

ATTACHMENT A - PROVIDER CHECKLIST

SECTION VI REQUIRED NARRATIVE / DOCUMENTS				
SUB-SECTION	INFORMATION	REQUIRED	OPTIONAL	NOTES
VI(I) PROVIDER PROFILE	Provider Cover Sheet (Att. B)	x		
	Narrative Description (5 items)	x		
	Proof of Business Entity	x		
	MSHN Provider Network Application (Att. G)	x		
	Disclosure of Ownership, Controlling Interest, and Criminal Convictions (Att. H)	x		
	MDHHS Enrollment Letter, if available or completed Enrollment Application (Att. F1) and Service Agency Profile Form (Att. F2)	x		
VI(II) ORGANIZATION MANAGEMENT	GENERAL			
	Narrative Description (1 item)	x		
	Organizational Chart	x		
	PERSONNEL MANAGEMENT			
	Narrative Descriptions (2 items)	x		
	FINANCIAL MANAGEMENT			
	Narrative Description (2 items)	x		
	Audited Financial Statements (include Auditor Notes & Management Letters)	x		
	MSHN Provider Services Cost Summary (Att. C)	x		
	Sustainability Plan			<i>X – only if requesting startup funds</i>
	INFORMATION SYSTEMS			
	Narrative Description (3 items)	x		
	QUALITY MANAGEMENT			
	Narrative Description (1 item)	x		
	Quality Improvement Plan	x		
	Customer Satisfaction Survey	x		
	COMMUNITY INVOLVEMENT			
	Narrative Descriptions (3 items)	x		
	CORPORATE COMPLIANCE			
	Narrative Description (1 item)	x		
Corporate Compliance Plan			<i>X - Only for Providers receiving more than five (5) million dollars in Medicaid Funds (all sources)</i>	
RECIPIENT RIGHTS				
Narrative Descriptions (2 items)	x			
VI(III) FACILITY LICENSE	Facility License	x		
	VI(IV) INSURANCE			
Worker’s Compensation Insurance Coverage	x			
Directors and Officers Liability Insurance Coverage	x			
General Liability Insurance Coverage	x			
Vehicle Liability Insurance Coverage			<i>X - Only if Provider will be transporting individuals</i>	

VI(V) ORG. TRANSITION PLANNING	Narrative Description (5 items)	x
VI(VI) REFERENCES	Letters of Reference (2)	x

SECTION VII TREATMENT SERVICES

SUB-SECTION	INFORMATION	REQUIRED	OPTIONAL	NOTES
VII(I) TREATMENT SERVICES PROGRAM OVERVIEW	TREATMENT SERVICES PROGRAM OVERVIEW			
	Narrative Description (8 items)	x		
	CRISIS RESIDENTIAL SERVICES			
	Narrative Description (6 items)	x		
	STAFFING REQUIREMENTS			
	Narrative Description (1 item)	X		

SECTION VIII Precontract Evaluation

SUB-SECTION	INFORMATION	REQUIRED	OPTIONAL	NOTES
VIII (I) Pre-Contract Review	Pre-Contract Evaluation form (Att. E)	X		

Section IV (Proposal Submission):

One (1) electronic copy (via email) of the proposal shall be submitted **by 5:00PM on Tuesday, June 1, 2021** and labeled by RFP section, subpart and document name. All Proposals shall be delivered electronically by e-mail at the following address: Kyle.Jaskulka@midstatehealthnetwork.org

The following title shall appear on the subject line of the e-mail message for proper delivery:
"CONFIDENTIAL RESPONSE – CRISIS RESIDENTIAL SERVICES RFP"

Section V (Notification of Intent to Bid):

The Provider is requested to inform MSHN of their intent to bid **by 5:00PM on Friday, April 30, 2021** via an email to kyle.jaskulka@midstatehealthnetwork.org. The email shall be clearly labeled with subject line "CRISIS RESIDENTIAL RFP INTENT TO BID."

The Provider is requested to submit questions to MSHN **by 5:00PM on Friday, May 14, 2021** via an email to kyle.jaskulka@midstatehealthnetwork.org. The email shall be clearly labeled with subject line "CRISIS RESIDENTIAL RFP QUESTIONS."