

The Right Door for Hope, Recovery and Wellness

Chapter Title		Section #	Subject #
Fiscal Resources		F	240.1
Subject Title	Adopted	Revised	Reviewed
Contracts & Provider Management	12/15/99	11/21/17	4/22/08; 2/24/14; 1/30/15; 8/20/15; 11/2/15; 4/7/17; 11/21/17; 10/4/19; 10/23/20; 10/29/21; 10/18/22; 10/13/23; 10/11/24

PROCEDURE

Application

This procedure shall apply to The Right Door for Hope, Recovery and Wellness.

1. Intent

All contracts shall be within the approved operating budget and in compliance with all applicable regulatory requirements. Specific guidelines shall be followed for the development and management of the contract provider network.

2. Contract Procurement

2.1. Procurement of services will occur in a manner which ensures quality care and promotes the health and safety of the consumer in the provision of service.

2.2. As required by federal procurement laws, a competitive bid process (RFP or RFQ) will be used to secure qualified and cost-effective service providers if The Right Door for Hope, Recovery and Wellness needs to restrict or otherwise limit the number of providers in the provider network.

2.3. Under certain circumstances, The Right Door for Hope, Recovery, and Wellness may contract with providers through single source procurement without a competitive procurement process. These circumstances may include any one or more of the following:

2.3.1. The service is available only from a single source;

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2.3.2. There is an urgent or emergent need for the service;

2.3.3. After solicitation through a number of sources, there is a lack of qualified provider candidates;

2.3.4. The services sought are unique or highly specialized;

2.3.5. The services sought are professional services of limited quantity or short duration (e.g. Psychological testing);

2.3.6. Through the person-centered planning process, the consumer has chosen a qualified non-network provider as their provider of choice.

2.3.7. Where for purposes of continuity of care, an existing network provider may be selected to provide a service.

2.4. When a vendor is part of the State purchasing contract, The Right Door for Hope, Recovery and Wellness may accept this vendor in lieu of procurement through a local bid process.

2.5. Contract terms will be for a minimum of one year, unless otherwise specifically approved by the Board. Multi-year contracts may be implemented at the discretion of the Board if warranted by funding, favorable financial terms, regulatory requirements or provider performance.

2.6. Contracts in excess of \$20,000 shall be brought to The Right Door for Hope, Recovery, and Wellness Board for recommendation of approval to the Board.

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2.7. Contracts that are \$20,000 or less per fiscal year shall be approved by The Right Door for Hope, Recovery and Wellness Chief Executive Officer (CEO).

2.8. Budget availability shall be checked before authorization is given for contract procurement.

2.9. The CEO is solely empowered to sign all contracts approved by The Right Door for Hope, Recovery and Wellness Board of Directors. No contracts – verbal or written – are considered valid contracts without the CEO’s signature.

2.10. A contract inventory report shall be maintained and made available to internal management on a periodic basis.

3. Application Process

3.1. Interested providers shall complete a Provider Network Application form. The Contract Manager will review applications for completeness. Incomplete applications will be returned to the applicant. An on-site visit may be conducted if deemed necessary.

3.2. Applicants will be notified by the Contract Manager of acceptance or denial of their application.

3.3. Accepted providers shall be credentialed and privileged according to The Right Door for Hope, Recovery and Wellness policy and procedure.

3.4. The Contract Manager will maintain systems for tracking and filing provider applications.

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3.5. In instances where there is a service need or a specific service has been requested by a consumer and there is no provider in the county of residence, a provider will be sought from within the Mid-State Health Network (MSHN) provider network. If no provider is available within the MSHN network, every effort will be made to locate a provider within reasonable geographic proximity. If no provider can be located in this fashion, alternative services will be identified and made available to the consumer.

3.5.1. Covered services must be provided out-of-network for as long as The Right Door for Hope, Recovery and Wellness in-network providers are unable to provide the covered service.

3.6. When a consumer expresses a preference for an out-of-network provider, efforts will be undertaken to enroll the provider in the network. Out-of-network services will be adequate for the intended purpose and provided in a timely manner.

3.6.1. Out-of-network providers must coordinate payment with The Right Door for Hope, Recovery and Wellness.

3.6.2. The cost to the consumer shall be not more than the same service if provided in-network.

4. Request for Proposal/Quote

4.1. A Request for Proposal (RFP) or Request for Quote (RFQ) will be initiated at the discretion of the CEO, or designee.

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- 4.2. The Contract Manager, or designated staff, will coordinate development of the RFP/RFQ documents and shall include input from staff, stakeholders, consumers, families, and guardians as appropriate.
- 4.3. Advertisements in various media will be used for maximum exposure when competitive bidding is required. Invitations to bid will be sent to potential service providers who have previously expressed an interest in contracting for the type of service addressed by the RFP/RFQ.
- 4.4. Questions in response to an RFP/RFQ must be submitted in writing to the Contract Manager, or designated staff, on or before the deadline specified in the RFP/RFQ.
- 4.5. If an RFP/RFQ needs to be revised or amended, addenda will be provided to all recipients of the initial RFP/RFQ.
- 4.6. To be considered complete, the proposal must be submitted in the specified format, arrive on or before the specified deadline, and be signed by an official authorized to bind the bidder to its provisions. The proposal shall remain valid for a minimum of ninety (90) days.
- 4.7. A pre-bid conference may be scheduled for potential bidders. The date, time and place of the pre-bid conference will be included in the advertisement/posting. Attendance at the pre-bid conference may be optional or mandatory at the discretion of the CEO. The purpose of the pre-bid conference shall be to provide an overview of the RFP/RFQ, to profile the population to be served, and to address questions relevant to the RFP/RFQ.
- 4.8. Bid Opening:

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4.8.1. The date and time for the bid opening will be included in the RFP/RFQ.

4.8.2. The Contract Manager, or designated staff, will be responsible for opening and reading the total dollar amount for the bids. Respondents to the RFP/RFQ may attend the bid-opening.

4.8.3. The total bid amount will be recorded and maintained as an official document of the RFP/RFQ process.

4.9. Evaluation of Proposal/Quote:

4.9.1. A Proposal Evaluation Committee shall evaluate and rate submitted proposals. The Committee will be comprised of The Right Door for Hope, Recovery and Wellness staff, stakeholders, consumers and/or family members, as appropriate.

4.9.2. The Contract Manager, or designated staff, will coordinate committee activities and may serve as chairperson of the committee.

4.9.3. Members selected for the committee will be screened to determine whether there exists conflict of interest or bias toward any of the bidders. Committee members will be required to disclose any potential conflict of interest. Disclosures shall be documented and maintained in a confidential file. A committee member shall not be required to cite the reason for the conflict of interest. Any committee member disclosing a potential conflict of interest shall be excused from further participation and a new member for the committee may be selected.

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- 4.9.4. Committee members shall reach group consensus on the criteria to be used to rate the bids and shall review and evaluate the proposals. Scores and findings shall be thoroughly documented.
- 4.9.5. The Contract Manager, or designated staff, shall ensure that each committee member has an opportunity to review the bid packages.
- 4.9.6. At the discretion of the CEO, identities of the bidders may be concealed prior to review of bid packages by the committee. In these instances, bidder numbers will be assigned to each bid.
- 4.9.7. Budget information and financial statements submitted as part of the bid will be reviewed and evaluated by the designated staff from the Fiscal Department.
- 4.9.8. The review and evaluation process shall be confidential. Committee members shall not discuss or disclose information about submitted bids or the review process with anyone outside the committee.
- 4.9.9. Questions requiring a response from bidders will be directed to the Contract Manager, or designated staff, for inquiry.
- 4.9.10. Committee members shall check references furnished by the provider. Committee members may make site visits to the provider's locations. Findings from reference checks and site visits will be documented and shared only with committee members.
- 4.9.11. Committee members will individually rate each bidder based on ability to meet specifications in the RFP/RFQ. Proposals which fail to

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address the basic elements required in the RFP/RFQ will be eliminated from consideration.

4.9.12. The Committee will rank the bidders in order of perceived ability to meet the evaluation criteria.

4.9.13. The Contract Manager, or designated staff, will review the committee’s ratings and recommendations with the Executive Director, or designee.

5. Conflict of Interest

5.1. No The Right Door for Hope, Recovery and Wellness employee, officer or agent shall participate in the selection, award, or administration of a contract if a conflict of interest exists. Such a conflict would arise when a CMHSP employee, officer or agent, or any member of the individual’s immediate family, the individual’s partner, or an organization which employs or is about to employ any of the parties described herein, has a financial or other interest in the organization selected for an award. The officers, employees and agents of CMHSP shall neither solicit nor accept gratuities, favors or anything of monetary value from contractors or providers, or from parties having sub-agreements with providers or contractors. Should any officers or employees of The Right Door for Hope, Recovery and Wellness violate this standard of conduct, disciplinary action may be taken as appropriate, in accordance with The Right Door for Hope, Recovery and Wellness policy and procedure.

5.2. The Right Door for Hope, Recovery and Wellness staff developing procurement solicitations shall be alert to organizational conflict of interest, as well as non-competitive practices among contractors or

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providers that may restrict or eliminate competition or otherwise restrain trade. In order to assure objective contractor or provider performance and eliminate unfair competitive advantage, contractors or providers that are involved in the development of draft grant applications or contract specifications, requirements, statements of work, invitation for bids and/or requests for proposals shall be excluded from competing for such procurement.

6. Contract Negotiation and Execution:

- 6.1. The Contract Manager, together with any additional authorized individuals, will negotiate with the recommended service provider(s) to procure contracts for service delivery. Negotiations will follow all established The Right Door for Hope, Recovery and Wellness protocols for assessment of rate, and shall include consideration of past performance as a contracted service provider, if applicable, and shall be subject to funding availability. Contract recommendations will be forwarded to the CEO for authorization.
- 6.2. For purposes of continuity and standardization, The Right Door for Hope, Recovery and Wellness shall adopt standard model contracts for all services supported by Medicaid and GF funding.
- 6.3. Standard contracts shall be reviewed annually by the MSHN Provider Network Management Workgroup to assure compliance with prevailing BBA and DCH requirements. Standard contracts shall also be reviewed by The Right Door for Hope, Recovery and Wellness consultants.
- 6.4. Contracts shall be signed in duplicate. An original shall be maintained by the Contract Manager with a signed original sent to the provider.

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6.5. The Contract Manager will contact the service provider prior to the expiration of the contract to negotiate renewal.

6.6. Requests to modify or amend a contract will be coordinated by the Contract Manager. Contract amendments shall be made in accordance with the terms and conditions of the contract, and in keeping with The Right Door for Hope, Recovery and Wellness policy and procedure.

6.7. The Contract Manager will work with the contracted service provider to address all complaints and feedback.

6.7.1. Complaints and feedback will responded to in 60 calendar days or less by the Contract Manager.

6.7.2. If the contracted service provider is unhappy with the disposition of the Contract Manager, they may appeal to the CFO.

6.7.3. If the contracted service provider is unhappy with the disposition of the CFO, they may appeal to the CEO.

7. Provider Monitoring:

7.1. The Contract Manager, or designated staff, will be responsible for coordinating provider monitoring at designated intervals throughout the term of the contract. Provider monitoring will occur annually, at a minimum. Prior to renewal, staff will conduct Quality & Competency Reviews to ensure compliance with established performance indicators and other terms specified in the contract. The Contract Manager will monitor provider compliance with respect to trainings, licensure, and all other contractual requirements.

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7.2. Billing statements will be verified by appropriate The Right Door for Hope, Recovery and Wellness staff for service verification, payment authorization and payment. The Access Program Manager shall review and approve all billing statements from community and State inpatient facilities.

7.3. The Contract Manager, and/or designated staff, will provide information to appropriate parties regarding the performance of each network provider, as well as take appropriate steps to ensure improvement and compliance with contract provisions and requirements. Performance monitoring may include, but not be limited to:

7.3.1. Review and analysis of data and financial reports from providers.

7.3.2. Review of utilization management and other practice information, including customer service reports.

7.3.3. Review of training records, insurance coverage, licensure, and other contract compliance requirements for each provider annually and additionally as needed.

7.3.4. Input from individual/family/stakeholder groups involved in the monitoring/oversight process.

7.3.5. Review of Recipient Rights Reports.

7.3.6. Review of compliance with agency policies and procedures.

7.3.7. Review of compliance with CARF accreditation standards applicable to the services they provide.

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7.4. Monitoring of financial management, or financial solvency, of the provider will be determined as follows:

7.4.1. For Licensed Adult Foster Care Homes (AFCs) with individual contracts (Type A), solvency is determined by the Department of Consumer & Industry Services (DCIS). Verification of solvency will be obtained by verification of this information which is available on the DCIS web site.

7.4.2. For Licensed AFC Facility Contracts (Type B), the Provider will annually, or as otherwise requested, submit for review: audited financial statements with written certification from a CPA, and/or financial statements with supporting documents.

7.4.3. For Independent Contractors, contract language requires notification to the CMHSP of any changes in their financial condition which would adversely impact service delivery.

7.4.4. For non-profit organizations, financial solvency information may be obtained by utilizing the following website: www.guidestar.org. The provider will annually, or as otherwise requested, submit for review audited financial statements with written certification from a CPA, and/or financial statements with supporting documents.

7.5. The Contract Manager, and/or designated staff, will coordinate the development of recommendations for improvement in the event of non-compliance with contract, network policies and procedures, as well as provider performance problems. These recommendations shall be in the form of a plan of correction, and be signed by the provider, and reviewed by the Contract Manager and other The Right Door for Hope, Recovery and

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Wellness staff as applicable. In the event a provider is in continued non-compliance, the provider may be required to attend to additional actions, up to and including being removed from the Provider Network.

7.6. The Contract Manager, or designated staff, shall seek input from other staff and shall utilize various reports including Recipient Rights reports, State Licensing reports, survey results and plans of correction, among other materials, in monitoring the performance of network providers.

7.7. In the case that a contract is terminated, the Contract Manager, or designated staff, will make a good faith effort to give written notice of termination of a contracted provider, within 15 days after the receipt or issuance of the termination notice, to each beneficiary who received primary care from, or was seen on a regular basis by the terminated provider.

7.7.1. The Contract Manager will coordinate the notice with primary clinician whenever clinically appropriate.

8. Provider training and orientation:

8.1. All contract providers shall receive orientation and training to applicable The Right Door for Hope, Recovery and Wellness and MSHN policies and procedures as provided by the Contract Manager.

8.2. Training may be obtained via various methodologies, including face-to-face, electronic (Relias software and/or applicable websites). All training records shall be submitted to the Contract Manager at the time of the training. Training shall be documented and kept in the contractor record.

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8.3. All contractors shall have access to The Right Door for Hope, Recovery and Wellness Provider Manual at the start of service, and updates will be made to the Provider Manual as needed thereafter. The manual shall include, minimally, the following: general agency and affiliation information, contact information, organizational charts, policies & procedures relevant to the service provider, and samples of required forms.

8.4. Contractors shall sign an acknowledgement of notification of the manual.

9. Provider Disputes, Feedback, or Complaints

9.1. Unresolved contract issues (after working with the Contract Manager to resolve them), service disputes, or complaints should be addressed by contacting the CEO for a final determination. If differences are not resolved by The Right Door and Provider CEOs, unresolved issues may be referred by The Right Door's CEO to the governing board and/or the Provider's CEO to the governing board of the Provider.

9.2. If such disputes cannot be resolved between the Payor and Provider, either party may seek resolution through exercise of any available legal and/or equitable remedies.

10. Provider Network Management Workgroup

10.1. The Contract Manager, or other staff as appointed by the CEO, shall be a representative to serve on the MSHN Provider Network

10.1.1.1. Management Workgroup.

10.2. The chairperson of the MSHN Provider Network Management Committee (PIHP Contract/Network Administrator) shall serve as the single point of

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responsibility to ensure consistency relative to network contract development, execution and on-going contract management.

- 10.3. The committee shall meet as needed, or as required, to complete charges and tasks issued by the MSHN Director of Affiliation Operations. Tasks include review of provider network policies and procedures; review of contract monitoring performance indicators; ensure compliance with State and Federal procurement and provider management requirements; and develop and implement a process for continual evaluation of adequacy of the network. The committee shall make every effort to involve consumers in any changes or modifications to the provider network policies.
- 10.4. The Contract Manager shall maintain current contract information on a database, supplying updates to the PIHP as needed. The database shall include such information as provider name and contact information, type of service, contract rates and terms, date of last Quality & Competency Review, date of insurance and licensure expiration, and other information as determined by the PIHP.
- 10.5. The Contract Manager shall submit periodic reports to the PIHP, summarizing their provider network and activities, as requested by the PIHP.
- 10.6. Annually, The Right Door for Hope, Recovery and Wellness will complete a Provider Adequacy Assessment of its provider network utilizing the MSHN provided template. This assessment is reported and reviewed by The Right Door for Hope, Recovery and Wellness Quality Council to ensure we can provide all services covered under contracts with the PIHP and MDHHS. This assessment will be submitted to the PIHP for inclusion in the annual PIHP Provider Adequacy Assessment.

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References:

BBA 438.230 Subcontractual Relationships and Delegation

BBA 438.206 Availability of Services

MDCH 3.4.6 Out of Network Responsibility, Medicaid Managed Specialty Supports and Services Contract

MDCH 6.4.1 Provider Procurement, Medicaid Managed Specialty Supports and Services Contract

MDCH 6.4.2 Subcontracting, Medicaid Managed Specialty Supports and Services Contract

MDCH 6.4.3 Provider Credentialing, Medicaid Managed Specialty Supports and Services Contract

CARF Behavioral Health Standards, F. Human Resources

Kerry Possehn, Chief Executive Officer			Date