

ATTACHMENT D – EVALUATION/RATING CRITERIA

Bidder: _____ Click or tap here to enter text.

Date Reviewed: Click or tap to enter a date.

Reviewer: _____ Click or tap here to enter text.

Rating Criteria	Points Awarded	Max Points	Reviewer Comments
I. PROVIDER PROFILE			
a. Provider Coversheet	Choose an item.	5	Click or tap here to enter text.
b. History of provider organization and explanation of the purpose or mission of the provider and how it relates to the RFP	Choose an item.	5	Click or tap here to enter text.
c. Proof of Business Entity status: documentation to support business as recognized by the IRS	Choose an item.	5	Click or tap here to enter text.
d. Describe rationale for the provider pursuing this RFP	Choose an item.	5	Click or tap here to enter text.
e. Describe future plans/issues facing provider	Choose an item.	5	Click or tap here to enter text.
f. List experiences with developing and sustaining collaborative relationships with other agencies and/or where mergers have occurred.	Choose an item.	5	Click or tap here to enter text.
g. Describe the Provider’s experience in this or related field.	Choose an item.	5	Click or tap here to enter text.
h. MDHHS Enrollment Letter OR completed <u>MDHHS Enrollment Application</u> if not already enrolled and <u>Service Agency Profile Form</u> (<i>Attachment F1 and F2</i>)	Choose an item.	5	Click or tap here to enter text.
i. <u>MSHN Provider Application</u> (<i>Attachment G</i>).	Choose an item.	5	Click or tap here to enter text.
j. <u>Disclosure of Ownership, Controlling Interest, and Criminal Convictions</u> (<i>Attachment H</i>). All sections within the Attestation must be completed regardless of status of the organization (e.g., Non- Profit, Government, Corporation). This includes full addresses, dates of birth and social security numbers for all identified management staff and/or Board Members as outlined in PIHP Policy and the Code of Federal Regulations.	Choose an item.	5	Click or tap here to enter text.
PROVIDER PROFILE TOTAL POINTS		50	

II. ORGANIZATION/MANAGEMENT			
<p>a. General: Provide a current, dated, program specific Organizational Chart which includes administrative structure.</p>	Choose an item.	5	Click or tap here to enter text.
<p>b. Personnel Management:</p> <p>I. Provide assurances that bidder meets MSHN Minimum Training Requirements. Refer to <i>Attachment I - References</i>.</p> <p>II. Description of process and frequency for training staff and evaluating staff performance.</p>	Choose an item.	10	Click or tap here to enter text.
<p>c. Financial Management:</p> <p>I. Financial Audit: The Provider shall attach a copy of its Audited Financial Statements for the previous two (2) years of operation. This shall include auditor notes and comments as well as any Management Letters.</p> <p>II. Explain if there are any pending or unresolved issues that relate to the last two (2) years of fiscal audits and/or if the Provider has made a plan of correction addressing those areas. Include corrective action steps taken. Note: Provider may indicate “not applicable” if the Provider does not have any unresolved issues and/or has not had identified areas which would require corrective action steps.</p> <p>III. Include a completed <u>MSHN Provider Services Cost Summary</u>.</p> <p>IV. If requesting startup funds to assist with costs related to starting new program, the Provider shall submit a separate detailed budget of startup funding needs (see the tab “Start-up Only” in the <u>MSHN Services Cost Summary</u>).</p> <p>V. If requesting startup funds to assist with costs related to starting new program, the Provider shall submit a sustainability plan to ensure the ability to maintain operations.</p>	Choose an item.	25	Click or tap here to enter text.
<p>d. Information Systems:</p> <p>I. Description of information system (including data entry process, data disaster recovery and adherence to the Health Insurance Portability and Accountability Act (HIPAA) standards).</p>	Choose an item.	15	Click or tap here to enter text.

<p>II. Description of system for monitoring and processing authorizations and claims of services being provided.</p> <p>III. Description of capacity to complete a HIPAA Risk Assessment and Security Management Plan.</p>			
<p>e. Quality Management:</p> <p>I. Description of Quality Improvement Plan (this shall include information on how reports are utilized and methods used to measure outcomes and utilization).</p> <p>II. If a new provider, explain how a Quality improvement Plan and/or MSHN’s Quality Assessment Performance Improvement Plan will be followed and/or used.</p> <p>III. Include the most recent <u>Quality Improvement Plan</u>.</p> <p>IV. Include the most recent <u>Customer Satisfaction Survey</u>.</p>	Choose an item.	20	Click or tap here to enter text.
<p>f. Community Involvement:</p> <p>I. Description of how Provider utilizes participation from individuals served in policy development, program planning and routine decision making.</p> <p>II. Description of process to utilize community resources from existing entities in program planning.</p> <p>III. Description of Provider’s capacity to have Coordination Agreements in place with Community Mental Health Services Programs (CMHSP) and also in place with one (1) or more licensed medical service facilities for the provision of emergency inpatient and ambulatory medical services.</p>	Choose an item.	15	Click or tap here to enter text.
<p>g. Corporate Compliance:</p> <p>I. Description of <u>Corporate Compliance Plan</u> process and include a copy of the most recent Plan if applicable. Note: The Federal Medicaid Integrity Program (MIP) requires entities receiving more than five million dollars (\$5 million) in Medicaid funds to have a Corporate Compliance Plan. Note: Provider may indicate “not applicable” if the Provider does not have its own Compliance Plan.</p>	Choose an item.	5	Click or tap here to enter text.
<p>h. Recipient Rights:</p> <p>I. Description of procedures relating to the Recipient Rights process.</p>	Choose an item.	10	Click or tap here to enter text.

<p>II. Provide the following information for the previous two (2) years:</p> <ol style="list-style-type: none"> 1. Number of Recipient Rights complaints 2. Number of substantiated complaints by category 3. Description of what corrective actions were taken to address the substantiated Rights violations 			
ORGANIZATION/MANAGEMENT TOTAL POINTS		110	
III. FACILITY LICENSE			
The Provider shall attach evidence of current State of Michigan <u>License</u> and/or any applicable application under review. Note: If the Provider is not licensed and is planning to become licensed, the Provider shall provide information pertinent to pending state licensing application(s).	Choose an item.	5	Click or tap here to enter text.
FACILITY LICENSE TOTAL POINTS		5	
IV. INSURANCE			
a. Worker’s Compensation insurance coverage in accordance with required law.	Choose an item.	5	Click or tap here to enter text.
b. Directors and Officers liability insurance coverage (errors and omissions) in a sum of not less than one million dollars per claim and three million dollars in the aggregate.	Choose an item.	5	Click or tap here to enter text.
c. General liability insurance coverage with broad form endorsement or equivalent, if not in the policy proper, professional liability coverage with limits of not less than one million dollars per occurrence and three million dollars in the aggregate.	Choose an item.	5	Click or tap here to enter text.
d. Vehicle liability insurance coverage including all owned, non-owned, and hired vehicles with limits of not less than one million dollars per occurrence and one million dollars annual aggregate. Note: Provider may indicate “not applicable” if the Provider shall not be transporting individuals.	Choose an item.	5	Click or tap here to enter text.
INSURANCE TOTAL POINTS		20	
V. IMPLEMENTATION PLANNING			
a. Estimated timeframe for hiring, onboarding, and training new program staff (if applicable) in order to meet the minimum staffing requirements for crisis residential services as outlined in the MDHHS Michigan Medicaid Provider Manual (refer to <i>Attachment I - References</i>)	Choose an item.	5	Click or tap here to enter text.

b. Describe who in your organization shall be responsible for reporting to MSHN.	Choose an item.	5	Click or tap here to enter text.
c. Describe the Provider's plan for addressing program service capacity regarding PIHP referrals.	Choose an item.	5	Click or tap here to enter text.
d. Procurement of any organization or staff required license and/or certification.	Choose an item.	5	Click or tap here to enter text.
e. Timeframe in which the Provider plans to assume contractual obligations.	Choose an item.	5	Click or tap here to enter text.
IMPLEMENTATION PLANNING TOTAL POINTS		25	
VI. REFERENCES			
Provider shall submit two (2) letters of reference/support from various community agencies and/or professional individuals with whom the Provider has collaborated.	Choose an item.	10	Click or tap here to enter text.
REFERENCES TOTAL POINTS		10	

Rating Criteria	Points Awarded	Max Points	Comments
I. TREATMENT SERVICES PROGRAM OVERVIEW			
a. Philosophy of the Provider in the administration of Crisis Residential	Choose an item.	5	Click or tap here to enter text.
b. Treatment approaches identifying any evidence based or best practices interventions.	Choose an item.	5	Click or tap here to enter text.
c. Provide outcome data history on each evidenced based and/or best practice intervention that has been utilized.	Choose an item.	5	Click or tap here to enter text.
d. Indicate method and frequency of evaluating progress during the course of treatment.	Choose an item.	5	Click or tap here to enter text.
e. Describe the level of integrated co-occurring treatment services that are provided, including a description of availability of psychiatric supports and description of any treatment interventions to support individuals with co-occurring substance use disorders	Choose an item.	5	Click or tap here to enter text.
f. Strategies used to engage individuals in counseling services, increase retention in treatment and reduce barriers to services.	Choose an item.	5	Click or tap here to enter text.
g. Strategies to improve transition between service levels and aftercare.	Choose an item.	5	Click or tap here to enter text.
h. Describe the discharge process for individuals receiving services and coordination with other providers involved in the individuals' treatment.	Choose an item.	5	Click or tap here to enter text.
TREATMENT SERVICES TOTAL POINTS		40	
II. CRISIS RESIDENTIAL SERVICES			
a. Describe how the following required services will be provided in the crisis residential program for the population served: I. Psychiatric Supervision II. Therapeutic support services III. Medication management/stabilization and education IV. Behavioral Services V. Milieu therapy VI. Nursing Services VII. If other services are to be provided, please provide a description of the services	Choose an item.	5	Click or tap here to enter text.
b. Describe the admission criteria	Choose an item.	5	Click or tap here to enter text.

c. Describe how the Individual Plan of Service will be developed and how services will be delivered for the population served	Choose an item.	5	Click or tap here to enter text.
d. Describe the duration of services	Choose an item.	5	Click or tap here to enter text.
e. Describe the discharge criteria and transition out of the crisis residential setting	Choose an item.	5	Click or tap here to enter text.
f. Describe willingness and ability to further develop co-occurring enhanced crisis capability in the future if awarded a contract for services (this is not a requirement of the current RFP)	Choose an item.	5	Click or tap here to enter text.
CRISIS RESIDENTIAL SERVICES TOTAL POINTS		30	
III. STAFFING REQUIREMENTS (CLINICAL)			
a. Please provide a detailed staffing plan which addresses how the staffing requirements will be met. Staffing plan should include: I. Description of staffing positions including credentials/licensure/qualification for each (if applicable) II. Number of full-time employees (FTE) for each position III. For each position, please identify if the bidder already has existing staff or if the position will need to be filled if the contract is awarded.	Choose an item.	5	Click or tap here to enter text.
STAFFING REQUIREMENTS TOTAL POINTS		5	
BIDDER GRAND TOTAL		295	Click or tap here to enter text.

Bidder: _____ Click or tap here to enter text. _____

Reviewer: _____ Click or tap here to enter text. _____