



REQUEST FOR PROPOSAL

**COMMUNITY LIVING SUPPORTS IN
UNLICENSED SETTINGS AND/OR RESPITE
SERVICES**

RFP NUMBER: 25-015

ISSUED: Wednesday, April 2, 2025

Due Date and Time: Tuesday, May 6, 11:00 am

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

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1. OPPORTUNITY

1.1. PROJECT SUMMARY

Genesee Health System (GHS or Board) is requesting proposals from interested and qualified parties to provide COMMUNITY LIVING SUPPORTS (CLS) IN UNLICENSED SETTINGS and/or RESPITE SERVICES. These services will be provided to consumers residing in Genesee County at locations as requested by the consumer/Board. Populations served will be individuals with severe and persistent mental illness, children with serious emotional disturbance, and persons with intellectual and developmental disabilities.

INTRODUCTION AND OVERVIEW

The Board operates as a Mental Health Board under the provisions of Act 258 of the Michigan Public Acts of 1974, as amended. The Board intends to enter into a contract with a for-profit or non-profit entity or entities to provide CLS and RESPITE Services. 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 manages and provides, both directly and through existing contracts, a continuum of services to persons with mental health disabilities who are located within the County of Genesee. Services are directed to persons who meet the criteria found in the most recent Diagnostic and Statistical Manual of Mental Health Disorders published by the American Psychiatric Association.

Managed care has created a need for the Board to more clearly define the role of and expectations for providers from whom CLS and RESPITE Services are purchased. The RFP establishes criteria and requirements that have been designed to cover important aspects of the services to be provided.

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 submitter should be aware that providers from whom the Board purchases mental health 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.

1.2. Specific Requirements:

The responding organizations will have the expertise and are interested in providing services in Genesee County, under a contract with GHS

GHS is interested in funding best practices, evidence-based and culturally competent programming only.

1.3. GENERAL REQUIREMENTS AND STANDARDS

- A. The selected Offeror shall comply with all privacy and security standards as stipulated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
- B. The selected Offeror shall comply with all Federal and Michigan Laws, regulations and the Michigan Administrative Code, the Michigan Mental Health Code, 42 CFR and the Michigan Department of Health and Human Services (MDHHS) Contractual obligations.
- C. The selected Offeror to provide these services will be in compliance with all applicable State and Federal standards and guidelines.
- D. 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.

1.4. TERM

- A. The desired initial term of the agreement is two (2) years. The awarded contract will be funded by public funds. This Contract is contingent upon continued receipt by Agency of sufficient federal, state and local funds. Termination may result due to lack of funding if/or when the funds are not appropriated or if the funding is discontinued, GHS may terminate the contract by written notice.

2. CURRENT CONDITIONS

2.1. ABOUT THE OWNER

The Board received Authority status as of January 1, 2013, effectively becoming a distinct non-profit separate from the County of Genesee.

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.

2.2. SERVICE DESCRIPTION

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

A. COMMUNITY LIVING SUPPORTS

Community Living Supports (CLS) are used to increase or maintain personal self-sufficiency, facilitating an individual's achievement of his goals of community inclusion and participation, independence, or productivity. The supports may be provided in the participant's residence or in community settings (including, but not limited to libraries, city pools, camps, etc.)

Coverage includes:

- 1. Assisting, reminding, observing, guiding and/or training in the following activities:
 - a. Meal preparation
 - b. Laundry
 - c. Routine, seasonal, and heavy household care and maintenance

- d. Activities of daily living (e.g., bathing, eating, dressing, personal hygiene)
- e. Shopping for food and other necessities of daily living

CLS services may not supplant state plan services, e.g., Personal Care (assistance with ADLs in a certified specialized residential setting) and Home Help or Expanded Home Help (assistance in the individual's own, unlicensed home with meal preparation, laundry, routine household care and maintenance, activities of daily living and shopping). If such assistance appears to be needed, the beneficiary must request Home Help and, if necessary, Expanded Home Help from the Michigan Department of Health and Human Services (MDHHS). CLS may be used for those activities while the beneficiary awaits determination by MDHHS of the amount, scope and duration of Home Help or Expanded Home Help. If the beneficiary requests it, the PIHP case manager or supports coordinator must assist him/her in requesting Home Help or in filling out and sending a request for Fair Hearing when the beneficiary believes that the MDHHS authorization of amount, scope, and duration of Home Help does not appear to reflect the beneficiary's needs based on the findings of the MDHHS assessment.

2. Staff assistance, support and/or training with activities such as:
 - a. Money management
 - b. Non-medical care (not requiring nurse or physician intervention)
 - c. Socialization and relationship building
 - d. Transportation from the beneficiary's residence to community activities, among community activities, and from the community activities back to the beneficiary's residence (transportation to and from medical appointments is excluded)
 - e. Participation in regular community activities and recreation opportunities (e.g., attending classes, movies, concerts, and events in a park; volunteering; voting)
 - f. Attendance at medical appointments
 - g. Acquiring or procuring goods, other than those listed under shopping, and non-medical services
3. Reminding, observing and/or monitoring of medication administration
4. Staff assistance with preserving the health and safety of the individual in order that he/she may reside or be supported in the most integrated, independent community setting.

Transportation to medical appointments is covered by Medicaid through MDHHS or the Medicaid Health Plan. Payment for CLS services may not be made, directly or indirectly, to responsible relatives (i.e., spouses, or parents of minor children), or guardian of the beneficiary receiving community living supports.

CLS assistance with meal preparation, laundry, routine household care and maintenance, activities of daily living and/or shopping may be used to complement Home help or Expanded Home help services when the individual's needs for this assistance have been officially determined to exceed the MDHHS's allowable parameters. CLS may also be used for those activities while the beneficiary awaits the decision from a Fair Hearing of the appeal of a MDHHS decision. Reminding, observing, guiding, and/or training of these activities are CLS coverage's that do not supplant Home Help or Expanded Home Help.

Staffing:

The prospective contactor must be able to appropriately staff the proposed services with personnel who possess the necessary skills and expertise to provide these services. Staffing must also provide for the clinical needs of deaf and hard of hearing clients, by (1) including professional staff that have expertise in meeting these needs, and (2) assure the ability of such clients to access the agency through fully adequate communication modalities, including American Sign Language. Furthermore, the provider shall have the ability to process services for clients with limited English proficiency.

Individuals who provide CLS must:

1. Be at least 18 years of age.
2. Be able to practice prevention techniques to reduce transmission of any communicable diseases from themselves to others in the environment where they are providing support.
3. Have a documented understanding and skill in implementing the individual plan of services and report on activities performed.
4. Be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).
5. Be able to perform basic first aid and emergency procedures.
6. Be trained in recipient rights.

The amount of CLS available will be authorized by Genesee Health System according to medical necessity.

B. RESPITE SERVICES

Services that are provided in the individual's/family's home or outside the home to temporarily relieve the unpaid primary caregiver. Respite services provide short-term care to an adult or child with mental illness/emotional disturbance or developmental disabilities to provide a brief period of rest or relief for the family from the day-to-day care giving for a dependent family member. Respite services should be offered that are designed to be flexible and tailored to the individual family needs. Capacity for increase in respite services to families experiencing emergencies will also need to be available. Respite services should occur at the time and place of the family's choice, and decisions about the method and amounts of respite available will be authorized by Genesee Health System (GHS) in collaboration with the family, through the Person-Centered Planning process. Respite is intended to provide a break or relief for the caregivers, and active clinical treatment is not a prerequisite for receiving services and client involved in this program might not be receiving any other clinical treatment. Respite services will not be a substitute for the services of paid support – trained staff, crisis stabilization, crisis residential treatment or out of home placement.

Staffing:

The prospective contactor must be able to appropriately staff the proposed services with personnel who possess the necessary skills and expertise to provide these services. Staffing must also provide for the clinical needs of deaf and hard of hearing clients, by (1) including professional staff that have expertise in meeting these needs, and (2) assure the ability of such

clients to access the agency through fully adequate communication modalities, including American Sign Language. Furthermore, the provider shall have the ability to process services for clients with limited English proficiency.

The provider is required to train all staff according to the GHS Policy Manual regardless of the funding source.

Individuals who provide respite must:

1. Be at least 18 years of age.
2. Be able to practice prevention techniques to reduce transmission of any communicable diseases from themselves to others in the environment where they are providing support.
3. Have a documented understanding and skill in implementing the individual plan of services and report on activities performed.
4. Be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).
5. Be able to perform basic first aid and emergency procedures.
6. Be trained in recipient rights.

The amount of Respite available will be authorized by Genesee Health System according to medical necessity.

Therapeutic Overnight Camps must be licensed and certified by MDHHS. Staff must be trained in the child's IPOS.

Reference: Medicaid Provider Manual

C. CHILDREN'S HOME AND COMMUNITY-BASED SERVICES WAIVER (CWP)

1. COMMUNITY LIVING SUPPORTS - CWP

Community Living Supports (CLS) provides assistance to a family in care of their child while facilitating the child's independence and integration into the community. This service provides skill development related to activities of daily living, such as bathing, eating, dressing, personal hygiene, household chores and safety skills; skill development to achieve or maintain mobility, sensory-motor, communication, socialization and relationship-building skills, and participation in leisure and community activities. These supports must be provided directly to, or on behalf of, the child. The supports, as identified in the individual plan of services, are provide in the child's home and may be provided in community settings when integration into the community is an identified goal. These supports may serve to reinforce skills or lessons taught in school, therapy, or other settings, but are not intended to supplant services provided in school or other settings.

Individuals who are identified in the individual plan of services to provide CLS to the child and family must meet provider qualifications. Under very limited circumstances, a parent or stepparent who possesses appropriate licensure/certification, special skills, documented training, and is considered a qualified provider, may function, and be paid as a provider of this service. This would require documentation that the service being

provided is not personal care; this service was not provided during time that the family is responsible to provide the care; and other qualified non-familial providers of these services are not currently available. Reimbursement for parents and stepparents may not exceed 248 hours during 30 consecutive days, and CLS provided by parents may not be used more than twice in a 12-month period.

The provider must maintain the following documentation:

- a. A log of the CLS must be maintained in the child's record, documenting the provision of activities outlined in the plan.
- b. Provider qualifications and standards must be maintained for all staff providing services and supports to the child and family.
- c. All service cost must be maintained in the child's file for audit purposes.

2. RESPITE - CWP

Respite care services are provided to the child on an intermittent or short-term basis because of the absence or need for relief of the parent. Respite is intended to support the parent who is the primary caregiver. This service can be provided by a qualified provider under contract with the CMHSP in the child's home, foster home, group home, licensed respite care facility, licensed camp, or the home of a friend or relative. A parent or guardian may not be considered a provider, nor be reimbursed for this service. The maximum monthly respite allocation is 96 hours. In addition to monthly respite, vacation respite can be used up to 14 days per year and must be used in 24-hour increments.

The cost of room and board cannot be included as part of respite care, unless provided as part of the respite care in a facility that is not a private residence. Respite provided in an institution (i.e., ICF/MR, nursing facility, or hospital) is not covered by the CWP. When a child requires skilled nursing interventions for 24 hours, the maximum daily amount that one nurse can provide is 16 hours. When the family is not available to provide the additional eight hours of care, a second nurse will be required to provide services for the remainder of the 24-hour period. If a nurse provides respite to more than one child at the same time, the nurse can only provide skilled nursing interventions to one child at a time. Therefore, service for that child would be covered as RN or LPN respite, and services to the other child(ren) would be covered as aide-level respite.

Individuals who provide CLS and Respite (CWP) must:

- a. Be at least 18 years of age.
- b. Be able to practice prevention techniques to reduce transmission of any communicable diseases from themselves to others in the environment where they are providing support.
- c. Have a documented understanding and skill in implementing the individual plan of services and report on activities performed.
- d. Be in good standing with the law (i.e., not a fugitive from justice, a convicted felon, or an illegal alien).
- e. Be able to perform basic first aid and emergency procedures.

- f. Be trained in recipient rights.
- g. Be an employee of the CMHSP, or its contract agency, or an employee of the parent who is paid through the Choice Voucher arrangement. The Choice Voucher System is the designation or set of arrangements that facilitate and support accomplishing self-determination through the use of an individual budget, a fiscal intermediary and direct consumer-provider contracting.

3. PROPOSAL REQUIREMENTS (SCOPE OF WORK)

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 time is local to Flint, Michigan:

EVENT	TIME and DATES
Issue RFP	Wednesday, April 2, 2025
Questions accepted until (at BidNet) _____	Tuesday, April 15, 2025, 11:00 am
Response to written questions posted on:	Monday, April 21, 2024
Deadline for Final Submission of Proposals DUE DATE:	Tuesday, May 6, 11:00 am
Award (tentatively)	Thursday, June 19, 2025 GHS Board meeting
Service Date:	July 1, 2025, or other date agreed to by both parties

3.2. GENERAL FORMAT

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. Shall be written in the English language
2. Offeror will prepare a comprehensive document incorporating responses to each Section; preferred Font Style “Arial or Calibri” with a minimum Font Size of 11
3. Offeror shall prepare a Table of Contents with page numbers. Proposal pages must be numbered.
4. All areas of the proposal must be addressed in the same sequence cited in the RFP Submission Requirements in order that proper consideration is given to the proposal. Proposals submitted without information or incomplete content may result in the proposal being removed from consideration.

5. The only accepted document formats for email submission are .pdf or Microsoft Word .doc, .docx
6. Proposal must be signed by the official authorized to bind the submitter to its provisions.

*Please note, Offerors should not submit handbooks and extensive documents as examples, but rather items such as Table of Contents from handbooks previously developed or brief samples to demonstrate competency.

3.3. SUBMISSION REQUIREMENTS

- A. 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.
- B. Offeror shall respond regarding how they will answer or meet the requirements of each Section, cite the section number for each response with each section corresponding to the Table of Contents. Offerors are expected to present narrative statements/summaries in a clear, concise, and organized manner for review.
- C. The Offeror must complete **Submittal Form A General Information**, and **Form B - Certifications** and submit as separate file with the proposal.
- D. **The Offeror is solely responsible for delivery of One (1) original at [Government Bids Opportunities and RFP | BidNet Direct](#)** GHS has partnered with bidnet direct by SOVRA 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 **Tuesday, May 6, 11:00 am**. Proposals must be received by this date and time in order for the proposal to be considered. All time is local to Flint, Michigan. **Bidnet guide for suppliers:** <https://www.bidnetdirect.com/resources/articles/how-to-use-bidnet-direct-to-maximize-opportunities>
Free bidnet direct by SOVRA Vendor Registration: <https://www.bidnetdirect.com/public/user-registration>
- E. The proposal shall cover services beginning on or about July 1, 2025 or as agreed upon by the Offeror and the Board.

3.4. ORGANIZATIONAL INFORMATION

- A. **General Information** (Submittal Form A)
 1. Address and contact details, signed by signatory with legal authority.
- B. **Certifications:** Complete the certifications form and include the following supporting documentation, (Submittal Form B)
 1. Offeror shall submit documentation and proof of entity (e.g. IRS 501c3 determination); copy of Articles of Incorporation or document under which the organization is constituted/organized from its inception; preference is non-profit.
 2. Offeror shall complete the Organizational Credentialing Application (Attachment B).
 3. Offeror shall complete the Conflict of Interest Attestation (Attachment C).
 4. Offeror must disclose any litigation involving the organization during the past five (5) years.

5. Offeror shall attach audited financial statements for the previous two (2) years of operation.
6. Liability Insurance, throughout the contract period. The successful offeror must provide the following insurance coverages, attach a certificate(s) of insurance confirming:
 - Certificate of Workers' Disability Compensation insurance coverage.
 - Professional liability (errors and omissions) in a sum of not less than \$1,000,000 per claim and \$3,000,000 annual aggregate.
 - 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.
 - List Abuse / Molestation coverage as being included, this is required when providing direct contact with individuals and cannot be excluded from coverage.
 - GHS listed as Additionally Insured under the General and Professional Liability policies. List sub-limits of coverage.
 - AUTO coverage of \$1,000,000 GHS listed as Additionally Insured under Commercial Automobile Liability – "Any Auto", if transporting any consumers/patients.
 - GHS listed as Certificate Holder.
New GHS Address: GENESEE HEALTH SYSTEM, 1040 W BRISTOL RD., SUITE 2406 FLINT, MI 48507

- C. **Executive Summary and Agency Background:** A brief overview of the agency's qualifications, experience, and understanding of the scope of work. A description of the agency, including its mission, history, and relevant experience in CLS and Respite Services.
 1. Offeror shall describe any strategies, goals and/or demonstrated outcomes specifically related to providing CLS and Respite Services with evidence of work.
 2. The offeror shall not enter into subcontracts to the final agreement with additional parties without obtaining prior written approval of the Board. A condition of granting such approval is that such subcontractors shall be subject to all conditions and provisions of the contract. The offeror shall be responsible for the performance of all subcontractors.

3.5. SERVICE DELIVERY SYSTEM AND CONSUMER CARE MANAGEMENT

Offeror is to provide a proposal that clearly states the following information:

- A. Examples of the types of consumers they serve and describe the treatment methods used to serve these types of consumers.
 1. If only weekend respite camps are provided, please specify.
- B. Describe their implementation of Person-Centered Planning (PCP) and their on-going commitment to PCP.
- C. 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.

- D. Describes consumer and guardian involvement (direct/indirect) with offeror's operations.
- E. Explain their process for maintaining consumers' health. Attach procedures relative to the offeror's process for administration of medication (if applicable) and infection control.
- F. Describe experience and background as it relates to CLS and/or Respite services:
 - 1. Identify any special skills or qualifications as it relates to provision of these services.
 - 2. Identify training topics as related to this RFP for staff, such as an introduction to disabilities, person-centered planning, self-advocacy, and recipient rights.
 - 3. Offeror shall describe ability to coordinate the array of CLS and/or Respite services:
 - 4. Identify ability to assist consumers regarding transportation issues.
 - 5. Identify ability to serve clients regarding geographical area of residents.
 - 6. Describe the major component of the services to be provided, including interventions to be utilized and theoretical basis.
 - 7. Describe the program's discharge criteria and procedures.
 - 8. Description of the discharge planning and client follow-up procedures, including evidence of linkage to community resources for aftercare.
 - 9. Description of the organization's staff credentials and experience, which would provide CLS and/or Respite staffing services.
 - 10. Referrals, for community inclusion, including the program's relationship with other human services agencies, institutions, and self-help groups.
- G. Description of process to inform community of services and request for CLS and/or Respite Staffing Services
- H. Define what area of Genesee County you will service, the entire county or specific communities.

3.6. OFFEROR'S INTERNAL POLICIES AND PROCEDURES

The offeror shall attach personnel policies and procedures specific to:

- A. Credentialing, Privileging, licensing, and competency of staff
- B. Training (initial and ongoing)
- C. Orientation
- D. Recruitment and selection
- E. Performance evaluation
- F. Supervision
- G. Managing clinical risk, emphasizing consumer empowerment and integration with their communities
- H. Termination
- I. The offeror shall describe the organization's procedures for promoting safety and its procedures for emergency response within the organization.

3.7. MANAGEMENT/ADMINISTRATIVE CAPABILITY AND INFORMATION SYSTEMS

The offeror shall describe the organization's operation and the staff and systems available to:

- A. Maintain a database of consumers that includes but is not limited to service activity provided.
 - 1. Required data collection includes:
 - Number of persons served by zip code

- B. Maintain the capacity to bill using GHS online claims submission portal (CHIP).
- C. Maintain documentation supporting the delivery of services according to Medicaid rules. Attach example form(s) used.
- D. Any programmatic measures that indicate that the program(s) are working Offeror may provide samples of existing reporting or reporting metrics.

3.8. PERFORMANCE IMPROVEMENT

- A. The offeror shall include a copy of the Organization's Performance Improvement Plan (Continuous Quality Improvement).
- B. 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 to improve customer satisfaction.

3.9. RATE ACCEPTANCE FOR SERVICE CODE(S):

Offeror shall be willing to enter into a contractual agreement with GHS while accepting the standard rate schedule as detailed in **Attachment A - GHS standard rates for CLS and Respite services**

3.10. DOCUMENTATION

The offeror must submit the following information under separate cover at the time of bid submission:

- A. Documentation: The offeror must submit the following information at the time of bid submission:
 - 1. A current staff list, along with job titles, credentials, of each staff person. If the offeror has multiple sites, a list of the clinical staff at each site must be included.

3.11. ELECTRONIC VISIT VERIFICATION

The 21st Century Cures Act, enacted by Congress in December 2016, added section 1903(l) to the Social Security Act to require all states to use EVV for PCS provided under a Medicaid State Plan or under a waiver of the State Plan. EVV is validation of PCS when a provider begins or ends a visit in the home. Michigan is utilizing HHAeXchange as their EVV vendor, although other vendors can be utilized by Providers as long as the other vendor's system is compatible with HHAeXchange. Providers utilizing 3rd party EVV vendors must ensure that their data is uploaded timely into the HHAeXchange system. This includes the uploading of visits on a monthly basis. The Cures Act requires the following six data elements to be collected for EVV:

- 1. Type of service performed,
- 2. Person receiving the service,
- 3. Date of the service,
- 4. Location of the service,
- 5. Person providing the service and
- 6. Time the service begins and ends.

Providers using service codes H2015 and T1005 require the use of EVV. Those Providers exempt from using EVV include congregate living situations, and Live-in Caregivers.

4. EVALUATION PROCEDURES

4.1. EVALUATION CRITERIA

A. Organizational Information

1. Verification of offeror background (including any litigation) information and required certifications
2. Effectiveness of executive summary and agency background (including qualifications/experience of providing CLS and Respite Services in Genesee County and any potential subcontractors)

B. Approach and Methodology

1. Understanding of the scope of work
2. Quality and specificity of the proposed service delivery and methodology (including strategies, goals, and outcomes)

C. Staffing and Qualifications

1. Information on qualifications and experience of staff and training/development efforts

D. Administration, use of Information System(s), and EVV

1. Strength of evaluation plan and proposed measures to collect data
2. Ability to demonstrate community-level outcomes

4.2. EVALUATION PROCESS

- A. The contract resulting from this RFP, if any, will be awarded to the responsive and responsible Offeror(s) offering the greatest benefit to GHS, as determined by GHS, when considering technical suitability for intended GHS purpose, and supplier performance potential.
- B. Proposals will be examined by a GHS evaluation team and scored. The team is composed of a variety of evaluators. While simplified language is not necessary, it would be beneficial to identify key points or provide a summary with any long narratives. The intent of the evaluation process is to determine, through application of uniform criteria, how effectively the proposed service satisfies GHS requirements. The evaluation team will assign quality point scores to each proposal using the criteria listed above. Award recommendations are contingent upon an initial evaluation of the offeror's qualifications to determine if the offeror is a quality service provider. The offeror's policies and procedures will be evaluated to determine the quality of the clinical services to be provided.
- C. The types of evaluation that may be used to determine if an offeror meets quality standards. If the first evaluation does not determine if the offeror meets quality standard a second evaluation will be completed. The first is an evaluation of the written response to the RFP. The second involves an interview.

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

- D. At the discretion of the evaluation team, discussions may be undertaken with those offerors whose proposal, based on the evaluation criteria stated herein, has been determined to be reasonably acceptable of being selected for award. After discussions are held, and prior to award, offerors may be allowed the opportunity to submit revisions to their proposal for the purpose of obtaining best and final offers. During the aforementioned procedures, neither the names of any of the offeror nor the contents of any proposal will be disclosed until the completion of negotiations and revision of proposal.

5. ADMINISTRATIVE REQUIREMENTS

5.1. PURCHASING CONTACT

- A. The purchasing contact on this project is Cindy Stahmer, Purchasing Manager, contact via email at cstahmer@genhs.org for matters not addressed in section 5.2. Contact regarding this solicitation with other GHS employees is not permitted. Any violation of this condition may result in immediate rejection of the proposal.

5.2. QUESTIONS, INQUIRES, CLARIFICATIONS, REQUESTS FOR INFORMATION

- A. All communications, any modifications, clarifications, amendments, questions, responses, or any other matters relating to this RFP must be submitted online in writing in the posted RFP at <https://www.bidnetdirect.com/mitn> Questions will be responded to in writing and made available to all interested parties via posting at <https://www.bidnetdirect.com/mitn> in the posted RFP.

5.3. ADDENDA

- A. All offerors shall be responsible for routinely checking the GHS website <https://genhs.org/rfp-grant-opportunities/> or at BIDNET <https://www.bidnetdirect.com/mitn> for issued addenda and other relevant information. GHS shall not be responsible for failure of an offeror to obtain addenda and other relevant information issued at any time related to this RFP.

6. PROPOSAL FORMS

SUBMITTAL FORM A – GENERAL INFORMATION

RFP Number: **25-015**

RFP Name: **Community Living Supports in Unlicensed Settings and/or Respite Services**

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 Offeror further certifies that, if selected as the successful firm, we will enter into a contract agreement.

Offeror is willing to enter into a contractual agreement with GHS while accepting the standard rate schedule as detailed in Attachment A - GHS standard rates for CLS and Respite services.

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

SUBMITTAL FORM B – CERTIFICATIONS

No.	Criteria	Response*
1	The offeror must demonstrate and leverage an understanding of Michigan’s behavioral health treatment system and honor the rights and protections afforded to those served in Michigan, per the Mental Health Code.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
2	The offeror must attest to the following; adhering to federal and State accessibility standards, operate utilizing an understanding of cultural humility, intersectionality, and health disparities.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
3	The Offeror must demonstrate how supports and services provided by the offeror demonstrate an ongoing commitment to linguistic and cultural humility that ensures access and meaningful participation for all people in the service area of various diverse populations, in terms of race, culture, gender identity, sexual identity, age, abilities, income level, geography, and religious and spiritual beliefs.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
4	The offeror attests to and will outline how they will ensure translation services are available, as necessary, and at no cost to persons served for their use. This includes taking into consideration the special needs of beneficiaries with disabilities or Limited English Proficiency (LEP).	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
5	Offeror to attest that Offeror will comply with all applicable laws respecting privacy and maintaining the confidentiality and protecting information of persons served under the conditions specified in HIPAA, the Michigan Mental Health Code (PA 258 of 1974, as amended), , and 42 CFR Part 2.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
6	Offeror confirms no Conflict of Interest exists as defined in section 7.5, if disagree, attach a statement explaining the conditions.	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
7	Offeror is providing a response to provide COMMUNITY LIVING SUPPORTS IN UNLICENSED SETTINGS	<input type="checkbox"/> Yes <input type="checkbox"/> No
8	Offeror is providing a response to provide RESPITE SERVICES	<input type="checkbox"/> Yes <input type="checkbox"/> No
9	Services offered will be provided throughout the entire Genesee County, see Section 3.5, H	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree
10	Offeror accepts the standard rate schedule as detailed in Attachment A - GHS standard rates for CLS and Respite services and agrees to participate in EVV	<input type="checkbox"/> Agree <input type="checkbox"/> Disagree

***Attach additional information on any subject where the Offeror responded “Disagree” to a question above**

Include the following as attachments with submittal form B:

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;

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

Offeror shall complete the Organizational Credentialing Application (Attachment B).

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

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

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

- Certificate of Workers’ Disability Compensation insurance coverage.
- Professional liability (errors and omissions) in a sum of not less than \$1,000,000 per claim and \$3,000,000 annual aggregate.
- 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.
- List Abuse / Molestation coverage as being included, this is required when providing direct contact with individuals and cannot be excluded from coverage. List sub-limits of coverage.
- GHS listed at Additionally Insured under the General and Professional Liability policies.
- AUTO coverage of \$1,000,000 GHS listed as Additionally Insured under Commercial Automobile Liability – “Any Auto”, if transporting any consumers/patients.
- GHS listed as Certificate Holder.

New GHS Address: GENESEE HEALTH SYSTEM, 1040 W BRISTOL RD., SUITE 2406 FLINT, MI 48507

7. STANDARD TERMS & CONDITIONS

7.1. COST LIABILITY

- A. 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. The Offeror agrees that its proposal will be considered an offer to do business with the Board in accordance with its proposal, and that its proposal will be irrevocable and binding for a period of 180 calendar days from date of submission.

7.2. OTHER MATERIALS

- A. 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.

7.3. AWARD OF CONTRACT

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

7.4. DISCLOSURE

- A. 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.

7.5. CONFLICT OF INTEREST

- A. 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.
- B. 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' Director of Operations who will forward the information to the CEO.

7.6. RELATIONSHIP OF THE PARTIES (INDEPENDENT CONTRACTOR)

- A. 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.

7.7. NO WAIVER OF DEFAULT

- A. 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.

7.8. DISCLAIMER

- A. 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.

Attachment A

GHS standard rates for CLS and Respite services

Code	Modifier(s)	Description		New rate 10/1/24 w/ \$3.40 DCW increase*
H2015		Community Living Supports	15 Minutes	\$6.37
H2015	U*	Community Living Supports – multiple clients served	15 Minutes	\$5.12
T1005	HM	Respite	15 Minutes	\$5.92
T1005	U*	Respite – multiple clients served	15 Minutes	\$4.95

Code	Modifier(s)	DEAF SERVICES (if applicable)		New rate 10/1/24 w/ \$3.40 DCW increase*
H2015		Community Living Supports	15 Minutes	\$7.06
H2015	U*	Community Living Supports – multiple clients served	15 Minutes	\$5.12
T1005	HM	Respite	15 Minutes	\$6.57
T1005	U*	Respite – multiple clients served	15 Minutes	\$5.45

*Group size modifiers	
UN	Two patients served
UP	Three patients served
UQ	Four patients served
UR	Five patients served
US	Six or more patients served

Attachment B

Region 10 PIHP Organizational Credentialing Application – Privileging & Credentialing Application-Organization

<https://www.region10pihp.org/forms/>

Org App Link

https://region10pihp-cdn.fxbrt.com/downloads/forms-policy_chapter_1/privileging_and_credentialing_application_-_organization_6.2021_3.pdf

Attachment C

Region 10 PIHP Disclosure of Information – Conflict of Interest Attestation Form – Provider

<https://www.region10pihp.org/forms/>

COI Link

https://region10pihp-cdn.fxbrt.com/downloads/forms-policy_chapter_1/coia_provider_form_8.2024_1.pdf