

Region 6 Behavioral Healthcare

Peer Support- Substance Use

Request for Proposal Guidelines

Proposal Contact is
Jennifer Sanders at jsanders@regionsix.com

8-30-2024

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SECTION I-INTRODUCTION

REGION 6 BEHAVIORAL HEALTHCARE

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

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

Each RGB appoints a Regional Administrator (RA) who serves as the chief executive officer, responsible to the RGB. The RGB also appoints an advisory committee for the Board, regarding the provision of coordinated and comprehensive behavioral health services within the Region to best meet the needs of the general public. In Region 6, the Behavioral Health Advisory Committee (BHAC) is comprised of fourteen members; this includes consumers, concerned citizens, and representatives from community systems and agencies that are located within the Region.

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

Responsibility of RGB

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

Current Region 6 Provider Network

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

SECTION II-REQUEST FOR PROPOSALS

Purpose/Data/Summary of RFP Requested

The RFP process is designed to be a competitive selection process, where cost is not required to be the sole determining factor.

The purpose of this Request for Proposal (RFP) is to seek qualified, interested providers to engage in negotiations regarding the development and provision of Peer Support-Substance Use services, which has been identified as a core service by the Nebraska Health and Human Services-Division of Behavioral Health. In FY23, Region 6 Behavioral Healthcare had a total of 1,642 unique individuals who were receiving a Substance Use service within our system, and the addition of this service will allow additional individuals (not already receiving peer support), the opportunity to do so.

The anticipated goals of Peer Support-Substance Use services is for the individual served to have a sustainable recovery and wellness plan. Through enrollment in the Peer Support-Substance Use service, they will demonstrate an ability to identify their strengths and needs, as well as their ability to access resources and successfully navigate various systems to engage with those resources. The individual will have both formal and informal supports in place, as well as improved stability as indicated by using their support system(s) to reduce crisis contacts as appropriate and safe.

RFP Service

The provision of Peer Support-Substance Use services facilitates recovery as the person served defines it. The service is designed to assist individuals and families in initiating and maintaining the process of recovery and resiliency to improve quality of life, increase resiliency, and promote health and wellness. The core element of the service is the development of a relationship based on shared lived experience and mutuality between the provider and the individual/family. Services facilitate effective system navigation, empowerment, hope, resiliency, voice and choice, and system of care values. This service can be provided to individuals and families in individual and group settings.

Criteria of Population Served

Consumers receiving Peer Support-Substance Use Services must meet the following criteria:

1. Have a presence of a substance use disorder that would benefit from this service.
2. The individual is enrolled in active behavioral health services.
3. Presents with symptoms and/or functional deficits that interfere with the individual's ability to maintain a routine of wellness and sustained recovery.
4. Meet the clinical criteria (have a substance use disorder or co-occurring serious mental illness).
5. Be a resident of Nebraska and reside in one of the five following counties: Cass, Dodge, Douglas, Sarpy, or Washington Counties.

6. Financial eligibility as determined by the Region's Financial Eligibility Policy and Financial Eligibility Fee Schedule.
7. Meet Lawful presence requirements set forth in Neb. Rev. Stat 4-108 to 4-114.

SECTION III-PROPOSAL ELIGIBILITY CRITERIA

The applicant:

1. May be a state, county, or community-based agency.
2. Must be a legal entity already established and functioning with paid personnel and demonstrable experience in working with the identified target population.
3. Must be able to agree to items in the 'Minimum Standards for Enrollment' as stated in the Region 6 Behavioral Healthcare Provider Network document.
4. Must hold national accreditation in the provision of behavioral health services or in the process of applying for national accreditation. Accreditation must be with one of the following: 1) The Joint Commission, 2) the Commission on Accreditation of Rehabilitation Facilities (CARF), or 3) the Council on Accreditation (COA). Any other accreditation body must go through an approval process.
5. Must have appropriate staff per the service definition.
6. Must possess appropriate state licensure and credentialing by appropriate State of Nebraska Departments, Divisions, or Boards, as approved by NE DHHS or have a plan in place to achieve such licensure/credentialing before the Agreement is awarded.
7. Must be experienced in collaborating with community agencies, and other key stakeholders.
8. Must demonstrate a sound financial position based on audited financial statements from the past year.
9. Must be able to provide service to consumers within the Region's five county geographical area.
10. Must agree to provide data to Region 6, as well as agree to collaborate with the Quality Improvement Department within Region 6 for further development of outcome measures as necessary and required.

SECTION IV-FUNDING

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

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

Allocation of Funds

Region 6 Behavioral Healthcare has dollars available for the development and implementation of Peer Support-Substance Use services. This service will initially begin within a Capacity Access Development Phase, which pays program expenses, before being reimbursed on a rate. As peer support is a registered service, state dollars will be used to support this service.

Capacity Access Development (CAD)- These dollars are to help the development of the service and help support the service until it reaches full capacity. Full capacity is expected to occur within a couple of months of start-up but no longer than 6 months from date of award. The provider will indicate the dollars needed for start-up in the budget submission.

Peer Support-Substance Use is a Medicaid-reimbursable service, and thus Region 6 Behavioral Healthcare will be the payer of last resort. Providers are expected to be a Medicaid provider and required to bill Medicaid for Medicaid eligible consumers.

FY25 Reimbursement Rates-Peer Support-Individual 15-minute units- \$15.15; Peer Support-Group 15-minute units- 15 min./consumer-units \$10.42

Note: Peer Support groups are defined as a minimum of three participants and a maximum of twelve participants.

Peer Support-Substance Use will need to be registered through the state's Central Data (CDS) and bill through the state's Electronic Billing systems (EBS). The selected applicant can receive training on both systems once they are selected.

Region 6 will not fund:

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

Non-Transfer of Funding Award

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

SECTION V-RFP CHANGES OR TERMINATIONS

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

SECTION VI-APPLICATION PROCESS

This RFP is designed to solicit proposals from qualified applicants who will be responsible for the development and provision of Peer Support-Substance Use services at a competitive and reasonable cost. Region 6 is hoping for service development to occur shortly after the award is given.

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

Schedule of Events

Release of RFP 10:00 a.m. (CST)	August 30, 2024
Request for Proposals Due to Region 6 by 4:00 p.m. (CST)	September 16, 2024
RFP Review Committee Meets (Interviews Conducted if Needed)	September 17, 2024 - September 19, 2024
Budget Review by DBHS-DBH	September 20, 2024 – September 27, 2024
Review and Recommendations of Proposals By Behavioral Health Advisory Committee	October 2, 2024
Approval of Selected Proposals by Region 6 Governing Board	October 9, 2024
Written Allocation Announcements of Funding Disseminated by Regional Governing Board and Contract Negotiations Begin	October 10, 2024

Limits on Communication

After the August 30, 2024, release of the RFP, no verbal statements made by individual members of the RGB, Region 6 Behavioral Healthcare personnel, or members of the Review Committee shall be binding by the RGB. Questions regarding this RFP must be presented in writing to be answered. Applicants may submit written questions to the Manager of System Initiatives at jsanders@regionsix.com. Responses to all written questions will be posted on Region 6 Behavioral Healthcare's website, www.regionsix.com.

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

If there are changes or important interpretations to be communicated to prospective applicants prior to the proposal due date, they will be posted on Region 6 Behavioral Healthcare's website, www.regionsix.com.

NOTE: Communication may be shared on www.regionsix.com up to the RFP closing date/time. It is the applicants responsibility to check the website regularly.

Rejection of Proposals

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

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

13. A signed copy of the 'Minimum Standards for Enrollment' in Region 6 Behavioral Healthcare Provider Network was not included. This only applies to agencies not currently in the Region 6 provider network.

The Region 6 Governing Board retains the right to reject any, and all proposals. The RGB shall provide written notice to the applicant whose proposal was rejected during this stage of review at the time of notification of funding allocation.

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

Cost Liability

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

Disclaimer

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

Evaluation of Proposals

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

Oral Interviews

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

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

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

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

Withdrawal of Application

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

**Region 6 Behavioral Healthcare,
4715 S 132nd St., Omaha, NE 68137
Attention: Jennifer Sanders**

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

Indemnification

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

SECTION VII-GENERAL INSTRUCTIONS ON SUBMISSION OF PROPOSALS

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

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

1. The due date for receipt of proposals is September 16, 2024. All proposals must be received in Region 6 Behavioral Healthcare's office by 4:00 p.m. (CST).

Proposals must be mailed OR delivered in person to:

**Region 6 Behavioral Healthcare
4715 S 132nd St
Omaha, NE 68137
Attention: Jennifer Sanders**

2. Applicants shall not be allowed to alter or amend their proposals.
3. Faxed or e-mailed copies will not be accepted.
4. No requests for extensions of the due date will be approved.
5. The RGB accepts no responsibility for mislabeled/mis-sent or late mail.
6. Proposals received late will not be accepted and will be returned to the sender unopened.
7. Applicants must submit one (1) original and twelve (10) copies of each proposal.
8. Proposals must be typed in 10-point font or larger, submitted on standard 8 ½” by 11” paper, numbered consecutively on the bottom right-hand corner of each page, starting with the “Cover Page” through the last document, including required appendices and attachments.
NOTE: Cover Page is not considered part of the 10 Page Maximum Program Narrative.
9. Originals and each copy must be stapled or clipped at the upper left-hand corner. Do not use covers or add unsolicited attachments to your proposal.
10. All information must be provided on the actual Region 6 Behavioral Healthcare forms (attachments provided in this RFP). An electronic version of the forms will be available via the Region 6 website: www.regionsix.com. The forms may be retyped by the applicant; however, the form must look **EXACTLY** the same, including, but not limited to, headings, appendix number, required information categories, number of pages, and font size.

SECTION VIII – PROPOSAL FORMAT

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

1. Cover Page (Attachment B)
Complete the entire “Cover Page” and obtain the signature of the Chief Executive Officer, Board Chairperson, or other individual with the authority to commit the applicant to a contract for the proposed program/service.
2. Capacity Development Plan
 - A. Program Narrative

The Program Narrative is a written plan that describes, in detail, the Peer Support-Substance Use service to be funded. The narrative should include a response to the following requirements as they relate to the service definition. The Program Narrative shall cover the following points in a clear and concise manner, prepared in the following order using headings as listed below:

 - 1) Organizational Capability: Describe the organization’s capability to provide the service, including:
 - a) Brief organizational history.

- b) Explanation of how the provider can deliver and support Peer Support-Substance Use services.
- c) The provider's experience in working with individuals who have a substance use disorder (SUD) and/or co-occurring disorders.
- d) The provider's experience providing substance use services.
- e) Describe the organization's capabilities to cultural/gender competency and value consumer's voice and choice throughout their treatment.
- f) Identify the specific amount of time needed to develop the service.

NOTE: Region 6 is hoping to develop this program as quickly as possible. Expectations are that the program would be operational in no more than a few months from the award date.

- g) The provider's willingness to work with Region 6 staff developing the service and outcome development/monitoring.
 - h) Identify what national accreditation your organization has or what plans your organization has to become accredited.
- 2) Purpose: Explain the purpose of the service in terms of the results expected to meet the needs of the consumers.
- 3) Target Population and Geographic Area: Describe the target population and geographic location to be served, including:
- a) Relevant information about the people to be served in this section. What are the needs of this targeted population including any architectural, environmental, attitudinal, communication, cultural/language, and integration barriers this population may experience.
 - b) How applicant will market the program to consumers.
 - c) How consumer input will be weaved into development of the program.
- 4) Goals: List and explain the goals of the program/service and process and outcome indicators that are measurable.

Goals must:

- a) Be consistent with the service definition.
- b) Have a direct relationship to the program's purpose and should deal specifically with issues related to the services to be delivered in the program.
- c) Address expected short-term and long-term benefits from an individual consumer perspective.
- d) The goals, objectives and activity descriptions should fit the needs of the targeted population.

- e) Demonstrate compliance with utilization management criteria.

Process indicators must:

- a) Measure the quality-of-service delivery.
- b) Focus on the efforts expended rather than the results achieved.
- c) Include measures of what service was delivered, to whom, by whom, for how long and how often.
- d) Ensure that the service will be implemented as intended.

Outcome indicators must:

- a) Measure the results achieved or the effectiveness of the service as related to the consumer.
- b) Account for program effectiveness.
- c) Identify what consumers are expected to achieve as a result of the service provided by Peer Support-Substance Use services.
- d) Be expressed in terms of behavior, condition, or things that are attainable by an individual consumer who is served by the service being evaluated.

- 5) General Overview: Provide a general overview of how Peer Support-Substance Use services will be organized.
- a) Describe how the provider will take into consideration both substance use and co-occurring disorder needs.
 - b) What is the organizations system for reporting, investigating, and resolving allegations of abuse, neglect and exploitation?
 - c) What is the organization's complaint/grievance procedure and documentation of actions taken toward resolution?
 - d) Are there written policies and procedures to be followed when a violation or alleged violation of consumer and staff relationship is reported verbally or written to any person?
 - e) How will the consumer and consumer rights be protected, continue to receive services during the investigation process and until a resolution is reached? How is this demonstrated?
- 6) Admission Criteria: Thoroughly describe procedures for consumers to access this service.
- 7) Assessment Process: Describe the various screening and assessment procedures/tools that will be used in the service.
- a) Describe how assessment and treatment will use trauma-informed principles.
 - b) The current DHHS service definition for peer support identifies that an assessment must be completed before initiating peer support services and must recommend this level of care. Discuss how an assessment recommending peer support will be obtained.

- 8) Specific Services: List and include complete explanations of the specific services to be provided directly to the consumer.
- a) Describe how a Wellness and Recovery Service Plan (WRSP) will be completed with the consumer, reflective of their voice and choice; describe the components that will be included in this plan.
 - b) Describe how the services will be coordinated with other services in the community.
 - c) Describe discharge planning procedures, criteria, and follow-up.
 - d) Projected length of stay for the consumer to successfully reach the desired results as specified in the goals.
 - e) Describe how shared decision-making, inclusive of the individual/family, will occur when developing the Wellness and Recovery Service Plan.
 - f) Discuss how this position will stay current with community resources and continuing education opportunities.
 - g) Describe where the service will be provided (office, individual's home, community setting, telehealth, etc.).
 - h) Describe a clear understanding of the service that is to be provided.
- 9) Consumer Involvement: Describe the procedures for direct consumer involvement in the program/service, including:
- a) How consumers will participate in treatment planning (individual level).
 - b) How potential consumers will be informed about the program and consumer rights (individual level).
 - c) A clear description of the process by which consumers are directly and actively involved in the development, implementation, and evaluation of the service to be provided, including the network enrollment requirements.
 - d) Describe consumer implementation in service planning and involvement.
- 10) Service Staffing/Facility Space: Discuss program/service staffing proposed, including:
- a) How staffing and organizational structure reflect the requirements of the service (clinical requirements, staff/consumer ratios, job descriptions) and requirements for administrative/supervisory responsibilities.
 - b) Describe how you will recruit persons with lived experience and how you provide training for this position.
 - c) How facility space is adequate for the number of persons served, is trauma informed and meets confidentiality and privacy needs.

- d) How equipment is provided when necessary to meet the service definition.

11) Data and Outcome Measures: Describe the quality improvement plan which will be used for this service, including:

- a) Identify who the responsible person is the organization's QI Program.
- b) Identification of the monitoring and evaluation process and persons responsible for both quality improvement and quality assurance.
- c) Identification of specific measurable indicators and targets/triggers and baseline data that is expected to improve based on the service
- d) Includes process outcomes for development and specific consumer outcome indicators
- e) Implementation and documentation of QI activities.
- f) Reporting results to administrators, governing body, funders, etc.
- g) How collaboration with Region 6 Quality Improvement Department will occur.
- h) What are the data sources for outcome measures and how are those identified? How is accurate data related to the service (as available)?
- i) What is the provision for consumer/family participation in the QI process?
- j) How are findings used to correct identified problems and revise facility policies and procedures?
- k) What documentation is used to show you have conducted an annual review of QI activities and outcomes?
- l) The ability to collect demographic information.
- m) The ability to collect and submit any and all program data and outcomes necessary including use of DBH's Centralized Data System (CDS) System.

12) Capacity: Discuss the capacity anticipated for the service. Capacity means the total number of individual consumers considered 'active' in the program at any given time. **Note: Caseload should not exceed 1:25.**

B. Program Development and Implementation Schedule, BH-5 (Attachment C)

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

- 1) Development process/implementation schedule: Explain in detail a clear step-by-step plan of how the program/service will be developed over a given period of time. List reasonable and necessary goals and objectives needed to develop and implement the service capacity. The activities stated should be comprehensive, can be accomplished, and have clearly identified time frames, staff responsibility assigned, and outcome indicators.
- 2) How the applicant organization will complete a formal evaluation of the service, including steps in the process, and services provided.
- 3) For service development/start-up, capacity access development goals should include, at a minimum, how the applicant will do the following:
 - a) Develop administrative structures and personnel for service.
 - b) Develop a program plan, program operating policies and procedures, operation plan, registration/referral system for service.
 - c) Develop reporting, financing, and quality improvement systems.
 - d) Develop an infectious disease policy and disaster plan/policy as both are required in state regulation.
 - e) Indicate when the service will be operational. How long will it take to develop the service?
- 4) Capacity Access Development progress reports will be required monthly, for all approved services and funds. These reports will be due the first of the month, November 1, 2024, and will be sent to Jennifer Sanders at jsanders@regionsix.com.
 - a) Column A. Each goal should include several time-limited, measurable **objectives** (including specific measurement indicators) which will all work together to successfully attain the goal.
 - b) Column B. Each objective will need to have specific **activities** that have to be accomplished, in order to fulfill the objective.
 - c) Column C. Each activity must include the name of the **staff** person or the title of the position that will be primarily responsible for completing that activity.
 - d) Column D. Each activity must have a specific **beginning and ending time** identified. This time period must be within the proposed service development time period. Please be as specific as possible.
 - e) Column E. Each activity must identify the **expected outcome** that demonstrates that development activity has been accomplished. This will measure if the program is progressing toward full administrative, financial, and programmatic development through successful completion of each activity.

C. Budget and Cost Proposal

Each applicant must submit two complete provider budgets (BH20 c-h): one detailing annual ongoing costs, and one detailing start-up costs related to the service. Actual or projected revenues by source for ongoing service revenue must be included.

1) Itemized Annual Operating Budget:

Use the summary and BH20c-h to develop the detailed budget for the service. Also included is a list of specific items that would be in that budget section. List each expense separately, do not 'lump' expenses together. All expenses must directly correlate to the service being proposed. Explain how costs were determined.

a) BH-20 Summary page details the Revenue and Expense Summary

- Revenue Summary

Ensure revenues expected for the service are reported from ALL other funding sources (i.e., Medicaid). The BH20 Summary should include a list of revenues from every payer source.

b) BH20 c1 Personnel Services Expenses

- Ensure that all staff positions to provide the specific service are reported on this form. Each position must be listed separately.

c) BH20 c2 Fringe Benefits

- Identify benefits for each staff listed on BH 20c1

d) BH20d Supplies/Operating Expenses

e) BH20e Travel Expenses

- List each expense separately to include mileage and rate

f) BH20f Contracts/Consultants

g) BH20g Equipment

- List each equipment expense, including property capitalized separately

h) BH20h Indirect

- Provide a copy of the preapproved federal rate (if applicable).

2) Start-up Budget/Capacity Access Development

Use the summary and BH20c-h to develop the one-time start-up budget for the service. These forms have a list (see below) that includes specific items for that budget section. List each expense separately, do not 'lump' expenses together. All expenses must be directly correlated to the service being proposed. The Capacity Access Development budget is available to help cover a program's expenses until that program either reaches full caseload capacity or up to 6 months, whichever comes first. Explain how costs were determined. Explain how the organization will procure the project's facility and space requirements and explain why this amount is needed.

- a) BH20 Summary page details the Revenue and Expense Summary
 - Revenue Summary
 - Ensure revenues expected for the service are reported from ALL other funding sources (i.e., Medicaid)
- b) BH20 c1 Personnel Services Expenses
 - Ensure that all staff positions are reported on this form. Include number of full-time equivalents. Each position should be listed separately.
- c) BH20c2
 - List benefits for each position listed on the BH20c1
- d) BH20d – Supplies/Operating Expenses
- e) BH20e – Travel Expenses
 - List each expense separately to include mileage and rate
- f) BH20f – Contracts/Consultants
- g) BH20g-Equipment
 - List each equipment expense, including property capitalized separately
- h) BH20h – Indirect
 - Provide a copy of the preapproved federal rate (if applicable).

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

3) Budget Justification Narratives

A separate budget narrative should accompany each of the two budgets described above and should detail why the costs listed on the budget itemization forms are necessary and how those costs were calculated.

- a) Identify amounts and sources of any other revenues to be used or received with this project.
- b) Explain needs by position, number of full-time equivalents (FTEs) and their respective salary and fringe costs separately.
- c) Explain how ongoing operational, travel, equipment, personnel, professional fees, consultant needs and costs were determined.
- d) Identify amounts and sources of any other revenue to be used or received with this project.
- e) Explain how long it will take to develop the service and why.

4) The following outlines specific items that can be used within each expense category:

a) Personnel Services (BH-20c1 and c2)

- Direct personnel (includes ALL FTEs directly related to the provision of services, including direct supervision)
- Permanent salaries/wages
- Temporary salaries/wages
- Overtime pay
- Compensatory time paid
- Vacation leave expense
- Sick leave expense
- Holiday leave expense
- Military leave expense
- Civil leave expense
- Injury leave expense
- Administrative leave expense
- Retirement plans expense
- Social Security benefits expense
- Life/accident insurance
- Health insurance
- Unemployment compensation insurance
- Employee assistance program
- Management salaries/wages/fringe benefits
- Accounting support

- Personnel/human resources support
- Clerical Support
- Operations personnel support

b) Supplies/Operating Expenses (BH-20d)

- Postage
- Communication (i.e., phone/voice mail)
- Data processing/computer hardware/software
- Publications/newsletters/printing
- Training booklets, pamphlets, curriculum, videos, etc.
- Copying
- Dues/subscriptions
- Conference/professional development
- Job applicant expense
- Utilities (i.e., electric/water/gas)
- Rental expenses (i.e., building/equipment/vehicle)
- Office supplies
- Office equipment
- Workshops/retreats/trainings/classes
- Program marketing advertising
- Equipment supplies
- Legal services expenses
- Educational services
- Accounting/auditing expenses
- Janitorial/security expenses
- Board meeting support
- Building/auto insurance
- Professional liability insurance
- Directors' and officers' insurance
- Medications
- Other operating expenses

c) Travel (BH-20e)

- Board and lodging
 - Meals
 - Personal vehicle mileage
 - Miscellaneous travel expense
- Note: The purchase/leasing of vehicles is not an allowed expense.

d) Contracts/Consultants (BH-20f):

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

- Indirect personnel costs – Applicants without a current federally approved indirect rate must directly charge specific costs for administrative purposes and may not apply a percentage rate of costs for administrative expenses. If your agency has a current federally approved indirect cost rate, the approved rate may be used for indirect costs. A copy of the federally approved notice must accompany your proposal submission.
- Other

e) Equipment (BH-20g)

- Office equipment
- Equipment on purchase agreements
- Medical equipment
- Hardware (data processing)
- Software (data processing)
- Communications equipment
- Household/institution equipment
- Photo/media equipment
- Security system
- Other property/equipment

f) Financial Audit

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

SECTION IX-MINIMUM STANDARDS FOR ENROLLMENT IN REGION 6 BEHAVIORAL HEALTHCARE PROVIDER NETWORK

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

SECTION X-RFP EVALUATION/SELECTION PROCESS/APPEALS

Selection Process

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

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

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

Evaluation and Scoring

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

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

Announcement of Funding Allocations and Appeals Process

Applicants will be notified of the final funding decisions. All decisions regarding funding allocations will be made on October 9, 2024, by the Regional Governing Board.

Any appeals to the recommendation provided by the Region 6 Advisory Committee must be made between October 2-4, 2024, and received no later than 4:00pm (CST). Appeals must be submitted in writing via e-mail to jsanders@regionsix.com. Written appeals should include the alleged conflict of interest and provide supportive documentation. Region 6 will address all appeals within two business days from the October 4, 2024, deadline.

SECTION XI – ATTACHMENTS

Attachment A: Cover Sheet

Attachment B: BH-5 Form

Attachment C: Budget Forms - BH-20 Summary and BH c-h

Attachment D: Minimum Standards for Enrollment Form

Attachment E: Peer Support Service Definition Note: This is the DBHS-DBH service definition for Peer Support. This service definition must be used when developing the service.