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. F)	x		
	Disclosure of Ownership, Controlling Interest, and Criminal Convictions (Att. G)	x		
	MDHHS ASAM LOC Designation Letter, if available or completed Application (Att. E)	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		X – *only if requesting startup funds*	
	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		X - *Only for Providers receiving more than five (5) million dollars in Medicaid Funds (all sources)*	
	RECIPIENT RIGHTS			
	Narrative Descriptions (2 items)	x		
VI(III) FACILITY LICENSE	Facility License	x		
VI(IV) INSURANCE	Worker's Compensation Insurance Coverage	x		
	Professional Liability Insurance Coverage	x		
	Commercial General Liability Insurance Coverage	x		
	Automobile Liability Insurance Coverage		X - *Only if Provider will be transporting individuals*	
	Employers Liability Insurance Coverage	x		

	Privacy & Security Liability Insurance Coverage (Cyber Liability)	x		
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	x		

Section IV (Proposal Submission):

One (1) electronic copy (via email) of the proposal shall be submitted by the end of business day (5:00 P.M.) on Friday, December 15, 2023 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 – SUD Adolescent Treatment Services RFP

Section V (Notification of Intent to Bid):

The Provider is requested to inform MSHN of their intent to bid by the end of business day (5:00 P.M.) on Friday, November 3, 2023 via an email to kyle.jaskulka@midstatehealthnetwork.org. The email shall be clearly labeled with subject line "SUD ADOLESCENT TREATMENT SERVICES RFP INTENT TO BID."

The Provider is requested to submit questions to MSHN by the end of business day (5:00 p.m.) on Friday, November 10, 2023 via an email to kyle.jaskulka@midstatehealthnetwork.org. The email shall be clearly labeled with subject line "SUD ADOLESCENT TREATMENT SERVICES RFP QUESTIONS."