

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

**Announcement of Request for Proposals
for**

*DEVELOPMENTAL DISABILITIES
CASE MANAGEMENT SERVICES*

September 7, 2004

REQUEST FOR PROPOSALS (RFP)

Developmental Disabilities Case Management Services

Alamance-Caswell Mental Health, Developmental Disabilities & Substance Abuse Authority is requesting proposals from qualified Providers to provide case management services to persons with developmental disabilities in Alamance and Caswell counties. The case management services include CAP MR-DD, MR/MI, and DD case management services for individuals, ages three and older. As reflected in current best practice information, a case management provider may not provide additional services other than case management services to a person served under these case management contracts. It is anticipated that up to 2 contracts will be awarded as a result of this RFP, with the transition of services anticipated by March 1, 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; October 19, 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 September 13, 2004, at 2:00 PM. All prospective Providers are encouraged to attend. The deadline for submitting written questions is September 20, 2004. All written questions to the current RFP will receive a written response from ACMHDDSA by September 27, 2004. Written responses will be published on the ACMHDDSA web site.

Direct all inquiries regarding this RFP to:

Karen Webb, RFP Coordinator
ACMHDDSA
319 N. Graham-Hopedale Rd., Suite A
Burlington, NC 27217
336 513-4200 ext. 221
kwebb@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
October 19, 2004**

Submissions To:

ACMHDDSA
319 N. Graham-Hopedale Rd., Suite A
Burlington, NC 27217
Attention: Karen Webb
RFP #004

Information Session:

September 13, 2004
2:00 PM; Education Room B
ACMHDDSA
319 N. Graham-Hopedale Rd., Suite A
Burlington, NC 27217

ACMHDDSA RFP Coordinator:

Karen Webb
319 N. Graham-Hopedale Rd., Suite A
Burlington, NC 27217
(336) 513-4200, ext. 221

Offeror's Library:

By Appointment, (336) 513-4200, ext.221
ACMHDDSA
319 N. Graham-Hopedale Rd., Suite A
Burlington, NC 27217

Deadline for Question Submissions:

September 20, 2004 @ 5:00 PM

Information Sources & Reference Material

Web Sites:

www.dhhs.state.nc.us
www.dhhs.state.nc.us/mhddsas
www.acmhddsa.org

NO PROPOSALS WILL BE ACCEPTED AFTER 5:00 PM, October 19, 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

| <u>Activity</u> | <u>Scheduled Date</u> |
|---|------------------------------|
| Public Notice Announcing RFP | September 7, 2004 |
| Distribution of RFP | September 7, 2004 |
| RFP Information Session | September 13, 2004 |
| Closing Date for submission of written questions | September 20, 2004 |
| ACMHDDSA's Response to Written Questions | September 27, 2004 |
| Proposal Submission Deadline | October 19, 2004 |
| Proposal Evaluation Projected Completion Date | November 10, 2004 |
| Provider Selection and Award Projected Date | November 11, 2004 |
| Notice of Statement of Finds and Decisions Projected Date | November 18, 2004 |

1.4 Orientation

A. Information Session

An Information Session for Providers in reference to the request for proposals will be held on September 13, 2004 at 2:00 PM 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
 - 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
5. General Statutes of North Carolina: 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
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/>
8. CAP-MR/DD Manual:
<http://www.dhhs.state.nc.us/mhddsas/developmentaldisabilities/operations/index.htm>

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
 - Provider Manual: www.acmhdds.org

To arrange an appointment to the Library, call Karen Webb, RFP Coordinator at 336.513.4200 ext. 221.

1.5 Submission of Questions

Submit all questions to Karen Webb, RFP Coordinator, by email at kwebb@acmhdds.org or fax at 336 513-4422, or US Mail at ACMHDDSA, 319 N. Graham-Hopedale Rd., Suite A, Burlington, NC 27217. Oral questions may be submitted during the information session. Otherwise, all questions must be submitted in writing. The deadline for submission of written questions is September 20, 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 September 27, 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: Karen Webb, RFP#004. 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

Developmental Disabilities Case Management 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 two cost effective, quality Providers to operate Case Management Services to consumers in the following disability areas: Adult and Child Developmental Disabilities, CAP-MR/DD, and MR/MI. 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. 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 clients (SA and MH/DD) will be given priority consideration.

As reflected in current best practice information, providers selected to provide case management services may not provide additional services other than case management services to persons served under these case management contracts.

2.0.2 Description of Populations to be Served

Children ages three and older, 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 and persons receiving CAP-MR/DD funding including:

Child Developmental Disability

CDSN Child with Developmental Disability

Adult Developmental Disability

ADSN Adult with Developmental Disability

ADMRI Adult with Developmental Disability and co-occurring diagnosis of Mental Illness

(See State Target Population Guidelines. Providers are expected to check for most recent Target Population update)

It should be noted that the number of Latino/Spanish Speaking residents is expanding quickly within the catchment area. 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 program would be expected to provide case management services for approximately 180 consumers diagnosed with Developmental Disabilities who are legal residents of Alamance and Caswell Counties. The percentage of Alamance to Caswell consumers is approximately 80% Alamance to 20% Caswell.

The volume of services would vary depending on the needs of the individuals and as individuals come into or leave case management services, and the ability of the consumers to choose other providers in the community.

Case managers' caseloads will be determined by the requirements of the Person Centered Plans (PCP) of the people they serve. Presently there are 110 consumers receiving CAP-MR/DD services and 59 receiving traditional Medicaid case management services and/or MR/MI case management services.

The percentage of child to adult consumers is approximately 25% children to 75% adults. Current caseload size averages 23 consumers per DD case manager, and 27 per MR/MI case manager. The PCP will specify the frequency and intensity of contact, with flexibility indicated for urgent needs. CAP requirements include a minimum of one face-to-face contact per month.

**DD and CAP-MR/DD Case Management Historical Data
for July 2003-February 2004**

| Month | Hours of Service Delivered |
|----------------|-----------------------------------|
| July 2003 | 447 (6 case managers) |
| August 2003 | 470.5 (6 case managers) |
| September 2003 | 482.25 (6 case managers) |
| October 2003 | 536.5 (6 case managers) |
| November 2003 | 467.5 (6 case managers) |
| December 2003 | 445 (6 case managers) |
| January 2004 | 449 (6 case managers) |
| February 2004 | 473 (6 case managers) |

**MR/MI Case Management Historical Data
for July 2003-February 2004**

| Month | Hours of Service Delivered |
|----------------|-----------------------------------|
| July 2003 | 321.5 (4 case managers) |
| August 2003 | 296.75 (4 case managers) |
| September 2003 | 278 (3 case managers) |
| October 2003 | 258.5 (3 case managers) |
| November 2003 | 213 (3 case managers) |
| December 2003 | 231.25 (3 case managers) |
| January 2004 | 238 (3 case managers) |
| February 2004 | 232.5 (3 case managers) |

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 a Provider independent of ACMHDDSA for the delivery of Case Management Services for persons with Developmental Disabilities Services in Alamance-Caswell counties in a manner that provides for a seamless transition of consumer services currently offered by ACMHDDSA Case Management Services.

Case Management is defined as service activities designed to meet the educational, vocational, residential, non-mental health, financial, social, and other non-treatment needs of the individual. The service includes activities such as arrangement, linkage, or integration of multiple services as they are needed or being received by the individual from other unrelated service providers or agencies. It includes assessment and reassessment of the individual's needs for case management service; informing the consumer about benefits, community resources, and services; assisting the individual in accessing benefits and services; arranging for the receipt benefits and services; assessment of the individual's response to treatment and subsequent need to modify the existing array of services being provided; and monitoring the provision of services to the consumer.

All service delivery must follow evidence-based approaches based on appropriate level of care within a person-centered service model. Services must follow Best Practice Guidelines as outlined in the **State Plan 2002: Blueprint for Change**, and subsequent revisions, as well as the IPRS service definitions found on the division website.

The Case Management service definition can be found in the *Mental Health/Developmental Disabilities/Substance Abuse Services Definitions, January 1, 2003 (with 01/15/03 Revisions)*. The

CAP-MR/DD service definition can be found in the *2004 CAP-MR/DD Manual*. (see Section 1: Websites Available)

2.2 Service Activities

All service activities would be expected to be integrated with and conform to the North Carolina Division of MH/DD/SA Standards (General Statutes 122C), DMA guidelines, all current policies and procedures for Medicaid and CAP-MR/DD services, and all applicable U.S. Department of Health and Human Services Health Care Financing Administration (HCFA) Standards. Services currently provided may change in accordance with the rules and service definitions of the Division and other funding sources.

2.2.1 Required Minimum Service Elements

Case Management services to be offered by the Provider will include those designed to meet the educational, vocational, residential, mental health treatment, financial, legal, social, and non-treatment needs of persons with developmental disabilities requiring assistance. The service includes the arrangement, linkage or integration of multiple services as they are needed or being received by the individual. It includes the assessment and reassessment of the individual's need for case management services; informing the individual about benefits, community resources, and services; assisting the individual in accessing benefits and services; arranging for the individual to receive benefits and services; and monitoring the provision of services.

Case management services will be available 24 hours a day, 365 days per year. The Provider would be required to provide 24-hour on-call case management capabilities for the individuals it serves. In addition, case managers typically work flexible hours in order to meet needs that may occur after usual business hours.

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.

A primary function of case management services is 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, ACMHDDSA, Public Health, DSS, Public and Private Schools, juvenile justice and criminal justice agencies.

Providers receiving contracts to provide case management services as a result of this request for proposal are prohibited from providing additional services other than case management to persons for whom they provide case management services. In addition, contactors must ensure that persons for whom they provide case management services are informed of the full array of eligible service providers from whom to select services and are prohibited from making referrals for consumers to services associated or affiliated with the contractor.

2.3 Management Requirement

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

2.3.1 Staffing/Credentialing/Competencies

Continuity of care is critical to a safe and effective transition of services. Staffing patterns and credentialing and competencies of the staff offering the services must 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. 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) DD COI
- n) NC SNAP
- o) Service orders
- p) Copies of guardianship information
- q) Any other data or reports as deemed necessary by the LME.

Providers must also maintain privacy compliance as set forth in the HIPAA rules.

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. Additionally, the Provider must have a demonstrated knowledge of issues related to aggregate funding and all aspects of utilization management activities, and procedures in place to address issues. Provider must assure the provision of quality services and must identify their own Quality Assurance and Utilization Review plan.

2.3.6 Output/Performance/Outcome Measures

Positive outcomes that focus on appropriate supports for the individual and/or family, 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 Consumer Satisfaction Surveys and the NC Client Outcome Inventories appropriate for the population served.

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

2.3.7 Funding

Providers delivering case management services for persons authorized by ACMHDDSA for services under these contracts will be reimbursed at the published Medicaid rates. Rates and or definitions are

subject to change. At that time, the services, rates and rate structure described in this document will change in accordance with Division requirements.

The case management service will be authorized consistent with appropriate utilization management protocols. Case management services are billed through the ACMHDDSA Authority.

Current case management rates:

| | |
|---------------|--------------------|
| CAP-MR/DD | \$338.45 per month |
| Medicaid | \$ 22.66/qtr hour |
| Other Persons | \$ 22.66/qtr hour |

Proposers are expected to provide and document services in accordance with all applicable rules pertaining to third party reimbursement.

The provider is expected to understand the significant changes guiding the allocation and use of CAP-MR/DD and MR/MI funds related to the principles of aggregate funding as adopted by the State of NC. Implementation of aggregate funding principles is a major priority for case management providers.

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, including attachments, must be submitted with one (1) original and eight (8) 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. Binders are acceptable, otherwise paperclip 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 thirty (30) typed pages (8 ½" by 11") in length, excluding attachments, 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: Karen Webb
RFP#004**

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 Karen Webb, 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; 30 pages maximum, excluding attachments
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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
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

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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 developmental disabilities and other related 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. 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.
- g. Attach a copy of the organization's most recent internal and or external evaluation reports, which evaluate the quality of services provided by the organization. (ex. accreditation report, satisfaction survey report, outcome report, etc.)

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 activities and therapeutic techniques employed to achieve the desired results/outcomes. Describe the staffing pattern and its relationship to the volume of consumers. Describe the scope of responsibility and practice of each staff title. Describe the agency's procedure for ensuring informed consumer choice of service providers.
- b. Outcomes: Identify expected outcomes of the proposed services and the organization's program evaluation procedures. 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 including any 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.

Describe the agency's overall expansion plans for the next two years.

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.
- 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 normalization, wellness, and self-determination. Describe the organization's philosophy in supporting individuals in the areas of housing and employment.
- 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:

List all organizations for which the proposer has provided services in the last three years, including contract dates and contact names, phone numbers, and email addresses.

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.

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 Adult and Child Substance Abuse 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 |
|---|-----------------------------------|
| OBJECT OF EXPENDITURE | PROPOSED ANNUALIZED BUDGET |
| 120 Salary and Wages | |
| 180 Fringe Benefits | |
| 190 Professional Services | |
| 1XX Personnel Services – Total | |
| 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 | |
| 2XX Supplies and Materials – Total | |
| 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 | |
| 3XX Current Obligations and Services – Total | |
| 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 | |
| 4XX Fixed Charges and Other Expenses – Total | |
| 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 | |
| 5XX Capital Outlay – Total | |
| 690 Other Contracts | |
| 6XX Contracts, Grants, Subsidies – Total | |
| TOTAL PROPOSED PROGRAM EXPENDITURES | |

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 |
| | | 5006 | Travel Expense |
| 330 | Utilities | 5002 | Utilities |
| 340 | Printing and Binding | 5010 | Printing and Duplication |
| | | 5013 | Maintenance and Repairs – Buildings |
| 350 | Repairs and Maintenance | 5014 | Maintenance and Repairs – Equipment |

| 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

| Proposer | Service |
|---|-----------------------------------|
| REVENUE ACCOUNT DESCRIPTION | PROPOSED ANNUALIZED BUDGET |
| 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) | |
| SUB TOTAL | |

| 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 | |
| TOTAL PROPOSED PROGRAM REVENUES (PG 7) | |
| TOTAL PROPOSED PROGRAM REVENUES (PG 8) | |
| TOTAL REVENUE | |
| | |
| TOTAL PROPOSED EXPENDITURES (PG 2) | |
| NET RESULTS FROM PROGRAM OPERATIONS | |

FISCAL CRITERION EVALUATION FOR

Proposer

Service

***Please complete the following using information contained in your most recent financial audit (FY03).**

| PROGRAM FINANCIAL MEASURE | RESULT |
|--|--------|
| | |
| (%) Of Administrative Overhead Built Into Program Budget – (%) | |
| | |
| Organizations Unrestricted Fund Balance/Line of Credit – (% of Total Budget and \$) | |
| | |
| Current Ratio (Current Assets/Current Liabilities) | |
| | |
| Operating Cash Flow Ratio (Cash Flow From Operations/Current Liabilities) | |
| | |
| Net Working Capital Ratio (Net Working Capital/Current Assets – Current Liabilities) | |
| | |
| Debt To Equity Ratio | |
| | |
| ACMHDDSA Total Contract Amount As (%) Of Total Organization Budget – (%) | |
| | |
| Demonstrated Use of Sliding Fee Scale – (Y/N) | |
| | |
| Demonstrated Collections From 3 rd Party Payors – (Y/N) | |
| | |

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

| Position Title | FTE | Salary |
|--|--------|---------------------------|
| Habilitation Program Supervisor | 1 | \$34,728.00 - \$55,500.00 |
| Habilitation Specialist III | 1 | \$48,705.00 |
| Habilitation Specialist II | 1 | \$37,764.00 |
| Habilitation Specialist II | 1 | \$38,348.00 |
| Habilitation Specialist II | 1 | \$34,059.00 |
| Habilitation Specialist II | 1 | \$33,560.00 |
| Habilitation Specialist II | 1 | \$37,220.00 |
| Habilitation Specialist III | 1 | \$38,917.00 |
| Habilitation Specialist III | 1 | \$37,220.00 |
| Habilitation Specialist III | 1 | \$37,511.00 |
| Habilitation Specialist II | Vacant | \$28,956.00 - \$45,948.00 |
| Habilitation Specialist II | Vacant | \$28,956.00 - \$45,948.00 |
| Office Assistant III | 1 | \$24,312.00 |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| *Salaries noted include longevity earnings | | |

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.

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

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 | \$192.00 | \$15.00 | \$207.00 |
| Spouse | \$240.00 | \$19.00 | \$259.00 |
| Family | \$415.00 | \$32.00 | \$447.00 |

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.

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. *Guide Revised 7/15/04*

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)