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710-19-1024 Mental Health Centers

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Evaluator's Title: Evaluator's Signature: Ś

8)			a/ Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services
	\sim	S	E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide:
only 0248205, devels al	Ś	U	E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: a. A description of the work performed, including if this work was provided for DHS. b./If provided under a contract: y. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work, xif. Project amount. iv. Any corrective actions or litigation pertaining to the contract
	2	IJ	established. [Wey 6. List of non-profit's Board of Directors. 2. Total number of employees. [17] 2. An organizational chart displaying the overall business structure
			E. 1. VENDOR GOALIFICATIONS E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to:
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Evaluator's comments are Required for all scores except adequate (3 pts)	RAW	Available RAW	Aughun miniscrinen
- 4/2/19)	Date:		Omitted – 0; Poor – 1; Below Average - 2; Adequate – 3; Good – 4; Exceptional – 5

E.3 SERVICE DELIVERY DUTIES	E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and	E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.	E.2 GENERAL SERVICE DELIVERY REQUIREMENTS	 a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address (email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. Jr. They shall not be from current DHS employees. 	E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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A. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting. M. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility.	 E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2. A including but not limited to: Describe your plan to meet the requirements in RFQ Section 2.3.2. A including but not limited to: Describe your plan to meet the requirements in RFQ Section 2.3.2. A including but not limited to: Describe your plan to meet the following populations in the delivery of crisis services: Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral Cris without a payor source for medically Crisis assessment and stabilization. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable. Develop and utilize a screening assessment tool, including an evidenced behavioral health crises for children, youth, and adults. You crisis steams to Orge In (Walk-In) cline and procedures, if applicable. Provide and staff a Warm Line or an outpatient Orge-In (Walk-In) cline evening, weekneds, and holidays. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis teams of rige incluviduals into the least restrictive services. 		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	
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Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	Evaluator's Name: Bridget Attivus
	Evaluator's Title:
 E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to: a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: ¿Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status. <i>C</i>. Serve as the Single Point of Entry (SPOE) for ASH: <i>C</i>. Serve as the Single Point of Entry (SPOE) for ASH: <i>C</i>. Serve Clients on the ASH waiting list: <i>C</i>. Serve Clients on the ASH waiting list: <i>C</i>. Serve Client actively admitted to ASH as they prepare for discharge: <i>C</i>. Serve all ASH discharges referred by ASH as they prepare for discharge: <i>C</i>. Serve all ASH discharges referred by ASH as they prepare for discharge and continuity of care. <i>C</i>. Serve all ASH discharges to Community-based 911 Status Clients regardless of the payor source. 	e Region you are ot limited to: erred by ASH rn to Region, or th Community- ssional. 5 7
 E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to: ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. A. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	ces and describe Curverty his psychistry.

	Provide Care Coordination to non-Medicaid clients including insurance enrollment. Af Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.	E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:	A. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. A. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. A. Provide Individual Outpatient Restoration according to the RFQ requirements. J. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. B. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. M. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.	E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to: 328 in the delivery of FORP services.	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.	 E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to: a Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. c. Demonstrate support of a Consumer Council, parent Vaining, community response to tragedy, community resource center, and jai/ diversion. d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community 		 Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to:		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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	E.3.1. Describe how you will ensure the describe your plan a. Ensuring the following 	E.3.H. Describe how you will administer S services and describe your a Make SSBG Title XX Services available b. Administer traditi	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service. The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted	 E.3.1. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.1 including but not limited to: a. Ensuring the following services are available directly or through a sub-contractor:	E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to: a Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). J. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. c. Complete the DHS 100 Form. Compliance with Social Services Block Grant requirements found in Attachment H.	Sheet
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not addressed ?-	39		b Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.
Bilingral MAD in Pike is the plan Sume specific counties as identa have	and the	Сл	E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.
			E.10 REGION SPECIFIC SERVICES
dents e on pi 42		U	 E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS: Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J). Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort. Describe how you shall undergo an annual audit conducted by a certified public accounting firm. Describe how your agency will utilize funds toward the development of infrastructure.
			E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT
	w	u	E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and energencies, are receiving the most effective and efficient treatment modalities available.
	Evaluator's Title:	Evaluat	
USHAJ Braget Attens	Vendor: r's Name:	Vendor: Evaluator's Name:	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers

Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers

Vendor: Quepus House, Inc Evaluator's Name: Bridget Attinu Evaluator's Title: Bridget Attinu

established. 1980 $|\psi|$ An organizational chart displaying the overall business structure c. Total number of employees. $\mathcal{P}($ W. List of non-profit's Board of Directors. + contact in for E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: Omitted - 0; E. 1 VENDOR QUALIFICATIONS please provide: experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional Included in this narrative, the Vendor shall provide: ji-Summary of the Scope of Work Jii. Project amount. iv. Any corrective actions of litigation pertaining to the contract J-Name of entity with whom the Vendor had/has a contract A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Poor – 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5 GACI-JAJCAL "tensit Mudraunes and de ą. Date Evaluator's Signature: Available Maximum RAW о Ś **U** Actual RAW LN Score 2 Date: S MA Sure MDs is entrue (p531 Mad Betop - 2016 C.AP rut Evaluator's comments are Required for all Now for Cole Matthews scores except adequate (3 pts) Comments - and st

a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services

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	ري ري		 E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines E.3 SERVICE DELIVERY DUTIES
NO Jugurance to promisy hop, racivery - montal smit, relement, medication, proceedinging , 1280	2		 E.2 GENERAL SERVICE DELIVERY REQUIREMENTS E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.
a fai letters are gute 2 letters arent hom providers 10 this area	 		 a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. p. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. b. They shall not be from current DHS employees.
12 letters 8 No email			E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as the respondent's work experience. Letters of recommendation shall meet the following criteria:
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yCoordinate with community partners to ensure comprehensive aftercare and provide discharge planning for on persons received on setting. K. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans	If Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization plans for clients diverted from acute hospitalization including a Mobile Crisis assessment.	Crisis assessment and stabilization. E Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. Conservation of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. Conservation of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. Conservation of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. Conservation of a Client's function of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. Conservation of a Client's function of a Client's function of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable. e. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment.	a. Serve the following populations in the delivery of crisis services: Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. المجر Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile	E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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 E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to: a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	 W Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. W. Ensure the SPOE assessment is completed completely and accurately. C. Serve Clients on the ASH waiting list: W. Describe what services you will make available to provide support and stabilization to those awaiting admission. W. Serve Client actively admitted to ASH as they prepare for discharge: W. Provision of Care Coordination and other services which may assist with discharge and continuity of care. e. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. f. Provide services to Community-based 911 Status Clients regardless of the payor source. 	 E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to: a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community- 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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Net sure "yen dar		E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:
5 3 Rother water fully brief - und sure they clearly brief - understand all tall entails. Bo they understand shaft have to be transford shaft have to be transford shaft annialin?	5 TValuar	 E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to: a. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §5 5-2327 and Arkansas Code Annotated (ACA) §5 b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. e. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. y. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.
Vendor: QUI Evaluator's Name: Bridget Attacks	Evaluator	Individual Evaluation Score Sheet
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Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.	 E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to: Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. c. Demonstrate support of a Consumer Council, parent training, community response to tragedy.community resource center, and jair diversion. A. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. 	 E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to: Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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 E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to: a/Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. Compliance with Social Services Block Grant requirements found in Attachment H. 	ۍ 	6.3	NO/limited explanance & actin Meelse training for statt will be recoming
 E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.1 including but not limited to: a. Ensuring the following services are available directly or through a sub-contractor: i. Peer Support. iii. Family Support Partner. iw Supported Employment. w. Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. vii. Therapeutic to participate in the purchase of necessary psychodropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service. The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region. 	υ	ذ	amently does Mr - probabily for SA though. Will got the an and the then whit got the an and the Madrices and the form BH / Medrices ant. Init obtain FSP and obtain FSP alues for med Pater Unit Believes for med Pater Unit and be here for Acu art
E.4 COMMUNITY COLLABORATIONS			Will open TC it awarded hefts timelines Already previdens MAT

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Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.2 Within the Region you are proposing services including but not limited to: a. Collaborate with diverse stakeholdets within the proposed Region. b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises. Assist in developing short and long-term solutions to help individuals connect with community supports. collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services. 	Vendor: Evaluator's Name: Evaluator's Title:	Vendor: Interior's Name: Interior's Title:	QHI Bridget Attains They report "Constant conta 2 driverse stake petters last durf really monther and deter There are mails / retters hat many are antiside regiments
members with a full array of medically necessary behavioral health care services. Provelop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.			du side partner = Dets for side programs put this could be produc
<u>س</u>	U	~	24
E.6.A. Describe your company's policies and procedures related to Client records and record retention including:			Credible
A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.	5		
E.7 APPEALS AND GRIEVANCE PROCESS E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.	σ	3	time traneg

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Vendor: Connections Dehavivil Haalth Evaluator's Name: Brdget Attaks 1cSu

Evaluator's Signature: Evaluator's Title: LANNAK 19/19

	 a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services 	E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person, please provide:	 E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide: A description of the work performed, including if this work was provided for DHS. b. If provided under a contract: Name of entity with whom the Vendor had/has a contract. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract 	E. 1 VENDOR QUALIFICATIONS E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. 1972 by List of non-profit's Board of Directors. List * * by Total number of employees. 1535 Friendshup totel. — Convections Bit 16 184 184 2 Adminus dy An organizational chart displaying the overall business structure	Omitted -0; Poor -1; Below Average -2; Adequate -3; Good -4; Exceptional -5 DUNN UNLY BHA For this area is in Pipe Chy
	 ს თ		J	u U	Maximum Available RAW
	6		N	W	Actual RAW Score
position at USH + his and - ct-date reference	at USM Clinical Durecher's resume accessing reflect aurent	Mill's redunne doesn't reflect ament position	TX (amseling Ser Sho7,884 three 6/30/19 Though vocation related, atter anticuts appear to be limited to ID/DI) pepilation	By for CARF since 2010. Since then has maintuned counselor whe provides services for BH/DD cheits	Comments Evaluator's comments are Required for all scores except adequate (3 pts)

- i	F 3 SERVICE DELIVERY DUTIES	E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines	E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.	E.2 GENERAL SERVICE DELIVERY REQUIREMENTS	 d. They shall be limited to organizational recommendations, not personal recommendations. d. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. b. They shall not be from current DHS employees. 	a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFO.	E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the the references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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		will list to expand acress the region	partnering a Cyr hu cisis resame	in word a service of	X		4 letters + 3 mure in 1 who dote & the layer 8		CBH Bridget Attains

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		on implementing appropriate agreements, projected costs, and accounting advection
Withmere of the internet		will be able to be the original provide and an antiparticle and an activity in the state
in matin DAII have		will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans
(vou propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU
BT for new		K. Administer Acute Care runds for psychiatric mosphancasion for agent energy or performing and the sub-contract with one. If Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If
1. V/ch acreement C		setting.
WIT Price		j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute
Cumpany arrive II've		i/Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.
		crisis stabilization.
		b/Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post
		gutilize mobile crisis teams to triage individuals into the least restrictive services.
		crisis services, on the evenings, weekends, and holidays.
		for provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or
	G	potential safety needs and protocols for using the screening assessment.
2 In Dars		e Develop and utilize a screening assessment tool; including an evidenced dased crisis assessment tool, to measure immediate and
Alemming the 1-2 Unip in		may describe your existing policies and procedures, if applicable.
>		d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You
		ξ . Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.
(UBJIP)		Crisis assessment and stabilization.
Warm line man		8. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile
by by		ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.
Consis Services		necessary services.
to IN MENTINCE		Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically
		a. Serve the following populations in the delivery of crisis services:
CUT: CING Services team		Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:
Mun to car arrive of		Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services.
2 · · · · · · · · · · · · · · · · · · ·		E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or
v's Title:	Evaluator's Title:	
s Name: Bridget Attacks	Evaluator's Name:	710 10 1021 Montal Haalth Contare
Vendor: USH .		Individual Evaluation Coord Choot
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Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	Vendor: Evaluator's Name: Evaluator's Title:	
E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to: a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: ¿Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community- based 911 Status. by Serve as the Single Point of Entry (SPOE) for ASH: i. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. II Fensure the SPOE assessment is completed completely and accurately. get Serve Clients on the ASH waiting list:	υ	Care (cordinator + Step den services for all, aling z ang other mach coe ang other mach coe ang other mach coe ang other mach coe
Levescribe what services you will make available to provide support and stabilization to those awaiting admission. .d. Serve Client actively admitted to ASH as they prepare for discharge: iProvision of Care Coordination and other services which may assist with discharge and continuity of care. et. Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. f. Provide services to Community-based 911 Status Clients regardless of the payor source.		goud list
 E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to: ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 		will subcontract c Cuf the FE staff

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 E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to: a) Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. b) Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. c. Demonstrate support of a Consumer Council, parent training <u>Community response to tragedy Community resource center</u>, and <u>valiable</u> diversion. d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option. 	 E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to: A Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. B. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. C. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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	E.4 COMMUNITY COLLABORATIONS	 Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service. The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region. 	ii. Peer Support. iii. Family Support Partner. iv. Supported Employment. v. Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. viii. Aftercare Recovery Support.	E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to: a. Ensuring the following services are available directly or through a sub-contractor: i. Partial Hospitalization.	(Attachment H). br Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. c. Complete the DHS 100 Form. Compliance with Social Services Block Grant requirements found in Attachment H.	E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to: A. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	Vendor: Evaluator's Name:	Vendor: s Name:	CISA Budget Attans
	Evaluato	Evaluator's Title:	
 E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to: a. Collaborate within the community to assist with diverse stakeholders within the proposed Region. b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises. c. Assist in developing short and long-term solutions to help individuals connect with community supports. d. Focus on developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community members with a full array of medically necessary behavioral health care services. b. Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community. 	G	ان ان	RVAC Freeden Hauses St Mary's husp Van tage Perst Van tage Perst Deurousty mentioned
E.5 STAFFING REQUIREMENTS	_	1	
 E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider: d. Describe your policies and procedures for training all staff and tracking the training requirements. b. Describe your ability to demonstrate on-going staff development and <u>recruitment</u>. c. Describe your efforts to ensure all staff are good stewards of state and federal funds. 	J.	Ś	quarterly per seesens
E.6 RECORDS AND REPORTING			
E.G.A. Describe your company's policies and procedures related to Client records and record retention including: A description of the electronic medical records system you use and what documentation is captured in the electronic medical records		V	Cocec la b/s
b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.	л		
 E.7 APPEALS AND GRIEVANCE PROCESS E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal. 	σ	W	time hermen multiple levels
E.8 QUALITY ASSURANCE			

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Sub-Section Total	 E.10 REGION SPECIFIC SERVICES E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units. b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region. 	 E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS: a. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. b. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J). c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort. d. Attest you shall undergo an annual audit conducted by a certified public accounting firm. e. Describe how your agency will utilize funds toward the development of infrastructure. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and emergencies, are receiving the most effective and efficient treatment modalities available. E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT
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	telled alcart when the telles the alcart when the second the alcart when the second the	lan bill some private instance y medicand app in process while care app in process will get UA will get UA statistic ut a process statistic space. EB training takataleth, public solucitum	CBH Bridger Atlins Bridger Atlins HEDIS will be a depoted WIEDIS will be a depoted

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Mental Health Centers	Evaluation Score Sheet

Evaluator's Signature:	Evaluator's Title:	Evaluator's Name:	Vendor:	
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		Date:	4/9/19
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Yell County No. directs license	Available	RAW	Evaluator's comments are Required for all
100 2 /eng county on	RAW	Score	scores except adequate (3 pts)
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to:	1	2	
	ц	V	
C. Total number of employees. 230 1173 are direct sorvice and pluyer 2 155/1453			
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years.			2018 CAP dente here
Included in this narrative, the Vendor shall provide: ArA description of the work performed, including if this work was provided for DHS. b. If provided under a contract:	IJ	لىر	DAABHS / Cinnic DASEP
X-Name of entity with whom the Vendor had/has a contract.			JAX ISWS
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant runctional experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person,		1	
please provide:	IJ.	- ~	
d. Evidence of the qualifications and credentials of the respondent's key personnel.			

Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	Evaluato	Vendor: Evaluator's Name:	CAI Bailget Atlinks
	Evalua	Evaluator's Title:	
E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the references which may attest to the respondent's work experience. Letters of recommendation shall meet the following criteria:			33 letters - diverse sames a across their area, including 4 new counter
 a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three (3) years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. 	u	6	but since we simple struts
 d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 			1 dated 3/5/2018 15 w/o email 1 w/o signature
E.2 GENERAL SERVICE DELIVERY REQUIREMENTS			*
E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.	м	È	NU menter of FEIFORP or resource directing
E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines E.3 SERVICE DELIVERY DUTIES	σ	W	
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setting. W. Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Grisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility. State:	y-Utilize mobile crisis teams to triage individuals into the least restrictive services. للا Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization. للا Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.	Oevelop and utilize a screening assessment tool, including an eviderced-based crisis assessment tool, to measure immediate and potential safety needs and protocols for using the screening assessment. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.	necessary services. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. Develop maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile	Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to: Serve the following populations in the delivery of crisis services: introhile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically	E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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put wentered	fle aptrest utin 72° acute discharge	shifted by QBMP				CAI Sndget Athum
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	E.3.C. Describe how you will provide Forensic Evaluations t your plan to meet the requirem wa. Provide ACT 327, ACT 328, and ACT 310 Forensic Evalu: (ACA) §§ 5-2-327 and A b. Provide court-ordered Forensic e. Provide Qualified Psychiatrists and/or Qualified Psychiatrists d. Refer Clients not fit to proceed with the criminal	E.3.B. Describe how your company will provide services to , proposing to provide services and describe your plan to a. Serve the following population in the del y. Adults, youth, and children residing within the Vendor currently receiving services at ASH who were residing in R. Client referred by ASH who have been discharged from be y. Ensure an SPOE screening occurs within two (2) h ij Ensure an SPOE screening occurs within two (2) h ii Describe what services you will make availabl g. Serve C i. Describe what services you will make availabl g. Serve Client actively ad i Provision of Care Coordination and other s o. Serve all ASH discharges referred f. Provide services to Community-b	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
	 E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to: M. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. M. Provide Qualified Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. M. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. M. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	 E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2. B including but not limited to: <i>a</i>. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: <i>d</i>. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status. <i>d</i>. Serve as the Single Point of Entry (SPOE) for ASH: <i>i</i>. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. <i>ii</i>. Describe what services you will make available to provide support and stabilization to those awaiting admission. <i>d</i>. Serve Client actively admitted to ASH as they prepare for discharge: <i>iv</i>. Provision of Care Coordination and other services which may assist with discharge and continuity of care. <i>iv</i>. Provide services to Community-based 911 Status. 	
	r V	5	Vendor: Evaluator's Name: Evaluator's Title:
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	the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to: a. Provide Care Coordination to non-Medicaid clients including insurance enrollment. by Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients. y: Provide Drop-in Model or Club House Model services to non-Medicaid Clients.	e. Provide Individual Outpatient Restoration according to the RFQ requirements: f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. H. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within	 g. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2. g. Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2. g. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. g. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. g. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. 	E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
	lan to meet the requirements in RFQ Section 2.3.2.E including to: ents including insurance enrollment. It Behavioral Health Services Manual and the Adult Behavioral Manual to non-Medicaid Clients. I services to non-Medicaid Clients.	cording to the RFQ requirements: s to have been restored to competency. ny Client you cannot restore as an outpatient Client. there has been no psychiatric evaluation within the past six (6) there has been meet criteria for Serious Mental Illness within	s in KFQ Section 2.3.2.D including but not limited to: 4 (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2- RP services. 1 health services to individuals awaiting a trial or hearing. 3 health services to services. a, and send to designated DHS staff within DAABHS required	Restoration Program within the Region you are proposing to	
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	\sim		Ś		Vendor: Evaluator's Name:
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	d. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.	with relevant agencies, stakeholders, and groups. b. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. c. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and fail With response to tragedy, community response to traces to trade to the trade to trade t	E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to: 2. Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations	 E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to: Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. Moduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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E.4 COMMUNITY COLLABORATIONS		Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.	 E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to: a. Ensuring the following services are available directly or through a sub-contractor: , , Partial Hospitalization. ii. Peer Support. iii, Family Support Partner, jv. Supported Employment. w: Supported Housing. vi: Therapeutic Communities. vij, Acute Crisis Units. vii: Aftercare Recovery Support. 	 E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to: Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. Complete the DHS 100 Form. Complete the DHS 100 Form. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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		<u></u>	W	ω w	Vendor: Evaluator's Name: Evaluator's Title:
Conway B+ Health	TC-BTC I MJHU Alu-verbal agnus E Palani	MAT - already in place	Reversion - already in place 2 2 start - 1 your staff Sup Hursi's/Employment > in place + After Cire Recuerd FSP - trying to hive one		CAI Bridget Atkins

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	E.7 APPEALS AND GRIEVANCE PROCESS E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing 5 7 7 1 E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing 5 7 7 1	E.6.A. Describe your company's policies and procedures related to Client records and record retention including: a A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system. b How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.	E.S. STAFFING REQUIREMENTS E.S.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider: v. Describe your policies and procedures for training all staff and tracking the training requirements. v. Describe your ability to demonstrate on-going staff development and recruitment. v. Describe your efforts to ensure all staff are good stewards of state and federal funds.	Evaluator's Title: Evaluator's Title: Evaluator's Title: Collaborate with in the proposing services including but not limited to: Collaborate with diverse stakeholders within the proposed Region. Collaborate with diverse stakeholders within the proposed Region. Collaborate with assistive outreach, Early Intervention, and stabilization of individuals who may, reside in Is, be hospitalized, experiencing a FEP, or have re-occurring crises. Is, be hospitalized, experiencing a FEP, or have re-occurring crises. Is hort and long-term solutions to help individuals connect with community supports. Su	Individual Evaluation Score Sheet Vendor: 710-19-1024 Mental Health Centers Evaluator's Name:
reprivatives	time frames multiple brels, external	Creatible	variety of metherles of Supervision, training	PCPS, peckia traciumo, FONC Com Health Clance, hospatalos, ungent care, pharmacios, other BI providers, SA prevident other BI providers, SA prevident GEDI, Adult Lawring, commence (comt, + LE, + Schubs	CAI Bridge 1 Attains

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				b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.
(orever)	(extensive list provider)			
meted in	Staft well connected in	نى	თ	Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis
by (aunty	provided by Ca			 E. LU.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid and any other formation of the second secon
				E.10 REGION SPECIFIC SERVICES
recartiont / staff de	yell, vulnerabilis technogrask, recu	tanda ita kiteraria		
sea for langt	start up expenses t			you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort. d: Attest you shall undergo an annual audit conducted by a certified public accounting firm.
			Ĺ	CDescribe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure
I COME IN VA	willich's medicine -		n	byDescribe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block
pains, nonner	of S PASSE:	2		E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS: a/Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2.
different	lan bill 3D de Her			
				E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT
<u>د</u>	internal recrews	C	ហ	services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and efficient treatment modalities available.
me day a class	affectiveness, Same day	Ń	1	E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate
	1	Evaluator's Title:	Evalua	
<i>∕</i> √		Evaluator's Name:	Evaluato	710-19-1024 Mental Health Centers
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Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers

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Evaluator's Title: Evaluator's Signature: Date: 1CSC) 4/9/19 04P+ Ì

Omitted - 0; Poor - 1; Below Average - 2; Adequate - 3; Good - 4; Exceptional - 5	Maximum	n Actual	Comments
MA washed	RAW		
E. 1 VENDOR QUALIFICATIONS			
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to:			
established. 1973		لم	
b. List of non-profit's Board of Directors. LIST & Atle	ري ال		
E. Jotal number of employees. WFT, 14 Contract			
d. An organizational chart displaying the overall business structure		4	
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years. Included in this narrative, the Vendor shall provide:		لى	Nome other than 101845, Dys, 10cts
at A description of the work performed, including if this work was provided for DHS. bolf provided under a contract:	S		
i Name of entity with whom the Vendor had/has a contract.			
it/Summary of the Scope of Work. ii. Project amount. jy. Any corrective actions or litigation pertaining to the contract			
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional			
experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person,			
please provide:	u u	Ś	
a Evidence of the qualifications and credentials of the respondent's key personnel.			
& Resume of the respondent's CEO, Medical Director, and Director of Clinical Services			

 E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines E.3 SERVICE DELIVERY DUTIES 	E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.	E.2 GENERAL SERVICE DELIVERY REQUIREMENTS	 A. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. f. They shall contain the shall not be from current DHS employees. 	E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the the used as the respondent's work experience. Letters of recommendation shall meet the following criteria:		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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with complete no later than 6/30/14				13 latters all reg due lated		CCI Bridger Atland

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Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	Vendor: Evaluator's Name: 🔏	CCI Bracet Attrivs
	Evaluator's Title:	
E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:	\cap	perf at ER, Chricer Jan
a: Serve the following populations in the delivery of crisis services: كMobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services.	_	warn live -statted by 1940
jy Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. K. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.		apptints made after hosp de
y. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable.	£	if screened & jet active - fly appart the next day
potential safety needs and protocols for using the screening assessment. Frovide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays.	თ 	
g. Utilize mobile crisis teams to triage individuals into the least restrictive services. A Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post crisis stabilization.		
بخر Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment. J. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute setting.		
لا Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility. العربية		TC-78TC PH-703MAN RCA for Several SUA Services

Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	Vendor: Evaluator's Name:	Name: Bridget Attacht
	Evaluator's Title:	Fitte: Stude Marse is mulaled
 E.3. B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.8 including but not limited to: a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: i. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH currently receiving services at ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status. J. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. j. Ensure the SPOE assessment is completed completely and accurately. <i>Gerve</i> Serve Clients actively admitted to ASH as they prepare for discharge: i. "Provision of Care Coordination and other services which may assist with discharge and continuity of care. <i>er</i> Serve all ASH discharges referred by ASH to the Vendor regardless of the payor source. 	ت 	after this Mouse a consis inter an provide consis inter care provide Day, + Acur care Consis Card availate Have Consis Card availate to assist a thuse dich
E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to: ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. B: Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. g. Frovide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. g. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.	UN	3 Schechled 5k It already Schechled to attend Main

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	(,	ъ	A. Provide Care Coordination to non-Medicaid clients including insurance enrollment. p:/Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients. C. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.
Have registere & reporter on Shift to casist = 125 monte Annaloners three ACIA	2		E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:
but is identified in service arrow for FORP			by Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.
Not specifically opentione			f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.
	~	ۍ س	d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.
more offer as realed."	2		عدي in the delivery of FOAF services. And medically necessary behavioral health services to individuals awaiting a trial or hearing. And the didactic competency services.
There all be seen monthly or			provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to: A Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-
FURP - privideal by MMR.			E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to
	Evaluator's Title:	Evalu	
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E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in REQ Section 2.3.2.G including but not limited to: a/Develop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. b/Demonstrate an on-going public information and education campaign to educate the local community partnerships and collaborations resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. c. Demonstrate support of a Consumer Council, parentWraining, community response to tragedy, community resource center, and fail diversion. d/Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.	 E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to: A Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. A. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. A: Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers Evaluato
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	E.4 COMMUNITY COLLABORATIONS	 Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service. The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region. 	 E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing describe your plan to meet the requirements in RFQ Section 2.3.2.1 including but not limited to: a. Ensuring the following services are available directly or through a sub-contractor: i. Partial Hospitalization. ii. Peer Support. iii. Family Support Partner. iv. Supported Employment. v. Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. viii. Aftercare Recovery Support. 	 E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to: Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. Complete the DHS 100 Form. Complete the DHS 100 Form. 		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
Mulber this price the and the second		chotropic medication for individuals when then nplement and coordinate this service. atment in each county within their contracted	ithin the Region you are proposing services and ncluding but not limited to: ntractor: i. Partial Hospitalization. d Employment. Units.	s within the Region you are proposing to provid 3.2.H including but not limited to: 5 meet the criteria outlined in the SSBG Manual described in RFQ 2.3.2. H.2. Ind in Attachment H.		
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			\sim	S	Evaluator's Title:	Vendor: Evaluator's Name:
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710-19-1024 Mental Health Centers	Evaluator's Name:	s Name:	Budget Attaks
	Evaluator's Title:	r's Title:	
E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to:			many \$43 this cellabs ident
b. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jaik, be hospitalized, experiencing a FEP, or have re-occurring crises.	n 	N	hosp, Support secures, LE,
g/Assist in developing short and long-term solutions to help individuals connect with community supports.	U		Schare thy Court, Reit, Bill,
members with a full array of medically necessary behavioral health care services. e Develop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.			Mercy
E.5 STAFFING REQUIREMENTS			
you render to Clients are provided within the scope the performing healthcare provider: A Describe your policies and procedures for training all staff and tracking the training requirements.	л	W	
by Describe your ability to demonstrate on-going staff development and recruitment. c. Describe your efforts to ensure all staff are good stewards of state and federal funds.			training, biveaky finance with
E.6 RECORDS AND REPORTING			to minuter + educate
E.6.A. Describe your company's policies and procedures related to Client records and record retention including: A description of the electronic medical records system you use and what documentation is captured in the electronic medical records		2	Ceal ble
system. ک. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.	ζ,		da numers all medizinal dic regurements
E.7 APPEALS AND GRIEVANCE PROCESS			
E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.	U1	Ś	timelines levels
E.8 QUALITY ASSURANCE			

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			b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.
1 Cunty (see E4A	\searrow	S	E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. a. Describe your specific community collaborations in <u>each county within this Region</u> . Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.
			E.10 REGION SPECIFIC SERVICES
telenjedicine * mying state development		127	e-Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort. d-Attest you shall undergo an annual audit conducted by a certified public accounting firm. e. Describe how your agency will utilize funds toward the development of infrastructure.
FT staff declitate & to Credentialens - nachelas Medican & 4 prieto Modican & 4 prieto	Ś	м	E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS: Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. B Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).
			E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT
		σ	E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and efficient treatment modalities available.
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Delta Colinseling Associates	Vendor:

Evaluator's Title: Ì

			a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services
	تى	ы	please provide:
			experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person,
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	2		if Summary of the Scope of Work. iii / Project amount. (v. Any corrective actions or litigation pertaining to the contract
	er.	v	a/A description of the work performed, including if this work was provided for DHS. b. If provided under a contract.
	and sold light		
atinta car c alous			E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years.
			d. An organizational chart displaying the overall business structure 🗸
			c. Total number of employees. 74/75
	6	л -	b. List of non-profit's Board of Directors.
	i 		established. Sullato
			E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to:
scores except adequate (3 pts)	Score	RAW	6 certified Brits Recently served genetional permit for SA services
Evaluator's comments are Required for all	RAW	Available	5 countes Jegnm (4)
Comments	Actual	Maximum	
			Omitted = 0: Poor = 1: Below Average - 2: Adequate = 3; Good = 4; Exceptional = 5

E.3 SERVICE DELIVERY DUTIES	E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines	E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.	E.2 GENERAL SERVICE DELIVERY REQUIREMENTS	 a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 	E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the contact the references submitted as well as any other references which may attest to the used as the respondent's work experience. Letters of recommendation shall meet the following criteria:		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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	crisis stabilization.	f. Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or crisis services, on the evenings, weekends, and holidays. Crisis services, on the evenings, weekends, and holidays. Crisis stabilize mobile crisis teams to triage individuals into the least restrictive services. A. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up pos	C. Utilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. d. Develop and implement policies and procedures for the management of behavioral <u>health crises</u> for children, youth, and adults. You may describe your existing policies and procedures, if applicable. ve. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and protocols for using the screening assessment.	necessary services. /ii. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. /b. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis assessment and stabilization.	 E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to: a. Serve the following populations in the delivery of crisis services: i. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically 		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	5
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	are Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis. not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU Describe your plan to provide services to clients at <u>your ACU</u> . If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility. Sources	therews 				 E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilite mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RC Socion 3.3.2.A including but not limited to: a. Serve the following populations in the delivery of crisis services: I. Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically V. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE. <i>d</i>. Develop, maintain, and follow all procedures for the management of behavioral health professionals to provide Mobile Crisis team procedures for the management of the procedures, if applicable. <i>f</i>. Division of Children assessment tool, including an ovide needby or calculation including assessment. <i>f</i>. Develop and utilize asceneing assessment toron-In-(Walkin) clinic avaigable to Clepty the cole services. <i>f</i>. Provide and staff a Wayrfi. Line or an outpatient torop-In (Walkin) clinic avaigable to Clepty thin need of lower threshold intervention, or crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post <i>f</i>. Provide or make a referral for any clinically necessary, alternative psychiatric traatment following a Mobile Crisis assessment. <i>f</i>. Divide or make a referral to result on portient systematic and provide discharge planning for all persons leaving an acute service so in provide an ACU or posite to provide Therapeutic Communities (TC) or Acute Crisis unit (ACU), or sub-contract with one. If you plans to implement is propriate agreements, projected ocsts, and acute orbits unit (ACU), or sub-contract develop value and such to provide Therapeutic	E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Evaluators Tile: Behavioral Crises and how your will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFG Section 3.2.2 A including but not limited to: Image: Service State and Service State Crisis services: Serve the following populations in the delivery of crisis services: Image: Service State and Family Services (DCFS) populations in the delivery of crisis services: Service the following populations: Image: Service State and Family Services (DCFS) populations in the delivery of crisis services: Services: Image: Service State and Family Services (DCFS) populations: Interaction of children experiencing a Fsychiatric or Behavioral Crisis writhout a payor source for medically crisis services: Image: Service State and Family Services (DCFS) populations: Interaction of services: Service Services: Image: Service State and Family Services (DCFS) population: Interaction and respond to Psychiatric and/or fehavioral Crises: Image: Service State and procedures for a Mobile Crisis sensing sensement: Services: Services: Image: Service State and procedures for provide services, if application: Image: Service in and services of the services in the services in the service services in the service service service service services: Service Service Service Service Service Services	Individual Evaluation Score Sheet Evaluation Score Sheet Evaluation Score Sheet 710-19-1024 Mental Health Centers Evaluation and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RCD Section 3.3.2.4. Including but not. Innited to: Evaluator's Name: Evaluator's Name:

 E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to: a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §5 5-2-327 and Arkansas Code Annotated (ACA) §5 5-2-327 and Arkansas Code Annotated (ACA) §5 5-2-328. c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the timeframes listed in the RFQ. d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program. 	 E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2. B including but not limited to: a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region: I. Adults, youth, and children residing within the Vendor's respective Region, who are awaiting an ASH bed, Clients referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status. J. Ensure an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. J. Describe what services you will make available to provide support and stabilization to those awaiting admission. J. Provision of Care Coordination and other services which may assist with discharge and continuity of care. J. Provide services to Community-based 911 Status Clients regardless of the payor source. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to: /a. Provide Care Coordination to non-Medicaid clients including insurance enrollment. /b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients. /c. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.	 E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to: a/Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §5 5-2327 and Arkansas Code Annotated (ACA) §5 5-2. 328 in the delivery of FORP services. v. b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. v. c. Have qualified staff in place to provide didactic competency services. d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. v. f. Provide Individual Outpatient Restoration according to the RFQ requirements. v. f. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. h. Schedule a Psychiatric Assessment for any referred defendant for whom there has been restored to cannot restored to real aution within the past six (6) months. 		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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	 E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to: Demonstrate an on-going public information and education campaign to educate the local community partnerships and collaborations are esources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. Demonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion. M. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option. 	 E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to: A. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. A. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. J. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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COMMUNITY COLLABORATIONS	region.	The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted	Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.	vi. Therapeutic Communities. vii. Acute Crisis Units. vii. Aftercare Recovery Support. 5	 E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to: a. Ensuring the following services are available directly or through a sub-contractor: V. Partial Hospitalization. v. Support Partner. iv. Supported Employment. v. Supported Housing. 	C. Complete the DHS 100 Form. Compliance with Social Services Block Grant requirements found in Attachment H.	E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:	Evaluator's Title:	Individual Evaluation Score Sheet Vendor: 710-19-1024 Mental Health Centers Evaluator's Name:
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Services 13RA will provide	mited to no dotaily abrant	for all from com converture	DCA pantnumbs 2 CCD to	MAT - ref to NB on New Visio	PH subcontracts - 5 TC subcontract - 1 ACU - unit have be refer but doesn't say to cho				DCA . Bridget Attinus

			E.8 QUALITY ASSURANCE
time frames identified multiple devels, part of PIP	ω	л	5
			E.7 APPEALS AND GRIEVANCE PROCESS
very brief response		ų	b. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe
	v	л	system.
Crehble)		E.6.A. Describe your company's policies and procedures related to Client records and record retention including: \sqrt{A} . A description of the electronic medical records system you use and what documentation is captured in the electronic medical records
			E.6 RECORDS AND REPORTING
Rec			/c. Describe your efforts to ensure all staff are good stewards of state and federal funds.
. record revens	\checkmark	J	/b. Describe your ability to demonstrate on-going staff development and recruitment.
/ audits (int + ext)	4	I	You render to Clients are provided within the scope the performing healthcare provider:
. bock grand cheeks			E.S.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services
			E.5 STAFFING REQUIREMENTS
			their home and community.
			Sevelop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside
		3	members with a full array of medically necessary behavioral health care services.
		L	Vc. Assist in developing collaborations to prevent deterioration of Clients and enhance Clients' functioning and provide community
	5	л	jails, be hospitalized, experiencing a FEP, or have re-occurring crises.
Cate gones	ذ		Gollaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in
here in most			\sqrt{a} . Collaborate with diverse stakeholders within the proposed Region.
Divides examples			RFQ Section 2.3 within the Region you are proposing services including but not limited to:
			ا E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in
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Evaluator's Name: Bridger Attuns	's Name:	Evaluator	تان کرنے کرنے کرنے کرنے کرنے کرنے کرنے کرن
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Ubjerved	Sub-Section Total	b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.	Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.	E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of	E.10 REGION SPECIFIC SERVICES	\mathcal{A} . Attest you shall undergo an annual audit conducted by a certified public accounting firm.	c. Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure	Ja. Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).	E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS:	E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT	E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and efficient treatment modalities available.			Individual Evaluation Score Sheet
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710-19-1024 Mental Health Centers	Evaluator	Evaluator's Name:	Bridget Applies
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Ψ.	Evaluator's Signature:	Signature:	all l
		Date:	61/6/12
Omitted + 0; Poor – 1; Below Average - 2; Adequate – 3; Good – 4; Exceptional – 5			
la (chantiar	Maximum	Actual	
	Available	RAW	Evaluator's comments are Required for all
> all DHAS already	RAW	Score	scores except adequate (3 pts)
E. 1 VENDOR QUALIFICATIONS	2		
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to:			
established. 1972		J	
B. List of non-profit's Board of Directors. NST a house	ы	6	
に、Total number of employees. みらて			
d. An organizational chart displaying the overall business structure \checkmark		-	
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years.	:		
Included in this narrative, the Vendor shall provide:		5	
a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract:	S	3	
i-Name of entity with whom the Vendor had/has a contract.			
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional			
please provide:	л	S	
a Evidence of the qualifications and credentials of the respondent's key personnel.			
b, Resume of the respondent's CEO, Medical Director, and Director of Clinical Services			

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E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines E.3 SERVICE DELIVERY DUTIES		 They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address email address, title, printed name. J. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 	A. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations.	E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as the respondent's work experience. Letters of recommendation shall meet the following criteria:		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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lots of definits of innerstan	Plans & implement Clubbers PH in Paris & ES LCAS		1 of these who phone 2 of these who date	14 letters vanity of 9 who emails		Vendor: WA CAGC Evaluator's Name: Bridget Altur

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Welling un marth			on implementing appropriate agreements, projected costs, and accessibility. S_{corr}
of community resum			will be able to serve Clients. Describe your plan to provide services to clients at your A@O. If you plan to sub-contract, describe your plans
rependente to moul varies			Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU
person	~		Administer Acute Care Funds for psychiatric hospitalization for adult Clients experiencing a Psychiatric or Behavioral Crisis.
do zy 48" fla 2 cox			j. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute
			, Provide or make a referral for any clinically necessary, alternative psychiatric treatment following a Mobile Crisis assessment.
<u> </u>			crisis stabilization.
Varm line			K. Develop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post
In the csu for the			e. Utilize mobile crisis teams to triage individuals into the least restrictive services.
Man to use ste			crisis services on the evenings weekends, and holidays.
			Provide and staff a Warm Line or an outpatient Drop-In (Walk-in) clinic available to Clients in need of lower threshold intervention, or
		ы	potential safety needs and protocols for using the screening assessment.
	-		e Develop and utilize a screening assessment tool, including an evidenced-base crisis assessment tool, to measure immediate and
	-t		may describe your existing policies and procedures, if applicable.
	-		d. Develop and implement policies and procedures for the management of behavioral health crises for children, youth, and adults. You
			cutilize a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises.
			Crisis assessment and stabilization.
			Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile للمر Develop, maintain, and follow all procedures for a Mobile
د -			if. Division of Children and Family Services (DCFS) population: All persons in the custody of the DCFS who are not a member of a PASSE.
All is place			necessary services.
			Mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically
MSAS			A. Serve the following populations in the delivery of crisis services:
76-870			Describe your plan to meet the requirements in RFQ Section 2.3.2.A including but not limited to:
			Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services.
			E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or
	Evaluator's Title:	Evalua	
5 Bridget ADTIVILYS	Evaluator's Name:	Evaluato	710-19-1024 Mental Health Centers
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Ċ.	E.3.C. Describe how you will provide Forensic your plan to meet a. Provide ACT 327, ACT 328, and ACT 310 F (ACA) §§ 5 b. Provide court-ord c. Provide Qualified Psychiatrists and/or Qu d. Refer Clients not fit to proceed wit	J: Adults, youth, and children residing with currently receiving services at ASH who were Client referred by ASH who have been disch i. Ensure an SPOE screening occurs wii j: Describe what services you will r d: Serve Clie i. Provision of Care Coordinatio e. Serve all ASH discha f. Provide services to (Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers E.3.B. Describe how your company will provide ser proposing to provide services and describe you a. Serve the following population
	E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to: a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. b. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. c. Provide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. d. Refer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.	j:Adults, youth, and children residing within the Vendor's respective Kegion, who are awaiting an ASH bed, clients referred by ASH who were residing in Region at time of admission and preparing for discharge to return to Region, or Client referred by ASH who have been discharged from behavioral health treatment services at ASH, including those with Community-based 911 Status. Line of Serve an SPOE screening occurs within two (2) hours of the initial request by a licensed behavioral health professional. J: Cescribe what services you will make available to provide support and stabilization to those awaiting admission. J: Serve Client actively admitted to ASH as they prepare for discharge: L: Provision of Care Coordination and other services which may assist with discharge and continuity of care. L: Provide services to Community-based 911 Status Clients regardless of the payor source.	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.B including but not limited to: a. Serve the following population in the delivery of services pertaining to ASH within the Vendor's Region:
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I sinces any one exit init retimplen jest als Harse Madel	~		A. Provide Care Coordination to non-Medicaid clients including insurance enrollment. b. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients. C. Provide Drop-in Model or Club House Model services to non-Medicaid Clients.
- per wounds dans)		E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:
	Ŵ	υ	 E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to: a: Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §5 5-2327 and Arkansas Code Annotated (ACA) §5 5-2. 328 in the delivery of FORP services. b. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. c: Have qualified staff in place to provide didactic competency services. d: Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines. f. Frovide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. b. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.
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rvices for the First Episode of Psychosis (FEP) within the Region you are proposing to o meet the requirements in RFQ Section 2.3.2.F. including but not limited to: Evaluator's Name: Evaluator's Name: Evaluator's Name: Evaluator's Name: Evaluator's Name: Evaluator's Name: Community to enhance avareness of symptoms and treatment options for FEP. TPET, CBTP, MZ community to enhance avareness of symptoms and treatment options for FEP. Imput the requirements in RFQ Section 2.3.2.F. including but not limited to: 5 Imput the community to enhance avareness of symptoms and treatment options for FEP. community fased services and Support to your Clients within the Region you are plan to meet the requirements in RFQ Section 2.3.2.F. and the community resource directory, as well as community partnerships and collaborations levant agencies, stakeholders, and groups. A is thirs, use and community autor of a sout available community response to tragedy, community with information about available to access the agencies' services, including Crisis Services. S A is thirs, use actual curve of staff the proposed collaborative with community artnerships and collaborative with community of services to tragedy, community with information about available to the maintenance or development of Mental Health Courts. If you chose to staff the proposed collaborative of development of Mental Health Courts. If you chose to serve Clients through this option. S A is the proposed collaborative with entire to serve Clients through this option.	5 Evaluator's Name: 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	ст ~	5 5	Approvide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option.
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E.4 COMMUNITY COLLABORATIONS	The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.	vi, Therapeutic Communities. vii, Acute Crisis Units. vii, Aftercare Recovery Support. Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.	E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.1 including but not limited to: a. Ensuring the following services are available directly or through a sub-contractor: A. Partial Hospitalization. II. Peer Support. JH. Family Support Partner. IV. Supported Employment.	a. Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). b. Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. e. Complete the DHS 100 Form. Compliance with Social Services Block Grant requirements found in Attachment H.	E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to:		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	
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Individual Evaluation Score Sheet Evaluation Score Sheet Evaluation Score Sheet 710-19-1024 Mental Health Centers Evaluation Score Sheet Evaluation Score Sheet E.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in REG Section 2.3 within the Region you are proposing services including but not limited to: Evaluation Score Sheet Evaluation Score Sheet A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in REG Section 2.3 within the Region you are proposing services including but not limited to: Evaluation State Evaluation State A. Collaborate with a state-index with our are proposing to provide community supports. State-Karphan State State-Karphan State State-Karphan State A focus on developing collaborations to prevent deterioration of Clainst and enhance Cleins' functioning and provide community supports. State-Karphan State Stat

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pupulation	b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.	b. Des
3 truch areas I adagante Stating of MUP adagante	and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.	and commur Chil
Just hy cours	E.10 REGION SPECIFIC SERVICES E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. a. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings,	a. Descri
PHP program the program to the program to the program to the content of the the the the program to the	ans Administration benefits and how you will ensure acted funds will be the payor of last resort. rtified public accounting firm. velopment of infrastructure.	æ. Descri
J	E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS: A Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J).	E.9.A.
	VENDOR COMPENSATION AND FINANCIAL MANAGEMENT	E.9 VEN
3 always report astance to steff send that to trainings for new Uny to imprue prepar	E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and efficient treatment modalities available.	E.8.A. services
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E 1 VENDOR DUAL IFICATIONS			
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: established. [48] (but congressing the background of your company. This shall include, but is not limited to:		J	
b. List of non-profit's Board of Directors. 135 + + +710	"	V	
C. Total number of employees. 252 (No.5 FT + 37 PT) A. An organizational chart displaying the overall business structure			
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years.			
Included in this narrative, the Vendor shall provide:	n	لأ	
i. Name of entity with whom the Vendor had/has a contract.	I		
ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract			
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional			
experience over the last five (5) years per selected area, or give an explanation as to will time (5) are not summer or the last five (5) years per selected area, or give an explanation as to will time (5) are not summer of the second s		5	
please provide:	5	5	
a. Evidence of the qualifications and credentials of the respondent's key personnel. b. Resume of the respondent's CEO, Medical Director, and Director of Clinical Services			

Evaluator 5 5 5 5		E.3 SERVICE DELIVERY DUTIES	E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines	E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region.	E.2 GENERAL SERVICE DELIVERY REQUIREMENTS	 a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. g. They shall contain the signature of the individual of the party submitting the recommendation. h. They shall not be from current DHS employees. 	E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to the used as the respondent's work experience. Letters of recommendation shall meet the following criteria:	-	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	
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E.3.C. Describe how you will provide Forensic Evaluations to Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.C including but limited to: a. Provide ACT 327, ACT 328, and ACT 310 Forensic Evaluations to the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2-327 and Arkansas Code Annotated (ACA) §§ 5-2-328. Je. Provide court-ordered Forensic Evaluations within the timeframes listed in the RFQ. Frovide Qualified Psychiatrists and/or Qualified Psychologist to perform the ACT 327, ACT 328, and ACT 310 Forensic Evaluations. Arkefer Clients not fit to proceed with the criminal justice/legal process to the Forensic Outpatient Restoration Program.	 E.3.B. Describe how your company will provide services to ASH patients, potential patients, and former patients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2. B including but not limited to:	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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A. Provide Care Coordination to non-Medicaid clients including insurance enrollment. A. Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients. A. Provide Drop-jarModel or Club House Model services to non-Medicaid Clients.	E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:	A. Provide Individual Outpatient Restoration according to the RFQ requirements. A. Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency. A. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. B. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6) months.	by Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. c. Have qualified staff in place to provide didactic competency services. d. Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required timelines.	E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to: Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2- 328 in the delivery of FORP services.		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers	
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 E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to: With relevant agencies, stakeholders, and groups. M. Demonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. Educate the Community resource to a community Passed Services and Support that are culturally community response to ragedy, community. Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners are encouraged, but not required to participate in the maintenance or development of Mental Hgafth Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option. 	 Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to: a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4.
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E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.H including but not limited to: . Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). . Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. . Complete the DHS 100 Form. . Complete the DHS 100 Form.	س	Ś	5
 E.3.I. Describe how you will ensure the provision and availability of Expanded Services within the Region you are proposing services and describe your plan to meet the requirements in RFQ Section 2.3.2.I including but not limited to: a. Ensuring the following services are available directly or through a sub-contractor: i. Partial Hospitalization. ii. Peer Support. iii. Family Support Partner. iv. Supported Employment. v. Supported Housing. 		S	pH-OBHAJ TC-BTC all effers clindy implanet
v. Supported Housing. vi. Therapeutic Communities. vii. Acute Crisis Units. viii. Aftercare Recovery Support.	л	\sim	Inchaling MAT
Vendors are encouraged, but not required to participate in the purchase of necessary psychotropic medication for individuals when there is no other payor source. If you chose to pursue this, describe your plans to implement and coordinate this service.			
The Community Mental Health Center must provide access to Medication Assisted Treatment in each county within their contracted region.			
E.4 COMMUNITY COLLABORATIONS			

Anelling levels	5	ы	
Geelible	6	J	E.6.A. Describe your company's policies and procedures related to Client records and record retention including: A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.
	\sim	n	 E.5 STAFFING REQUIREMENTS E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider: you render to Clients are provided within the scope the performing healthcare provider: Describe your policies and procedures for training all staff and tracking the training requirements. Describe your ability to demonstrate on-going staff development and recruitment. Describe your efforts to ensure all staff are good stewards of state and federal funds.
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Sub-Section Total	b. Describe any unique challenges you see within this Region and how you will address them and explain why you are particularly well suited to provide services in the Region.	E.10.A. Submit a narrative that describes how you propose to perform the RFQ required services in your desired Region. A. Describe your specific community collaborations in each county within this Region. Include copies of Memorandum of Understandings, and any other formal or informal agreements, or letters of support from community partners in your Region to demonstrate solid community partnerships and collaborations. For example, without limitation, these may include emergency departments, jails, Division of Children and Family Services, local law enforcement, local PCPs, Division of County Operations, local schools, shelters, and Crisis Stabilization Units.	E.10 REGION SPECIFIC SERVICES	Grant Manual (Attachment H J). CyDescribe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort. CyAttest you shall undergo an annual audit conducted by a certified public accounting firm. e. Describe how your agency will utilize funds toward the development of infrastructure.	E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS: Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS to DHS according to the SSBG Block	VENDOR COMPENSATION AND FINANCIAL MANAGEMENT	E.8.A. Describe how you will develop and utilize quality assurance and quality improvements methods to ensure that the appropriate services and treatments for Clients with the most serious behavioral illness, including those with re-occurring crises, hospitalization, and envices and treatments for Clients are receiving the most effective and efficient treatment modalities available.		Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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E. 1 VENUUR QUALIFICATIONS			
E.1.B. Provide a narrative regarding the background of your company. This shall include, but is not limited to: aPOate established. "SO was any formally or summer a 1997		J	
b. List of non-profit's Board of Directors. Net を Comford いかや d. Total number of employees. ちゅう	ы	C	
d. An organizational chart displaying the overall business structure			
E.1.C. Past Performance: Describe your company's experience similar to that which is sought by this RFQ within the past (3) years.	3		Mary Constraits -inte:
a. A description of the work performed, including if this work was provided for DHS. b. If provided under a contract:	ы	N	and a start of the
i. Name of entity with whom the Vendor had/has a contract. ii. Summary of the Scope of Work. iii. Project amount. iv. Any corrective actions or litigation pertaining to the contract			Avane BIOE
E.1.D. Provide information on the proposed CEO, Medical Director, and Director of Clinical Services and their direct relevant functional			
experience over the last five (5) years per selected area, or give an explanation as to why three (3) are not submitted. For each person,		- www.	Dr. Slater's redume
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A Evidence of the qualifications and credentials of the respondent's key personnel. b Resume of the respondent's CEO, Medical Director, and Director of Clinical Services		S	by MSHG -En MO

E.1.E. Submit a minimum of three (3) letters of recommendation from five (5) three (3) different sources. Current or previous Clients may not be used as references. DHS reserves the right to contact the references submitted as well as any other references which may attest to		
		18 Letters
 a. They shall be on official letterhead of the party submitting recommendation. b. They shall be from entities with recent (within the last three [3] years) contract experience with the respondent. c. They shall be from individuals who can directly attest to the respondent's qualification(s) relevant to this RFQ. d. They shall be limited to organizational recommendations, not personal recommendations 	Ś	5 who dates or dated kneer that 6 months ago
 a. They shall be limited to organizational recommendations, not personal recommendations. e. They shall be dated not more than six (6) months prior to the proposal submission date. f. They shall include the current phone number, mailing address, email address, title, printed name. 		letters all very similar
g. They shall contain the signature of the individual of the party submitting the recommendation.		It ut Identicat
E.2 GENERAL SERVICE DELIVERY REQUIREMENTS		
E.2.A. Describe your plan to meet all the requirements listed in RFQ Section 2.1 pertaining to the delivery of services in your Region. 5 3	W	
E.2.B. Describe your capabilities to provide appropriate services by telemedicine, and how your telemedicine services will meet state and s federal requirements to ensure security of client information remains within HIPAA and other confidentiality-related guidelines E.3 SERVICE DELIVERY DUTIES	6	

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setting. Vendors are encouraged, but not required to provide Therapeutic Communities (TC) or Acute Crisis Unit (ACU), or sub-contract with one. If you propose to provide an ACU or TC, describe your plans to implement and staff the proposed ACU, including the date when your ACU will be able to serve Clients. Describe your plan to provide services to clients at your ACU. If you plan to sub-contract, describe your plans on implementing appropriate agreements, projected costs, and accessibility. المحربة	potential safety needs and protocols for using the screening assessment. Crisis services, on the evenings, weekends, and holidays. Crisis services, on the evenings, weekends, and holidays. Coevelop and utilize crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post Crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post Crisis stabilization plans for clients diverted from acute hospitalization including documentation of all follow-up post Crisis stabilization. Crisis stabilization. Crisis stabilization. Crisis stabilization. Crisis assessment. Coordinate with community partners to ensure comprehensive aftercare and provide discharge planning for all persons leaving an acute	 E.3.A. Describe how your company will develop and provide crisis services for adults, youth, and children experiencing Psychiatric or Behavioral Crises and how you will develop and utilize mobile crisis teams within Region where you are proposing to provide services. Describe your plan to meet the requirements in RFQ Section 2.3.2. A including but not limited to: Describe your plan to meet the requirements in RFQ Section 2.3.2. A including but not limited to: Describe your, a. Serve the following populations in the delivery of crisis services: A mobile Crisis population: Adults, youth, and children experiencing a Psychiatric or Behavioral Crisis without a payor source for medically necessary services. Develop, maintain, and follow all procedures for a Mobile Crisis team of licensed behavioral health professionals to provide Mobile Crisis a mobile crisis team prevent the deterioration of a Client's functioning and respond to Psychiatric and/or Behavioral Crises. Crisis and procedures for the management of behavioral health crises for children, youth, and adults. You may describe your existing policies and procedures, if applicable. Develop and utilize a screening assessment tool, including an evidenced-based crisis assessment tool, to measure immediate and procedures. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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E.3.D. Describe how your company will administer the Forensic Outpatient Restoration Program within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.D including but not limited to: a/Serve the RFQ-defined population according to Arkansas Code Annotated (ACA) §§ 5-2327 and Arkansas Code Annotated (ACA) §§ 5-2-			
328 in the delivery of FORP services.			
للله Ab. Provide all educational, clinical, and medically necessary behavioral health services to individuals awaiting a trial or hearing. وي Have qualified staff in place to provide didactic competency services. مل Document progress notes or reports, with the DAABHS specified criteria, and send to designated DHS staff within DAABHS required	5	\sim	
e. Provide Individual Outpatient Restoration according to the RFQ requirements. & Provide ACT 310 Forensic Re-Evaluations for Clients to have been restored to competency.			
g. Determine need for and request ASH inpatient admission for any Client you cannot restore as an outpatient Client. H. Schedule a Psychiatric Assessment for any referred defendant for whom there has been no psychiatric evaluation within the past six (6)			
months.			
E.3.E. Describe how your company will provide services to Non-Medicaid individuals who meet criteria for Serious Mental Illness within the Region you are proposing to provide services and shall describe your plan to meet the requirements in RFQ Section 2.3.2.E including but not limited to:			
A Provide Care Coordination to non-Medicaid clients including insurance enrollment. A Provide medically-necessary services described in the current Outpatient Behavioral Health Services Manual and the Adult Behavioral Health Services Manual and the Adult Behavioral Health Services for Community Independence Manual to non-Medicaid Clients.	J	~	and and and and

 E.3.G. Describe how your company will provide Community-Based Services and Support to your Clients within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.G including but not limited to: Cevelop and maintain local behavioral health and community resource directory, as well as community partnerships and collaborations with relevant agencies, stakeholders, and groups. Cemonstrate an on-going public information and education campaign to educate the local community with information about available resources, hours of operation, contact information, and how to access the agencies' services, including Crisis Services. Cemonstrate support of a Consumer Council, parent training, community response to tragedy, community resource center, and jail diversion. Provide Community-Based Services and Support that are culturally competent, strengthbased, and collaborative with community partners. Vendors are encouraged, but not required to participate in the maintenance or development of Mental Health Courts. If you chose to pursue this, describe your plans to implement and staff the proposed collaborative effort, including the date when your agency will be able to serve Clients through this option. 	 E.3.F. Describe how your company will provide services for the First Episode of Psychosis (FEP) within the Region you are proposing to provide services and describe your plan to meet the requirements in RFQ Section 2.3.2.F including but not limited to: a. Make FEP services available to the individuals between the ages of fifteen (15) and thirtyfour (34) who are experiencing FEP who are without a payor source, or have insurance benefits that will not reimburse for FEP services. b. Conduct education and outreach in the community to enhance awareness of symptoms and treatment options for FEP. c. Implement FEP services using an evidence-based model that includes elements described in RFQ Section 2.3.2.F.4. 	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
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	(J)	υ	services and describe your plan to meet the requirements in RFQ Section 2.3.2.4 including but not limited to: A Make SSBG Title XX Services available to the SSBG Title XX Population of all Clients who meet the criteria outlined in the SSBG Manual (Attachment H). Administer traditional and non-traditional SSBG Title XX Services as described in RFQ 2.3.2. H.2. Complete the DHS 100 Form. Compliance with Social Services Block Grant requirements found in Attachment H.
			E.3.H. Describe how you will administer Social Services Block Grant (SSBG) Title XX Services within the Region you are proposing to provide
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Individual Evaluation Score Sheet		Vendor:	MSHJ
710-19-1024 Mental Health Centers	Evaluator	Evaluator's Name:	Bn Spet Atlans
	Evaluat	Evaluator's Title:	
E.4.A. Describe how your company will develop community collaborations and partnerships and your plan to meet the requirements in RFQ Section 2.3 within the Region you are proposing services including but not limited to: a. Collaborate with diverse stakeholders within the proposed Region.			ED, DES, haspitales, LE, pred PCP, Dec, schedu
6. Collaborate within the community to assist with assistive outreach, Early Intervention, and stabilization of individuals who may reside in jails, be hospitalized, experiencing a FEP, or have re-occurring crises. 6. Assist in developing short and long-term solutions to help individuals connect with community supports.	u	6	Algert Louish
members with a full array of medically necessary behavioral health care services. Sevelop partnerships with child and youth serving agencies and family organizations to avoid children and youth being placed outside their home and community.	_		
 E.5 STAFFING REQUIREMENTS E.5.A. Describe your company's staffing plan for the Region you are proposing to provide services and how you will ensure the services you render to Clients are provided within the scope the performing healthcare provider: 		J	attendive recuitment
a Describe your policies and procedures for training all staff and tracking the training requirements. 6. Describe your ability to demonstrate on-going staff development and recruitment. C Describe your efforts to ensure all staff are good stewards of state and federal funds.	v	Ś	all staff transf in reclicions hand, write - alone
E.6.A. Describe your company's policies and procedures related to Client records and record retention including:			C. L'hle
A description of the electronic medical records system you use and what documentation is captured in the electronic medical records system.	n	لى	
K. How you plan to document all services rendered via the Contract's funding sources and report this data to DHS in the DHS-approved format and timeframe.	u	(
E.7 APPEALS AND GRIEVANCE PROCESS			
E.7.A. Describe your plan for providing a system for handling individual complaints and appeals, and cooperating fully with the processing of any complaint or appeal.	ო	S	multi-level
E.8 QUALITY ASSURANCE			

	b. Describe any unique challenges you see within this Region and how you will address them and suited to provide services in the Region.		E 10 REGION SPECIFIC SERVICES	 E.9.A. Describe how it will comply with the requirements set forth in RFQ Section 2.9 regarding utilization of funds provided by DHS: Attest you shall utilize DAABHS funds only for the populations defined in RFQ Section 2.3.2. Describe how you will keep receipts of purchases for SSBG Title XX services and send billing to DHS monthly according to the SSBG Block Grant Manual (Attachment H J). Describe your ability to bill private insurance plans, Medicaid, Medicare, and Veterans Administration benefits and how you will ensure you bill these payor sources when an individual is enrolled such that contracted funds will be the payor of last resort. Describe how you shall undergo an annual audit conducted by a certified public accounting firm. Describe how your agency will utilize funds toward the development of infrastructure. 	E.9 VENDOR COMPENSATION AND FINANCIAL MANAGEMENT	uality improven ss, including tho efficient treatm	Individual Evaluation Score Sheet 710-19-1024 Mental Health Centers
Sub-Section Total	them and explain why you are particularly well	rvices in your desired Region. s of Memorandum of Understandings,) your Region to demonstrate solid)ergency departments, jails, Division of)ergency departments, and Crisis 5		tilization of funds provided by DHS: Q Section 2.3.2. S monthly according to the SSBG Block stion benefits and how you will ensure be the payor of last resort. ccounting firm. nfrastructure.		ents methods to ensure that the appropriate 5 se with re-occurring crises, hospitalization, and 9 ent modalities available.	Evalu
110				F West		- Cu	Vendor: Evaluator's Name: Evaluator's Title:
0 of Sutherst PC/3 recurring the taining qualities MMP3	public transpirtation, lack of	18 1 1		Whit 2 152 private MSurfice Complemi persone 200 countres they persone 25 sites - 13 are personed 25 sites - 13 are personal technique decare, steff reconstruction costs		mills buit clean phur ansidering their e Kents	or: MSHS 1e: Brdget Athres