

REQUEST FOR QUOTES

Community Living Supports

Issued By:

NORTH COUNTRY COMMUNITY MENTAL HEALTH



1420 Plaza Drive
Petoskey, MI 49770
(231) 439-1244
www.norcocmh.org

**Responses accepted up and through close of business,
June 22, 2022**

OVERVIEW

Background:

North Country Community Mental Health (NCCMH) operates as a Community Mental Health Authority under the provisions of Act 258 of the Michigan Public Acts of 1974, as amended. *“The purpose of a community mental health services program [is] to provide a comprehensive array of mental health services... including crisis stabilization and response including a 24-hour, 7-day per week, crisis emergency service... and the provision of inpatient or other protective environment for treatment.” (MCL 330.1206). NCCMH is a tax-exempt governmental agency.*

NCCMH serves six rural counties in northern Michigan—Antrim, Charlevoix, Cheboygan, Emmet, Kalkaska, and Otsego—covering 3000+ square miles with a population of 151,000, including 36,000 Medicaid beneficiaries.

Vision, Mission, and Values of North Country Community Mental Health:

Vision:

All community members will have responsive high-quality integrated healthcare leading to a fulfilled life.

Mission:

To provide behavioral health services that inspire hope and promote recovery, resilience, and wellness to eligible residents.

Values:

Respect - We treat everyone—clients, providers, fellow staff members, and community partners—with the highest level of dignity, honor and respect.

Integrity - We will consistently do the right thing by maintaining an ethical culture and unified workplace.

Client-Centered - Our care will be delivered by respecting individuals' preferences. Every decision will consider the value it adds to client services.

Excellence in Practice - Excellence will be apparent in all that we do. We provide the highest level of service to promote recovery and quality of life through evidence-based and innovative practices. We produce outcomes that exceed expectations.

Purpose of Request:

North Country Community Mental Health is seeking additional providers for Community Living Support Services for individuals with Intellectual and Developmental Disabilities and/or those living with Mental Illness within its six-county service area.

Service Description:

Community Living Supports are used to increase or maintain personal self-sufficiency facilitating an individual's achievements of their goals in the areas of community inclusion/participation, independence, and productivity. These supports may be provided in the participant's private residence and/or in a community setting. Services are focused and consistent with providing assistance with preserving health and safety of the individual in order that they may reside in the most integrated, independent community setting. The services rendered must be in direct accordance with the specific client(s) Individual Plan of Service. Specifically, this may include, but is not necessarily limited to assisting, reminding, observing, guiding and/or training in activities such as:

- Meal Preparation
- Laundry
- Routine household care and maintenance
- Activities of daily living (personal hygiene)
- Shopping
- Money Management
- Non-Medical Care
- Monitoring of Medication Administration
- Socialization and Relationship Building
- Participation in Regular Community Activities

These services also include transportation from the participant's residence to community activities, among activities, and back to the participant's residence.

Services are to be provided, documented, and reimbursed on a per unit bases. A unit is a 15-minute duration of time where face-to-face services are provided to the consumer as pre-authorized.

NCCMH wishes to expand its provider network related to these services with a focus on the Emmet and Charlevoix County areas. Services and quantities vary but to give potential respondents some idea of need there are approximately 13 individuals in Emmet County requiring anywhere from 6 to 25 hours a week of support totaling approximately 146 hours (Approx. 3.7 FTE) and 4 individuals in Charlevoix County needing from 12 to 35 hours a week for a total of 110 hours (Approx. 2.75 FTE.) Although times and needs vary all services would be provided between the hours of 8:00am and 10:00pm. Respondents to this request may submit

quotes to provide services in one of the counties or both. NCCMH will consider bids for providers that do not have capacity for the services specified above.

Qualifications:

All those submitting quotes must be able to provide these services in compliance with the Michigan Department of Health and Human Services (MDDHS) Medicaid Provider Manual, all applicable provisions of the Michigan Mental Health Code, Public Act 258 of 1974, as amended MCL 330.1100 et seq, the Michigan Public Health Code, Public Act 368 of 1978, as amended, all applicable Administrative Rules, related Recipient Rights and policies of NCCMH, along with the ability to comply with HIPAA including the Standards of Privacy of Individually Identifiable Health Information (42 C.F.R., Part 2.)

Respondents to this request must be able to provide staffing who possess the necessary skills and experience to provide these services and must:

- Be at least 18 years of age.
- Be in good standing with the law with no exclusionary convictions.
- Be able to practice prevention techniques to reduce transmission of any communicable diseases from themselves to other in the environment where they are providing these services.
- Be able to communicate expressively and receptively to follow individual plan requirements and beneficiary specific emergency procedures and report on activities performed.

In addition to the above, staff for these services must also complete training in areas of Recipient Rights, Person Centered Planning, CPR/First Aid, Nonviolent Crisis Intervention, Gentle Teaching, Medication Administration/Vital Signs, and Nutrition and Food Services. (A complete list of all requirements, references, and resources can be found at our website, www.norco cmh.org, under the tab "Providers.")

Respondents to this request should also be able to demonstrate through established policies and procedures the ability to support staff, provide training (initial and on-going) maintain documentation supporting the delivery of service according to Medicaid rules, and appropriately bill for services consistent with NCCMH policies.

Respondents to the request should be able to meet all other NCCMH contract requirements. (A copy of the contract can be requested through the Contract Manager, Lani LaPorte, llaporte@norco cmh.org.)

Specifications:

Quotes should be based on actual Medicaid approved cost associated with the provision of this service minus transportation. Transportation cost will be added to the rate based on actual mileage for clients served. Submission should be for Community Living Supports representing one unit of service (15-minutes), serving one individual. Services provided to multiple individuals at the same location, during the same time, by one staff member would result in a modification of the rate consistent with NCCMH practices representing an equal percentage of the cost.

Due to COVID-19 NCCMH will consider a delayed mutually agreed upon implementation date of these services. A panel consisting of members of NCCMH Clinical Team along with those from the Finance and Administrative Teams will review all responses and select(s) based on quality, expertise, history in providing high quality services, flexibility in meeting changing/future needs, and price. (NCCMH will not be obligated to choose based on the lowest bid.)

A meeting to answer potential Respondents questions will be held on June 08, 2022, via zoom. Please pre-register for this meeting by contacting Cynthia Crumbaugh at ccrumbaugh@norcocmh.org. A link will then be sent.

Quote Sheet

Responses to this Request for Quote must be submitted in an envelope titled and addressed as follows: 2022 NCCMH Community Living Supports, 1420 Plaza Dr., Petoskey, MI 49770, or electronically in PDF format to the following email address, providerrelations@norccmh.org.

Respondent	Contact Person
Name of Organization: Address: Ex. Director: Telephone: Fax: Website: Federal tax identification #:	Name: Address: Telephone: Email:

Service Description / Service Units	Quote Amount
Community Living Supports Per 15 Minute Unit Serving 1 Person (H2015) (Transportation Cost to be Added based on actual mileage.)	\$_____ /Per Unit

Please complete and submit North County Community Mental Health Authority Contract Provider Application (**Attachment A.**) Provide responses and/or submit documentation addressing the following:

- Demonstrate proof of, or the ability to obtain, liability insurance in the amount of \$1,000,000.00 per occurrence, and /or aggregate, combined single limit for Personal Injury, Bodily Injury, and Property Damage.
- Describe your organizations experience in providing Community Living Support or like services. (List any accreditations, certifications, licenses, or member affiliations.)
- Submit copies of your organization’s policies/procedures regarding direct care staff qualifications.

- Describe how your organization ensures that services are delivered by staff trained and mentored consistent with the principles of Trauma Informed Care and in a Culture of Gentleness.
- Provide proof of the ability of, and policies on, performing appropriate background checks for all employees.
- Describe the training and experience of direct care staff that would be assigned to perform the services listed above.
- Describe how your organization arranges for emergency coverage for staff shortages.
- Provide any customer satisfaction data that has been collected in the last three years.
- Submit a short narrative detailing your organization.

The Respondent to this request certifies to the best of their knowledge and belief that all information in this response is true and correct and has been duly authorized by their governing body.

Authorized Representative

Signature: _____

Date: _____

Name and Title (Print): _____

NCCMH assumes no responsibility or liability for costs by the organization or any respondent prior to the execution of a contract between the organization and NCCMH.



(Attachment A)
NORTH COUNTRY COMMUNITY MENTAL HEALTH AUTHORITY
FY22 CONTRACT PROVIDER APPLICATION

1) PROVIDER IDENTIFICATION/INFORMATION

Contracted Provider Name: _____

D/B/A's (if none, write none): _____

Federal Tax ID/SSN: _____

Provider website/URL: _____

Provider Legal Entity Type - Check one of the following:

- Sole Proprietors and partnerships: Individual providers including practitioners who file taxes on the 1040 series of tax forms
- For-profit corporations: Those companies that typically file a tax form 1120 with the IRS.
- Governmental units: Includes transportation authorities, intermediate school districts, public universities and community colleges.
- Non-Profit organizations or corporations: Typically, those organizations that have 501(c)3 status and report on the IRS 990 form.

2) SERVICES PROVIDED

Check all general categories of services that you are qualified to provide, regardless of whether or not those services are included in your NCCMH contract:

- | | |
|---|--|
| <input type="radio"/> Licensed Residential | <input type="radio"/> Respite/Respite Camp |
| <input type="radio"/> Personal Residential Home | <input type="radio"/> Day Programs |
| <input type="radio"/> Professional Services (Therapy, Doctor, etc.) | <input type="radio"/> InPatient Hospital |
| <input type="radio"/> Other: _____ | |

National Provider Identifier (NPI) #, if applicable: _____

Medicaid ID #, if applicable: _____

Are you registered in CHAMPS: Yes No

Are you accepting New Enrollees? Yes No

Cultural Competency is required training for our staff: Yes No

Do you have Linguistic Capabilities: Yes No Specify any secondary language capabilities:

ADA Compliance: Are all of your Office/Facility, Retail outlets, Exam Rooms, Equipment able to accommodate persons with disabilities? Yes No

What, if any, Non-Violent Crisis Intervention protocol do you use?

- CPI is our standard for **ALL** facilities/homes
- CPI is **used in some but not all** of our facilities/homes

Other Non-Violet Crisis Intervention protocols used if any: _____

As applicable, have you received approval from NCCMH Behavior Treatment Committee on the use of other forms of Non-Violent Crisis Intervention other than CPI: Yes No

3) CONTACT INFORMATION

Corporate/Legal Address:

Physical Address: _____

City: _____ State: _____ Zip: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Authorized Person to sign & modify contracts:

Contract Signee: _____
Title: _____
Phone: _____
Cell: _____
Fax: _____
Email: _____

Primary Contact for Client Placement:

Business Name: _____
Primary Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
Cell: _____
Email: _____

Primary Contact for Finance:

Business Name: _____
Primary Contact: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____
Fax: _____
Cell: _____
Email: _____

PLEASE ATTACH ADDITIONAL INFORMATION AS NEEDED FOR EACH SPECIFIC MAIN LOCATION/CONTACT.

PLEASE ATTACH LISTING OF HOMES, LICENSES AND CONTACT INFORMATION FOR EACH LICENSED/SPECIALIZED OR OTHER HOME TYPE.

4) ACCREDITATION, LICENSES

Are you licensed or accredited? Yes No if yes:

Accreditation/License Entity Name: _____ Expiration: _____

Accreditation/License Entity Name: _____ Expiration: _____

Accreditation/License Entity Name: _____ Expiration: _____

If no, do you have plans to become accredited? Yes No

PLEASE ATTACH COPY OF ACCREDITATION OR LICENSES.

5) ATTESTATION

I fully understand that any misstatements in, or omissions from, this application may constitute cause for disqualification or termination of provider participation with North Country Community Mental Health Authority. All information submitted in this application is true to the best of my knowledge and belief.

I verify that all professional staff and other health services staff who deliver direct services to our consumers are current and in good-standing with their respective training, licensing and/or certifying board or agency. I also verify that those employees who do not yet have their required training, license and/or certification, have a plan and are working to obtain the appropriate license and/or certification. I also verify relevant legal background checks as well as educational credentials were verified or completed prior to hire and rechecked on any frequency required by Medicaid or by contract with North Country Community Mental Health Authority.

I understand that any contractual relationship with North Country Community Mental Health Authority may be subject to termination if I fail to comply with any of the regulations or policies specified in the contract or by Medicaid regulation.

DECLARING THAT THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, I HEREBY MAKE APPLICATION AND REQUEST TO BECOME OR REMAIN A PART OF THE NCCMH PROVIDER NETWORK:

Name of Contractor’s Authorized Representative

Title

Signature

Date