
Community Mental Health for Central Michigan

Crisis Residential Services

REQUEST FOR INFORMATION (RFI 18-01)

RELEASED: April 13, 2018

PROPOSALS DUE: 8pm ET, June 1, 2018

I. Introduction

A. Purpose of Request for Information (RFI)

Community Mental Health for Central Michigan (CMHCM) is requesting information from providers who are willing to provide Crisis Residential services to adults experiencing a mental health crisis.

In 2017-18, CMHCM completed a thorough Feasibility study to determine if a Crisis Residential program was sustainable in the CMH region. CMHCM determined that sustaining a small Crisis Residential home was feasible, and that it would be most successful if operated by an established contracted provider.

B. Philosophy and Direction of Services

Crisis Residential Services are designed to stabilize and treat individuals experiencing a mental health crisis in a less restrictive, more person-centered environment than an inpatient psychiatric hospital. Serving as both a diversion and a stepdown from psychiatric hospitalization, Crisis Residential services offer individuals in crisis a way to receive effective treatment in a recovery-oriented environment at a fraction of the cost of acute treatment interventions. Crisis Residential services may be provided in a freestanding residential setting, or co-located with other services in the crisis continuum.

C. Term of Engagement

As a result of this RFI, CMHCM may elect to contract for Crisis Residential services with a selected provider.

II. Description of Organization

Community Mental Health for Central Michigan (CMHCM) provides services for adult and children Medicaid enrollees and the indigent who live in any of CMHCM's six county service area (Claire, Gladwin, Isabella, Mecosta, Midland, and Osceola Counties) and have a severe and/or persistent mental illness or have a developmental disability. CMHCM manages both contractual and direct operated mental health, substance abuse, and intellectual and developmental disability service programs.

Mid-State Health Network (MSHN) serves as the Prepaid-Inpatient Health Plan (PIHP), and acts as the fiduciary for Medicaid funding from the State of Michigan for CMHCM.

The Michigan Department of Health and Human Services (MDHHS) contracts with MSHN/PIHP for Medicaid funding and individually with each affiliated CMHSP for General Fund dollars.

III. Scope of Services

CMHCM is requesting information from providers who are able to offer Crisis Residential Services. Services should be provided in duration commensurate with treatment needs (typically 3-14 day Average Length of Stay). Treatment should focus on the utilization of various treatment models, including evidence based and promising practices based upon individual needs. These may include but are not limited to: Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT), Motivational Interviewing (MI), and Integrated Dual Disorder Treatment for Co-occurring Disorders (IDDT).

The Crisis Residential Unit will host at least 6 beds (not to exceed 16 beds), and provider will be responsible for maintaining occupancy requirements for sustainability. CMHCM will contract for a set number of beds, as well as maintaining right of first refusal for at least two thirds of CRU beds.

IV. Administrative and Management Expectations

A. Medicaid Provider Manual Compliance

Program will adhere to all standards for Crisis Residential services, Section 6, including:

1. Covered Services
 - a. Psychiatric Supervision
 - b. Therapeutic Support Services
 - c. Medication Management/Stabilization and Education
 - d. Behavioral Services
 - e. Milieu Therapy
 - f. Nursing Services
2. Qualified Staff
3. Location of Services
4. Admission Criteria
5. Duration of Services
6. Individual Plan of Service

Program will adhere to all Adult Foster Care Licensing guidelines as outlined by the Michigan Department of Licensing and Regulatory Affairs.

B. Information System

The Provider will have an information system with internet connection in order to connect with the identified CMHCM system to secure service authorizations and submit electronic billing and data.

C. Health Insurance Portability and Accountability Act (HIPAA)

The Contractor must have established policies and procedures that govern the reporting of unauthorized use or disclosure of protected health information of CMHCM individuals. Reporting of unauthorized disclosures will be made to the CMHCM Compliance Officer. The Contractor will be in compliance with all HIPAA requirements according to applicable effective dates.

D. Development of Rates

Provider agency shall provide a detailed account of how the costs comprising their rate for Crisis Residential services have been calculated. Please note that per Section 10.2 of the Medicaid Provider Manual, "Providers cannot charge Medicaid a higher rate for a service rendered to a beneficiary than the lowest charge that would be made to others for the same or similar service. This includes advertised discounts, special promotions, or other programs to initiate reduced prices made available to the general public or a similar portion of the population."

Please provide rate information on the following service:

H0018 Crisis Residential (Per Diem)

E. Quality Improvement/Outcomes

Providers will administer their own quality improvement program, and be expected to participate in the CMHCM quality improvement process and performance indicator reporting.

V. Provider Information Requested

A. Organization Information

Submit the requested documentation below. Current CMHCM providers may be requested to submit partial information if currently on file with CMHCM.

Provide a signed cover letter on organization letterhead specifying the name and title of the person(s) who are authorized to answer questions about this RFI and their contact information.

1. The Provider should provide a signed statement stating that the organization is independent of and free from conflict of interest of CMHCM.
2. Information submitted to this RFI must be valid for at least 180 days.

B. Provider History and Service Array

Please include a brief history of your organization, including its service array, number of employees, and service locations as applicable.

Please include if there is any pending or on-going litigation against the company, including any lawsuits in the past 24 months.

C. Provision of Services

Provider agencies are encouraged to submit their unique, creative abilities to provide this service and meet outcomes, beyond minimum requirements noted above. Proposals should be arranged in sections as indicated below.

Section 1: Your ability and/or experience in providing Crisis Residential Services or similar type of service following the Michigan Medicaid Provider Manual requirements and CMHCM philosophy. Please discuss the following:

- i. Your experience providing Crisis Residential Services
 1. Your average length of stay for individuals in Crisis Residential services
 2. Any outcome information you have related to Crisis Residential services provided
 3. Qualifications and credentials of staff providing Crisis Residential services.
- ii. Your experience and/or interest in serving specialty populations (SUD, complex medical conditions, MI/IDD Co-occurring)
- iii. Metrics
 1. Ability to collect a diverse portfolio of structure, process, and outcomes measures demonstrating symptom reduction, client satisfaction, and value
 2. History of collecting/ability to collect the following metrics:
 - a. Percentage of individuals reporting symptom reduction from admission to discharge
 - b. Percentage of individuals discharged according to plan
 - c. Percentage of individuals with three or more discharges in the past 90 days
 - d. Percentage of individuals who discharged to a higher level of care
 - e. Percentage of individuals reporting high satisfaction of services delivered
- iv. Please summarize your care coordination processes, including use of electronic exchange of health information and maintaining strong working relationships with providers in the service continuum
- v. Sustainability through diverse customer base, including public and private funding streams

Section 2: Discuss your information system. Please address the following:

- i. Your agency's capability of interfacing with CMHCM electronic medical record
- ii. How you will complete claims and performance indicator reporting
- iii. How you will submit electronic claims

Section 3: Explain your rates for the Crisis Residential CPT code listed above in Section IV. D. (Development of Rates) Please provide a detailed account of your costs including all supervision and administrative costs, if applicable.

Section 4: Ability to identify and secure appropriate treatment facility location or build suitable location that meets the environmental standards of a Crisis Residential Unit in Michigan as well as the treatment standards of a recovery-oriented environment.

VI. Request for Information Submission

A. Response Date

Request for Information responses must be received by TBD Solutions, Attention Travis Atkinson, 4633 Patterson Ave SE, Suite D, Grand Rapids, MI 49512, no later than June 1, 2018 by 8:00PM ET. Submissions can be submitted electronically to TravisA@TBDSolutions.com with the subject line indicating "RFI Crisis Residential".

Late submissions will not be accepted.

Proposals should be prepared simply and economically to provide a concise description of the provider agency's capability to perform the services required.

CMHCM will not be responsible for any costs incurred in the preparation of proposals in response to this RFI. Nor will CMHCM responsible for any costs incurred if the provider agency is invited to make an oral presentation to the evaluation team.

B. Questions

Questions relating to the preparation and/or submission of a response to this RFI should be directed to TravisA@TBDSolutions.com.

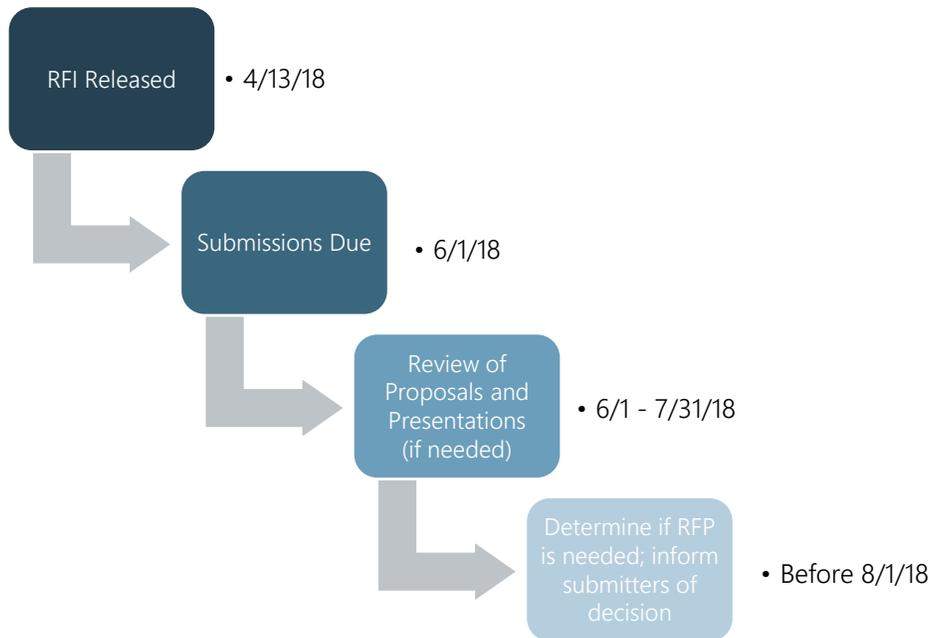
Questions deemed relevant to other vendors will be answered and forwarded to all RFP recipients. Such transparency is compulsory to ensure respondents are afforded the same information, and an equitable opportunity to modify proposals accordingly.

Questions will be answered until May 31, 2018.

VII. General Information

A. Proposed Timeline

Activity	Timeline
Issuance of RFI	April 13, 2018
RFI Submissions due to CMHCM	June 1, 2018
Review of proposals and provider presentations (if needed)	June 1-July 31, 2018
Decision on whether to engage in procurement process via RFP	Prior to August 1, 2018



VIII. Proposal Review

Proposals will be reviewed using criteria including, but are not limited to, the following: the quality of the proposal response, relevant experience providing Crisis Residential services, the financial stability and viability of the provider, qualifications of the provider, and the approach/methodology used.

This Request for Information is not an offer to enter into a contract. It is only a request for vendors to submit information. All expenses incurred in responding to this Request for Information are the responsibility of the vendor.

CMHCM reserves the right to request additional information or clarification from providers, to allow correction of errors or omissions, and to waive irregularities and/or formalities when so doing may serve the best long-term interests of the organizations involved.

Responses to Requests for Information are subject to the terms of the Freedom of Information Act, and will be retained by CMHCM. A provider's response to this RFI may become part of the final contract.

A. Proposal Retention

CMHCM will retain all proposals submitted and all proposals become the property of CMHCM upon submission.

B. Acceptance of Proposal Content

RFI responses of selected providers may become contractual obligations. Failure to accept these obligations may result in cancellation of the selection, and the Provider may be required to reimburse CMHCM for damages incurred. Conformance with Michigan Medicaid Provider Manual requirements regarding Crisis Residential services shall also be included as contractual requirement

C. Non-Discrimination

CMHCM providers shall not discriminate against a provider with respect to hire, tenure, terms, conditions or privileges of employment, or a matter directly or indirectly related to employment, because of race, color, religion, national origin, age, gender, sexual orientation, height, weight or marital status, or disability that is unrelated to the provider's ability to perform the duties of a particular job or position. The provider shall observe and comply with all applicable federal, state and local laws, ordinances, rules and regulations which shall be deemed to include, but not be limited to, the Elliott-Larsen Civil Rights Act and the Persons with Disabilities Civil Rights Act.

D. Non-Collusion

The provider certifies that this Request for Information has not been made or prepared in collusion with any other provider and the prices, terms or conditions thereof have not been communicated by or on behalf of the provider to any other firm and will not be so communicated prior to the official receipt of this proposal. This certification may be treated for all purposes as if it were a sworn statement made under oath, subject to the penalties for perjury. Moreover, it is made subject to the provisions of 18 U.S. C. Section 1001, relating to the making of false statements.

E. Freedom of Information Act (FOIA)

Information submitted in response to this RFP is subject to the Freedom of Information Act. The proposal(s) that best meets the needs of Lakeshore Regional Entity and Mid-State Health Network will be made available for review upon selection. Non-proprietary information contained in proposals will be made available by written request.

Vendors that wish to withhold certain areas of their proposals from a FOIA request must clearly identify which parts of their proposal are proprietary and justify why (e.g. intellectual property, information that would unfairly advantage competitors, etc.). Identification of the entire proposal as proprietary is not acceptable.