

BIDDERS COMPANY NAME

REQUEST FOR PROPOSAL

#6194

SUBSTANCE ABUSE TREATMENT SERVICES



Prepared by:

Washtenaw County
Purchasing Division
Administration Building
P.O. Box 8645
220 N. Main B-35
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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 # 6194

July 5, 2005

Washtenaw County Purchasing Division on behalf of the Washtenaw Community Health Organization (WCHO), which is the Livingston-Washtenaw Substance Abuse Coordinating Agency, is requesting proposals from potential applicants for Substance Abuse Treatment Services. The WCHO service area encompasses Washtenaw and Livingston Counties.

Sealed Proposals: Any interested parties will deliver one (1) original with original signature(s) and two (2) copies which are clearly marked as such to the following address:

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

Initial due date: Monday, July 11, 2005 at 2:30pm.

This is open request for proposal. Requests for proposal to provide services can be submitted at any time. Please follow the steps below.

Proposals received after the above cited time will be considered a late bid and are not acceptable unless waived by the Purchasing Manager.

- Please use the attached self-addressed label or the envelope should be clearly marked "**SEALED RFP # 6194**".
- Please direct purchasing and procedural questions regarding this Request for Proposal to Anne Strieter at 734-222-6760 or email strietera@ewashtenaw.org
- Please direct specific technical questions regarding services being applied for under this Request for Proposal to WCHO Provider Relations Unit at wchopru@ewashtenaw.org or at (734) 544-3000.

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TIMELINE FOR RFP # 6194

RFP to WCHO Board for Review	June 21, 2005
Letter notifying potential contractors of bid availability	June 29, 2005
Bid advertised in local newspapers	July 3, 2005
Bid available to bidders in Washtenaw County Purchasing	July 5, 2005
Bid opening	July 11, 2005 at 2:30pm
Panel Appointments approved by WCHO Board	ongoing

Introduction

The Washtenaw Community Health Organization, which is the Substance Abuse Coordinating Agency for Washtenaw and Livingston Counties, is requesting applications from licensed and accredited substance abuse treatment providers for services to persons with substance use disorders and co-occurring disorders (mental health and substance abuse).

Issuing Office

This Request for Proposal (RFP) is issued by the WCHO. The WCHO is utilizing Washtenaw County Purchasing Division services to assist in the issuing of this RFP. All questions regarding procedures with applying should be directed to Washtenaw County Purchasing Department and all questions regarding the services being applied for should be directed to the WCHO Provider Relations Unit at wchopru@ewashtenaw.org or (734) 544-3000.

Services Available for Application

Services for which applications are sought are listed below.

The following services are available to all WCHO clients:

- **Assessment/Evaluation**
Comprehensive evaluation and assessment using bio-psychosocial and stages of change models to determine current status, personal characteristics, diagnostic information and initial treatment needs.
- **Group**
Therapy using accepted group treatment modalities focusing on recovery based issues.
- **Individual Outpatient**
Individual therapy sessions using supportive psychotherapy, cognitive behavioral methods, and/or motivational-based methodologies to confront use and abuse and other barriers to a recovery based lifestyle.
- **Intensive Outpatient**
Group and didactic sessions offered on a 3-4 day per week, 3.5 hour per day basis to help clients who require more treatment than a standard weekly outpatient treatment plan, but less than a residential treatment program (per ASAM criteria).

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- **Intensive Outpatient Level II**
Alcohol and/or drug services; treatment program operates at least 3 hours per day and at least 3 days per week, based on an individualized treatment plan, including assessment, counseling, crisis intervention, & activity therapies or education.
- **Intensive Outpatient with Domicile**
Alcohol and/or drug services; treatment program operates at least 3 hours per day and at least 3 days per week, based on an individualized treatment plan, including assessment, counseling, crisis intervention, & activity therapies or education.
- **Methadone**
Alcohol and/or drug services; administration and/or service of the drug by a licensed Methadone program. Opiate-dependent patients may be provided chemotherapy using methadone or Levo-Alpha-Acetyl-Methadone as an adjunct to therapy. Such services must be performed under the care of a physician licensed to practice medicine in the state of Michigan. The physician must be licensed to prescribe controlled substances, as well as licensed to work at a methadone program. The methadone component of the substance abuse treatment program must be licensed as such by the state and be certified by the OPAT/CSAT and licensed by the Drug Enforcement Administration.
- **Detox Residential**
Alcohol and/or drug services. May be “drug-free, social detox” or medication-based model.
- **Residential (Short Term)**
Alcohol and/or drug services; short-term residential less than 30 days in a non-hospital residential treatment program.
- **Residential (Long Term)**
Alcohol and/or drug services; non-medical, non-acute care in residential treatment program where stay is typically longer than 30 days.
- **Adolescent Residential (Short Term)**
Therapeutic community model program that helps adolescents with drug and related conduct problems change their behavior to become contributing members of the community. Short term clients tend to stay in the program for up to 30 days.
- **Adolescent Residential (Long Term)**
Therapeutic community model program that helps adolescents with drug and related conduct problems change their behavior to become contributing members of the community. Long term clients tend to stay in the program for up to 180 days.

Credentialing

Any agency that is interested in providing services under this RFP must:

1. Be accredited by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), the American Osteopathic Association (AOA), or the National Council on Quality Assurance (NCQA) for the services for which the agency is applying for credentialing.

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2. Be licensed by the State of Michigan, Department of Consumer and Industry Services as a substance abuse treatment provider for the specific level(s) of care provided.
3. Submit an approved Quality Improvement plan and undergo an on-site evaluation conducted by WCHO. In the event that a site visit is completed, an acceptable score must be achieved, pursuant to the WCHO Organizational Credentialing Policy.

Once approved for the provider panel, the agency may be considered for contracts under this RFP. Contracts will be issued by the WCHO.

Membership on the WCHO provider panel is in no way a guarantee that a contract will be awarded under this RFP, nor does it ensure that an agency will receive referrals if approved to provide services. Self determination allows consumers to choose their own providers from among the agencies on the provider panel. Consumer choice is honored to every extent possible.

For more information on the WCHO organizational credentialing process and policies, visit the Community Mental Health Partnership of Southeast Michigan (CMHPSM) Provider Information website at <http://cmhpsm.ewashtenaw.org/> under Provider Manual.

Additional Requirements Related to Staff Qualifications:

Staff providing substance abuse treatment services to consumers must meet the WCHO's credentialing of clinical privileges requirements listed below:

All direct service staff hired in State funded programs licensed for Screening, Assessment, Referral and Follow-Up (SARF) and all treatment service categories must have successfully passed the Fundamentals of Alcohol and Other Drug Problems (FAODP) examination and possess a Bachelors Degree.

A six-month waiver (one-time) may be requested from the Michigan Certification Board for Addiction Professionals to allow time to schedule for an exam. This waiver allows new direct staff to deliver services and prepare for the FAODP exam.

The following are exempted from this requirement: current licensure as a physician or psychologist; masters degree in Guidance and Counseling, Social Work, or Clinical Psychology from an accredited college or university; valid Certified Addictions Counselor (CAC) or (CACII) certificate, successful completion of a least 16 college-level semester hours of substance abuse specific course work; or ICRC Certificate or Basic Curriculum in Substance Abuse Course (BCSAC) or Detroit Institute of Addiction, Research and Training (DIART) training course.

Counselors working in specialty treatment programs serving adolescents must have a bachelors degree and documented education, work, or volunteer experience with adolescents. Minimum standards are 15 semester hours or the equivalent in adolescent issues, or 2080 hours of paid or volunteer direct service experience with a human services provider, providing services to adolescents.

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Counselors serving older adults must have a bachelor's degree and documented education, work or volunteer experience with older adults. Minimum standards shall be a certificate in geriatrics, 15 semester hours or the equivalent in older adult issues, or 2080 hours of paid or volunteer direct service experience with an older adult human services provider.

Counselors serving co-occurring substance abuse and mental health clients must have a bachelors degree and documented education, work, or volunteer experience with mentally impaired clients. Minimum standards shall be 15 semester hours, or the equivalent, in mental health issues, which includes 2080 hours of paid or volunteer direct service experience with a provider. The education or experience, or both, shall include training in psychopathology and psychopharmacology.

Proposal Due Date:

This is an open panel with an initial due date of July 11, 2005 at 2:30pm. Applicants are able to submit an application under this RFP at any time.

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

DO NOT BIND OR PLACE THE APPLICATION IN A HARD COVER. Applications should be submitted in the format provided. Specifications for attachments are noted in the application.

Criteria for Judging Applications

The WCHO reserves the right to reject any application, to waive or not waive informalities or irregularities in the application procedures, and to accept any application determined through the review process to represent the best interest of WCHO and its consumers. Notification of the above-mentioned circumstances will be provided by the Washtenaw County Purchasing Division.

For information on how the WCHO awards agency contracts, view the Organizational Credentialing Policy at http://www.ewashtenaw.org/government/departments/cmhpsm/provider_information/pro_homepage.html under Provider Manual.

Reporting

The WCHO will stipulate any reporting requirements. Applicants must be able to meet these reporting requirements. Exact ongoing requirements will be outlined and made a part of the contract. To obtain a copy of the most recent version of the WCHO contract boilerplate, please contact the Provider Relations Unit at wchopru@ewashtenaw.org or at (734) 544-3000.

Information Management Capabilities

The WCHO uses an electronic record for referring individuals, submitting utilization review, reporting performance improvement data, and submitting and tracking authorizations for services. This system is web-based; therefore, a computer and internet connection is required. The WCHO will assign access information (login and password) to users.

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**APPLICATION
for Agencies Providing Services under RFP #6194, Substance Abuse Treatment Services**

1. **Today's Date:** _____
 2. **Agency Name**

 3. **Address, telephone number, and fax number:**

Address: _____

Phone: _____ Fax: _____
 4. **Director's Name and Email Address:** _____
 5. **Agency Contact and Email Address:** _____
 6. **Agency Accreditation (Please attach copy of the agencies accreditation.)**

Type of accreditation: ☐ JCAHO ☐ CARF ☐ COA
 ☐ AOA ☐ NCQA ☐ Other _____

Date of Expiration of Accreditation _____
 7. **Do you employ staff fluent in any foreign language(s)?**
☐ French ☐ Spanish ☐ German ☐ Chinese ☐ Japanese ☐ ASL
☐ Other: _____
 8. **Does you agency have experience in the examination, evaluation and treatment of minors and their families?** ☐ yes ☐ no
If yes, describe any research based treatment models used by your agency: _____

- Total number of years doing so: _____

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Please indicate in which county(ies) the agency would be willing to work:

☐ Washtenaw County

☐ Livingston County

10. Type of Services: Please check the services for which your agency is applying .

TREATMENT MODALITY	COST PER UNIT	UNIT DEFINITION
Assessment/Evaluation		
Group		
Individual Outpatient		
Intensive Outpatient		
Intensive Outpatient Level II		
Intensive Outpatient w/domicile		
Methadone		
Detox Residential		
Residential (Short Term)		
Residential (Long Term)		
Adolescent Residential (Short Term)		
Adolescent Residential (Long Term)		

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11. Attestation – Authorization to Disclose Information

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

Your signature on this application indicates your agency's intent to be granted clinical responsibilities (privileges) in areas in which you are currently competent and able to perform the responsibilities requested and the duties of this position. You are consenting to review by an accrediting agency, state and/or federal inspectors, and the WCHO of relevant records/documents which are pertinent to this application. In addition, you attest that all of the above information you have provided is accurate and complete.

Signature

Date

Title

Please Print Name