



July 5, 2017

**Substance Use Disorders
Outpatient Services
REQUEST FOR PROPOSAL
RFP 17-2269**

Vendor Name:	
Street Address:	
City, State, Zip:	

Requesting Agency	HealthWest
Solicitation Type	Proposal
Solicitation Number	17-2269
Description	Seeking Substance Use Disorder Outpatient Providers interested and qualified to provide services at respondents' site.
Date of Issuance	Wednesday, July 5, 2017
Deadline for questions	Wednesday, July 12, 2017 2:00 pm
Response to questions issued	Friday, July 19, 2017
Proposal Deadline	Friday, July 28, 2017 2:00 pm
Evaluation Process, Interviews, selection	August

The Muskegon County Board HealthWest Board invites your proposal for Name of Proposal for the Muskegon County Department. A set of conditions and specifications/requirements are enclosed.

Proposals are due in the Muskegon County Purchasing Office, Central Services Building, 2nd Floor, 141 E. Apple Ave Ste 208, East Entrance, Muskegon, Michigan 49442, no later than 2:00 p.m., prevailing time, Friday, July 28, 2017.

The time of receipt shall be determined by the time clock stamp in the Purchasing Office. Bidders are responsible for ensuring that their proposal response is stamped by Purchasing Office personnel by the deadline indicated.

No late proposals will be accepted.

Sincerely,

Beth Dick

Beth Dick, CPA
Director of Finance/Assistant County Administrator

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PROPOSAL PACKET CHECKLIST

This Proposal Packet Checklist is being provided as an aid to you in preparing your proposal response. However, the requirements of the Proposal Specifications supersede the Proposal Packet Checklist. It is the Bidder's responsibility to review the Proposal Specifications in their entirety and submit all required items with their proposal response.

Please complete the required/requested forms below and check them off this list as you complete them. Return the completed forms to the Muskegon County Purchasing Office with your proposal response.

<u>Complete</u>	<u>Not Applicable</u>	
<input type="checkbox"/>	<input type="checkbox"/>	Proposal Invitation Cover Letter
<input type="checkbox"/>	<input type="checkbox"/>	Proposal Certification/Non-Collusion Affidavit & Minority Supplier Certifications
<input type="checkbox"/>	<input type="checkbox"/>	Addenda Summary (Failure to acknowledge <u>all</u> issued Addenda may be cause for rejection of proposal. Go to www.bidnetdirect.com or www.healthwest.net for Addenda.)
<input type="checkbox"/>	<input type="checkbox"/>	Proposal Specifications
<input type="checkbox"/>	<input type="checkbox"/>	References / Work Experience
<input type="checkbox"/>	<input type="checkbox"/>	Debarment, Suspension and other Responsibility Matters
<input type="checkbox"/>	<input type="checkbox"/>	Non-Discrimination Statement
<input type="checkbox"/>	<input type="checkbox"/>	W-9 http://www.irs.gov/pub/irs-pdf/fw9.pdf
<input type="checkbox"/>	<input type="checkbox"/>	Applicant Vendor Demographics Form
<input type="checkbox"/>	<input type="checkbox"/>	Vendor Conflict of Interest Form
<input type="checkbox"/>	<input type="checkbox"/>	Provider Eligibility List
<input type="checkbox"/>	<input type="checkbox"/>	Credentialing & Training
<input type="checkbox"/>	<input type="checkbox"/>	Environment of Care Self-Survey
<input type="checkbox"/>	<input type="checkbox"/>	Fiscal Certification Form
<input type="checkbox"/>	<input type="checkbox"/>	No Proposal Response Form
<input type="checkbox"/>	<input type="checkbox"/>	Proposal Conditions / Instructions to Bidders
<input type="checkbox"/>	<input type="checkbox"/>	Insurance Certificate(s) – For Reference Only

PROPOSAL CERTIFICATION/NON-COLLUSION AFFIDAVIT

I certify that this proposal is made without prior understanding, agreement, or connection with any corporation, firm or person submitting a proposal for the same materials, supplies, equipment, or service, that it meets or exceeds all specifications contained herein, and is in all respects fair and without collusion or fraud. The bidder's signature declares under penalty of perjury of the laws of the United States that the contractor submitting this proposal, its agents, officers or employees have not directly or indirectly entered into any agreements, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with this proposal for the above project. I agree to abide by all conditions of this proposal and certify that I am authorized to sign for the vendor.

Proposal Number: RFP 17-2269 SUD Outpatient Services

Vendor: _____

Vendor Address: _____

Phone Number: _____

Fax Number: _____

Signature: _____

Name Printed: _____

Title: _____

Date Signed: _____

E-Mail: _____

Website: _____

MINORITY VENDOR CERTIFICATIONS

Please check all that apply:

The vendor represents that it IS IS NOT a woman or women-owned business.

The vendor represents that it IS IS NOT a minority-owned business.

The vendor represents that it IS IS NOT a disadvantaged business enterprise.

The contractor represents and warrants that the company meets the above and can provide supportive documentation upon request. Any lines left unchecked will be considered as if the "IS NOT" box has been checked.

Authorized Agent Signature

Date

Authorized Agent Printed Name

ADDENDA SUMMARY

Please initial below acknowledging receipt of any addenda (give number and date of each).
If none were received, please indicate this as well.

Addendum Number	Addendum Date	Initials
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Company Name: _____

Printed Name: _____

Signature: _____

NOTE: Failure to acknowledge all issued Addenda may be cause for rejection of proposal. Go to www.bidnetdirect.net or www.healthwest.net for Addenda

PROPOSAL SPECIFICATIONS

If there are any questions regarding the following specifications, please contact the Purchasing Office at

purchasing@co.muskegon.mi.us

Note: The County of Muskegon reserves the right to weigh each specification as to its importance to the needs of the department.

HealthWest Substance Use Disorder Outpatient Services

I. INTRODUCTION

HealthWest is seeking Substance Use Disorder (SUD) Outpatient Services Providers through the RFP process from interested and qualified (accredited agencies/organizations only) parties and/or community agencies to receive referrals from HealthWest Access and provide SUD Outpatient services to consumers of HealthWest. The populations to be served include adults and children with Substance Use Disorders. Services are expected to be provided at the respondents' site.

II. SPECIFICATIONS

A. HealthWest Mission

HealthWest's mission statement is to be a leader in integrated health care, inspiring hope and wellness in partnership with individuals, families, and the community. HealthWest's vision is to build a healthier, more informed and inclusive community through innovation and collaboration. HealthWest is committed to excellence in service delivery through a quality behavioral health care system, which promotes the dignity, independence, and community participation of its citizens. It is our goal to provide an effective and efficient service system, which can be continuously monitored for quality, outcome, and consumer satisfaction. The services must be person-centered, that is, enhancing the individual's strengths, capabilities, and choice. Service delivery shall be coordinated and integrated among all of the participants in the individual's plan of service to optimize success.

B. Program Requirements

The objective of this RFP is to solicit information from qualified parties and/or community agencies interested in receiving referrals/authorizations from HealthWest Access staff to provide SUD outpatient services to individuals with substance abuse diagnoses. The individuals may also require treatment for co-occurring mental health and substance use diagnoses. The intent of this request is to recruit Contractors who are capable of providing quality care, designed to meet the challenges of the specified populations above. Contractors must screen for the presence of mental health and substance use disorders, and provide an integrated assessment for all outpatient individuals.

Contractors will:

1. Provide SUD Outpatient services in a welcoming environment.
2. Provide integrated screening, data collection/reporting, assessment and treatment-planning.
3. Provide services and/or interventions that are stage-matched, with ongoing evaluation to meet changing needs and abilities, including referrals to alternative services as needed.
4. Assure that group therapy services are the primary mode of providing Outpatient treatment.
5. Assure availability of language/translator services.
6. Meet all of the Substance Abuse Outpatient Treatment requirements as detailed in Section 12 of the Michigan Department of Health and Human Services (MDHHS) Medicaid Provider Manual.
7. Meet all of the standards in Attachment A of the Contractor's HealthWest contract entitled Lakeshore Regional Entity, Outpatient Substance Use Disorder Treatment.
8. Manage utilization of SUD Outpatient services to ensure that the provider agency remains within the assigned funding cap.
9. Contractor must be a licensed Outpatient Substance Use Disorder treatment provider by the State of Michigan.

C. Impact and Outcome

The selected contractor(s) will be expected to provide services consistent with the identified need of the individuals represented in the RFP. Person-Centered Planning and other Clinical Best Practices will be utilized to achieve desired outcomes for the individuals being served.

D. Considerations

HealthWest expects to issue contracts to selected contractors following the review of the Request for Proposals. The selected contractors will be solely responsible for managing their operations consistent with the terms of the contract. All contractors will be required to maintain compliance with the HealthWest network performance standards contained in the contract and related documents. HealthWest reserves the right to accept, reject, or negotiate and amend any proposal reviewed if it is in the best interest of HealthWest, and to waive any irregularities and/or information in the proposal process.

E. Laws, Rules, Policies, and Procedures

Compliance with the list of laws, rules, policies, and procedures required of the contractor upon contract award, including but not limited to those in the contract boilerplate and related documents is required by all contractor employees and sub-contracted staff. (See **RFP Appendix 1: Contract Boilerplate, Section II, 2.23 Compliance, and all applicable Contract Attachments**)

F. Recovery-Oriented System of Care

HealthWest's system of care will:

1. Be individualized, comprehensive, stage-appropriate, and flexible.
2. Acknowledge the important role families and significant others can play in recovery.
3. Be centered within the community for the purpose of enhancing its availability and supporting the capacities of families, intimate social networks, community-based institutions, and others in recovery.
4. Offer a continuum of care that includes prevention, early intervention, treatment, continuing care, and support throughout recovery.
5. Emphasize individual strengths, assets, and resiliencies.
6. Be culturally sensitive, gender competent, and age appropriate.
7. Respect the spiritual, religious, and/or secular beliefs of those being served and provide linkages to an array of recovery options consistent with those beliefs.
8. Have ongoing involvement in peer support and peer recovery support services.
9. Include the voices and experiences of recovering individuals and their families.
10. Seek to ensure concepts of prevention, recovery, and wellness are foundational elements of curricula, certification, licensure, accreditation, and testing mechanisms.
11. Provide ongoing monitoring and feedback with assertive outreach efforts to promote continual participation, re-motivation, and re-engagement.
12. Be guided by recovery-based process and outcome measures.

G. Quality Improvement Guidelines

Contractor shall have a fully operational Quality Improvement (QI) system in place. This system must:

1. Be described in a Board-approved Quality Improvement Plan.
2. Include individuals who receive services in the plan, review, and analysis of quantitative and qualitative assessments of its consumers' experiences, or agree to send data to HealthWest QI for analysis by HealthWest QI Unit which includes consumer participants.
3. Include planned, systematic, system-wide approaches to improve the outcomes of care and services provided to individuals receiving substance use and/or co-occurring behavioral health outpatient services.
4. The continuous measure and assessment of performance processes should be systematically carried out by all members of the agency or organization.

III. CONTRACT BOILERPLATE

Attached is a copy of the contract boilerplate and attachments in use for the October 1, 2016 through September 30, 2017 contract fiscal year. (See **RFP Appendix 1: Contract Boilerplate and Attachments**) It contains the principles, policies, and requirements that are the foundation for the contractual relationship between the HealthWest Board and the provider organizations. (A revised Contract Boilerplate and Attachments will be posted on the Lakeshore Regional Entity (LRE) Website, Provider Network Site for FY 2018.) If the proposal you submit is approved by HealthWest, it is expected this document with attachments specific to agree upon services would be signed by all parties. HealthWest/LRE will conduct a preliminary audit to assure contractor compliance status.

IV. SERVICE SPECIFICATIONS

A. Staff Credentials and Requirements

1. Professional staff must have a Master's degree in an approved field of behavioral health and/or professional staff must have a Certified Addictions Counselor CADC, or a Certified Advanced Addictions Counselor (CAAC) credential, and/or have submitted a development plan for same to the Michigan Certification Board for Addiction Professionals (MCBAP). Staff must be supervised by a Master's prepared Clinical Supervisor.
2. The Clinical Supervisor for substance use disorder professional staff is required to have a MSW or a MA in a behavioral health field and appropriate State of Michigan licensure. Significant experience in the supervision of the treatment of substance use, mental illness, and co-occurring disorders is also required.
3. The Clinical Supervisor is required to have a Certified Clinical Supervisor (CCS) credential or have submitted a development plan for same to the Michigan Certification Board for Addiction Professionals (MCBAP).
4. Professional staff must possess certification or license appropriate to services they provide.

5. The Provider will maintain documentation for all orientation and continuing education. Orientation/continuing education will minimally include:
 - Individualized Treatment Planning
 - Recipient Rights for SUD and Mental Health
 - Grievance and Appeals
 - Limited English Proficiency
 - Cultural Competency
 - Safety/Crisis Planning
 - Universal Precautions
 - HIPAA
 - Corporate Compliance
 - Co-Occurring/Complex Needs
 - Other areas as needed to provide high quality services (e.g., Motivational Interviewing, Stages of Change, ASAM Criteria, Mental Illnesses, Substance Abuse Disorders, Medication Education, Culture of Gentleness, Positive Behavior Supports, Trauma Informed Services, etc.)

B. The following authorized SUD Outpatient Service(s) can be delivered to the adult, older adult, and/or child populations. Rates are the same for all Lakeshore Regional Entity SUD Services by Procedure Code.

PROCEDURE CODE	DESCRIPTION	AMOUNT
H0001	Alcohol and/or Drug Initial Assessment SUD	\$142.80
H0001HD	Alcohol and/or Drug Initial Assessment WFSS	\$142.80
H0050HD	Enhanced Case Coordination 15 min WFSS	\$49.50
90847HF	Family Therapy MA/PhD w/client 60 min SUD	\$87.40
90846HF	Family Therapy MA/PhD w/o client 60 min SUD	\$89.05
H0005HQHA	Group Counseling—Adolescents SUD	\$37.50
H0005HQ	Group Counseling SUD	\$37.50
H0004HA	Individual Counseling for Adolescents 15 min SUD	\$25.50
H0004	Individual or Family Counseling 15 min SUD	\$25.50
H0004HD	Individual or Family Counseling 15 min WFSS	\$25.50
90832HF	Individual Therapy by MA/PhD 30 min SUD	\$56.20
90832HD	Individual Therapy by MA/PhD 30 min WFSS	\$56.20
90834HF	Individual Therapy by MA/PhD 45 min SUD	\$82.75
90834HD	Individual Therapy by MA/PhD 45 min WFSS	\$82.75
90837HF	Individual Therapy by MA/PhD 60 min SUD	\$92.70
90837HD	Individual Therapy by MA/PhD 60 min WFSS	\$92.70
90853HF	Therapeutic Group by MA/PhD SUD	\$37.50
90853 HD	Therapeutic Group by MA/PhD WFSS	\$37.50
H0005HD	Group Counseling SUD WFSS	\$37.50

C. Eligibility

1. DSM-IV Axis I or Axis II, substance use or co-occurring substance use/mental health diagnoses are eligible and welcomed into this service.

2. Priority Populations - SUD
The Provider will prioritize services for the following populations (below). Admission time line standards will be met as stated in the Michigan Department of Health and Human Services (MDHHS)/Bureau of Substance Abuse and Addition Services (BSAAS) contract. For pregnant women, if the Provider cannot provide services within twenty-four (24) hours, the individual will be referred back to the HealthWest Access Center for referral to an alternative Provider.
 - a. Pregnant Women-Injecting Drug Users.
 - b. Pregnant Women.
 - c. Injecting Drug Users who have injected drugs in the past thirty (30) days.
 - d. Parents whose children have been removed from the home, or are at risk of being removed from the home by Child Protective Services due to parental substance abuse.
 - e. All others.
 3. Severity of the disorder for substance use disorder funded services: must meet ASAM-PPC2R criteria for Outpatient services.
- D. Contractor must assure twenty-four (24)-hour on-call emergency services response only for those consumers enrolled in the selected contractor services.
 - E. Contractor must agree to report the number of days on access assurance indicators, monthly to HealthWest.
 - F. Contractor will submit claims through HIPAA compliant processes.
 - G. Contractor must submit demographic data on designated form (**RFP Appendix 2: Applicant Vendor Demographics (Form)**).
 - H. Contractor must coordinate care with primary care physicians, HealthWest and other providers, and will refer back to HealthWest Access Center for other HealthWest services including, but not limited to, inpatient care, residential services, or case management/supports coordination services. These services will be accessible to the individual receiving services through the HealthWest Access Center if the individual meets medical necessity/service criteria.
 - I. Contractor will assure services offered are in compliance with Michigan Department of Health and Human Services (MDHHS) Standards for Community Mental Health Service Programs, Michigan Medicaid rules and regulations for SUD Outpatient Services, and any additional standards established by HealthWest.
 - J. Contractor will assure all of their Agency policies, procedures, and clinical guidelines will be in writing and available upon request to MDHHS and/or HealthWest. All medical records, reporting formats, information systems, liability policies, and other details specific to performing the contracted services will be available upon request to MDHHS and/or HealthWest. Contractor will assure all staff is trained in the BSAAS Policy and Technical Advisory Manual which can be accessed online at:

http://www.michigan.gov/mdhhs/0,5885,7-339-71550_2941_4871_45835_48569-133156--,00.html.

Contractor will assure program staff complete the Level 1 Communicable Disease Training Plan as described in the Michigan Annual Plan Guidelines delivered by a qualified provider and document evidence of the implementation of the Training Plan for each staff.

- K.** Contractor will complete financial and clinical documentation in accordance with MDHHS Medicaid and other HealthWest standards.
- L.** Contractor must be accredited by one of the following national accrediting bodies: The Joint Commission (TJC); Commission on Accreditation of Rehabilitation Facilities (CARF); Council on Accreditation of Services for Families and Children (COA); National Committee on Quality Assurance (NCQA); American Osteopathic Association (AOA); or Accreditation Association for Ambulatory Health Care (AAAHC) may be chosen as the organization's accrediting organization for Substance Use Disorder Providers only.
- M.** Have a minimum of three (3) years' experience working with the substance use disorder population at the time of implementation of the contract.
- N.** Need to have all master's level prepared clinicians to provide therapy who are pursuing or have their CAADC.
- O.** Employ the necessary administrative and clerical support systems, including computer equipment, compatible software, and Internet connection allowing the electronic request for authorization of services and the submission of data and billing information.
- P.** Compliance with Federal, State, and local Affirmative Action personnel and services guidelines. Demonstrate ability to be HIPAA compliant especially related to transmission/sharing of (Personal Health Information (PHI) via technological means.
- Q.** Demonstrate the ability to understand, relate to, and operate within an ethnic, racial, age, and economically diverse population. In addition, ability to demonstrate the services will be provided in settings accessible and acceptable to the individual and communities to be served.
- R.** Agree to provide culturally and linguistically appropriate services, in compliance with HealthWest policies.
- S.** Legal Structure and Financial Viability
 - a. The Bidder shall provide proof of entity (e.g., IRS 501(c)3 determination), copy of Articles of Incorporation, or documentation under which the organization was constituted from inception.
 - b. The Bidder shall have an operational financial system that meets generally accepted accounting principles. The Bidder shall be financially solvent prior to

commencing services required in this Agreement. The Bidder shall give immediate notice to HealthWest of any change in financial position material to such solvency and to continuing in operation as a going concern, at any time during the term of this Agreement.

- c. Bidders receiving \$750,000.00 or more of Federal contract funding shall ensure the completion of an annual independent financial audit by a Certified Public Accountant (CPA) for the Bidder's fiscal year that clearly indicates the operating results for the reporting period and the financial position of the Bidder at the end of the fiscal year. The Bidder shall submit a copy of this audit report, along with the Auditor's Management Letter to HealthWest within thirty (30) days of receipt of the audit report but no later than March 31st following the end of HealthWest's fiscal year.
- d. The Bidder agrees to report statistical and financial data within format and schedule developed by HealthWest and/or MDHHS/OROSC (Office of Recovery Oriented Systems of Care). Contractor must also comply with all requirements contained in the MDHHS Substance Abuse Prevention and Treatment Audit Guidelines, current edition, as issued by the MDHHS Bureau of Audit, Reimbursement, and Quality Assurance.

V. INSTRUCTIONS FOR PROPOSAL SUBMISSION

- A. All Bidders are expected to be familiar with the program description, program requirements, service payment information, performance indicators, other requirements and allowable billing codes included in this RFP.
- B. The contract term for this RFP will begin October 1, 2017. It is the intent of HealthWest to award multiple contracts under this RFP, adequate to support capacity and consumer choice needs. Interested organizations must submit a complete response to this RFP by 2:00 pm on Friday, July 28, 2017. **Late submissions will not be accepted. There will be no exceptions to this requirement.**
- C. Vendors must submit proposals on this form and as requested. Vendors must submit one hard copy and one electronic copy to Muskegon County Purchasing Office at 141 E Apple Ave, Muskegon, MI 49442. The electronic copy will be in PDF format, on a USB flash drive with all required documents saved in one file. The hard copy and electronic copy will be in a sealed envelope that will be timestamped in at the Purchasing Office to verify the time of receipt.

The vendor's name and address should appear on the outside of the envelope. The vendor should clearly write the proposal number on the outside of the envelope. A sample label is included in the proposal packet for your assistance.

- D. A written response is required for each item unless otherwise indicated. Failure to answer any of the items will negatively impact the bidder's score.
- E. All questions must be submitted in writing by e-mail to purchasing@co.muskegon.mi.us

by 5:00 pm on July 12, 2017. Written questions and associated responses to all questions will be posted on the HealthWest website under Provider section and RFP by 5:00 pm, July 19, 2017 and sent to all providers who were mailed the RFP. Also, written questions and associated responses to all questions will be posted on the HealthWest website (www.healthwest.net), and Bid Net Direct (www.bidnetdirect.com) For Providers, RFP section.

- F. HealthWest reserves the right to not award a contract as a result of this process.
- G. HealthWest is not liable for any costs incurred by respondents to this RFP prior to the issuance of a contract.
- H. All information included in a bidder's proposal is subject to disclosure under the Michigan Freedom of Information Act (P.A. 1976, No. 442) once the proposal is open for HealthWest review.
- I. All proposals must be accompanied by a Proposal Certification/Non-Collusion Affidavit signed by an official authorized to bind the bidder to the provisions contained in its response (see Attestation Statement provided in the Appendix).

RFP Timelines:

July 5, 2017	Send out the RFP to all SUD providers in West Michigan.
July 12, 2017	Deadline for submitting written questions via e-mail or USP flash drive by 2:00 pm to purchasing@co.muskegon.mi.us .
July 19, 2017	Questions and Responses sent out and posted on the HealthWest internet.
July 28, 2017	Proposals due to County Finance Office by 2:00 pm.
August 25, 2017	Contract award recommendations presented to HealthWest Board for approval.
August 28, 2017	FY 2018 contracts sent out to award providers for October 1, 2017 implementation date.

VI. SUBMITTALS (Contractor must complete and submit by 2:00 p.m., Friday, July 28, 2017)

A. Contractor Description

1. Submit the formal name of the organization and a transmittal letter signed by individual capable of binding the organization to the terms of the proposal. The letter must state the contractor's understanding of the work to be done, the commitment to perform the work within the specified time period, and a statement that the proposal is a firm commitment to begin services on or

before a date.

2. Submit the following information:
 - a. Name and Title of Executive Director/Chief Executive Officer
 - b. Contact Person
 - c. Mailing Address, Phone and Fax Numbers
 - d. Billing Address, Phone and Fax Numbers
 - e. E-mail Address
 - f. Type of Organization and Type of Government Agency (City, County, State) if applicable
 - g. Organization Medicaid Number
 - h. Organization Tax ID Number
 - i. State of Michigan License(s) for the organization providing the SUD services
 - j. NPI Numbers, licenses, and certifications of all licensed clinical staff providing services under this contract.
3. Submit the organization's purpose/mission and relationship of the contractor mission to proposed program/service.
4. Identify any potential conflicts of interest for the organization. The organization shall submit a disclosure statement fully disclosing to HealthWest the nature and extent of any contracts or arrangements between the individuals responsible for the conduct of the organization's affairs (or their immediate families, or any legal entity in which they or their families have a financial interest exceeding 5% of the stock or assets of the entity) and the HealthWest or an organization or other person concerning any financial relationship with the HealthWest. The disclosure statements must be signed by each person listed, and notarized. The HealthWest must be notified in writing of a substantial change in the facts set forth in the statement not more than thirty (30) days from the date of the change. **Complete and submit RFP Appendix 3: Conflict of Interest Compliance Certificate (Form) and RFP Appendix 4: Assurance of Provider Eligibility to Participate in Federal Health Care Programs (Form).**
5. Submit a copy of the organization's accreditation letter/certificate, most recent accreditation survey report, and any required corrective action plan.
6. Submit the organization's malpractice history from the last five (5) years.
7. Submit the organization's proof of insurance(s) including Professional, General, and Vehicle Liability Insurance, Employee Dishonesty Insurance, and Worker's Compensation; complete and submit the RFP Appendix 5: Applicant Insurance Requirements (Form), page 2.
8. Submit a list of the last two (2) years of substantiated Recipient Rights claims and corrective action taken by the organization.

9. The Bidder shall attach a copy of its audited financial statements for the previous two (2) years of operation including management letters.
10. List experience with third party insurers (e.g., Blue Cross Blue Shield, Meridian, Priority Health, etc.)
12. Describe your management information system including compliance with HIPAA and HITECH.
13. Provide a minimum of three (3) references including organization/individual name, contact person, and telephone number.

B. Demonstrated Organization Competence

1. Describe your current provider services.
2. Describe your experience providing similar types of services as those proposed.
3. Describe your experience with the identified target populations.
4. Describe your experience developing and sustaining coordination of care and collaborative relationships with other relevant entities (i.e., Health Plan Providers, primary care physicians, schools, and other community services), including formal agreements.

C. Organization and Management

1. Submit a current organizational chart including administrative and service structures. Include a narrative description of where HealthWest services would be delivered within your structure (may include pictorial representation).
2. Submit information regarding the key administrative staff who would be involved in proposed program/service, i.e., Name, title, and responsibilities in reference to HealthWest services.
3. Describe how the organization utilizes community involvement and consumer input/participation in policy development, program planning, and routine decision-making.

D. Credentialing of Clinical Staff

1. Complete and submit staff credentialing, competency, and training information on the **RFP Appendix 6: Staff Credentialing, Competency, and Training Information (Form)**.

Note: On the section labeled “Training”, indicate which trainings have been completed by your staff expected to serve HealthWest consumers.

2. Submit a list of all supervisory and professional staff expected to serve HealthWest consumers including:
 - a. Name.
 - b. Job Classification and Title.
 - c. State of Michigan license/registration with expiration date.
 - d. Medicaid, NPI, and DEA numbers, if applicable.
 - e. Licensing restrictions/ sanctions.

3. Submit detail on any of the following with a description of the incident, including correspondence with State licensing boards, and/or a detailed description of any litigation, including settlements, Court awards, etc.
 - a. State license/certification revoked, suspended, or limited.
 - b. Accreditation revoked, suspended, or limited.
 - c. Sanctions imposed by Medicare and/or Medicaid.
 - d. Professional liability insurance denied, canceled, or renewal denied.
 - e. Been a defendant in a lawsuit regarding the practice of health care, mental health, or substance abuse treatment.
 - f. Had any malpractice claims regarding the practice of health care, mental health, or substance abuse treatment.

E. Program/Service Operation

1. Indicate the hours per day, days per week of your organization's service availability.
2. Indicate where your services are provided (location)? Is/are the location(s) barrier-free? Do you have provisions for transportation for individuals served?
3. Describe your ability to meet the needs of special populations (i.e., hearing and/or vision impaired, limited language proficiency, cultural competence, mobility, wheelchair accessibility).
4. Describe your after-hours on-call/emergency services system to serve individuals receiving services.
5. Complete and submit **RFP Appendix 7: Environment of Care Provider Self-Survey (Form)** for each facility at which individuals will be served. (Not required if covered in your full accreditation report.)

F. Financial Information

1. Complete and submit **RFP Appendix 8: Fiscal Certification Form, page 1 and W-9 (Form)**.
2. Assure attachment of a copy of a most recent independent financial audit; copy

of 1099 tax form for individual small providers, or a copy of state financial solvency report to the **RFP Appendix 8: Accountant Certification Form, page 2.**

3. Submit information supporting your ability to complete claims on HCFA 1500 forms, or submit electronically via the 837 format, with detailed charges explanation showing all services rendered to a recipient.

G. Quality Improvement

1. Describe your quality assurance monitoring efforts: Describe the internal review process and how often the charts are reviewed within your organization. Describe the follow-up process to address the insufficient findings.
2. Customer satisfaction results: Provide a copy of your customer satisfaction survey. Describe how the results are reviewed and utilized in your organization to improve customer services. Discuss how the information is disseminated to your stakeholders.
3. Recipient complaints and their resolutions: Provide the number and types of recipient rights complaints for this past fiscal year. Describe the actions taken to resolve the complaints.

VI. OUTCOMES AND PERFORMANCE INDICATORS

Access

- A. 95% of pregnant female individuals and pregnant women-injecting drug users will receive an assessment for substance abuse services within twenty-four (24) hours of referral or call for an appointment.
- B. 95% of individuals with Medicaid insurance will receive an assessment for substance abuse services within fourteen (14) days of a referral or call for an appointment. Treatment is to begin within fourteen (14) days of assessment.

Efficiency

- A. Percentage of individuals who attended two (2) or more Outpatient sessions.

Effectiveness

- A. Percentage of individuals who successfully complete treatment.
- B. Percentage of individuals showing a decrease in substance use or maintenance of sobriety.

VII. EVALUATION OF PROPOSAL

- A. Organization policies and procedures will be reviewed against HealthWest policies and

procedures for compliance to standards.

B. Any willing and qualified (accredited agencies/organizations only) provider will be evaluated for acceptance on the HealthWest SUD Outpatient Mental Health Services Provider Panel based on the following:

1. Applicant can meet all specifications and conditions outlined above.
2. Applicant has knowledge/experience with populations serviced by HealthWest.
3. Applicant has experience with Muskegon County community.
4. Applicant can meet the timeframes and has staff capacity to devote to the contract requirements.
5. Applicant can provide services at the rates as specified in this RFP.
6. Applicant can provide services within Muskegon County boundaries.

REFERENCES/WORK EXPERIENCE

The vendor must furnish at least three (3) references from persons who can attest to the quality of similar prior work performed:

1. Company Name: _____
 Street Address: _____
 City/State/Zip Code: _____
 Contact Person: _____
 Telephone No.: _____
 Email Address: _____

2. Company Name: _____
 Street Address: _____
 City/State/Zip Code: _____
 Contact Person: _____
 Telephone No.: _____
 Email Address: _____

3. Company Name: _____
 Street Address: _____
 City/State/Zip Code: _____
 Contact Person: _____
 Telephone No.: _____
 Email Address: _____

COUNTY OF MUSKEGON
CERT. REGARDING DEBARMENT, SUSPENSION, & OTHER RESPONSIBILITY MATTERS

The prospective participant certifies, to the best of its knowledge and belief, that it and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from participation in transactions under federal non-procurement programs by any federal department or agency.
2. Have not, within the three year period preceding the proposal, had one or more public transactions (federal, state, or local) terminated for cause or default, have ever been on the Prevailing Wage Violator’s Registry or are currently being investigated under current name or any DBA’s, corporate names, subsidiaries or other business entities under which you have operated in the last three years; and
3. Are not presently indicted or otherwise criminally or civilly charged by a government entity (federal, state, or local) and have not, within the three year period preceding the bid, been convicted or had a civil judgment rendered against it.
 - A. For the commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public transaction (federal, state, or local) or a procurement contract under such a public transaction.
 - B. For the violation of federal or state antitrust statutes, including those proscribing price fixing between competitors, the allocation of customers between competitors, or bid rigging, or
 - C. For the commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

I understand that a false statement on this certification may be grounds for the rejection of this proposal or the termination of the award. In addition, under 18 U.S.C. § 1001, a false statement may result in a fine of up to \$10,000 or imprisonment for up to five years, or both.

Name/Title of Authorized Representative	Name of Participant Agency or Firm
---	------------------------------------

Signature of Authorized Representative	Date
--	------

I am unable to certify to the above statement. Attached is my explanation.

COUNTY OF MUSKEGON
NON-DISCRIMINATION STATEMENT

Contractor Name: _____

Project Name: _____

Project #: _____

The bidder's signature indicates that bidder agrees that no individual shall, on the ground of race, creed, age, color, national origin or ancestry, religion, sex, marital status or handicap be excluded from participation, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by this bidder.

Bidder further agrees that every subcontract entered into for the performance of this contract will contain a provision prohibiting discrimination against minority, women and handicapper owned businesses in subcontracting, and making discrimination a material breach of contract.

Authorized Signature

Date

Note: Failure to submit the signed statement as part of the proposal will be cause for rejection of the proposal.

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.)	
	Requester's name and address (optional)	
	6 City, state, and ZIP code	
7 List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number												
					-				-			
or												
Employer identification number												
					-							

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)

- Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*
- By signing the filled-out form, you:
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
 - Certify that you are not subject to backup withholding, or
 - Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
 - Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

NO PROPOSAL RESPONSE FORM

Muskegon County Purchasing
Central Services Building, 2nd Floor
141 E. Apple Avenue, East Entrance
Muskegon, MI 49442
purchasing@co.muskegon.mi.us
Fax (231) 724-3337

We would appreciate you completing this form if you do not intend to respond to this request.

Proposal No and Name: _____ **Due Date:** _____

	<u>Response</u>
1. Specifications are too tight, i.e., geared toward one (1) brand or Manufacturer only (explain below).	_____
2. Specifications are unclear (explain below).	_____
3. We are unable to meet specifications.	_____
4. Insufficient time to respond.	_____
5. Our schedule would not permit us to perform within the required time.	_____
6. We are unable to meet bond requirements.	_____
7. We are unable to meet insurance requirements.	_____
8. We do not offer this product or service.	_____
9. Other (explain below).	_____

REMARKS:

Company Name: _____

Signature: _____ Printed Name: _____

Title: _____ Date: _____

PROPOSAL CONDITIONS/INSTRUCTIONS TO BIDDERS

These conditions are an integral part of the request for proposals and the vendor must comply with them.

1. Proposal Submittals

Vendors must submit proposals on this form and as requested. Vendors must submit one hard copy and one electronic copy to Muskegon County Purchasing Office at 141 E Apple Ave, Muskegon, MI 49442. The electronic copy will be in PDF format, on a USB flash drive with all required documents saved in one file. The hard copy and electronic copy will be in a sealed envelope that will be timestamped in at the Purchasing Office to verify the time of receipt.

The vendor's name and address should appear on the outside of the envelope. The vendor should clearly write the proposal number on the outside of the envelope. A sample label is included in the proposal packet for your assistance.

2. Invoices and Payment Terms

Invoices are to be mailed to the County department on the resulting purchase order. All invoices must include the purchase order number. Failure to comply may result in delayed payments. The County payment terms are Net 30 days unless a cash discount is allowed for payments within not less than fifteen (15) days. The payment term shall begin on the date the merchandise is inspected, delivered and accepted by the County and the correct invoice is received in the office specified on the purchase order.

3. Specifications Inquires / Proposal Procedure Inquires

The sole point of contact concerning the Request for Proposal (RFP) is the Muskegon County Purchasing Office at purchasing@co.muskegon.mi.us.

Contacting any other personnel, Agent, Consultant or Representative may result in disqualification.

Questions must be emailed to purchasing@co.muskegon.mi.us no later than the time and date specified on the cover of this document. In the interest of transparency, only written questions will be accepted. Answers to questions will be posted on www.mitn.info.

4. Response Preparation.

Bidders must follow the Instructions and provide a complete response to all specifications. Bidder should include its company name in the header of all response documents.

5. Clarification Request

If the County determines, after the deadline to submit proposals, that a bidder's proposal is not clear, the County reserves the right to issue a request ("Clarification Request") to a bidder to clarify its proposal. Failure to respond to a Clarification Request may be cause for disqualification.

6. Reservations

The County reserves the right to:

- a. Discontinue the RFP process at any time or no reason. The issuance of an RFP, your preparation and submission of a proposal and the County's subsequent receipt and evaluation of your proposal does not commit the County to award a Contract to you or anyone, even if all the requirements in the RFP are met.
- b. Consider late proposals: (i) if no other proposals are received; (ii) if there are no complete proposals received; (iii) if the process fails to result in award.
- c. Consider an otherwise disqualified proposal, if no other proposals are received.

7. Award

The award of a County contract will be made to the responsive and responsible bidder who offers

the best value to the County. The following criteria may be considered by the County in selecting the best value: a) Ability to perform the service required within the specified time; b) Conformance to specifications; c) The quality of the performance in previous contracts; d) Financial ability to perform the contract; e) Item pricing; f) vendor references

8. Vendor/Bidder Complaints or Protests

The County of Muskegon has established administrative procedures for handling vendor's complaints in a fair and timely manner. Vendors should observe the following steps in order to file complaints:

Step 1

The vendor must contact the Director of Finance/Assistant County Administrator within seven (7) days of the incident about which he or she has a complaint. The Director of Finance/Assistant County Administrator will reply verbally or in writing to the vendor after discussion with the County Administrator.

Step 2

If the vendor is dissatisfied with the Director of Finance/Assistant County Administrator reply, an appeal must be made in writing within seven (7) days to the Muskegon County Board of Commissioners.

9. Freedom of Information Act

Proposals will be available for public inspection after the award announcement, except to the extent that a bidder designates trade secrets or other proprietary data to be confidential. Material designated as confidential must be readily separable from the remainder of the proposal to facilitate public inspection of the non-confidential portion of the proposal. A bidder's designation of material as confidential will not necessarily be conclusive and the bidder may be required to provide justification why such material should not be disclosed, on request, under the Michigan Freedom of Information Act.

10. Rights to Information Contained in Proposals

All Proposals will be considered the property of Muskegon County.

11. Vendor Samples, Brochures and Literature

Include brochures, literatures and samples if available. Samples of items when required, must be furnished free of expense to the County and upon request, be returned to the Vendor at the Vendor's expense. Samples of selected items may be retained for comparison purposes.

12. Insurance Requirements

The vendor should enclose with his or her proposal an insurance certificate indicating the insurance coverage stated under "County of Muskegon Insurance Requirements" section of these proposal. This must be furnished before the awarding of the proposal and before the signing of any County/vendor agreements and/or work performed by the vendor.

13. Commission Privilege

The Board of Commissioners reserves the right to accept or reject any or all proposals, reserves all rights granted to it by law, reserve the right to waive formalities and to take such action, as it deems necessary in the best interest of the County of Muskegon.

14. Legal Requirements

Federal, State, County and local ordinances, rules and regulations, and policies shall govern development, submittal and evaluation of proposals and disputer about proposals. Lack of knowledge by a vendor about applicable law is not a defense.

15. Forum Selection

Any litigation regarding the agreement or its contents shall be filed in the County of Muskegon, if in a

State Court, or in the United States District Court of the Western District of Michigan, if in Federal Court.

16. Execution of Counterparts

The agreement may be executed in any number of counterparts and each such counterparts shall for all purposes be deemed to be an original; and all such counterparts, or as many of them as the parties shall preserve undestroyed; shall together constitute one and the same instrument.

17. Entire Agreement

The final agreement may be altered, amended or modified only by an instrument in writing, executed by the parties to the agreement and by no other means. Each party waives their future right to claim, contest or assert that the agreement was modified, canceled, superseded or changed by any oral agreements, course of conduct, waiver or estoppels.

18. Bidder/Offeror Representation

Each bidder/offeror must sign the proposal with his/her usual signature and shall give his/her full business address on the form provided in this Request for Proposals.

Proposals by partnership shall be signed with the partnership name by one of the members or by an authorized representative. Proposals by corporations shall be signed with the name of the corporation followed by the signature and designation of the president, secretary or other person authorized to bind it in the matter.

19. Subcontracting

No portion of this proposal may be subcontracted without the prior written approval by the County. It may be in the best interest of the awardee to subcontract some parts of any given job; however, the contractor will be held responsible by the County for the quality, delivery and all terms and conditions of this proposal.

20. Assignment

Any purchase order awarded shall not be assignable by the vendor without the express written approval of the County and shall not become an asset in any bankruptcy, receivership or guardianship proceedings.

21. Civil Rights

A. The vendor assures that in accordance with Title VII of the Civil Rights Act of 1964 (42U.S.C. 2000 et seq.); Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. 794); Title IX of the Education Amendment of 1972, as amended (20 U.S.C. 1681-1683 and 1685-1686); the Age Discrimination Act of 1975, as amended (42 U.S.C. 6101 et seq.); the Regulations issued thereunder (45 CFR Parts 80, 84, 86, and 91); the Michigan Persons with Disabilities Civil Rights Act 220 of 1976, as amended; the Handicapper Business Opportunity Act, Public Act 112 of 1988 (MCL 450.791-45.795); the Qualified Service-Disabled Veteran-Owned Preference, Public Act 91 of 2005 and 133 of 2008 (MCL 18.261); the Americans with Disabilities Act, Public Law 101-336 of 1990 and the ADA Amendments Act public Law 110-325, and the Michigan Elliot-Larsen Civil Rights Act 453 of 1976 that no individual shall, on the grounds of membership in a protected class be excluded from participation, be denied the benefit of, or be otherwise subjected to discrimination under any program or activity provided by this vendor.

Assurance is given to the County that good faith efforts will be made to identify and encourage the participation of minority, women, handicapper and disadvantaged business enterprises in contract solicitations. The vendor shall incorporate language in all contract awards: 1) prohibiting discrimination against minority, women, handicapper and disadvantaged businesses in subcontracting; and 2) making discrimination a material breach of contract.

- B. The vendor assures that it meets the requirements of the Drug Free Workplace Act of 1988, 34 CFR Part 85, Sub-Part F.
- C. The County of Muskegon operates on an equal opportunity basis in its bidding policy (Title VII of Civil Rights Act of 1964, Equal Opportunity Clause, Executive Order 11246, Chapter 60, Sub-Part A, 60-I.4, Revised Order No. 4). Bidding is open to all interested parties, in compliance with national, state and local laws.
22. Alternates & Deviations
Specifications referred to herein are used to indicate the desired type, and/or construction, and/or operation. An alternate may be offered if deviations from specifications are minor and if all deviations are properly outlined on a separate sheet. Failure to outline all deviations may be grounds for rejection of your proposal.
- Alternates must be placed on a separate sheet.***
- The decision of the County of Muskegon, acting through the Director of Finance/Assistant County Administrator or his authorized representative, shall be final as to what constitutes acceptable deviations from specifications.
23. Michigan Iran Economic Sanctions Act, 2012 P.A. 517
Pursuant to the Michigan Iran Economic Sanctions Act, 2012 P.A. 517, by submitting a bid, proposal or response, Respondent certifies, under civil penalty for false certification, that it is fully eligible to do so under law and that it is not an "Iran linked business," as that term is defined in the Act.
24. Bidder Arrears
No proposal shall be accepted from and no contract will be awarded to any person, firm or corporation that is in arrears to the County upon debt or contract that is a defaulter, as surety or otherwise, upon any obligation to the County, or that is deemed irresponsible or unreliable by the County. If requested, bidders/offerors shall be required to submit satisfactory evidence that they have a practical knowledge of the particular supply/service and that they have the necessary financial resources to provide the proposed supply/service as described in the Specifications.
25. Errors/Omissions/Discrepancies
Any errors, omissions or discrepancies in the specifications discovered by a prospective contractor and/or service provider shall be brought to the attention of the Director of Finance/Assistant County Administrator as soon after discovery as possible. Further, the contractor and/or services provider shall not be allowed to take advantage of errors, omissions or discrepancies in the specifications.
26. Proposal Opening
Proposals will be opened and read publicly in the Muskegon County Purchasing Department, Central Services Building, 2nd Floor, 141 E. Apple Avenue, East Entrance, Muskegon, Michigan per the date and time listed on the cover page.
27. Telegraphic/Electronic Proposal Submittal
Telegraphic and or proposal offers sent by electronic devices (e.g. facsimile machines or electronic mail) are ***NOT*** acceptable and will be rejected upon receipt. Proposing firms will be expected to allow adequate time for delivery of their proposal either by airfreight, postal service, or other means.
28. Proposal Changes
No late proposals will be accepted. Proposals, amendments thereto, or withdrawal requests received after the time advertised for proposal opening will be void regardless of when they were mailed.
29. Purchase Order
A purchase order will be issued to the successful vendor after the bid has been awarded. The

County of Muskegon shall not be responsible for any goods delivered or services performed without a purchase order issued.

30. Accelerated Pay Discounts

Accelerated discounts should be so stated on the proposal form. If quick pay discounts are offered, the County reserves the right to include that discount as part of the award criteria. Prices proposed must, however, be based upon payment in thirty (30) days after receipt, inspection and acceptance. In all cases, quick pay discounts will be calculated from the date of the invoice or the date of acceptance, whichever is later.

31. Proposal Results

Vendors who submitted a proposal and who wish to know the results after the award may visit the Bid Net web site at www.bidnetdirect.com.

32. Taxes

Sales Tax: For purchases made directly by the County of Muskegon, the County is exempt from State and Local Sales Tax. Prices shall not include such taxes. Sales Tax Exemption Certificates for the County will be furnished upon request.

Federal Excise Tax: The County of Muskegon may be exempt from Federal Excise Tax, or such taxes may be reimbursable, if articles purchased under this contract are used for the County's exclusive use. Certificates exclusive use is for the purposes of substantiating a tax free, or tax reimbursable sale will be sent to the contractor upon request. If a sale is tax exempt or tax reimbursable under the Internal Revenue Codes, prices shall not include the Federal Excise Tax.

The County's Tax Exempt Certification is available for bidder viewing upon request at www.co.muskegon.mi.us/financeandmgt/pur_forms.htm . The County's Federal ID # 38-6006063.

33. For the benefit of brevity, when the pronouns "he" or "his"/"she" or "her" are used, it is not intended to denote the gender of any person.

34. Exceptions

The bidder shall furnish a statement on company letterhead giving a complete description of all exceptions to the terms, conditions and specifications. **Failure to furnish the statement will mean that the bidder agrees to meet all requirements of the terms, conditions and specifications.**

35. Ownership and Use of Documents

- a. All documents prepared in connection with this agreement will become the property of the County whether any project related to this agreement is executed or not.
- b. The vendor will retain all of its records and supporting documentation relating to this agreement, and not delivered to the County, for a period of three years, except that in the event the vendor goes out of business during that period, it will turn over to the County all of its records relating to the project for retention by the County.

36. Termination for Convenience

Muskegon County may terminate a contract, in whole or in part, whenever the County determines that such termination is in the best interest of the County, without showing cause, upon giving notice to the vendor. Muskegon County shall pay all reasonable costs incurred by the vendor up to the date of termination. However, in no event shall the vendor be paid any amount, which exceeds the price bid for the work performed. The vendor will not be reimbursed for any profits, which may have been earned up to the date of termination.

37. Termination for Default

When the vendor has not performed or has unsatisfactorily performed the contract or in the event, any of the provisions of the purchase order are violated, the County may serve written notice of its

intention to terminate the contract and/or purchase order for default. Upon termination for default, payment will be withheld at the discretion of Muskegon County. Failure on the part of a vendor to fulfill the contractual obligations shall be considered just cause for termination of the contract. The vendor will be paid for work satisfactorily performed prior to termination less any excess costs incurred by the County in procuring and completing the work.

38. Termination Due to Unavailability of Funds in Succeeding Fiscal Years

When funds are not appropriated or otherwise made available to support continuation of performance in a subsequent fiscal year, the contract shall be canceled and the vendor shall be reimbursed for a reasonable value of any non-recurring costs incurred, but not amortized in the price of the supplies or services delivered under the contract.

39. Rights and Remedies of County for Default

If any item furnished by the vendor fails to conform to specifications, or to the sample submitted by the vendor, the County may reject it. Upon rejection, the vendor must promptly reclaim and remove such item without expense to the County, and shall immediately replace all such rejected items with others conforming to such specification and samples. If the vendor fails to do so, the County has the right to purchase in the open market a corresponding quantity of any such items and to deduct from any monies due the vendor the difference between the prices named in the purchase order and the actual cost to the County. If the vendor fails to make prompt delivery of any item, the County has the right to purchase such item in the open market and to deduct from any monies due the vendor the difference between the prices named in the purchase order and the actual replacement cost to the County. The rights and remedies of the County identified above are in addition to any other rights and remedies provided by law or under the purchase order.

40. Avoidance of Conflict of Interest and Confidentiality

The contractor may provide consultation services to other government organizations in Michigan and elsewhere. In order to preserve the trust and confidence of their client, the contractor adheres to a set of principles that enables them to perform their work in a manner that is free of real or perceived conflicts of interests. These principles are as follows:

- a. Contractor will not discuss, distribute or use in any way the data or information acquired in the course of providing services to Muskegon County without prior approval by the County.
- b. Contractor will not undertake a specific activity, which may be viewed as adverse to the interests of another client without obtaining the agreement of both parties.
- c. Vendor states that no County officer or employee, nor any business entity in which they have an interest: a) Has an interest in the contract awarded; b) Has been employed or retained to solicit or aid in the procuring of the resulting contract; c) Will be employed in the performance of such contract without immediate disclosure of such fact to the County.

41. Proposal conditions/instructions to bidder, specifications/requirements may become part of a contract for this product/service.

42. Debarment

If a bidder is presently debarred, suspended, proposed for debarment, declared ineligible, or otherwise excluded from doing business with any government agency, which prohibits your firm from participating in any procurement, the bidder must provide the County with that information as part of its response to this solicitation. Failure to fully and truthfully provide the information required, may result in the disqualification of your bid from consideration or termination of the purchase order, once awarded.

43. Bidder Registration

Vendor registration, as well as the request for proposal materials, is available on the Michigan Intergovernmental Trade Network's (MITN) web site at www.bidnetdirect.com.

[Insert Bidder Name]
[Insert Bidder Address]
[Insert Bidder Address]
[Insert Bidder Address]
[Insert Bidder Address]

MUSKEGON COUNTY
PURCHASING
CENTRAL SERVICES BUILDING
141 E APPLE AVE
MUSKEGON MI 49442

RFP 17-2269
SUD Outpatient Services –Technical Proposal

SAMPLE LABELS FOR SUBMITTING A PROPOSAL

APPENDIX 1: HEALTHWEST BOILERPLATE CONTRACT

See Additional Packet for
Boilerplate Contract

APPENDIX 2: APPLICANT VENDOR DEMOGRAPHICS FORM

Vendor Name: (The agency that will <i>administer</i> the service. Must be a legal entity.)			Vendor #:
Street:			City:
State:	Zip:	Phone:	Fax:
Primary Contact:			Title:
E-mail Address:			
Name of person authorized to sign the contract:			Title:
E-mail Address:			
Finance Contact Person: (Applicant agency's employee in charge of accounting, funds management, verification, financial reports.)			Title:
Phone:		Fax:	
E-mail Address:			

Check if Vendor or Provider name has changed in the past year or is referred to by other legal name on insurance or financial documents. Provide Detail:

Check if accredited – Type of Accreditation Expiration Date:

Check if accreditation plan of correction has been required of your agency.

If any of your services were not covered by the accreditation body. Please explain why: _____

Note: Please attach full accreditation report, plans of correction and corrective action reports.

APPENDIX 3: VENDOR CONFLICT OF INTEREST COMPLIANCE CERTIFICATE

HealthWest intends to avoid conflicts of interest or the appearance of conflicts of interest. A conflict of interest occurs when an individual puts his or her own personal interests in conflict with HealthWest interest or creates a situation where HealthWest is at a disadvantage with its funding agencies, regulators, accrediting bodies, customers, providers, suppliers or competitors. Thus, HealthWest reserves the right to determine, at its sole discretion, whether any information received from any source indicates the existence of a conflict of interest.

Conflict of Interest means:

1. A provider, a subcontractor, any management officials or affiliated business entities of a provider or subcontractor; or any employees and agents who will perform services under a proposed or existing contract with HealthWest has one or more personal, business or financial interests or relationships which would cause a reasonable individual with knowledge of the relevant facts to question the integrity or impartiality of those who are or will be acting under a proposed or existing HealthWest contract; or
2. A provider, a subcontractor, any management officials or affiliated business entities of a provider or subcontractor who will perform services under a proposed or existing contract with HealthWest is an adverse party to a lawsuit with HealthWest; or
3. Any other facts exist which the HealthWest, in its sole discretion, determines may, through performance of a proposed or existing HealthWest contract, provide a provider or subcontractor with an unfair competitive advantage which favors the interests of the provider or subcontractor or any person with whom the provider or subcontractor has or is likely to have a personal or business relationship; or
4. A provider, subcontractor, any management officials or affiliated business entities of a provider or subcontractor, or any employees and agents who will perform services under a proposed or existing contract with HealthWest refers any portion of the services to a family member.

Representations as to Conflicts of Interest

Answers to the following questions are required for the provider or subcontractor, its officers, directors, any management officials, any persons that own or control you or you own or control; and any employees or agents who will perform services under the contract. You have a conflict of interest when you, any person that owns or controls you, or any entity you own or control answers “yes” to any of the following four (4) questions:

1. Do any such person(s) have a personal, business or financial interest or relationship that would relate to the services you perform under your contract with HealthWest?

Yes No

2. Has the provider been removed from or prohibited from participating in any Federal, State or Local programs?
- Yes No
3. Are any such person(s) a party to litigation against us, or represents a party that is?
- Yes No
4. Do you make any referrals to family members when you are performing services under your contract?
- Yes No

The provider or subcontractor agrees that if it is awarded a contract, that throughout the life of the contract, **immediate notification will be provided to the Contract Manager** if at any time a potential or actual conflict of interest becomes known.

Your signature on the cover sheet of the Network Application will affirm: (check one)

- The statements above have been read and no conflict of interest exists that would jeopardize the ability of the provider or subcontractor to perform under a CMHSP contract.
- A suspected or potential conflict of interest does exist and additional information is attached along with a plan to address the potential conflict of interest. The plan should be on the reverse side of this form and signed by the authorized representative.

Signature: _____ Date: _____
Name and Title

Printed Name of Authorized Representative: _____

APPENDIX 5: REQUIRED APPLICANT INSURANCE FORM

COUNTY OF MUSKEGON INSURANCE REQUIREMENTS

The contractor, and any and all of their subcontractors, shall not commence work under this contract until they have obtained the insurance required under this paragraph, and shall keep such insurance in force during the entire life of this contract. All coverage shall be with insurance companies licensed and admitted to do business in the State of Michigan and acceptable to County of Muskegon. The requirements below should not be interpreted to limit the liability of the Contractor. All deductibles and SIRs are the responsibility of the Contractor.

The Contractor shall procure and maintain the following insurance coverage:

1. **Worker's Compensation Insurance**, including Employers' Liability Coverage, in accordance with all applicable statutes of the State of Michigan.
2. **Commercial General Liability Insurance**: on an "Occurrence Basis" with limits of liability not less than \$1,000,000 per occurrence and \$3,000,000 aggregate. Coverage shall include the following extensions: (A) Contractual Liability; (B) Products and Completed Operations; (C) Independent Contractors Coverage; (D) Broad Form General Liability Extensions or equivalent, if not already included; (E) Deletion of all Explosion, Collapse, and Underground (XCU) Exclusions, if applicable.
3. **Automobile Liability**: including Michigan No-Fault Coverages, with limits of liability not less than \$1,000,000 per occurrence combined single limit for Bodily Injury, and Property Damage. Coverage shall include all owned vehicles, all non-owned vehicles, and all hired vehicles.
4. **Additional Insured**: Commercial General Liability, as described above, shall include an endorsement stating the following shall be ***Additional Insureds***: The County of Muskegon, all elected and appointed officials, all employees and volunteers, agents, all boards, commissions, and/or authorities and board members, including employees and volunteers thereof. It is understood and agreed by naming the County of Muskegon as additional insured, coverage afforded is considered to be primary and any other insurance the County of Muskegon may have in effect shall be considered secondary and/or excess.
5. **Professional Liability**: The Contractor shall procure and maintain during the life of this contract, Professional Liability insurance in an amount not less than \$1,000,000 per occurrence and \$3,000,000 aggregate. If this policy is claims made form, then the contractor shall be required to keep the policy in force, or purchase "tail" coverage, for a minimum of 3 years after the termination of this contract.
6. **Employee Dishonesty Insurance**: Anyone who handles the funds of any individuals served by CMHSP will be covered by Employee Dishonesty insurance up to \$100,000 per loss. This coverage shall extend to loss of or damage to money, securities or other property of any individual served by CMHSP if the property of any individual served by CMHSP if the property is in the care, custody, or control of the Provider or of a subcontractor, or if the Provider or subcontractor, is legally liable for such money, securities or other property.

7. **Cancellation Notice:** Policies, as described above, shall be endorsed to state the following: It is understood and agreed Thirty (30) days, Ten (10) days for non-payment of premium, Advance Written Notice of Cancellation, Non-Renewal, Reduction, and/or Material Change shall be sent to: (County of Muskegon, Attention: Purchasing, 141 E. Apple Avenue, Muskegon, Michigan 49442).
8. **Proof of Insurance Coverage:** The Contractor shall provide the County of Muskegon at the time the contracts are returned by him/her for execution a Certificate of Insurance as well as the required endorsements. In lieu of required endorsements, if applicable, a copy of the policy sections where coverage is provided for additional insured and cancellation notice would be acceptable. Copies or certified copies of all policies mentioned above shall be furnished, if so requested.

Required liability limits may be obtained by using an Excess/Umbrella Liability policy in addition to the primary liability policy(ies). If coverage limits are satisfied by an Excess and/or Umbrella policy, coverage must follow form of the primary liability policy(ies).

If any of the above coverages expire during the term of this contract, the Contractor shall deliver renewal certificates, endorsements, and/or policies to County of Muskegon at least ten (10) days prior to the expiration date.

9. **Hold Harmless Agreement:** All contracts must contain the following Hold Harmless Agreement:

To the fullest extent permitted by law, the Vendor shall defend, indemnify, and hold harmless the County, its subsidiaries, departments, divisions, and agencies and their respective officials, officers, directors, employees, and agents from and against any and all liability, litigation, causes of action, and claims, by whomsoever brought or alleged, and regardless of the legal theories upon which based, and from and against all losses, costs, expenses, and fees and expenses of attorneys and expert witnesses resulting therefrom on account of, relating to, or arising out of bodily injury to or death of any person or on account of damage to property, including loss of use thereof, arising or allegedly arising out of or resulting from the work. The foregoing indemnity of the County shall include, but is not limited to, claims alleging or involving the negligence of the Vendor, its subcontractors, or the joint negligence of the Vendor, its subcontractors, and/or the County, but shall not extend to liability found by way of final judgment to have resulted from the sole negligence of the County.

APPENDIX 6: STAFF CREDENTIALING, COMPETENCY AND TRAINING INFORMATION

Credentials

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Organization has in place a process to collect, verify and maintain the minimum credentials required of staff and subcontracted providers.
<input type="checkbox"/>	<input type="checkbox"/>	Organization completes and maintains evidence of annual criminal background checks and employment decisions are consistent with organization policy.
<input type="checkbox"/>	<input type="checkbox"/>	Organization completes and maintains evidence of periodic checks of any required staff licenses including driver's licenses.

Competencies

Yes No

<input type="checkbox"/>	<input type="checkbox"/>	Organization has in place job descriptions which include the primary tasks the individual staff members must perform.
<input type="checkbox"/>	<input type="checkbox"/>	Using Federal, State, local, and other standards including those of the payor, the organization has identified the required competencies that each job description task requires and has in place a process to verify those competencies.
<input type="checkbox"/>	<input type="checkbox"/>	Organization has evidence in each individual's personnel file that required competencies have been met and verified.
<input type="checkbox"/>	<input type="checkbox"/>	When required competencies have not been met, organization has in place mechanisms to assure adequate supervision during the performance of the assigned task(s).
<input type="checkbox"/>	<input type="checkbox"/>	Organization has in place a process to ensure ongoing supervision of all staff, and maintains evidence of same.
<input type="checkbox"/>	<input type="checkbox"/>	Organization has in place a process to identify and respond to the training needs of individuals who do not meet minimum competencies, and/or those to whom new tasks are assigned, and maintains documentation of same.

Training

Training Instructions:

HealthWest is transitioning to a new on-line training system and is offering limited classroom training. A crosswalk of training offered through September 30, 2017 is included as part of this section. HealthWest training information is located on the HealthWest web-site at:

<http://healthwest.net/for-providers/>

1. Trainings in **bold** are required of all providers and must be completed using a HealthWest or a MDHHS approved training.
 - Check “HW” if using a HealthWest training.
 - Check “Other” if training is completed through another CMHSP and/or a MDHHS approved training module.
2. If using a MDHHS approved training module, **please list the module used by your agency:**
3. Training up-dates may be completed using various means such as provider presentations, on-line courses, document review, videos, seminars, etc. Check “Other” if utilizing one of these methods for training up-dates.

MDHHS/HealthWest required training must be completed for you/your employees to be HealthWest providers. Listed below are those trainings. You are required to maintain evidence of completed training for each employee. At audit, HealthWest would expect to match a list of current employees to your training documentation.

HW	Other	Trainings
		Recipient Rights Training within 30 days of hire (mandatory HealthWest or CMHSP curriculum) (every 12 months thereafter)
		Person-Centered Planning/Self-Determination with ongoing training (initial training must be mandatory CMHSP curriculum)
		Corporate Compliance
		HIPAA
		Cultural Competency
		Limited English Proficiency/Accommodations
		Standard Precautions
		Communicable Diseases Level 1 Training
		Advance Directives
		Grievance and Appeals
		Any Other Required or Recommended SUD Trainings per MCBAP, MDHHS, or Office of Recovery Oriented Systems of Care

APPENDIX 7: ENVIRONMENT OF CARE SELF-SURVEY

**NETWORK APPLICATION: SECTION II -PROVIDER
PART D- ENVIRONMENT OF CARE PROVIDER SELF-SURVEY: Specialized Residential & Non-Residential**

Vendor: _____ Provider: _____ Date of Review: _____

A. Life Safety	YES	NO	NA	Comments
1. Is there documentation of current evacuation scores in residents' charts if living in a licensed facility and do fire safety plans provide the necessary accommodations for a safe exit from the home?				
2. Do smoke detectors sound when tested?				
3. Is the integrated alarm system operational (if any)?				
4. Are evacuation routes clearly posted?				
5. Are all exit signs illuminated?				
6. Do all egress doors swing outward?				
7. Are all exits unobstructed, unlocked, and easily opened?				
8. Do smoke barrier doors close properly?				
9. Are all aisles and walkways clear of obstructions (both inside and out)?				
10. Are all hazardous areas (mechanical/furnace/storage) equipped with doors that are self-closing and automatically latch?				
11. Are all fire extinguishers in the "green zone", is the pin in, and the hose attached?				

A. Life Safety (Continued)	YES	NO	NA	Comments
12. Are fire extinguishers in the facility inspected no less than annually?				
13. Do the emergency lights work?				
14. Are there fire drills, once (1) per shift, per quarter?				
15. Are all combustibles (paper, cardboard) stored ten (10) feet or more from a heat source (ex. furnace, water heater)?				
16. Are all flammable liquids or materials stored according to MIOSHA regulations?				
17. In buildings with sprinkler systems, is there an 18-inch unobstructed zone below the sprinkler heads?				
18. Is the dryer free of lint and debris?				
19. Are only safety-type ashtrays used?				

B. Equipment Management	YES	NO	NA	Comments
1. Are operating instructions on all major consumer equipment items available? (ex. IV pumps, Arjo Lifts)				
2. Is there a back-up for the above equipment that is readily available?				
3. Is there documentation that staff assigned to use such equipment is competent in its use?				
4. Is only FDA-approved medical equipment being used?				

B. Equipment Management (Continued)	YES	NO	NA	Comments
5. Is there documentation that medical equipment in the facility is inspected and maintained by a licensed/certified person or company according to manufacturer recommendation? (ex. blood pressure equipment, scales, wheelchairs)				
6. Are vehicles equipped with a First Aid Kit and Personal Protective Equipment?				
7. Are vehicles maintained according to manufacturers' schedules?				
8. Are electrical devices/appliances inspected to assure U. L. approval?				
9. Are the electrical devices/appliances in good working condition?				

C. Utilities Management	YES	NO	NA	Comments
1. Are furnace and mechanical rooms labeled and free of combustible material?				
2. Is there documentation that all facility staff have been trained in what to do when a system fails (i.e., back up, shut off, relocation plan)?				
3. Are instructions posted in the event of a utility disruption?				

D. Security	YES	NO	NA	Comments
1. Is there documentation that staff has been trained in the plan(s)?				
2. Have all security incidents that may have occurred been reported per licensing/regulatory requirements?				

D. Security (Continued)	YES	NO	NA	Comments
4. Is access to medical records limited to staff who have a need to know?				
5. Are computer screens and other equipment with client information on it limited from sight and access to the general public?				
6. Are offices cleared of confidential information in view of visitors? (e.g., bulletin boards with no names, etc.)				

E. Emergency Preparedness	YES	NO	NA	Comments
1. Is there documentation that staff is knowledgeable about their role in an emergency preparedness situation and is their training documented?				
2. Has an emergency preparedness drill been successfully run two (2) times a year? (May include a security drill, tornado drill, etc. Does not include fire drills.)				
3. Are all medications, including samples, kept locked?				
4. There are no expired medications on site.				
5. How do you know if there is a county-wide emergency? (please explain) _____ _____ _____				

F. Hazardous Materials and Wastes	YES	NO	NA	Comments
1. Are there sharps boxes available in the facility and is there a procedure for its use and disposal?				
2. Are the Material Safety Data Sheets available and Right to Know Information posted (identified location of MSDS)?				

G. Infection Control	YES	NO	NA	Comments
1. Is staff provided with appropriate Personal Protective Equipment, (PPE) according to Safety and Infection Control Policies? (ex. gloves, goggles)				
2. Does staff know how to report a possible infection?				
3. If a residential facility, have all staff been tested and documentation maintained for TB, at least every three (3) years?				
4. Is there documentation that all staff have been trained in food safety, if appropriate?				
5. Is hand washing facilities and supplies readily accessible to all staff?				
6. Are biohazardous materials stored away from food supplies?				
7. Do all refrigerators/freezers have a thermometer inside with the temperature reading within the appropriate range, i.e., refrigerator temperature is between 34-40 degrees Fahrenheit and freezer is below 0 degrees Fahrenheit or below?				
8. Are all mops stored OUT of buckets so as to allow for adequate drying?				
9. Are food and cleaning materials stored in separate areas?				
10. Are all areas clean and free of debris/waste/soil?				
11. Is a completely stocked First Aid Kit and Personal Protective Equipment available and clearly identified?				

H. Therapeutic Environment	YES	NO	NA	Comments
1. Is there documentation that staff have received and reviewed the Provider's smoking policy?				
2. Are materials/supplies stored 6 inches off of the floor or on a closed pallet, except for those things made for the floor such as wastebaskets?				
3. Are reading materials in common areas current, appropriate, and well organized?				
4. Are brochure racks highly visible, well organized and fully stocked?				
5. Do consumers have adequate space and privacy?				
6. Does the facility appear to be clean and well-maintained?				
FOR RESIDENTIAL FACILITIES ONLY:				
7. Do residents have all their necessary grooming and hygiene supplies?				
8. Are there a bed, dresser, mirror, and storage for residents?				
9. Is furniture in good repair and appropriate for residents?				
10. Are telephones available to residents?				
11. May residents have private telephone conversations?				
12. Are dining areas appropriate for the needs of residents?				
13. Are meals and snacks serviced appropriately and meet the dietary needs of residents?				

I. Recipient Rights	YES	NO	NA	Comments
1. Does staff sign a confidentiality statement and receive Recipient Rights training?				
2. Are the following posted: a. Recipient Rights Poster (including name, address, and phone number of the local Recipient Rights Officer)				
b. Recipient Rights booklet				
c. Abuse and Neglect Reporting Requirements				
d. The Whistleblowers Act of Michigan Civil Rights				
3. Are Recipient Rights booklets distributed and reviewed with each recipient, and are a signed statement of receipt of the booklet available in each recipient's record?				
4. Are Recipient Rights Complaint Forms readily accessible to recipients, family, visitors, and staff?				
5. Are Incident Report Forms readily accessible to all staff?				

Authorized Signature for Provider Completion

Date

Contract Specialist Reviewer

Date

ACCOUNTANT CERTIFICATION FORM

Vendor/Organization Name:

I have reviewed the accounting system the above named organization has established. In my opinion, the organization: has internal controls adequate to safeguard its assets; maintains accurate and reliable accounting data; promotes operating efficiency; encourages compliance with its prescribed management policies, and is financially capable of managing the services of this contract.

Please indicate date of last audit:

Signature of Accountant

Date

Printed Name:

Address:

City:

State:

Zip Code:

Telephone Number:

Fax Number: