



**Solicitation Information
November 3, 2015**

LOI# 7550023

TITLE: MHPRR- Specialized Mental Health Program of Rehabilitative Residential

Services Submission Deadline: December 1, 2015 at 11:00 am (Eastern Time)

PRE-BID/ PROPOSAL CONFERENCE: No

MANDATORY:

If YES, any Vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory Pre-Bid/ Proposal Conference. The representative must register at the Pre-Bid/ Proposal Conference and disclose the identity of the vendor whom he/she represents. A vendor's failure to attend and register at the mandatory Pre-Bid/ Proposal Conference shall result in disqualification of the vendor's bid proposals as non-responsive to the solicitation.

DATE:

LOCATION:

Questions concerning this solicitation must be received by the Division of Purchases at david.francis@purchasing.ri.gov no later than **November 12, 2015 at 10:00 am (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the LOI# on all correspondence. Questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

SURETY REQUIRED: No

BOND REQUIRED: No

David J. Francis

Interdepartmental Project Manager

Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov

Note to Applicants:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

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SECTION 1: INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) is soliciting proposals from qualified Licensed Behavioral Healthcare Organizations (BHO) to provide a secure, therapeutic milieu with enhanced staffing to support residential services for individuals, through referrals provided by BHDDH, as described elsewhere herein in accordance with the terms of this Letter of Interest and the State's General Conditions of Purchase, which may be obtained at the Rhode Island Division of Purchases Home Page by Internet at www.purchasing.ri.gov.

This contract has an anticipated start date of January 1, 2016 for a one year period. The contract may be renewed for up to three (3) additional 12-month periods based on vendor performance and availability of funds.

This is a LOI, not an Invitation for Bid. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to the vendor providing an attestation to the State set per diem per person rate; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this Request, other than to name those offerors who have submitted proposals.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

1. Potential vendors are advised to review all sections of this LOI carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this LOI will be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this LOI, or to provide oral or written clarification of its content shall be borne by the vendor. The State assumes no responsibility for these costs.
4. Proposals are considered to be irrevocable for a period of not less than 120 days following the opening date and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.
6. Proposals misdirected to other state locations, or which are otherwise not present in the Division at the time of opening for any cause will be determined to be late and will not be considered. For the purposes of this requirement, the official time and date shall be that of the time clock in the reception area of the Division.

7. It is intended that an award pursuant to this LOI will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.
8. All proposals should include the vendor's FEIN or Social Security number as evidenced by a W9 downloadable from the Division's website at www.purchasing.ri.gov.
9. The purchase of services under an award made pursuant to this LOI will be contingent on the availability of funds.
10. Vendors are advised that all materials submitted to the State for consideration in response to this LOI will be considered to be Public Records as defined in Title 38, Chapter 2 of the General Laws of Rhode Island, without exception, and will be released for inspection immediately upon request once an award has been made.
11. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this LOI.
12. Equal Employment Opportunity (G.L. 1956 § 28-5.1-1, et seq.) – § 28-5.1-1 Declaration of policy – (a) Equal opportunity and affirmative action toward its achievement is the policy of all units of Rhode Island state government, including all public and quasi-public agencies, commissions, boards and authorities, and in the classified, unclassified, and non-classified services of state employment. This policy applies to all areas where State dollars are spent, in employment, public services, grants and financial assistance, and in state licensing and regulation.
13. In accordance with Title 7, Chapter 1.2 of the General Laws of Rhode Island, no foreign corporation, a corporation without a Rhode Island business address, shall have the right to transact business in the State until it shall have procured a Certificate of Authority to do so from the Rhode Island Secretary of State (401-222-3040). This is a requirement only of the successful vendor(s).
14. The vendor should be aware of the State's Minority Business Enterprise (MBE) requirements, which address the State's goal of ten percent (10%) participation by MBE's in all State procurements. For further information visit the website www.mbe.ri.gov
15. Under HIPAA, a "business associate" is a person or entity, other than a member of the workforce of a HIPAA covered entity, who performs functions or activities on behalf of, or provides certain services to, a HIPAA covered entity that involves access by the business associate to HIPAA protected health information. A "business associate" also is a subcontractor that creates, receives, maintains, or transmits HIPAA protected health information on behalf of another business associate. The HIPAA rules generally require that HIPAA covered entities and business associates enter into contracts with their business

associates to ensure that the business associates will appropriately safeguard HIPAA protected health information. Therefore, if a Contractor qualifies as a business associate, it will be required to sign a HIPAA business associate agreement.

16. In order to perform the contemplated services related to the Rhode Island Health Benefits Exchange (Healthsource RI) , the vendor hereby certifies that it is an “eligible entity,” as defined by 45 C.F.R. § 155.110, in order to carry out one or more of the responsibilities of a health insurance exchange. The vendor agrees to indemnify and hold the State of Rhode Island harmless for all expenses that are deemed to be unallowable by the Federal government because it is determined that the vendor is not an “eligible entity,” as defined by 45 C.F.R. § 155.110.

SECTION 2: BACKGROUND

Residential programs operate twenty–four (24) hours a day, seven (7) days per week providing services and supervision to designated populations ages 18+ who have a history of chronic mental illness, previous hospitalizations, and are in need of a structured environment as determined by BHDDH. Services promote recovery and empowerment and enable the individual to improve or restore overall functioning. The program shall be responsible for the monitoring/assessing of all residents to determine continued need for this specialized level of care and referral to the least restrictive environment as determined by assessment and authorized by BHDDH. The goal of this specialized MHPRR is to assist adults in gaining greater levels of independence in the community while providing specialized care within a higher level of staff/client ratio, while also maintaining a safe and respectful home environment. The program shall have a five (5) residential bed capacity. It shall provide/coordinate intensive assessments and services, as well as case management to residents in negotiating and securing community services and functioning independently.

This LOI has a designated per person per diem rate of \$191.30 that is based on a \$125 Medicaid MHPRR rate and per diem enhancement of \$66.30 for the total per diem rate. Applicants must submit an attestation that they accept this rate and will bill appropriately (\$125 per person per diem to Medicaid and \$66.30 per person per diem). Should an applicant not agree with the rate set forth herein, then they will be dropped from further consideration

SECTION 3: SCOPE OF WORK

General Scope of Work

The Rhode Island Department of Behavioral Healthcare, Developmental Disabilities, and Hospitals (BHDDH) is seeking a vendor who will provide Specialized MHPRR Services to clients referred by BHDDH. The main responsibility of Specialized MHPRR Services is to provide a community-based option for severely disabled persons from Eleanor Slater Hospital (ESH), for whom continued stay at the hospital offers no further clinical benefits. Specifically, this residential service will focus on persons that are ready to be discharged from ESH but who require considerable enhanced support related to their special needs and their unique recovery process. This also may serve as a diversionary purpose from admission to Eleanor Slater Hospital for those who are deemed appropriate by BHDDH. This is a complex population that may present with

multiple comorbidities. Many of these individuals will present with a range of problem issues including:

1. Persistent symptoms (e.g. psychosis, mood, anxiety, trauma, substance abuse symptoms);
2. Severe dysfunctional behaviors (e.g. suicidal, sexual misconduct, or aggressive behaviors that will require a level of security/supervision in the community);
3. Mental disabilities concurrent with: physical health complications and/or developmental disabilities and/or neuro-cognitive impairment;
4. Problems in social and community functioning (e.g. legal/incarceration, homelessness etc.).

The purpose of this Agreement is to provide persons with behavioral health disorders (mental health, substance abuse and co-occurring disorders) with a Mental Health Psychiatric Residence that provides specialized assistance, services, and supervision to six (6) clients in a twenty-four (24) hours per day, seven (7) days per week residential program and also to arrange for clinical assessment, psychiatric services, and case management within the community. Services shall promote recovery and empowerment and enable individuals to transition to the least restrictive environment possible.

To provide for a secure, therapeutic milieu; the applicant shall describe an enhanced staffing pattern of no less than two (2) staff per day, two (2) staff per evening and one (1) staff awake overnight. The applicant shall provide a description of their plan for increased supervision and monitoring of clients while in the residential setting and in the community. Due to the complexities of the population to be served, priority will be given to organizations that are granted facility status by BHDDH pursuant to the Rhode Island Mental Health Law.

Term of Agreement:

This contract has an anticipated start date of January 1, 2016 for a one year period. The contract may be renewed for up to three (3) additional 12-month periods based on vendor performance and availability of funds.

The successful applicant shall comply with all state and federal laws, rules and regulations, including but not limited to the Rules and Regulations for the Licensing of Behavioral Healthcare Organization and Medicaid Conditions of Participation.

Specific Activities/Tasks/Deliverables/Outcomes:

4. Eligibility

- a. An adult eighteen (18) years or older
- b. Financial eligibility for services is limited to legal residents of the State of Rhode Island with incomes up to two hundred percent (200%) of the federal poverty guideline who are determined in need of services by BHDDH. The State of Rhode Island is the payer of last resort (i.e., it has been determined that no other source of insurance applies).
- c. Income is defined as total household income less the following deductions:

- i. Documented Court Ordered Pay of alimony and child support
- ii. Documented Medical Expenditure: including out of pocket medical costs to include medical insurance costs-premiums, deductibles and co-payments.
- d. Medical insurance costs in reference to FPL eligibility are deductible when paid by the applicant or household for members of the household other than the applicant [if the applicant is insured, the applicant is ineligible for a contract service].
- e. **NOTE:** In order to qualify for a deduction, the client must produce documentation demonstrating payment. If there is no documentation of payment, the expenditure can be recognized as a deduction in determining financial eligibility, or for co-payment determination, for a thirty (30) day period. If after thirty (30) days the documentation is still not provided, the deduction can no longer be recognized.
- f. An attempt to establish financial eligibility shall be done on the client's initial contract with the understanding that a client's mental status may prohibit obtaining all the financial information needed to make an accurate financial eligibility decision. These clients will be considered financially eligible for services and will be held harmless for payment for the first thirty (30) days of outpatient services.

5. Deliverables/Program Outcomes

- a) Provider shall comply with the most current version of the Rules and Regulations for the Licensing of Behavioral Healthcare Organizations.
- b) **Mental Health Psychiatric Rehabilitation Residences-** MHPRRs being requested in this proposal are programs that provide services to and supervision of five (5) clients in a twenty four (24) hours per day, seven (7) days per week residential program. Services shall promote recovery and empowerment and enable individuals to transition to the least restrictive environment possible.
 - i. The vendor shall maintain an enhanced staffing pattern of no less than two (2) staff per day, two (2) staff per evening and one (1) staff awake overnight
 - ii. Provider is to ensure that clients of the residential program are actively working to access alternate living situations in the least restrictive environment, as identified in the client's treatment plan at each treatment plan review. At each treatment plan review the client's eligibility for MHPRR level of care must be confirmed and documented. If a client no longer meets MHPRR level of care, the treatment plan should document a transition plan to an appropriate level of care.

6. Enhanced Support

Provider shall be responsible for the coordination of all medication needs and treatment services, which shall include:

- a. **Service Coordination:** Each resident will be assigned a service coordinator (case manager) whose responsibility will be to coordinate and monitor the activities of the client's primary psychiatric and medical providers. The primary caseworker is expected to work with the client to write the treatment plan, to provide support, to

offer options and choices in the treatment plan, to ensure that immediate changes are made as the client's needs change, and to advocate for the client's wishes, rights, and preferences. Service coordination also includes coordination with community resources, including consumer self-help and advocacy organizations that promote recovery.

- b. **Symptom assessment and management:** This shall include but is not limited to the following:
 - i. Ongoing comprehensive assessment of the client's mental illness symptoms, accurate diagnosis, and the client's response to treatment.
 - ii. Psychoeducation regarding mental illness and the effects and side effects of prescribed medications.
 - iii. Symptom-management efforts directed to help each client identify/target symptoms and occurrence patterns of his or her mental illness and develop methods (internal, behavioral, or adaptive) to help lessen the effects.
 - iv. Provide psychological support to clients, both on a planned and as-needed basis, to help accomplish personal goals, to cope with the stressors of day-to-day living, and to recover.

- c. **Medication Prescribing, Administrating, Monitoring and Documentation:** All residential staff members shall assess and document the client's mental illness symptoms and behavior in response to all medications and shall monitor for medication side effects. The residential program shall establish medication policies and procedures which identify processes to:
 - i. Record physician orders.
 - ii. For ordering medications.
 - iii. Arrange for all client medications to be organized by the team and integrated into clients' weekly and daily staff assignment schedules.
 - iv. Provide security for medications
 - v. Administer medications to all clients in accordance with state law.

- d. **Dual Diagnosis Substance Abuse Services:** Arrangements are to be coordinated that consider the interactions of mental illness and substance abuse, and have client-determined goals.

- e. **Work-Related Services:** Work-related services to help clients value, find, and maintain meaningful employment in community-based job sites and services to develop jobs and coordinate with employers.

- f. **Activities of Daily Living:** Services to support activities of daily living in community-based settings include individualized assessment, problem solving, sufficient side-by-side assistance and support, skill training, ongoing supervision (e.g. prompts, assignments, monitoring, encouragement), and environmental adaptations to assist clients to gain or use the skills required to:

- i. Perform household activities, including house cleaning, cooking, grocery shopping, and laundry
 - ii. Carry out personal hygiene and grooming tasks, as needed
 - iii. Develop or improve money-management skills
 - iv. Use available transportation
 - v. Have and effectively use a personal physician and dentist
- g. **Social/Interpersonal Relationship and Leisure-Time Skill Training:** Services to support social/interpersonal relationships and leisure-time skill training shall include:
 - i. Improve communication skills, develop assertiveness, and increase self-esteem
 - ii. Develop social skills, increase social experiences, and develop meaningful personal relationships
 - iii. Plan appropriate and productive use of leisure time
 - iv. Relate to landlords, neighbors, and others effectively
 - v. Familiarize themselves with available social and recreational opportunities and increase their use of such opportunities
- h. **Peer Support Services:** Services to validate clients' experiences and to guide and encourage clients to take responsibility for and actively participate in their own recovery. In addition, services to help clients identify, understand, and combat stigma and discrimination against mental illness and substance abuse and to develop strategies to reduce clients' self-imposed stigma:
 - i. Introduction and referral to consumer self-help programs and advocacy organizations that promote recovery.
- i. **Support Services:** Support services or direct assistance to ensure that clients obtain the basic necessities of daily life, including but not necessarily limited to:
 - i. Medical and dental services
 - ii. Financial support and/or benefits counseling (e.g., SSI, SSDI, Food Stamps, Section 8, Vocational Rehabilitation, Home Energy Assistance)
 - iii. Social service
 - iv. Transportation
 - v. Legal advocacy and representation
- j. **Education, Support, and Consultation to Clients' Families and Other Major Supports:** Family and other significant supports of client, with client agreement or consent, shall receive;
 - i. Individualized psychoeducational information about the client's illness and the role of the family and other significant people in the therapeutic process.
 - ii. Intervention to restore contact, resolve conflict, and maintain relationships with family and or other significant people.

- iii. Ongoing communication and collaboration, face-to-face and by telephone, between the residential staff team and the family or significant support.
 - iv. Introduction and referral to family/support self-help programs and advocacy organizations that promote recovery.
- k. Physical Setting:** Residential services are to be provided in a setting that is homelike, domestic scale accommodations and suitable to accommodate no more than 5 persons in order to maximize the residential experience for the client. Accommodations for persons with physical disabilities is required.
- l. Service Culture:** Provider has had a history of providing proactive recovery, strength-based services with persons with neuropsychiatric and/or developmental disabilities and persons with severe and persistent mental illness. Provider has a demonstrated history of developing a recovery partnership, in an empathic, hopeful, strength-based relationship with this special need population in a manner that prevents problems reaching a point whereby crisis intervention is needed.
- m. Evidence Based Practices:** Provider shall submit evidence of arrangements for the following evidence-based practices in keeping with the fidelity criteria of SAMSHA and CMHS resources kits:
- i. Individual Placement and Support Model of supported employment (IPS-SE),
 - ii. Integrated Dual Disorders Treatment (IDDT),
 - iii. Illness Management and Recovery (IMR),
 - iv. Strengths Model case management,
 - v. Supported Education,
 - vi. Shared Decision Making around use of medications
 - vii. Dialectical Behavioral Therapy (DBT),
 - viii. Peer support services
- n. Trauma Informed Services:** Provider shall provide trauma informed services that adheres to SAMSHA trauma informed principals (see <http://www.samhsa.gov/nctic/trauma-interventions>).

7. Other vendor requirements, responsibilities, and contractual obligations

The vendor shall be aware of the following and take any and all appropriate and necessary actions when arranging for and/or making a referral for clinical treatment/services, including, but not limited to:

- i) All service providers participating in this initiative shall be licensed by BHDDH;
- ii) Obtain Memorandums of Understanding (MOUs) or other documents demonstrating agreement among agencies to provide and coordinate services;
- iii) Refer clients for mental health and/or substance abuse treatment to providers who are licensed by BHDDH;

- iv) Collect data and report on system improvement recommendations; and input all data into the RIBHOLD system in a timely manner.

A. Cultural Competency

Provider agrees to establish a capacity to organize and coordinate on-going policy development and training for staff in the area of cultural competency that is reflective of the **United States Department of Health and Human Services Office of Minority Health's National Standards for Culturally and Linguistically Appropriate Services in Health Care (NCLS)**. Provider shall:

- i) Ensure clients receive effective, understandable, and respectful care from all staff members that is provided in a manner compatible with the clients' cultural health beliefs, practices, and preferred language. Services and supports shall be modified for different age groups and responsive to age, gender, culture, including youth culture, and sexual orientation.
- ii) Implement strategies to recruit, retain, and promote a diverse staff that is representative of the demographic characteristics of the service area.
- iii) Ensure staff at all levels and across all disciplines receive ongoing education and training in culturally and linguistically appropriate service delivery.
- iv) Within thirty (30) days of contract, develop written procedures to ensure adherence to Culturally and Linguistically Appropriate Services national standards.

B. Trainings/Certification Requirements

Providers are required to ensure that all staff are either certified or working towards being certified as a Rhode Island Community Support Professionals (CSP). In addition, staff are required to maintain their CSP certifications. In accordance with the Rules and Regulations for the Licensing of Behavioral Healthcare Organizations, the provider shall provide orientation and mandatory core, and competency based trainings to all staff and new hires.

C. Other Contractual Obligations

Provider is responsible for adhering to all obligations outlined in contractual or other arrangements as delineated.

- i) Quality Assurance/ Data Program Reporting

The provider shall submit data to the Division of Behavioral Healthcare Services (DBH) in a format and schedule to be determined by the Data Unit of DBH. Data shall be submitted on all clients served by all providers.

The provider agrees to utilize any standardized collection forms, assessment instruments, or outcome measurement tools recommended by DBH. Additionally the provider agrees to

modify existing data collection efforts as needed to incorporate emerging requirements as they arise from State and Federal government entities (such as BHDDH, EOHHS, SAMHSA, CMHS, etc.).

Provider agrees to submit a liaison report at scheduled liaison meetings which shall include staffing pattern and vacancies; team census with report of compliance with staff to client ratios. Two (2) consecutive deficiencies or any serious deficiency that DBH believes significantly compromises quality clinical care may result in a license review, probation status and/or revocation.

Specific examples of ongoing data reporting include, but are not limited to: RIBHOLD, Health Homes and RICSOC encounter and summary reporting, the Occurrence Reporting System (ORS), and the Consumer Survey (OEI) collection.

Data submissions shall be timely, complete and up-to-date. These three (3) attributes shall be evaluated as follows:

- a) **Timely:** All data reporting will have a set schedule of submission that will be clearly specified to all providers. For example, all RIBHOLD submissions are due monthly. The Division of Behavioral Healthcare staff will monitor the timely receipt of all required data and promptly notify providers of any outstanding submissions.
- b) **Complete:** Criteria for completion of data submissions vary by data set and have been or will be delineated in written correspondence prior to the inception of any data collection.
- c) **Current:** All data submissions shall be current, reflecting the reporting time frame as specified. The Division reserves the right to monitor all data submissions.

ii) Staff Vacancy Reporting

DBH requires a set of complete information on all staff employed at contracted provider agencies. Human Resource data submissions shall be current, timely, and complete. These three (3) attributes will be assessed as follows:

- a) **Timely:** Submissions are due no later than thirty-one (31) days after the end of the reporting period (i.e., January 31st). All files sent via email shall also be sent secure in order to comply with HIPAA and departmental policy regarding the safe exchange of data containing all personal information.
- b) **Complete:** All fields shall be in the format specified by DBH, include individual identifiable information where required, and be completed with valid codes (i.e., no unknown/missing values or incorrect codes) as specified by DBH on more than ninety-five percent (95%) of records (with the exception of the staff separation date and SID or FIRST/ LAST/ MAIDEN name, depending on the unique identifier chosen to report).
- c) **Current:** At the end of each calendar year, all providers shall submit current data on all staff employed at the agency, as well as vacant positions

- d) If the above expectations are not met, penalties described in the Financial Terms and conditions of this LOI may be imposed.
- e) Provider agrees to provide a report, at scheduled liaison/monitoring meetings, of staffing type and length of vacancy; team census with report of compliance with staff to client ratios. Two (2) consecutive deficiencies or any serious deficiency that DBH believes significantly compromises quality clinical care may result in a license review and/or revocation.

iii) Incident Reporting

The provider is required to comply with all BHDDH requirements relating to the review, analysis, and reporting of adverse events/incidents in accordance with Section 7.4 of the Rules and Regulations for the Licensing of Behavioral Healthcare Organizations. In addition, the provider shall also comply with the following:

- a) All reportable incidents that are likely to garner media attention shall be called into BHDDH within two (2) business days or forty-eight (48) hours from the time of the occurrence. Preliminary information reported shall include a summary of the incident, the client's name, the client's diagnosis, the program or service client is involved in and any other known demographic information.
- b) A written critical analysis if requested by BHDDH shall be sent to DBH within sixty (60) days of the date of the actual incident. A critical analysis is not a record review conducted by a physician or staff worker, but a written document outlining positives learned, a plan of correction if needed, treatment recommendation(s) and quality improvement recommendation(s).
- c) Any incident and follow up information reported or sent to an accreditation organization shall also be sent to DBH.
- d) DBH may respond with follow-up questions or concerns that will require additional follow up by the provider.
- e) A written critical analysis shall be initiated even if providers are waiting cause of death results by the Medical Examiner's Office.
- f) BHDDH reserves the right to investigate and review records and information as required or requested. Investigations can be initiated by BHDDH without notice to the provider and BHDDH can conduct unannounced visits.
- g) Provider shall make information accessible and available to BHDDH upon request. For urgent requests, the provider shall provide information to DBH within two (2) hours of the time of the request.

iv) Performance Measures And Data Collection

Providers and BHDDH will work in partnership to develop meaningful performance measures for the clients they serve that will be reviewed over time and across providers. The following are preliminary items of interest (along with the data source through which they may be measured). Benchmarks and targets will be developed across the term of the contract.

Providers shall report the following information to BHDDH:

- a) Number of elopements
- b) Number of hospitalizations
- c) Number of Incarcerations
- d) Number of psychiatric emergency room visits; and
- e) Transitions to higher or lower levels of care (i.e.: independent living/ supervised apt. or assisted living care facility or nursing home level of care).

FROM DOC DATA FEEDS:

- Percentage of clients violated through criminal justice involvement as measured by the % intake/admissions into the Adult Correctional Institute (ACI).

FROM CONSUMER SURVEY:

- Percentage of CSP clients reporting Improved Social Connectedness

ENCOUNTER DATA/CLAIMS:

- Percentage of clients admitted and readmitted to psychiatric inpatient beds.

v) Additional Contractual Obligations

- a) Provider agrees to all obligations and requirements noted in the Mental Health Block Grant
- b) Provider agrees to maintain accreditation by Joint Commission, CARF or COA (if applicable).

SECTION 4: TECHNICAL PROPOSAL

Narrative and format: The separate technical proposal should address specifically each of the required elements:

1. **Capability, Setting, Capacity, and Qualifications of the Offeror** – Please provide a detailed description of the Vendor’s experience particularly in the behavioral healthcare field. A list of relevant client references shall be provided, to include client names, addresses, phone numbers, dates of service and type(s) of service(s) provided.
2. **Staff Qualifications** – Provide staff resumes/CVs and describe qualifications and experience of key staff who will be involved in this specialized MHPRR, including their experience in the field of data collection, analysis and reporting, particularly in the field of behavioral healthcare. The assigned staff shall possess three to five (3-5) years of prior experience leading projects of similar size, scope, and content.

3. **Approach/Methodology** – Define the methodology to be used for the development of interim and final reports. For example, what statistical, quantitative, qualitative, extrapolation or meta-analysis techniques will be used to collect the data described above?
4. **Work plan** - Please describe in detail, the framework within which the tasks described in the scope of work (below) will be completed. Include a timeline with deliverables. Please indicate here if your proposed facility has facility status in Rhode Island or what you will do to be deemed a facility prior to contract award.
5. **Fee Attestation** - **All applicants must attest to the fully loaded rate of \$191.30 per person per diem for the specialized MHPRR in their proposal in order to be considered for this for review.** Should an applicant not agree with the rate set forth herein, then they will be dropped from further consideration. It is understood that no guarantee is made or implied by the Department. The funding awarded is based upon current and future funding from Medicaid and the Mental Health Block Grant or other funding sources for the period of this LOI.
 - This LOI has a designated per person per diem rate of \$191.30 that is based on a \$125 Medicaid MHPRR rate and per diem enhancement of \$66.30 for the total per diem rate.

SECTION 5: EVALUATION AND SELECTION

Proposals will be reviewed by a Technical Review Committee comprised of staff from state agencies. The Proposal must receive a minimum of 75 (75%) out of a maximum of 100 technical points to be considered responsive. Any technical proposals scoring less than 75 points will be dropped from further consideration.

The Department of BHDDH reserves the exclusive right to select the individual(s) or firm (vendor) that it deems to be in its best interest to accomplish the project as specified herein; and conversely, reserves the right not to fund any proposal(s).

Proposals will be reviewed by a Technical Review Committee comprised of staff employed by the State of Rhode Island. Proposals will be reviewed and scored based upon the following criteria:

Criteria	Possible Points
FEE Attestation	Pass/Fail
Capability, Capacity, and Experience with Population	20 Points
Staff and Offeror Qualifications, and Capacity	20 Points
Approach/Methodology	20 Points
Work plan (Scope of work, Tasks, and goals/outcomes)	40 Points
Total Possible Points	100 Points

Points will be assigned based on the offeror's clear demonstration of his/her abilities to complete the work, apply appropriate methods to complete the work, create innovative solutions and quality of past performance in similar projects and the above criteria.

Applicants may be required to submit additional written information or be asked to make an oral presentation before the technical review committee to clarify statements made in their proposal.

SECTION 6: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at david.francis@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference **LOI# 7550023** on all correspondence. Questions should be submitted in a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. **No other contact with State parties shall be permitted.** Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses (**an original plus five (5) copies**) should be mailed or hand-delivered in a sealed envelope marked "**LOI# 7550023 MHPRR- Specialized Mental Health Program of Rehabilitative Residential Services**" to:

Rhode Island Department of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

Responses shall include the following:

1. One completed and signed three-page R.I.V.I.P generated bidder certification cover sheet (included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.
2. One completed and signed W-9 (included in the original proposal only) downloaded from the RI Division of Purchases Internet home page at www.purchasing.ri.gov.

3. **A separate Technical Proposal** describing the qualifications and background of the applicant and experience with and for similar projects, and all information described earlier in this solicitation. The Technical Proposal is limited to ten (10) pages (this excludes any appendices). As appropriate, resumes of key staff that will provide services covered by this request.
4. In addition to the multiple hard copies of proposals required, Respondents are requested to provide their proposal in **electronic format (CD-ROM, disc, or flash drive)**. Microsoft Word / Excel OR PDF format is preferable. Only 1 electronic copy is requested, and it should be placed in the proposal marked “original”.

SECTION 7: CONCLUDING STATEMENTS

Notwithstanding the above, the State reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The State may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The State’s General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded to the LOI. The State’s General Conditions of Purchases/General Terms and Conditions can be found at the following URL:

<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>