**Region 6 Behavioral Healthcare**

Outpatient Youth Therapy and Therapeutic Consultation

Request for Proposal Guidelines

February 2022

# Section I-Introduction

## **Region 6 Behavioral Healthcare**

Region 6 Behavioral Healthcare (Region 6), a political subdivision of the State of Nebraska, has the statutory responsibility for organizing and supervising comprehensive mental health and substance use services in the Region 6 service area which includes Cass, Dodge, Douglas, Sarpy and Washington counties in eastern Nebraska.

Region 6, one of six mental health regions in Nebraska, along with the state’s regional centers, make up the state’s public mental health and substance abuse system, also known as the Nebraska Behavioral Health System (NBHS). Region 6 is governed by a board of county commissioners, who are elected officials from each of the counties represented in the Regional geographic area. The Regional Governing Board (RGB) is under contract with the Nebraska Department of Health and Human Services System (DHHS), the designated authority for administration of mental health and substance use programs for the state.

Each RGB appoints a Regional Administrator (RA) to be the chief executive officer responsible to the RGB. The RGB also appoints an advisory committee for the purpose of advising the Board regarding the provision of coordinated and comprehensive behavioral health services within the Region to best meet the needs of the general public. In Region 6, the Behavioral Health Advisory Committee (BHAC) is comprised of 10 members including consumers, concerned citizens, and representatives from other community systems in the Region.

The purpose of Region 6 Behavioral Healthcare is to provide coordination, program planning, financial and contract management and evaluation of mental health and substance use services funded through a network of providers.

## **Responsibility of RGB**

Each Regional Governing Board is responsible for determining which services would best meet the needs identified in the planning process. The RGB is also responsible for issuing a Request for Proposals (RFP) consistent with DHHS guidelines, state regulations and other applicable requirements.

## **Current Region 6 Provider Network**

Region 6 is responsible for the development and management of a provider network that serves the behavioral health needs of eastern Nebraska. Currently, Region 6 has 20 providers in its network to deliver a variety of behavioral health services.

## **Region 6 Population Served**

Region 6, as a payer of last resort, primarily serves financially eligible adults and youth with, or at-risk of, serious mental illness and/or substance use. Region 6’s geographical area includes Cass, Dodge, Douglas, Sarpy and Washington Counties in eastern Nebraska.

# Section II-Request for Proposals

## **Purpose/Summary of RFP Requested**

Recently, Region 6 conducted input sessions with a variety of community stakeholders within the Region 6 area. During one of those sessions, a local school district voiced a need for assistance with mental health and substance use services. This district has grade levels

pre-K – 12th grade, located within 3 buildings on one campus. After assessing this particular school district’s needs, it was determined that a combination of outpatient therapy provided within the school setting with therapeutic consultation services would be the most helpful to the students and staff. Economic difficulties, lack of transportation and the growing need for two-income households has increased the rate of noncompliance to appointments in the office setting. Experience is telling us that meeting the youth in the comfort/convenience of their school leads to greater success in maintaining consistent contact and achieving greater outcomes. The school-based mental health model of therapy and consultation is a collaborative approach that brings clinical knowledge and services to the child and consultation, training and intervention support to educators.

The purpose of this Request for Proposal (RFP) is to seek qualified, interested providers to engage in negotiations regarding the development and provision of outpatient mental health therapy and therapeutic consultation for youth for school-based services to include Douglas County (D.C.) West Community schools. The RFP process is designed to be competitive selection process, where cost is not required to be the sole determining factor.

## **RFP Service**

The services Region 6 wants to develop through this RFP process are Outpatient Therapy Mental Health, Outpatient Therapy Substance Use and Therapeutic Consultation. See Attachment A for Department of Health and Human Services – Division of Behavioral Health service definitions for those services.

# Section III-Eligibility Criteria

**The applicant:**

1. May be a state, county, or community-based agency. Preference is given to a provider with experience conducting therapy in the school setting.
2. Must be a legal, respected entity already established and physically offering Outpatient Therapy -both mental health and substance use to youth.
3. Must be able to agree to items in the ‘Minimum Standards for Enrollment’ in Region 6 Behavioral Healthcare Provider Network document.
4. Must agree to collect and provide data/outcomes to Region 6.
5. Have not been debarred from receiving federal funds or under Office of Inspector General (OIG) investigation.
6. The entity responding either is or will become a Medicaid provider and they would be willing to agree to Region 6’s contractual requirements.
7. Would have to agree to follow the service definitions in Attachment A and accept the current rate paid for Outpatient Therapy both mental health and substance use (which includes assessments) services and Therapeutic Consultation services.
8. Provider needs to have the capability to bill private insurance, Medicaid, etc. as appropriate.
9. While services are designed to be school-based, the Provider must be able to provide any anticipated services that may need to continue year around.
10. Must be accredited by a national accreditation entity (i.e., CARF, etc.).
11. Be able to serve individuals who meet Region 6 eligibility criteria. That criterion includes:
12. Must live within the Region 6 area. In this case, must be a student attending school at DC West Community School District.
13. Must be a legal citizen of the United States
14. Must meet the financial eligibility criteria (have low income) and have no insurance and no other means to pay for the service
15. Must meet the clinical criteria for Outpatient Therapy services

# Section IV-Funding Criteria

The Regional Governing Board (RGB) will conduct a fair and comprehensive evaluation of all proposals in accordance with the criteria set forth in this document.

Applicants must comply with all instructions and conditions and meet all the requirements included in this document to be eligible for funding. Proposals that do not conform to the items provided in this document will not be considered.

# Section V-Use of Funds

## **Allocation of Funds**

The service in this RFP proposal will be funded as a Fee for Service and a Non-Fee for Service (NFFS). Fee for Service services (Outpatient Therapy MH and SU) will be reimbursed at the following rates:

Outpatient Therapy-mental health and substance use (includes assessments).

 Assessment $250.68/per assessment

 Assessment Addendum $127.84/per addendum

 Individual Sessions $126.27/45 minute length

 Family $126.27/45 minute length

 Group $31.57/consumer hour

The Non-Fee for Service (Therapeutic Consultation) will be paid on an expense reimbursement. Meaning reimbursement will be based upon actual monthly expenditures up to the designated amount specified in the contract.

Region 6 will not fund the following types of expenses:

1. Legal Fees
2. Financial contributions to individuals
3. Fund-raising events
4. Lobbying
5. Abortion
6. Laboratory or clinical research
7. Projects which do not serve the Region 6 geographical area
8. Purchase or improvement of land, purchase or permanently improve any building or other facility or purchase major medical equipment
9. Cash payments to intended recipients of health service

## **Non-Transfer of Funding Award**

The contract awarded to the successful applicant may not be transferred or assigned by the applicant/contractor to any other organization or individual.

# Section VI-RFP Changes or Terminations

If anticipated funds for the programs/services described in this RFP are not available or are not approved by DHHS, Region 6 Behavioral Healthcare may add to, limit, reduce, or withdraw any part(s) in this RFP.

# Section VII-Application Process

This RFP is designed to solicit proposals from qualified applicants who will be responsible for the development and provision of youth services. Region 6 is hoping for service delivery to start-up shortly after the award is given.

The RGB retains the right to seek additional proposals or not allocate funding if proposal submitted do not adequately meet the requirements set forth in this document.

Region 6 will post any additional information that we feel may be helpful on the Region 6 website: [www.regionsix.com](http://www.regionsix.com). **It will be the responsibility of the applicant to check the website to obtain additional information. Additional information may be added up to the date the RFP is due.**

## **Schedule of Events**

Release of RPF at Monday, February 14, 2022

10:00 a.m. (CST)

RFP Proposals Due to Region 6 by 4:00 p.m. (CST) Friday, March 18, 2022

RFP Review Committee Meets Monday, March 21, 2022 –

 Thursday, March 31, 2022

Review and Recommendations of Proposals Wednesday, April 6, 2022

By Behavioral Health Advisory Committee

Approval of Selected Proposals by Region 6 Wednesday, April 13, 2022

Governing Board

Written Allocation Announcements of Funding Thursday, April 14, 2022

Disseminated by Regional Governing Board

and Contract Negotiations Begin

## **Limits on Communication**

After the February 14, 2022 release of the RFP, no verbal statements made by individual members of the RGB, Region 6 Behavioral Healthcare personnel, or members of the Review Committee shall be binding by the RGB. Questions regarding this RFP must be presented in writing to be answered. Applicants may submit written questions to the Director of Network Services at tpetersen@regionsix.com. Responses to all written questions will be posted on the Region 6 website: [www.regionsix.com](http://www.regionsix.com).

All applicants are responsible for reviewing the questions and answers on the website.

NOTE: Posts can be made to the website up to the closing date/time.

With the exception of written communication as outlined above, prospective applicants are prohibited from contacting Region 6 Behavioral Healthcare personnel, DHHS personnel, BHAC members, RGB members regarding this RFP, during the proposal evaluation period and until a determination is made and announced regarding the selection of a contractor.

If there are changes or important interpretations to be communicated to prospective applicants prior to the proposal due date, those will be communicated through the Region 6 website: [www.regionsix.com](http://www.regionsix.com).

**NOTE: Communication posts can be made to the website up to the closing date/time.**

## **Rejection of Proposals**

Prior to the evaluation of the proposals by the Review Committee, a specific review of each proposal will be completed to determine if the submission has followed the basic standards for the bid. Reasons for rejection at this stage include:

1. Proposal was not received by the deadline posted or at the location specified.
2. The proposal was not submitted on 8 ½” x 11” paper, was smaller than 10-point font, was not numbered consecutively, or not stapled or clipped in the upper left-hand corner.
3. One original and 10 copies, in the format specified, were not received.
4. The cover page was incomplete or the appropriate Region 6 form was not used.
5. All sections required in the Program Narrative were not addressed.
6. Program Narrative exceeded the 12-page limit.
7. BH-5 form(s) was not included.
8. All funds must be identified in the proposal and additional funds will not be made available after the award.
9. Budget forms, BH-Summary and BH c-g were incomplete.
10. Budget Justification Narratives were not included.
11. A copy of the applicant’s financial audit was not included. This only applies to agencies not currently in the Region 6 provider network.
12. A signed copy of the ‘Minimum Standards for Enrollment’ in Region 6 Behavioral Healthcare Provider Network was not included. This only applies to agencies not currently in the Region 6 provider network.

The RGB retains the right to reject any and all proposals. The RGB shall provide written notice to the applicant whose proposal was rejected during this stage of review at the time of notification of funding allocation.

The RGB also reserves the right to void its intent if the applicant’s proposal is not approved by DHHS.

## **Cost Liability**

Region 6 Behavioral Healthcare assumes no responsibility or liability for costs by the Bidder, or any Bidder prior to the execution of an agreement between the organization and Region 6 Behavioral Healthcare.

## **Disclaimer**

All the information contained within this RFP and its attachments reflect the best and most accurate information available to Region 6 Behavioral Healthcare at the time of the RFP preparation. No inaccuracies in such information shall constitute a basis for legal recovery of damages, either real or punitive. If it becomes necessary to revise any part of this RFP, a supplement will be issued on the Region 6 website: [www.regionsix.com](http://www.regionsix.com).

## **Evaluation of Proposals**

Each proposal will be independently evaluated by members of the Review Committee, established by the RGB. This committee may include, but is not limited to: consumers, representatives of the BHAC, the RGB, DHHS, Region 6 staff and other interested stakeholders. Review Committee names and any working documents, including applicant’s proposal scores, will not become public information nor will be released to individual applicants. Recommendations from the Review Committee will be forwarded to the RGB for final determination.

## **Oral Interviews**

Oral interviews may be required for this RFP. If the Review Committee has additional questions or needs further clarification, an interview may be requested of the organization(s). If an interview is necessary, applicants will be contacted and specific times arranged for their organizations interview. Interviews will involve whomever the applicant wishes to include to represent their organization. Only representatives of the RGB, Review Committee, designated Region 6 personnel and the applicant and their designees, will be permitted to attend the interviews.

The intent of the interviews is to ask any clarifying questions the review committee has and/or to respond to any questions the applying agency may have, etc.

Once the review is completed, the RGB reserves the right to make a final determination without any further discussion with the applicant regarding the proposal received.

Any cost incidental to the interviews shall be borne entirely by the applicant and will not be compensated by Region 6 Behavioral Healthcare or the RGB.

## **Announcement of Funding Allocations**

Applicants will be notified of the final funding decisions. All decisions regarding funding allocations will be made on April 13, 2022, by the Regional Governing Board.

Opportunities for appeal should be made after the recommendation phase at the Region 6 Behavioral Health Advisory Committee meeting by contacting Taren Petersen prior to the Regional Governing Board meeting where the award is made. Contacts to Ms. Petersen must be in writing through e-mail at tpetersen@regionsix.com. Appeals must be received no later than April 8, 2022 (4:00 p.m. CST). Region 6 will address all appeals within 2 business days from the April 8, 2022 deadline.

## **Withdrawal of Application**

The applicant may withdraw its proposal, with written notification, at any time during the process. In such an instance, a typewritten letter of withdrawal with an original signature by an authorized officer/executive must be received at

**Region 6 Behavioral Healthcare,**

**4715 S 132nd St., Omaha, NE 68137**

**Attention: Taren Petersen**

either by hand delivery or by certified mail. Region 6 Behavioral Healthcare will not accept a verbal communication, e-mail or a faxed letter of withdrawal.

## **Indemnification**

The applicant shall assume all risk of loss in the performance of the contract and shall indemnify and hold harmless Region 6 Behavioral Healthcare, its Governing Board, Advisory Committee members, Sarpy County Wellness Court and employees from all liabilities, demands, claims, suits, losses, damages, causes of action, fines or judgments and all expenses incident thereto, for injuries to persons and for loss of, damage to, or destruction of property caused by the negligent or intentional acts or omissions of the applicant, its officers, employees or agents; for any losses caused by failure of the applicant to comply with the terms and conditions of the contract; and for any losses caused by other parties which have entered into agreements with the applicant in connection with the performance of the contract.

# Section VIII-General Instructions on Submission of Proposals

All instructions, conditions, and requirements included in this document are considered mandatory unless otherwise stated. Proposals that do not conform to the items provided in this document will not be considered.

All applicants must adhere to the following guidelines for submission of proposals.

1. The due date for receipt of proposals is March 18, 2022. All proposals must be received in Region 6 Behavioral Healthcare’s office by 4:00 p.m. (CST).

**Proposals must be sent OR delivered in person to:**

**Region 6 Behavioral Healthcare**

**4715 S 132nd St**

**Omaha, NE 68137**

**Attention: Taren Petersen**

**2.** Applicants shall not be allowed to alter or amend their proposals

**3.** FAX or e-mailed copies will not be accepted.

**4.** No requests for extensions of the due date will be approved.

**5.** The RGB accepts no responsibility for mislabeled/missent mail.

**6.** Proposals received late will not be accepted and will be returned to the sender unopened.

**7.** Applicants must submit one (1) original and ten (10) copies of each proposal.

**8.** Proposals must be typed in 10-point font or larger, submitted on standard 8 ½” by 11” paper, numbered consecutively on the bottom right-hand corner of each page, starting with the “Cover Page” through the last document, including required appendices and attachments. **NOTE: Cover Page is not considered part of Program Narrative.**

**9.** Originals and each copy must be stapled or clipped at the upper left-hand corner. Do not use covers or add unsolicited attachments to your proposal.

**10.** All information must be provided on the actual Region 6 Behavioral Healthcare forms (the attachments provided in this RFP). An electronic version of the forms will be available via the Region 6 website: [www.regionsix.com](http://www.regionsix.com). The forms may be retyped by the applicant; however, the form must look EXACTLY the same, including, but not limited to, headings, appendix number, required information categories, number of pages, and font size.

# SECTION IX – PROPOSAL FORMAT

Proposals must be organized in the following sections in the order listed below:

**1.** Cover Page (Attachment B)

Complete the entire “Cover Page” and obtain the signature of the Chief Executive Officer, Board Chairperson, or other individual with the authority to commit the applicant to a contract for the proposed program/service.

**2.** Capacity Development Plan

 **A.** Program Narrative

 The Program Narrative is a written plan that describes, in detail, Outpatient Therapy and Therapeutic Consultation services to be funded. The narrative should include a response to the following requirements as they relate to the service definitions. The Program Narrative shall cover the following points in a clear and concise manner, prepared in the following order using headings as listed below:

1. Organizational Capability: Describe the organization’s capability to provide the service, including:
* Brief organizational history
* Share your experience, if any, in conducting Outpatient Therapy services within a school building. This would include but not be limited to your understanding of working with a school team, etc.
* Discuss your agencies experience in providing Therapeutic Consultation services within a school district
* Describe how the therapist and the consultation process will work with school staff/school’s psychologist
* Explain how your current services are culturally sensitive and age- appropriate, including cultural/gender competency
* Describe any evidence-based practices your agency provides
* Ability to collect demographic information
* Ability to collect and submit any and all program data and outcomes necessary including use of DBH’s Centralized Data System (CDS) System
* Identify the specific amount of time needed to develop the service and begin seeing students at school
* Ability to meet eligibility criteria as listed in Section III of this RFP
* State willingness to work with Region 6 and D.C. West Community Schools in developing the service and outcome development and monitoring
1. Purpose: Explain the purpose of the services in terms of the results expected to meet the needs of the consumers.
2. Target Population and Geographic Area:Describe the target population and geographic area to be served, including:
* Agency’s experience working with youth of all ages
* How applicant will partner with the D.C. West Community Schools and become part of the team.
1. Goals:List and explain the goals of the services and process and outcome indicators that are measurable.

Goals must:

* Directly relate to the Outpatient Therapy and Therapeutic Consultation services
* Deal specifically with issues related to services delivered
* Address expected short-term and long-term benefits, both from a system perspective (D.C. West Community Schools) as well as an individual consumer perspective

Process indicators must:

* Measure the quality of service delivery
* Focus on the efforts expended rather than the results achieved
* Include measures of what services were delivered, to whom, by whom, for how long and how often
* Ensure that the service will be implemented as intended and in conjunction with the D.C. West Community Schools

Outcome indicators must:

* Measure the results achieved or the effectiveness of the service as related to the consumer and consistent with the D.C. West Community Schools goals
* Account for program effectiveness
* Identify what consumers are expected to achieve as a result of the services provided
* Be expressed in terms of behavior, condition, or things that are attainable by an individual consumer who is served by the service being evaluated
1. General Overview: Provide a general overview of how Outpatient Therapy and Therapeutic Consultation will be organized.
* Include information about how the services will meet the needs of the consumers served
* Describe how the provider will take into consideration both mental health and substance use needs
* Describe how assessment and treatment will use trauma informed principles
1. Admission Criteria:
* Thoroughly describe procedures for consumers to access Outpatient Therapy and/or Therapeutic Consultation
1. Assessment Process:
* Describe the assessment procedures/tools that will be used in providing Outpatient Therapy and Therapeutic Consultation
1. Specific Services**:**
* Describe how individual treatment planning will be done with the consumer and what is included in this individual plan
* Describe how the services will be coordinated with the D.C. West Community Schools and other community providers
* Discuss how you would work with D.C. West Community Schools to ensure their staff would be comfortable with the therapist going into their school
* Describe discharge planning procedures, criteria, and follow-up
* Describe the projected average length of stay in the program for the consumer to successfully reach the desired results as specified in the goals
1. Consumer Involvement: Describe the procedures for direct consumer involvement in the program/service, including:
* How consumers will participate in treatment planning (individual level)
* How potential consumers will be informed about the program and consumer rights (individual level)
* How consumers will have input into the development of policy and procedures (program level)
1. Capacity: Discuss the capacity anticipated for the service, including:
* The ability to serve an estimated 20 students per year with Outpatient Therapy
* Therapeutic Consultation as needed
1. Service Staffing:Discuss program/service staffing proposed, including:
* An explanation of the qualifications and supervision of the positions which will provide Outpatient Therapy and Therapeutic Consultation
* Efforts to recruit, hire, and train appropriate staff
* Describe staffing, any bilingual staff, etc.
* Describe what background screening you conduct on staff that would be going into the school buildings
* Describe any special training staff either currently have or will obtain in order to provide Therapeutic Consultation (i.e., trauma-informed care, social-economic development, behavioral interventions, resiliency, medications, crisis mitigation and response, etc.)
1. Quality Improvement: Describe the quality assurance plan which will be used for the services, including:
* Briefly describe current data collection and data evaluation processes that are in place within the organization
* Willingness to work with Region 6 on establishing additional outcomes as needed
1. **Program Development and Implementation Schedule, BH-5 (Attachment C)**

Several copies of the BH-5 form may be required to identify the goals and objectives necessary to develop and implement the service capacity. Complete a separate BH-5 for each service goal. Goals should address the following:

1. Development process/implementation schedule: Explain in detail a clear step-by-step plan of how the program/service will be developed over a given period of time. List reasonable and necessary goals and objectives needed to develop and implement the service capacity. Activities stated should be comprehensive, can be accomplished, and have clearly identified time frames, staff responsibility assigned, and outcome indicators.
2. How the applicant organization will complete a formal evaluation of the service, including steps in the process, and services provided.
3. For service start-up, capacity development goals should include, at a minimum, how the applicant will do the following:
* Develop administrative structures and personnel for service
* Develop a plan on building a relationship with D.C. West Schools
* Develop program plan, program operating policies and procedures,

 operation plan, registration/referral system for service

* Develop reporting, financing, and quality improvement systems
* Develop an infectious disease policy and disaster plan/policy
	+ - Indicate when Outpatient Therapy and Therapeutic Consolation services will be operational

### **Budget and Budget Justification Narrative**

1. Budget Forms -BH-20 Summary and BH c-g (Attachment D) – Use forms BH-20 Summary and BH c-g to develop the detailed budget for the service. Two separate budgets must be submitted as a part of the proposal. The first budget must be based upon a 12-month contract term for FY23 (7/1/22 – 6/30/23) which shows operational expenses for a full year. The second budget should include a partial year’s funding for FY22 (covering the time period from the services start-up/implementation to 6/30/22) showing what expenses are anticipated for the remainder of the current fiscal year (FY22).

**2)**  Revenue Summary (BH-20 Summary)

 List the revenue requested from Region 6 under Section (C) STATE FUNDS,

 on the MH-general. List any other program/service revenue on the

 appropriate line.

**3)**  Expense Summary (BH-20 Summary)

This form is a re-cap of detailed budget forms, BH-20 c-g. The total from each detailed budget form should be transferred to the BH-20 Summary, Expense Summary, on the appropriate expense category line. List indirect administration expenses in column 1, if applicable. **Note:** No more than 15% of funds may be used for indirect expenses/costs unless applicant has a federally approved cost rate. A copy of the letter stating the federally approved cost rate must accompany the budget forms.

**4)** Detailed Budget Forms (BH-20 c-g)

In the column titled, “Total HHS/BH Funds Requested,” show the funds you are requesting from Region 6 through this RFP process. In the column titled, “Total Project Funds (includes HHS and other),” show the total cost of the line-item expense which may include revenue from another source.

**Note: All funds must be identified in the proposal and additional funds will not be made available after the award.**

**D.**  T**he following outlines specific items to use within each expense category:**

1. Personnel Services (BH-20c): Personnel expenses that can be directly associated with the service being purchased
* Permanent salaries/wages
* Temporary salaries/wages
* Overtime pay
* Compensatory time paid
* Vacation leave expense
* Sick leave expense
* Holiday leave expense
* Military leave expense
* Funeral leave expense
* Civil leave expense
* Injury leave expense
* Administrative leave expense
* Retirement plans expense
* Social Security benefits expense
* Life/accident insurance
* Health insurance
* Unemployment compensation insurance
* Employee Assistance Program
* Health Savings Plans

**2)** Operations (BH-20d): Operational costs that can be directly associated with the particular service being purchased

* Postage
* Communication (i.e., phone/voice mail)
* Data processing/computer hardware/software
* Internet services
* Publications/newsletters/printing
* Training booklets, pamphlets, curriculum, videos, etc.
* Copying
* Dues/subscriptions
* Conference/professional development
* Job applicant expense
* Utilities (i.e., electric/water/gas)
* Rental expenses (i.e., building/equipment/vehicle)
* Office supplies
* Office equipment
* Workshops/retreats/trainings/classes
* Program marketing advertising
* Equipment supplies
* Educational services

**3)** Travel (BH-20e): Expenses for travel incurred while providing the service being purchased

* Board and lodging (includes meals for longer than one day stay)
* Meals – one day travel
* Commercial transportation
* Agency owned transportation
* Personal vehicle mileage
* Miscellaneous travel expense

**4)** Other (BH-20f): Other expenses directly associated with the service(s)

* Consultants
* Contracts for other service (i.e., accounting/auditing services)

**5)** Administrative (BH-20g): Costs incurred for administrative operation (Itemized unless Federal approved cost rate)

* Administrative salaries and benefits
* Accounting support
* Audit expenses
* Human resources support
* Information systems support
* Clerical support
* Operations personnel support
* Directors and officers insurance
* Janitorial/security expenses
* Board meeting support
* Other operation expenses
* Building insurance
* Auto insurance
* Professional liability insurance
* Repair/maintenance (i.e., bldg./equip/vehicle)
* Program marketing/advertising Support staff salary/wages and benefits
* Education services
* Equipment supplies
* Professional dues/subscriptions
* Utilities (i.e., elec./water/gas)
* Office supplies
* Office equipment
* Rental expenses (i.e., bldg./equip/vehicle)
* Data processing/computer hardware/software
* Publications/newsletter/printing
* Internet services
* Communication (i.e., phone/voice mail/e-mail)
* Postage
* Copying

**6)** Budget Justification Narrative– A separate budget narrative is required for both budgets. These narratives will help explain the rationale behind the budgeted items, please justify costs clearly. These narratives should explain in detail:

* Why the costs listed on the budget itemization forms are necessary
* How those costs were calculated

 The following items should be addressed separately in the narrative:

* Ongoing staffing needs by position, number of full-time equivalents (FTEs), and their respective salary and fringe costs separately
* Explanation of how ongoing operational, travel, capital outlay, personnel, professional fees, and consultant needs and costs were determined

**7)**  Financial Audit

A copy of the most recent audit of its financial operation by certified public accountants, using generally accepted auditing techniques, principles, and standards. **NOTE: A copy of the applicant’s most recent financial audit must be included with the proposal(s) submission. This does not apply to applicants who are already in the Region 6 Provider Network (as we already have copies of this information).**

# Section X-Minimum Standards for Enrollment in Region 6 Behavioral Healthcare Provider Network

Any applicant, not a current member of Region 6 Behavioral Healthcare Provider Network, shall attest that they can meet the minimum requirement for Enrollment in Region 6 Behavioral Healthcare’s Provider Network by reading and signing the Minimum Standards for Enrollment Form. (Attachment E) Please include a signed copy of the form with your application packet.

# Section XI-RFP Evaluation

## **Selection Process**

The RGB shall conduct a fair and comprehensive evaluation of all applications received in accordance with criteria set forth below.

All complete proposals will be scored as part of the evaluation process. Each proposal will initially be reviewed to ensure it meets the basic standards for the bid as outlined in the RFP Guidelines.

Proposals that meet all the requirements of this initial review will be forwarded to the Review Committee for evaluation.

**Evaluation and Scoring**

The following point values will be given to each of the four areas listed:

1. Program Narrative – a total of 75 Points available
2. Program Development and Implementation Schedule (BH-5) – a total of 25 points available
3. 2 Budgets and Budget Narratives (BH 20 Summary and c-g) – a total of 50 points available

Additional Note: The services provided will need to be registered through the state’s Centralized Data System (CDS) and Electronic Billing system (EBS).

# Attachments

Attachment A: Current DBH Service Definitions

## Attachment B: Cover Sheet

## Attachment C: BH-5 Form

## Attachment D: Budget Forms -BH-20 Summary and BH c-g

## Attachment E: Minimum Standards for Enrollment Form