

BIDDER'S COMPANY NAME

REQUEST FOR PROPOSAL

RFP #6372

Psychosocial Rehabilitation (Clubhouse) Services

**January 1, 2008 through September 30,
2011**

Prepared By:

Washtenaw County Purchasing
Administration Building
220 N. Main B-35
Ann Arbor, MI 48107

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WASHTENAW COUNTY

Finance Department
Purchasing Division

220 N. Main, Ann Arbor, MI 48107
Phone (734) 222-6760, Fax (734) 222-6764

REQUEST FOR PROPOSAL #6372

November 19, 2007

Washtenaw County Purchasing Division on behalf of Washtenaw Community Health Organization (WCHO) is requesting proposals from potential bidders for Psychosocial Rehabilitation Services in Washtenaw County and Lenawee County.

Sealed Proposals: Please submit one (1) original and two (2) copies which are clearly marked as "Sealed RFP #6372" to the following address and due date:

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

by 3:00 p.m. on December 12, 2007

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 may not be considered.

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

- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter at (734) 222-6760 or email strietera@ewashtenaw.org.
- Questions related to the WCHO contract to Kelly Gauthier at (734) 544-2915 or email gauthierk@ewashtenaw.org.
- Questions related to the Clubhouse program may be directed to Kathy Dettling at (517) 546-4126.

Thank you for your interest.

Timeline for RFP #6372

Bid to WCHO Board of Directors for review	November 7, 2007
Notification to potential contractors of bid	November 14, 2007
Bid advertised in local newspapers	November 18, 2007
Bid available to bidders at Purchasing Department	November 19, 2007
Bid submission deadline/bid opening (2:00 pm)	December 12, 2007
Bidder interviews begin	December 17, 2007
Award recommendations approved by WCHO Board of Directors	January 2007
Award and denial notices to bidders	January 2007
Contract prepared	January 2007

Issuing Office

This RFP is issued by the Washtenaw Community Health Organization (WCHO) utilizing Washtenaw County Purchasing Department services to assist in the issuance of the 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 Washtenaw Community Health Organization Provider Relations Unit.

The WCHO 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 Washtenaw Community Health Organization and its customers.

Proposal Due Date

An original hard copy of the application with signature and required attachments and two copies must be submitted in a sealed envelope to the Washtenaw County Purchasing Department by December 12, 2007 at 3:00 pm. Late proposals and proposals that are not in compliance with RFP guidelines will not be considered.

I. Introduction

The Washtenaw Community Health Organization (WCHO) is requesting proposals for psychosocial rehabilitation services, to be provided in a Clubhouse environment to individuals with a mental illness who reside in Washtenaw County.

Successful applicants will work closely with Washtenaw County Community Support and Treatment Services (CSTS), the organization designated to provide case management and other professional services to consumers of community mental health services in Washtenaw County.

The goal of the WCHO and CSTS is to empower individuals to be as self-reliant as possible. The WCHO and CSTS follow the principles of person centered planning and self determination for all individuals. Services that will be provided in the clubhouse setting may vary depending on the needs and goals of the individuals served.

II. Services to be Provided

A. Service Description

Successful bidders must ensure that services are provided in accordance with the requirements set forth by the Michigan Department of Community Health (MDCH). MDCH describes psychosocial rehabilitation services as follows:

A clubhouse program is a community-based psychosocial rehabilitation program in which the beneficiaries (also called clubhouse "members"), with staff assistance, are engaged in operating all aspects of the clubhouse, including food service, clerical, reception, janitorial, and other member supports and services such as employment, housing, and education. In addition, members, with staff assistance, participate in the day-to-day decision-making and governance of the program and plan community projects and social activities to engage members in the community. Through the activities of the ordered day, clubhouse decision-making opportunities and social activities, individual members achieve or regain the confidence and skills necessary to lead vocationally productive and socially satisfying lives.

Target Population: Clubhouse programs are appropriate for adults with a serious mental illness who wish to participate in a structured program with staff and peers and have identified psychosocial rehabilitative goals that can be achieved in a supportive and structured environment. The individual must be able to participate in and benefit from the activities necessary to support the program and its members, and must not have behavioral/safety or health issues that cannot adequately be addressed in a program with a low staff-to-member ratio.

Essential Elements: Member Choice/ Involvement

- All members have access to the services/supports and resources with no differentiation based on diagnosis or level of functioning.
- Members establish their own schedule of attendance and choose a unit that they will regularly participate in during the work ordered day.
- Members are actively engaged and supported on a regular basis by clubhouse staff in the activities and tasks that they have chosen.
- Membership in the program and access to supportive services reflects the member's preferences and needs, building on the person-centered planning process.
- Both formal and informal decision-making opportunities are part of the clubhouse units

and program structures so that members can influence and shape program operations.

Informal Setting

- Staff and members work side-by-side to generate and accomplish individual/team tasks and activities necessary for the development, support, and maintenance of the program.
- Members have access to the clubhouse during times other than the work ordered day, including evenings, weekends, and all holidays (including New Year's Day, Memorial Day, Independence Day, Thanksgiving Day, and Christmas Day).

Program Structure and Services: The program's structure and schedule identifies when the various program components occur, e.g., work ordered-day, vocational/educational. Other activities, such as self-help groups and social activities, shall be scheduled before and after the work ordered day.

Work Ordered Day: The work ordered day is a primary component of the program and provides an opportunity for members to regain self-worth, purpose, and confidence. It is made up of those tasks and activities necessary for the operation of the clubhouse and typically occurs during normal work hours. The work ordered day is carried out in organizational units defined by the clubhouse that accomplish the work necessary to operate the clubhouse and meet the community living needs of the members, such as housing and transportation. Although participation in the work ordered day provides opportunities to develop a variety of interpersonal and vocationally related skills, it is not intended to be job-specific training. Member participation in the work ordered day provides experiences that will support members' recovery, and is designed to assist members to acquire personal, community and social competencies and to establish and navigate environmental support systems.

Employment Services and Educational Supports: Services directly related to employment, including transitional employment, supported employment, on-the-job training, community volunteer opportunities, and supports for the completion or initiation of education or training and other vocational assistance must be available.

Member Supports: Opportunities for clubhouse members to provide and receive support in the community in areas of outreach, warm line, self-help groups, housing supports, entitlements, food, clothing and other basic necessities or assistance in locating community resources must be available.

Social Supports: Opportunities for members to develop a sense of a community through planning and organizing clubhouse social activities. This may also include opportunities to explore recreational resources and activities in the community. The interests and desires of the membership determine both spontaneous and planned activities.

Psychosocial Rehabilitation Components: Following are some of the broad domains of psychosocial rehabilitative goals and objectives. Based on the member's individual plan of service developed through the person-centered planning process, these are carried out during the member's participation in the work ordered day and through interactions with other staff and members. Staff may also work informally with members on individual goals while working side-by-side in the clubhouse.

Symptom Identification and Care

- Identification and management of situations and prodromal symptoms to reduce the frequency, duration, and severity of psychological relapses.
- Gaining competence regarding how to respond to a psychiatric crisis.
- Gaining competence in understanding the role psychotropic medication plays in the stabilization of the members' well being.
- Working in partnership with members who express a desire to develop a crisis plan.

Competency Building

- Community living competencies (e.g., self-care, cooking, money management, personal grooming, maintenance of living environment).
- Social and interpersonal abilities (e.g., conversational competency, developing and/or maintaining a positive self-image, regaining the ability to evaluate the motivation and feelings of others to establish and maintain positive relationships).
- Personal adjustment abilities (e.g., developing and enhancing personal abilities in handling every day experiences and crisis, such as stress management, leisure time management, coping with symptoms of mental illness). The goal of this is to reduce dependency on professional caregivers and to enhance independence.
- Cognitive and adult role competency (e.g., task-oriented activities to develop and maintain cognitive abilities, to maximize adult role functioning such as increased attention, improved concentration, better memory, enhancing the ability to learn and establishing the ability to develop empathy).

Environmental Support

- Identification of existing natural supports for addressing personal needs (e.g., families, employers, and friends).
- Identification and development of organizational support, including such areas as sustaining personal entitlements, locating and using community resources or other supportive programs.

Staff Capacity: The number of staff from the provider agency should be sufficient to effectively administer the program, but also allow the members sufficient leeway to participate meaningfully in the program. Clubhouse staff shall include:

- One full-time on-site clubhouse manager who is a qualified professional and has extensive experience with the target population and is licensed, certified, or registered by the State of Michigan or a national organization to provide health care services. The clubhouse manager is responsible for all aspects of clubhouse operations, staff supervision and the coordination of clubhouse services with case management staff.
- Other experienced professional staff licensed, certified, or registered by the State of Michigan or a national organization to provide health care services.
- Other staff who are not licensed, certified, or registered by the State of Michigan to provide health care services may be part of the program, but shall operate under the supervision of a qualified professional. This supervision must be documented.

B. Overview of Clubhouse Currently Operating in Washtenaw County

General Information: The Washtenaw County Clubhouse (“Fresh Start”) is located on State Street in Ann Arbor, on a bus line. Average daily attendance at Fresh Start is about 26. The Clubhouse has a 15-passenger van that is paid for; this van will be available to the winning bidder for use in transporting Clubhouse members.

Programming: Current programs that are popular with Fresh Start members include: Computer skills classes, community outings, support groups including a women’s group, a spirituality group, a poetry group and a skill building group, all of which are offered before and after the work ordered day. The clubhouse also has a computer lab which is available to members to check email, surf the web, look for jobs and update their resumes before & after the work-ordered day.

Human Resources: Fresh Start is currently staffed with a Clubhouse Director, two full-time professional staff who provide leadership to the member services unit and the business unit, a full-time vocational specialist who assists members in finding jobs, and two part-time paraprofessional staff who assist in the kitchen and snack bar units. There is also one part-time peer support who assists members in meeting housing and other community support needs.

WCHO will earmark funds to provide ICCD training and certification as needed for the Director, Contract Administrator, and one clubhouse member to attend a three week ICCD training program.

Current Hours/Days of Operation: The Michigan Department of Community Health requires that all Clubhouses in Michigan are open 365 days a year, unless otherwise determined by the membership. Currently, members have decided to be open on the day after Thanksgiving and on New Year's Eve; the Clubhouse is closed on other holidays.

Supported & Transitional Employment Programming: One key component of Fresh Start's programming is its contract with Michigan Rehabilitation Services (MRS) to provide employment services for Clubhouse members. The service provider managing Fresh Start must bill MRS for these activities. Supported and transitional employment activities include: job development, job placement, and follow-along job coaching.

Goals: Fresh Start is currently working on the following goals:

- Increased emphasis on a work-ordered day;
- Engaging younger individuals with mental illness to become Clubhouse members;
- Developing and supporting employment;
- Improving collaboration with Washtenaw County Community Support and Treatment Services case managers.
- Improving community collaboration.
- Fundraising (current fundraising activities include charging for football parking when the University of Michigan football team is playing a home game)

Site Identification and Procurement

The WCHO will retain responsibility for site identification and leasing. The space occupied by Fresh Start is leased through 2009.

Information Management / Electronic Medical Record

The WCHO uses an electronic record for recording/accessing clinical information, submitting performance improvement data, managing service authorizations, and at least monthly submission of claims for services provided. This system ("Encompass") is web-based. Therefore, a computer and internet connection are required for a service provider to use the electronic medical record. WCHO will assign access information (login and password) to users and will provide training on the Encompass system.

Transition Planning

Once a bidder has been selected for a contract, a transition plan will be created between the winning bidder, WCHO, and the current service provider. This plan shall take into

account the following factors: minimal disruption of continuity of services for consumers and the timeframe in which the new service provider can assume contractual obligations.

III. Compensation for Services Provided

Clubhouse services are reported by submission of claims data into the WCHO electronic record (Encompass). Services are provided under the following CPT Codes: H2030 (clubhouse services) and H0038 (peer support specialist services). The state average payment for H2030 is \$5 per 15 minutes; payment for H0038 is \$3 per 15 minutes. All funding is contingent on the receipt of sufficient funds from the Michigan Department of Community Health.

IV. Reporting

Reporting requirements will be stipulated in the contract issued by the WCHO Board; interested Bidders may contact the WCHO Provider Relations Unit for a sample contract. Bidder must be able to meet reporting requirements as required. Exact ongoing requirements will be outlined and made part of the contract, but may include:

- Consumer satisfaction
- Average daily attendance
- Number of members employed (full time / part time) (Supported employment/Transitional employment/ Independent employment)
- Number of members in various residential situations (independent living, AFC, group home, w/ family)
- Number of new members completing orientation
- Other indicators as developed by the Michigan Association of Clubhouses (MAC)

V. Criteria for Judging Bids

Bids will be scored based on pre-established criteria. A committee of WCHO staff, designees, and/or Board members will evaluate all bids using the following criteria:

Total Application = 100 points

General and Malpractice Information	0 pts (bid will not be accepted if this information is not provided)
Finance	20 pts (proposal must meet at least 5 points to be read)
History of the Bidder	20 pts
Application Score	20 pts
Interview Score	40 pts (the three highest-scoring bidders will be interviewed)

VI. Contract Requirements

In the event that a proposal submitted for this RFP is funded, the contractor must be able to comply with the following contract requirements:

Insurance

A copy of the bidder's insurance certificate will be mailed to the WCHO prior to a contract being issued. Insurance requirements are as follows:

A. 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.

B. Commercial General Liability Insurance with a combined single limit of \$1,000,000 each occurrence for bodily injury and property damage. Licensed independent practitioners must maintain this coverage only if they are seeing consumers at their site. Policy shall include CMHSP as additional insured with respect to general liability. CONTRACTOR understands that this additionally insures CMHSP's Board members, officers, employees, agents and volunteers.

C. 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. CONTRACTOR understands that this additionally insures CMHSP's Board members, officers, employees, agents and volunteers.

D. Motor Vehicle Liability Insurance. 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. CONTRACTOR understands that this additionally insures CMHSP's Board members, officers, employees, agents and volunteers. 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.

Non-Discrimination

Applicant does not discriminate against any employee or applicant for employment, or any individual receiving services, because of race, creed, color, sex, sexual preference, national origin, physical handicap, age, height, weight, marital status, veteran status, religion, or political belief.

Conflict of Interest

Applicant promises that it has no interest and will not acquire any interest which would conflict with the performance of services required.

Applicant promises that it has not employed or retained any company or person, other than bona fide employees working solely for the Applicant, to solicit or secure this contract and that it has not paid or agreed to pay any company or person, other than bona fide employees working solely for the Applicant, any fee, commission, percentage, brokerage fee, gifts or any other considerations contingent upon or resulting from the award or making of a contract.

Records and Accounts

Applicant agrees to maintain records and accounts including property, personnel, and financial records, as are deemed necessary by the WCHO to assure a proper accounting for all project funds. Such records shall be retained for three (3) years after the expiration of this agreement unless permission to destroy them is granted by the WCHO.

Performance Reports

Applicant agrees to complete performance reports and submit other reports on its activity and/or finances, as requested by WCHO.

Audits

Applicant agrees to fully participate in compliance audits during the term of the contract.

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

RFP #6372

**Request for Proposal for:
Psychosocial Rehabilitation/Clubhouse Services**

**Date Issued:
11/19/07**

**Date Closed:
12/12/07**

**Application
Score:**

**Interview
Score:**

Identifying Information

Agency Name: _____

Federal Tax ID Number: _____

National Provider ID Number: _____

Billing Street Address: _____

City _____ **State** _____ **Zip** _____

Billing Phone Number: (_____) _____

Director: _____ **Contact Numbers:** _____

Name (_____) _____

(_____) _____

Email Address: _____

General Information

Governance:

Attach your agency's Articles of Incorporation, a current Board roster, and by-laws.

Electronic Medical Record:

I understand that if my bid is approved and a contract is issued, my organization will be using the electronic record ("Encompass") provided by the WCHO for accessing consumers' relevant clinical information, entering Performance Improvement data, claims submissions (at least monthly), and other activities as appropriate. My organization will abide by applicable confidentiality laws, rules, regulations, and the policies of the WCHO regarding accessing and using the electronic medical record.

___ I have read and agree to the above **OR** ___ I have read and do not agree to the above

MALPRACTICE SUIT INFORMATION FORM (CONFIDENTIAL)

Submit an individual sheet for each case settled and/or pending. Reproduce form as necessary.

If no claims, please indicate N/A here _____, then sign and date the bottom of the 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): _____

My signature below certifies that this information is true to the best of my information, knowledge, and belief.

Name

Date

Finance

1. Financial Stability:

Submit a financial summary describing your agency's overall financial status. This summary should include information about assets, level of receivables, liabilities, fund balance, and cash flow.

2. Audit:

- a. Submit a copy of your agency's most recent financial audit.
- b. If you have a plan of correction to address auditor notes/comments, attach the plan of correction, including status.

3. Leadership involvement:

- a. How often does your agency produce financial statements?
- b. Who reviews and acts upon these financial reports?
- c. How often are financial statements given to your agency's Board?

History of the Bidder

1. If your agency has previous experience providing psychosocial rehabilitation/clubhouse services, please provide:

- a. A letter of support from any CMH agency for whom your agency has provided clubhouse services.
- b. Most recent member satisfaction data.
- c. A general description of the clubhouse and program, including highlights of any challenges faced and how those were addressed.

If your agency does not have previous experience providing psychosocial rehabilitation/clubhouse services, please check here and skip to "General Application" questions:

2. For a psychosocial rehabilitation/clubhouse program that your agency currently operates or previously operated, please provide the following data:

-Most recent consumer satisfaction data

-Most recent average daily attendance data

-Most recent number of members employed in each of the following areas: supported

employment, transitional employment, independent employment (please indicate the number employed full-time and the number employed part-time in each category)

-Number of members in residential situations: independent living, AFC, group home, w/ family

3. Describe your agency's experience working with Michigan Rehabilitation Services (MRS).

4. Describe your agency's experience in submitting claims and monitoring authorizations.

General Application

1. Accreditation: If your agency is accredited by a national accrediting body, please attach your current accreditation certificate and most recent accreditation report. If your agency is not accredited, please indicate "n/a".

2. Briefly explain steps you would take to attain the following goals:

- Emphasis on a work-ordered day;
- Engaging younger individuals with mental illness to become Clubhouse members;
- Developing and supporting employment;
- Improving collaboration with Washtenaw County Community Support and Treatment Services case managers/supports coordinators;
- Improving community collaboration;
- Fundraising.