**REQUEST FOR QUOTES**

**Autism Evaluators**

Issued By:

**NORTH COUNTRY COMMUNITY MENTAL HEALTH**

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**1420 Plaza Drive**

**Petoskey, MI 49770**

**(231) 439-1244**

[**www.norcocmh.org**](http://www.norcocmh.org)

**Responses accepted up and through close of business,**

**June 30, 2023**

**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 qualified, licensed practitioners to complete autism evaluations for individuals within its six-county service area.

**Service Description:**

Autism evaluations for individuals with primary or secondary Medicaid are required by MDHHS to allow children with a medical diagnosis of an autism spectrum disorder to access Applied Behavior Analysis as a waiver benefit service. Autism evaluations from qualified practitioners may include the following:

* Autism Diagnostic Observation Schedule
* Autism Diagnostic Interview Revised
* Vineland/ABAS or other adaptive measure
* Cognitive testing as required
* Additional appropriate measures as necessary

These services include provision of evaluation in an office setting for face-to-face evaluations or virtual setting as necessary and appropriate.

Services are to be provided, documented, and reimbursed on per evaluation encounter basis. An evaluation encounter is considered a pre-authorized psychological testing code where face-to-face or virtual evaluation services are provided to the client as pre-authorized.

NCCMH wishes to expand its provider network related to these services in all 6 counties served by NCCMH. The number of clients requesting autism evaluations has continued to increase providing a need for additional evaluators to ensure timeliness of assessment for potential service provision.

Respondents to this request may submit quotes to provide services in any of the 6-county service area.

**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.)

According to MDHHS qualifications, the diagnostic evaluations are performed by a qualified licensed practitioner working within their scope of practice and who is qualified and experienced in diagnosing ASD. A provider’s licensure and clinical experience, in accordance with ethical guidelines, determines competency and scope of practice. Examiners must have the right and capacity to determine when a referral is outside of their scope of practice.

Respondents to this request must be able to provide qualified licensed practitioners as required within the Medicaid manual as the following:

* A physician with a specialty in psychiatry or neurology
* A physician with a subspecialty in developmental pediatrics, developmental behavioral pediatrics, or a related discipline
* A physician with a specialty in pediatrics or other appropriate specialty with training, experience, or expertise in autism spectrum disorders or behavioral health.
* A psychologist with a specialty in clinical child psychology, behavioral and cognitive psychology, or clinical neuropsychology, or other appropriate specialty with training, experience, or expertise in autism spectrum disorders or behavioral health.
* A clinical social worker with at least 1 year of experience working within his or her scope of practice who is qualified and experienced in diagnosing autism spectrum disorders.
* An advanced practice registered nurse with training, experience, or expertise in autism spectrum disorders or behavioral health.
* A physician assistant with training, experience, or expertise in autism spectrum disorders or behavioral health.

\*Require that a client whose initial diagnosis was performed by a diagnostician with master’s level credentials should have their diagnosis and treatment recommendations reviewed by a physician, psychiatric nurse practitioner, or fully credentialed psychologist.

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, as required by NCCMH.

Respondents to this request should also be able to demonstrate through established policies and procedures the ability to provide documentation supporting the delivery of service including an approved autism evaluation to support determination for a medical diagnosis of an autism spectrum disorder 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@norcocmh.org](mailto:llaporte@norcocmh.org).)

Quotes should be based on actual Medicaid approved cost associated with the provision of this service minus transportation. The submission should be for psychological testing representing one encounter of service, serving one individual per evaluation.

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 22, 2023, from 1-2pm via zoom. Please pre-register for this meeting by contacting Christine Dillon at [cdillon@norcocmh.org](mailto:cdillon@norcocmh.org). A link will then be sent.

**Quote Sheet (next page)**

Responses to this Request for Quote must be submitted in an envelope titled and addressed as follows: 2023 NCCMH Autism Evaluators: attention Christine Dillon, 1420 Plaza Dr., Petoskey, MI 49770, or electronically in PDF format to the following email address, [cdillon@norcocmh.org](mailto:cdillon@norcocmh.org).

**Quote Sheet:**

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| --- | --- |
| **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 |
| Psychological Testing Per Encounter:  90791  96136  96130  96131 | $\_\_\_\_\_\_\_\_\_ /Per Encounter |

\*Please complete and submit the [PROVIDER APPLICATION](https://www.norcocmh.org/become-a-provider/) online. In addition to the completing the application please 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 organization’s experience in providing autism evaluations or like services. (List any accreditations, certifications, licenses, or member affiliations.)
* Submit copies of your organization’s policies/procedures regarding evaluator qualifications.
* Describe how your organization ensures that services are delivered by staff trained and mentored consistent with the principles of Trauma Informed Care.
* Provide proof of the ability of, and policies on, performing appropriate background checks for all employees.
* Describe the training and experience of autism evaluators that would be assigned to perform the services listed above.

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):**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_