

ST. CLAIR COUNTY COMMUNITY MENTAL HEALTH AUTHORITY

BOARD POLICY

Date Issued: **7/24**

Page 1

CHAPTER Administrative	CHAPTER 01	SECTION 003	SUBJECT 0016
SECTION Provider Management	SUBJECT Procurement and Provider Selection Process		
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I. APPLICATION:

- SCCCMH Board
- SCCCMH Providers & Subcontractors
- Direct Operated Programs
- Community Agency Contractors
- Residential Programs
- Specialized Foster Care

II. POLICY STATEMENT:

It shall be the policy of the St. Clair County Community Mental Health (SCCCMH) Board to select a qualified provider through various methods, including sole sourcing, use of a Request for Information (RFI) any willing and qualified provider or competitive procurement process for certain designated services as required by federal and state rules on provider selection and procurement.

III. DEFINITIONS:

- A. Evaluation Review Team: A group of individuals consisting of at least an Administrative Contract Manager/designee, a Fiscal staff, Quality Improvement staff, individuals with clinical/programmatic experience of the target population/service area of the RFP, and an individual receiving services or has received services in the past and/or family member.
- B. Request for Proposal (RFP): Represents SCCCMH's intent to solicit bids for the provision of services.

IV. STANDARDS:

- A. Community Mental Health Service Programs (CMHSPs) will solicit providers to furnish programs, services and/or supports for individuals needing mental health, intellectual/developmental disability or substance use disorder services. When soliciting providers, it should be the objective 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 used. Depending on the circumstances such as local area market conditions, kind or quality of services needed various methods for selecting providers may be used.
- B. The procurement process outlined in this policy will be used for certain designated services. A procurement process must be used when the managing entity is planning to restrict or otherwise

CHAPTER Administrative	CHAPTER 01	SECTION 003	SUBJECT 0016
SECTION Provider Management	SUBJECT Procurement and Provider Selection Process		

limit the number of providers who can participate in the program. The board will employ one of three primary methods of contracting in its procurement efforts.

1. Sole Source Contracting

This method selects a specific sole provider for contracting without any other bidding process. The board may use sole source under any of the following circumstances:

- a. There is an emergency service need that must be fulfilled and the nature of the emergency precludes following a competitive process because of the delay involved in such a process.
- b. The service is available only from one single source. A service gap has been identified, and there is no other existing provider in St. Clair County that has capacity or capability to provide such services.
- c. After solicitation of a number of sources, competition is determined inadequate.
- d. The required services are professional services (e.g., psychological testing) of limited quantity or duration.
- e. The required services or products are unique (e.g., financial intermediaries for recipients using vouchers or personal service budgets)
- f. The selection of the service provider has been delegated to the individual under a self-determination program.
- g. There is concern for continuity of care, as in the case of services of Residential providers.
- h. Existing provider can efficiently meet the required need.

The board will not discriminate against a provider(s) who is acting within the scope of his/her license solely based upon the licensing of the provider.

Providers must be excluded from the panel if they have been excluded from participation in federal health programs under either § 1128 or § 1128A of the Balanced Budget Act.

2. Any Willing and Qualified Provider Contracting

Certain services may be obtained/purchased by the board using a Request for Information (RFI) only. Bids can be solicited and used to set reasonable price (based on market pricing, bid solicitation, historical experience, funds available, or acceptable regional or national (e.g. CMS) benchmark for the services to be procured. It is the intent of the board to use this process when sole sourcing is not an option and when it is determined that the collection of additional information from current or registered or interested providers will be sufficient to select a provider that is willing, qualified and capable of meeting the contract and payment terms.

3. Selective Contracting

Designated services purchased by the board will be obtained or sub-contracted using a Request for Proposal (RFP) process. The RFP method involves a competitive bidding and/or proposal process, which must meet State, Federal, and Local standards. The selective contracting

CHAPTER Administrative	CHAPTER 01	SECTION 003	SUBJECT 0016
SECTION Provider Management	SUBJECT Procurement and Provider Selection Process		

method will be used for a specific program or service with a limited number of providers, or exclusive provider when:

- a. There is a need for a new or expanded program or service (program or service as required does not currently exist), and there are potential multiple providers available that may be available that may be able to effectively meet the service requirements; or
- b. The current provider of an existing service persistently or substantially fails to meet the board's contract requirement, and an alternative provider is needed.
- c. Any RFP must minimally include the following elements:
 - (1) Clear description of any technical requirements of the bidder (capital reserve, staffing, IS capacity, experience of organization, etc.) specifically indicating what is required versus preferred.
 - (2) Description of the systemic evaluation process to be employed and a timeframe for completion of this process.
 - (3) A cost/price analysis using a weighted cost method indicating that cost alone is not a determinative factor.
 - (4) A clear indication of how cost/price negotiations will occur.
- d. Any modifications to the RFP must be in writing and sent to all who received the original RFP.
- e. The evaluation process will include a team of reviewers who are free from any conflict of interest or bias and will include individual(s) receiving or has received services in the past involvement. The evaluation team must reach consensus on the decision to select a successful bidder.

V. PROCEDURES:

A. General

Person Identifying Need

1. Provides notice to the appropriate parties that there is a need for a particular service.
2. Reviews the provider registry for current or potential providers that may meet the service need.

Appropriate Parties

3. Conduct analysis to determine if a procurement process should be initiated due to a need for service, available providers, likelihood of cost savings, etc.
4. Discuss the need for services with key community stakeholders, Advisory Groups and through conducting a Community Needs Assessment. Both Advisory Groups and Community Needs Assessments will allow for individuals receiving services and family members to be involved in the analysis of adequate services provisions.

CHAPTER Administrative	CHAPTER 01	SECTION 003	SUBJECT 0016
SECTION Provider Management	SUBJECT Procurement and Provider Selection Process		

5. Review analysis and discuss request for service with SCCCMH Leadership Planning staff, who make recommendation based on policy standards, which type of provider solicitation will be made and notifies SCCCMH Board of the procurement need.

B. Sole Sourcing

Contract Manager/Designee

1. Requests provider complete form [#1301 Organization Application Network Enrollment Credentialing](#) and form [#1306 Conflict of Interest Attestation –Provider](#).

Provider

2. Submits application and requested materials.

Contract Manager/Designee

3. Reviews application for completeness and signs organization application. Forwards to the Privileging & Credentialing Committee for review and approval.

NOTE: Current direct operated providers and established current contract providers may be considered exempt from this process at the sole discretion of the board.

4. Reviews requested pre-delegation materials and completes the initial pre-delegation evaluation assessing the provider's or individual's capacity to adequately perform the contractual delegated functions.
5. Develops a contract according to Administrative Procedure [#01-003-0021 Contract Management](#).

C. Any Willing and Qualified Provider: RFI

Contract Management Staff

1. Prepares an RFI, which entails benchmarks for the services to be procured. Provides notification to current registered providers that have indicated an interest in providing services or those who have indicated interest but are not yet registered for the need area.

Potential Providers

2. Submit responses to the RFI for review.

Administrative Staff

CHAPTER Administrative	CHAPTER 01	SECTION 003	SUBJECT 0016
SECTION Provider Management	SUBJECT Procurement and Provider Selection Process		

3. Reviews the responses and determines if a qualified provider can be selected among submissions. If yes, proceed to Procedure E, if no, make a determination on whether or not to move to Procedure D.

D. Selective Contracting: RFP

Contract Staff/Leadership Staff

1. Prepares a request following the pre-established format outlined in the RFP (Exhibit B).
NOTE: This RFP will be modified to accommodate a particular request for proposal.
2. Provides the Adobe version of the RFP to be published on the SCCCMH website.
3. May advertise the RFP by having a public notice published in the local newspaper and/or through the SCCCMH website.
4. Provides a general announcement/letter to the current provider(s) on the provider registry of the RFP and where the RFP may be obtained from the www.scccmh.org website.
5. Distributes an RFP to all parties requesting one if the interested party is unable to download the RFP off the website.
6. Ensures addendums or updates to the RFP following a question and answer timeline are posted on the website.

Interested Parties

7. Submits all materials requested in the RFP by the due date.

Evaluation Review Team

8. Reviews each proposal and evaluates according to the evaluation materials included in the RFP rating/scoring with comments for each question.
9. Requests any additional information and/or oral presentation as appropriate from any provider.
10. Meets as a group to review evaluation guidelines of confidentiality, review process free of bias, and only rating on what is presented.
11. Discusses each question and obtain consensus on scoring and documents comments to support the score achieved on each question.
12. Tabulates proposed score and confirms with the evaluation team the score is accurate.

CHAPTER Administrative	CHAPTER 01	SECTION 003	SUBJECT 0016
SECTION Provider Management	SUBJECT Procurement and Provider Selection Process		

13. Composes an evaluation review team's recommendations providing valid reasons for the award selection along with the valid reasons for not awarding maximum points in each category.
14. Makes a recommendation to the Leadership Planning staff within 60 days of the most appropriate service providers OR processes another RFP if no provider was considered appropriate.

Leadership Planning Staff

15. Reviews the evaluation review team's recommendation and makes a final recommendation to SCCCMH Board.

SCCCMH Board

16. Approves or denies the recommendation.

Administrative/Contract Management Staff

17. Provides proper notification to all bidders of the results of the RFP by either an acceptance letter or a denial letter.
18. Develops a contract for services, detailing program services to be purchased, procedure/location codes to be used by the provider; and payment rates.

E. Credentialing and Privileging

Administrative/Contract Management Staff

1. Completes primary source verification for the following areas:
 - a. IRS W-9
 - b. Accreditation
 - c. Insurance coverage
 - d. Medicaid/Medicare provider status
 - e. Agency and/or individual licenses
2. Reviews "Practitioner and/or Organization Application Network Enrollment Credentialing" form and "Conflict of Interest Attestation" form application to established criteria for specific services.
3. Recommends level of "privileges" for the provider organization to the Privileging and Credentialing Committee, following the [Administrative Procedure #01-003-0011, Provider Enrollment and Credentialing](#).
4. Develops a provider contract according to the [Administrative Procedure #01-003-0021, Contract Management](#).

CHAPTER Administrative	CHAPTER 01	SECTION 003	SUBJECT 0016
SECTION Provider Management	SUBJECT Procurement and Provider Selection Process		

VI. REFERENCES:

- A. Balanced Budget Act § 438.214A(a)(1)
- B. Balanced Budget Act § 438.214(d)
- C. Region 10 PIHP Contract
- D. Form [#1301 Organization Application Network Enrollment Credentialing](#)
- E. Form [#1306 Conflict of Interest Attestation – Provider](#)
- F. Administrative Procedure [#01-003-0011, Provider Enrollment and Credentialing](#)
- G. Administrative Procedure [#01-003-0021, Contract Management](#)

VI. EXHIBITS:

- A. Standard Request for Proposal Packet

VIII. REVISION HISTORY:

Dates issued 8/97, 12/97, 01/99, 12/00, 12/02, 08/05, 10/07, 10/09, 10/11, 03/13, 10/07, 10/09, 10/11, 03/13, 03/14, 03/15, 03/16, 03/17, 05/18, 05/19, 06/22, 6/23.

STANDARD
REQUEST for PROPOSAL
PACKET

(DRAFT- this packet will be edited based on the type of services being requested)

Table of Contents

I. General Information

A. General Information Regarding RFP

This section contains a summary of general information regarding the RFP process, parameters, including contract language and performance indicators.

B. Provider/Practitioner Application and/or Organization Application (for privileges)

The Practitioner and/or Organization application must be completed, including all appropriate attachments for a bidder to be considered as an otherwise qualified provider.

C. Contract Language Template and Standard Performance Indicators

II. Service Description

This section contains an overview of program description of the service CMH wishes to purchase through this RFP.

III. RFP Instructions

This section provides the bidder with step-by-step instructions on how to submit a response to the RFP, including the format of the submission.

IV. Costing Principles/Budget Instructions

V. RFP - Rating Sheet

This section includes the actual evaluation form and the point values for each evaluation area.

SECTION I.

General Information

Subsection I. A.

General Information
Regarding RFP

GENERAL INFORMATION REGARDING REQUEST FOR PROPOSAL

This Request for Proposal (RFP) provides interested bidders with sufficient information to prepare and submit proposals for consideration by St. Clair County Community Mental Health Board.

1. Contract Award

Contract award negotiations will be undertaken with those contractors whose proposals, as to unit rate and other factors, show them to be qualified, responsible, and capable of performing the work.

The contract entered into will be with the contract most advantageous to St. Clair County Community Mental Health, with unit rate and other factors considered. St. Clair County Community Mental Health reserves the right to consider proposals or modifications thereof received at any time before award is made, if such action is in the best interest of the agency.

If a contract is awarded, the selected bidder will be required to comply with the contract provisions.

2. Rejection of Proposals

The St. Clair County Community Mental Health reserves the right to reject any and all proposals received as a result of this RFP. This RFP is made for information or planning purposes.

3. Incurring Costs

The St. Clair County Community Mental Health Board is not liable for any cost incurred by the contractors prior to issuance of a contract.

4. Inquiries

Questions that arise as a result of this RFP must be submitted in writing to the St. Clair County Community Mental Health Administrative Office. All questions must be submitted on or before the date specified on the cover letter. Please refer to the cover letter to determine whether or not a pre-proposal conference has been scheduled for this RFP.

5. Amendment to the RFP

In the event it becomes necessary to revise any part of this RFP, addenda will be provided to all bidders who received the basic RFP.

6. Response Date

To be considered, proposal must arrive at the St. Clair County Community Mental Health Administrative Office, 3111 Electric Ave, Port Huron, MI 48060 on or before (insert date/time). Bidders mailing proposals should allow normal delivery time to ensure timely receipt of their proposals. Late proposals and proposals that are not in compliance with the RFP guidelines will not be considered.

7. Proposals

To be considered, bidders must submit a fully completed response to this RFP using the format provided in the RFP Instructions. Responses should be provided to each section of the proposal outline. Failure to respond to each section may disqualify a bid or, at minimum, lead to a bidder receiving a reduced score in the RFP response evaluation, effectively removing the bid from further consideration. No other distribution of proposals will be made by the bidder. Proposals must be signed by an official authorized to bind the bidder to its provisions. The proposal must remain valid for at least 90 days.

8. Acceptance of Proposal Content

The contents of the proposal of the successful bidder may become contractual obligations if a contract ensues. Failure of the successful bidder to accept these obligations may result in cancellation of the award.

9. Economy of Preparation

Proposals should be prepared simply and economically, providing a straightforward, concise description of the bidder's ability to meet the requirements of the RFP. Fancy bindings, colored displays, promotional materials, and other non-essential items are not desired. Emphasis should be on completeness and clarity of content.

10. Oral Presentation

Potential contractors who submit a proposal may be required to make an oral presentation of their proposal to CMH. The presentation provides an opportunity for the potential contractor to clarify the proposal to ensure thorough mutual understanding. The Administrative Office will schedule the presentations, if necessary.

11. Contractor Responsibilities

The selected contractor will be required to assume responsibility for all services offered in the proposal whether or not they currently possess them within their organization. Included in contractor responsibilities are all those provisions included in the contract language (see Attachment I.A.)

12. Contract Payment Schedule

CMH shall make payments as follows: *(will be specified per the type of services being requested)*

13. News Releases

News releases pertaining to this RFP on the service, study, or project to which it relates will not be made without prior CMH approval, and then only in coordination with the St. Clair County Community Mental Health Administrative Office.

14. Disclosure of Proposal Contents

Proposals are subject to disclosure under the Michigan Freedom of Information Act (P.A. 1976, No. 442), once the RFP cycle is complete.

After contract award, a summary of total unit rate information for all submissions will be furnished upon request to those contractors participating in this RFP.

15. Evaluation Process for Proposals

The selection committee for the RFP will be made up of 7 to 9 persons who will evaluate each proposal through the use of the evaluation rating criteria using a point formula that is included in the RFP. The selection committee will be comprised of one or two Stakeholders identified by St. Clair County Community Mental Health . Each member of the selection committee will first review the technical requirements by each of the criteria described. The full committee will then convene to review and discuss their evaluations and arrive at a composite technical score for each bidder. At this point, bidders with an unacceptable low technical score will be eliminated from further consideration. Bidders that obtain the minimum requirements may be further evaluated through interviews and investigation of past practices. The selection committee will make a recommendation to the St. Clair County Community Mental Health. The Agency will make the final decision.

Subsection I.B.

PROVIDER APPLICATION ORGANIZATION APPLICATION and Conflict of Interest Attestation

- Complete the attached Organization Application and Conflict of Interest Attestation forms located via the www.scccmh.org as a separate document with the RFP. Be sure to submit all required documents referenced within the forms.
- Complete the attached Practitioner Application, Conflict of Interest Attestation form and training grid for each credentialed employee who will be working with individuals and/or staff referred to the program. Be sure to submit all required documents referenced within the application. These forms are located via the www.scccmh.org as a separate document with the RFP

Subsection I.C.

Contract Language Template And Standard Performance Indicator

- The selected contractor will be required to assume responsibility for all services offered in the proposal and described in the RFP, including provisions described in the contract language and standardized Performance Indicators. The sample contract language and contract performance indicators are available separate from the RFP via the www.scccmh.org website.

SECTION II.

Service Description

SERVICE DESCRIPTION

- A. Overview
- B. Program Purpose/Service Description:
- C. Description of Individuals Served and Triage Criteria for Eligibility:
- D. Services to be Delivered: (Service Capacity and Access Assurances):
- E. (Staffing Requirements)
- F. Privileging and Credentialing
- G. Capacity
- H. (Discharge and Transfer Criteria)
- I. Quality Improvement
- J. Evaluation/Competency Issues/Satisfaction

* **SPECIAL NOTE:** May need to include historical prospective....other areas.

Section III.

RFP

INSTRUCTIONS

Each section is tailored based on the subject matter of the RFP; (e.g. the program description section could be more detailed, and/or additional section added).

PROPOSAL OUTLINE:

Note: *Bidders must provide complete responses to each section as outlined below.*

I. Agency Profile:

A. Agency Description

1. Brief History of Organization
2. Brief explanation of the purpose or mission of the agency and how the proposed program/services relates.
3. Business Status, e.g. Corporation., Partnership, §501 (c) 3.
4. Describe the rationale for the agency pursuing this opportunity.
5. Describe future plans/issues facing the agency.
6. Disclose any potential conflict of interest.
7. List experiences with developing and sustaining collaborative relationships with other agencies and/or where mergers have occurred.
8. Describe your experience in this or related field.

II. Organization/Management of the Agency

A. General

1. Describe who is on your Board of Directors and indicate the number and percentage of individuals receiving services currently or in the past and/or guardian representation.
2. Provide a current, dated, program specific, organizational chart including administrative structure.
3. List the key administrative staff who would be involved in proposed program/services with resume (i.e. administrator, fiscal staff, and lead program staff).

B. Personnel Management/Training

1. Describe your personnel management system.
2. Provide evidence of the staff qualifications, job description and experience in working with the target population. (Copies of certification/licensure).
3. Indicate the number of staff that will be providing the services be it full-time, part time and/or contractual position(s). (Provide staffing schedule for a typical week).
4. Describe the process you have for new employee orientation? Describe or attach a checklist of training items or materials that are included in the orientation process.
5. What is the process and frequency for training staff and evaluating staff performances?
6. Describe your agency's plan for staff retention to ensure program implementation and continuity of care.
7. Submit evidence of limited English proficiency and cultural competence training of staff providing the services. (e.g. individual staff development plans).

C. Financial Management

1. Submit the 3 most recent copies of the agency's independent audit reports along with auditor notes and comments. Also include any Management Letters for the same time period. (Required)
2. Explain if there are any pending or unresolved issues that relate to the fiscal audits or if you have made a plan of correction addressing those areas. Include corrective steps you have taken.

3. Describe your agency's internal controls/division of duties.
4. How does your agency maintain sufficient cash flow?
5. How often are financial statements produced? Who reviews and act upon your financial reports? How often are the financial statements given to your board?
6. Explain in detail when and why advance requests for payment have been made to contractors.
7. Explain the status of payables after payroll has been met including aging.

D. Information Systems/Authorization Monitoring

1. Describe your information system.
2. Describe your data entry process.
3. Describe your system for monitoring and processing authorizations of services being provided.

E. Quality Management

1. Describe your agency's Quality Improvement Plan (sample of current quality improvement plan and describe how quality improvement annual reports are used, provide customer satisfaction surveys and how data is used, discuss methods used to measure outcomes and individual participation).
2. Develop Program Evaluation Plan/Performance indicators addressing customer satisfaction, efficiency, and effectiveness in the desired format.

F. Community Involvement

1. Describe how your agency utilizes community involvement and customer input/participation in:
 - a) Policy development
 - b) Program planning
 - c) Routine decision making
2. Describe how your agency utilizes community resources and natural supports.

G. Insurance

1. Provide a copy of current Worker's Compensation insurance coverage.
2. Provide a copy of current Directors and Officers liability insurance coverage (errors and omissions) in a sum of not less than one million dollars per claim and one million dollars annual aggregate.
3. Provide a copy of current 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 one million dollars annual aggregate.
4. Provide a copy of Vehicle liability insurance coverage and Michigan no-fault coverage's 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.

III. Program Description

- A. Define, in detail, what services you are able to provide.
- B. Define program service capacity regarding the estimated number of individuals to be served, maximum and average units to be provided.
- C. Describe the plan for when and how staff will be supervised, and who in your organization will be responsible for reporting to CMH's contract manager, support coordinators and/or casemanagers.
- D. Describe accessibility and availability for the services proposed. (e.g., authorization requirement/process, hours per day, days per week, etc.).

- E. Describe your agency's ability to meet the needs of special populations, e.g., hearing, physically and/or vision impaired and limited English proficiency (communication issues).
- F. Describe what steps your agency takes or would take to ensure that the principles of person centered planning and self-determination are adhered to and that the Individual Plan of Service is followed. Provide some specific examples.
- G. Attach three (3) letters of reference and support from various agencies that you collaborate with in the community indicating the quality and/or effectiveness of services provided.
- H. Provide information from individuals and/or agencies that previously received services from your agency that show the level of satisfaction, e.g. customer satisfaction reports and/or provider satisfaction reports.

IV. Budget:

- A. Submit a unit rate per hour of direct service following the costing principles. Bids must include a schedule showing the indirect costs as explained in the Costing Principles.
- B. Include budget narrative separate from the costing principles, which further explains how the unit rate was determined. Factors taken into consideration may include: units of service provided in a day, expected number of individuals to be served and the average hours of services provided per individual or any other additional information that will assist the evaluation team in assessing the proposed rate.

V. Regulatory and Performance Monitoring:

- A. List the last two (2) years of substantiated Recipient Rights claims and describe what corrective actions were taken.
- B. Describe the agency's corporate compliance plan/process.

VI. Transitional Planning

- A. Describe the transitional plan your agency will put into place if:
 - 1) Your agency is awarded the contract for services, and
 - 2) The contract for services is awarded to another agency.Include the following factors in both plans:
 - a) Administrative management changes, efficiencies and capacity.
 - b) Minimal disruption of continuity of service for individuals.
 - c) Time frame in which the new service provider plans to assume contractual obligations.
 - d) Procurement of any required license and/or certification.

VII. Delegated Functions (if the RFP involves a provider that will have one or more of the following delegated functions):

- A. QI/compliance
- B. Utilization Management
- C. Grievance & Appeals
- D. Privileging & Credentialing

(Then the RFP must address capacity for delegation)

Section IV.

BUDGET INSTRUCTIONS

Uniform Administrative Requirements,
Costing Principles
and
Audit Requirements for Federal Awards
(Uniform Grant Guidance)

Section V.

RATING SHEET

PROPOSAL RATING SHEET

Bidder: _____

Date: _____

Service: _____

Rater #: _____

Instructions:

- a) Review and score each bid on a separate rating sheet.
- b) Indicate in the Strengths/Weaknesses column why points are deducted from the maximum possible for each item and sub-item.
- c) Note any mistakes and/or irregularities in the last column.

Rating Criteria	Comments Strengths/Weaknesses
I. Agency Profile (Maximum points awarded ___):	
A. Agency Description	
1) Did the bidder provide a brief history of the organization? (pts.)	
2) Does the bidder provide a brief explanation of the purpose or mission of the agency and does it relate to the proposed program/services? (pts.)	
3) What is the form of business, individual, partnership, corporation, etc.? (pts.)	
4) Is there a rationale for the agency pursuing this opportunity? (pts.)	
5) Are there future planning issues facing the agency? (pts.)	
6) Is there a potential conflict of interest? (pts.)	
7) Does the bidder have experience with developing and sustaining collaborative relationships with other agencies? Has this bidder created any mergers in the past five years? (pts.)	
8) Does the bidder have experience in this or related services? (pts.)	
Total rater's points for section: _____	

Rating Criteria	Comments Strengths/Weaknesses
<p>II. Organization/Management of the Agency: <i>(Maximum points awarded pts.)</i></p> <p>A. General</p>	
<p>1) Was the board of Directors described and is there adequate individuals receiving services representation? (pts.)</p>	
<p>2) Did the agency provide a current, dated, program specific organizational chart including administrative structure? (pts.)</p>	
<p>3) Are there key administrative staff who will be involved in the proposed program/services and their resumes (i.e. administrator, fiscal staff, and lead program staff)? (pts.)</p>	
<p>B. Personnel Management</p>	
<p>1) Did the agency describe their personnel management system? (pts.)</p>	
<p>2) Do the staff persons who will provide services have education, experience, and qualification in this or related services to serve the target population? (pts.)</p>	
<p>3) Will the staff providing the services be full-time, part-time and/or contractual positions? (provide staffing schedule for a typical week) (pts.)</p>	
<p>4) Was new employee orientation described and materials provided showing what is covered or provided to the new employee? (pts.)</p>	
<p>5) Was the process and frequency of training staff and evaluation of staff's performance described? (pts.)</p>	
<p>6) Is there an adequate description of a method to recruit and retain staff? (pts.)</p>	
<p>7) Did the bidder submit sufficient evidence of cultural competence of staff provided? (e.g. individual staff development plans or others. (pts.)</p>	

Rating Criteria	Comments Strengths/Weaknesses
<i>C. Financial Management</i>	
1) Did the agency submit three most recent copies of the required independent audit reports? (pts.)	
2) Are there any pending or unresolved issues that relate to the fiscal audit? Are there concerns with the past fiscal operations of the agency? (Yes pts., No pts.)	
3) Does the Provider have sound fiscal management practices? (pts.)	
4) Did the agency describe in detail their internal controls/division of duties? (pts.)	
5) Did the agency describe how they maintain sufficient cash flow? (pts.)	
6) Did the agency indicate how often financial statements are produced and who reviews and acts upon the financial reports? Did the agency indicate how often the financial statements are given to their board? (pts.)	
7) Did the agency explain in detail when and why advance requests for payment have been made to contractors? (No pts., Yes pts.)	
8) Did the agency explain the status of payables after payroll has been met including aging. (pts.)	
<i>D. Information System/Authorization Monitoring</i>	
1. Did the agency describe their information system? (pts.)	
2) Did the agency describe their data entry process? (pts.)	
3) Did the agency describe their system for monitoring, processing authorizations for residential and medical, dental and surgical services? (pts.)	
<i>E. Quality Management</i>	

Rating Criteria	Comments Strengths/Weaknesses
1) Did agency describe their quality improvement plan? (i.e. sample of current quality improvement plan and describe how quality improvement annual reports are used, discussed customer satisfaction surveys and how data is used, discussed methods used to measure outcomes and individuals participation) (pts.)	
2) Did the Performance Indicators address customer satisfaction, efficiency (at least two), effectiveness (at least two) in the desired format and were they measurable? (pts.)	
<i>F. Community Involvement</i>	
1) Does the agency utilize community involvement and individual input/participation in policy formulation, program planning and routine decision-making? (pts.)	
2) Does the agency indicate how they utilize community resources and natural supports? (pts.)	
<i>G. Insurance</i>	
1) Did the agency provide copies of current Worker’s Compensation insurance coverage; Directors and Officers liability insurance coverage (errors and omissions) in a sum of not less than one million dollars per claim and one million dollars annual per occurrence and one million dollars annual aggregate?	
Total rater’s points for section: _____	
III. Program Description: (Maximum points awarded pts.)	
A) Did the bidder define in detail the services to be provided? (pts.)	
B) Is there an estimated program service capacity and was it described? (pts.)	
C) Does the bidder have an plan for when and how staff will be supervised? (pts.)	
D) Was accessibility and availability addressed for the services proposed? (pts.)	

Rating Criteria	Comments Strengths/Weaknesses
E) Does the bidder have the ability to meet the needs of special populations (e.g., hearing, vision, language impaired, limited English proficiency (communication issues), etc.)? (pts.)	
F) Did the bidder provide examples of how they are ensuring that they are following the principles of person centered planning and/or self-determination? (pts.)	
G) Did the bidder provide (3) letters of reference and support from various agencies that they collaborate with in the community indicating the quality or effectiveness of the services provided? (pts.)	
H) Were individuals and/or agencies that previously received services from the bidder satisfied with them? (Customer Satisfaction Reports and/or Provider Satisfaction Reports) (pts.)	
Total rater's points for section: _____	
IV. Budget: <i>(Maximum points awarded pts.)</i>	
A) Did the bidder comply with the costing principles in developing a unit rate per hour? (pts.)	
B) Is the administrative cost comparable to total cost competitive? (pts.)	
C) Does the budget narrative provide explanation for how the rate is determined? (pts.)	
D) Is the proposal's budget realistic for the proposed activities? (pts.)	
E) Does the proposal seem cost effective for the amount being requested? (pts.)	
Total rater's points for section: _____	
V. Regulatory and Performance Monitoring: <i>(Maximum points awarded pts.)</i>	

Rating Criteria	Comments Strengths/Weaknesses
A) Did the bidder have any substantiated recipient rights violations? Was appropriate follow-up action taken in all cases? (pts.)	
B) Did the bidder describe the agency's corporate compliance plan/process? (pts.)	
Total rater's points for section: _____	

VI. Transitional Planning: (<i>Maximum points awarded pts. </i>)	
A) Did they provide a transitional plan that addressed both the following situations: 1) provider receiving the bid and 2) provider not receiving the bid? Did the plan address all of the following factors: administrative management changes, efficiencies and capacity, minimal disruption of continuity of service for individuals, time frame in which the new service provider plans to assume contractual obligations, and procurement of any required license and/or certification? (pts.)	
Total rater points for section: _____	
VII. Delegated Functions (if any):	
Total rater points for section: _____	
	<p style="text-align: right;"><i>Maximum Points:</i></p> <p style="text-align: right;"><i>Minimum Points:</i></p>

PROPOSAL RATING SHEET SUMMARY

Points available per category:

	Points Received
I. Agency	I. _____
II. Organization/Management	
A. General	II. A. _____
B. Personnel Management	B. _____
C. Financial Management	C. _____
D. Information Systems/Authorization Monitoring	D. _____
E. Quality Management	E. _____
F. Community Involvement	F. _____
G. Insurance	G. _____
III. Program Description	III. _____
IV. Budget	IV. _____
V. Regulatory and Performance Monitoring	V. _____
VI. Transitional Planning	VI. _____
VII. Delegated Functions (if any)	VII. _____
GRAND TOTAL POINTS ():	_____