

BIDDERS COMPANY NAME

REQUEST FOR PROPOSAL

6373

SUBSTANCE ABUSE CASE MANAGEMENT SERVICES

Prepared By:

Washtenaw County Purchasing
Administration Building
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Ann Arbor, MI 48104

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WASHTENAW COUNTY

Finance Department

Purchasing Division

220 N. Main, Ann Arbor, MI 48104
Phone (734) 222-6760, Fax (734) 222-6764

REQUEST FOR PROPOSAL # 6373

November 21, 2007

Washtenaw County Purchasing Division on behalf of Washtenaw Community Health Organization is issuing bids for SUBSTANCE ABUSE CASE MANAGEMENT Services for the Livingston- Washtenaw Substance Abuse Coordinating Agency for the contract time period of January 2008 through September 30, 2011. This competitive RFP will be closed.

Sealed Proposals: Vendor will deliver one (1) original and four (4) copies to the following address:

**Washtenaw County
Administration Building
Purchasing Division
220 N. Main St. Room B-35
Ann Arbor, MI. 48104**

by 3:00 p.m. on Friday, December 21, 2007

This is the initial opening date, the RFP is open indefinitely so that a vendor may apply at any time.

This submission shall include the entire Request For Proposal document and any amendments if issued.

- Please use the attached self-addressed label or the envelope must be clearly marked "SEALED RFP # 6373".
- Please direct purchasing and procedural questions regarding this RFP to Anne Strieter at (734) 222-6760.
- Please direct specific technical questions regarding this RFP to Provider Relations Unit or Marci Scalera at 734-544-3000.

Thank you for your interest.

TIMELINE FOR SUBMISSION:

BID OPENS: November 21, 2007

PROPOSAL SUBMISSIONS DUE TO PURCHASING: December 21, 2007

PROPOSAL AWARD: January 16, 2007

PROPOSAL TERM: Through September 30, 2011

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INTRODUCTION:

The Washtenaw Community Health Organization is currently accepting bids for a CASE MANAGEMENT PILOT PROGRAM from eligible Substance Abuse service providers in Livingston and Washtenaw Counties.

GOAL

To create a case management resource that is effective at bridging consumers from service request throughout treatment and maintenance

Services will be based in Washtenaw County, but must have ability to work with Livingston County residents as necessary. Interested applicants must complete a bid packet. This is a closed competitive bid with a due date of December 21, 2007 at 3:00 pm.

- **Eligible Providers:** Must hold all applicable licensure and accreditation requirements mandated by the State of Michigan and the WCHO, including licensure for Substance Abuse Case Management and Co-Occurring Disorders. Licensure in Early Intervention and Peer Recovery is favorable, but not mandatory. Providers who have submitted updated licensure applications to the state may be considered.

Funding available: Program will be a performance based contract, at approximately: **\$114,000**. This program award is contingent upon sufficient, continued funding from the Michigan Department of Community Health, Office of Drug Control Policy.

- Services provided must be available on a flexible time schedule that allows for services after normal business hours, including evenings and weekend time as needed
- Provider may hire qualified Case Managers on a flexible, contractual basis and should be a mix of full and part time staffing
- **STAFF CREDENTIALS:**
 1. Must possess a Bachelors degree in human services related field, i.e. social work, psychology, counseling, etc.
 2. Must have a minimum of one year experience working with individuals with substance use disorders
 3. Must possess or have a registered plan for completing the CAC-M, CAC-R or ICRC certification with the Michigan Certification Board of Addiction Professionals

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➤ **CASE LOAD:**

Caseload will have a maximum capacity of 45 clients per full-time case manager. Case Managers will work closely with volunteers from the recovering community to assist with obtaining resources for individuals. Build layers of clients who are on the caseload who are active, some who are doing ok and those who will need only to check in. The case management project will function as a team and share coverage and information in order to maximize service benefit to the client. Communication with service provider will be essential. Case Managers will obtain proper release of information upon entry into the program and ongoing as necessary

- **TARGET POPULATION:** Clients will be identified from the Encompass system and will be referred to case managers by Health Services Access. The population to be served is clients who seek services, but do not follow through; or, who seek services and leave without completing the program, only to return requesting the same level of care without gaining benefit. Often this population is homeless and is not at the stage of readiness to work within intensive services. This population may need assistance with linking to community resources; including connection with the recovery community in order to stabilize their living situation. A case management authorization will be generated through Health Services Access. Access may also receive requests for referral from providers, the shelter and others in the community. The fiduciary agency will develop qualified services agreements with referral sources in order that case managers may work with multiple agencies that provide services to clients enrolled.

➤ **FUNCTIONS**

1. Assessment – Strengths based tool (Brunn & Rapp)
2. Planning
3. Linking – good knowledge of resources
4. Advocacy
5. Coordinating – across the continuum
6. Monitoring – progress based upon identified client goals and plan

SCORING:

Proposals will be scored by a panel of internal and external reviewers. Selection of the winning bidder will be based upon quality of proposed program and budget. 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 Washtenaw Community Health Organization and its customers.

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Bidders should respond in clear and concise responses to the following questions. Maximum points for each response are indicated:

1. History (5 points): Briefly describe your agency's experience in providing substance abuse services. Identify the types of programs you provide and staffing patterns.
2. Case Management Experience (10 points): Briefly describe your agency's current or past ability to provide case management services or activities.
3. Community Involvement (10 points): Describe your knowledge level and familiarity with community resources, and any collaborations or partnerships that exist, not limited to substance abuse services. Please provide letters of support where collaborations exist.
4. Mental Health and Co-Occurring Disorders (10 points): Describe your knowledge level and capabilities in providing services to individuals with co-occurring disorders. Include familiarity with available mental health services.
5. Supervision: (5 points) Describe your supervisory structure and how this program will be supervised.
6. Training (10 points): Describe the type of training needs you anticipate and what you would provide or seek externally. Discuss what competencies you expect staff to possess.
7. Implementation (15 points): Describe your process for implementation of the case management program as described above.
8. Cultural Competency (5 points): Describe how you would assess and address cultural issues that may be present in the target population, community and your staffing.
9. Recovery (10 points): Describe how you will involve the recovery community in implementation of this program
10. Outreach and Safety (10 Points): Describe how you will ensure safety of staff and clients while working in the community. Discuss how outreach will be conducted.
11. Discharge (5 points): Describe how you will address discharge in this program
12. Budget (5 points): Complete budget as directed.

WASHTENAW COMMUNITY HEALTH ORGANIZATION

Checklist of materials to submit

- Completed Application Coversheet
- Application (note two applications are included in this bid, part 1 is an application for agencies and part 2 is an application for individuals)
- A Copy of agency licensure and/or accreditation, and copies of licensure/certification of staff who will work in this program, including supervisory staff.
- A copy of your current privileging policy or competency assessment policy (agency only)
- Evidence of current and adequate malpractice insurance and professional liability insurance in the amount required by the contract.
- Letters of support
- Signed attestation form

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**WASHTENAW COMMUNITY HEALTH ORGANIZATION
CREDENTIALING APPLICATION PROFESSIONAL SERVICE PROVIDERS
COVERSHEET**

Agency/Individual Name _____

Address _____
Street

City _____ State _____ Zip _____

Phone Number _____ Fax Number _____

Chief Executive Officer _____

Phone Number _____ Fax Number _____

Primary Contact Person _____

Phone Number _____ Fax Number _____

Billing Address _____
Street

City _____ State _____ Zip _____

Tax ID Number _____

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(PLEASE ATTACH COPY OF YOUR AGENCY'S LICENSE) (Include all licenses if more than one)

Licensed by _____

License Number _____ Expiration Date _____

Has your license ever been suspended or revoked? Yes No

If yes, When _____ By Who _____ Why _____

(PLEASE ATTACH COPY OF YOUR AGENCY'S ACCREDITATION) (List information for each certification)

Type of accreditation: JCAHO CARF COA Other _____

Date of Expiration of Accreditation _____

Has your agency ever been denied accreditation? Yes No

If yes, please explain: _____

—

Has your agency ever had its accreditation suspended? Yes No

If yes, please explain: _____

—

STAFFING INFORMATION

For those services, which you are applying for, your agency must assure that staff delivering these services are qualified to provide such services according to JCAHO standards. Please indicate the process your agency uses to ensure that clinical competencies are evaluated and attach your agency's policy. If your agency utilizes contractual staff, attach your policy on credentialing/recredentialing.

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CURRENT MALPRACTICE LIABILITY INSURANCE INFORMATION

Name of Insurer: _____

Policy Number: _____

Address: _____

Expiration Date: _____

Amount of Coverage:

Individual _____

Aggregate _____

PLEASE ATTACH A CURRENT CERTIFICATE OF INSURANCE WITH THE FOLLOWING COVERAGES: General Liability and Professional Liability with Washtenaw Community Health Organization named as an additional insured, Worker's Compensation and Auto Liability with minimum coverages of \$1,000,000 each occurrence.

Have any malpractice claims been filed against the facility/group within the past ten years or are any currently pending? Yes No

If so, please describe:

Has your facility's license ever been restricted, limited, reduced, denied, suspended, revoked, canceled, or otherwise sanctioned in any state? Yes No

If so, please describe:

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MALPRACTICE SUIT INFORMATION FORM **CONFIDENTIAL**

Submit individual sheet for each case settled and/or pending in the past ten years. Reproduce form as necessary.

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 participation in the case:

-

-

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

-

-

Disposition of claim:

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

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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 information submitted on or with this form, which is found to be false or intentionally misleading may result in rejection from Washtenaw Community Health Organization/Substance Abuse as a network provider.

Name

Title

Date

PROFESSIONAL RELEASE OF INFORMATION

Washtenaw Community Health Organization

Professional Liability Insurance Release of Information

_____, has applied to be a Washtenaw Community Health Organization Treatment provider. As part of the credentialing/recredentialing process, I must provide WCHO with information relating to my professional liability insurance coverage and malpractice claims experience. To facilitate this process, I authorize the WCHO to contact _____ to obtain any and all information relating to current professional liability coverage. I further authorize _____ to release to WCHO any and all information relating to my past and current professional liability insurance claims experience.

Signature

Date

Title

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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.

I also release from liability all individuals and organizations who provide information in good faith and without malice at the request of the WCHO concerning this application. I understand that the agency/group participation as a provider for WCHO is dependent upon review of this application and completion of the credentialing/recredentialing process including site visits.

Signature

Date

Title and Company Name

Please Print Name