorizations. (The Board will only reimburse for authorized clients and days).

4.3.2. Identify the ability to collect and report required information and documentation needed to support the following:

- a. Level of care;
- b. Continued use of behavioral interventions; or,
- c. Other treatment options or services (specify).

4.4. Performance Improvement

The Offeror shall include a copy of its Performance Improvement Plan (Continuous Quality Improvement).

- a. The Offeror shall include a copy of its last two (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 to improve customer satisfaction.

b. The Offeror shall include copies of any PIHP 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 five (5) reviews, the Offeror may summarize these results in table format, and attach only one review as an example.

c. The Offeror will describe plans for and ability to meet current MDDHS Home and Community Based Waiver rules and requirements. Please list any timelines needed for meeting these new rules/requirements and including the HCBS New Residential Provider Survey-Provisional, etc.

4.5. Legal Structure and Financial Viability

4.5.1. 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 Offeror is constituted/organized from its inception.

4.5.2. The Offeror shall include the names, addresses, and title or representation of all owners or controlling parties, whether they are individuals, partnerships, corporate bodies, or subdivisions of the bodies.

4.5.3. The Offeror shall attach audited financial statements for the previous two (2) years of operation.

4.5.4. The Offeror shall attach a copy of its Accreditation Certificate, if applicable.

4.5.5. Liability Insurance, throughout the contract period, the successful offeror must provide the following insurance coverages, attach a certificate of insurance confirming:

A. The offeror shall attach a Certificate of Workers' Disability Compensation insurance coverage.

B. 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.

C. 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.

D. 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).

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

The Offeror shall submit all-inclusive rate(s) for Personal Care and Community Living Supports based on services described in this RFP. The proposed rate is to be based on staffing and administration costs. Include a complete description of services included in the rate(s).

Note: The contracted services will be reimbursed based on actual days of services, and payment provided as such, i.e., per diem.

4.7. Credentialing

4.7.1. Offeror shall complete the Organizational Credentialing Application (Attachment 1).

4.7.2. Offeror shall complete the Conflict of Interest Attestation (Attachment 2).

4.7.3. Documentation: The offeror must submit the following information at the time of bid submission:

- a. A current management staff list, along with their associated job title, credentials, email address and phone number of each management staff person.
- b. A list of organizations, contact names and phone numbers of the organizations for which the offeror has provided services.
- c. Names of ten clients and/or guardians, if relevant, which have consented to being a reference for the offeror.
- d. Three examples of person-centered services.

5. STANDARD TERMS AND CONDITIONS

5.1. 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.

5.2. Other Materials

Offerors may attach other materials believed to be relevant to illustrating the Offeror's ability to successfully provide these services. Only material which includes a clearly stated value to GHS will be considered. The offeror must state the relevance and reason for including additional information.

5.3. Award of Contract

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.

The first is an evaluation of the written response to the RFP.

The second involves interviewing Offeror's staff and/or regulators.

The third 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.

The prospective Offeror must provide unimpeded access to customers, although no compromise of anyone's rights to confidentiality is to be inferred. This is not an exclusive criterion for awarding the contract. In addition to access to customers, the evaluation process must be assured of unimpeded access to employees of the Offeror (current and former), regulators, and other stakeholders.

Specific requests for information, to assist the evaluators, will be submitted to the prospective Offeror in order to facilitate sampling satisfaction.

The contract will be awarded to Offeror contingent on the effective date approved by the GHS Board of Directors and the home meeting Licensing requirements.

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.

5.4. 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.

5.5. 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. This disclosure does not necessarily disqualify an Offeror but assists during the selection of the Evaluation Team.

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.

5.6. 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.

5.7. 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.

5.8. 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 posted at the GHS website www.genhs.org . To locate the necessary documentation, select the RFP & GRANTS tab.

5.9. Referral Process

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.

SUBMITTAL FORM A – OFFEROR BACKGROUND

RFP Number: **24-006**

RFP Name: **SPECIALIZED RESIDENTIAL SETTING FOR CONSUMERS WITH SIGNIFICANT BEHAVIORAL CHALLENGES**

Offeror Information

Name of Organization:

Address:

Person(s) to Contact, identify an individual that can be contacted for clarification on the proposal:

Name:

Title:

E-Mail Address:

Telephone Number:

STATEMENT OF CERTIFICATIONS AND ASSURANCES

The Offeror has thoroughly reviewed this RFP, contract documents, and all pertinent appendices, exhibits, and attachments included as part thereof, and that we fully understand all elements required for the full completion of the project as defined therein. The prices in this Proposal have been arrived at independently without collusion, consultation, communication, or agreement for the purpose of restricting competition as to any matter relating to such prices with any other firms or with any other competitor.

By signature below the signatory certifies legal authority to bind the responding entity to the provisions of this RFP and any contract awarded pursuant to it. The Board may, at its sole discretion and at any time, require evidence documenting the signatory's authority to be personally bound or to legally bind the responding entity.

Authorized Representative Signature

Date

Printed Name & Title

Include the following as attachments with submittal Form A:

Offeror must provide/submit a current criminal background check for the organization's principal staff.

Offeror must disclose any litigation involving the organization during the past five (5) years.

Region 10 Conflict of Interest Attestation

Region 10 Organization Application