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 pursing 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 ASAM LOC Designation Letter **OR** completed ASAM LOC Designation Application if not already enrolled *(Attachment E)*	Choose an item.	5	Click or tap here to enter text.
i. MSHN Provider Application (*Attachment F*).	Choose an item.	5	Click or tap here to enter text.
j. Disclosure of Ownership, Controlling Interest, and Criminal Convictions (*Attachment G*). 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			

a. General: Provide a current, dated, program specific Organizational Chart which includes administrative structure.	Choose an item.	5	Click or tap here to enter text.
b. Personnel Management: I. Provide assurances that bidder meets MSHN Minimum Training Requirements. Refer to *Attachment H - References.* II. Description of process and frequency for training staff and evaluating staff performance.	Choose an item.	10	Click or tap here to enter text.
c. Financial Management: 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. 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. III. Include a completed MSHN Provider Services Cost Summary. 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 MSHN Services Cost Summary. 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.	Choose an item.	25	Click or tap here to enter text.
d. Information Systems: I. Description of information system (including data entry process, data disaster recovery and adherence to the Health Insurance Portability and Accountability Act (HIPAA) standards). II. Description of system for monitoring and processing authorizations and claims of services being provided.	Choose an item.	15	Click or tap here to enter text.

III. Description of capacity to complete a HIPAA Risk Assessment and Security Management Plan.			
e. Quality Management: I. Description of Quality Improvement Plan (this shall include information on how reports are utilized and methods used to measure outcomes and utilization). 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. III. Provider's Quality Improvement Plan shall include adolescent-specific measures addressing, at minimum, timely access, initiation and engagement, retention, successful transition between levels of care, discharge and continuing-care linkage, co-occurring behavioral health needs, family engagement when appropriate, recipient/youth satisfaction, and clinical outcomes. Provider shall describe how data will be reviewed for disparities in access, engagement, retention, service utilization, and outcomes among relevant demographic and geographic populations and how identified disparities will inform quality improvement activities. IV. Provider shall describe how youth voice and, when appropriate, family/caregiver feedback are incorporated into program planning and quality improvement. The Provider shall demonstrate how satisfaction, complaints, engagement experiences, environmental safety, cultural responsiveness, welcoming practices, and barriers to care are evaluated and used to improve adolescent services. V. Include the most recent Quality Improvement Plan. VI. Include the most recent Customer Satisfaction Survey.	Choose an item.	30	Click or tap here to enter text.
f. Community Involvement: I. Description of how Provider utilizes participation from individuals served in policy development, program planning and routine decision making. II. Description of process to utilize community resources from existing entities in program planning.	Choose an item.	20	Click or tap here to enter text.

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. IV. Provider shall describe established or planned coordination and referral relationships with organizations important to the adolescent system of care, including CMHSPs and behavioral health providers, pediatric and primary care providers, hospitals and emergency departments, schools and educational systems, child welfare/foster care agencies, juvenile justice partners, family support organizations, recovery support providers, and other community resources relevant to the population served.			
g. Corporate Compliance: I. Description of Corporate Compliance Plan 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.	Choose an item.	5	Click or tap here to enter text.
h. Recipient Rights: I. Description of procedures relating to the Recipient Rights process. II. Provide the following information for the previous two (2) years: 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	Choose an item.	10	Click or tap here to enter text.
ORGANIZATION/MANAGEMENT TOTAL POINTS		105	
III. FACILITY LICENSE			
The Provider shall attach evidence of current State of Michigan License and/or any applicable application under review. **Note:** If the Provider is not licensed and is planning to become licensed, the Provider shall provide	Choose an item.	5	Click or tap here to enter text.

information pertinent to pending state licensing application(s).			
FACILITY LICENSE TOTAL POINTS		5	
IV. INSURANCE			
a. **Worker's Compensation** insurance coverage in accordance with applicable and required law governing work activities; Waiver of subrogation, except where waiver is prohibited by law.	Choose an item.	5	Click or tap here to enter text.
b. **Professional Liability** insurance coverage (errors and omissions) in a sum of not less than $3,000,000 per claim and $3,000,000 in annual aggregate.	Choose an item.	5	Click or tap here to enter text.
c. **Commercial General liability** insurance coverage with broad form endorsement or equivalent, if not in the policy proper, $1,000,000 each occurrence; $1,000,000 Personal & Advertising Injury; $2,000,000 Products/Completed Operations; $2,000,000 General Aggregate.	Choose an item.	5	Click or tap here to enter text.
d. **Automobile liability** insurance coverage including all owned, non-owned, and hired vehicles. If a motor vehicle is used in relation to the Contractor's performance, the Contractor must have vehicle liability insurance on the motor vehicle for bodily injury and property damage as required by law. **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.
e. **Employers Liability** Insurance in a sum of not less than $500,000 each accident; $500,00 each employee by disease; $500,000 aggregate disease.	Choose an item.	5	Click or tap here to enter text.
f. **Privacy & Security Liability (Cyber Liability)** insurance coverage Policy must cover information security, privacy liability, privacy notification costs, regulatory defense & penalties, and website media content liability with limits not less than $1,000,000 each occurrence and $1,000,000 annual aggregate.	Choose an item.	5	Click or tap here to enter text.
INSURANCE TOTAL POINTS		30	
V. IMPLEMENTATION PLANNING			
a. Provider shall identify each evidence-based or evidence-informed intervention proposed for adolescent services and describe the target population, evidence supporting its use with adolescents,	Choose an item.	5	Click or tap here to enter text.

staff training and qualification requirements, supervision expectations, implementation plan, and process for monitoring fidelity. Adult treatment models shall not be presumed appropriate for adolescents solely because they have been adapted for use with younger populations. If the provider is submitting a proposal for SUD outpatient services for ASAM 2.1 and/or 2.5, residential services for ASAM 3.5 and/or 3.7, then please submit the weekly schedule for each level of care with your proposal.			
b. 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 Attachment H - References)		5	
c. Describe who in your organization shall be responsible for reporting to MSHN.	Choose an item.	5	Click or tap here to enter text.
d. Describe the Provider's plan for addressing program service capacity regarding PIHP referrals.	Choose an item.	5	Click or tap here to enter text.
e. Procurement of any organization or staff required license and/or certification.	Choose an item.	5	Click or tap here to enter text.
f. 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		30	
VI. REFERNCES			
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. MSHN expects adolescent SUD treatment services to be evidence-based, individualized, developmentally appropriate, recovery-oriented, trauma-informed, culturally and linguistically responsive, and integrated with the adolescent's broader system of care. Services shall be provided at the clinically appropriate intensity, duration, and scope based on medical necessity, comprehensive assessment, applicable diagnostic criteria, and the current ASAM Criteria as adopted by MDHHS. Treatment shall consider developmental stage, strengths, substance use history, physical and behavioral health, trauma history, family and caregiver context, educational or vocational functioning, social and recovery environment, safety needs, and other clinically relevant factors.	Choose an item.	5	Click or tap here to enter text.
b. Adolescent services shall not consist solely of adult treatment programming made available to adolescents. Programming, clinical interventions, educational materials, group content, milieu, recreational activities, behavioral expectations, family involvement, and treatment approaches shall be designed for adolescent developmental needs. When adolescent and adult services are co-located, the Provider shall describe how adolescent safety, confidentiality, programming, therapeutic milieu, and interactions with adult participants are appropriately separated and managed.	Choose an item.	5	Click or tap here to enter text.
TREATMENT SERVICES TOTAL POINTS		10	
II. CORE REQUIREMENTS ACROSS ALL LEVELS OF CARE			
a. *Assessment and Individualized Treatment Planning*: Provider shall maintain appropriately trained staff and organizational capacity to administer the current MDHHS-required adolescent assessment instrument, including the GAIN-I Core when required. Assessment findings shall inform level-of-care determination, individualized treatment planning, co-occurring needs, continuing-service decisions, and discharge or transition planning. Treatment plans shall actively involve the adolescent and include parents, guardians, caregivers, physicians, and other		5	

involved professionals when clinically appropriate, legally permissible, and consistent with consent and confidentiality requirements.			
b. *Evidence-Based and Developmentally Appropriate Practice*: Provider shall use evidence-based or evidence-informed interventions appropriate for adolescents and maintain processes for staff training, supervision, implementation, and fidelity monitoring.		5	
c. *Family and Natural Supports*: Provider shall describe how parents, guardians, caregivers, family members, and other natural supports are engaged in assessment, treatment, family counseling or education, recovery planning, and community re-entry when clinically appropriate and legally permissible.		5	
d. *Co-Occurring Behavioral Health Needs*: Provider shall demonstrate capacity to identify and address co-occurring mental health and substance use disorders through screening and assessment, integrated treatment planning, access to mental health clinicians and psychiatric consultation, medication management when indicated, suicide/self-harm risk response, crisis intervention, and coordination with behavioral health providers.		5	
e. *Engagement, Retention, and Welcoming Practices*: Provider shall describe strategies to engage and retain adolescents and reduce barriers, including first-contact engagement, flexible scheduling when applicable, transportation, school-related barriers, family/caregiver engagement, outreach after missed appointments, and re-engagement following disengagement or return to use.		5	
f. *Clinical Response to Return to Use or Change in Status*: Return to substance use, difficulty engaging, behavioral challenges, psychiatric symptoms, or other changes in clinical status shall prompt clinically appropriate reassessment and treatment-plan modification and/or transfer when indicated. Administrative discharge shall not substitute for appropriate reassessment, engagement, safety planning, or care transition.		5	

g. *Education, Life Skills, and Development*: Programming shall incorporate developmentally appropriate education, life-skills development, recreation, prosocial activities, and preparation for age-appropriate independent functioning. Providers shall support educational continuity and appropriate GED, vocational, or employment linkages.		5	
h. *Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD)*: Provider shall describe its approach to MAT/MOUD for adolescents when clinically indicated, including qualified prescribers, continuation of existing medications, external coordination when necessary, informed consent, family involvement when legally appropriate, monitoring, and continuity during transitions.		5	
i. *Communicable Disease Prevention*: Provider shall maintain processes for communicable disease screening, testing, education, referral, documentation, staff training, and follow-up consistent with applicable MDHHS requirements.		5	
j. *Care Coordination, Continuing Care, and Community Re-entry*: Planning shall begin at admission and include warm transitions, receiving-provider coordination, follow-up appointments when feasible, authorized information transfer, medication continuity, transportation planning, family/caregiver involvement, educational re-entry, and linkage to treatment, medical care, and recovery supports.		5	
k. *Health Equity and Population Health*: Provider shall identify, monitor, and address disparities in adolescent access, engagement, retention, utilization, transitions, and outcomes and describe how findings inform outreach, program design, service delivery, partnerships, and quality improvement.		5	
CORE REQUIREMENTS TOTAL POINTS		55	
III. WITHDRAWAL MANAGEMENT OF CARE			
a. Provider proposing adolescent withdrawal management services shall operate in a properly licensed and accredited setting and demonstrate clinical, medical, nursing, staffing, facility, monitoring, and emergency-response capability consistent with each specific withdrawal management level of care proposed, the		5	

current ASAM Criteria as adopted by MDHHS, MDHHS Treatment Policy, LARA requirements, Michigan Medicaid requirements, and MSHN requirements.			
b. Identify each withdrawal management level of care proposed and demonstrate current or pending MDHHS designation and capacity to meet all applicable requirements.		5	
c. Maintain written protocols for adolescents whose withdrawal severity, biomedical condition, psychiatric condition, behavioral instability, or other needs exceed program capability, including timely consultation, escalation, emergency intervention, direct transfer, and established transfer relationships.		5	
d. Residential withdrawal management services shall operate twenty-four (24) hours per day, seven (7) days per week with staffing, supervision, observation, medical oversight, nursing availability, and on-call coverage consistent with the specific level of care provided.		5	
e. Maintain developmentally appropriate procedures for suicide/self-harm, acute psychiatric symptoms, behavioral instability, aggression, elopement/runaway risk, abuse/neglect, exploitation/human trafficking, withdrawal complications, and other immediate safety risks, including safety planning, crisis intervention, mandated reporting, emergency transfer, and post-crisis review.		5	
f. Comply with communicable disease requirements applicable to residential withdrawal management, including tuberculosis screening/testing upon admission and required screening, education, referral, and follow-up for other communicable disease risks.		5	
g. Withdrawal management shall function as part of a continuum of care, with treatment and continuing-care needs identified at admission and timely transition to ongoing SUD treatment and recovery supports secured.		5	
WITHDRAWAL MANAGEMENT REQUIREMENTS TOTAL POINTS		35	
IV. RESIDENTIAL SERVICES			
a. Provider proposing adolescent residential services shall operate in a properly licensed and accredited setting and		5	

	demonstrate compliance with all current requirements applicable to each adolescent residential level of care proposed, including the current ASAM Criteria as adopted by MDHHS, MDHHS Treatment Policy, applicable MDHHS residential treatment requirements, Michigan Medicaid requirements, LARA Administrative Rules, and MSHN contractual standards. References to adult residential treatment policies shall apply only to the extent MDHHS identifies those requirements as applicable to adolescent services or MSHN expressly incorporates them into the resulting contract.			
b.	Identify each adolescent residential level of care proposed and demonstrate current or pending MDHHS designation and capacity to meet all applicable requirements.		5	
c.	Describe adolescent-specific residential curriculum and programming, including therapeutic interventions, individual and group services, family services, education, life skills, recreation, recovery supports, and therapeutic milieu.		5	
d.	Describe how educational continuity will be maintained during treatment and how youth will be supported in returning to school, GED, vocational programming, or another appropriate educational setting at discharge.		5	
e.	Maintain trauma-informed processes for adverse childhood experiences, abuse, neglect, violence exposure, trauma-related symptoms, exploitation, and human trafficking, including staff training, safety planning, mandated reporting, intervention, and referral.		5	
f.	Demonstrate twenty-four (24) hour staffing and supervision and all medical, nursing, clinical, behavioral health, direct-care, supervisory, emergency, and on-call coverage required for the specific residential level of care proposed.		5	
g.	Residential services shall function as part of a continuum of care, with coordination and community re-entry planning beginning at admission.		5	
	RESIDENTIAL SERVICES REQUIREMENTS TOTAL POINTS		35	
	V. OUTPATIENT SERVICES REQUIREMENTS			

a. Provider proposing adolescent early intervention, outpatient, or intensive outpatient services shall meet all current MDHHS enrollment/designation, Medicaid provider qualification, accreditation, credentialing, and other regulatory requirements applicable to each level of care proposed. Where state facility licensure is required, Provider shall maintain the applicable LARA license.		5	
b. Identify each adolescent outpatient level of care proposed and demonstrate current or pending MDHHS designation and capacity to meet applicable requirements.		5	
c. Describe the service model, frequency and intensity of services, individual and group interventions, family services, care coordination, co-occurring capability, and processes for adjusting service intensity based on changing clinical need.		5	
d. Describe scheduling and service-delivery strategies that reduce barriers related to school, transportation, family obligations, geography, and other factors affecting adolescent access and retention.		5	
e. Outpatient services shall function as part of a continuum of care and include warm transitions to higher or lower levels of care when clinically indicated.		5	
OUTPATIENT REQUIREMENTS TOTAL POINTS		25	
VI. REQUIRED TREATMENT SERVICES NARRATIVE/DOCUMENTS			
a. *Treatment Philosophy and Clinical Model*: Describe how the proposed program operationalizes developmentally appropriate, evidence-based, recovery-oriented, trauma-informed, culturally responsive, and family-inclusive care.		5	
b. *Evidence-Based Practices and Outcomes*: Identify proposed interventions, target adolescent populations, staff training/supervision, fidelity monitoring, and available outcome data or evidence supporting their use.		5	
c. *Progress Monitoring*: Describe the method and frequency used to evaluate progress and how findings modify treatment, service intensity, or level of care.		5	
d. *Co-Occurring Capability*: Describe integrated behavioral health screening, treatment planning, mental health/psychiatric		5	

	supports, medication management, crisis response, and coordination.			
e.	*Engagement and Access*: Describe first-contact engagement, retention, scheduling, transportation, school-related barriers, family engagement, outreach, re-engagement, and monitoring of access and retention.		5	
f.	*Safety and Crisis Management:* Residential and withdrawal management bidders shall describe suicide/self-harm, psychiatric deterioration, aggression/violence, elopement/runaway risk, medical emergencies, withdrawal complications, abuse/neglect, exploitation/human trafficking, mandated reporting, emergency transfer, and post-crisis review.		5	
g.	*Family and Caregiver Engagement*: Describe orientation, communication, family counseling/education, visitation where applicable, treatment/recovery planning participation, community re-entry preparation, and caregiver supports consistent with consent and confidentiality.		5	
h.	*Education Continuity*: Residential bidders shall describe educational participation during treatment and transition to school, GED, vocational, or employment programming following discharge.		5	
i.	*Medication Assisted Treatment (MAT)/Medication for Opioid Use Disorder (MOUD)*: Describe access to and continuity of clinically indicated MAT/MOUD, including qualified prescribers, external coordination, informed consent, monitoring, and transitions.		5	
j.	*Communicable Disease Prevention*: Describe applicable screening, testing, education, referral, documentation, staff training, and follow-up.		5	
k.	*Transitions and Continuing Care*: Describe warm transitions between levels of care and discharge/community re-entry coordination.		5	
l.	*Health Equity and Population Health*: Describe how disparities in access, engagement, retention, utilization, transitions, and outcomes will be identified, monitored, addressed, and incorporated into quality improvement.		5	

m. Clinical Staffing: Submit a level-of-care-specific staffing plan identifying each position, FTE, credential/licensure/qualification, adolescent-specific qualification or experience, existing versus vacant status, supervision structure, shift coverage, on-call coverage, and recruitment timeline. Residential and withdrawal management plans shall separately identify medical, nursing, clinical, behavioral health, direct-care, supervisory, and emergency coverage.		5	
CORE REQUIREMENTS TOTAL POINTS		65	

BIDDER GRAND TOTAL		420	Click or tap here to enter text.

Bidder:_____Click or tap here to enter text._____

Reviewer:_____Click or tap here to enter text._____