Genesee HEALTH SYSTEM

Hope and health in the community

REQUEST FOR QUALIFICATIONS

FOR

After Hours and Evening - Applied Behavior Analysis (ABA) services

SOLICITATION NUMBER: 26-359

ISSUED: SEPTEMBER 9, 2026

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

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1. SCOPE OF WORK

1.1. PROJECT SUMMARY

Genesee Health System (GHS) is opening the qualification process for providers interested in participating in the GHS Provider Network and capable of meeting the immediate community need for after-hours Applied Behavior Analysis (ABA) services, including both in-home and center-based services. GHS intends to establish agreements with multiple qualified providers through this process. GHS welcomes submissions from providers currently operating outside of Genesee County and will consider applicants that can demonstrate a viable plan and timeline for establishing services within Genesee County.

1.2. BACKGROUND

Genesee Health System (GHS) is responsible for maintaining a provider network that is sufficient in size, capacity, geographic accessibility, and service availability to ensure eligible individuals have timely access to medically necessary services. As the managing entity for publicly funded behavioral health services within its service area, GHS must continuously assess network adequacy, identify service gaps, and implement strategies to address unmet needs.

To fulfill this responsibility, GHS periodically evaluates provider capacity, referral access, geographic coverage, and service availability across the network. When gaps are identified, GHS may seek to expand network capacity through a competitive procurement process designed to attract qualified providers capable of meeting the needs of individuals served.

GHS has identified **evening and after-hours ABA service availability as a critical network need.** Applicants that are unable to demonstrate sufficient staffing capacity to provide ongoing evening services may be determined to be less responsive to the objectives of this solicitation. Contract awards will consider not only organizational readiness and qualifications, but also the applicant's ability to contribute meaningfully to the expansion of after-hours service capacity within the GHS provider network.

All proposals received in response to this RFQ will be evaluated using a standardized **Readiness Assessment Tool.** The purpose of the evaluation process is to ensure a fair, objective, and consistent review of all applicants while identifying providers **best positioned to meet the current service and capacity needs of GHS**.

1.3. SERVICE POPULATION

Services shall be provided to individuals meeting all of the following criteria:

A. Children and young adults under 21 years of age
B. Residents of Genesee County, Michigan
C. Diagnosed with Autism Spectrum Disorder (ASD)
D. Determined to be able to benefit from Behavioral Health Treatment (BHT), specifically Applied Behavior Analysis (ABA)
E. Meet Medicaid Eligibility Requirements

1.4. SERVICE DELIVERY REQUIREMENTS:

A. SERVICE HOURS The provider shall offer ABA services during extended hours, defined as:

a. After-school hours (after 4:00 P.M. on weekdays)
b. Weekday evening hours
c. Weekend daytime hours
d. Weekend evening hours
e. Any combination of the above times as needed to meet consumer demand and as referred by Genesee Health System

B. SERVICE SETTINGS The provider shall offer ABA services in the following settings:
a. Clinic-based settings located within Genesee County
b. Home-based settings within Genesee County
c. Capacity to deliver services in one or both settings based on individual needs and treatment

1.5. GENERAL REQUIREMENTS AND STANDARDS

A. The selected Applicant shall comply with all privacy and security standards as stipulated by the Health Insurance Portability and Accountability Act (HIPAA) of 1996.
B. The selected Applicant 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 Applicant 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 submissions received pursuant to this solicitation, 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 submission terms in any way whatsoever to obtain an submission as deemed in its best interest. The Board reserves the right to re-solicit/re-advertise as deemed necessary.

2. SUBMISSION REQUIREMENTS

2.1. 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 SOLICITATION Schedule of Events as it deems necessary. All time is local to Flint, Michigan:

EVENT	**TIME and DATES**
Issue Request for Qualifications	September 9, 2026
Questions accepted until (in BidNet)	November 1, 2026
Response to written questions:	Within 5 days of receipt of question
Deadline for Final Submission DUE DATE:	December 31, 2026 or sooner as need is met.
Award (see section 5.4)	When the Respondent has satisfied all credentialing and privileging requirements and received documented approval
Service Date:	As determined with respondent and GHS

2.2. GENERAL FORMAT

A. Preparation and Formatting Requirements

The Applicant shall be responsible for preparing and submitting an effective, clear, and concise submission. Submissions must contain the following information:

(a) Shall be written in the English language

(b) All areas of the submission must be addressed in the same sequence cited in the RFQ. Submissions without information or incomplete content will result in the submission being removed from consideration.

(c) The Applicant must complete and **Submittal Form A - Applicant Background, Form B – Provider Profile and Form C – Readiness Questionnaire** including requested additional information with the submission.

(d) The only accepted document formats for submission are .pdf or Microsoft Word .doc, .docx

(e) Submission must be signed by the official authorized to bind the submitter to its provisions.

2.3. SUBMISSION REQUIREMENTS

A. It is the responsibility of the Applicant to understand all details of the RFQ. The Applicant, by submitting a response indicates a full understanding of all details and specifications of the RFQ as defined in Section 1. Applicants are expected to present narrative statements/summaries in a clear, concise, and organized manner for review, showing how they will meet the requirements in Section 2.5.

B. **The Applicant is solely responsible for delivery of One (1) original submitted by 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 submissions. Submissions will be accepted until filled, all interested parties are encouraged to apply in a timely manner.

2.4. SUBMITTAL FORM TEMPLATES

A. This RFQ contains Submittal Forms, which must be used by the Applicants to complete their submission. It is expected that the submission will follow the order of the forms provided.

Submittal Forms
FORM A - APPLICANT BACKGROUND
FORM B – PROVIDER PROFILE
FORM C – READINESS ASSESSMENT QUESTIONNAIRE

2.5. ORGANIZATIONAL INFORMATION

A. **Applicant Background** (Submittal Form A) Complete the form and include the following supporting documentation, and submit documentation at Bidnet by SOVRA.

a. **Executive Summary:** A brief overview of the agency's qualifications, experience, and understanding of the scope of work.

b. **Agency Background**: A description of the agency, including its mission, history, and relevant experience .

- Applicant shall describe any qualifications and/or experience and/or demonstrated competency specifically related to providing services.
- What other CMHSP in the State of Michigan do you have a contractual agreement?

B. **Provider Profile**: Complete the certifications form and include the following supporting documentation, (Submittal Form B)and submit documentation at Bidnet by SOVRA.
   a. Applicant 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.
   b. Region 10 PIHP **Organizational Credentialing Application**
   c. Region 10 PIHP **Disclosure of Information**
   d. Certificate of liability insurance
   e. Organizational Chart
   f. W9
   g. Two most recent years of financial reporting
   h. Applicant must disclose any litigation involving the organization during the past five (5) years.

C. **Readiness Assessment Questionnaire**: Provided narrative response to the questions on Submittal Form C.

3. EVALUATION PROCESS

Applications are accepted continuously and evaluated as received. No evaluations will be made after the closing date.

Mandatory Requirements (Pass/Fail)

Provider must:

- Provide Applicant Background Form A, all documentation requested on Form B and response to all questions on Readiness Questionnaire Form C
- Be Medicaid eligible.
- Provide complete Region 10 documentation

Readiness Evaluation (Scored)

- Qualified applicants will be evaluated using the GHS Readiness Assessment Questionnaire, Form C.

Section	**Points**
Existing Presence and Geographic Readiness	30
Evening and Weekend Capacity	25
Staffing Readiness and Recruitment Strategy	15
Current Capacity and Referral Readiness	20
Continuity of Care and Quality Assurance	10
Total	**100**

Question 1: Existing Presence and Geographic Readiness (30 Points)

Score Based On:

- Existing presence
- Readiness to begin services
- Realistic implementation timeline

Question 2: Evening and Weekend Capacity (25 Points)

Score Based On:

- Availability

- Capacity
- Sustainability
- Alignment with identified network need

Question 3: Staffing Readiness, Capacity and Recruitment Strategy (15 Points)
Score Based On:
- Staffing sufficiency
- Recruitment effectiveness
- Retention planning

Question 4: Current Capacity and Referral Readiness (20 Points)
Score Based On:
- Current capacity
- Access to services
- Ability to reduce wait times
- Referral responsiveness

Question 5: Continuity of Care and Quality Assurance (10 Points)
Score Based On:
- Service continuity
- Risk mitigation
- Clinical oversight
- Quality management

4. ADMINISTRATIVE REQUIREMENTS

4.1. QUESTIONS, INQUIRIES, CLARIFICATIONS, REQUESTS FOR INFORMATION

A. All communications, any modifications, clarifications, amendments, questions, responses, or any other matters relating to this RFQ must be submitted online in writing in the posted RFQ 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 RFQ and available to all interested parties via posting on the Board's web page www.genhs.org under the https://genhs.org/solicitation-grant-opportunities/ link.

4.2. 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 previous paragraph. No contact regarding this solicitation made with other GHS employees is permitted. Any violation of this condition may result in immediate rejection of the submission.

4.3. ADDENDA

A. All Applicants shall be responsible for routinely checking the GHS website at https://genhs.org/solicitation-grant-opportunities/ and/or the posted RFQ at https://www.bidnetdirect.com/mitn for issued addenda and other relevant information. GHS shall not be responsible for failure of an Applicant to obtain addenda and other relevant information issued at any time related to this SOLICITATION.

4.4. CONTRACT AWARD CONSIDERATION

A. As a condition of consideration for contract award, all Respondents proposing to provide services as an Organizational Provider must successfully complete the Organization's Credentialing and Privileging (C&P) process and obtain formal approval through the designated Credentialing and Privileging Committee. No recommendation for contract award, execution of a contract, provider enrollment, or participation in the provider network shall occur until the Respondent has received formal credentialing approval.

B. GHS will notify selected respondent(s) to establish and maintain a complete and current Universal Credentialing profile within the MDHHS Customer Relationship Management (CRM) Universal Credentialing system. The Respondent shall submit all required supplemental organizational credentialing documentation to satisfy Organizational Provider credentialing standards.

C. Submission of a proposal does not constitute acceptance into the provider network, recommendation for award, or approval to provide services. Any award recommendation shall be contingent upon successful completion of all credentialing and privileging requirements, verification of submitted information, review by the Credentialing and Privileging Committee, and formal written notification of approval. Awards to multiple provides are anticipated.

D. The Organization reserves the right to delay, suspend, or withdraw a recommendation for contract award if the Respondent fails to complete the Universal Credentialing CRM requirements, provide requested credentialing documentation, meet clean application standards.

E. Respondents acknowledge that credentialing approval is a prerequisite to contracting and that no services may be provided under any resulting agreement until all credentialing and privileging requirements have been satisfied and approved in accordance with applicable policy, regulatory, and contractual requirements.

5. STANDARD TERMS & CONDITIONS

5.1. COST LIABILITY

A. The Board assumes no responsibility or liability for costs by the Applicant, or any Applicant prior to the execution of a contract between the organization and the Board. The Applicant agrees that its submission will be considered an offer to do business with the Board in accordance with its application, and that its submission will be irrevocable and binding for a period of 180 calendar days from date of submission.

5.2. OTHER MATERIALS

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

5.3. 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 request for qualifications.

B. Award recommendations are contingent upon an initial evaluation of the Applicant's qualifications to determine if the Applicant is a quality provider.
C. Applicants 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.
D. The Applicant 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 Applicant shall be responsible for the performance of all subcontractors.

5.4. DISCLOSURE

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

5.5. CONFLICT OF INTEREST

A. Applicants 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 Applicant, is currently an employee of the Board; nor will any such person connected to the Applicant currently be using or privy to any information regarding the Board which may constitute a conflict of interest.
B. At the time of the submission, all Applicants 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 Applicant 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.

5.6. RELATIONSHIP OF THE PARTIES (INDEPENDENT CONTRACTOR)

A. The relationship between the Board and any Applicants 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 SOLICITATION.

5.7. NO WAIVER OF DEFAULT

A. The failure of the Board to insist upon strict adherence to any term of a contract resulting from this SOLICITATION 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

A. All the information contained within this SOLICITATION reflects the best and most accurate information available to the Board at the time of the SOLICITATION 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 SOLICITATION, a supplement will be issued to all potential Applicants who obtained the original SOLICITATION.

5.9. REFERRAL PROCESS

A. Information related to the population to be served will be discussed at the pre-award conference. 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.

EXHIBIT 1 – CONSUMER SERVICES CONTRACT

See additional file included with posting.

6. SUBMISSION FORMS

SUBMITTAL FORM A – APPLICANT BACKGROUND this is a mandatory document to be submitted.

SOLICITATION Number: **26-359**

SOLICITATION Name: **Request for Qualifications: Applied Behavior Analysis (ABA) services**

Applicant Information

Name of Organization: _____

Address: _____

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

Name: _____

Title: _____

E-Mail Address: _____

Telephone Number: _____

Tax ID# _____

Medicaid # _____

STATEMENT OF CERTIFICATIONS AND ASSURANCES

The Applicant has thoroughly reviewed this SOLICITATION, 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 Applicant further certifies that, if selected as the successful firm, we will enter into a contract agreement.

By signature below the signatory certifies legal authority to bind the responding entity to the provisions of this SOLICITATION 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:

☐ Executive Summary and

☐ Agency Background (Section 2.5 A)

SUBMITTAL FORM B – PROVIDER PROFILE *Attach additional information on any subject where additional information is required

☐Applicant 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;

☐ Region 10 PIHP Organizational Credentialing Application – Privileging & Credentialing Application-Organization https://region10pihp-cdn.fxbrt.com/downloads/forms-policy_chapter_1/privileging_and_credentialing_application_-_organization_6.2021_3.pdf
or https://www.region10pihp.org/forms/ see Chapter 1, 01.06.05

☐ Region 10 PIHP Disclosure of Information – Conflict of Interest Attestation Form – Provider
https://region10pihp-cdn.fxbrt.com/downloads/forms-policy_chapter_1/coia_provider_form_8.2024_1.pdf
or https://www.region10pihp.org/forms/ see Chapter 1, 01.02.06 Disclosure of Information

☐ Organizational Chart

☐ Applicant must disclose any litigation involving the organization during the past five (5) years

☐ W9

☐ Certificate of Insurance

☐ Two most recent years of financial reporting

SUBMITTAL FORM C – READINESS ASSESSMENT QUESTIONNAIRE

Should your response not fit in allotted space of 500 words, add additional page(s).

Question 1: Existing Presence and Geographic Readiness

Describe your current presence in Genesee County. Include:

- Existing clinic locations
- Number of current consumers served
- Existing staffing resources

If not currently operating in Genesee County, describe your implementation plan, timeline, and anticipated service start date.

Response:

Question 2: Evening and Weekend Capacity

GHS has identified evening and after-hours ABA services as a critical network need. Describe your ability to provide services:

- After 4:00 p.m. weekdays
- Weekday evenings
- Saturdays
- Sundays

Include:

- Operating hours
- Do you intend to offer clinic and/or home based
- Number of available evening/weekend slots
- Staffing assigned to after-hours services
- Expansion plans

Response:

Question 3: Staffing Readiness, Capacity and Recruitment Strategy

Describe your current staffing resources and workforce development plan.

Include:

- Number of BCBAs
- Number of technicians/RBTs
- Current staff vacancies
- Recruitment strategies
- Staff retention strategies
- Clinical supervision model

Response:

Question 4: Current Capacity and Referral Readiness

Provide the following information:

- Current ABA caseload
- Number of consumers currently served
- Current openings
- Expected openings within 90 days
- Average time from referral to service start

Describe your ability to accept referrals immediately and how quickly services can begin following authorization.

Response:

Question 5: Continuity of Care and Quality Assurance

Describe your approach for maintaining service continuity and quality when:

- Staff leave the organization
- Vacancies occur
- Employees take extended leave
- Caseloads increase unexpectedly

Describe your quality assurance process and supervision structure.

Response:

SUBMITTAL FORM C