

**Alamance-Caswell Mental Health,  
Developmental Disabilities &  
Substance Abuse Authority**

**Announcement of Request for Proposals  
for**

**OUTPATIENT MENTAL HEALTH SERVICES**

**July 13, 2004**

**REQUEST FOR PROPOSALS (RFP)**

**OUTPATIENT MENTAL HEALTH  
SERVICES**

Alamance-Caswell Mental Health, Developmental Disabilities & Substance Abuse Authority is requesting proposals from qualified Providers to provide child and adult outpatient mental health services in Alamance and Caswell counties. It is anticipated that up to four contracts will be awarded as a result of this RFP, with the full transition of services anticipated by July 2005. The contract term will begin upon a timely contract execution date and be renewable for additional fiscal one-year terms.

Proposals must be received before 5:00 PM; August 23, 2004 at ACMHDDSA located at 319 N. Graham-Hopedale Rd., Suite A, Burlington, NC 27217. Any proposal submitted after the deadline will not be considered. There are no exceptions to this requirement.

ACMHDDSA will conduct an RFP Informational Session on July 19, 2004 at 9:00 AM. All prospective Providers are encouraged to attend. The deadline for submitting written questions is July 23, 2004. All written questions to the current RFP will receive a written response from ACMHDDSA by July 28, 2004. Written responses will be published on the ACMHDDSA web site.

**Direct all inquiries regarding this RFP to:**

**Connie Windham, RFP Coordinator**  
ACMHDDSA  
319 N. Graham-Hopedale Rd., Suite A  
Burlington, NC 27217  
336 513-4200 ext. 140  
[cwindham@acmhdds.org](mailto:cwindham@acmhdds.org)

**ACMHDDSA**  
**319 N. Graham-Hopedale Rd., Suite A**  
**Burlington, NC 27217**  
**(336) 513-4200**

## **IMPORTANT INFORMATION**

**One (1) Original and Eight (8) Copies of the Proposal are Required.**

**Proposals must be received before 5:00 PM  
August 23, 2004**

**Submissions To:**

ACMHDDSA  
319 N. Graham-Hopedale Rd., Suite A  
Burlington, NC 27217  
Attention: Connie Windham  
RFP #002

**ACMHDDSA RFP Coordinator:**

Connie Windham  
319 N. Graham-Hopedale Rd., Suite A  
Burlington, NC 27217  
(336) 513-4200, ext. 140

**Information Session:**

July 19, 2004  
9:00 AM; Education Room B  
ACMHDDSA  
319 N. Graham-Hopedale Rd., Suite A  
Burlington, NC 27217

**Offeror's Library:**

By Appointment, (336) 513-4200, ext.140  
ACMHDDSA  
319 N. Graham-Hopedale Rd., Suite A  
Burlington, NC 27217

**Deadline for Question Submissions:**

July 23, 2004 @ 5:00 PM

**Information Sources & Reference Material**

Web Sites:

[www.dhhs.state.nc.us](http://www.dhhs.state.nc.us)  
[www.dhhs.state.nc.us/mhddsas](http://www.dhhs.state.nc.us/mhddsas)  
[www.acmhddsa.org](http://www.acmhddsa.org)

**NO PROPOSALS WILL BE ACCEPTED AFTER 5:00 PM, August 23, 2004**

# Section 1 Instructions to Providers

## **1.0 Introduction**

Providers are encouraged to read each section of the RFP thoroughly. While sections such as Instructions to Providers may appear similar among RFP's, ACMHDDSA may provide additional information as applicable. It is the responsibility of the Provider to understand the requirements of each RFP.

## **1.1 Authority**

This RFP is issued under the provisions of North Carolina General Statutes, principally G. S. 122C, and its accompanying rules and guidelines – APSM 30-1, 45-1, 45-2, 95-2; NC Medicaid requirements. All prospective Providers are charged with presumptive knowledge of all requirements of the cited authorities. Submission of a valid executed proposal by any prospective Provider shall constitute admission of such knowledge on the part of such prospective Provider. Service Providers must be able to successfully negotiate and execute a satisfactory contract with Alamance/Caswell Mental Health, Developmental Disabilities and Substance Abuse Authority.

## **1.2 Contract Management Office**

The Alamance/Caswell Mental Health, Developmental Disabilities and Substance Abuse Authority is responsible for overseeing the contracts resulting from this RFP, including system operations, fiscal agent operations, and monitoring and assessing provider information.

At the point of signing a contract, Providers must be able to meet the requirements of the ACMHDDSA Contract and the Local Business Plan.

## **1.3 Procurement Timetable**

<b><u>Activity</u></b>	<b><u>Scheduled Date</u></b>
Public Notice Announcing RFP	July 13, 2004
Distribution of RFP	July 13, 2004
RFP Information Session	July 19, 2004
Closing Date for submission of written questions	July 23, 2004
ACMHDDSA's Response to Written Questions	July 28, 2004
Proposal Submission Deadline	August 23, 2004
Proposal Evaluation Projected Completion Date	September 14, 2004
Provider Selection and Award Projected Date	September 15, 2004
Notice of Statement of Finds and Decisions Projected Date	September 22, 2004

## **1.4 Orientation**

### **A. Information Session**

An Information Session for Providers in reference to the request for proposals will be held on July 19, 2004 at 9:00 AM in Education Room B at ACMHDDSA located at 319 N. Graham-Hopedale Rd., Suite A, Burlington, NC 27217. All potential providers are strongly encouraged to attend this session. Providers are encouraged to submit written questions prior to this orientation.

Questions will be permitted at the Information Session. All written questions and answers will be posted on the ACMHDDSA website.

## B. Offerors' Library

All attachments are included with this RFP. Any items not included with the RFP will be part of the Offerors' Library. The following documents are incorporated into this RFP by reference and will be available on the referenced web sites or in the Offeror's Library located at ACMHDDSA, 319 N. Graham-Hopedale Rd., Suite A, Burlington, NC 27217.

### **Web Sites Available:**

1. Area Program Standards Manual: [www.dhhs.state.nc.us/mhddsas/manuals](http://www.dhhs.state.nc.us/mhddsas/manuals)
  - APSM 30-1 Rules for Mental Health, Developmental Disabilities & SA Services
  - APSM 45-1 – Confidentiality Rules
  - APSM 45-2 – Service Records Manual for Area Programs and Contract Agencies
  - APSM 45-2a – Service Records Resource Manual
  - APSM 95 – 2 – Client Rights Rules
  - APSM 1026- Service Definitions Manual
2. Drug-Free Workplace Act of 1988, as revised: <http://www.dol.gov/elaws/drugfree.htm>
3. Public Law 104 – 191 Health Insurance Portability and Accountability Act of 1996 (HIPPA):<http://www.hipaacomply.com/>
4. Pro-Children Act: [http://www.cdc.gov/tobacco/research\\_data/youth/464119.htm](http://www.cdc.gov/tobacco/research_data/youth/464119.htm)
5. General Statutes of North Carolina: [www.ncleg.net](http://www.ncleg.net) (Type in the statute number you wish to review in the search box that is in this site)
  - 122C-3 Definitions
  - 122C-51 Declarations of Policy on Client Rights
  - 122C-52 Right to Confidentiality
  - 122C-57 Right to Treatment and Consent to Treatment
  - 122C-58 Civil Rights and Civil Remedies
  - 122C-59 Use of Corporal Punishment
  - 122C-60 Use of Physical Restraints or Seclusion
  - 122C-61 Treatment Rights in 24-hour Facilities
  - 122C-62 Additional Rights in 24-hour Facilities
  - 122C-64 Human Rights Committees
  - 122C-65 Offenses Relating to Clients
  - 122C-66 Protections from Abuse and Exploitation; Reporting
  - 122C-67 Other Rules Regarding Abuse, Exploitation; Reporting
  - 130-A-133 Communicable Diseases (Definitions and Reporting Requirements)
  - 90-21.4 Treatment of Minors
  - 7A 517, 452-553 Abuse and Neglect of Minors
  - 122C-151.3 and 151.4 Resolving Disputes with Contractors, etc.
6. ACMHDDSA Local Business Plan: [www.acmhdds.org](http://www.acmhdds.org)
7. NCDHHS State Plan and Communiqués:  
<http://www.dhhs.state.nc.us/mhddsas/stateplanimplementation/index.html> - state plan  
Division of Medical Assistance: <http://www.dhhs.state.nc.us/dma/>

### **Offeror's Library Resources:**

1. ACMHDDSA Policies and Procedures Manual
  - Client Rights Policy
  - QA/QI Plan
  - Operating Policies
  - Client Record Policy
  - Medicaid Record Audit Tool
2. Fiscal
  - Sample Contract: [www.acmhdds.org](http://www.acmhdds.org)
  - Provider Manual: [www.acmhdds.org](http://www.acmhdds.org)

To arrange an appointment to the Library, call Connie Windham, RFP Coordinator at 336.513.4200 ext. 140.

### **1.5 Submission of Questions**

Submit all questions to Connie Windham, RFP Coordinator, by email at [cwindham@acmhdds.org](mailto:cwindham@acmhdds.org) or fax at 336 513-4422, or US Mail at ACMHDDSA, 319 N. Graham-Hopedale Rd., Suite A, Burlington, NC 27217. The deadline for submission of written questions is July 23, 2004 at 5:00 PM EDT. All written questions will receive a written response from ACMHDDSA. All written questions and answers will be posted on the ACMHDDSA website by July 28, 2004.

### **1.6 Submission of Proposals**

Proposals should address all components of the RFP. Please refer to Section 3, Proposal Application, for information on the order in which all components of the application should be assembled and submitted to ACMHDDSA. Proposals must be organized in the following manner:

- A. Proposal Application and all attachments. Provider shall submit comprehensive narratives that address all of the issues contained in the Proposal Application.
- B. One original and eight copies of the Proposal are required. Proposal must be delivered by the date and time designated in the Mail In and Delivery Information Sheet attached to this RFP. Any Proposal received after the designated date and time will not be considered. Submissions by email, fax, compact disc or diskettes are not permitted.
- C. All proposals must be in a sealed envelope; address label must identify the proposal for which application is being made, and a return address must be evident.

### **1.7 Additional Materials, Documentation and Presentation**

Upon request from ACMHDDSA, each Provider shall submit any additional materials and documentation reasonably required by ACMHDDSA in its evaluation of the Proposals. The evaluators reserve the right to request that the Provider orally present or discuss their Proposal for the purpose of clarification.

### **1.8 RFP Amendments**

ACMHDDSA reserves the right to amend this RFP at any time prior to the closing date for the final revised proposals.

### **1.9 Cancellation of Request for Proposals**

The Request for Proposals may be cancelled at any time and any or all Proposals may be rejected in whole or in part, when it is determined to be in the best interest of ACMHDDSA.

### **1.10 Final Revised Proposals**

The Providers final revised Proposal as applicable to the RFP, must be delivered by the date and time specified by ACMHDDSA. Any final revised Proposal received after the designated date and time will be rejected. If a final revised Proposal is not submitted, the previous submittal will be construed as the Provider's best and final proposal. Only the section(s) of the proposal that are amended shall be resubmitted by the Provider, along with the Proposal Application Title Page. After final revised Proposals are received, final evaluations will be conducted. All Proposals will become the property of ACMHDDSA and will not be returned to the Provider.

### **1.11 Changes/Alterations**

At any time prior to the final submission deadline providers may change or withdraw Proposals through written notification. The Proposal, when opened will then be corrected in accordance with such written request(s), provided that the written request is contained in a sealed envelope, which is plainly marked "modifications of proposal." Upon receipt of Proposal by ACMHDDSA at a designated location, proposals, modifications to proposals and withdrawals of Proposals shall be date-

stamped and, when possible, time stamped. All documents so received shall be held in a secure place by ACMHDDSA and not examined until after the submittal deadline.

### **1.12 Opening of Proposals**

Sealed Proposals should be mailed or delivered, by the date and time specified, to ACMHDDSA, 319 N. Graham-Hopedale Rd., Suite A, Burlington, NC 27217, Attention: Connie Windham, RFP#001. At that time, the proposals will be considered closed. The Provider shall include all documents necessary to support its Proposal. Providers shall be responsible for the actual delivery of Proposals during business hours to the address indicated in the cover letter. It shall not be sufficient to show that the Proposal was mailed in time to be received before scheduled closing time for receipt of Proposals. All Proposals shall be maintained in a secure location by ACMHDDSA and not opened until after the submittal deadline.

### **1.13 Costs for Proposal Preparation**

Any costs incurred by Providers in preparing or submitting a Proposal are the Provider's sole responsibility.

### **1.14 Rejection of Proposals**

ACMHDDSA reserves the right to consider as acceptable only those Proposals submitted in accordance with all requirements set forth in this RFP and which demonstrate an understanding of the issues involved and comply with the specifications. Any Proposal offering any other set of terms and conditions contradictory to those included in this RFP may be rejected without further notice.

A Proposal may be automatically rejected for any one or more of the following reasons, including, but not limited to:

- Late Proposals
- Inadequate/Incomplete Response to the RFP
- Failure of Provider to Cooperate or Deal in Good Faith
- Provider not Responsible

### **1.15 Notice of Award**

A Notice of Award containing a statement of findings and decision will be provided to all Providers by mail upon completion of the evaluation process and Executive Director approval of the selected Proposal.

### **1.16 Disclosure**

All Proposals will be open to public inspection after a contract has been awarded and executed by all parties.

Bidders who claim a statutory exception to the Freedom of Information Act must place all confidential documents in a sealed envelope clearly marked "CONFIDENTIAL", and must indicate that confidential materials are included and which statutory provision of confidentiality applies. ACMHDDSA reserves the right to make final determinations regarding confidentiality.

### **1.17 Protests**

Any Provider may file protest against the award of the contract. The details of the protest must be outlined in writing and addressed to Dan Hahn, Area Director of ACMHDDSA, sent by US Mail or by hand delivery. Protests regarding awards of contracts and related matters that arise in connection with this RFP shall be served within ten (10) working days of the postmark of the notice of findings and decision sent to the protester. Only the following may be protested:

- ACMHDDSA's failure to follow procedures established by Section 1 of this RFP;
- ACMHDDSA's failure to follow any procedure, requirement or evaluation criterion in a request for proposals issued by ACMHDDSA.

**Direct Written Protests to:**

Dan Hahn, Area Director  
ACMHDDSA  
319 N. Graham-Hopedale Rd., Suite A  
Burlington, NC 27217

**1.18 Availability of Funds**

The award of a contract and any allowed renewal or extension thereof, is subject to allocations to be made by local governments and the State of North Carolina and subject to the availability of local, State, and/or Federal funds. In the event funds are not available, the Provider will work with ACMHDDSA to assure continuity of care for consumers in the program.

**1.19 Monitoring and Evaluation of the Performance of the Contract:**

The contract will be regularly monitored at the discretion of ACMHDDSA. Contract monitoring may include site visits with comprehensive evaluation of covered services. Consumers, family members and other stakeholders will be extensively involved in ongoing monitoring and evaluation of providers including onsite visits. Any Provider submitting a Proposal must be committed to this interactive quality improvement process. See the Local Business Plan.

**1.20 Special Conditions**

The State of North Carolina and the Alamance-Caswell MH/DD/SA Authority recognize the contributions that Area Authority employees have made to the local system of care and acknowledge the need to minimize the disruption and break in services that could occur for persons with disabilities who are currently being served. As a mechanism to minimize an increase in staff turnover and the problems that this may cause in the service delivery system during the state reform transition period and to provide opportunities to staff who wish to remain employed in the field and to increase their certainty of future employment, in the contracts for the continuation of services/programs that it now provides, opportunities for employment of qualified staff will be a factor in awarding this contract. (See Appendix B: Service Delivery Divestiture Options from the State Plan 2002: Blueprint for Change).

Other special conditions may be imposed contractually by ACMHDDSA as deemed necessary.

**1.21 Disclaimer**

All the information contained within this RFP and its attachments reflect the best and most accurate information available to ACMHDDSA 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.

## Section 2 Service Specifications

### Outpatient Mental Health Services

#### 2.0 Scope of Work

##### 2.0.1 General Description of Program

The Alamance-Caswell Area Mental Health, Developmental Disabilities and Substance Abuse Authority is seeking to identify up to four cost effective, quality Providers to manage and operate the continuum of outpatient mental health services for children, adolescents and adults currently being offered by ACMHDDSA. These services need to be delivered within a reasonable distance for residents in both Alamance and Caswell counties. There are currently service delivery sites in both counties but more sites may need to be added to ensure access to all citizens. It is expected that services offered by the Provider would follow evidenced based best practice guidelines. Providers able to accommodate the full range of dual diagnosis consumers (MH and SA/DD) will be given priority consideration.

##### 2.0.2 Description of Populations to be Served

Children, adolescents and adults who are residents of Alamance and Caswell Counties that meet target population requirements as identified by the IPRS Statewide Rollout Population Category Definition and/or Medicaid eligible consumers including:

##### **Child Mental Health**

CMSED	Seriously Emotionally Disturbed with out of home placement
CMMED	Seriously Emotionally Disturbed
CMDEF	Deaf or Hard of Hearing
CMPAT	Homeless
CMAO	Assertive Outreach and Screening
CMCEP	Community Support

##### **Adult Mental Health**

AMSPM	Severe and Persistent Mental Illness
AMSMI	Serious Mental Illness
AMDEF	Deaf & Hard of Hearing
AMPAT	Homeless
AMAO	Assertive Outreach and Screening
AMCEP	Community Support

(See State Target Population Guidelines. Providers are expected to check the Division of MHDDSA website for most recent Target Population update. See also Medicaid guidelines via DMHDDSA, DMA and Value Options websites.)

It is expected that the provider serve all eligible residents referred, regardless of primary language or funding source.

##### 2.0.3 Volume of Service to be Delivered and Number of Consumers to Serve

The programs would be expected to provide clinical services for approximately 2200 adult consumers and 950 child/adolescent consumers in Alamance and Caswell counties. The percentage of Alamance to Caswell consumers is approximately 80% Alamance and 20% Caswell.

The volume of services would vary depending on the needs of the individuals involved in all programs and the ability of the consumers to choose other providers in the community.

It is the intention of the LME to expand the current catchment area to incorporate approximately 200,000 people. It is expected that the provider will be able to expand services as the needs of the LME increase.

## **2.1 Service Definitions**

The intent of this RFP is to assist in the development of Providers independent of ACMHDDSA for the delivery of Outpatient Mental Health Services in Alamance-Caswell counties in a manner that provides for a seamless transition of consumer services currently offered by ACMHDDSA.

All service delivery must follow evidence-based approaches based on appropriate level of care within a multi-modal treatment model. Services must follow Best Practice Guidelines as outlined in the **State Plan 2003: Blueprint for Change**, and subsequent revisions, as well as the IPRS service definitions found on the division website.

## **2.2 Service Activities**

All service activities would be expected to be integrated with and conform to all North Carolina Division of MH/DD/SA Standards (including General Statutes 122C), Division of Medical Assistance standards and all applicable U.S. Department of Health and Human Services Health Care Financing Administration (HCFA) Standards. Services currently provided may change as the rules and service definitions of the Division and other funding sources change.

### **2.2.1 Required Minimum Service Elements**

Adult services to be offered by the Provider will include Diagnostic Assessment, Outpatient Treatment including individual, group, family and behavioral counseling, Case Management, Psycho-Education, Urgent Care, and Hospital Follow-up. Group offerings should include topics such as DBT, anxiety coping skills and anger management along with other process groups.

Child and Adolescent services to be offered by the Providers will include Diagnostic Assessment, Outpatient Treatment including individual, group, family and behavioral counseling, Case Management and Psycho-Education. Group offerings should include topics such as early intervention and sex offender treatment along with other process groups.

Providers of these services must be able to demonstrate competence in addressing the needs of dually diagnosed consumers and obtaining higher levels of care from other providers for these consumers as indicated.

The Provider would be required to provide culturally competent services for consumers with limited English proficiency as well as for deaf/hard of hearing consumers.

### **2.2.2. Related Services**

The Provider would be required to plan for the development of additional community resources to further support consumer self-sufficiency and relapse prevention following the completion of active treatment.

#### *Emergency/Crisis Services*

The Provider would be required to either establish a formal relationship with a provider of Emergency/Crisis Services approved by ACMHDDSA or develop their own capacity to provide crisis services. The service would need to be available 24 hours daily, 365 days per year.

#### *Residential Services*

The Provider would be required to establish formal relationships with qualified residential providers approved by ACMHDDSA, delivering the full range of levels of care or elect to provide qualified residential services under their own auspices.

### *Psychiatric Services*

The Provider would be required to establish formal relationships with local providers of psychiatric services for the purpose of obtaining psychiatric evaluations and medication management services, when needed, or elect to provide qualified psychiatric services under their own auspices.

### *Service Coordination*

The Provider would be required to coordinate their services with other involved service providers and public entities for consumers of the LME. These would include but not be limited to primary care physicians, psychiatrists, case managers, ACMHDDSA, Public Health, DSS, public and private schools, juvenile justice and criminal justice agencies. This would also include participation and communication with the local interagency councils that are involved in coordinating care for the consumers the provider serves.

## **2.3 Management Requirement**

The Provider must operate program in compliance with any and all applicable licensure regulations.

### **2.3.1 Staffing/Credentialing/Competencies**

The continuity of care is critical to a safe and effective transition of Mental Health services. Staffing patterns and credentialing and competencies of the staff offering the services should be in accordance with the definitions of services provided. Appropriate staffing patterns with competent/credentialed staff are to be available to consumers immediately upon transition of the services to the Provider.

### **2.3.2 Facilities, Equipment, Furnishings and Administrative Services**

Providers may have the opportunity to enter into a contractual relationship with ACMHDDSA for the provision of office space, equipment and furnishings or may elect to provide them directly. The option of entering into this contractual arrangement may be especially helpful to the Provider as they begin work in Caswell County. In addition, an array of administrative services may also be available through a separate contractual agreement with ACMHDDSA. These administrative services may include information technology, accounting and general business support, billing, support and other services.

### **2.3.3 Clinical Records**

The Provider is expected to maintain a current and complete client record for each consumer referred and/or accepted per APSM 45-2 and any subsequent revisions or replacements to this document. This record shall include, but is not exclusive of the following:

- a) Client referral sheet/face sheet
- b) Court orders
- c) Date of initial request for service
- d) Informed consent information and forms
- e) Emergency Information
- f) Comprehensive assessment, assessment updates and other evaluations
- g) Diagnosis
- h) Treatment plans
- i) Crisis plans as needed
- j) Medical information and Medication Orders as applicable
- k) Documentation of service provided
- l) Transition/Discharge plan
- m) Any other data or reports as deemed necessary by the LME.

### **2.3.4 Insurance Coverage**

Providers will be responsible for obtaining insurance and liability coverage as determined by ACMHDDSA. ACMHDDSA shall be named as an additional insured under the Commercial General Liability and the Professional Liability Policies.

### **2.3.5 Quality Assurance and Utilization Review**

The Provider is expected to maintain appropriate quality assurance and utilization review procedures to assess program performance, provider performance and system performance. Provider must assure the provision of quality services and must identify their own quality assurance and utilization review plans.

### **2.3.6 Output/Performance/Outcome Measures**

Positive outcomes that focus on recovery, prevention of relapse, and the promotion of self-determination are the goals of the treatment and care process as reflected by person-centered/directed planning.

The Provider is expected to utilize the North Carolina Client Outcomes (NCCOI) admission and update forms for Output/Performance and Outcome Measurements.

Additional outcomes and performance measures are expected to be established through collaboration with ACMHDDSA.

### **2.3.7 Funding**

The contract will specify the total funding available based upon the implementation date. Annual contracted dollars available include \$1,671,186 for adults and \$1,028,101 for children in State and Federal funding. Additional Medicaid and third party insurance are available for covered individuals/services. Providers will be responsible for billing third party payers.

## **Section 3 Proposal Application**

### **General instructions for completing applications:**

- Proposal Application shall be submitted to ACMHDDSA Authority using the prescribed format outlined in this section.
- **The portion outlined in Section 3 must be submitted with one (1) original and eight (8) copies.**
- **The attachments must be submitted with one (1) original and three (3) copies.**
- The original and each copy must be tabbed for each section and for each attachment. **This is required.** (Tabs do not count as pages.)
- The original and each copy must be copied on three-hole punched paper. Do not send in binders, paper clip only.
- A written response is required for each item. Failure to answer any of the items will impact upon a proposer's score.
- Proposers are encouraged to take Section 4, Review Criteria for Request for Proposals, into consideration when completing the proposal.
- Proposals shall be limited to a maximum of forty (40) typed pages (8 ½" by 11") in length, excluding Part V and Attachments A-D, single or double-spaced. Font size shall be at a minimum of 12 points.
- All originals and copies must be delivered in one sealed envelope or box, with the address showing name of proposal, with return address on outside of envelope or box to:

**ACMHDDSA  
319 N Graham-Hopedale Rd., Suite A  
Burlington, NC 27217  
Attention: Connie Windham  
RFP#002**

### **Cover Memo:**

Each Application must include a cover letter signed by the person authorized to file the application. The cover letter should be addressed to Connie Windham, RFP Coordinator, ACMHDDSA, 319 N Graham-Hopedale Road, Suite A, Burlington, NC 27217. The cover letter must include the authorized individual(s) names to negotiate and sign a contract. In addition, include the name and telephone number of a contact person in the event the evaluation team selects to have oral presentations or needs to request additional information.

### **The Proposal Application comprises the following sections:**

Title Page	1 original and eight copies of proposal; 40 pages maximum
Table of Contents	
Part I. Background and Summary	
Part II. Experience and Capability	
Part III. Service Design and Implementation	
Part IV. Management and Staffing	
Part V. Fiscal/Electronic Systems	
Attachment A	1 original and 3 copies of attachments
Attachment B	
Attachment C	
Attachment D 1-3	

Title Page

Legal Name of Proposer Organization

Address

Title of Request for Proposal

Date of Submission

Name of Preparer  
Contact Information  
Name and Signature of Individual Authorized  
to Submit Proposal on behalf of Organization

## Table of Contents

Section	Criteria	Page Number
<b>Part I.</b>	<b>Background and Summary</b>	
<b>Part II.</b>	<b>Experience and Capability</b>	
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Part II-B	Ability to work with Target Population	
Part II-C	Responsiveness to Consumer Needs	
Part II-D	Quality Improvement Plan	
Part II-E	Accreditation/Compliance Verification	
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Part V-A	Taxation Status	
Part V-B	Financial Statement	
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Attachment A	Service Expenses	
Attachment B	Service Revenues	
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## **Section 3**

### **Application Format**

#### **Title Page**

#### **Table of Contents**

#### **Part I. Background and Summary**

In narrative format, clearly and concisely summarize the contents of the proposal in such a way as to provide the reviewers with a broad understanding of the entire proposal. Include a brief description and history of the organization, inclusive of any and all past experience pertinent to mental health and other disability services; the organization's prescribed treatment approach and philosophies, goals, and objectives related to the service activity; how the organization will work to assure the provision of high quality services to the identified population; and any special or unique characteristics of the organization which make it especially qualified to perform the related work activities.

#### **Part II. Experience and Capability**

##### **A. History and Experience of Organization in Providing Services**

The proposal should outline a demonstrated history of the organization or proposed management staff in providing the program and/or services indicated in the request for proposal. Include sufficient information to demonstrate that the organization has the necessary skills, abilities, knowledge of, and experience relating to the delivery of the proposed program and/or services. Provide a listing of verifiable experience with projects or contracts for the most recent five years that are pertinent to providing the program and/or services. The experience of senior management in managing these programs and/or services should be documented. A description should be given of how consumers and family members are involved in service policy development of the organization. Describe the organization's knowledge of and commitment to the local community including any history of providing services to consumers in the catchment area.

##### **B. Ability to Work with Target Population(s)**

Include a detailed history of past work with the identified population(s) to be served through this proposal and how this experience would position the organization to provide this program or service in the future. Specifically, note the organization's past history of providing the identified service to the target population noted in this proposal.

##### **C. Responsiveness to Consumer Needs**

Present the history of the organization in responding to emergent, urgent, and routine needs of consumers as it relates to the service proposed. Specifically, how the proposer identifies consumer needs in these categories must be defined and the historical response time for the past year must be included. Describe the organization's history of and plan for provision of services on a 24/7/365 basis, as applicable. In addition, the proposal must include all emergency plans for the program. It is expected that the provider assume responsibility as the "first responder" to consumers served. Diversion from community hospital emergency departments and hospital admissions is a priority outcome measure of performance for the providers selected under this RFP.

If the organization has not previously provided this service, the proposer should provide a plan of how the organization is proposing these activities would be carried out to meet the needs of consumers. (See above.)

##### **D. Quality Improvement Plan**

Describe the organization's history in using a Quality Improvement Plan (Continuous Quality Improvement) including the methodologies utilized to effect quality of services. In addition, a description of how the organization has utilized the result of the QIP to effect organizational

improvement in specific areas must be included. Examples may be helpful to demonstrate the effectiveness of the Quality Improvement Plan. Specifically, address Quality Improvement activities and measurements utilized to improve consumer outcomes. In addition, the proposal should include a description of the following:

- a. The organization's vision, mission and values on which its plan for continuous quality improvement efforts are based.
- b. The organization's history of conducting consumer feedback or satisfaction surveys or studies. In addition, a description of how the organization has utilized the results of consumer feedback to effect organizational improvement must be included.
- c. The organization's plan for how records will be maintained including how confidentiality will be ensured and internal methods of assuring that documentation compliance to state requirements is met and will continue to be met under this proposal.
- d. The organization's method for resolving complaints and grievances made by consumers as well as the methodology of how complaints will be documented and reported.
- e. The organization's method for reporting consumer incidents and accidents and process for addressing issues of safety.
- f. The organization's method for ensuring that consumer's rights are protected. A copy of the organization's client rights policy is to be included.

#### E. National Accreditation Status/State Compliance Verification

Attach verification of accreditation by a national accrediting body including dates of accreditation. Organizations not accredited by a national accrediting body should describe their plan for attaining national accreditation.

Attach a copy of the formal compliance verification of the NC Division of MHDDSA rules, for the proposed services to be delivered, completed by either an Area Program or the NC Council of Community Programs, as applicable.

### **Part III. Service Design and Implementation**

A. Service Organization Chart. Provide an organizational chart that shows, in detail, the positions, titles, and reporting relationships for the service components of this proposal within the proposer's organization.

B. Service Description. Provide a full description of how service(s) will be provided within the scope of the Request for Proposal. This should include staffing patterns, hours of operation, service activities, and how and when individualized consumer goals and objectives in the service plan are developed, monitored, and reviewed.

- a. Service activities: Describe the service or treatment modalities and therapeutic techniques employed to achieve the desired results/outcomes. Include reasons for selection of the activities, and the usual size, structure and schedule of activities or groups. Describe the staffing pattern and its relationship to the volume of consumers. Describe the scope of responsibility and practice of each staff title.
- b. Outcomes: Identify expected outcomes of the proposed services and the organization's program evaluation procedures. Describe outcome tools that are currently used. Describe the linkage between the organization's program evaluation and program management.

C. Continuity of Care. Provide a description of how consumers will be admitted and discharged from the services provided and how the organization assures overall continuity of care for consumers.

- a. Admissions: Describe the criteria used for determining consumer appropriateness for the program, the process for screening for appropriateness and admitting consumers to the service beginning with the initial contact and including all activities occurring prior to the establishment of the service plan. Include detail about the staff positions involved in the intake and assessment process including any involvement of specialists such as physician, psychologist, etc. Describe any exclusionary criteria for admission to the service. Describe any variations in the admission process that may occur for consumers stepping down from higher levels of care.

- b. Discharges: Describe the discharge process including who is involved in the process, the basis for discharge decisions, and the identification of community resources to which consumers may be referred when discharged. Define a successful discharge. Describe the after-care process if utilized.
- c. Availability of Back-up Staff: Describe the organization's plan for ensuring the availability of back-up staff when primary direct service staff are unavailable.
- d. Address the issue of continuity of care for consumers who may lose a funding source but continue to meet criteria for services.
- e. Address the procedures for provider's staff to actively participate in discharge planning for consumers who may need to use higher levels of care, and then return to the provider's services.

D. Service Coordination/Collaboration Relationships. Describe all mechanisms the proposer plans or already has in place to assure full community coordination and collaboration including agreements with other agencies and providers necessary to provide quality services and supports. Specifically, the proposer shall identify the major groups or agencies with which coordination and collaboration is needed, and define how this will be accomplished.

E. Program Implementation Plan. The proposer shall provide a realistic time line for program implementation describing all steps from recruitment of staff and others through training and consumer admissions to a fully developed transition program model.

Describe the agency's recent experiences in expansion and/or transition of services. Include information regarding any resulting issues affecting continuity of services for consumers. Describe what was learned through this experience particularly in regards to what the agency might do differently in expansion of services in the Alamance-Caswell area.

Describe the capacity of the agency to expand services as the needs of the LME increase.

F. Best Practices.

- a. Describe evidence-based practice and best practice approaches that are adopted as the standard for your current services. Describe the organization's understanding of the State-directed Best Practice guidelines for the target population to be served and how the agency will incorporate these guidelines into services to the consumer.
- b. Describe how the organization trains and develops clinical competence, including the ability to treat dually diagnosed consumers.
- c. Indicate how the proposer plans to maintain a workforce that mirrors the community to be served.
- d. Describe how the organization ensures staff are competent to treat co-occurring disorders.
- e. Describe the philosophy of the organization in addressing recovery, wellness, and self-determination.
- f. Describe the agency's plan for ensuring the delivery of consumer-directed services and supports. Include a description of how the organization plans to train staff in assisting consumers in person centered planning. Specifically, the proposal should include evidence of a demonstrated ability of the organization to encourage consumers in directing their own services and supports.

**Part IV. Management and Staffing**

A. Staff Utilization: Include the proposed staffing and organization of personnel to be assigned to the service including information regarding the current and/or expected qualifications, credentials, and experience of all executive, managerial, legal, and professional personnel to be assigned to the service.

Describe the organization's intent to consider utilizing current ACMHDDSA staff in service delivery. See Appendix A for ACMHDDSA salary and benefit information. If the organization intends to utilize

current staff indicate if staff will be paid at their current salaries. Also note any other accommodations that might affect pay such as healthcare coverage costs, etc.

B. Credentialing/Supervision/Training: Describe the organization's plan for ongoing compliance with credentialing and recredentialing, including primary source verification. Include initial and ongoing training and supervision requirements for staff. Describe the organization's staff retention plan.

C. Utilization Review: Describe the organization's utilization review and management program used to determine whether the level and the cost of supports provided are appropriate to the needs of consumers. Include the process for monitoring services delivered against authorizations received and for assuring the prior authorization of services. Include ability to collect and report on utilization of services.

## **PART V: FISCAL/ELECTRONIC SYSTEMS**

A. Taxation Status: For for-profit agencies, indicate Federal/State tax status. If tax-exempt, include copies of documentation such as a copy of the letter granting exempt status.

B. Certified Audit/Board Approved Financial Statement: Submit a copy of the Provider's most recent certified audit or the most recent Board approved financial statement if an audit has not been performed for that year.

C. Legal: Include any and all details of any pertinent judgment, criminal conviction, investigation or litigation pending against the organization or any of its officers, directors, employees, agents or subcontractors of which the organization has knowledge or a statement that there is none. ACMHDDSA reserves the right to reject a proposal based on this information.

D. Insurance: Attach documentation of insurance that reflects the following:

Liability Insurance. The Provider shall provide proof of and continuously maintain insurance coverage with a carrier authorized to do business in North Carolina, or maintain equivalent coverage under a self-insurance program that is acceptable to the Area Authority. Liability may be on an occurrence basis or claims-made basis. If the policy is on a claims-made basis, an extended reporting endorsement (tail coverage) shall also be provided for a period of not less than three (3) years after the end of the term of this Agreement, or an endorsement shall be provided for continued liability coverage with a retroactive date on or before the beginning of the term of this Agreement. Provider shall have:

a. Commercial General Liability:

Bodily injury and property damage liability as shall protect the Provider and any approved subcontractor performing work under the Contract from claims of bodily injury or property damage which arise from operations of the Contract whether such operations are performed by Provider, any subcontractor or anyone directly or indirectly employed by either. The amounts of such insurance shall not be less than \$1,000,000.00 each occurrence and \$3,000,000.00 in the annual aggregate. For providers of any residential services, additional coverage to protect from claims of sexual assault or sexual misconduct shall be included.

b. Professional Liability:

As shall protect the Provider's failure to conform to the professional standard of care required under state law and under the Contract. The limits of liability shall be not less than \$1,000,000.00 per occurrence and \$3,000,000.00 in the annual aggregate.

c. Automobile Liability:

Fleet vehicles or hired cars: Limits must be in an amount not less than \$1,000,000.00 bodily injury each person, each accident, and \$1,000,000.00 for property damage, or \$1,000,000.00 combined single limit each occurrence/aggregate, by an insurance carrier that is authorized to do business in North Carolina by the North Carolina Department of Insurance. If individuals are transported in privately owned vehicles, the Provider must carry \$1,000,000.00 of non-owned automobile liability insurance.

d. Worker's Compensation Insurance and Occupational Disease Insurance: Meeting the statutory requirements of the State of North Carolina; and Employer's Liability \$100,000.00 per accident limit, \$500,000.00 disease per policy limit, \$100,000.00 disease each employee limit, providing coverage for employees and owner.

In the event Proposer's current insurance coverage does not reflect these minimum requirements Proposer must obtain insurance meeting the minimum requirements prior to execution of a Contract.

E. Billing: Describe agency's ability to electronically bill for provided services. Information regarding the Provider's ability to operate within IPRS guidelines should be included.

F. Other Resources: The proposer should indicate other community financial resources including in-kind resources included in this proposal and describe what measures would be undertaken if those resources were decreased to assure services were maintained.

G. Fee Schedules: The proposal must include fee schedules, including a proposed sliding fee schedule for first party collections. In addition, if the provider is a Medicare and/or Medicaid provider, the Medicare and/or Medicaid provider numbers should also be included.

H. Electronic Database: Describe the organization's operation and staff and systems available to maintain an electronic database of consumers that includes but is not limited to demographics, diagnosis, target population, and service activity provided in accordance with Consumer Data Warehouse and other Division requirements.

H. HIPAA Compliance: Describe the organization's operations and systems available to insure that Information Systems are HIPAA compliant for privacy and security.

I. Additional Requirements:

a. References: Utilizing the attached reference form (Appendix B), include references from a minimum of three (3) organizations for which the Proposer has provided services in the last three years, including contract dates and contact names, phone numbers, and email addresses.

**Attachment A. Service Expenses.** Organizations must complete Anticipated Expenses for Service Operations (See Attachment A).

**Attachment B. Service Revenues.** Organizations must report anticipated revenues on Anticipated Revenue for Service Operations (See Attachment B).

**Attachment C. Financial Viability.** Provide measures of financial viability regarding unrestricted fund balance or line of credit, current ratio, operating cash flow ratio, net working capital ratio, and debt to equity ratio (See Attachment C).

**Attachment D. Salaries and Benefits.** Submit information indicating proposed salaries, benefits, and other terms of employment (See Attachment D 1-3).

## **Section 4**

### **Review Criteria for Request for Proposals**

#### **1.0 Introduction**

The following is the review criteria for the scoring of Proposal submissions for Providers applying for the administration of Outpatient Mental Health Services for ACMHDDSA. Each proposal will be reviewed and scored using the following criteria. Items marked with an asterisk \* are weighted and receive double points.

#### **2.0 Evaluation Criteria**

##### **2.1 Criterion 1: Experience and Capability (36 Points)**

- A. The Proposal demonstrates experience with projects or contracts (most recent 5 years) that exemplify direct provision of services related to this proposal.
- B. The Proposal demonstrates involvement of consumers and families in service policy development.
- C. The Proposal demonstrates knowledge of and commitment to the local community.
- D. The Proposal documents prior success in providing identified services to the target population. \*
- E. The Proposal demonstrates a well-developed plan for responsiveness to consumer emergent, urgent, and routine needs.
- F. The Proposal demonstrates a developed continuous quality improvement plan. \*
- G. The Proposal provides evidence of involvement with a national accreditation organization.

##### **2.2 Criterion 2: Service Design and Implementation (32 Points)**

- A. The Proposal includes a reasonable organizational chart detailing required components.
- B. The Proposal clearly identifies and defines an acceptable approach to service provision for consumers. \*
- C. The Proposal demonstrates an acceptable process for assuring continuity of care for consumers.
- D. The Proposal offers evidence of full community coordination and collaboration necessary to provide quality services and supports.
- E. The Proposal specifies a fully developed project plan for the timely implementation/transition of services.
- F. The Proposal clearly identifies the Provider's commitment to Best Practice implementation. \*

##### **2.3 Criterion 3: Management and Staffing (20 Points)**

- A. The Proposal documents a commitment to ensure programmatic and clinical continuity of care and fully describes the commitment to utilize qualified, competent staff. \*
- B. The Proposal includes elements necessary to ensure credentialing, supervision, training, and retention of staff. \*
- C. The Proposal demonstrates a reasonable plan for utilization review and management.

##### **2.4 Criterion 4: Fiscal (12 Points)**

- A. The Proposal contains acceptable required elements.
- B. The Proposed budget demonstrates the ability to provide services.
- C. The Proposal provides information regarding the proposer that demonstrates organizational financial viability.

## Attachment A

## ANTICIPATED EXPENSES FOR SERVICE OPERATIONS FORM

(PAGE 1 of 3)

Proposer	Service
<b>OBJECT OF EXPENDITURE</b>	<b>PROPOSED ANNUALIZED BUDGET</b>
120 Salary and Wages	
180 Fringe Benefits	
190 Professional Services	
<b>1XX Personnel Services – Total</b>	
210 Household and Cleaning Supplies	
220 Food and Provisions	
230 Ed., Med., and Agri. Supplies	
240 Construction and Repair Supplies	
250 Vehicle Supplies and Materials	
260 Office Supplies and Materials	
290 Office Supplies and Materials	
<b>2XX Supplies and Materials – Total</b>	
310 Travel and Transportation	
320 Communications	
330 Utilities	
340 Printing and Binding	
350 Repairs and Maintenance	
370 Advertising	
380 Data Processing Services	
390 Other Services	
<b>3XX Current Obligations and Services – Total</b>	
410 Rental of Real Property	
420 Rental of Data Property	
430 Rental of Other Equipment	
440 Service and Maintenance Contracts	
450 Insurance and Bonding	
460 Depreciation	
480 Indirect Costs	
490 Other Fixed Charges	
<b>4XX Fixed Charges and Other Expenses – Total</b>	
510 Office Furniture and Equipment	
520 Data Processing Equipment	
530 Ed., Med., and Agri. Equipment	
540 Motor Vehicles	
550 Other Equipment	
590 Other Structure Improvements	
<b>5XX Capital Outlay – Total</b>	
690 Other Contracts	
<b>6XX Contracts, Grants, Subsidies – Total</b>	
<b>TOTAL PROPOSED PROGRAM EXPENDITURES</b>	

*1XX Personnel Services*

State Code	State Description	County Code	County Description
120	Salaries and Wages	4002	Salaries – Full Time
		4003	Salaries – Temporary
		4004	Salaries – Other
		4005	Salaries – Overtime
		4006	Salaries – Special Pay
		4051	Salary – Fringe
		4061	Market Adjustment
		4062	Merit Adjustment
170	Board Member Expenses	5310	Board Expenses
180	Fringe Benefits	4021	Insurance – Group
		4022	FICA – Employer
		4023	N.C. Retirement Fund
		4024	Other Retirement Fund
		4025	Longevity Pay
		4026	State Employment Tax
		4027	Workers Comp. Charges
		4028	Unemployment Insurance
		4090	Car Pool Revenue
		4099	Fringe Benefit Pool
190	Professional Services	5301	Professional Fees
		5306	Auditing Fees
		5307	Physician Fees
		5308	Attorney Fees
		5309	System and Efficiency Studies

**2XX Supplies and Materials**

State Code	State Description	County Code	County Description
210	Household & Cleaning Supplies	6004	Departmental Supplies
220	Food and Provisions	6003	Food Supplies
		6005	Supplemental Food
230	Education, Medical & Agricultural Supplies	6004	Departmental Supplies
250	Vehicle Supplies & Materials	6100	Parts
		6101	Gasoline and Oil
		6102	Tires and Tubes
		6103	Other Vehicle Supplies
260	Office Supplies & Materials	6002	Office Supplies
290	Other Supplies & Materials	6004	Departmental Supplies
		6007	Materials/Maintenance

*3XX Current Obligations and Services*

State Code	State Description	County Code	County Description
310	Travel and Transportation	5003	Auto Allowance Mileage
		5004	Travel Expense
320	Communications	5005	Postage
		<b>5006</b>	<b>Travel Expense</b>
<b>330</b>	<b>Utilities</b>	<b>5002</b>	<b>Utilities</b>
<b>340</b>	<b>Printing and Binding</b>	<b>5010</b>	<b>Printing and Duplication</b>
		<b>5013</b>	<b>Maintenance and Repairs – Buildings</b>
<b>350</b>	<b>Repairs and Maintenance</b>	<b>5014</b>	<b>Maintenance and Repairs – Equipment</b>

State Code	State Description	County Code	County Description
		5015	Maintenance and Repairs – Vehicles
370	Advertising	5403	Recruitment and Investigation
390	Other Services	5312	Miscellaneous Contract Services
		5303	Laboratory Analysis Fees
		5016	Uniform and Linen Rental
		5311	Food Service
		5012	Training and Related
		5101	Client Benefits

**4XX Current Obligations and Services**

State Code	State Description	County Code	County Description
410	Rental of Real Property	5008	Real Estate Rental
420	Rental of Data	5007	Equipment Rental Processing Equipment (Data Processing)
430	Rental of Other Equipment	5007	Equipment Rental
450	Insurance and Bonding	5011	Insurance – Other Group
460	Depreciation	7008	Depreciation Expense
480	Indirect Costs	8002	Building and Grounds – Occupancy
		8003	Motor Vehicle Maintenance Rental
		8004	Data Processing Services
		8100	Administrative Services
		8006	Microfilming Services
		8008	Security Services
		8009	Courier Services
490	Other Fixed Charges/Current Operating Expenses	5009	Dues, Subscriptions and Books
		5404	Other Services
		6009	Books and Materials

**5XX Capital Outlay**

State Code	State Description	County Code	County Description
510	Office Furniture and Equipment	9005	Furniture and Fixtures > \$500.00
520	Data Processing Equipment	9108	Capital Outlay
540	Motor Vehicles	9006	Vehicles
580	Buildings, Structures and Improvement	9004	Buildings and Improvements
590	Other Structures, Improvements and Capital Outlay	9007	Leasehold Improvements
		6090	Assets Non-Cap <\$500.00

**6XX Contracts, Grants and Other Subsidies**

State Code	State Description	County Code	County Description
630	Aid to Other Governmental Units	5312	Miscellaneous Contract Services
690	Other Contracts, Grants Subsidies	5102	Purchase of Services
		5105	Foster Home Care – Child
		5106	Foster Parents Association
		5107	Purchase Child Care
		5108	Group Homes – Children
		5314	Contract Agencies
		7501	Transfer to Other Funds
		7503	Intrafund Transfer

**8XX Transfer Refunds and Non -Operating**

State Code	State Description	County Code	County Description
870	Receivables Written Off	County	Net Against Fee Revenue

**ANTICIPATED REVENUE FOR SERVICE OPERATIONS FORM***(Page 1 of 2)*

Proposer	Service
<b>REVENUE ACCOUNT DESCRIPTION</b>	<b>PROPOSED ANNUALIZED BUDGET</b>
Unrestricted Cash	
Restricted Cash	
Other	
Special Events	
Endowments	
Trust	
Other	
Collected Through Local Member Units	
Contributed By Association Orgs	
Allocated by Federated Fund Raising Organizations	
United Way	
Other	
Allocated By Unassociated and Non Federated Fund Raising Orgs	
Membership Dues – Individuals	
Assessments and Dues – Local Member Units	
Intra – Agency Sales of Supplies and Services	
Sale of Production	
Sale of Property and Other Assets	
Sale of Staff Services	
Interest	
Dividends	
Other	
Miscellaneous (Specify)	
<b>SUB TOTAL</b>	

REVENUE ACCOUNT DESCRIPTION	PROPOSED ANNUALIZED BUDGET
General Contributions and Donations	
ACMHDDSA Program Subsidy Requirement	
Allocated by Federated Fund Raising Organizations	
Other Government Purchase of Service	
Medicare	
Medicaid	
SSI and SS	
Grants from Governmental Agencies	
HMO/PPO Revenue from Title XIX-AFDC Clients	
HMO/PPO Revenue from Non – Title XIX Clients	
Membership Dues	
Program Service Fees – Other	
Program Service Fees – Client Collections	
Program Service Fees – Insurance	
Intra-Agency Sales of Supplies and Services	
Revenues from Disposal of Assets	
Investment Income	
Gains (and Losses) on Investment Transactions	
Revenues from Disposal of Assets	
<b>TOTAL PROPOSED PROGRAM REVENUES (PG 7)</b>	
<b>TOTAL PROPOSED PROGRAM REVENUES (PG 8)</b>	
<b>TOTAL REVENUE</b>	
TOTAL PROPOSED EXPENDITURES (PG 2)	
NET RESULTS FROM PROGRAM OPERATIONS	





## **Attachment D-2 Benefits**

List the following:

1. All types of Insurance Benefits available to employees (i.e. health, dental, life, disability, etc.)
2. Indicate whether a Cafeteria or Section 125 Plan is available.
3. Name of Health Insurance Carrier-Describe basic benefits, such as deductibles, copays, waiting periods, etc.
4. Monthly costs for health insurance for employees:
  - Employee only
  - Employee + child
  - Employee + spouse
  - Employee + family
5. Name of Dental Insurance Carrier-Describe basic benefits, such as deductibles, checkups at no cost, waiting periods, etc.
6. Monthly costs for dental insurance for employees:
  - Employee only
  - Employee + child
  - Employee + spouse
  - Employee + family
7. Other Insurance

## **Attachment D-3**

### **Other Terms of Employment**

List the following:

1. Other fringe benefits i.e., vacation, sick time, retirement plans, longevity, merit/bonus pay, etc.
2. Vacation and sick leave-Indicate how many days are paid and how it is accrued. Include any information about waiting periods.
3. Retirement-Describe specific benefits/plan available including information regarding whether participation is voluntary, and employer match. Indicate whether 401K is available. Describe how retirement is managed.
4. Holidays-Indicate how many paid holidays per year.
5. Service Time-Indicate whether ACMHDDSA service time will be grandfathered in.
6. Any other terms of employment, i.e. travel expenses, training opportunities, etc.

**Appendix A**  
**ACMHDDSA Salaries**

<b>Position</b>	<b>FTE</b>	<b>Salary</b>
Clinical Social Worker (Adult)	1	\$45,948.00
Clinical Social Worker (Adult)	1	\$28,476.00
Clinical Social Worker (Adult)	1	\$31,716.00
Clinical Social Worker (Adult)	1	\$33,228.00 - \$52,932.00
Clinical Social Worker (Adult)	1	\$33,228.00 - \$52,932.00
Clinical Social Worker (Adult)	1	\$33,228.00 - \$52,932.00
Clinical Social Worker (Adult/Child)	1	\$44,844.00
Clinical Social Worker (Child)	1	\$27,128.40
Clinical Social Worker (Child)	1	\$33,228.00 - \$52,932.00
Clinical Social Worker (Child)	1	\$37,968.00
Clinical Substance Abuse Counselor (Non-Cert.) (Adult)	1	\$39,792.00
Clinical Substance Abuse Counselor (Certified) (Adult)	1	\$45,948.00
Educational/Developmental Technician (Child)	1	\$31,716.00
Human Services (Adult)	1	\$45,948.00
Human Services Clinical Counselor II (Child)	1	\$31,716.00 - \$50,496.00
Human Services Clinical Counselor (Adult)	1	\$35,520.00
Human Services Clinical Counselor I (Adult)	1	\$33,996.00
Human Services Clinical Counselor II (Adult/Child)	1	\$31,716.00 - \$50,496.00
Human Services Coordinator III (Child)	1	\$42,756.00
Human Services Program Specialist (Adult)	1	\$48,108.00
Human Services Program Specialist (Child)	1	\$49,308.00
Licensed Clinical Counselor (Child)	1	\$33,228.00 - \$52,932.00
LMHA (Adult)	1	\$55,500.00
LMHA (Adult/Child)	1	\$58,104.00
Mental Health Nurse II (Adult)	1	\$41,736.00
Mental Health Nurse II (Adult)	1	\$39,792.00
Mental Health Nurse II (Adult)	1	\$39,792.00
Mental Health Nurse II (Adult/Child)	1	\$40,776.00
Mental Health Nurse Supervisor (Adult)	1	\$48,708.00
Office Assistant III (Adult)	1	\$24,312.00
Proc. Asst. III (Adult)	1	\$25,356.00
Processing Assistant III (Adult)	1	\$24,312.00
Processing Assistant III (Adult)	1	\$23,316.00
Processing Assistant III (Adult)	1	\$23,316.00
Processing Assistant III (Adult)	1	\$21,336.00
Processing Unit Supervisor IV (Adult)	1	\$33,228.00
Rehabilitation Coordinator (Adult)	1	\$41,736.00
Rehabilitation Specialist II (Adult)	1	\$28,344.00
Rehabilitation Therapist (Adult)	1	\$32,100.00
Rehabilitation Therapy Technician (Adult)	1	\$24,312.00
Social Worker (Trainee) (Child)	1	\$24,312.00
Social Worker I (Child)	1	\$25,356.00
Social Worker II (Adult)	1	\$36,312.00
Social Worker II (Adult)	1	\$33,228.00
Social Worker II (Adult)	1	\$17.46 / hr.
Social Worker II (Adult)	1	\$28,956.00 - \$45,948.00
Social Worker II (Adult)	1	\$28,956.00 - \$45,948.00
Social Worker II (Adult/Child)	1	\$30,312.00
Social Worker II (Child)	1	\$33,228.00
Social Worker II (Child)	1	\$31,716.00
Social Worker II (Child)	1	\$36,312.00
Social Worker II (Child)	1	\$30,312.00
Social Worker II (Child)	1	\$36,312.00
Social Worker Supervisor (Adult)	1	\$45,948.00
Social worker Supervisor II (Adult)	1	\$52,932.00
Word Processor (Adult)	1	\$23,820.00

## Appendix A Benefits

### FRINGE BENEFITS GUIDE FOR ALAMANCE-CASWELL AREA MENTAL HEALTH, DEVELOPMENTAL DISABILITIES AND SUBSTANCE ABUSE PROGRAM

As an employee of the Alamance-Caswell Area MH/DD/SA Program, you enjoy a range of salary-related benefits, including health care, retirement, annual and sick leave, longevity pay at 5 years of service, paid holidays, and tax-sheltered savings/retirement plans, among others. This guide is intended as a quick reference to your compensation package. Detailed information should be obtained from the Human Resources Office.

#### ANNUAL LEAVE/SICK LEAVE

Full-time employees are granted annual leave, beginning at 94 hours each year. Annual leave is earned on a monthly basis. Part-time employees, working 65% or more time, are granted annual leave on a pro-rated basis.

<b>WHEN YOU HAVE WORKED</b>		<b>YOU ARE GRANTED</b>	
Years Worked	Annual Leave Earned/Mo.	Hours Yearly	Days Yearly
Less than 2	7 hrs. 50 minutes	94	11 <sup>3</sup> / <sub>4</sub>
2 but less than 5	9 hrs. 10 minutes	110	13 <sup>3</sup> / <sub>4</sub>
5 but less than 10	11 hrs. 10 minutes	134	16 <sup>3</sup> / <sub>4</sub>
10 but less than 15	13 hrs. 10 minutes	158	19 <sup>3</sup> / <sub>4</sub>
15 but less than 20	15 hrs. 10 minutes	182	22 <sup>3</sup> / <sub>4</sub>
20 or more	17 hrs. 10 minutes	206	25 <sup>3</sup> / <sub>4</sub>

**Full-time employees are granted 8 hours sick leave per month (12 days per year). Part-time employees (65% or greater) are granted sick leave on a pro-rated basis. When you retire, your accumulated sick leave days are credited toward retirement. One month of credit is allowed for each 20 days of unused sick leave. One more month is allowed for any part of 20 days left over.**

#### HOLIDAYS

Area Program employees observe the following holidays: New Year's Day, Martin Luther King, Jr.'s Birthday, Good Friday, Memorial Day, Independence Day, Labor Day, Veterans Day, Thanksgiving (2 days), and Christmas (2 days, 3 days when Christmas falls midweek).

**An employee must work before and after a holiday, or use accrued leave before and after a holiday, in order to be paid for the holiday.**

#### LONGEVITY PAY

Benefited employees who have completed five (5) years of service are eligible to receive longevity pay. Each longevity payment is computed using the employee's **base** annual salary and total length of service as of November 1 of the current calendar year. Longevity checks are distributed on the first Friday in December. Longevity pay is computed as follows:

2½%	of base annual salary after 5 years of service
4%	of base annual salary after 10 years of service
5%	of base annual salary after 15 years of service
6%	of base annual salary after 20 years of service

## LIFE INSURANCE BENEFIT

The Area Program provides group life insurance coverage. The individual benefit is equivalent to the employee's basic annual salary rounded to the next higher multiple of \$1,000, not to exceed \$70,000. Dependent coverage is also provided: \$2,500 for spouse or child. Accidental Death and Dismemberment (AD&D) Insurance is provided at an amount equal to life insurance.

## HEALTH AND DENTAL BENEFITS

Full-time and part-time employees (working 65% or more time) receive health and dental benefits paid for by the Area Program. Benesight is the current administrator. If an employee wants dependent coverage, the payment will be deducted from the employee's paycheck as follows:

Coverage Selected	Health	Dental	Both
Child(ren) only	\$195.00	\$19.00	\$214.00
Spouse	\$320.00	\$25.00	\$345.00
Employee/Family	\$390.00	\$38.00	\$428.00

Employees must work one full calendar month for insurance benefits to become effective. After retirement, **health** insurance benefits are continued for the employee, at no cost, provided the employee meets the requirements for retirement (service or disability) thru the Local Governmental Employees' Retirement System. Once Medicare becomes primary, our insurance becomes secondary coverage for the retiree.

## RETIREMENT

Benefited employees are automatically enrolled in the Local Governmental Employees' Retirement System. This plan is a joint contributory plan that is financed by contributions made by you and the Area Program. You contribute 6% (pre-tax) of your monthly salary, and the Area Program currently contributes 4.89%.

Retirement with **unreduced benefits** can begin under three conditions: (1) at any age with 30 years of credit, (2) at age 60 with 25 years of credit, or (3) age 65 with 5 years credit. Retirement with **reduced benefits** or early retirement can begin after age 50 with 20 years of credit or at age 60 with 5 years of credit.

A death benefit is also made available through the Local Governmental Employees' Retirement System. If you should die while still in active service after one year as a contributing member, your beneficiary will receive a single lump sum payment equal to the highest 12 months' consecutive salary during the preceding 24 months, not to exceed \$20,000. This benefit is also paid if you die within 180 days of the last day for which you were paid a salary.

The Human Resources Office can assist you in understanding and applying for retirement. A handbook regarding the retirement system is available in the HR Office and can also be accessed @ <http://www.treasurer.state.nc.us>.

## 401(k) TAX DEFERRED PLAN

The Area Program contributes 3% to a 401(k) Plan for all benefited employees. Employees are also eligible to make voluntary contributions (tax-deferred) to their individual accounts through regular payroll deduction. Prudential Retirement is the current administrator of the plan, and enrollment information is made available to new employees during orientation. Information about the NC 401(k) Plan can also be accessed @ [www.prudential.com/ncplans](http://www.prudential.com/ncplans).

## SECTION 125 FLEXIBLE BENEFIT PLAN

The Area Program offers a Section 125 Flex Plan for employees that includes medical expense reimbursement accounts and dependent care reimbursement accounts. Employees may also elect to pay insurance premiums for dependent coverage on a pre-tax basis. This Plan is currently administered by American Fidelity.

## Appendix B References

REFERENCE REQUEST for : \_\_\_\_\_  
(name of provider requesting reference)

**Please Print**

Name of organization providing reference: \_\_\_\_\_

Name/title of person providing reference: \_\_\_\_\_

Phone # and email address: \_\_\_\_\_

1. How long have you had a relationship with this Provider? \_\_\_\_\_
2. Approximately how many referrals for treatment/service have you made to this Provider? \_\_\_\_\_.
3. Are you satisfied with the quality of services provided? \_\_\_\_\_. As far as you know, have other community stakeholders been satisfied with this Provider? \_\_\_\_\_. In your opinion, does this Provider have good clinical outcomes? \_\_\_\_\_.
4. Are your consumers/families satisfied with the services of this provider? \_\_\_\_\_. If not, why not? \_\_\_\_\_
5. Are you satisfied with the quality and timeliness of this Provider's service plans and progress notes? \_\_\_\_\_.
6. Has your organization had any complaints about this provider? \_\_\_\_\_. If so, did you feel the Provider handled and resolved the complaint to your satisfaction? \_\_\_\_\_. If not, why not? \_\_\_\_\_
7. Is this provider's discharge planning process adequate in your opinion? \_\_\_\_\_.
8. Is this Provider's billing both timely and accurate? \_\_\_\_\_.
9. Do you anticipate making further referrals to this Provider? \_\_\_\_\_. If not, why not? \_\_\_\_\_.

\_\_\_\_\_  
(Signature of person providing reference)

\_\_\_\_\_  
(Date)