



REQUEST FOR PROPOSAL

For Substance Use Disorder (SUD) Treatment Services

Issued Monday, October 31, 2022

Proposals Are Due to MSHN Office No Later Than:

Friday December 16, 2022 at 5:00 p.m.

<https://www.midstatehealthnetwork.org/>

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REQUEST FOR PROPOSAL

Issued By
Mid-State Health Network

Project Title: Substance Use Disorder (SUD) Treatment Services

RFP Issue Date: Monday, October 31, 2022

Intent to Bid Due Date: Monday, November 21, 2022 (5:00 p.m.)

Questions Due Date: Monday, November 28, 2022 (5:00 p.m.)

Proposal Due Date: Friday, December 16, 2022 (5:00 p.m.)

Contact Person: [Kyle Jaskulka](#), Contract Specialist

MSHN Website: www.midstatehealthnetwork.org

Section I - GENERAL INFORMATION

I. Introduction

- a. Mid-State Health Network, Prepaid Inpatient Health Plan (hereinafter referred to as “MSHN”) manages public services for Substance Use Disorder (hereinafter referred to as “SUD”) Services, in twenty-one counties designated by the Michigan Department of Health and Human Services as Region 5. The CMHSP Participants include Bay-Arenac Behavioral Health Authority, Clinton-Eaton-Ingham Community Mental Health Authority, Community Mental Health for Central Michigan, Gratiot Integrated Health Network, Tuscola Behavioral Health Systems, Huron County Community Mental Health Authority, The Right Door for Hope, Recovery & Wellness, LifeWays Community Mental Health Authority, Montcalm Care Network, Newaygo County Community Mental Health Authority, Saginaw County Community Mental Health Authority, and Shiawassee Health & Wellness MSHN operates within this region to manage public services for SUD services under the provisions of Act 500 of the Michigan Public Acts of 2012, as amended. As such, MSHN’s mission is to ensure access to high-quality, locally delivered, effective and accountable public behavioral health and substance use disorder services provided by its participating members. MSHN’s mission statement can be found on MSHN’s website.

II. Purpose

- a. MSHN is committed to operating in a Recovery Oriented System of Care (ROSC). The network of services shall be comprised of a continuum of care for prevention, treatment and recovery supports. A ROSC is a coordinated network of community-based services and supports that are person-centered, build on the strengths and resiliencies of individuals, families, and communities to improve health, wellness, and quality of life for those with substance use disorders, and are at risk.
- b. This Request for Proposal (RFP) provides interested Providers with sufficient information to enable them to prepare and submit proposals for consideration by MSHN to satisfy its need for SUD Treatment services. MSHN is seeking sealed proposals from interested and qualified Providers that possess the capacity, infrastructure, and organizational competence to deliver to eligible individuals, SUD Treatment Services as provided at an identified location within Montcalm and/or Isabella Counties, specifically.
- c. MSHN is specifically seeking new Providers to provide SUD Treatment Services in the Montcalm and/or Isabella counties area and/or a current PIHP Network Provider who is interested in expanding or re-locating to the identified region.
- d. It is expected that the proposal to provide these services shall follow all applicable State and Federal standards and guidelines, including but not limited to the [MDHHS/PIHP Contract](#), and the [MDHHS Medicaid Provider Manual](#).

III. Issuing Office

- a. This RFP is issued by MSHN. The issuing office is the sole point of contact for this RFP. Information related to this RFP shall be posted on [MSHN’s website](#) at the web address identified on *Attachment H - References*.

IV. Timeline

EVENT	FIRM DATE
RFP Issue Date	Monday, October 31, 2022
Intent to Bid Deadline	Monday, November 21, 2022(5:00 P.M.)
Question Submission Deadline	Monday, November 28, 2022 (5:00 P.M.)
RFP Submission Deadline	Friday, December 16, 2022 (5:00 P.M.)
Contract Award	Tuesday, March 7, 2023
Contract Start Date	To Be Negotiated

V. Remote/Virtual Presentation

- a. Providers who submit a proposal may be required to make a remote/virtual (Zoom or similar meeting platform) presentation of their proposal.

VI. Contract Award

- a. It is anticipated that a contract shall be awarded on or before March 7, 2023. Providers who are awarded contracts shall not assign any duties or obligations under the contract without written permission of MSHN.

VII. Amendment

- a. In the event it becomes necessary to revise any part of this RFP, information shall be posted on the [MSHN website](#) at the web address identified.

VIII. Withdrawal / Modification

- a. Providers who submit a proposal may later request a withdrawal or modification in writing prior to the closing date and time specified therein. The written request shall be signed by an authorized representative of the Provider. If a previously submitted proposal is withdrawn before the proposal closing date and time, the Provider may submit another proposal at any time up to the proposal closing date and time. Bids/proposals may not be modified after the fixed closing date and time specified therein.

IX. Late Proposals

- a. Late proposals, those submitted after the fixed closing date and time specified therein, shall not be accepted, or reviewed. Proposals submitted after the fixed closing date and time shall not be considered and shall be discarded. MSHN shall not be held responsible for technical difficulty or delivery complications that result in the bidding Provider being unable to meet the timeline requirements specified herein.

X. Rejection of Proposals

MSHN reserves the right to reject any and/or all proposals received as a result of this RFP, or to negotiate separately with any source whatsoever in any manner necessary to serve the best interests of MSHN. This RFP has been developed for information and planning purposes only. MSHN reserves the right to re-solicit/re-advertise as MSHN deems necessary.

Section II - TERMS AND CONDITIONS

- I. **Incurring Costs**
 - a. MSHN is not liable for any cost incurred by Providers prior to the issuance of a contract.
- II. **Proposal Disclosure**
 - a. All information in a Provider's proposal is subject to the provisions of Public Act 442 of 1976, known as the Freedom of Information Act.
- III. **Funding Period**
 - a. It is anticipated that any resulting offered contract shall begin on a date to be identified following the RFP Award process and shall be valid through September 30, 2023 contingent upon availability of funding from MDHHS. It is anticipated that contracts may be renewed annually (each fiscal year ending September 30) based on funding availability, Provider performance and MSHN satisfaction with Provider services.
- IV. **Conflict of Interest**
 - a. Providers shall affirm that no principal, representative, agent or other person acting on behalf of or legally capable of acting on its behalf, is currently an employee of MSHN; nor is he/she privy to insider information which would tend to give, or give the appearance of tending to give, an unfair advantage to the Provider, which may constitute a conflict of interest.
 - b. Within the proposal response, all Providers shall disclose any known direct or indirect financial interests (including but not limited to ownership, investment, or any other form of remuneration) that may exist between the Provider, his/her potential subcontractors and MSHN.
 - c. Providers shall complete a Disclosure of Ownership, Controlling Interest, and Criminal Conviction (detail outlined in Required Narrative / Documents section of this RFP and *Attachment G*).
 - d. Provider shall complete and sign Certificate of Compliance with PA517 form (identified as *Attachment I* in this RFP).
 - e. Provider will be subject to the federal and State conflict of interest statutes and regulations that apply to the Contractor under a contract with MSHN, including Section 1902(a)(4)(C) and (D) of the Social Security Act: 41 U.S.C. Chapter 21 (formerly Section 27 of the Office of Federal Procurement Policy Act (41 U.S.C. §423): 18 U.S.C. §207): 18 U.S.C. §208: 42 CFR §438.58: 45 CFR Part 92: 45 CFR Part 74: 1978 PA 566: and MCL 330.1222; the provisions of P.A. 317 of 1968, as amended, MCL 15.321 et seq, MSA 4.1700(51) et seq, and 1973 PA 196, as amended, MCL 15.341 et seq, MSA 4.1700(71) et seq.
 - f. Provide assures, in addition to compliance with P.L. 103-227, any services or activity funded in whole or in part through MSHN will be in a smoke-free facility or environment. Smoking shall not be permitted anywhere in the facility, or those parts of the facility under the control of the Contractor. If activities or services are delivered in facilities or areas that are not under the control of the Contractor (e.g., a mall, restaurant, or private work site), the activities or services shall be smoke-free.
 - g. Provider shall not discriminate against or grant preferential treatment to any employee or applicant for employment with respect to hire, tenure, terms, conditions, or privileges of employment, programs and service provided, or any matter directly or indirectly related to employment, in contract solicitations, or in the treatment of any consumer, recipient, patient or referral, on the basis of race, color, religion, national origin, age, disability or sex including discrimination based on pregnancy, gender identity and sex stereotyping or otherwise as required by the Michigan Constitution, Article I, Section 26, the Elliott Larsen Civil Rights Act, 1976 PA 453, as amended, MCL 37.1101 et seq., PWDCRA and ADA and Section 504 of the Federal Rehabilitation Act of 1973, PL 93-112, 87 Stat 394, ACA Section 1557.

Provider will be subject to the federal Anti-Kickback and Stark Law restrictions (42 U.S.C. §1395 and 42 U.S.C. §1320)

V. Relationship of the Parties/Independent Contractor

- a. The relationship between MSHN and any selected Provider is that of the Provider being an independent contractor for MSHN. No agent, employee, or servant of the Provider shall be deemed an employee, agent, or servant of MSHN for any reason. The Provider shall 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 this RFP.

VI. No Waiver of Default

- a. The failure of MSHN to insist upon strict adherence to any term of a contract resulting from this RFP shall not be considered a waiver or deprive MSHN of the right thereafter to insist upon strict adherence to that term, or any other term, of the contract.

VII. Disclaimer

- a. All the information contained within this RFP and its attachments reflect the best and most accurate information available to MSHN at the time of RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive.
- b. All proposals submitted pursuant to this RFP become the sole property of MSHN.

Section III - MINIMUM QUALIFICATIONS

Provider Requirements: Interested Providers shall meet the following minimum requirements to be considered for funding and attest to the following using *Attachment J – Minimum Qualifications Attestation*:

- a. Have the necessary systems in the areas of administration and clerical support for the program. This includes the necessary computer equipment, compatible software and Internet connections to be able to electronically request authorization for services and submit data and billing; a valid, active and maintained email account that can receive and submit communications is also required.
- b. Have an established financial system in operation which meets generally accepted accounting principles and systems (i.e., maintains fiscal solvency).
- c. Hold a current LARA issued SUD Treatment service license through the state of Michigan as required for federal and state funding. 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).
- d. Obtain and maintain MDHHS approval through an enrollment process for **American Society of Addiction Medicine (ASAM) Levels of Care (LOC's)** in order to use Medicaid funds for program services.
 - Montcalm County: ASAM LOC's of:
 - Withdrawal Management 3.2 & 3.7;
 - Residential 3.1, 3.3, 3.5, 3.7;
 - Outpatient 1.0 or 2.1 with Medication-Assisted Treatment (MAT);
 - Isabella County: ASAM LOC's of:
 - Withdrawal Management 3.2 & 3.7;
 - Residential 3.1, 3.3, 3.5, 3.7;
 - Outpatient 1.0 & 2.1.
 - i. If bidder has received MDHHS ASAM LOC Designation approval, attach a copy of the completed enrollment application and letter from MDHHS indicating approval.
 - ii. If bidder has not completed the MDHHS ASAM enrollment process, complete [ASAM LOC Designation](#) enrollment process (*Attachment E – Application for ASAM LOC Designation*). Any contract award will be contingent upon successful designation by MDHHS for the ASAM LOC contemplated within this RFP.
- e. Have the capacity to obtain and retain program staff who meet the minimum qualifications/credentialing requirements (see MDHHS Medicaid Provider Manual, the Michigan Department of Licensing and Regulatory Affairs (LARA), and MDHHS Provider Qualifications Chart)– web addresses identified on *Attachment H - References* as they pertain to services being bid for).
- f. Demonstrate an ability to understand, relate to, and operate within an ethnic, racial, age, and economically diversified population. In addition, have the capacity to provide services in

settings accessible and acceptable to individuals and communities intended to be served.

- g. Agree to comply with Federal Confidentiality, Privacy and Security Regulations, and State Confidentiality laws. This includes compliance with Title 42 (Public Health) of the Code of Federal Regulations (CFRs) (see web address identified on *Attachment H - References*).

Section IV - PROPOSAL SUBMISSION

I. Economy of Preparation

- a. Proposals shall be prepared simply, economically, and according to the format delineated elsewhere in this RFP. The Provider is expected to provide a straight-forward, concise description of the Provider's ability to meet the requirements of the RFP. Fancy bindings, colored displays, promotional materials, etc., are not desired. Emphasis shall be on the completeness and clarity of content.

II. Provider Responsibilities

- a. Utilization of technology to obtain needed RFP documents and inform MSHN of questions.
- b. Carefully review the entire RFP prior to submitting a response. The Provider, by submitting a response, attests to its full understanding of all details and specifications related to this RFP.
- c. Be responsive in a manner that utilizes the order specified on the Provider Checklist (*Attachment A*) to aid proper consideration of each section of the proposal.
- d. Use concise, persuasive language (see Economy of Preparation above). Clearly identify any best or evidence-based practice to be utilized.
- e. Ensure all related required documents/narratives are addressed for each proposed service.
- f. Providers are encouraged to be creative in development of their proposed delivery of services. Collaboration with community partners is encouraged and shall be described where appropriate.
- g. Submission of documents in a timely manner via delivery mechanisms as indicated in the RFP.
- h. By submission of a proposal, the selected Provider attests it shall meet current MSHN Board Procedure and Policy requirements for the duration of the contract. This information can be found on the [MSHN website](#).
- i. By submission of a proposal, the selected Provider attests that it shall adhere to the specifications for services herein. Service descriptions shall be made part of Provider contracts and monitored accordingly.
- j. Successful Providers shall agree to accept and serve all individuals referred by MSHN or its agent under the contract.

III. Proposal Submission

- a. Proposal and all required attachments shall be provided electronically to MSHN no later than 5:00 p.m. on Friday, December 16, 2022 to be considered. Proposal content shall be organized in a manner that directly corresponds with the RFP (e.g., use of same headings as within RFP). Electronic submissions **MUST** be organized in a manner that corresponds with the RFP and RFP submission. Electronic documents shall be labeled by RFP section, subpart and document name (e.g., VI_I_Provider Profile).
- b. Proposals shall be accepted until 5:00 p.m. on Friday, December 16, 2022. Proposals must be received by the specified closing date and time to be reviewed. Proposals submitted after the closing date and time shall not be considered and shall be declared invalid.
- c. An official authorized to bind the Provider to its provisions shall sign the proposal submission (see *Provider Cover Sheet – Attachment B*).
- d. All proposals shall identify a primary point of contact for the provider.
- e. All Proposals shall be delivered electronically by e-mail at the following address:

Attention: Kyle.Jaskulka@midstatehealthnetwork.org

The following title shall appear on the subject line of the e-mail message for proper delivery:

CONFIDENTIAL RESPONSE – SUD Treatment Services RFP

Section V - NOTIFICATION OF INTENT TO BID / PROVIDER QUESTIONS

I. Notification of Intent to Bid Requested

- a. The bidding Provider is requested to inform MSHN of their intent to bid for the services outlined in this RFP. The Provider shall inform MSHN of their intent to bid no later than 5:00 p.m. on Monday, November 21, 2022 via email to Kyle Jaskulka at Kyle.Jaskulka@midstatehealthnetwork.org. The email shall be clearly labeled with subject line "SUD TREATMENT SERVICES RFP INTENT TO BID". The content of the email shall contain the name and address of the Provider as well as the services they intend to bid for.

II. Provider Questions

- a. Provider questions can be submitted Attn. Kyle Jaskulka (by email only to Kyle.Jaskulka@midstatehealthnetwork.org with the subject line "SUD TREATMENT RFP QUESTIONS") until 5:00 p.m. on Monday, November 28, 2022. All responses to questions shall be disseminated to all parties that have submitted an Intent to Bid notice, as described. RFP related or specific questions shall not be accepted for response in any format other than described in this paragraph.

Section VI – BIDDER REQUIRED NARRATIVE/DOCUMENTS

Documentation Requirements

Interested Providers shall meet and provide documentation for the following to be considered. Provider narrative shall include the Provider name on each page. Responses shall be double spaced, Arial font size 11. Failure to include complete responses for each of the applicable sections shall result in a loss of points. For any of the following, if the required narrative and/or document is not available (such as for a recently licensed entity), Provider may indicate “not applicable” and provide an explanation.

- I. **Provider Profile (50 points):** Provider shall provide a narrative description and any supporting documentation to address the following:
 - a. Provider Cover Sheet (see *Attachment B*).
 - b. History of Provider organization and explanation of the purpose or mission of the Provider and how it relates to the RFP.
 - c. Business status: Proof of Business Entity: Documentation and proof of business entity as recognized by the Internal Revenue Service (IRS).
 - d. Describe the rationale for the Provider pursuing this opportunity.
 - e. Describe future plans/issues facing the Provider.
 - f. List experiences with developing and sustaining collaborative relationships with other agencies and/or where mergers have occurred.
 - g. Describe the Provider’s experience in this or related field.
 - h. MDHHS ASAM LOC Designation Letter or completed Application for ASAM LOC Designation, if not already enrolled (*Attachment E*)
 - i. MSHN Provider Application (see *Attachment F*).
 - j. Disclosure of Ownership, Controlling Interest, and Criminal Convictions (see *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 (see *Attachment H - References*).

- II. **Organization/Management:** Provider shall provide a narrative description and any supporting documentation to address the following:
 - a. **General (5 points):**
 - i. Provide a current, dated, program specific Organizational Chart which includes administrative structure.
 - b. **Personnel Management (10 points):**
 - 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.
 - c. **Financial Management (25 points):**
 - 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. Providers will be reimbursed for services based on MSHN’s regional rate schedule. If requesting startup funds to assist with costs related to starting new program, the Provider shall submit “MSHN Services Cost Summary” (*Attachment C*).
- iv. 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.

d. Information Systems (15 points):

- 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.
- iii. Description of capacity to complete a HIPAA Risk Assessment and Security Management Plan.

e. Quality Management (20 points):

- 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. Include the most recent Quality Improvement Plan.
- iv. Include the most recent Customer Satisfaction Survey.

f. Community Involvement (15 points):

- 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.
- 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.

g. Corporate Compliance (5 points):

- 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.

h. Recipient Rights (10 points):

- 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

- I. **Facility License (5 points):** The Provider shall attach evidence of current State of Michigan License and/or any applicable application under review (required: licensed SUD Treatment services, approved by MDHHS to provide SUD Treatment related services). **Note:** If the Provider is not licensed, the Provider shall provide information pertinent to pending state licensing application(s).

- II. **Insurance (20 points):** The Provider shall attach evidence of current:
 - a. Worker's Compensation insurance coverage in accordance with required law.
 - b. Directors and Officers liability insurance coverage (errors and omissions) in a sum of not less than one million dollars per claim and two million dollars in the aggregate.
 - 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 two million dollars in the aggregate.
 - 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.
 - e. 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 one million dollars per claim and one million dollars in the aggregate.

- III. **Implementation Planning (25 points):** Provider shall submit an implementation plan which shall be put into place if awarded a contract for services including:
 - a. Estimated timeframe for hiring, onboarding, and training new program staff (if applicable) to meet the minimum staffing requirements for SUD Treatment related services as outlined in the MDHHS Michigan Medicaid Provider Manual (refer to *Attachment H - References*)
 - b. Describe who in your organization shall be responsible for reporting to MSHN.
 - c. Describe the Provider's plan for addressing program service capacity regarding PIHP referrals.
 - d. Procurement of any organization or staff required license and/or certification.
 - e. Timeframe in which the Provider plans to assume contractual obligations.

- IV. **References (10 points):** Provider shall submit two (2) letters of reference/support from various community agencies and/or professional individuals with whom the Provider has collaborated.

Section VII - TREATMENT SERVICES REQUIRED NARRATIVE / DOCUMENTS

I. Treatment Services Overview

It is MSHN's expectation that SUD treatment will be rooted in evidence-based treatment practices, will offer individualized and recovery-oriented care, and will identify and address what led to the SUD treatment admission (i.e., precipitating factors). SUD treatment services will occur at the appropriate intensity, duration, and scope as determined by the individual's clinical need for that level of care (LOC) as dictated by the American Society of Addiction Medicine (ASAM) standards.

II. Substance Use Disorder (SUD) Services

a. Withdrawal Management Services – Provider must be capable of providing services to beneficiaries in a licensed and accredited withdrawal management facility. Provider should have capacity to follow evidence-based practices, requirements and guidelines for ASAM 3.7 level of care.

- i. Provider must demonstrate they meet the requirements of a 3.7 withdrawal management level of care as outlined in Treatment Policy #13, Withdrawal Management Continuum of Services.
- ii. Provider must demonstrate the ability to screen, assess, treat, and refer people appropriately based on individual needs.
- iii. Provider must demonstrate admissions and continued stay are based on medical necessity, assessment, DSM 5 diagnostic criteria, and ASAM Criteria.
 1. Withdrawal potential.
 2. Medical conditions and complications.
 3. Emotional, behavioral, or cognitive conditions and complications.
 4. Readiness to change – as determined by the Stages of Change Model.
 5. Relapse, continued use or continued problem potential.
 6. Recovery/living environment.
- iv. Withdrawal Management is not a stand-alone service and takes place within a continuum of care. Provider must document the coordination of care process that takes place to ensure a smooth transition of care for people served beginning at the admission process.
- v. Provider must demonstrate an understanding of evidence-based practices, ASAM Criteria, DSM 5 diagnostic criteria, privacy practices, medical necessity, trauma informed care, cultural competency, and services appropriate for this setting.
- vi. Provider must have an ongoing process to adapt to changes in state and federal requirements for this level of care.
- vii. Provider must have documented policies and procedures in place to meet all current requirements.
- viii. Provider must demonstrate services occur during all 7 days of the week.

b. Residential Services - Provider must be capable of providing services to beneficiaries in a licensed and accredited residential facility. Provider should have capacity to follow evidence-based practices, requirements and guidelines for ASAM level of care they are requesting to provide.

- i. Provider must demonstrate they meet the requirements to provide 3.1 Clinically Managed Low Intensity Residential Services, 3.3 Clinically Managed Medium

Intensity Residential Services, 3.5 Clinically Managed High Intensity Residential Services, or a 3.7 Medically Managed High Intensity Inpatient Services level of cares as outlined in Treatment Policy #10, Residential Treatment Continuum of Services.

- ii. Provider must demonstrate the ability to screen, assess, treat, and refer people appropriately based on individual needs.
 - iii. Provider must demonstrate admissions and continued stay are provided based on medical necessity, assessment, DSM 5 diagnostic criteria, and continued stay need based on ASAM Criteria.
 - 1. Withdrawal potential.
 - 2. Medical conditions and complications.
 - 3. Emotional, behavioral, or cognitive conditions and complications.
 - 4. Readiness to change – as determined by the Stages of Change Model.
 - 5. Relapse, continued use or continued problem potential.
 - 6. Recovery/living environment.
 - iv. Residential services are not stand-alone services and take place within a continuum of care.
 - v. Provider must document the coordination of care process that takes place to ensure a smooth transition of care for people served beginning at the admission process.
 - vi. Provider must demonstrate an understanding of evidence-based practices, ASAM Criteria, DSM 5 diagnostic criteria, privacy practices, medical necessity, trauma informed care, cultural competency, and services appropriate for this setting.
 - vii. Provider must have an ongoing process to adapt to changes in state and federal requirements for this level of care. Provider must have documented policies and procedures in place to meet all current requirements.
 - viii. Provider must have an established curriculum that includes the required covered services including basic care, treatment basics, therapeutic interventions, interactive education/counseling, life skills/self-care, milieu/environment, and medical care provided in the appropriate number of hours for core services and life skills defined in Treatment Policy #10 for the respective level of care they are requesting to contract for.
 - ix. Provider must demonstrate services occur during all 7 days of the week.
- c. Outpatient Services - Provider must be capable of providing services to beneficiaries in a licensed and accredited outpatient facility. Provider should have capacity to follow evidence-based practices, requirements and guidelines for ASAM 1.0 or 2.0 level of care.
- i. Provider must demonstrate they meet the requirements to provide 1.0 Outpatient Services and/or 2.0 Intensive Outpatient Services levels of care.
 - ii. Provider must demonstrate the ability to screen, assess, treat, and refer people appropriately based on individual needs.
 - iii. Provider must demonstrate admissions and continued services are provided based on medical necessity, assessment, DSM 5 diagnostic criteria, and continued stay need based on ASAM Criteria.
 - 1. Withdrawal potential.
 - 2. Medical conditions and complications.
 - 3. Emotional, behavioral, or cognitive conditions and complications.

4. Readiness to change – as determined by the Stages of Change Model.
 5. Relapse, continued use or continued problem potential.
 6. Recovery/living environment.
- iv. Outpatient services are not stand-alone services and take place within a continuum of care.
 - v. Provider must document the coordination of care process that takes place to ensure a smooth transition of care for people served beginning at the admission process.
 - vi. Provider must demonstrate an understanding of evidence-based practices, ASAM Criteria, DSM 5 diagnostic criteria, privacy practices, medical necessity, trauma informed care, cultural competency, and services appropriate for this setting.
 - vii. Provider must have an ongoing process to adapt to changes in state and federal requirements for this level of care. Provider must have documented policies and procedures in place to meet all current requirements.
- d. Outpatient Medication Assisted Treatment (MAT) Services – (Montcalm only) Provider must be capable of providing services to beneficiaries in a licensed and accredited outpatient facility. Provider should have capacity to follow evidence-based practices, requirements and guidelines for ASAM 1.0 or 2.0 level of care.
- i. Provider must demonstrate they meet the requirements to provide 1.0 Outpatient Services and/or 2.0 Intensive Outpatient Services levels of care.
 - ii. Provider must demonstrate the ability to screen, assess, treat, and refer people appropriately based on individual needs.
 - iii. Provider must demonstrate admissions and continued services are provided based on medical necessity, assessment, DSM 5 diagnostic criteria, and continued stay need based on ASAM Criteria.
 1. Withdrawal potential.
 2. Medical conditions and complications.
 3. Emotional, behavioral, or cognitive conditions and complications.
 4. Readiness to change – as determined by the Stages of Change Model.
 5. Relapse, continued use or continued problem potential.
 6. Recovery/living environment.
 - iv. Outpatient services are not stand-alone services and take place within a continuum of care.
 - v. Provider must document the coordination of care process that takes place to ensure a smooth transition of care for people served beginning at the admission process.
 - vi. Provider must demonstrate an understanding of evidence-based practices, ASAM Criteria, DSM 5 diagnostic criteria, privacy practices, medical necessity, trauma informed care, cultural competency, and services appropriate for this setting.
 - vii. Provider must have an ongoing process to adapt to changes in state and federal requirements for this level of care. Provider must have documented policies and procedures in place to meet all current requirements.

Services across all LOCs must be delivered according to an individualized treatment plan based on a comprehensive psychosocial assessment, ASAM Continuum for adults and the Global Assessment of Individual Need (GAIN) for adolescents. The plan must be developed within the required LARA timeframe

for the level of care being provided and signed by the beneficiary (if possible), the parent or guardian, the doctor, and any other professionals involved in treatment planning, as determined by the needs of the beneficiary. The plan must contain:

- i. Individualized treatment planning should utilize S.M.A.R.T. (Specific, Measurable, Attainable, Reasonable, and Time-bound) goals and objectives, derived from the assessment, with appropriately identified amount, scope, and duration for each.
- ii. Identification of the activities designed to assist the beneficiary to attain his/her goals and objectives.
- iii. Discharge plans, the need for aftercare/follow-up services, and the role of, and identification of, the case manager.

III. Staffing Requirements (Clinical):

Narrative Description Requirements

Interested Providers shall meet and provide documentation for the following to be considered. Provider narrative shall include the Provider name on each page. Responses shall be double spaced, Arial font size 11. Failure to include complete responses for each of the applicable sections shall result in a loss of points. For any of the following, if the required narrative and/or document is not available (such as for a recently licensed entity), Provider may indicate “not applicable” and provide an explanation.

I. Treatment Services Program Overview (40 points): Provider shall address the following:

- a. Philosophy of the Provider in the administration of SUD Treatment related services.
- b. Treatment approaches identifying any evidence based or best practices interventions.
- c. Provide outcome data history on each evidenced based and/or best practice intervention that has been utilized.
- d. Indicate method and frequency of evaluating progress during the course of treatment.
- e. Describe the level of integrated co-occurring treatment services that are provided, including a description of availability of mental health supports and description of any treatment interventions to support individuals with co-occurring substance use disorders
- f. Strategies used to engage individuals in counseling services, increase retention in treatment and reduce barriers to services.
- g. Strategies to improve transition between service levels and aftercare.
- h. Describe the discharge process for individuals receiving services and coordination with other providers involved in the individuals’ treatment.

II. Staffing Requirements (Clinical) (5 Points)

- 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.
 - iv. Evidence the level of care provided by the requester meets the staffing ratios and requirements set forth by [LARA](#) and the [treatment policy](#) that corresponds to the level of care requested.

Section VIII - PRE-CONTRACT REVIEW

I. Delegated Functions

- a. Managed care administrative functions that shall be performed by MSHN are specifically defined within the Code of Federal Regulations (CFRs). MSHN has overall responsibility to manage these functions. Prior to delegating specific managed care functions to any treatment services Provider, MSHN shall conduct a Pre-Contract Assessment to determine the Provider's capacity to carry out those specific functions.
- b. Prior to contract start date, the Provider shall comply or have an implementation plan in place to comply with standards and requirements as identified in the [Pre-Contract Evaluation Review Standards](#). The required information shall be reviewed only if the Provider is awarded a contract. At that time, additional clarification and/or documents may be requested of the Provider by MSHN as part of the Pre-Contract Evaluation.

Section IX - RATES

I. Cost Documentation

- a. Providers will be reimbursed for services based on MSHN's regional rate schedule. If the Provider anticipates requesting an advance to assist with the costs related to starting up a new program, please complete MSHN Provider Services Cost Summary form (Attachment C) along with a sustainability plan to ensure the ability to maintain operations at or below the max fee screen shall be submitted.

Section X - SUBMISSION EVALUATION

I. Evaluation Process

- a. Award recommendations are contingent upon evaluation of the responses submitted.
- b. A Review Committee for the RFP shall be formed by MSHN who shall evaluate each proposal through the use of the evaluation rating criteria (see *Attachment D*).
- c. Any additional proposal evaluation shall be completed by MSHN staff and recommendations shall be made to the MSHN Board based on overall evaluation results, service need and network capacity. It is the objective of MSHN to acquire needed services and supports at fair and economical prices, with appropriate attention to quality of care and maintenance of existing – care relationships and service networks currently utilized. The following is an overview of the criteria which MSHN shall utilize when evaluating proposals:
 - i. All minimum requirements identified within the RFP have been met;
 - ii. Suitability of the Proposal
 - iii. Proposal aligns with MSHN's mission;
 - iv. Proposed solution meets the needs and criteria set forth in the RFP;
 - v. Qualifications necessary to undertake service project. Attain and retain qualified staff to deliver services throughout the time frame needed;
 - vi. Proposal provides evidence of Providers competency and capacity to perform the functions defined within the RFP;
 - vii. Expertise in delivery of appropriate clinical solutions. Successful delivery of similar services;
 - viii. Identified budget consistent with program objectives and demonstrates alignment with quality of service.
- d. The MSHN Board shall make the final decision.

Section XI - ATTACHMENTS

ATTACHMENT A:	PROVIDER CHECKLIST
ATTACHMENT B:	PROVIDER COVER SHEET
ATTACHMENT C:	MSHN PROVIDER SERVICES COST SUMMARY
ATTACHMENT D:	PROPOSAL EVALUATION/RATING CRITERIA
ATTACHMENT E:	APPLICATION FOR ASAM LOC DESIGNATION
ATTACHMENT F:	MSHN PROVIDER NETWORK APPLICATION
ATTACHMENT G:	DISCLOSURE OF OWNERSHIP, CONTROLLING INTEREST, CRIMINAL CONVICTION
ATTACHMENT H:	REFERENCES
ATTACHMENT I:	CERTIFICATE OF COMPLIANCE WITH PA517 OF 2012 FORM
ATTACHMENT J:	MINIMUM QUALIFICATIONS ATTESTATION FORM

NOTE:

All Attachments are listed separately from the RFP main document on MSHN's website at <https://midstatehealthnetwork.org/stakeholders-resources/about-us/news>