

Region V Systems
Request for Qualifications (RFQ) Application Summary
Youth and Family Crisis Response Center

Section A – Acknowledgment

I certify that all information included and/or attached to this RFQ is accurate and true to the best of my knowledge.

_____/_____
Signature of Chief Executive Officer and/or Board Chair, as applicable Date

Type in Name:

Type in Title:

Type in Name of Organization:

Section B – Executive Summary

1. Identification

Applicant Agency Name:

Federal Unique Entity Identifier:

Name of Corporate Officer:

Name of Applicant Contact (if other than Corporate Officer)

Street Address:

City: State: Zip: County:

Legal Agency Name (if different than above):

Phone Number of contact:

Fax Number of contact:

E-mail Address of contact:

2. Description of Applicant Organization Provide a brief description of the applicant’s history, mission, ownership, and organizational structure. (The text boxes have been set to a limited number of words and will not allow you to exceed the settings. The form settings do not allow you to answer in a paragraph format.)

Section C – Applicant Status

Eligible applicants may be a state, county, or community-based public or private nonprofit, private for profit, or faith-based organization. Applicants must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the target population as evidenced by the following:

1. Applicant is:

- State, County, or Community-based Public Organization
- Private nonprofit Organization
- Private for Profit Organization
- Faith-based Organization

2. Assurances Required for Use of ARPA-Funded Facility

- Applicant is not debarred, suspended, or otherwise excluded from doing business with the federal government.
- Applicant is not designated “high risk” by a federal grant-making agency.
- Applicant has no disclaimers, ongoing concern, adverse opinions or other findings on audits conducted within the last 3 years.
- Applicant is willing to negotiate in good faith the terms of a lease agreement with Lancaster County for use of facility space.
- Applicant has read and understands, and is willing to accept the ARPA terms and conditions attached to the RFQ as “Attachment A.”

3. Applicant must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the target population as evidenced by the following:

- A member of the Region V Systems (RVS) Provider Network (members of RVS’ Provider Network do not need to complete the Network Provider Enrollment Form or provide any of the supporting documentation required in the Minimum Standards section as it is already on file with RVS)

-OR-

- New applicant – please complete the Network Provider Enrollment Form and provide the requested information:

Section D – Minimum Standards (for New Applicants Only)

REGION V SYSTEMS

Minimum Standards for Enrollment in the Region V Systems Behavioral Health Provider Network

Any provider wishing to be considered for eligibility as a member of Region V Systems' Behavioral Health Provider Network must meet the Minimum Standards as outlined. Minimum Standards are designed to answer the following questions:

- A. Does the provider have the capability to provide behavioral health services and fulfill its potential role in the Network?
- B. Does the provider demonstrate implementation of a person-centered philosophy in service delivery?
- C. Does the provider demonstrate ethical practices in business and service delivery?
- D. Does the provider demonstrate adherence to applicable legal requirements, health and safety requirements, and risk management practices?
- E. Is the provider achieving the outcomes the Division of Behavioral Health and the Network are interested in purchasing?
- F. Does the provider demonstrate fiscal viability and stability?
- G. Does the provider have the capacity and ability to fulfill the mission of the network?

The following outlines the Region V Systems Network Management and provider roles in the Network.

REGION V SYSTEMS NETWORK MANAGEMENT RESPONSIBILITIES

- Determining Minimum Standards for providers in the Region V Systems Behavioral Health Network that includes the Department of Health and Human Services' (DHHS) requirements.
- Determining capacity necessary to meet a minimum balanced system in Region V Systems with the funds available.
- Enrolling providers according to the Enrollment Criteria.
- Determining enrollment status of providers.
- Providing technical assistance to providers.
- Maintaining an updated information system of enrolled providers.
- Reviewing outcome data reports provided by HHS or its system management agent.
- Providing HHS with provider enrollment information.
- Conducting reviews to determine the retention of providers.

ENROLLMENT CRITERIA

- Determination by Region V Systems Network Management if the provider meets the Minimum Standards as described.
- Determination by Region V Systems Network Management if the program capacity of the provider is needed in the Region.
- Determination by Region V Systems Network Management if funds are available.
- Recommendation by Region V Systems Network Management to the Regional Governing Board (RGB).
- Decision by RGB.

PROVIDER ENROLLMENT

Provisional Status

The decision to enroll a behavioral health provider as “provisional status” is based upon the Enrollment Criteria outlined above. Provisional status is a 12-month trial period where the provider has the opportunity to demonstrate the organizational ability to deliver services within Region V Systems Behavioral Health Provider Network. Candidates will be considered eligible for a 12-month provisional status in Region V Systems’ Network, according to the Enrollment Criteria, if a satisfactory Enrollment Plan is submitted as well as completion of a satisfactory provider visit by Network Management. Candidates selected for provisional status must attend at least 80 percent of Network Provider meetings and any other system coordination meetings that apply to their services during the 12-month trial period.

In order for Region V Systems Network Management to determine if the provider meets the Minimum Standards for provisional status, the *Network Provider Enrollment Form* with supporting documentation, must be submitted and a provider visit completed with the Network Provider.

A. Enrollment Plan for Network Requirements

Providers requesting provider enrollment in the Network will complete a *Network Provider Enrollment Form* and provide supporting documentation as outlined below.

1. Demonstration of Capacity

Providers must furnish documentation of the following:

- Facility licenses, fire inspections and food permits, as required
- Professional licenses, as required
- Proof of Insurance
 - Commercial General Liability (\$1,000,000 minimum)
 - Workers Compensation
 - Commercial Automobile Liability
 - Professional Liability (\$1,000,000 minimum)
 - Cyber Liability, if applicable
 - Umbrella/Excess Liability (\$1,000,000 minimum)
- Copy of agency’s most recent CPA audit
- Medicaid provider enrollment (MC19 or MC20 form) if a service to be provided is eligible for Medicaid funding

2. National Accreditation

Providers must comply with procedures as outlined in state regulations 206 NAC 5-001 to receive funds administered by the Division for service delivery. Providers must furnish documentation to Region V Systems, demonstrating the following:

- a) Accreditation appropriate to the organization's mission by The Joint Commission (TJC), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Council on Accreditation (COA), or other nationally recognized accreditation organization(s) approved by the Director of the Nebraska Department of Health and Human Services, Division of Behavioral Health (Director). Documentation of accreditation must include:
 - A complete copy of the most recent official accreditation report;
 - Documentation of the most recent official award of accreditation; and
 - A complete copy of the plan of correction submitted in response to the official accreditation report, if applicable.
- b) Those organizations that do not have documentation of official award of accreditation by TJC, CARF, COA, or other nationally recognized accreditation organization(s) approved by the Director must submit an Accreditation Development Plan for progressively bringing the organization into accreditation status during a two-year period. During the time an organization is working toward accreditation under an Accreditation Development Plan, the organization must meet the standards for behavioral health services in 206 NAC 6. The Accreditation Development Plan must demonstrate a systematic approach toward achieving accreditation and must include:
 - Policies and procedures to be followed during the accreditation development period including policies and procedures for protecting the life, safety, and rights of consumers served;
 - A quality improvement program which follows the standards set by the national accreditation body which is being sought by the organization (TJC, CARF, COA, or other nationally recognized accreditation organization(s) approved by the Director);
 - A written plan for accomplishing the accreditation. The plan must include the type of accreditation being sought (TJC, CARF, COA, other) that is appropriate to the organization's mission and includes goals, measurable objectives, target dates, person(s) responsible, and deadlines for making application for accreditation and for scheduling accreditation survey; and
 - A report on the results of a self-administered survey following the standards set by the national accreditation body which is being sought by the organization.

3. Quality Assurance

The provider will provide information which demonstrates the operation of behavioral health services, which shall include:

- Utilization data - process-oriented information, including results of goals and objectives of the program itself.
- Outcome data - outcome-oriented information which demonstrates results based on actual clinical status (e.g. increased function, increased health status, decreased symptoms,

employment outcomes, improved housing, improved legal status, and other related outcomes).

- Record of accepting system management referrals - demonstrates that the agency has accepted persons who meet the financial eligibility requirements.

4. Consumer Satisfaction

The provider will produce or outline how it will be able to meet the following:

- Consumer Satisfaction survey and results
- Develop and implement a mechanism to track and resolve consumer complaints regarding the provider.
- Disclose the outcome or status of any malpractice suits (pending or recently adjudicated).

5. Error-Free Reporting

- The provider will identify its plan for ensuring that accurate information is provided to the Region and Division of Behavioral Health on a timely basis. The provider will demonstrate accuracy in billing, consumer service data, and other reporting requirements.

B. Provider Visit

If a provider is selected by the Regional Governing Board to provide the services identified, Network Management will conduct a provider visit. The provider visit will be completed to:

1. Evaluate the site where services are provided. When the service is not a “facility-based program,” the building or location visited is the site where the provider’s organized program, clinical, and financial record keeping function is established.
2. Verify that the provider’s clinical record keeping practices conform with practices required by the Department of Health and Human Services, Division of Behavioral Health. This is a systematic review of the clinical records for conformity and the type of information included in treatment or rehabilitation plans. The intent of the review is not to judge the appropriateness of treatment.
3. Verify that the provider’s practice will conform to the Enrollment Plan submitted.

ONGOING PROVIDER RETENTION PROCESS

After the successful completion of the 12-month provisional period, the provider enters the ongoing provider status. Within the next year, a regular site visit, which includes a program review, unit audit, financial review, and continued compliance with minimum standards and contract requirements, will be conducted. Continued status as a member of the Region V Systems Behavioral Health Provider Network is contingent upon the following:

- Evidence of continued capacity to provide behavioral health services as outlined in the enrollment process and compliance with national accreditation standards;
- Provider audit performance;
- Compliance with information reporting to the Region and Division of Behavioral Health;
- A review of outcomes data and a demonstrated commitment to providing quality services.
- Consumer satisfaction; and
- On-site visit consistent with current enrollment standards.

PROBATIONARY STATUS

Region V Systems Network Management can make a recommendation to the Regional Governing Board to place a provider on probationary status at any time for failure to satisfactorily comply with the *Minimum Standards for Enrollment in Region V System's Behavioral Health Provider Network*.

If a provider is placed on probationary status by the Regional Governing Board:

- If a provider is placed on probation status, a Corrective Action Plan is mutually developed with Region V Systems to address the identified problems and submitted to Region V Systems within 30 days.
- Region V Systems will review the Plan of Correction.
- Region V Systems will conduct an on-site visit to determine compliance with the Plan of Correction.
- Region V Systems will make recommendation to the Regional Governing Board regarding continued provider status.

Network Provider Enrollment Form

1. AGENCY OVERVIEW

Provide your agency's Mission Statement:

Attach copies of your organization's:

- Organizational Chart
- Strategic Plan

2. LICENSES/CERTIFICATIONS

Facility licenses, fire inspections and food permits, as required (attach additional sheet if necessary):

Licensing/Certifying/ Inspection Body	Document Number / Identifier	Date Issued	Expiration Date

Staff licenses, as required (attach additional sheet if necessary):

Staff Name	Position	License Discipline	License Number	Expiration Date

3. INSURANCE

Attach a copy of the following proof of insurance:

- Commercial General Liability (\$1,000,000 minimum)
- Workers Compensation
- Commercial Automobile Liability
- Professional Liability (\$1,000,000 minimum)
- Cyber Liability, if applicable
- Umbrella/Excess Liability (\$1,000,000 minimum)

4. FISCAL

Attach a copy of the agency's most recent CPA audit.

5. POLICIES AND PROCEDURES

Attach a copy of the following agency policies and procedures:

- Client Rights
- Complaints/Grievances
- Confidentiality
- Continuity of Operations Policy/Plan
- Drug-Free Workplace
- Ethics
- Informed Consent
- Maintenance of Service Records
- Sentinel Event or Critical Incident
- Trauma Informed Services
- Wait List Management

6. NATIONAL ACCREDITATION

Attach a complete copy of the agency's most recent accreditation report.

7. QUALITY ASSURANCE

Attach a copy of the agency's continuous quality improvement plan.

8. CONSUMER SATISFACTION

Attach a copy of:

- Current Consumer Satisfaction Survey
- Policy/procedures for administration of Consumer Satisfaction Survey
- Most recent results/outcomes of Consumer Satisfaction Survey

9. LEGAL ACTIONS / PENALTIES / SUSPENSIONS

Has the agency had professional liability insurance refused, revoked, declined, or accepted on special terms?

Yes No

If yes, please explain:

Has the program been assessed a penalty, conviction, or suspension or is the facility currently under investigation by the Medicare or Medicaid programs?

Yes No

If yes, please explain:

10. PRIMARY SOURCE VERIFICATION

Does the agency conduct primary source verification on professional licenses?

Yes No

Does the agency conduct criminal history checks with law enforcement officials in any states in which persons considered for employment, clinical consultants, or volunteers have previously resided to see if there is any criminal record involving crimes against children?

Yes No

Does the agency conduct Adult Protective Services registry checks on clinical consultants and persons considered for employment?

Yes No

Does the agency conduct Child Protective Services registry checks on volunteers, clinical consultants and persons considered for employment?

Yes No

11. ASSURANCES

Applicant agrees to maintain a drug free workplace environment.

Agency is not currently in violation of any federal, state, or local laws, regulations, or policies.

Agency is not involved in any current litigation.

Applicant is willing to accept RVS' contract terms and conditions as reflected in the standard contract.

Applicant will locate the facility in Lincoln, Nebraska and will serve individuals from all 16 of the counties within the RVS service area.

Applicant will deliver services to eligible individuals and will abide by all applicable service definitions designed to meet the needs of the target population while promoting service delivery, efficiency, and effectiveness.

- Applicant will have, or have a plan to acquire appropriate licenses as appropriate to the service to be provided.
- Applicant agrees to comply with all data reporting requirements.
- Applicant agrees to contribute to the RVS network through active participation in meetings and committees.
- Applicant will maintain a positive working relationship with Lancaster County and RVS in executing agreements.

Please provide an explanation for any items in this section (11. Assurances) that are not checked.