

BIDDERS COMPANY NAME

REQUEST FOR PROPOSAL

#6095

ADVOCACY 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
Phone (734) 222-6760, Fax (734) 222-6764

REQUEST FOR PROPOSAL # 6095

September 25, 2003

Washtenaw County Purchasing Division on behalf of the Washtenaw Community Health Organization is seeking proposals for advocacy services. The term will be from December 1, 2003 through September 30, 2006.

Sealed Proposals: Contractor will deliver one (1) original and five (5) copies 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**

by 1:30 pm on Thursday, October 16, 2003

There will be an optional bidders conference **September 29, 2003** at 11:00am in room 107, 555 Towner, Ypsilanti, Michigan. Requirements for the application will be reviewed and general questions answered. Staff will be available to assist with specific questions regarding the completion of the RFP. You are strongly encouraged to attend this conference to discuss the application process with staff.

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 # 6095**".
- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter C.P.M. at 734-222-6760 or email strietera@ewashtenaw.org
- Please direct technical questions regarding this RFP to Lorin Burgess (734) 544-6817 or email burgessl@ewashtenaw.org

RFP# 6095 Advocacy Services

TIMELINE FOR RFP # 6095

Bid to WCHO Board for Review	9-16-2003
Letter notifying potential contractors of bid	9-19-2003
Bid to General Services for Printing	9-19-2003
Bid advertised in local newspapers	9-24-2003
Bid available to bidders in Purchasing	9-25-2003
Bidders Conference/Technical Assistance	9-29-2003
Bid submission deadline	10-16-2003
Bid opening	10-16-2003
Award Recommendations approved by WCHO Board	11-18-2003
Award Notices	11-20-2003
Contracts prepared by	12-01-2003

A COMPLETED BID WILL INCLUDE:

1. **A Coversheet**
2. **A checklist**
3. **A General application**
Including copies of Current License, Certification, Registration and Accreditation
4. **A general Narrative Application**
5. **Proof of agency's financial stability:**
Last 2 fiscal year Independent Audit Reports (including notes, complete balance sheet, statement of Activity, statement of cash flow, schedule of revenue and expenses by program)
6. **Any and all compliance audits (program specific)**
7. **Board Minutes from the last six (6) months**
8. **Insurance – Minimum Requirements**

Worker's Compensation Insurance with Michigan statutory limits and Employers Liability Insurance with minimum limit of 100,000 each accident for any employee.

Comprehensive / Commercial General Liability Insurance with a combined single limit of 1,000,000 each occurrence for bodily injury and property damage. **Washtenaw Community Health Organization** shall be added as "additional insured" on general liability policy with respect to the services provided under the contract.

Automobile Liability Insurance covering all owned, hired and non-owned vehicles with Personal Protection Insurance and Property Protection Insurance to comply with the provisions of the Michigan No Fault Insurance Law, including residual liability insurance with a minimum combined single limit of 1,000,000 each accident for bodily injury and property damage. Policy shall include **Washtenaw Community Health Organization** as additional insured with respect to automobile liability.

Professional Liability Insurance for claims or damages arising out of an error, omission, of negligent act in the performance of professional services with a minimum limit of \$1,000,000 per occurrence. Policy shall include **Washtenaw Community Health Organization** as additional insured with respect to professional liability.

Insurance policies must be issued by companies licensed to do business in Michigan or approved to do business in Michigan and such companies must be well rated and acceptable to the Washtenaw County Administrator.

TABLE OF CONTENTS

I. General Information

II. Review Criteria

III. Description of Services

IV. Application

V. Narrative

VI. Sample Contract for Provider Review

GENERAL INFORMATION

PURPOSE: Washtenaw Community Health Organization (WCHO) is issuing a Request for Proposal for Advocacy services. It is the intention of the WCHO Board to provide an array of services including self-determination, self-advocacy and consumer & family resources. Bidder must demonstrate the ability to provide information regarding resources, services, entitlements and assistance with access to needed services.

POTENTIAL BIDDERS: All interested parties are invited to submit proposals. Each bidder should submit a bid in accordance with the instructions contained herein. A completed application form and requested documentation initiates the evaluation process. Appropriate documentation must be submitted in order to verify each criterion. It is WCHO policy that individual and agency providers, who contract to provide services, will have met any applicable credentialing or re-credentialing standards.

TRANSITION PLANNING: In the event a services contract is awarded to a provider other than the current service provider, a transition plan shall be negotiated between WCHO 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

FORMAT FOR SUBMISSIONS: All bids should be typed, double-spaced and submitted utilizing the following format: DO NOT BIND OR PLACE THE PROPOSAL IN A HARD COVER

CONDITIONS AND TIME FRAMES: Please note any special conditions or consideration you are requesting. Indicate timeframes you would require for program implementation if your bid were accepted.

TABULATION OF BIDS: All bids will be tabulated by Washtenaw County General Services. 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.

ADMISSION AND DISCHARGE: WCHO will identify potential customers for funded programs. WCHO encourages a focus on adapting services to meet the needs of individuals. Non-acceptance of customers meeting the identified criteria for participation may result in financial penalties and/or cancellation of the contract. Should waiting lists for services develop, providers must provide WCHO with a process for prioritization of customers with the Mental Health Code.

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; and (3) assures compliance with agency policies. This system should include: a) clear lines of responsibility; b) subdivision of duties; and c) a clear separation of accounting functions from custody or access to assets.

CRITERIA FOR JUDGING PROPOSALS

The Washtenaw Community Health Organization reserves the right to reject 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 customers. Bids will not be awarded solely on the basis of cost and selected proposals may not be the lowest bids.

All bids will be evaluated by a committee of WCHO staff and/or Board members or consumers of the Washtenaw Community Health Organization services utilizing the following criteria:

- The ability, capacity and skill of the bidder to perform the contract and to provide the services required including a willingness to accept customers.
- The compatibility of the contractor’s service philosophy with proposed services and with the mission and direction of WCHO.
- The previous experience of the bidder in providing services similar to those proposed or in meeting the needs of the target population.
- The bidder’s history of compliance with applicable laws and ordinances and Department of Community Health Guidelines relating to the contract performance required, and familiarity with and ability to apply applicable reporting requirements.
- The quality, creativity and soundness of services proposed by the bidder for the particular program proposed.
- The mechanisms for primary and secondary consumer input, and mechanisms for quality management/improvement.
- The number and scope of any conditions attached to the bid.
- Whether the bidder is currently in default to the County for any reason.

Collaboration with other direct programs and contractual agencies of the WCHO/CMH system that improve continuity of service for consumers. Linkages/coordination with Client Services Management/supports coordination activities is included in this category.

Bids will be reviewed and scored in the following areas:

General

Overall Completeness of Bid	No points (bid not accepted if incomplete)
Consumer Family Input	20 points
Program Capacity/Structure	20 points
Finance	20 points
Quality of Service/Outcome Measures	20 points
History of the Bidder	20 points
Total Possible:	100 points

RFP# 6095 Advocacy Services

SITE REVIEW

A site visit or Contract Monitoring Evaluation tool may be used for current providers and new bidders. The results of the review from either of these evaluation tools will be scored and included into the History of the Bidder portion of scoring.

POTENTIAL BIDDER INTERVIEWS

Interviews may be scheduled after the initial scoring of the bid is complete. Bidders meeting the minimum required points may be interviewed. All interviews will be standardized and scored.

DESCRIPTION OF SERVICES

ADVOCACY

Service Areas:

1. General information and referral services to families, children and adults with developmental disabilities. Provision of information regarding resources, services, entitlements and assistance with access to needed services. Service to be available 40 hours per week via telephone with the capacity for face-to-face assistance when needed. Includes response to individual requests and community education to families, individuals, service professionals and general community audiences.

2. Benefit assistance, education and advocacy to persons with developmental disabilities, mental illness or children with emotional impairment.
 - Training and education to Washtenaw Community Support and Treatment Services (CSTS) staff and primary and secondary consumers regarding benefits and entitlements, including but not limited to SSI, SSD, Medicaid, Medicare, FIA. Provide a minimum of 4 trainings per year for staff of WCHO and contract agencies. Provide a minimum of 4 trainings per year for consumers, families and self-advocates.
 - Direct assistance to individuals and families in applying for benefits, understanding determinations and understanding and accessing the appeals process for negative determinations. Provides direct support to persons with a CSM or Supports Coordinator, provides consultation to staff for persons with a CSM or Supports Coordinator.

3. Facilitation and Coordination of Self Advocacy by Persons with Developmental Disabilities
 - Facilitate or provide staffing support for opportunities for persons with developmental disabilities to develop self advocacy skills
 - Facilitate and coordinate opportunities for persons with developmental disabilities to engage in self advocacy as individuals and groups
 - Assist adults, families and children in individual self advocacy with service systems and public entities

Budget

Current funding for services described in this RFP is \$153,500 with a local match of \$31, 877 for all functions identified in the Description of Services. The net cost of the contract is \$124,000.

COVER SHEET

**WASHTENAW COMMUNITY HEALTH ORGANIZATION BOARD
REQUEST FOR PROPOSAL
GENERAL AGENCY INFORMATION**

**FOR WASHTENAW COUNTY COMMUNITY MENTAL HEALTH USE ONLY
DO NOT WRITE IN SHADED AREA**

RFP # 6095 Request for Proposal for: Advocacy Services	Date Issued: Oct 2003 Date Closed: September 2006	Total application Score:
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SUBMITTING AGENCY PLEASE FILL IN THE INFORMATION BELOW.

A. Name of Proposing Agency

B. Address

C. Contact Person for Potential Interviews, Title & Phone

Name *Title*

-(_____)_____
Phone

D. Organization, Name & Title of authorized signatories

Name *Title*

Name *Title*

**WASHTENAW COMMUNITY HEALTH ORGANIZATION BOARD
AGENCY APPLICATION**

Identifying Information		
Agency Name: _____		
Federal Tax ID Number _____		
Billing Street Address _____		
City _____	State _____	Zip _____
Billing Phone Number: _____		
Contact Person _____	Emergency Contact Number _____	

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

Accreditation/Certification

PLEASE ATTACH AN ADDITIONAL SHEET IF THERE IS INSUFFICIENT AMOUNT OF SPACE.
ATTACH COPIES OF CURRENT LICENSE, CERTIFICATION, REGISTRATION AND ACCREDITATION

Has the agency's state license/certification ever been revoked, suspended, or limited?

Yes No Not Applicable

Is action pending to revoke, suspend or limit the agency's license/certification?

Yes No Not Applicable

Has the agency ever had its JCAHO accreditation revoked, suspended, or limited?

Yes No Not Applicable

Is there action pending to revoke, suspend, or limit the agency's JCAHO accreditation?

Yes No Not Applicable

Has the agency ever had its CARF accreditation revoked, suspended, or limited?

Yes No Not Applicable

Is there action pending to revoke, suspend, or limit the agency's CARF accreditation?

Yes No Not Applicable

Has the agency had any other certification/accreditation revoked, suspended or limited?

Yes No Not Applicable

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

Yes No Not Applicable

If yes was answered to any of the above questions, please provide the current status and details on a separate sheet. Please include the following: description of incident, including correspondence with state licensing boards, and/or a detailed description of any litigation, including settlements, court awards etc.

Agency Information: Please answer the following questions:

Is your office handicap accessible?

Yes No

Please list office hours:

Is your office accessible through public transportation?

Yes No

Is your agency available to respond to scheduled interview appointments with potential consumers within 5 business days of contact from Washtenaw CSTS or local CMHs?

Yes No

If no what is the time frame?

Does the agency have 24 hour on call staff availability?

Yes No

Does your agency utilize any type of “in the field” communication? (i.e. cell phones, pagers, etc.). If yes, provide a list of staff names/positions and relevant contact numbers.

Yes No

Does your agency use other providers to furnish call/back coverage?

Yes No

Please indicate which forms of documentation your agency currently uses:

- Daily written progress notes
- Weekly written progress notes
- Incident reports
- Staff activity logs
- Other _____

RFP# 6095 Advocacy Services

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:

CURRENT MALPRACTICE LIABILITY INSURANCE INFORMATION

Name of Insurer _____ Policy Number _____

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 the agency/group within the past ten years or are any currently pending?

Yes No

Have any malpractice allegations involving the agency/group work ever been settled by your carrier prior to the filing of either a claim or a 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 Individual Sheet for Each Case Settled and/or Pending in the Past Ten Years. Also submit additional sheets if needed. Copy Form as Necessary.

If no claims, please indicate N/A _____

Name of Case _____

Case Number _____ Court _____

Date of Occurrence _____ Date Case Filed _____ Payment Due _____

Allegations which are the basis of the claim: _____

Description of Circumstances in the Case: _____

Description of Agency/Group Participation in the Case: _____

Description of Defense / Expert Witness Reviews in the Case: _____

Disposition of Claim _____

Date of Disposition _____ Amount of Judgment or Settlement _____

Name(s) of the Defendant(s) Named in the Claim or Suite (if any) _____

Disposition of other Defendants _____

Amount of Judgment or Settlement _____

Insurance Company(s) Involved (if any) _____

I hereby certify that the above information is accurate and true and understand the information included in this form will be kept confidential and will only be used for credentialing/recredentialing. I understand that any information submitted on or with this form which is found to be false or intentionally misleading may result in rejection from Washtenaw County Community Mental Health as a network provider

Signature of Applicant _____ Date: _____

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 participation in its 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 WCHO is dependent upon review of this application and completion of the credentialing process.

Signature Date

Title

Please Print Name

Release of Information

Washtenaw Community Health Organization

_____, have applied to be a Washtenaw Community Health
Agency/Group Name
Organization 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 _____
Professional Liability Carrier
_____ to obtain any and all information relating to my current professional
liability coverage. I further authorize _____
Professional Liability Carrier
to release to WCHO any and all information relating to my past and current professional
liability insurance claims experience.

Signature Date _____

Title

AGENCY General Narrative Application

Agency:

Person Completing this Application:

Consumer/Family 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.

Program Capacity/Structure

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

Explain how you will provide service in each of the areas described on page 7. Which FTEs (described above) will be devoted to which areas of service?

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.

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 (Checks and Balances)

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

Quality of Service/ Outcome Measures

Using your agency's performance improvement system, please provide an outcome measure for each of the six outcomes detailed on page 7. Please indicate if attachments are included.