

BIDDERS COMPANY NAME

REQUEST FOR PROPOSAL

#6284

FISCAL INTERMEDIARY

SERVICES

Prepared by:

Washtenaw County
Purchasing Division
Administration Building
P.O. Box 8645
220 N. Main B-35
Ann Arbor, MI 48107

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Senior Buyer





**WASHTENAW COUNTY
FINANCE DEPARTMENT**

Purchasing Division

P.O. Box 8645, 220 N. Main, Ann Arbor, MI 48107-8645
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REQUEST FOR PROPOSAL # 6284

October 17, 2006

Washtenaw County Purchasing Division on behalf of the Community Mental Health Partnership of Southeast Michigan (CMHPSM) is requesting proposals from potential bidders for Fiscal Intermediary Services. The CMHPSM service area encompasses Washtenaw, Livingston, Lenawee, and Monroe Counties. Interested parties may submit a bid to provide service in one county or multiple counties.

This Request for Applications will be an open bid for a three-year period. The initial due date for the application package is October 26, 2006 at 3:00 pm. Although it is an open bid, we request that you return your application as soon as possible so the review process can be completed and a panel of eligible providers established.

Sealed Proposals: Please submit one (1) original and two (2) copies to the following address:

**Washtenaw County
Administration Building
Purchasing Division
220 N. Main St. Room B-35
PO Box 8645
Ann Arbor, MI 48107**

By 3:00 p.m. on Thursday October 26, 2006

- Please clearly mark the envelop **"SEALED RFP #6284"**.
- Please direct any technical questions regarding this RFP to WCHO Provider Relations Unit at (734) 544-3000 or wchopru@ewashtenaw.org
- Please direct procedural questions regarding this RFP to Anne Strieter at (734) 222-6760 or strietera@ewashtenaw.org.

Thank You

INITIAL TIMELINE FOR RFP #6284

RFP to Regional Board for Review	10/11/2006
Letter notifying potential contractors of bid availability	10/17/2006
Bid advertised in local newspapers	10/22/2006
Bid available to bidders in Washtenaw County Purchasing	10/17/2006
Bid opening	10/26/2006
Panel Appointments approved by WCHO Board	ongoing
Award Notices	ongoing
Contracts prepared	11/22/2006

Notices to bidders of approval/denial to the Community Mental Health Partnership of Southeast Michigan provider panel will be sent after the Washtenaw Community Health Organization Board meeting at which the decision was made. Contracts will be issued on an as-needed basis, according to the process set forth below.

ISSUING OFFICE

This RFP is issued by the Washtenaw Community Health Organization (WCHO) on behalf of the Community Mental Health Partnership of Southeast Michigan (CMHPSM). The WCHO is utilizing Washtenaw County Purchasing Department services to assist in the issuing of this RFP. All questions regarding procedures with bidding should be directed to Washtenaw County Purchasing Department and all questions regarding the services being bid should be directed to the WCHO Provider Relations Unit.

PROPOSAL DUE DATE:

This is an open panel for a three-year time period with an initial due date of October 26, 2006.

Applicants are able to submit a bid under this RFP at any time prior to October 26, 2009.

An original application with signature and two copies in a sealed envelope must be submitted to *Washtenaw County Purchasing Department*.

DO NOT BIND OR PLACE THE PROPOSAL IN A HARD COVER. Bids must be submitted in the format provided. Specifications for attachments are noted in the application. Proposals that are not in compliance with RFP guidelines will not be considered.

Bids completed according to directions will be accepted for review throughout the open 3-year time period. Awarded agencies will be notified after WCHO Board approval and will be placed on the CMHPSM provider panel throughout the 3-year time period.

TABULATION OF BIDS

All bids will be tabulated by WCHO. A copy of the tabulation, together with all bidding documents shall become record and available for inspection and copying. Reasonable fees may be charged to groups or individuals requesting copies, if the requests are large.

INTRODUCTION

The Community Mental Health Partnership of Southeast Michigan (CMHPSM) is requesting proposals for Fiscal Intermediary Services. It is the intention of the WCHO to provide an array of services to foster stability and continuity for consumers with developmental disabilities, mental illness, and children with serious emotional disturbance. The goal of the CMHPSM is to empower individuals to be as self-reliant as possible. The CMHPSM follows the principles of person centered planning and self determination for all individuals.

The CMHPSM service area encompasses Washtenaw, Livingston, Lenawee, and Monroe Counties. WCHO is responsible for coordinating the issuance of this RFP, reviewing, and credentialing applicants.

Successful applicants will work closely with Washtenaw Community Support and Treatment Services (CSTS), and/or Livingston CMHA, and/or Lenawee CMHA, and/or Monroe CMHA. These are the organizations designated to provide case management and other professional services to consumers of community mental health services in their respective counties.

ORGANIZATIONAL CREDENTIALING

Any agency that will be issued a contract under this RFP must first be credentialed by the WCHO. To request a copy of the WCHO Organizational Credentialing Policy, please contact the WCHO Provider Relations Unit at wchopru@ewashtenaw.org, call (734) 544-3000, or visit the Washtenaw County website to view the Provider Manual policies at

http://www.ewashtenaw.org/government/departments/cmhpsm/provider_information/provider_manual/provider_manual

The organizational credentialing process ensures that an agency meets the standards for placement on the CMHPSM provider panel. Once approved and appointed to the CMHPSM provider panel, your agency will be considered for contracts under this RFP as the need arises. Contracts will be awarded by the WCHO Board for services provided in Washtenaw County; and by the Board of the local Community Mental Health Authority for services provided in Livingston, Lenawee, or Monroe Counties.

Membership on the CMHPSM provider panel is in no way a guarantee that an agency will be awarded a contract under this RFP, nor does it ensure that an agency will receive referrals if contracted to provide services. CMHPSM consumers may choose their own providers from the agencies/individuals on the CMHPSM provider panel.

TRANSITION PLANNING

In the event a service contract is awarded to a provider other than the current service provider, a transition plan shall be negotiated between WCHO, or relevant CMHA, and the current provider. This plan shall take into account the following factors: minimal disruption of continuity of service for consumers, the timeframe in which the new service provider plans to assume contractual obligations, procurement of any required license and/or certification by the new service provider, and, to the extent possible, minimal disruption to the current provider's operations.

ADMINISTRATIVE CONTROL SYSTEM

Any agency contracting with WCHO is required to have an internal accounting and administrative control system in place which (1) protects against waste, fraud, and inefficiency; (2) ensures accuracy and reliability in accounting and operating data; (3) assures compliance with agency policies. This system should include: a) clear lines of responsibility; b) subdivision of duties; c) a clear separation of accounting functions from custody or access to assets.

CRITERIA FOR JUDGING APPLICANTS

The WCHO reserves the right to reject any or all bids, to waive or not waive informalities or irregularities in bids or bidding procedures, and to accept any bid determined through the review process to represent the best interest of WCHO and its consumers.

Bids will be reviewed and scored in the following areas:

Agency Information	20 points
Consumer Input	10 points
Human Resources	15 points
Previous Experience	15 points
Program Capacity/Finance	25 points
Outcome Measures	15 points
Total Possible	100 points

SITE REVIEW

Per the CMHPSM Organizational Credentialing policy, a site visit will be conducted by WCHO Provider Relations Unit for all new bidders, and annually for current providers. A minimum site visit score of 80% is required for approval to the CMHPSM network provider panel.

INFORMATION MANAGEMENT CAPABILITIES

The CMHPSM uses an electronic record for recording/accessing clinical information, submitting performance improvement data, and managing and tracking authorizations for services. This system is web-based; therefore, a computer and internet connection is required if a service provider wishes to use the electronic medical record. WCHO will assign access information (login and password) to users and will provide training to an organization that is unfamiliar with the system.

DESCRIPTION OF SERVICES

Fiscal Intermediary services may not be provided by any agency that also provides additional services to consumers-such as direct care, supported living, occupational therapy, etc. Fiscal Intermediary services may not be provided by family members or guardians of the consumer.

Bidders should identify which county(ies) they would like to provide services.

Fiscal Intermediary Services (1) offer service and support alternatives; (2) offer consumer/family maximum control of their services and supports; (3) offer the consumer the ability to select and hire their own staff; (4) offer the professional assistance necessary in providing payroll and accounting services.

Bidders will generally be serving persons with developmental disabilities who are receiving CMH services; however, CMHPSM affiliate members may, at their discretion, extend these services to adults with mental illness and/or children with serious emotional disturbance. Applicants should be prepared to expand services to include additional consumers as program funding and policies permits. Fiscal Intermediary Services are included in the Medicaid B3 services, and are therefore available to those who qualify for Medicaid State Plan B3 services.

The Fiscal Intermediary must recognize that many consumers, families and Supports Coordinators may be unfamiliar with budgeting, employer responsibilities, and financial reports. The Fiscal Intermediary may not impose requirements on consumers that have not been approved by the CMHPSM. The Fiscal Intermediary role includes teaching, mentoring, and coaching in all of the elements listed below.

Fiscal Intermediary Services shall include the following:

- 1) Financial administration for consumers/families who wish to directly hire and supervise their personal assistants or other direct supports funded by the CMHSP.

The Fiscal Intermediary shall act as an agent of the consumer by performing the financial duties of an employer including:

- Assisting consumers with all required registration such as obtaining a federal identification number
- Issuance of wage payments based on an agreed upon budget and verification by the consumer that services have been performed
- Issuance of Social Security payments
- Issuance of benefit payments
- Other applicable wage deductions
- Tax withholding and payments to the taxing authority
- Issuance of W-2 forms and tax statements
- Provide information and consultation regarding worker's compensation, including maintaining a list of insurance companies, assisting Supports Coordinators and consumers with application process, issuing payment to the insurance company, maintaining verification of coverage on file

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- Provide information and consultation to consumers and Supports Coordinators regarding verification of citizenship or resident alien status of employees, including providing consumers with needed forms
 - Complete employee driving record checks and employee background checks on behalf of the consumer and issue payments for such checks
 - Maintain an employer file on behalf of each consumer, unless otherwise agreed in writing for an individual consumer. Assure all required employee paperwork, including an employer/employee agreement is on file before issuing paychecks to any individual on behalf of the consumer
 - Ensure all staff hired under a voucher receives required training (Recipient Rights, CPR/First Aid, BID) and training on consumer-specific needs as indicated in the Fiscal Intermediary contract and in each consumer's Person-Centered Plan (medications, medical equipment, etc). Fiscal Intermediary shall maintain training records and will make such records available on-site for review by CMHSP staff, PIHP staff, and any other bona fide auditor
 - Develop and provide a checklist and folder to consumers containing all required forms and information for the employment process
 - Provide training and consultation to individuals and groups on financial requirements of employers
- 2) Direct payments to vendors on behalf of the consumer for CMHSP funded services (such as Supported Living, Short Term Respite, Children's Waiver), which are funded through a pre-authorized individual budget. The Fiscal Intermediary shall pay invoices or bills in accordance with the individual's budget as follows:
- Pay all accurate, signed invoices or requests for disbursement within 14 days or less of receipt. Issue emergency checks within 1 working day of request
 - Disburse participant funds from appropriate budget categories
 - Insure disbursements do not exceed total authorized budget
 - Notify Supports Coordinator or CMHSP Administrative staff if request will result in exceeding the consumer's total agreed-upon budget, or if expense will exceed allotted line item by more than 10% for time period in question
 - Notify the consumer and the consumer's Supports Coordinator if an invoice is unable to be paid due to a) lack of signature; b) lack of employment agreement on file; c) other discrepancies
- 3) Provide direct payment to vendors on behalf of consumers for CMHSP authorized emergency needs payments
- Issue emergency check within 1 working day of receipt of request authorized by CMHSP or its designee
 - Maintain a separate record of all emergency checks issued by consumer, type of service and amount of check
- 4) Record Maintenance and Audits
- Maintain historical records of budgets, disbursements, budget changes and adjustments in accordance with State and Federal guidelines and CMHPSM policy

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- Maintain up to date financial records of the consumer's expenses and budget in a mutually agreed upon format
- Initiate new budgets and make changes to current budgets within 3 working days of receipt of authorized budgets from CMHSP
- Make all books and records available to WCHO and/or the local CMHSP for financial audits and/or reviews as requested

5) Reporting

- Provide the consumer, his/her designated representative, and the CMHSP designee with a monthly, quarterly, and annual report. Reports should follow these parameters
 - Provide monthly, quarterly, and annual reports that are designed to be readable by a non-financial person, and be based on the individual's budget year
 - Provide reports within 10 days after the end of each month
 - Reports shall include all of the categories in the individual budget and must reflect actual expenditures from each category
 - Changes in budgets must be reflect in the next monthly report
 - Reports must show the consumer funds remaining in each category, as well as funds spent
 - Reports must include both year to date and current month figures
 - Provide CMHSP monthly reports in an agreed upon format based upon the Fiscal Year
- The Fiscal Intermediary must be available to assist Supports Coordinators, consumers, and their families in understanding the information in the reports through individual contacts and group trainings
- Track costs by individual consumer and by program type, including but not necessarily limited to: Self Determination Initiative, Children's Model Waiver, and Respite
- Comply with an agreed upon monthly billing system
- Comply with quarterly performance improvement reporting as required by Fiscal Intermediary contract
- Comply with any other required reports

MINIMUM STANDARDS OF SERVICE

- Proposals should describe mechanisms that would be employed to provide this service
- Agency should demonstrate the ability to handle payments for both on-going staffing costs and individually approved and reimbursed expenses, such as transportation and costs of community participation
- Agency must be willing to process documentation in any format required for Home and Community Based Waiver or other forms of third party reimbursement
- Agency may be expected to participate in training related to the Michigan Self-Determination Project

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- Agency will bill administrative costs utilizing CPT code T2025 and may charge up to \$100 per consumer per month, regardless of the number of employees the consumer has. The administrative rate will not exceed 10% of the consumer's total approved budget
- Agency will receive a one-time enrollment fee of \$175 for new consumers

BUDGET

The budget will be based upon the consumer's selection of the voucher model as a form of services and the services authorized by the consumer's individual treatment plan/Person-Centered Plan. No guarantee can be made regarding the amount of business your agency may receive. The CMHSP reserves the right to set the final budget for these services for each consumer.

A COMPLETED BID WILL INCLUDE:

1. A coversheet
2. A general application (including any requested policies, reports, credentials or insurances)
3. A general narrative application
4. Proof of agency's financial stability (last fiscal year's Independent Audit Reports - including notes, complete balance sheet, statement of activity, statement of cash flow, schedule of revenue and expenses by program)
5. Any and all compliance audits
6. Board Minutes from the last six (6) months
7. Insurance- Minimum Requirements:

Workers' Disability Compensation Insurance including Employers Liability Coverage as required by the Workers' Disability Compensation Act of 1969, as amended, (1969 PA 317; MCL 418.101 et seq). This insurance is required only if CONTRACTOR is an employer; if CONTRACTOR is not an employer, CONTRACTOR must provide CMHSP with written assertion of its status as a sole proprietor without employees.

Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. Policy shall include CMHSP as additional insured with respect to general liability.

Professional Liability Insurance for claims or damages arising out of an error, omission, or negligent act in the performance of professional services with a minimum limit of \$1,000,000 per occurrence or per claim. If the Professional Liability Insurance is on a per claim basis it shall include a three-year extended reporting period. Policy shall include CMHSP as additional insured with respect to professional liability

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Motor Vehicle Liability Insurance is necessary unless the scope of services in Attachment B states that CONTRACTOR will not transport CMHSP consumers. Michigan coverage must include Michigan No-Fault Coverage with limits of liability of not less than \$1,000,000.00 per occurrence combined single limit Bodily Injury and Property Damage. Coverage from any state outside of Michigan must include a rider that provides coverage at minimum levels required in Michigan and extends coverage to Michigan.

Motor vehicle insurance coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles. Policy shall include CMHSP as additional insured.

Insurance policies must be issued by a company licensed and admitted to do business in Michigan or Ohio, as applicable, and who has not less than an A.M. Best Company's Insurance Reports Rating of A- and must be acceptable to the CMHSP's Director/CEO.

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FOR WASHTENAW COMMUNITY HEALTH ORGANIZATION USE ONLY
DO NOT WRITE IN SHADED AREA

RFP #6284

Request for Proposal for:
FISCAL INTERMEDIARY SERVICES

Date
Issued:
10/12/06

Date
Closed:
10/26/09

Credentialing
Yes / No

Most Recent Site
Visit Score:

Interview Score:

Application

Directions: Complete this application in full.

Identifying Information

Agency Name: _____

Federal Tax ID Number: _____

Billing Street Address:

City

State

Zip

Billing Phone Number: (____) _____

Contact Person/Title:

Contact Numbers:

_____ (____) _____

(____) _____

Email Address: _____

General Information

(check all that apply)

Please indicate the County(ies) in which you would be willing to provide services:

_____ Washtenaw County

_____ Lenawee County

_____ Monroe County

_____ Livingston County

Please list the names of your Board Members and the relationship/representation they hold/title

Please indicate if your organization:

_____ Has the technological capacity (personal computer and internet access) to use the CMHPSM electronic record

_____ Does not have the technological capacity to use the WCHO electronic record

Agency Information

Is your agency handicap accessible? ☐ Yes ☐ No

Is your office accessible through public transportation? ☐ Yes ☐ No

Are you able to meet at the CMHSP, consumer home or community, instead of at your agency?

☐ Yes ☐ No

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Is your agency available to respond to scheduled interview appointments with potential consumers within 5 business days of contact from the consumer or the designated CMHSP?

☐ Yes ☐ No

If no, what is the time frame?

Is your agency willing to attend consumer person-centered planning meetings?

☐ Yes ☐ No

Does your agency have 24 hour on call availability? ☐ Yes ☐ No

Does your agency utilize any type of "in the field" communication? (cell phone, pager, etc)

☐ Yes ☐ No

What is your availability for emergency situations or if emergency checks are needed?

What is your average timeframe for cutting and issuing requested checks?

Has your agency had any sanctions imposed by Medicare and/or Medicaid?

☐ Yes ☐ No ☐ Not applicable

If you answered 'yes' to the above question, please provide the current status and details on a separate sheet.

Please list the continuing education and training activities in which agency leadership has participated in the last two years, or will be participating in the next two years:

Please check the standard reports your computer system can produce:

Performance Improvement_____	Grievances_____	Referrals_____
Access Times_____	Costs_____	Services_____
Outcomes_____		

CURRENT MALPRACTICE LIABILITY INSURANCE INFORMATION

Name of Insurer _____ Policy # _____

Address _____

Expiration Date _____

Amount of coverage:

Individual \$ _____ Minimum Required: Individual _____

Aggregate \$ _____ Aggregate _____

*Please attach a copy of the face sheet of current certificate of liability coverage

Have any malpractice claims been filed against your agency/group within the last 10 years or are any currently pending? ☐ Yes ☐ No

Have any malpractice allegations involving your agency/group work ever been settled by your carrier prior to the filing of either a claim or lawsuit? ☐ Yes ☐ No

If you answered yes to either question, please complete the Malpractice Suit Information Form, explaining each claim or allegation, the circumstances, including relevant dates, and how it was disposed.

MALPRACTICE SUIT INFORMATION FORM CONFIDENTIAL

Submit an individual sheet for each case settled and/or pending. Reproduce form as necessary. If information has already been submitted to WCHO, you do not have to resubmit. If information has *not* been submitted in the past, you must submit for the past

If no claims, please indicate N/A _____ then sign and date bottom of form.

Name of
Case _____

Case Number _____

Court _____

Date of Occurrence _____ Date Case Filed _____ Payment Due _____

Allegations which are the basis for the claim: _____

Description of circumstances in the case: _____

Description of the participation in the case: _____

Description of the defenses/expert witness review of the case: _____

Disposition of the claim: _____

Date of disposition: _____ Amount of judgment or settlement: _____

Disposition of other defendants: _____

Amount of judgment or settlement: _____

Insurance company(s) involved (if any): _____

ATTESTATION-AUTHORIZATION TO DISCLOSE INFORMATION

I hereby certify on behalf of _____ that all information submitted in this application and the copies of State license(s), certificates of insurance, and accreditation are accurate and true. I fully understand that any significant misstatements in or omission from this application will void this application and any subsequent agreement on the part of CMHPSM regarding agency participation in the provider network panel.

I also release from liability all individuals and organization who provide information in good faith and without malice at the request of the WCHO concerning this application.

I understand that the agency participation as a provider for CMHPSM is dependent upon review of this application and completion of the credentialing process.

Signature

Date

Title

Please Print Name

_____, have applied to be a CMHPSM provider. As part of the credentialing process, I must provide WCHO with information relating to my professional liability insurance coverage, and malpractice claims experience. To facilitate this process, I authorize WCHO to contact my professional liability carrier _____ to obtain any and all information relating to my current professional liability coverage. I further authorize my carrier _____ to release to WCHO any and all information relating to my past and current professional liability insurance claims experience.

Signature

Date

Title

AGENCY Narrative Application- Fiscal Intermediary Services

Agency: _____

Person Completing this Application: _____

Current Services/Locations: _____

CONSUMER INPUT

Please describe three different ways in which consumers are involved in the operations of your agency. Address how this has positively impacted areas of performance improvement, policy development, and the agency's mission.

HUMAN RESOURCES

Please provide a description of staff that would work in this program. Include their job title, any degree or credentialing that would be required, and the function of their position.

PREVIOUS EXPERIENCE OR TRAINING

Describe your agency's previous experience providing the services for which you are applying; or, what steps has your agency taken to train and prepare staff to provide the services being bid on?

PROGRAM CAPACITY/FINANCE

Financial Stability:

Describe your agency's overall financial status. Include information about your assets, level of receivables, liabilities, fund balance and cash flow.

When was your last financial audit completed? What auditor notes or comments were included in your audit? Do you have a plan of correction addressing those areas? What corrective steps have you taken? Attach plan of correction including status.

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How often are financial statements produced? What is your process of review? Who reviews and acts upon the financial reports? How often are the financial statements given to your Board?

Internal Controls:

Describe the internal control system (division of labor) you have in place. Focus on the following areas: cash receipts, check processing, purchasing, and invoicing.

OUTCOME MEASURES

Using your agency's performance improvement system, please provide an outcome measure for the outcomes detailed in the Description of Services section that your agency is bidding on. Please attach your most recent PI plan and PI report.